



Agenda for a meeting of the Corporate Parenting Panel to be held on Wednesday 25 April 2018 at 4.30 pm in Committee Room 4, City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
D Smith	Thirkill Engel Tait	N Pollard

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
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:

Michael Bowness
Interim City Solicitor
Agenda Contact: Sheila Farnhill
Phone: 01274 432268
E-Mail: sheila.farnhill@bradford.gov.uk

To:

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. 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

4. EMOTIONAL AND MENTAL WELLBEING OF LOOKED AFTER CHILDREN 1 - 16

Previous reference: Minutes 25 (2015/16) and 33 (2016/17)

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

Members' views are requested.

(Jennifer Robb – 07701 284392)

5. EDUCATIONAL OUTCOMES FOR CHILDREN LOOKED AFTER 17 - 30

Previous references: Minutes 38 (2015/16) and 36 (2016/17)

A report will be submitted by the Deputy Director, Education, Employment and Skills (**Document "T"**) in relation to the achievements of the Authority's Children Looked After in Early Years and Key Stages 1, 2 and 4 for 2017. The data concerns those young people who have been in care continuously for a minimum period of twelve months.

Recommended –

(1) That the contents of Document "T" be welcomed.

(2) That the continued work of the Virtual School be supported.

(Ken Poucher – 01274 439623)

6. B POSITIVE PATHWAYS PROGRAMME - UPDATE

31 - 36

Previous references: Minutes 5 and 22 (2017/18)

The Deputy Director (Children's Social Care) will present a progress report in relation to the B Positive Pathways Programme (**Document “U”**).

Recommended –

That the contents of Document “U” and the progress of the B Positive Pathways Programme be noted.

(Jim Hopkinson – 01274 432904)



Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 25 April 2018

S

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, including information on the allocation of the available finance

Jim Hopkinson
Deputy Director
(Children's Social Care)

Portfolio:

Children's Services

Report Contact: Dr Jennifer Robb,
Clinical Psychologist & CAMHS
Clinical Lead for LAAC
Phone: 07701 284392
E-mail: Jennifer.Robb@bdct.nhs.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

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

2. BACKGROUND

2.1 Introduction

- (a) 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, Ben Lloyd, in April 2016. This was devised based on the recommendations outlined in the 'Future in Mind' (DoH, 2015) document with a focus on 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. NICE guidelines for Looked After Children and Young People (2010, PH28) also recommended 'dedicated services to promote the mental health and emotional wellbeing of children and young people in care' and a focus of the Bradford Safeguarding Children's Board Looked After Strategy (2014-2016) was to improve access to emotional and behavioural support for Looked After Children. Additional NICE guidance for Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (2015, NG26) was further used to structure the service in terms of consultation, assessment and therapeutic intervention.
- (b) In Bradford district there are approximately 2000 Looked After Children, Adopted Children and Children on Special Guardianship Orders. The service was set up to respond to the high level of need in terms of mental health difficulties in this population. 10% of non-looked-after and non-adopted young people have a recognised mental health need. However, research indicates that this figure for children who are, or who have been, looked-after is between 45%-72% (NICE, 2015). This cohort of young people 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.
- (c) The proposal was 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 within the NHS Trust Boundaries of Bradford, Airedale, Craven, and Wharfedale. **It was proposed for this team to be populated by 12 WTE Psychological Therapist posts and 6 WTE social worker posts. A total of 18 WTE posts.** The actual provision and funding agreed is described below.

2.2 Service Development and Clinical Capacity

- (a) Funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.61 WTE (Whole Time Equivalent) Psychological Therapists. These funds were used to create four new additional WTE posts. Alongside this, Children's Social Care agreed to the re-deployment of 2.8 WTE Therapeutic Social Workers into the team from generic CAMHS. Psychological Therapists were recruited incrementally and by September 2017, all new posts were filled providing **a Psychological Therapist WTE of 5.6, an Assistant Psychologist (1 WTE) and Therapeutic Social Workers WTE of 1.7. A total of 8.3 WTE posts (46% of that originally proposed).** It should be noted that there was a dramatic reduction in local authority social worker provision due to maternity leave, and reduction in workers' hours. The total whole time equivalent for the team was **8.3** at the one year point.

- (b) The CAMHS Psychological Assessment and Therapy Team began operating at the beginning of November 2016. A service review was undertaken after six months of operation. This annual review incorporates a comparison of the second six months of operation with that review, as well as a review of the first year of operation as a whole. Further reviews will take place annually.

2.3 Document Overview

- (a) This document provides information about the development of the service model and team, the clinical work undertaken from 1st November 2016 to 31st October 2017, and a comparison between the first and second six months of service delivery. Clinical work is divided into Direct Clinical Work and Indirect Clinical Work; where possible client demographics are provided along with baseline and outcome data for Direct Clinical Work. Indirect Clinical Work includes the Consultation Clinic for professionals and carers, and Consultation to Children's Homes, as well as consultation that was on-going to the LAC Social Worker Teams.
- (b) The development of the Service for LAAC has meant that specific pathways into the service can be outlined (Appendix A), with the new team of experienced therapists reviewing all referrals for direct work for looked after and adopted children and children on Special Guardianship Orders. 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. The 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. Therapies offered include Art Psychotherapy, Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Dyadic Developmental Psychotherapy, Eye Movement Desensitisation and Reprocessing, Filial Therapy, Family Therapy, Play Therapy, Solution Focussed Therapy, Theraplay, and Therapeutic Parenting. These therapies are informed by a neuro-sequential model of developmental trauma and systemic formulation and follow NICE guidelines for Attachment and Looked After Children and Young People.

The team is comprised of:

- Team Manager (Post covers managerial responsibility for LAAC)
- Clinical Lead – Clinical Psychologist (0.7)
- Art Psychotherapist (0.8)
- Assistant Psychologist (1.0)
- Cognitive Analytic Therapist (also trained in play and filial therapy) (0.6)
- Clinical Psychologists (1.5)
- Play Therapist (1.0)
- Psychological Therapist (1.0)
- Therapeutic Social Workers (1.7)

2.4 Direct Clinical Work

1) Referrals and Waiting Time

Referrals for Direct Work can be made from Social Workers, School/LAC Nurses, GPs and Paediatricians. The LAAC Team received 59 referrals for direct work from the 1st November 2016 to the 30th April 2017 and 67 referrals from 1st May to 31st October 2017, an increase of 14%. Referral outcomes are shown in Table 1.

The total number of referrals received for direct work in the first year of service provision was 126. Forty-one of these were accepted for assessment, 18 were redirected to other services and 64 were accepted for consultation only at the point of referral.

Table 1. Referral Outcome

	1 st November 2016-30 th April 2017	1 st May-31 st October 2017	Annual Total
Total Number of Referrals for Direct Work	59	67	126
Number of Referrals Accepted for Assessment	20	24	44
Referrals Redirected to Other Services	12	6	18
Referrals Accepted for Consultation Only	27	37	64

Referrals were seen on average within 53 days between November 2016 and April 2017. Between May and November 2017, average waiting time was 70 days. Within the year, average waiting time was 62 days. A clear increase in waiting time can be seen over the year, despite the increase in provision due to incremental recruitment to the team. By the end of January 2018, the average waiting time had increase to 113 days (more than 16 weeks) over the period of 1st November 2017 to 31st January 2018. This information is displayed in Table 2. below. It can be seen that the incremental increase in whole time equivalent somewhat moderated the increase in waiting time. However, now that recruitment is complete, the waiting times are likely to continue to rise at a rapid rate.

Table 2. Average waiting times for Direct Work

	1 st November 2016-30 th April 2017	1 st May-31 st October 2017	1 st Nov 2017-31 st Jan 2018
Average Waiting Time (Days)	53	70	113
Whole Time Equivalent	5.4	8.3	8.3

2) Assessment and Therapy

In total 70 cases were open and seen by the LAAC Team between the 1st November 2016 and 30th April 2017. For the second six-month period, 96 cases were open and seen by clinicians. Over the period of the first year of operation, a total of 123 young people received direct work and 35 of these were discharged during this time.

The total clinical contact for the year was 1660 sessions of assessment (361), therapy (870) and client systemic work (429). Productivity increased overall from 571 sessions in the first six months to 1089 sessions in the second six months. This can be analysed in terms of Whole Time Equivalent, see Table 3. below. The number of sessions increased over time with clinicians offering more appointments. However, the number of cases reduced a little. From the information below, it can be projected that an increase in clinician time of **1 WTE could potentially lead to 11-13 more open direct work cases.**

Table 3. Productivity for Direct Clinical Work

	1 st November 2016-30 th April 2017	1 st May-31 st October 2017
Whole Time Equivalent	5.4	8.3
Number of sessions that took place	571	1089
Productivity	105.7	131.2
Number of open direct work cases	70	96
Number of cases per WTE	13	11.5

Assessment

During the first six months, 96 assessment sessions were completed by the LAAC team (Table 2). Nearly half of these were assessments for therapy (47%), 40 percent were ‘other assessments’, which involved home observations and school observations. Nine sessions for Cognitive Assessments were completed (9%), and two MIMS (Marschak Interaction Method) assessments were carried out (2%), there were no Story Stem Assessments in this time period. For the second six months, 265 assessment sessions took place, an increase of 176%. The number of assessment sessions for therapy more than doubled and the number of other assessments increased almost four fold. All data is displayed in Table 2 and a representation of these figures is shown in Graph 1.

Therapy

Approximately half of clinicians’ direct work involved delivering evidence-based therapy (52%). Following the recommendations of NICE guidelines for working with Looked After Young People and those with Attachment difficulties (NG26, PH28), the therapies delivered were dominated by Therapeutic Parenting (18%), Play Therapy (14%), Art Therapy (14%) and Dyadic Developmental Psychotherapy (9%).

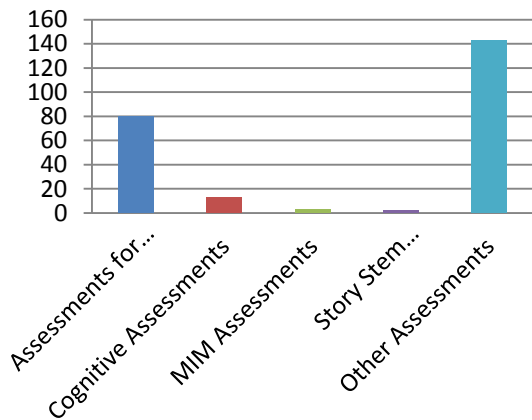
Client Systemic Work

Attendance at professionals’ meetings and statutory LAC reviews, as well as Team Around the Child Meetings accounted for a quarter of clinicians’ direct work time (26%) over the course of the year.

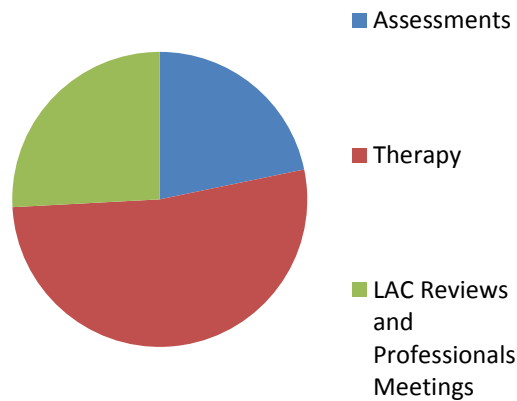
Table 4. Categories of Direct Clinical Work

	1 st November 2016-30 th April 2017		1 st May-31 st October		Annual Total	
	No.	%	No.	%	No.	%
Assessments	96	17	265	24	361	22
Assessments for Therapy	45	47	93	35	80	22
Cognitive Assessments	9	9	11	4	13	4
MIM Assessments	2	2	1	0.4	3	1
Story Stem Assessments	0	0	2	0.7	2	1
Other assessments:						
Home Observation			13	5	13	4
Story Observation			14	5	14	4
Liaison			76	29	76	21
Total	40	42	103	39	143	40
Direct clinical work	356	62	514	47	870	52
Art Therapy	39	11	84	16	123	14

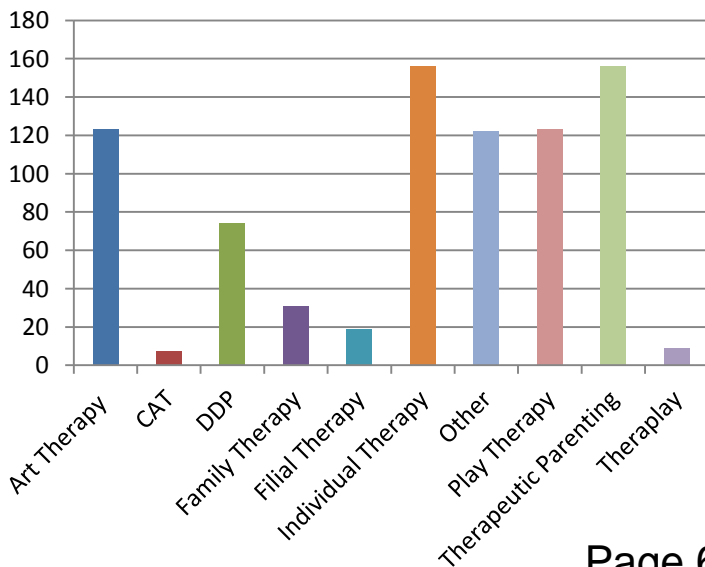
CAT	0	0	7	1	7	1
DDP	19	5	55	11	74	9
Family Therapy	4	1	27	5	31	4
Filial Therapy	0	0	19	4	19	2
Individual Therapy	59	17	97	19	156	18
Other	71	20	51	10	122	14
Play Therapy	94	26	29	6	123	14
Therapeutic Parenting	70	20	86	17	156	18
Theraplay	0	0	9	2	9	1
Client Systemic Work Incl. TAC, EHCP, ongoing systemic support to school, LAC Reviews, Professionals Meeting	119	21	310	29	429	26
Total Sessions	571		1089		1660	



Graph 1. Bar Chart displaying the number of different assessments completed by the LAAC team from the 1st November 2016 to the 31st October 2017



Graph 2. Pie Chart displaying the distribution of different sessions completed by the LAAC team from the 1st November 2016 to the 31st October 2017



Graph 3. Bar Chart displaying the number of different therapy sessions to be completed by the LAAC Team from 1st November 2016 to the 31st October 2017

3) Client Demographics

Client demographics are recorded below for the year for all direct work cases. These include age, ethnicity, gender and care status.

Age

It can be seen from table 5. below that the majority of direct work cases were of school age, with a relatively even split between primary school age and high school age. Only 2% of referrals were for children under 5 years and a fifth (23%) were for children post-16.

Table 5. Age Distribution of Direct Work cases (Nov 2016-Oct2017)

	Annual Total	
	Number of Referrals	Percentage (%)
Under 5 years	2	2
5-11 years	46	38
11-15 years	45	37
16-19 years	28	23

Ethnicity

The categories for ethnicity were restricted to those detailed in Table 6. The majority of direct work cases were White British (76%). The remaining 24% were distributed between White Other (3%), Mixed – White/Black (3%), Mixed – White/Asian (7%), Mixed Other (2%), Asian or Asian British (7%)and Black or Black British (2%).

Table 6. Ethnicity of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
White British	93	76
White Other	4	3
Mixed – white & Black	4	3
Mixed –white & Asian	8	7
Mixed Other	2	2
Asian or Asian British	8	7
Black or Black British	2	2

Gender

Fifty-three percent of young people seen for direct work were male, 45% were female and 2% (Two individuals) were engaged with services to address a change in gender.

Table 7. Gender of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
Male	64	53
Female	55	45
Transition	2	2

Care Status

Over half (56%) of the direct work cases were Looked After Children, 22% were adopted and 22% were children on Special Guardianship Orders.

Table 8. Care Status of Direct Work Cases (Nov 2016-Oct 2017)

	Annual Total	
	Number	Percentage (%)
Looked After	67	56
Adopted	27	22
Special Guardianship Order	27	22

Out of Authority Placements

Of the 67 Looked After Children seen by the team, 57 (85%) of those were on Care Orders to Bradford Local Authority, 4 (6%) were under Leeds Local Authority, and one under Kirklees (1.5%), Rossendale (1.5%), Warrington (1.5%), North Yorkshire (1.5%), Surrey (1.5%) and Newham London (1.5%).

4) Baseline Data

A decision was made in January 2017 that a minimum clinical data set would be used with all young people attending the service for assessment and/or therapy. This would be comprised of the following:

- Strengths and Difficulties Questionnaire (Parent Form) (Goodman, 1997, 1999)
- Strengths and Difficulties Questionnaire (Young Person's Form) – if over 11 years (Goodman, 1999; Goodman, Meltzer, & Bailey, 1998)
- Assessment Checklist for Children (ACC) (Tarren-Sweeney, 2007) or Assessment Checklist for Adolescents (Tarren-Sweeney, 2013).
- Carer Questionnaire (Golding & Picken, 2004; Granger, 2008).

Scores from the Parent SDQ are reported below for cases open between January 2017 and October 2017. A pre-therapy (in the first 3 months) baseline was recorded for 66 cases out of 126. A follow-up questionnaire was obtained for 13 cases after a minimum of 6 months. It can be seen that the severity of total difficulties within the population of children referred for direct work is at clinical levels for 71% of cases and this remains at a similar level after 6 months (69%). However, progress is demonstrated in some of the sub-categories for the more severe difficulties (Conduct Problems, Hyperactivity/Inattention and Peer Relationship Problems). Overall change and reduction in emotional symptoms was most apparent in those cases who demonstrated Borderline Clinical Levels pre-therapy. These tended to shift to Normal levels after 6 months. It would be interesting to see if these trends hold up with a larger sample and how the outcomes look after 12 months of intervention.

Table 9. Percentage of SDQ scores at Clinical Levels (Parent) showing change from pre-therapy to post-therapy administration

	Direct Work cases at Clinical Level		Direct Work Cases at Borderline Levels		Direct Work cases at sub-clinical levels	
	Pre-Therapy (%)	After 6 months (%)	Pre-Therapy (%)	After 6 months (%)	Pre-Therapy (%)	After 6 months (%)
Emotional Symptoms	53	54	12	0	35	46
Conduct Problems	62	54	11	8	27	38
Hyperactivity/Inattention	56	42	9	31	35	23
Peer Relationship Problems	65	62	15	15	20	23
Prosocial Behaviour	23	23	24	15	53	62
Total Difficulties	71	69	11	0	18	31

In terms of the ACC and the ACA, this was designed for use with looked after children. It is more sensitive to the types of presentations that are common and can indicate attachment difficulties and developmental trauma. Average scores for the two time periods are shown in the Tables 10 and 11 below. It can be seen that there was a reduction in average Total Score over time, although this was small.

Table 10. Average Total Clinical Scores on the ACC for Pre-Therapy (<3 months) and during intervention (>6 months)

	< 3 months (11 questionnaires)	> 6 months (16 questionnaires)
AVG Total Clinical Score	62	57

Table 11. Average Total Clinical Scores on the ACA for Pre-Therapy (<3 months) and during intervention (>6 months)

	< 3 months (3 questionnaires)	> 6 months (12 questionnaires)
AVG Total Clinical Score	58	55

In terms of the Carer Questionnaire, a sample of 28 questionnaires were completed pre-therapy and 20 questionnaires completed after 6 months indicated subtle benefits to Parent-Child Relationship, Child Responsiveness to Care and Placement Stability.

Table 12. Average scores on the Carer Questionnaire completed at less than 3 months after first appointment and more than 6 months after first appointment

	Pre-Therapy (28 questionnaires)	After 6 months (20 questionnaires)
Parent Skills and Understanding	30	30
Parent-Child Relationship	21	23
Child responsiveness to care	18.5	20
Placement Stability	8	8.5
Total	87	91

5) Additional CAMHS Work

The data presented above is purely for the work of the CAMHS LAAC Psychological Therapy Team. It does not encompass all work with Looked After and Adopted Children and Children on Special Guardianship Orders that is carried out in CAMHS. Child and Adolescent Psychoanalytical Psychotherapists, for example, have therapy cases comprised of roughly 33% Looked After and Adopted Children. All referrals of significant self-harm and parasuicide or otherwise of an urgent concern are responded to by the Urgent Team in the first instance and risk tends to be managed by this team, at least until a case can be picked up for therapeutic input by the LAAC team.

2.5

Indirect Clinical Work

1) Consultation Clinic

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. 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.

Clinicians provide a written summary on the consultation for all attendees and all attendees are asked to complete a feedback form at the end of every consultation.

From 1st November 2016 to 30th April 2017, 58 consultations were attended by 131 professionals and carers. Fifty-one cases were discussed, and seven cases returned for a second consultation. Fourteen consultations were cancelled by professionals or carers. As was expected due to the increase in capacity over the year, the number of consultations attended rose to **72 attended by 166 professionals and carers in the period 1st May to 31st October 2017.** It was also encouraging that the cancellation rates reduced from 19% to 15% over the two time periods.

In total, for the year, 130 consultations took place through the consultation clinic and 125 children were discussed, with 297 professionals and carers attending. Sixty-six of those cases were held in consultation and required no additional input to date. Fifty-nine young people went on to be referred for an assessment.

This information is crucial in demonstrating the effectiveness of the consultation clinic in holding some cases at that level of input, rather than all referrals requiring a full assessment and a much longer piece of work.

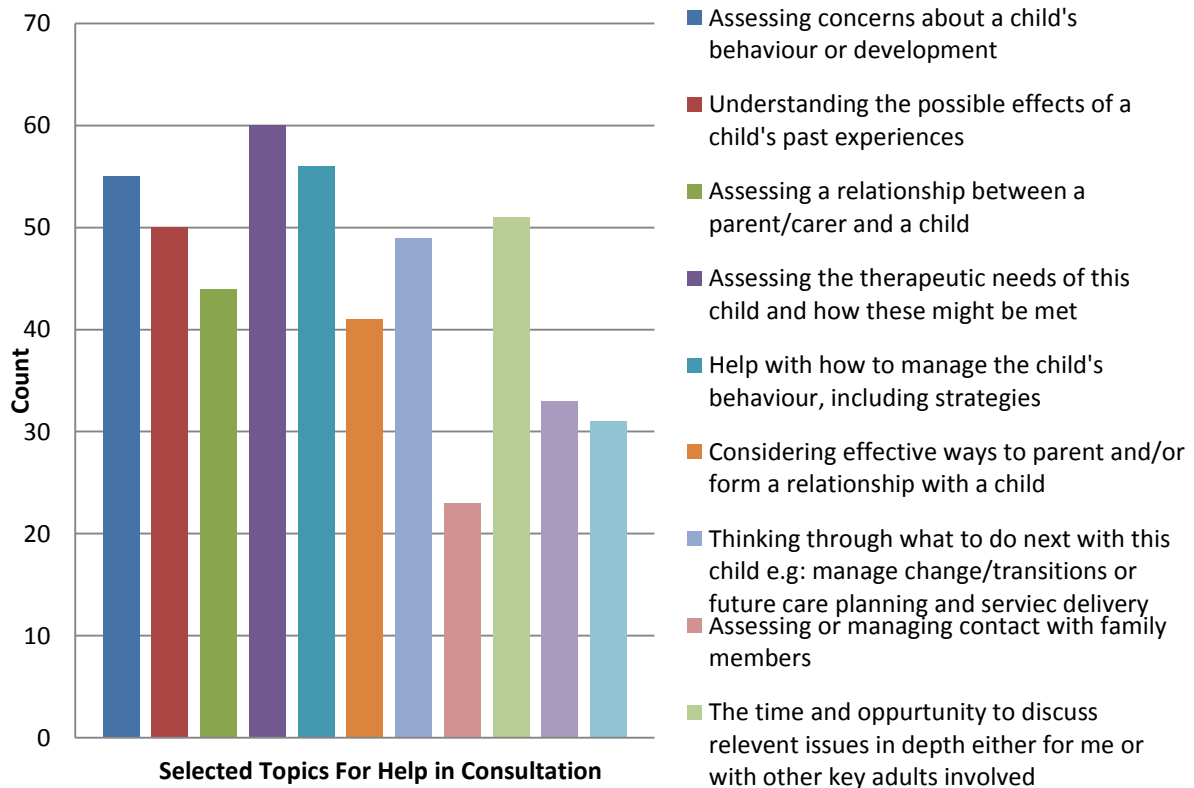
The mean length of wait for consultations was 24 days, between November 2016 and April 2017. Between May and November 2017, the wait for consultation was 27 days. Within the year, average waiting time for a consultation was 25 days, demonstrating that rapid access to this part of the service was maintained. However, since the end of the first year, demand for consultation slots has grown significantly. This may be due to more professionals becoming aware of the service and finding it helpful, therefore booking slots to discuss other young people with whom they are working. By the end of January 2018, the wait for a consultation appointment had risen to 43 days.

Table 13. Consultation Clinic Data

	1 st Nov 2016 – 30 th April 2017	1 st May-31 st October 2017	Annual Total
No. of consultations attended	58	72	130
No. of consultations cancelled	14 (19% of the total booked)	13 (15% of the total booked)	27 (17% of the total booked)
No. of cases discussed in Consultation Clinic	51	70	121
No. of cases attended for a second consultation	7	2	9
Total number of professionals and carers who attended	131 (82)	166 (136)	297
No. of consultations that led to Direct Clinical Work	-	-	59 (49%)
No. of cases that were held at a consultation level	-	-	62 (51%)

Types of Consultation

During the referral process, the person referring selected topics to be considered for discussion during the consultation. The most commonly selected topic to discuss was ‘assessing the therapeutic needs of this child and how these might be met’, with 60 people selecting this. ‘Assessing or managing contact with family members’ was the topic chosen the least, with referrers selecting this topic 23 times. On average referrers selected six topics, from twelve, to discuss, showing that those referring were selective in the topics they wanted to discuss. The specific figures are shown in graph 4.



Graph 4. Bar chart displaying the number of topics referrers selected for discussion in the LAAC Consultation Clinic

Evaluation and Feedback

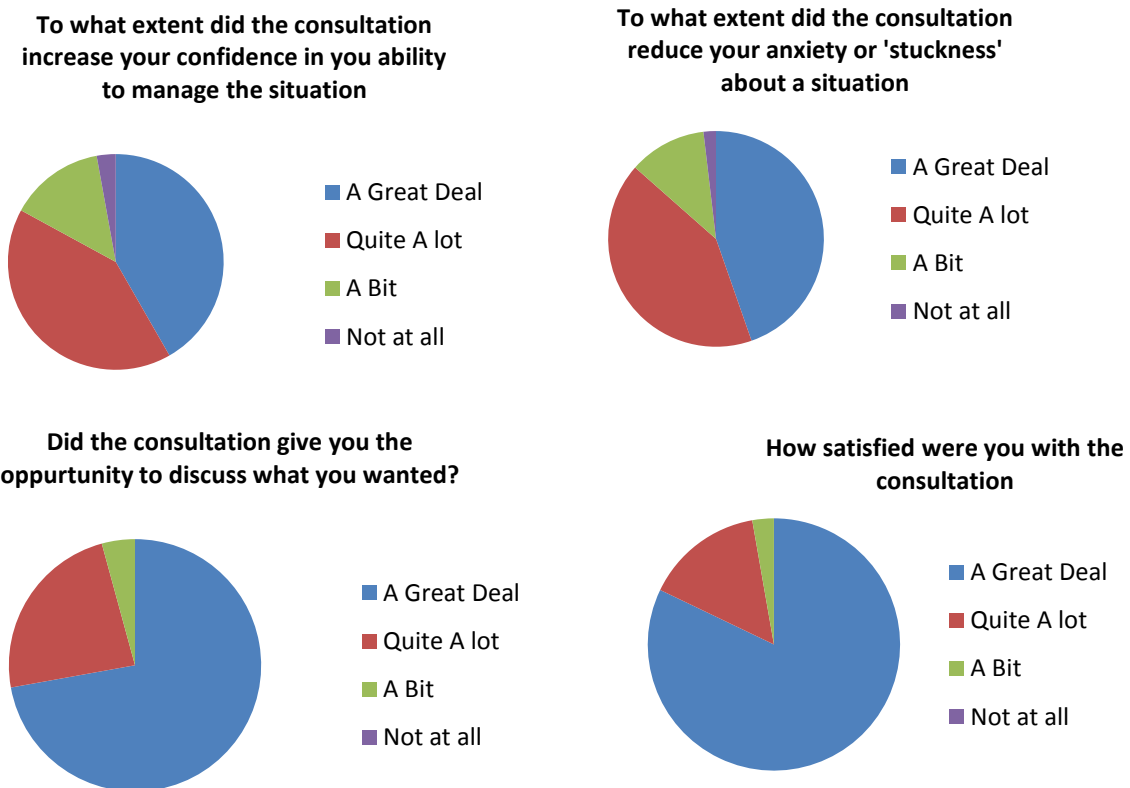
Consultees were asked to complete a feedback form at the end of each consultation. The form consists of four rating scales, ranging from 'a great deal' to 'not at all' answering the questions: 'Did the consultation give you the opportunity to discuss what you wanted?'; 'To what extent did the consultation reduce your anxiety or 'stuckness' about a situation?'; 'To what extent did the consultation increase your confidence in your ability to manage the situation?'; and 'How satisfied were you with the consultation?'.

Over the whole year, 218 (73%) feedback forms were collected from a total of 297 attendees. Of these 218 attendees, almost all (96%) felt that they had the opportunity to discuss what they wanted either **a great deal** or **quite a lot**, four percent felt that the consultation gave them the opportunity to discuss what they wanted **a bit**.

One hundred and eighty six out of 218 attendees (87%) felt that the consultation reduced their anxiety or 'stuckness' about a situation **a great deal** or **quite a lot**. Twelve percent of individuals felt that it had reduced their anxiety or 'stuckness' about a situation **a bit** and 1% no change.

The majority (83%) of those who attended felt that the consultation increased their confidence in their ability to manage the situation **a great deal** or **quite a lot**. Fourteen and three 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** (82%), **quite a lot** (15%), or **a bit** (3%).



Graphs 5-8: Pie charts displaying responses to the feedback questions

Overall, the feedback from the consultation clinic was positive and thus supportive of the consultation model. As there have been few cancellations and over 297 attendees to the consultations, this has increased access to psychological support for the systems around Looked After, Adopted, and Special Guardianship Order children and young people. Alongside this, 66 cases have been held in consultation thus increasing access to those who may not have required a full assessment. The consultation has also provided support for those waiting for fuller assessment. This addresses the 'increased access' recommendation of the Future in Mind document.

2) Children's Home Staff Consultation

Consultations were offered to all eight mainstream Local Authority Children's Homes in Bradford District. In addition, Sarah Butcher (Art Therapist) began offering consultation to Valley View Children's Home (which also provides a Residential Service for children with Learning Disabilities) from February 2017. These consultations were offered on a monthly basis, although school holidays sometimes affected this. With the development of the new LAAC team, a number of homes experienced a gap in consultations due to capacity issues and the need to induct new team members. Thirty-two Children's Home Consultations took place in the first six month period and x took place in the second six month period. Group Supervision for this work takes place monthly with Ben Lloyd (Lead Psychological Therapist in CAMHS). The team of consultants to the Local Authority Children's Homes is comprised of LAAC team members, Nicola Billows, Jennie Robb, Adam McLaughlin and Sarah Butcher, as well as Child and Adolescent Psychoanalytical Psychotherapists, Jo Higgins and Barnaby Rhodes.

Table 14. Number of Consultations delivered by the LAAC team to Children's Homes in Bradford

Children's Home	1st November 2016-30th April 2017	1st May-31st October 2017	Annual Total
The Hollies	0	9	9
First Avenue	5	0 (The Unit Closed)	5
Meadowlea	6	5	11
Newholme	6	4	10
Owlthorpe	2	4	6
Rowan House	5	4	9
Sky View	4	5	9
Valley View	3	4	7
The Willows	1	3	4

3) Consultation to LAC Social Work Teams

Consultation to LAC Social Workers took place monthly at Sir Henry Mitchell House. These 30-minute consultation slots offer an opportunity for the screening of cases that might need a direct referral into the LAAC Team. They can also offer support and advice at a general level. The consultations are organised and co-ordinated by Mussarat Hussain, LAC Social Worker, and Sally Chance, Therapeutic Social Worker and Family Therapist. 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 (described above).

Between 1st November 2016 and 30th April 2017, five consultation sessions took place at Sir Henry Mitchell House. During these sessions, a total of 25 young people were discussed. Two further consultation sessions took place in May and June 2017 and four young people were discussed. Following this, there was a lack of clarity about the expectations of CSC for the role of Therapeutic Social Workers and Mussarat moved bases so could not continue to co-ordinate the sessions. The consultations were put on hold but were resumed in December 2017.

4) Service Development and Across Agency Support

Liaison across Bradford Children's Social Care and CAMHS has been maintained since the early stages of development through Jennie Robb, Clinical Lead, and Lindsey Calpin, Team Manager, attending Through Care Strategy Meetings, the Corporate Parenting Panel, DDP implementation groups, meetings with the Adoption Service Manager and SGO Team, and regular meetings with the Residential Service Manager. In addition, Jennie Robb, has contributed to the Innovation Project, The Be Positive Pathways, through advice, liaison and support to recruitment. As part of the Be Positive Pathways Project, Jennie Robb will offer two hours a week clinical supervision to the Clinical Psychologists in these teams. Ben Lloyd has attended the pre-Joint Review Panel (JRP) meeting fortnightly and will continue to do so in order to aid decision making about jointly funded placements for young people.

2.6

Training and Supervision of the Team

All new clinicians undertook a period of induction where they observed and shadowed existing clinicians. Supervision is structured according to the professional requirements and needs of each clinician, and meetings with each team member and the Clinical Lead and Team Manager take place every 4-6 weeks. Play Therapy supervision was commissioned externally. Supervision by an accredited Dyadic Developmental Psychotherapist had previously been recognised as a significant gap in supervision provision. This was commissioned on a monthly basis from September 2017 in order to allow three therapists in the team to work towards accreditation over a 12-month period. Following this, the supervision will continue quarterly in line with registration requirements.

Clinical Psychologist, Adam McLaughlin, completed Dyadic Developmental Psychotherapy training, Levels 1 and 2 (training by Kim Golding and Julie Hudson, DDP Network). He also completed the Foundation in Attachment Training for Trainers Course (Kim Golding, DDP Network).

Art Psychotherapist, Sarah Butcher, attended a conference with the Institute of Mental Health, Nottingham, entitled The Brain, Mind and Body – promoting emotional regulation in complex trauma disorders through psychotherapeutic interventions and their effects on brain structure and function.

Katie Filewood, Play Therapist, will begin training in Story Stem Assessment in January 2018 and this should be completed by Spring 2018.

Members of the team are due to attend Sensory Integration training in February 2018 and there is a plan for all therapists to have completed DDP level 1 by the end of the year.

3. CONCLUSION

This review provides an overview of the development of the CAMHS Psychological Assessment and Therapy Team for Looked After and Adopted Children, along with an analysis of work carried out in the first year of operation. Whilst productivity per WTE is high and the feedback obtained from service users is very positive, the demands on the service are huge. Waiting times for direct work have been shown to grow despite an increase in productivity over the course of the year. This population of young people have significantly high levels of clinical need and current capacity cannot meet the service demands. With each additional WTE, it would be possible to work with a further 11-13 young people at one given time, to increase the number of consultations on offer and to consider widening our remit to include training and better cross-agency liaison.

The service model improves access to specialist services at a consultation level. The model also offers multi-disciplinary, comprehensive assessment and a range of evidence-based, effective therapeutic approaches. With a greater capacity, the assessment and therapy work could be available to more of those in need, in a more timely way.

The team requires greater capacity to meet the demand of the looked after, adopted and SGO population of Bradford District. If capacity were increased by 8 Whole Time Equivalent (WTE) Psychological Therapists with Bands ranging from 6-8a, the service could offer more direct assessment and therapy and more consultation slots. With such a range of experience, a robust governance and supervision structure could be established and embedded to support the size of the team and the complexity of the work.

Each WTE increase would mean that one further consultation slot could be available per month and direct work capacity could increase by an additional 10-12 sessions per week with clinicians working with at least 12 clients each. The consultation to children's homes could also continue.

4. OTHER CONSIDERATIONS

N/A

5. FINANCIAL & RESOURCE APPRAISAL

N/A

6. RISK MANAGEMENT & GOVERNANCE ISSUES

N/A

7. LEGAL APPRAISAL

N/A

8. OTHER IMPLICATIONS

N/A

8.1 EQUALITY & DIVERSITY

N/A

8.2 SUSTAINABLE IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

N/A

7.5 HUMAN RIGHTS ACT

N/A

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

N/A

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

N/A

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. OPTIONS

None.

11. RECOMMENDATIONS

Members' views are requested.

12. APPENDICES

None.

13. BACKGROUND DOCUMENTS

None.



Report of the Deputy Director (Education, Employment & Skills) to the meeting of the Corporate Parenting Panel to be held on 25 April 2018

T

Subject: Education Outcomes for Children Looked After

Summary statement:

For reporting purposes, both to the Department of Education (DFE) and internally, the progress and performance of children in the care of City of Bradford Council is based on those who have been in care continuously for a minimum period of 12 months. This report covers the achievements for those aged seven (Key Stage 1), aged eleven (Key Stage 2) and sixteen (Key Stage 4).

Judith Kirk
Deputy Director
(Education, Employment & Skills)

Report Contact: Ken Poucher
Phone: (01274) 439623
E-mail: ken.poucher@bradford.gov.uk

Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

For reporting purposes, both to the Department of Education (DFE) and internally, the progress and performance of children in the care of City of Bradford Council is based on those who have been in care continuously for a minimum period of 12 months. This executive summary covers the achievements for those aged five (EYFS (Early Years Foundation Stage)), seven (Key Stage 1), aged eleven (Key Stage 2) and sixteen (Key Stage 4).

1.1 Key Stage 1

Unvalidated outcomes for 7 year old Children Looked After (CLA) in 2017 represent a continued improvement in performance. The percentage of CLA pupils meeting national age-related expectations (EXS) and working at greater depth (GDS) in reading, writing and mathematics is better than looked after nationally based on unvalidated 2017 figures. The gap between CLA and non CLA children has closed in 2017.

1.2 Key Stage 2

The unvalidated 2017 data shows that 32% of CLA nationally achieved the new expected standard or above in the combined reading, writing and mathematics measure. This is a 7 percentage points rise on the previous year. Over the same period the combined measure for Bradford's CLA improved by 11% (from 2016) to 28% and represents a narrowing of the gap to the national figure. Further improvements in boys reading, writing and mathematics are needed to help reduce this gap even further.

1.3 Key Stage 4

Overall there were 65 CLA students in this cohort who have been in care for 12 months or more. Of the 65 students 7 (10.8%) achieved 5 A*-C (L4+) at GCSE including English and mathematics, this included 1 student with SEN. 10 (15.3%) students got 5 good GCSE passes (grade C – L4).

The overall Progress 8 score improved in 2017, moving from -1.48 in 2016 to -1.02 in 2017. This score ranks Bradford's Virtual School above the progress for CLA nationally which is -1.14 indicating that from starting points CLA in Bradford make better progress than their peers nationally.

At 18.9 Bradford's Virtual School Attainment 8 score is in line with Virtual Schools nationally (National average 18.9) with a gap of -23.4 when compared to other Bradford non-LAC students. This gap is reduced when the proportion of CLA children with SEND is removed. The average EBacc attainment score for Bradford CLA is 5.1, which is in line with the national figure for CLA.

2. How well have our Children and Young People Achieved?

2.1 EARLY YEARS

There were 24 children in reception that had been in the care of Bradford from 1 April 2016 until 31 March 2017. 18 of them were in Bradford Schools, 6 were placed out of authority.

Within this cohort of 24 pupils 2 have an EHCP (Education, Health and Care Plan), 9 have SEN (Special Educational Needs) support, 10 are FSM (Free School Meals), 2 are EAL (English as an additional language) learners.

In 2017 more of Bradford's CLA achieved a good level of development (GLD), although the performance was below the national average for non-looked after children. At such an early start in the care system this legacy of under-achievement is well understood. The introduction of the Personal Education Plan (PEP) for pre-school children and increased support for Early Years' settings provides evidence of a positive impact on CLA moving into Year 1. There is evidence that early years pupil premium is effective in narrowing gaps by the end of Reception as illustrated in the table below.

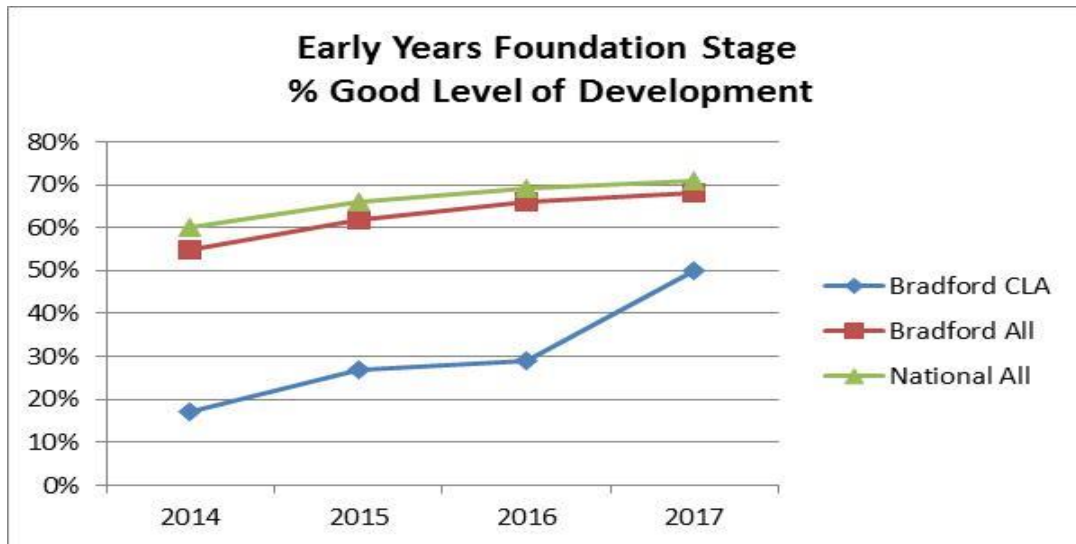
% Good Level of Development	2014	2015	2016	2017
Bradford CLA	17%	27%	29%	50%
Bradford All	55%	62%	66%	68%
National All	60%	66%	69%	71%
Gap with National	-43%	-39%	-40%	-21%

The percentage of non-LAC children achieving the expected level or better in all prime areas of learning nationally is 79%, for all Bradford children it is 77.5%; for looked after children in CBMDC (City of Bradford Metropolitan District Council) is 50%.

The percentage of non-LAC children achieving the expected level or better in all specific areas of learning nationally is 69%, for all Bradford Children it is 65.5% for looked after children in CBMDC is 55.6%

The percentage of non-LAC children achieving the expected level or better in all learning goals nationally is 70.7%; for all Bradford children it is 67.6%; for looked after children in CBMDC is 50%.

Early Years Foundation Stage time series data



Summary

The overall outcomes in the Early Years show a much improved picture but there is still more to be done to reach the national average. Those who did not achieve the expected levels were mainly due to not achieving the standard in personal, social and emotional development, where this links directly with their emotional needs and the insecure attachment issues which in turn affects the prime area of communication, language and literacy (CLL). There are no national statistics for children in care at Foundation Stage, due to most Local Authorities (LAs) having very small (and therefore potentially identifiable) numbers.

2.2 KEY STAGE 1

In 2017 there were 22 looked after children in the cohort who had been looked after for 12 months or more; 3 pupils had an EHC plan, 4 had SEN Support, 2 had English as another language (EAL) and 8 had FSM. There were 5 CLA placed in schools outside of Bradford. The gender split within this cohort was even, 11 boys and 11 girls.

Unvalidated 2017 outcomes for our 7 year olds are good and represent a continued improvement in performance for our Key Stage 1 CLA cohort. In all measures the percentage of CLA pupils meeting national age-related expectations (EXS) and working at greater depth (GDS) in reading, writing and mathematics are better than the national CLA figures and show a narrowing gap to non CLA peers in the local authority.

The proportion of CLA pupils reaching the expected standard in reading has risen by 5 percentage points (pps), in writing by 4pps and in mathematics by 9pps. This increase is better than that seen nationally.

The proportion of CLA pupils reaching the greater depth standard in reading has risen by 5 (pps), in writing by 5pps and in mathematics by 9pps. This year on year rise is better than that seen nationally. The proportion of CLA achieving the expected standard in all three subjects is 36.0% and is 2.4% above that nationally and represents a 2.0pps rise from 2016.

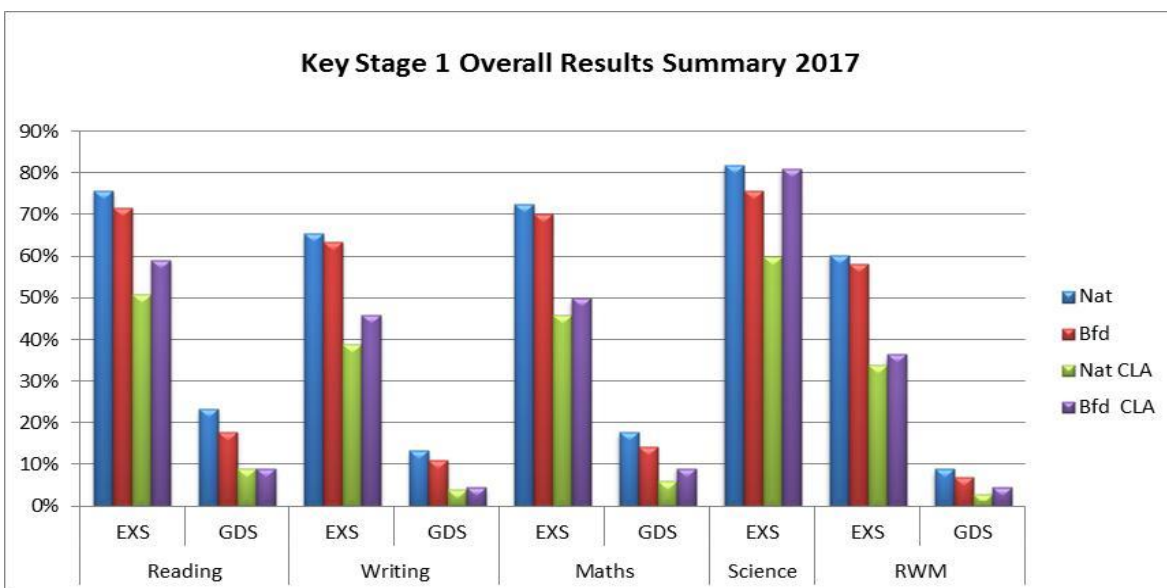
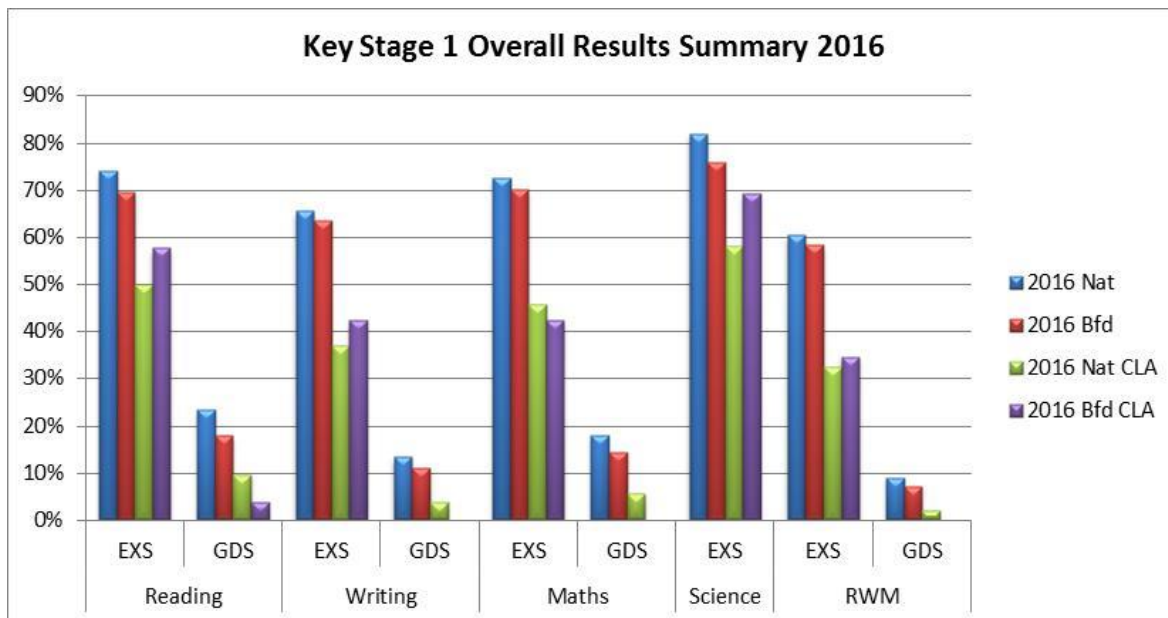
Girls outperform boys in reading and mathematics. The largest difference in attainment by gender is in reading with a gap of 27pps. Bradford CLA has done better than similar pupils nationally in 5 out of 6 areas. There is still some gap closing to do with their non-CLA peers and the aim is to further reduce this gap.

Key stage 1 overall results summary by gender

2017 KS1 – % Girls/Boys Achieving Expected Standard												
	Reading (%)				Writing (%)				Maths (%)			
	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Girls	80	77	59	73	75	74	50	46	77	75	52	55
Boys	72	67	45	46	62	59	30	46	74	70	42	46

Key stage 1 overall results summary with time series

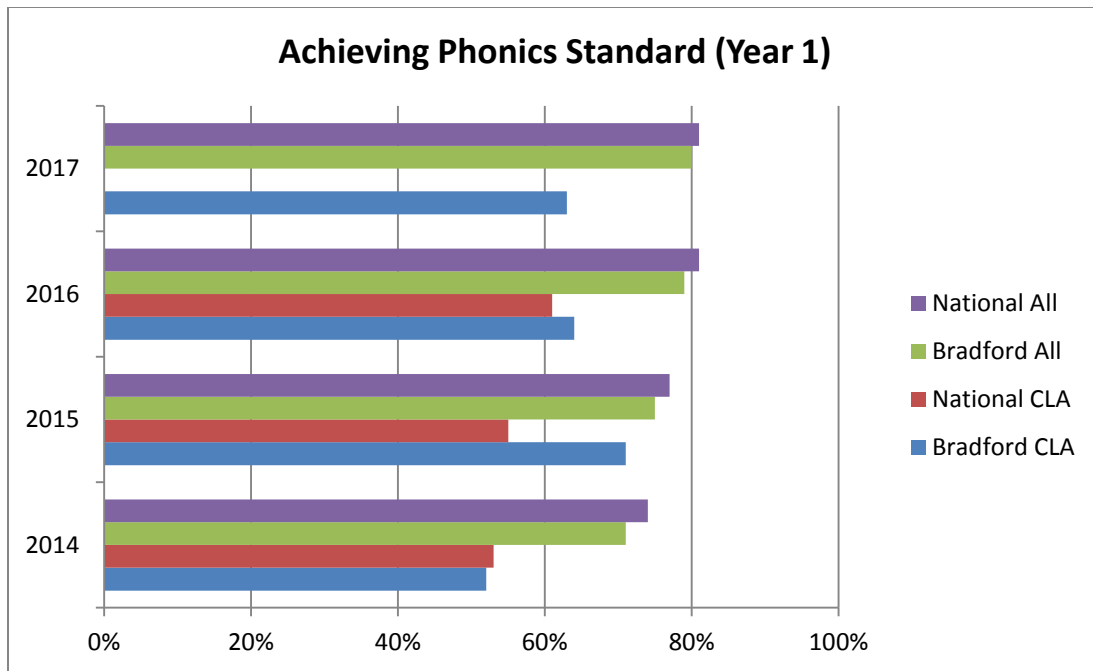
		2016				2017			
		Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Reading	EXS	74%	70%	50%	58%	76%	72%	51%	59%
	GDS	24%	18%	10%	4%	24%	18%	9%	9%
Writing	EXS	66%	64%	37%	42%	66%	64%	39%	46%
	GDS	13%	11%	4%	0.0%	14%	11%	4%	4%
Maths	EXS	73%	70%	46%	42%	73%	70%	46%	50%
	GDS	18%	14%	6 %	0.0%	18%	14%	6%	9%
Science	EXS	82%	76%	58%	70%	82%	76%	60%	81%
RWM	EXS	60%	58%	32%	35%	60%	58%	34%	36%
	GDS	9%	7%	2%	0.0%	9%	7%	3%	5%



Year 1 pupils meeting the expected standard in Phonics.

In 2017 there were 22 CLA pupils in Year 1. Of the 19 results received 12 children (63%) have met the standard required to pass the test (32+). Improving phonics outcomes even further for CLA is a focus for the VS.

Achieving Phonics Standard (Year 1)	2014	2015	2016	2017
Bradford CLA	52%	71%	64%	63%
National CLA	53%	55%	61%	NYA
Bradford All	71%	75%	79%	80%
National All	74%	77%	81%	81%



2.3 KEY STAGE 2

Our 2017 Year 6 pupils were the second cohort to be assessed against the new National Curriculum assessment measure, which significantly raised expectations of young people’s mastery of literacy and numeracy by the age of 11. Pupils were tested in reading, maths and SPAG (spelling, punctuation and grammar) and assessed by their teachers in writing.

In 2017 there were 47 looked after children in the Y6 cohort who had been looked after for 12 months or more. There was an uneven gender split with 33 of the cohort being boys. There was also an unusually high proportion of pupils with an EHC plan (1 in 4 pupils) with another 4 pupils having English as another language (EAL). There were 11 pupils were placed in schools outside of Bradford. The gender data in the tables below shows the significant impact of boys’ underperformance in all subject areas and difference between the girls.

In 2017, based on unvalidated data 32% of looked after children nationally reached the new expected standard or above in the headline measure reading, writing and mathematics combined. This is a rise of 7 percentage points on the previous year. Over the same period the combined measure in the CBMDC has improved by 11% to 28% and represents a narrowing of the gap to the national figure. Further improvements in boys reading, writing and mathematics are needed to help reduce this gap even further as evidenced below.

		2016				2017			
		Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Reading	EXS	66%	56%	41.0%	34.7%	71%	65.1%	45.0%	38.0%
	GDS	19%	12.1%	6.7%	10.2%	25%	19.1%	9.0%	6.0%
GPS	EXS	72%	68.2%	43.7%	49.0%	77%	74.4%	50.0%	45.0%
	GDS	23%	17.0%	7.1%	10.2%	31%	27.5%	12.0%	11.0%
Maths	EXS	70%	65.2%	41.0%	38.8%	75%	71.8%	46.0%	39.0%
	GDS	17%	12.9%	3.7%	8.2%	23%	19.2%	7.0%	6.0%
Writing	EXS	74%	73.5%	45.7%	44.9%	76%	73.7%	48.0%	36.0%
	GDS	17%	13.1%	3.4%	2.0%	18%	15.4%	6.0%	0.0%
RWM	EXS	53	45.7%	25.1%	17.4%	61%	56.0%	32.0%	28.0%
	GDS	5	3.1%	0.7%	2.0%	9%	6.5%	1.0%	0.0%

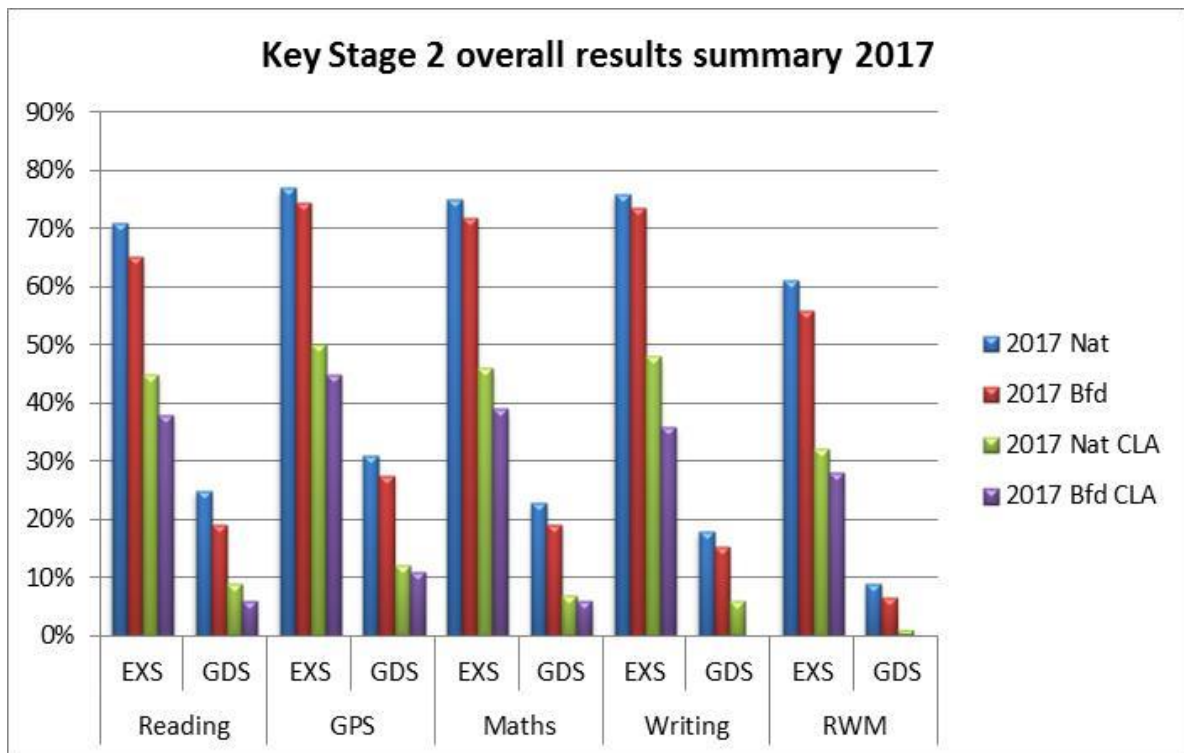
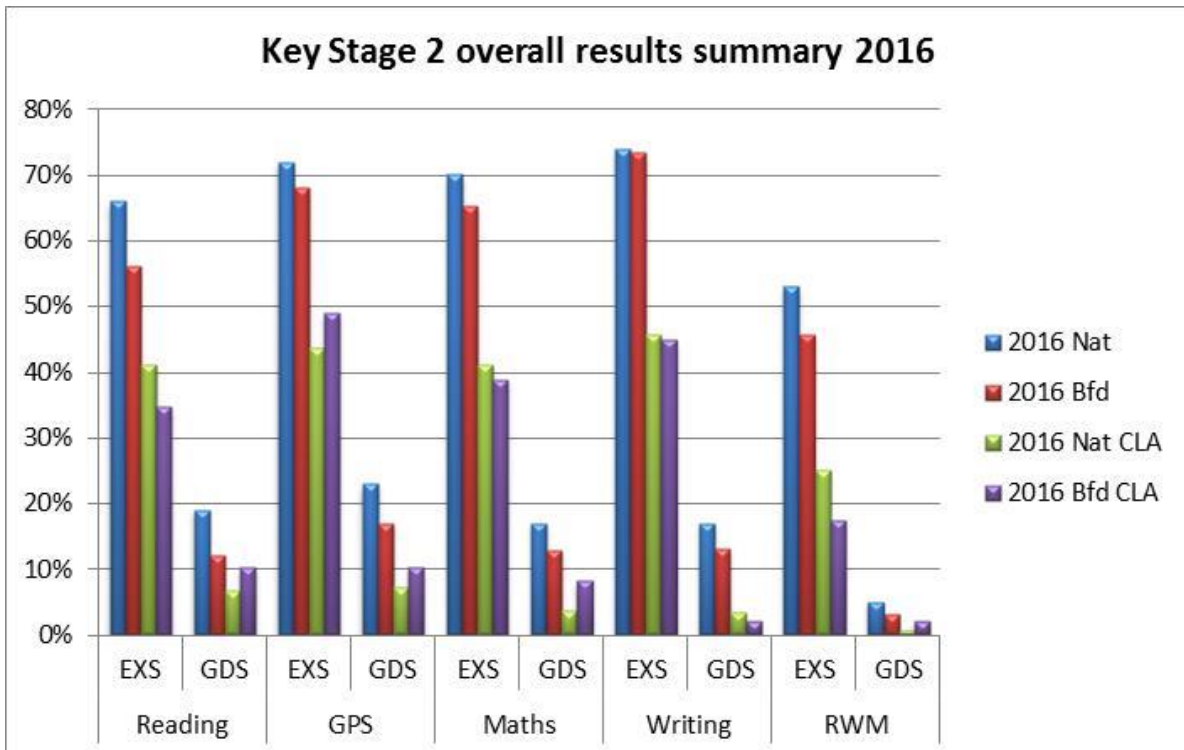
The proportion of pupils achieving the expected standard in reading rose by 3% this year, which is the similar to the national rate of improvement.

The proportion of pupils achieving the expected standard in writing has dropped by 9pps this year, widening the gap to national figures.

The proportion of pupils achieving the expected standard in maths has risen by 1%; nationally the rise was 4%.

2017 KS2 – % Girls/Boys Achieving Expected Standard								
	GPS (%)				RWM (%)			
	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Girls	81	80	58	57	65	60	36	50
Boys	73	71	44	39	57	54	28	18

2017 KS2 – % Girls/Boys Achieving Expected Standard												
	Reading (%)				Writing (%)				Maths (%)			
	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Girls	75	69	49	50	82	80	57	57	75	73	46	57
Boys	68	63	42	33	70	68	40	27	75	72	45	36



Progress measures

The overall value added progress between Key Stage 1 and Key Stage 2 for the CLA cohort is in line with the national figures in core subjects; reading -1.5; writing -1.5; maths -2.3.

Primary Issues and actions

- The key issues for the Virtual School (VS) working with primary schools in the district and out of the LA remains the need to continue to raise attainment and accelerate progress in all subject areas and Key Stages but particularly boys in Key Stage 2.
- Increase the numbers of children making or exceeding age related expectations and/or reaching targets in all four areas in KS1
- The Information Management Team (IMT) has revised and improved the school data packs. These are enabling school leaders and governors to analyse the performance of the different groups of children against the national figures at the start of the academic year rather than at the end of the autumn term.
- The Virtual School collects pupil level data from schools on a termly basis so it can provide appropriate and effective interventions through the use of a more rigorous monitoring and evaluation in order to help accelerate pupil progress.
- The Virtual School through its work with schools, encourages leaders, designated teachers and governors to use the assessment information to challenge low expectations and low aspirations and model high expectations of CLA pupils in their care.
- The VS is working with Early Years Officers to improve the tracking of children in Early Years settings to evidence accelerated learning through data analysis and precision intervention.

2.4 KEY STAGE 4 RESULTS SUMMARY

The Key Stage 4 cohort consisted of 65 pupils. 12 pupils (18%) have statements or EHC Plans, with another 16 also being assessed as having a special educational need with a further 14 having English as another language (EAL).

A new secondary school accountability system at Key Stage 4 (KS4) was introduced in 2016. Further changes came into force this summer. A summary of the new arrangements can be found in Appendix 1.

2016 was the first year of three new performance measures for schools - Progress 8 measures pupils' progress across eight subjects from the end of Key Stage 2 to the end of Key Stage 4, while Attainment 8 measures average attainment across those subjects by the end of Key Stage 4. The English Baccalaureate (EBacc) allows people to see how many pupils get an A*-C or above in core academic subjects at Key Stage 4. In 2017 the way schools report English and Maths changed to a number based system (1-9, with 9 high and a low grade C shown as 4)

The progress of Bradford CLA is in line with the national figures. However CLA students progress less well than the non-looked after children. Compared to the other local mainstream schools the Virtual School performed -1.02 which is below the

national average (all schools) for Progress 8. This means that our looked after pupils achieved an average of more than a whole grade worse per subject than non-LAC pupils nationally with the same prior attainment at Key Stage 2 but made better progress than all CLA nationally where the average is -1.19.

The Virtual School is interested in the progress pupils make from the point they entered care. Without national curriculum levels and a standardised assessment framework it has become more challenging to do this in a meaningful way. However, the assessment process we introduced in September 2016 has had some success and for Key Stage 3 and Key Stage 4 pupils we can report with confidence that progress in English and mathematics remains good, with nearly half of our learners making better than expected progress from the point they entered care. The assessment process is a focus for improvement next year; to further refine the system so that smaller steps of progress can be captured from all schools with looked after children on roll.

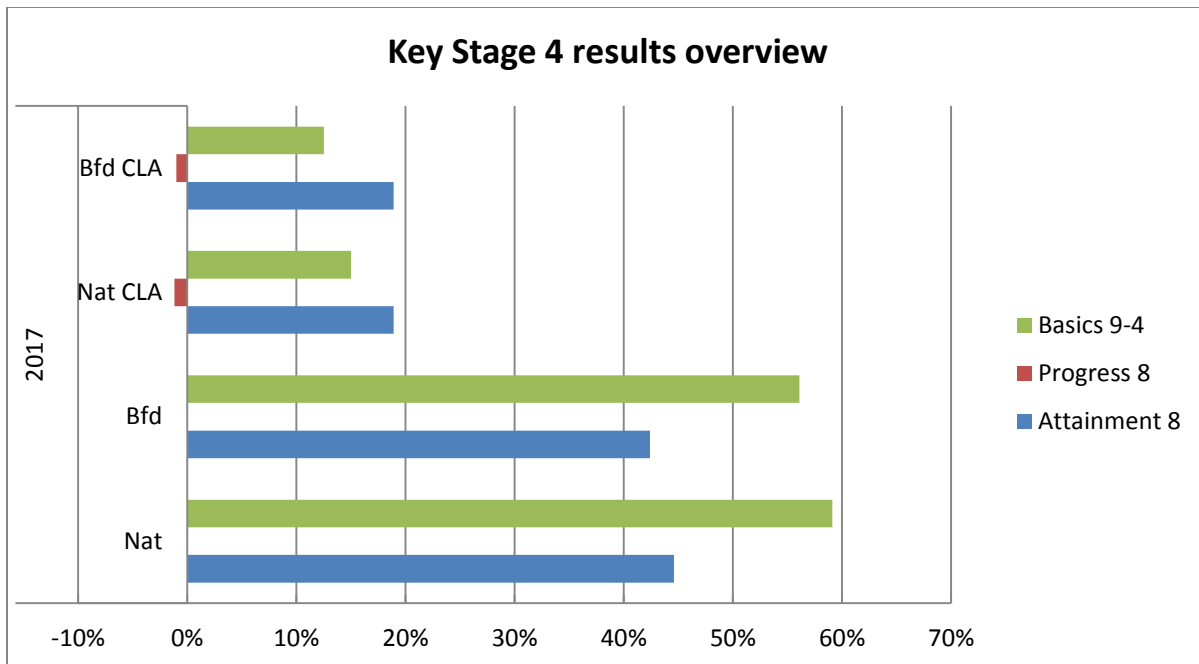
The overall Progress 8 score improved in 2017, moving from -1.48 in 2016 to -1.02 in 2017. This score is better than the progress for CLA nationally which is -1.14 indicating that from starting points CLA in Bradford make better progress than their peers nationally.

Bradford's Virtual School Attainment 8 score of 18.9 is in line with all other Virtual Schools (National average 18.9) with a gap of -23.4 with all other Bradford non-LAC pupils. This gap is reduced when the effects of the proportion of children with SEND is removed. The average EBacc attainment score for Bradford CLA is 5.1, which is in line with CLA nationally.

There is a need to improve outcomes at Key Stage 4 but it is important that the extent of the challenge facing some of our students is acknowledged so that their achievements can be celebrated with those who achieved the key measures expected nationally. 22 pupils were unable to engage in full time education at school and attended alternative providers for at least part of each week (Educated in a Special School, PRU or by the Virtual School). Alternatives including tuition and work experience were offered which improved engagement and helped to build pathways into education, employment and training at the end of Year 11.

Key Stage 4 results overview

	2017			
	Nat	Bfd	Nat CLA	Bfd CLA
Attainment 8	44.6	42.4	18.9	18.9
Progress 8	-0.03	+0.02	-1.19	-1.02
Basics 9-4	59.1	56.1	15.0%	12.5%



Secondary Issues and Actions

- There is a need to continue to ensure smooth transition from KS2 to KS3 through the 'Engage' Project
- In KS4 there is a need to maintain the increase in the numbers of young people achieving both English and mathematics combined at grade 4+ and increase the attainment 8 and EBACC outcomes.

Ofsted feedback of a Bradford Secondary School (May 2017)

"Leaders work tirelessly to make sure that the welfare of pupils of utmost priority. Excellent relationships have been established with other agencies and professionals including the VSHT for CLA. Due to these quality relationships, pupils including the most vulnerable and children who are looked after by the LA, attend school regularly and are making strong progress".

3. REPORT ISSUES

N/A

4. OPTIONS

N/A

5. CONTRIBUTION TO STRATEGIC PRIORITIES

N/A

6. RECOMMENDATIONS

- **For Members to welcome the report**
- **For Members to continue to support the work of the Virtual School**

7. BACKGROUND DOCUMENTS

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

Appendix 1: Changes to the Key Stage 4 Examination System Explained

APPENDIX 1 - Changes to the Key Stage 4 Examination system explained

GCSEs in England are being reformed and will be graded with a new scale from 9 to 1, with 9 being the highest grade. Results in England this summer will receive a mixture of number and letter grades - English language, English literature and maths are the first subjects to use the new number system, with most other subjects adopting numbers by 2019. Eventually all GCSEs taken in England will receive numerical grades.

The Department for Education recognises grade 4 and above as a 'standard pass' which is the equivalent of an old grade C. A grade 5 and above is recognised as a 'strong pass' which is the equivalent of an old grade C+.

The old and new grading scales do not directly compare

A grade 5 and above ('strong pass') is not comparable to the old grade C, and therefore no comparisons can be made to previous years for this measure.

The headline accountability measures that were introduced in 2016 remain the same (although some grades are expressed numerically rather than letters):

Progress 8; Attainment 8; percentage of pupils achieving at least a grade 5 (C or above) in English and maths; percentage of pupils entering the English Baccalaureate; and percentage of pupils achieving the English Baccalaureate.

Attainment 8 measures a student's average grade across eight subjects – the same subjects that count towards Progress 8. This measure is designed to encourage schools to offer a broad, well-balanced curriculum.

The eight subjects fit into three groups:

- English and maths. These are double-weighted, which means they count twice.
- English Baccalaureate (Ebacc). These are the highest scores from the sciences, computer science, geography, history and languages.
- Open group. Any remaining GCSEs and other approved academic, arts or vocational qualifications.



Report of the Deputy Director (Children's Social Care) to the meeting of Corporate Parenting Panel to be held on 25 April 2018

U

Subject: Progress Report on B Positive Pathways

Summary statement:

In January 2017 Bradford was awarded £3.2 million over 2 years from the DfE Innovation Fund. There are 3 elements to the award:

- 1) Reducing the number of children in care through stronger edge of care work.
- 2) Improving our ability to provide high levels of care within our residential homes through embedding a therapeutic "PACE" approach.
- 3) Setting up two "mockingbird" hubs to improve support to foster carers working with children with more complex needs.

After consultation with the Children in Care Council, the programme was named B Positive Pathways

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Jim Hopkinson
Phone: (01274) 432904
E-mail: jim.hopkinson@bradford.gov.uk

Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 In January 2017, Bradford was awarded £3.2 million over 2 years from the Department for Education (DfE) Innovation Fund, the second biggest award made by the DfE. There are 3 elements to the award. Reducing the number of children in care through stronger edge of care work. Improving our ability to provide high levels of care within our residential homes through embedding a therapeutic “PACE” approach. Setting up two “Mockingbird” hubs to provide support to foster carers working with children with more complex needs. After consultation with the Children in Care Council, the programme was named B Positive Pathways.

2. BACKGROUND

- 2.1 B Positive Pathways Programme (BPP) is a £3.2m innovation funded project that scales the successful North Yorkshire ‘No Wrong Door’ innovation project to Bradford. No Wrong Door is a different approach to working with adolescents to prevent them entering the care system and to improve their long term outcomes. The model centres on a hub home with wrap around multi agency professionals working together. No Wrong Door has won several awards and has made a significant saving to the public purse in the approach that has been taken. A number of Local Authorities are looking to replicate this approach.

- The Department of Education evaluation of the No Wrong Door project in July 2017 stated that savings had been made through both ‘cashable’ and ‘cost avoidance’. North Yorkshire County Council (NYCC) saved £440,000 by reducing out of authority placements for adolescents (cashable).
- Police saved £200,000 through reduction in missing episodes and offending behaviour (cashable).
- NYCC saved £20,000 in costs incurred by placement moves through increased placement stability.
- Estimated cost saving of Child and Adolescent Mental Health Service (CAMHS) undertaking assessments and interventions through in house staff £316,000.
- Estimated cost saving of SaLTs £300,000.

- 2.2 BPP is fully funded in the first two years (from the start date of 1st April 2017 we agreed with DfE) and by year three we will be aiming to show the significant savings that have been made to ensure that the programme is supported financially for years three and four. There will be a full academic review of the programme (including a cost benefit analysis) to show impact with our research partners led by the University of Oxford Rees Centre.

- 2.3 In October 2018 Robert Goodwill, the then Minister of State for Children and Families, officially launched BPP at a Conference in Bradford.

- 2.4 BPP has three key elements:

- 1) Hub Home & Specialist Children’s Homes;
- 2) Mockingbird Fostering Model;
- 3) Pace Model of Care.

3. OTHER CONSIDERATIONS

- 3.1 B Positive Pathway Hub Home & Specialist Children's Homes.
- 3.2 The BPP Hub is based at the Willows which is one of Bradford's children's homes. Since the last update to the Corporate Parenting Panel (CPP) in November 2017, a Registered Manager has been appointed to lead the BPP programme. In addition, a Psychologist (Life Coach) seconded from Bradford District Care Team (BDCT) has joined the team as have two dedicated Police Officers, a Policy Analyst. A further Psychologist and two Speech and Language Therapists have been appointed with start dates over the next couple of months. An advert for an Occupational Therapist to join the team is scheduled.
- 3.3 The BPP service will work with children at the edge of care and respond proactively and innovatively to cases that at the moment quickly escalate to full time care. We envisage that there will be a significant caseload of families and young people accessing this service. We will expect outreach workers to support young people and families in their own homes responding at the time of crisis and to call on the wrap around support to enable families to work through their issues without statutory intervention. The outreach service will be offered 24/7. As of 2nd February 2018 the outreach staff held an active caseload of 48 "edge of care" adolescents and had already closed (without entering long term care) cases relating to 7 edge of care adolescents.
- 3.4 Hollybank Road (our new children's home leased from Catholic Care) opened in March 2018. At the time of writing one child has returned from an out of authority placement and another child who was expected to go to an out of authority placement has instead gone to this home.
- 3.5 In addition to The Willows, we have identified three specialist homes in Bradford. These are Newholme, Meadowlea and Hollybank Road (see above). These homes will have a greater level of staffing, will have a reduced number of residents and will call on the specialist roles within the BPP hub. These homes have already contributed to our aim to return children from external homes to live in this provision and create resilient long term placements. It is predominately adolescents that are placed in external residential accommodation. Despite Bradford mirroring the national picture of a rising overall care population, our external residential placements have fallen by 8% these are adolescent young people and therefore in the target group for BPP. This is cash saving to the local authority of £378,000 and in addition saves on Social Worker travel time and contact.
- 3.6 We will explore recruiting foster carers on casual contracts to work as part of the residential teams. If successful relationships are built there will be the possibility that young people can be fostered from the homes. We are also looking at fostering assessments for our residential staff so they can maintain children in a home environment on a crisis basis.

3.7 **Mockingbird Fostering**

3.8 Mockingbird is a fostering model first used in America. It uses the concept of a hub carer being at the centre of a constellation of foster families. The hub carer becomes the 'grandparent' figure and provides regular sleep overs to the young people in the constellation and arranges a regular get together of the whole constellation. The hub carer is supported by a liaison worker. A constellation is made up of between 6 – 8 foster families.

3.9 The model has been embedded in a number of Local Authorities as part of the first tranche of innovation and has resulted in greater placement stability and outcomes for the young people.

3.10 Our Mockingbird programme was launched on 10th February 2018. Both constellations (one for Family & Friends and for mainstream) are fully operating and anecdotal evidence suggests that foster carers welcome the support and children welcome the new friendships. In the summer, some of these householders will jointly attend an activity weekend funded by the Fostering Network.

3.11 **Model of Care**

3.12 As a result of an external review of our residential provision in 2015, we developed a model for Looked After children in Bradford.

3.13 We aim for the basis of this model PACE to be our approach to working with children who have suffered early trauma and attachment in all placements.

- Attachment (PACE – playfulness, acceptance, curiosity, empathy);
- Resilience;
- Team Teach;
- Outcome Star;
- Signs of Safety;
- Building life skills for independence.

3.14 A Workforce Development Plan has been implemented to embed the approaches above within the staff teams. This will provide staff with the skills to fully support children and young people.

3.15 Training in the elements of the model is on-going. A total of 68 residential staff have commenced training and of these a total of 61 have completed Signs of Safety training, PACE training, Outcome Star training and Developing Resilience in Children training. This will be an on going rolling programme of training to meet the needs of the cohort and any new staff members that are employed.

3.16 All of the homes have PACE Champions and Signs of Safety Practice Leads. Additionally, some staff have had the opportunity to train in Dyadic Developmental Psychotherapy – level 1 and level 2 – the therapy that incorporates PACE. Approximately 16 of these staff have done 'training for trainers' and are training all staff over 6 sessions in Foundations for Attachment, a more in depth attachment based programme informed by PACE.

3.17 Evaluation

- 3.18 The evaluation framework of BPP has been agreed. Our evaluation partners are the Rees Centre, University of Oxford in conjunction with University of York. As Playfulness, Acceptance, Curiosity, Empathy (PACE) and Signs of Safety (SoS) elements are well researched, the evaluators will concentrate on the impact of the hub homes, the outreach team and the Mockingbird constellations. The evaluation will be both quantitative and qualitative and have a cost benefit extraction for Bradford. Emerging findings will be shared through interim reports. We will use the findings to inform future investment asks. At the time of the bid, Health and Police colleagues agreed to consider continued funding for the model if there is a clear investment proposition.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Evidence suggests that teenagers that enter care often experience poor outcomes, including disruptions in contact with families and disruptions in education. In addition risks of missing, offending, substance misuse and exploitation can be increased. Children who enter care as teenagers are disproportionately likely to be placed in residential care (as opposed to family settings), including out of authority placements. As well as being exceptionally expensive, out of authority placements can further disrupt family ties and educational outcomes. The Department for Education (DfE) innovation Funded B Positive Pathways programme has the potential to contribute to our strategic priorities associated with Better Health – Better Lives as well as Great Start – Good Schools by safely, and appropriately, reducing the number of children in care as well as reducing expenditure on high cost residential placements. (Note: It's early days but we can demonstrate some costs savings (or cost avoidance) the BPP analyst is now in post and will ensure that the tracker that will be used to monitor impact is in place and will be reported monthly to the BPP Innovation Board chaired by the Strategic Director, Children's Services).

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 That the Corporate Parenting Panel note the content of this report and the progress of B Positive Pathways.

6. LEGAL APPRAISAL

None.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

None.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

None.

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

10.1 That the Corporate Parenting Panel note the content of this report and the progress of B Positive Pathways.

11. APPENDICES

None.

12. BACKGROUND DOCUMENTS

None.