



Agenda for a meeting of the Bradford East Area Committee to be held on Thursday, 15 February 2018 at 6.00 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT	INDEPENDENT
Salam Shafiq H Khan	R Ahmed R Sunderland N Pollard Stubbs J Sunderland	Sajawal

Alternates:

LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Jamil Iqbal I Khan	Fear Griffiths Reid Stelling Ward

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

Decisions on items marked * are not Executive functions and may not be called in under Paragraph 8.7 of Part 3E of the Constitution.

From:

To:

Michael Bowness

Interim City Solicitor

Agenda Contact: Fatima Butt/Tracey Sugden

Phone: 01274 432227/434287

E-Mail: fatima.butt.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.

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.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 11 January 2018 be signed as a correct record (previously circulated).



(Fatima Butt/Tracey Sugden – 01274 432227/434287)

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.

(Tracey Sugden - 01274 434287)

5. **PUBLIC QUESTION TIME**

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

To hear questions from electors within the District on any matter this is the responsibility of the Committee.

Questions must be received in writing by the City Solicitor in Room 112, City Hall, Bradford, BD1 1HY, by mid-day on Tuesday 13 February 2018.

(Fatima Butt/Tracey Sugden – 01274 432227/434287)

B. BUSINESS ITEMS

6. **PREVENTION AND EARLY HELP**

1 - 64

Previous Reference: Executive, Minute 55 (2017/18)

The Strategic Director Children's Services will present a report (**Document "X"**) which highlights the progress that the Council and partners have made in bringing together existing arrangements for early help and early years services.

The report also advises that, in November 2017, the Executive was asked to approve a period of consultation on a proposed new Prevention and Early Help model. Bradford East Area Committee is



asked to consider and comment on the report as part of the formal consultation.

Recommended –

- (1) That it be noted that formal consultation is underway with all interested parties as outlined in appendix 12 to Document “X”.**
- (2) That Members consider and comment on the report.**
- (3) That it be noted that the Executive will receive a further report in April 2018 following formal consultation.**

(Judith Kirk – 01274 431078)

7. BETTER START BRADFORD 65 - 84

The Committee is asked to consider **Document “Y”** which provides an update on the progress of the Better Start Bradford programme and the implications for the District.

Recommended –

That the report be noted and Ward Councillors receive regular updates.

(Michaela Howell – 01274 5134227)

8. ARRANGEMENTS BY THE COUNCIL AND ITS PARTNERS TO TACKLE SEXUAL EXPLOITATION 85 - 118

Previous Reference: Minute 49 (2016/17)

The Strategic Director Children’s Services will present a report (**Document “Z”**) provides an update to the report presented to this Committee in 2017 regarding the issue of child sexual exploitation (CSE). It sets out the arrangements that have been put in place, an which continue to develop, to safeguard children from CSE.

Recommended –

- (1) That the contents of the report be noted.**
- (2) That ways in which CSE can be tackled at a local level be considered.**

(Mark Griffin – 01274 434361)

9. PROPOSAL FOR THE RESTRUCTURE OF SPECIAL 119 -



**EDUCATIONAL NEEDS AND DISABILITIES SPECIALIST
TEACHING SUPPORT SERVICES**

156

The Committee is asked to consider **Document “AA”** which presents the revised proposed model for the restructuring of SEND Specialist Teaching Support Services for children and young people with SEND to improve their educational outcomes.

Recommended –

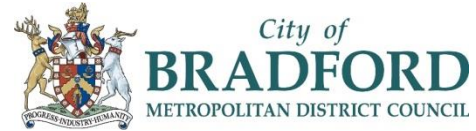
That the details of Document “AA” be noted and Members make comment.

(Judith Kirk – 01274 439255)

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



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Report of the Strategic Director Children’s Services to the meeting of Bradford East Area Committee to be held on 15 February 2018.

X

Subject

Prevention and Early Help – a proposed new model to support families and communities for the future, including proposed changes to how we provide the children’s centre core offer across the District.

Summary statement

The report highlights the progress the Council and partners have made in bringing together existing arrangements for early help and early years services.

The Council is facing unprecedented pressure on its budgets whilst the demand and costs for services are rising. Government cuts mean that the resources we will have to spend on Prevention and Early Help will reduce by £13.3m or more than one third, from £37.1m in 2016/17 to £23.8m in 2020. These cuts are in addition to the ones the Council has already had to make. It means that from 2010 to 2020, the overall funding the Council has available will have halved whilst demand and costs are increasing.

We will only ensure babies, children and young people have a great start and better life chances if we draw on the energy, experience and effort of the whole system, particularly the strengths and assets within families themselves and local communities.

The report outlines the need for proposed changes to how we deliver services in order to ensure we target resources at a time of increasing demand to avoid a detrimental impact on outcomes to children. We cannot continue to deliver services in the way we do now with this level of government cuts. The focus will be on a proposed partnership approach which is more targeted to improve outcomes and reduce inequalities for children and young people across the District.

On the 7 November 2017, Executive was asked to approve a period of consultation on a proposed new Prevention and Early Help delivery model. Bradford East Area Committee is asked to consider and comment on the report as part of formal consultation.

<p>Michael Jameson Strategic Director</p>	<p>Portfolio: Education, Employment and Skills</p>
<p>Report Contact: Judith Kirk, Deputy Director Phone: (01274) 431078 Email: Judith.kirk@bradford.gov.uk</p>	<p>Overview & Scrutiny Area: Children’s Services</p>

1. SUMMARY

- 1.1 This paper to Executive on the 7 November 2017 followed that presented to Executive on 11 July 2017. Executive agreed to a period of engagement with a range of stakeholders on proposed remodeling of the set of services under existing universal and preventative services to children, young people and families on an area footprint.
- 1.2 Executive agreed to receive a further report with specific options arising from the engagement activity which took place between 17 July 2017 and 20 August 2017.
- 1.3 On the 7 November 2017, Executive approved to formally consult on a new proposed model of delivery for babies, children and young people aged 0-19 (and up to 25 for disabled young people) commencing on 15 November 2017.
- 1.4 Prevention is about stopping problems emerging in the first place. Early Help is about preventing problems that are occurring from becoming worse. It is a statutory requirement of the Council and its partners to ensure effective Prevention and Early Help arrangements for babies, children, young people and families.
- 1.5 Our Prevention and Early Help arrangements have to tackle inequality in order to improve the long term prospects of families most in need. The way key services are proposed to be delivered is being transformed; this is due to the need to:
 - meet the Local Authority's and key partners' statutory requirements;
 - ensure better outcomes and reduce inequalities for babies, children, young people and families;
 - make the financial savings required by 2020/21.
- 1.6 Unprecedented reductions and changes in available Government funding means that we are required to deliver further significant financial savings by 2020/21. We cannot continue to deliver services in the way we do now with this level of Government cuts and with costs and demands rising.
- 1.7 In the face of rising costs, growing demand and national funding cuts, the Council has called on the government to ensure that their Autumn Budget recognises the pressures on children's services and the need to increase investment in early help.
- 1.8 Our submission to the budget identified that an additional minimum investment of £5m a year would be needed to meet rising costs for children's social care in Bradford and that additional resources for effective early interventions will deliver reductions in cost and demand pressures on services across the entire public sector.
- 1.9 The proposed preferred model would allow the Council and partners to expand delivery as and when additional resources become available. For example, an additional £1.6million would provide an increased level of Preventative and Public Health services which would match the key work support to individual children and families, We would expand our focus on conception to age 2, maternal mental health and school readiness. We would also increase the reach of evidenced-based programmes which are proven to improve outcomes and reduce inequalities for children and young people of all ages.
- 1.10 With an additional £5million, the Council and partners would plan to deliver:

- Additional Prevention and Early help services at all key stages but particularly across services supporting health, wellbeing and school readiness for young children;
- Additional Public Health nurses/practitioners so there is more in depth universal provision and support in all the schools for children aged 5-19 year olds;
- Expand intensive support to vulnerable groups, for example, support to young parents and parents with mental health, domestic violence and substance misuse problems;
- Expand community/family hubs in targeted areas.

1.11 We will only ensure babies, children and young people have a great start and improved life chances if we better target reduced resources and draw on and work together across the whole system of support, particularly the strengths and assets within families and local communities.

1.12 All teams and commissioned services would be expected to proactively support the collective effort of the People Can approach. People Can emerged out of Bradford Council's New Deal thinking and has involved people from the voluntary and community sector from the outset in its design.

1.13 People Can is an open invitation to everyone to take part, help others and make a difference:

- *Be Neighbourly* – carry out small, informal, everyday acts of kindness
- *Community action* – create a new group, activity or event with likeminded people
- *Volunteer* – devote some of your time to helping others
- *Raise money* – use your skills to raise funds for a community project.

1.14 Proposed preferred option. In light of the reduced budget, the proposed preferred model includes a combination of a small group of central services and four new Prevention and Early Help teams.

1.15 The proposed preferred model would create four new 0-19 Prevention and Early Help Teams which would target those wards/areas with the poorest outcomes and bring together in single area teams the delivery of:

- the children's centre core offer across the District;
- targeted key work with individual children and families (Families First);
- parenting support;
- early education and childcare quality and take up;
- education safeguarding and attendance;
- diversity and cohesion.

1.16 Based on our Families' Needs Assessment, it is proposed the four area based teams cover:

- Keighley/ShIPLEY combined
- East
- West
- South

1.17 The following services are proposed to continue to be delivered centrally:

- Early Help Gateway (incorporating Families Information Service);
- Oversight of education safeguarding
- Specialist behaviour support and inclusion;
- Short breaks for disabled children;
- Intensive family support;
- Youth offending services;
- Service support, for example administration, project management commissioning, quality, finance and performance management.

1.18 This proposed preferred model would cut out duplication and provide a 'whole family' approach so families do not receive a series of interventions from different services.

1.19 The proposed preferred model would also support the Council's previous intentions to procure Public Health 0-19 years children's services including Health Visiting, Family Nurse Partnership, School Nursing and Oral Health services and will be an opportunity to fully align services to the constituency footprint. This will also be based on consultation and needs as identified in the Service Reviews for Health Visiting and School Nursing in 2016.

1.20 Under the proposed preferred model, the Council would continue with commissioning intentions related to short breaks, Families First and other targeted services. A small commissioning fund would also be made available for each area to facilitate community involvement in delivery.

1.21 The proposed preferred model would also align with the Council's youth services and ward partnerships which will continue to be managed within Place Services.

1.22 In order to achieve the required savings the proposal preferred model would lead to a reduction in the region of 220-240 full time equivalents (including staff within the seven Children's Centre clusters) (which is 47%-51%) across the affected teams and services (this does not include staffing impacts relating to the retender of the Health Visiting and School Nursing/Oral Health Service).

1.23 The proposal means that we would move away from providing the children's centre core offer through the seven standalone children's centre teams/clusters to delivering the services through the proposed four 0-19 Prevention and Early Help Teams.

1.24 At this stage, there are no proposals to close any individual children's centre buildings.

1.25 We would continue to provide 0-19 services through a range of local sites including the existing children's centre buildings. We will work with communities and partners to develop existing buildings into multi-agency community and family hubs.

1.26 Based on analysis of the geographical spread and usage of children's centre buildings for on-site direct delivery to families across the District, it is also proposed that we align children's centre sites to the proposed four Prevention and Early Help area teams.

1.27 It is proposed that the following buildings are reconfigured as Outreach bases (which are proposed to deliver a minimum of 8 hours of activities per week with children and families):

- Hirst Wood;
- Highfield;
- Parkland;
- Farcliffe & Lilycroft;
- Princeville;
- Bierley;
- Tyersal;
- Wyke.

2. BACKGROUND – present arrangements and the need for change

- 2.1 Bradford has one of the youngest populations in the country. Our children and young people are our greatest asset and they will help us to achieve our aspirations to grow and develop the prosperity of the District. It is crucial our children have the best start in life and reach their potential as set out in the Marmot Review (2010).
- 2.2 National research, strategies and policies highlight the need to focus on prevention and early intervention in pregnancy and early childhood, for example, 1001 Critical Days Cross Party Children’s Report (2013) and Public Health England ‘Best Start in life and beyond’ (2016). This was also highlighted in the Service Reviews for Public Health 0-19 services in 2016.
- 2.3 In November 2016, the Early Intervention Foundation published, ‘*The cost of late intervention*’. For Bradford District, it estimated that £165million per year (or £311 per person) is spent on late interventions with the largest costs associated with looked after children and responding to domestic violence.
- 2.4 A local Families Needs Assessment called ‘*Overview of needs of families in Bradford and Airedale*’ was undertaken in early 2017 which provided a baseline of local intelligence and data, covering a breadth of information on maternity, health, education and specialist services.
- 2.5 Bradford’s existing arrangements for supporting families and children through prevention and early intervention services have made significant improvements in many of the outcomes for children and young people over recent years. However, too many of the measures for key outcomes such as infant mortality, school readiness and educational attainment remain worse than regional and national measures.
- 2.6 Current mapping of key ward level outcomes and deprivation statistics in the Families’ Needs Assessment shows it is consistently the same wards that have the poorest outcomes and the most need for support (see **Appendix 1**).
- 2.7 This information needs to direct the targeting of services and earlier identification of those children and families at risk of the poorest outcomes.
- 2.8 **Appendix 2 and 3** of this report sets out the Council’s priorities in relation to Prevention and Early Help as well as identifying some of the key partnership boards and partners involved in this work. These demonstrate the District’s existing strong commitment to prevention particularly in the child’s first few years of life as part of our Prevention and Early Help offer.

2.9 The main outcomes (see **Appendix 4**) to be achieved under the proposed arrangements are:

- Children live in caring and resilient communities;
- Children learn and develop skills for life;
- Children are healthy and well and reach their potential.

2.10 In November 2016, an independent KPMG report was commissioned to investigate Children’s Services in the context of the changing financial and political climate, the benefits of investing in prevention and early help and the potential for service transformation.

2.11 The report identified five key priorities for Bradford’s partnership approach to improving outcomes for vulnerable children and families:

- a. Maternal health;
- b. Targeted and early parenting ability support (in light of analysis which highlighted that only three individual children’s centres were engaging over 80% of the population from their most deprived areas with 29 individual centres only reaching 50% or below);
- c. Addressing the toxic trio (local referrals related to parental mental ill health, domestic violence and substance misuse are increasing);
- d. Early education take-up and school attendance;
- e. Data-sharing and predictive intelligence capability.

2.12 The Families Needs Assessment report demonstrated that there are approximately 150,000 children aged 0-19 in the District and around 41,000 children aged 0-4. Of school age children, 28% of children aged under 16 live in poverty. We also know that children growing up in workless households are almost twice as likely as children in working families to fail at all stages of their education.

2.13 The tables below highlight headline data for the five Parliamentary constituencies. The Index of Multiple Deprivation (IMD) ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England.

2.14 This indicates that the needs of Keighley and Shipley together are comparable (in terms of both population and deprivation) to the remaining three constituencies individually. For example, in East, West and South over 50% of children aged 0-18 live the 10% most deprived areas whilst this is 24.8% for Keighley and 0% in Shipley. Keighley and Shipley combined make up 30% of the total 0-18 population.

Constituency	0-4 Populations						
	Pop	0-10% IMD	% 0-10% IMD	>10-30% IMD	% >10-30% IMD	0-30% IMD	% 0-30% IMD
Bradford East	10695	9776	91.4%	0	0.0%	9776	91.4%
Bradford South	8239	5199	63.1%	1994	24.2%	7193	87.3%
Bradford West	9771	5679	58.1%	4092	41.9%	9771	100.0%

Keighley	6413	1591	24.8%	2420	37.7%	4011	62.5%
Shipley	5721	0	0.0%	1188	20.8%	1188	20.8%

5-18 Populations							
Constituency	Pop	0-10% IMD	% 0-10% IMD	>10-30% IMD	% >10-30% IMD	0-30% IMD	% 0-30% IMD
Bradford East	26963	24557	91.1%	0	0.0%	24557	91.1%
Bradford South	20683	12625	61.0%	5215	25.2%	17840	86.3%
Bradford West	26204	14518	55.4%	11686	44.6%	26204	100.0%
Keighley	17328	4310	24.9%	6009	34.7%	10319	59.6%
Shipley	15037	0	0.0%	2806	18.7%	2806	18.7%

0-18		
Constituency	No in constituency	% of district total 0-18
Bradford East	37658	26
Bradford South	28922	20
Bradford West	35975	24
Keighley	23741	16
Shipley	20758	14

- 2.15 Amongst the 150,000 children and young people, some are much more at risk of poor outcomes such as infant mortality, school readiness, educational attainment, obesity, special educational needs and disability (SEND). Many of these children live in the more deprived parts of the District where poverty is more common, housing is of a poor standard and adverse childhood events (ACEs) are more common.
- 2.16 If we consider health inequalities, although improving within the District, we are still worse regionally and nationally across many of the key children's outcomes. In addition, there are significant differences in the rates of obesity, infant mortality and decayed, filled and missing teeth within some wards in deprived parts of the District compared to the District as a whole.
- 2.17 At present, there are 2,235 families engaged on the expanded Families First programme. There are four wards in the District with over 100 families on the programme (Tong, Eccleshill, Little Horton, Bowling and Barkerend).
- 2.18 In light of reducing resources, increasing demand and to avoid a detrimental effect on outcomes, we need to target and reach more of these families and cut out duplication and silos in the teams working with them.
- 2.19 In June 2017, the Bradford District Partnership commissioned Peopletoo to review local arrangements for early intervention and prevention across all ages. In September 2017, Peopletoo delivered a report that made a number of recommendations which endorsed the direction of travel for Prevention and Early Help. The report proposes a number of recommendations:

<p>'Think Family' and build up strength based approaches and conversations.</p>	<p><i>Under these proposals: We would continue to implement Signs of Safety (our assessment model which works with a family's strengths whilst being clear about any worries people may have about children).</i></p> <p><i>We would do everything we can to find all relevant extended family and people who have a natural connection to the children to help families help themselves.</i></p> <p><i>We would cut out duplication so the same family don't have multiple contacts from different teams.</i></p>
<p>Link across to the Public Health's Self Care and Prevention Programme.</p>	<p><i>We would join up with the Self-Care programme, particularly workforce development and seeking out opportunities for social investment and digital delivery.</i></p> <p><i>We would work together on a potential bid for social investment in social prescribing building on the pilot already underway.</i></p>
<p>Build partnership working at the ward levels</p>	<p><i>The proposed alignment with Parliamentary constituencies links up better with the ward and community level planning and delivery.</i></p> <p><i>We have identified the ten wards and lower level areas (known as Super Output Areas) with the poorest outcomes for children. It is proposed that these wards/areas will have a rolling programme of agreed prevention programmes.</i></p>
<p>Focus on the early and formative years of a child's life</p>	<p><i>A proposed central priority for Prevention and Early Help would be conception to age 2 and school readiness. We would draw heavily on learning and approaches within Better Start and Born in Bradford.</i></p> <p><i>This would be a priority for the proposed prevention programmes and the proposed Family Key Workers.</i></p>
<p>People Can – local volunteering and fundraising should be fostered</p>	<p><i>Proposed Prevention and Early Help Teams and commissioned services will be expected to provide opportunities for volunteering, apprenticeships and co-</i></p>

	<p><i>delivery of services within communities.</i></p> <p><i>We would work together with others to foster networks in areas</i></p> <p><i>A proposed Prevention Fund would be made available to support local ideas to improve outcomes.</i></p>
Coordinate Early Help, Self Care and Better Start workforce development to change our conversations with service users and communities	<i>We would build on Signs of Safety, self-care and conversations which motivate and support change.</i>
Join up and focus on online and digital delivery	<p><i>There are more opportunities for delivering parenting support and young people's support online.</i></p> <p><i>The proposed model would cut out duplication across IT systems.</i></p>

2.20 Within the Council, the key services which contribute to Prevention and Early Help are currently located and/or commissioned through Children's Specialist Services and Education, Employment and Skills, Public Health and the Place Department.

2.21 **Appendix 5** identifies the list of Children's Services (including children's centre) teams directly in scope within the proposed changes.

2.22 The proposed preferred model brings together those key services so they operate as seamlessly as possible across the 0-19 age range (and up to 25 for some disabled young people) within a 'whole family' approach. This would also mean families are supported by one lead person rather than succession of different teams.

2.23 This need for greater targeting is particularly important given the unprecedented reduction and changes in Government funding available means that we are required to deliver significant financial Council savings:

Service Area	2016-17 budget	2020-21 budget	Reduction
Targeted Early Help	£6.6M	£4.8M	£1.8M (27%)
Education, Employment & Skills	£16.1M	£9.8M	£6.3M (39%)
Public Health including school nursing, health visiting & oral health programmes	£14.4M	£9.2M	£5.2M (36%)
Total	£37.1M	£23.8	£13.3M

2.24 Drawing on the Needs Assessment and reports highlighted above, we need to draw on the full range of resources, expertise and insight of all partners and our

communities so we can better understand and work together to improve the life chances needs of children, young people and families across the district.

2.25 Furthermore, we will need to ensure that we maximise wider funding opportunities, for example, social investment and innovation/partnerships bids. We have successfully gained funding from Big Lottery, Social Innovation and Commissioning Better Outcomes.

2.26 The Council and partners have agreed that the future proposed model of delivery needs to work to the following partnership vision and principles:

2.27 ***Our vision as a District is to draw on the energy, experience and effort of the whole system so that babies, children and young people have a great start and improved life chances.***

To improve outcomes and reduce inequalities across children and young people, families will receive the right support at the earliest time. This will be through supporting good relationships within families and communities, confident universal and prevention services and more intensive support when needed to those families with the most complex needs. Through a proactive approach, we will reduce the demand for late and specialist services by supporting families based on the best available evidence of what works.

2.28 We will work together to the following principles:

2.29 **‘People Can’ ethos:**

- Find and support the naturally occurring networks around children and families;
- Join up support as close to where families live as possible;
- Facilitate support at universal and targeted levels from within communities themselves;
- Support greater self-care and resilience in communities and families to help them themselves, for example, increase co-delivery with service users and volunteers.

2.30 **Early support at the right time – build independence**

- Support which is easy for families to navigate and so they only have to tell their story once;
- More targeting of Prevention and Early Help to help families and children most at risk when problems first emerge;
- Building on our Families First approach - one family, one plan, one key worker so we help families to receive the right support at the right time when families need them;
- Be able ‘to know and show’ that help is offered when concerns are first identified so the need for late services is avoided;
- Prompt social work expertise is available for those professionals providing Prevention and Early Help.

2.31 **Evidence-based and innovative**

- Continually seeking opportunities for innovation, including social investment;
- Improving how we use technology to help families;
- Provide creative and effective workforce development for agencies and professionals;
- Proactively join up IT systems to cut out wasted time and costs;

- Use the evidence of what works for high impact on improving outcomes and reducing inequalities.

2.32 **Public Health 0-19 children's services:** this report confirms the Council's previous intentions to procure Public Health 0-19 children's services. These services will be based on the principles of the Healthy Child Programme (HCP), delivery of high impact areas and other key approaches described in detail in the Public Health England's *'Best start in life and beyond'* (2016) as well as the findings of the local 2016 Review of Health Visiting and School Nursing services.

2.33 Within the reduced budget for commissioning, the procured 0-19 children's Public Health service will retain a clear focus on supporting families to ensure every child has the best possible start in life. This includes providing the five mandated universal health checks and assessments for pregnant women and young children as described in the delivery of the high impact areas for 0-5 year olds and a more enhanced and targeted support to women who need it most based on learning from the Family Nurse Partnership approach. The service will also include the School Nursing Service and the delivery of the high impact areas for 5-19 year olds. This will prioritise health needs assessments and reviews of pupils in Reception and Year 6 as well as the delivery of the National Child Measurement Programme (NCMP), hearing screening and sign posting to screening and other services where necessary.

2.34 **Delivery of high impact areas within the Public Health 0-19 years children's services:** This will also include the high impact areas from conception, birth, early years and school age children:

- Transition to parenthood and the early weeks;
- Maternal mental health;
- Breastfeeding (initiation and duration);
- Healthy weight, healthy nutrition (to include physical activity);
- Managing minor illnesses and reducing hospital attendance/admissions;
- Health, wellbeing and development of the child aged two (two year old review integrated review) and support to be 'ready for school';
- Resilience and emotional wellbeing – links to Future in Minds;
- Keeping safe: Managing risk and reducing harm;
- Improving lifestyles;
- Maximising learning and achievement;
- Supporting complex and additional health and wellbeing needs;
- Seamless transition and preparation for adulthood

2.35 Local Authorities also have a statutory responsibility to provide or commission oral health improvement programmes they consider appropriate in their areas. Given that Bradford has a higher rate of children with decayed, filled and missing teeth regionally and nationally, the procurement will include a key focus on prevention and early intervention programmes such as fluoride varnish and supervised tooth brushing as well as delivery of the statutory screening and surveys. This is highlighted in the Bradford District Oral Health Strategy and Action Plan.

2.36 The proposed redesign of services, both internal and commissioned, gives opportunity for real innovation and flexibility to meet the needs of young people and families and further provides a driver for reducing overlap between services whilst enhancing the partnerships already in existence. At the same time, we will ensure we use the evidence of what works to focus on the approaches most likely to improve outcomes.

2.37 The proposed preferred model would ensure a continued focus on pregnancy and the early years through the delivery of the Integrated Early Years Strategy 0-7 years and the learning and evaluation of projects from Better Start Bradford alongside national and local research published from Born in Bradford. We have committed to keep the foundations required to support possible up-scaling of successful delivery from the Better Start Bradford programme.

2.38 The proposed changes will affect delivery in a number of key ways:

- The proposed Prevention and Early Help Teams and commissioned services will need to co-facilitate local delivery within communities;
- Despite innovative practice we will not be able to deliver the same level of activity presently provided across the District;
- More targeting and less duplication should mean we don't have a succession of involvements from different teams with the same families;
- Maintaining out reach bases mean that we can step up, build up community and family hubs over time and enhance support in all areas as and when needed;
- Clear access to additional support for universal services should also ensure vulnerable children and families in all areas are identified.

2.39 **SEND TRANSFORMATION (ages 0-25 years)**

2.40 On the 20 June 2017, Executive agreed to consult on a proposed new model to deliver special educational needs and/or disability (SEND) services. In light of the initial consultation, Executive will receive a further report in December 2017 seeking agreement for a further period of consultation on revised SEND transformation proposals.

2.41 This report makes proposals about further alignment of SEND services presently within Children's Specialist Services into the proposed SEND services. During both consultations we will seek views on:

- how we support more inclusion of children and young people with a disability in mainstream and Prevention and Early Help services;
- reducing social exclusion for children and young people with needs arising from learning disabilities and behaviours that challenge;
- how we would align Prevention, Early Help and SEND support at an area level.

2.42 **MESSAGES FROM ENGAGEMENT – AUGUST 2017**

2.43 Following the report to Executive in July 2017, the Council's Children's Services undertook a five week public engagement, from 17 July 2017 to 20 August 2017 on its proposal to remodel and redesign the Prevention and Early Help arrangements and services across an area footprint.

2.44 The Council and partners developed a plan to identify and reach key groups ensuring stakeholders were given the opportunity to share their views. This included:

- Parents and carers across the District;
- Children and young people;
- Partnership groups;
- Elected members;

- Private, voluntary and independent sector;
- Teams and services across the Council, VCS, NHS, Police etc;
- Education settings.

2.45 The Council promoted this engagement period through social media sites, as well as being published on Bradford Schools Online (BSO) and on the Council's Engagement and Consultation website. A large number of events took place during the summer across the District, parent forums, young people's sessions, play days in City Park, events at children centres, libraries, Police Summer Camps and member sessions.

2.46 The survey contained 16 questions overall, 10 of which were focussed around:

- our vision for Prevention and Early Help;
- identifying the right outcomes;
- services which are currently accessed;
- travelling to access services.

2.47 One further question was provided to allow people to make any other comments.

2.48 Summary of Findings

2.49 In total 615 people completed the survey (further analysis can be found on **Appendix 6**):

- 256 people (41.6%) took part through focus groups and submitted a paper copy, 359 (58.4%) took part online;
- Those aged 11 – 15 years were the largest group to take part in the engagement (271 / 47%), followed by those aged 16 – 24 years (180 / 31%) and 35 – 44 years (40 / 7%). The remaining 15% were made up of other respondent types;
- 50% of respondents who took part in the engagement online and through a paper version were white British, followed by 12% who were Mirpuri Pakistani;
- The majority of respondents were male (51% online/paper version);
- 5% of respondents who took part reported a disability.

2.50 The majority of respondents identified 'mental health – support for young people' as the most important area in providing support to families and this was reflected in the comments people made.

2.51 We identified that some young people struggled to understand the questions within the survey. We will ensure before we commence formal consultation that we will produce a children and young people's survey, to ensure the language and questions are clear. We will also ensure that there is extensive consultation with those supporting and caring for babies and younger children.

2.52 The feedback indicated that there is District support for the vision to move services to a locality model and to work in partnership with agencies to ensure the best possible outcomes for all children, young people and families.

3 OPTIONS AND PREFERRED MODEL AND STEPS TO 2020

3.1 The options outlined below have been developed following extensive working with partners over the last year. They incorporate the feedback from the stakeholder engagement and are based on the needs of babies, children and families and how we can best improve outcomes and reduce inequalities for children.

3.2 Four options are outlined below:

3.3 Option 1 – Remain with the same separate services/teams and spread the required budget reductions equally across the services/teams.

The Council currently provides and commissions a significant number of Prevention and Early Help services to children and families which work alongside wider partnership delivery. This could continue with the same and separate teams/services but with a significant reduction shared across key services or areas.

Pros:	Cons:
<ul style="list-style-type: none"> • Maintains a familiar model; • Maintains children’s centres as standalone centres; • Maintains work to date to align the seven children’s centre cluster, health visiting and school nursing; • Maintains mixed economy of providers. 	<ul style="list-style-type: none"> • Some teams and centres will not be viable individually with the required levels of savings; • Maintains the present duplication of agencies targeting the same families; • Not sufficiently targeted to highest needs; • Is not aligned to key partner agencies; • More distant from elected members/ward developments and does not align to Area Committees; • Would not provide management and back office efficiencies across multiple teams and services; • Does not support a ‘whole family’ approach; • Would not comply with EU legislation given the length and size of some of the present contracts.

3.4 Option 2 - Move to a centrally managed service delivering only the minimum mandatory (Healthy Child visits, assessed contact and short breaks) and targeted key working with individual families. (Potential 260-280 FTE reduction) (56%-60%).

This service would focus predominantly on higher risk families and work largely in families’ homes. There would be a significantly reduced number of community and group based programmes and buildings in areas.

Pros:	Cons:
<ul style="list-style-type: none"> • Saves money on buildings (subject to identifying alternative uses) in medium/long term to invest into workers; • Focuses on those families with children with the poorest outcomes; • Reduces management and back office 	<ul style="list-style-type: none"> • Not in line with District and corporate vision – does not build community networking, prevention and resilience; • Reduces prevention activity and so demands at targeted and specialist levels likely to increase;

costs.	<ul style="list-style-type: none"> • More distant from families and communities and elected members; • Unlikely to meet statutory requirements for a sufficient children’s centre offer; • Significantly reduces area based delivery sites.
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3.5 Option 3 – a 0-19 Prevention and Early Help Service providing mandatory and targeted prevention programmes and key working. The Council provides the core teams alongside a number of commissioned services (potential 220 – 240 FTE reduction) (47%-51%).

Under this option, it is proposed:

- We move from the separate services presently provided (including the seven Children’s Centre clusters) and create a new Prevention and Early Help Service providing four area based teams alongside a small group of central services;
- Central teams would include service (administration, finance etc) support, Families First co-ordination, Early Help Gateway, overview of early education and childcare sufficiency, overview of education attendance/safeguarding and intensive family support.
- Area teams would particularly targeted those wards and neighbourhoods in which children have the poorest outcomes;
- Area 0-19 teams would incorporate delivery of the children’s centre core offer across the District;
- Each team would include Prevention Co-ordinators and workers who will work with families and local community to deliver evidence based programmes;
- A 0-19 generic Family Key Worker post would be created with specialisms on early childhood development and working with young people within each team;
- A detailed Prevention and Early Help pathway would be developed for children and young people 0-19 years (or 0-25 years where appropriate);
- Build on the work of our multi-agency Early Help Panels which identify those families with the most complex needs;
- Public Health services will be re-commissioned as recommended from the local 2016 Service Reviews and following consultation arising from this report. Public Health will commission in accordance with the four geographical areas being proposed and will integrate with this proposed Prevention and Early Help model. The specification will therefore include detail of how this will be achieved and any co-location required with the proposed 0-19 teams;
- That responsibility for short breaks and specialist behaviour support would move or align from Specialist Services to the proposed SEND Services (subject to revised consultation);
- That responsibility for Assessed Contact would remain within Children’s Specialist Services;
- The Council would continue with commissioning intentions related to short breaks, Families First and other targeted services;
- A commissioning fund would be made available for each area to facilitate community involvement in prevention delivery.

Pros:	Cons:
<ul style="list-style-type: none"> • Maintains preventative and targeted 	<ul style="list-style-type: none"> • Need to ensure oversight of delivery

<p>support and so should reduce demand for specialist services;</p> <ul style="list-style-type: none"> • Reduces duplication; • One key worker/team reduces families being 'passed around' from services; • Strongly support a whole family approach; • Build on Families First approach; • Makes co-ordinated use of resources for whole community usage; • Realises savings; • Build up services around the model as and when additional funding becomes available; • Continues to provide children's centre core offer within integrated teams; • Provides clinical expertise and leadership through the integration of Health Visiting and school nursing services to the proposed teams; • Aligns Place/Area Committees, ward planning, youth services and Healthy Child Programme delivery in areas; • Aligns with Police boundaries; • Closer to families, communities & elected members; • Mixed economy of providers; • Supports integrated IT systems; • Builds hubs in local areas. 	<p>across areas;</p> <ul style="list-style-type: none"> • Need to ensure robust focus on early childhood support, particularly from conception to age two and school readiness; • Some reduction in mixed economy of providers; • Large scale system changes of processes and workforce.
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The partnership framework (and two case examples) for delivery of this model is outlined in **Appendix 7a-c** and an outline of key functions for the proposed core 0-19 Prevention and Early Help Service is at **Appendix 8**.

The alignment of Children's Centres buildings to the proposed areas is at **Appendix 9**.

Option 4 - Tender out all Prevention and Early Help services under one specification covering the reduced total budget available for these services.

Pros:	Cons:
<ul style="list-style-type: none"> • A wide market has the potential to respond; • Commissioned service may bring additional resources to District; • Council holds a performance and quality assurance role; • Wider testing of innovative models of delivery. 	<ul style="list-style-type: none"> • Time and costs of procurement; • Too wide a mix of providers may bring about inconsistency; • There are complex workforce issues which need addressing as a result of the budget reductions which may be unattractive to the market; • Ends Council or schools role in provision.

- 3.6 **PREFERRED OPTION. Option 3 is the preferred model and approval is sought to commence formal consultation with all interested parties commencing on 15 November 2017 until 12 February 2018.**
- 3.7 Option 3 is preferred because it would both deliver the required financial savings and secure a model of delivery which would:
- Provide a mix of preventative and targeted support but with a higher degree of targeting;
 - Reduce duplication in work with families (so they do not experience a succession of interventions) and can respond to the needs of all the children in a family whatever their age;
 - Be as close to families as possible and so area based (as supported in the engagement findings);
 - Align as much as possible to the areas worked by Place, Police and other key services;
 - Provide clinical leadership through the health visiting and school nursing teams and integrate all Public Health 0-19 years services to this approach;
 - Deliver mandated pre-5 health visits, school health checks and co-location so wider family health issues can be addressed collectively;
 - Provide high quality and sufficient early childhood support to children under five and their families;
 - Maximise spending on people to work directly with children and families;
 - Make sure all back office and management is efficient and cut out duplication;
 - Reduce time and cost associated with running multiple IT systems;
 - Allow us to build up services around the model as and when additional funding becomes available.
- 3.8 Learning from previous area based delivery of children's services, we will ensure:
- Proactive workforce and elected member engagement and development;
 - Delivery is organised around a core common purpose and job profiles;
 - Strong and collective outcome and performance focus;
 - Clear reporting and responsibility for delivery so line management arrangements are clear and simple;
 - Shared practice standards, ICT systems and quality assurance;
 - Reinforce One Family One Plan so families are not 'passed around' workers;
 - Co-locate around hubs in areas;
 - Continued close working with social work services;
 - Specific practice champions and interests are identified so there is a breadth of experience within the 0-19 teams.
- 3.9 The Prevention and Early Help Outcomes Framework (see **Appendix 4**) and delivery of key evidence based programmes linked to improving these outcomes will ensure that the reduced services continue to collectively address the high impact areas.
- 3.10 We propose to monitor the delivery and performance through a multi-agency Joint Delivery Board focused on the agreed outcome areas and this will include a focus in reducing inequalities.

3.11 A co-ordinated offer of support and guidance to schools will reduce duplication and enable a step up targeted service to be provided to those who need this level of support. A joint approach with schools across Prevention and Early Help and Future in Minds will be adopted.

3.12 A proposed timeline of key milestones is provided below:

Date	Activity
07 November 2017	Executive decision
15 November 2017	Formal Consultation begins
12 February 2018	Formal Consultation closes
03 April 2018	Return to Executive
May 2018	Commence proposed re-structure/assimilations
October 2018	Proposed services commence

3.13 As the Council's preferred Option 3 proposes to make changes to provision which might impact children with SEND, the Council considers that these proposals are likely to lead to improvements in the standard, quality and or range of educational provision for SEND children as set out in the SEN Improvement Test in **Appendix 10**.

3.14 Public Health will proceed with the development of the proposed service model and service specification/s, based on the whole system model and will procure the service/s through a competitive tender process. The length of the contract and the procurement approach and timescales will be agreed with the CBMDC Commercial Team.

3.15 **Developing and supporting the workforce**

3.16 The proposal would create a significant reduction and change to the workforce. A substantial workforce reform programme across all areas would be required and this would need to be backed up with a workforce plan.

3.17 We would work with wider partners to ensure we assist employees to take up employment opportunities in other areas of public sector delivery.

3.18 It is proposed a Prevention and Early Help accreditation/passport scheme would be developed. This would cover the core knowledge and skills required by staff in key services. This would allow schools, teams and individual workers to self-assess their workforce strengths and gaps.

3.19 The proposed development and training offer would support teams/people to build up their accreditation over time and will incorporate key elements from across Prevention and Early Help, Future in Mind, the Self-Care programme and learning from Better Start Bradford.

4. **OTHER CONSIDERATIONS**

4.1 This proposal sits alongside wider cross-agency and system initiatives such as the Integrated Early Years Strategy, Signs of Safety implementation, the Integrated Care Pathway, self-care, European Social Fund/Lottery Stronger Families programme, B Positive Pathways, early work around joint commissioning and the Council's proposed transformation work on SEND. The proposed model incorporates our commitments to the Department for Communities and Local Government under Families First.

5. FINANCIAL & RESOURCE APPRAISAL

- 5.1 The Council's Executive published a four year financial plan aligning resources with priorities from the Council Plan on the 6 December 2016 and ratified by full Council on the 23 February 2017. The plans included detailed proposals for consultation about spending in 2017-18 and 2018-19 and indicative spending totals for 2019-2020 and 2020-21 by Council Plan Outcomes.
- 5.2 Alongside core Council funding, services also receive income from a number of external sources. These include the Dedicated Schools Grant, the Families First payment by Results (Department for Communities and Local Government) and a grant from the Youth Justice Board. Unless stated, spending proposals relate to use of core Council funding.
- 5.3 The Council and partners will need to work closely to maximise funding to the district, for example, submitting partnerships bids and developing new funding through social investment.
- 5.4 The proposed model offers greater flexibility and sustainability to reflect the changing resource base of the Council and partners, assist in achieving efficiencies for the Council into 2020/21, maximise external funding and the benefits of integrated working with partners. The proposed model will also continue to maximise income through the Families First programme and any other opportunities that arise.
- 5.5 The proposed move to a new integrated area-based model (Option 3) would ensure that the services are being delivered within the agreed spending totals approved by the Council in February 2017.
- 5.6 As the proposal would be such a significant programme of change, additional dedicated support is going to be required from Human Resources, Workforce Development, Communications, Finance and Legal Services.
- 5.7 Proposed redundancies would be linked to the Council decision following consultation and if applicable the Council will be responsible for any redundancy cost for its own workforce affected by the proposals.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1 It is proposed that this is a large programme of work across a number of service areas that requires delivery at a considerable pace. It would require significant, meaningful engagement and formal consultation with partners, schools, early year's settings, Children's Centre providers, the workforce and families currently accessing the services and prospective families and other interested parties.

7. LEGAL APPRAISAL

- 7.1 The Local Authority must ensure it complies with any duty to consult or requirements set down in legislation or statutory guidance.
- 7.2 The DfE Sure Start children's centre statutory guidance April 2013 provides that the Local Authority must ensure there is consultation with interested parties before any significant changes are made to children's centre provision in their area.

- 7.3 Consultation must take place with all interested parties when proposals are still at a formative stage, sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response. Adequate time must also be given for consideration and to respond to the consultation and conscientious account must be taken of responses when a decision is made. Whilst all options do not have to be consulted upon they must be sufficiently clear to enable consultees to understand the proposals.
- 7.4 Consultation must be easily understandable by those most likely to be affected by the proposed changes. The language should not be technical and what is being proposed and the impact of the proposals must be in plain English.
- 7.5 The SEND Code of Practice 0-25 years January 2015 provides that when considering any reorganisation of special educational needs provision the Local Authority must make clear how they are satisfied that the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for children with SEN.
- 7.6 The Local Authority must have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions. The Local Authority must carry out an Equalities Impact Assessment to enable intelligent consideration of the proposals. The Local Authority must have due regard to the information in the Equalities Impact Assessment in making the decision to commence consultation on these proposals.
- 7.7 If the proposals include significant changes to maintained schools the Council would need to follow a statutory process and publish statutory proposals.
- 7.8 The Children Act 1989 sets out the provision of services for children and their families. Section 17 places a duty on every local authority to safeguard and promote the welfare of children who are in need within their area and to promote the upbringing of such children by their families.
- 7.9 The Children Act 2004 as amended by the Apprenticeships, Skills, Children and Learning Act 2009 set statutory targets for children's services authorities for improving the effectiveness of safeguarding and promoting the welfare of children through promoting better inter-agency co-operation and improved information sharing. The 2009 Act also established Children's Trust Boards.
- 7.10 The Council has duties under the Childcare Act 2016:
- Section 1 – duty to improve well-being of young children & reduce inequalities between them;
 - Section 3 – to make arrangements so that early childhood services are integrated, accessible and benefit young children and their parents;
 - Section 5A – make arrangements for sufficient children's centres, so far as reasonably practicable to meet local need;
 - Section 6 - duty to secure sufficient childcare for working parents;
 - Section 12 - duty to provide information, advice and assistance to parents and prospective parents;
 - Section 13 - duty to provide information, advice and training to childcare providers.

- 7.11 Early years providers have specific statutory requirements under the Childcare Act 2006 to contribute to the safeguarding of children and to comply with welfare requirements to promote good health and maintain records, policies and procedures.
- 7.12 Working Together to Safeguard Children (DfE, 2015) sets out the responsibilities that everyone including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers has to safeguard and promote the welfare of children, provide early help and for keeping them safe.
- 7.13 The Education Act 1996 as amended requires all local authorities to make arrangements to enable them to establish the identities of children in their area who are not receiving a suitable education. The duty applies in relation to children of compulsory school age who are not on a school roll and who are not receiving a suitable education otherwise than being at school.
- 7.14 The Children and Families Act 2014 has further influenced and shaped service delivery. It aims to improve services for vulnerable children, children in need of care and support, children with special educational needs and disabilities and support families in balancing home and work life particularly where children are particularly very young. It underpins wider reforms to ensure that all children and young people succeed, no matter what their background.
- 7.15 The proposed changes are expected to involve staff transferring under the Transfer of Undertakings (Protection of Employment) Regulation 2006, ("TUPE") which will give rise to legal duties to consult and inform. If there is a change of employer following the changes then TUPE will apply. TUPE operates so that staff are protected from being dismissed by reason of there being a transfer of undertakings, unless there is an economic, technical or organisational reason entailing changes in the workforce and provides that staff transfer on existing terms and conditions. Different legislation protects the pensions of transferring employees.
- 7.16 Local authorities have duties outlined in the Health and Social Care Act (2012), which came into force in April 2013 when Public Health transferred to the Council, and this includes delivering public health children's services for 0-19 year olds and specific mandated and statutory functions including 5 health checks for young children, the National Child Measurement Programme and district wide Oral Health surveys.
- 7.17 Local Authorities statutory Public Health responsibilities also include a duty to improve Public Health, Section 31 of the 2012 Act requires local authorities to have regard to guidance from the Secretary of State when exercising their public health functions; in particular this power requires local authorities to have regard to the Department of Health's Public Health Outcomes Framework (PHOF).
- 7.18 *A Public Health outcomes framework for England* sets out the Government's overarching vision for public health, the desired outcomes and the indicators that will be used to measure improvements to and protection of health. *Improving outcomes and supporting transparency*, provides a summary technical specifications of public health indicators.
- 7.19 Section 237 of the 2012 Act also requires local authorities to comply with National Institute for Health and Care Excellence (NICE) recommendations to fund treatments

under their public health functions.

7.20 Local Authorities also have responsibilities under this Act to set up a statutory Health and Wellbeing Board to oversee a Health and Wellbeing Strategy to improve health and wellbeing outcomes and reduce inequalities for the population across the district.

8 OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

8.1.1 The Local Authority must not discriminate directly or indirectly against any group or individual and is required to foster good relations.

8.1.2 An Equalities Impact Assessment for the proposed model is attached as **Appendix 11**. A Human Resources Equalities Impact Assessment is underway.

8.2 SUSTAINABILITY IMPLICATIONS

8.2.1 There are no direct sustainability implications arising from this report.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

8.3.1 The proposals would not impact on gas emissions.

8.4 COMMUNITY SAFETY IMPLICATIONS

8.4.1 Through working differently across services we would seek to minimise crime and anti-social behaviour and its impact on individual families and communities. This is a priority outcome area.

8.5 HUMAN RIGHTS ACT

8.5.1 There are no direct Human Rights implications arising from this report.

8.6 TRADE UNION

8.6.1 The Council will be issuing a letter under Section 188 Trade Union and Labour Relations (Consolidation) Act 1992 ("TULRCA") notifying the Trade Unions about the potential impact on the workforce in relation to the proposals outlined in this report

8.6.2 The regional Trade Unions were advised of the proposals outlined in the Executive report in a meeting on the 12 October 2017

8.6.3 The trade unions will be fully consulted on the proposals and meetings are scheduled with the Trade Unions on the proposals and their feedback will be incorporated into future reports to Executive.

8.7 WARD IMPLICATIONS

8.7.1 Ward Councillors were provided with open briefings throughout August. Ward. Further consultation will be undertaken.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

(For reports to Area Committees only)

- 8.8.1 Following Executive approval to consult, reports are planned to go to each Area Committee.
- 8.8.2 The preferred proposed model intends to align with Place Services and other key partners. The proposed model also seeks to build and support a People Can approach.

9 NOT FOR PUBLICATION DOCUMENTS

KPMG Report: Transforming Early Years and Early Help Opportunities for 2020. This report is not for publication because it contains exempt information under Schedule 12A of the Local Government Act 1972 (information relating to the financial or business affairs of the Council/third party) and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10. OPTIONS

- 10.1 If the move to a new integrated area-based model (Option 3) is not supported then, in order to achieve a balanced budget going forward and make the required savings, alternative saving options would need to be identified and delivered.

11. RECOMMENDATIONS

- (1) That it be noted that formal consultation is underway with all interested parties as outlined in appendix 12 to Document “X”.**
- (2) That Members consider and comment on the report.**
- (3) That it be noted that the Executive will receive a further report in April 2018 following formal consultation.**

12. APPENDICES

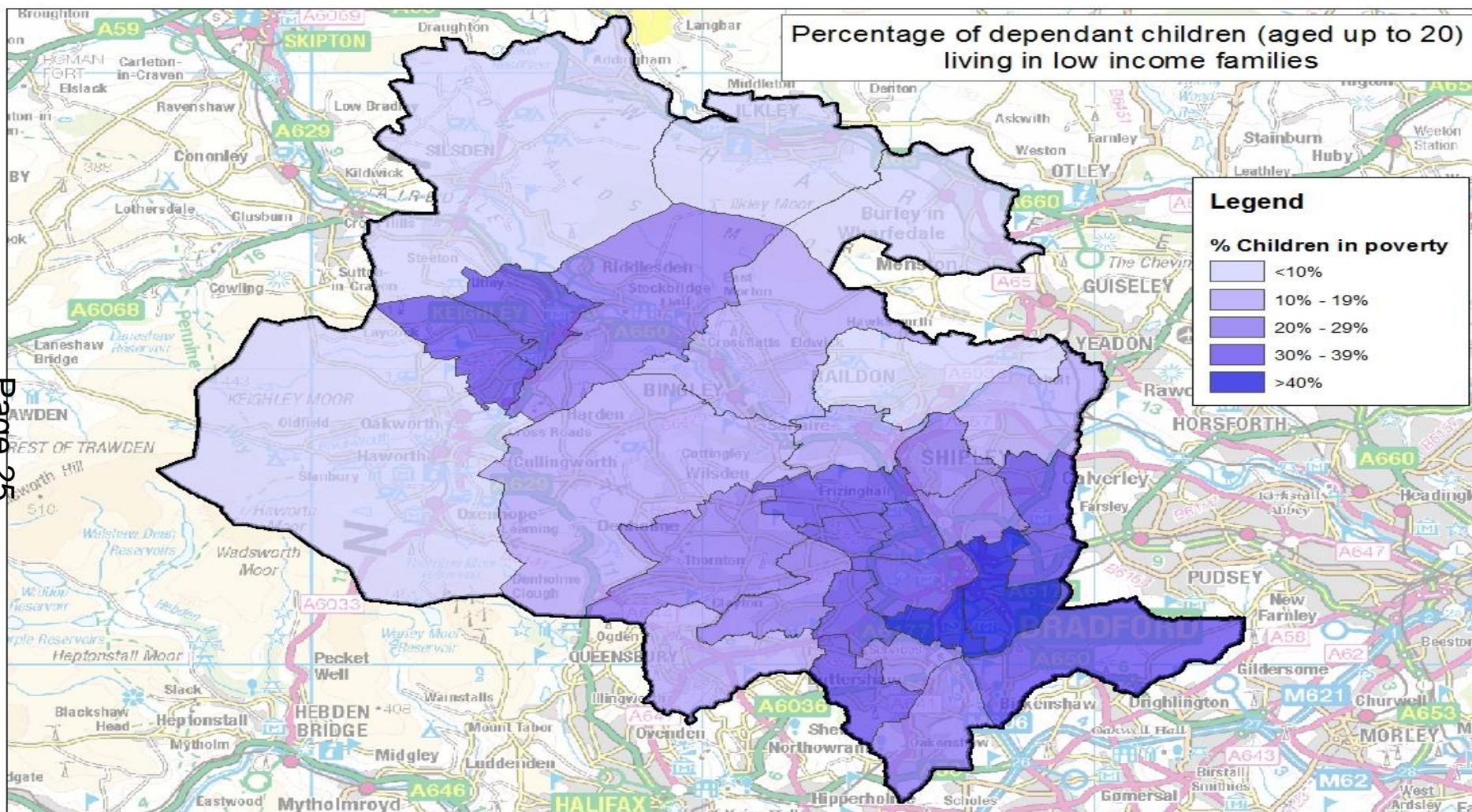
Appendix 1 – Families’ Needs Assessment maps
Appendix 2 – District & Council Priorities
Appendix 3 – Working with our partners
Appendix 4 – Early Help Outcome Framework
Appendix 5 – Key services in scope for changing under the proposed model
Appendix 6 – Engagement summary
Appendix 7a-c – Proposed partnership delivery framework
Appendix 8 – Proposed Prevention and Early Help Service functions
Appendix 9 – Proposed changes to Children Centres
Appendix 10 – SEN Improvement Test
Appendix 11 – Equalities Impact Assessment
Appendix 12- Stakeholders for consultation

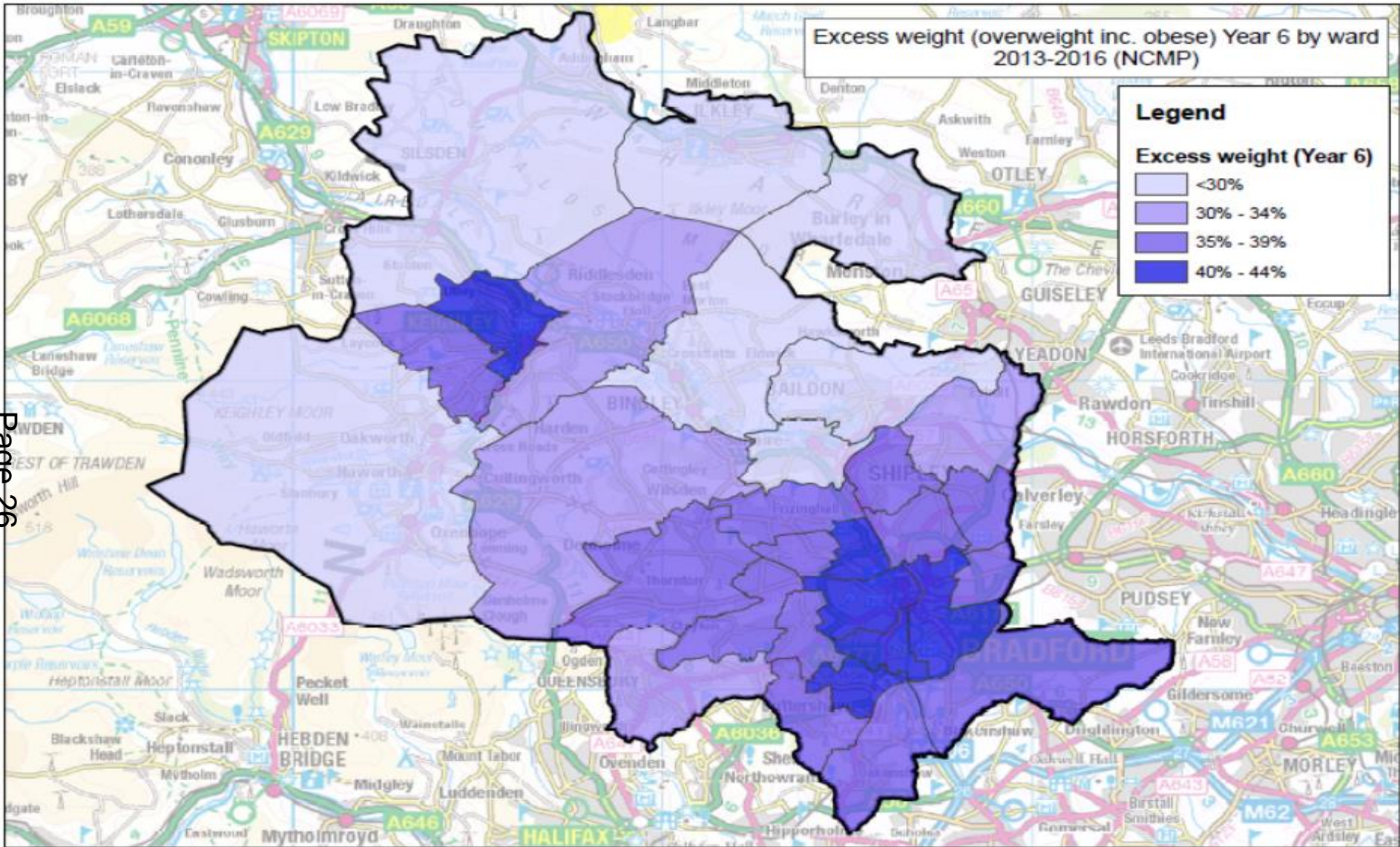
13. BACKGROUND DOCUMENTS

- Bradford District Plan 2016 - 2020
- Bradford Council Plan 2016 – 2020
- Bradford Children, Young People and Families Plan 2017-2020

- Integrated Early Years Strategy for children 0-7 years 2015-2018
- Bradford District Oral Health Strategy
- Bradford District Every Baby Matters Strategy and Action Plan
- Families Needs Assessment: An overview of the needs of families in Bradford and Airedale 2017.
- Fair Society Health Lives Marmot Review 2010
<http://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- 1001 Critical Days Report (2013) <http://www.1001criticaldays.co.uk/>
- Public Health England 'Best Start in life and beyond' Guidance (2016)
<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- The effect of multiple adverse child hood events (ACEs) experiences on health Lancet Public [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)
- Health Visiting and School Nursing Reviews: 2016 HSOSC Sept 2016 :
<https://bradford.moderngov.co.uk/documents/g6432/Public%20reports%20pack%2008th-Sep-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%200Scrutiny%20Committee.pdf?T=10>

APPENDIX 1 - Key data from the Family Needs Assessment; An overview of needs of Families in Bradford and Airedale 2017





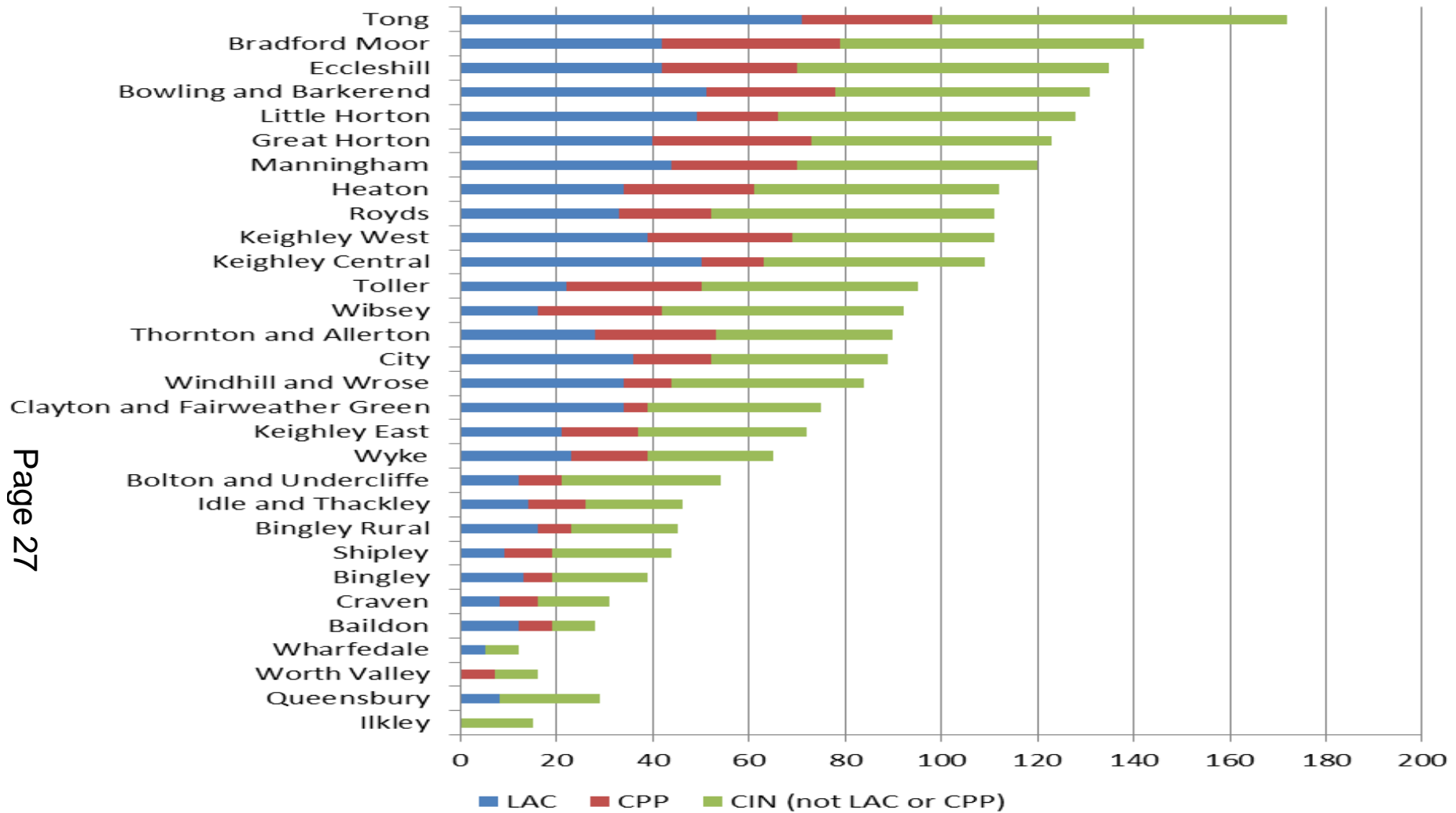
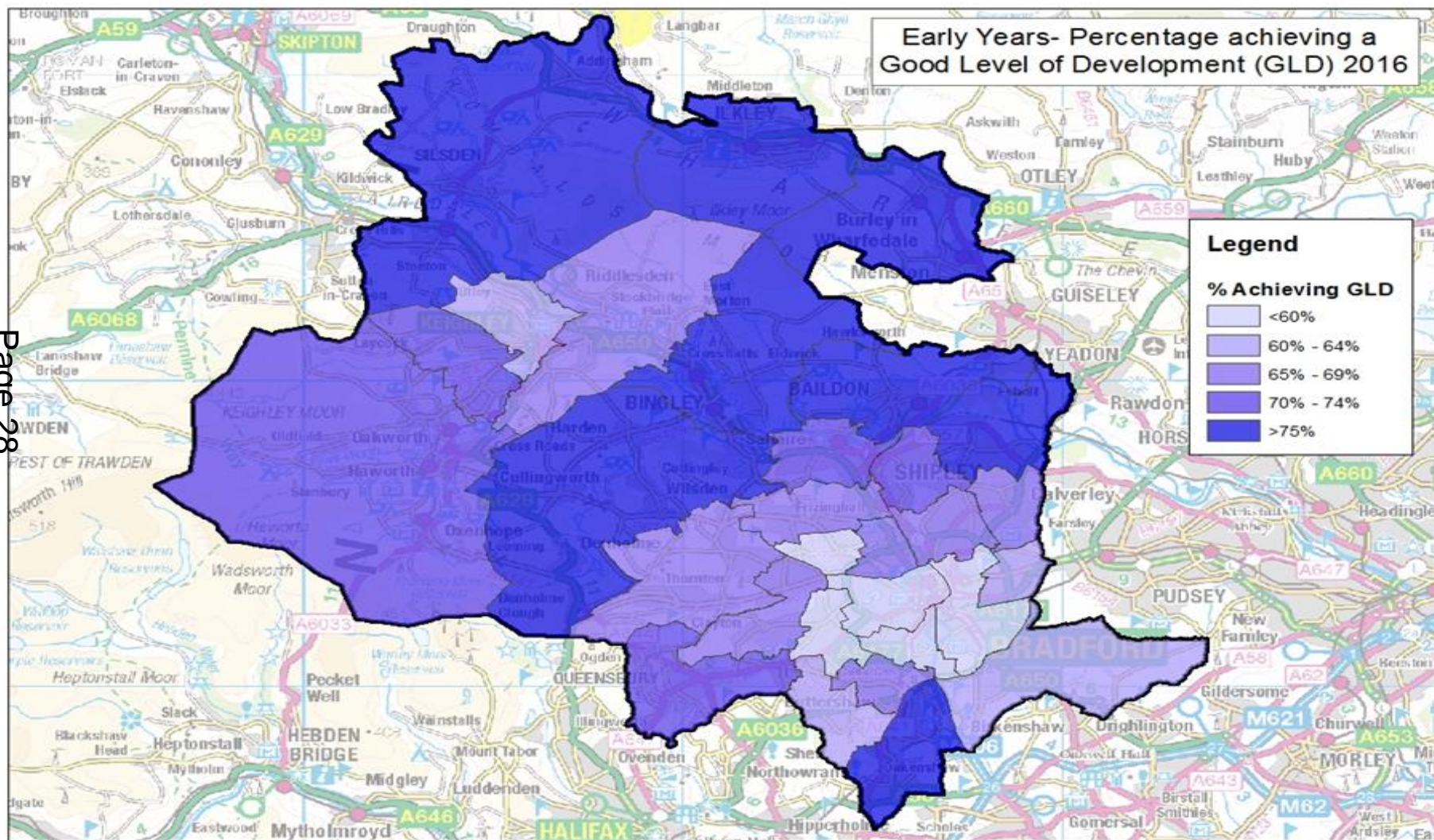


Table above shows contacts with Children by Children's Social Care 2016: LAC - Looked after Children, CPP - Child Protection Plan and CIN – Child in Need.

In the map below a lighter colour indicates a lower level of Good Level of Development (school readiness)



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APPENDIX 2 - District and Council Priorities

Bradford District Plan 2016 – 2020

The Bradford District Plan sets out the long-term ambition for our district. It aims to draw on the resources and activity of local people, communities, businesses and organisations, across the district. Achieving this ambition and addressing the priorities will enable us to make Bradford a better place.

The proposal directly relates to the Council Plan 2016 – 2020 priorities:

- Better skills, more good jobs and a growing economy;
- A great start and good schools for all our children;
- Better health, better lives;
- Safe, clean and active communities;
- Decent homes that people can afford to live in.

Bradford Council Plan 2016 – 2020

The Council Plan sets out how we, as a Council will work with others to contribute to the priorities set out in the Bradford District Plan. Our actions are outlined below:

1. Better skills, more good jobs and a growing economy
 - Businesses starting up, growing and investing in Bradford District
 - Getting the right infrastructure
 - Letting everyone know Bradford is a great place to live, work and invest
 - A skilled and flexible workforce in our district
2. Decent homes that people can afford to live in
 - Increasing the number of homes to meet the rising demand for housing
 - Decent, safe homes that are appropriate for people's needs
 - Support for people in most housing need
3. A great start and good schools for all our children
 - Children starting school ready to learn
 - Children achieving well at school
 - Young people leaving school ready for life and work
4. Better health, better lives
 - Healthy lifestyles – focusing on prevention and early intervention
 - Creating choice and control
 - Joining up services
 - Safeguarding children and adults
5. Safe, clean and active communities
 - Supporting communities
 - Building safe communities
 - Help maintain an attractive and welcoming environment
6. A well-run council, using all our resources to deliver our priorities:
 - Use all our resources wisely
 - Work in partnership
 - Make sure we are well governed, accountable and legally compliant

Children, Young People and Families Plan 2017 – 2020

The proposal is a major part of delivering the shared partnership priorities of the Children, Young People and Families Plan 2017 – 2020;

- Ensuring that our children start school ready to learn;
- Accelerating education attainment and achievement;
- Ensuring our children and young people are ready for life and work;
- Safeguarding the most vulnerable and providing early support to families;
- Reducing health and social inequalities, including tackling child poverty, reducing obesity and improving oral health
- Listening to the voice of children, young people and families and working with them to shape services and promote active citizenship

The current Children and Families Plan 2017- 2020 for the District is also focused on ensuring children are ready for school, achieve their potential at school and are ready for life and work alongside ensuring robust safeguarding, reducing health and social inequalities and listening to the voice of the child.

Integrated Early Years Strategy, 2015-18

The Integrated Early Years Strategy (IEYS) 2015-2018 for children 0-7 years demonstrates the District wide commitment already in place by key partners working together to provide aligned services which promote prevention, early intervention and targeted support for children and families focused on improving six key outcomes and reduce inequalities for young children. The IEYS Strategy Group works closely the Better Start (10 year Big Lottery funded £49 million programme) which provides on-going research and learning into what works to improve outcomes for young children.

Future in Minds

This plan for the next three years has dedicated funding attached, and addresses the mental and emotional health needs of children and young people in Bradford. There are various work streams, including Early Help, Mental Health in Schools, and workforce development.

Health and Social Care Act (2012)

The Local authority has a statutory responsibility outlined in the Health and Social Care Act (2012) for delivering and commissioning public health services for children 5-19 years and since October 2015 also the responsibility for children's public health commissioning for 0-5 years.

The Local Authority is responsible through the above Act (2012) for improving the health and wellbeing of the population. Statutory Health and Wellbeing Boards and public health have a key role in the development of the statutory Joint Health and Wellbeing (HWB) Strategy which informs commissioning. This also includes delivering on key Public Health Outcomes as set in the Department of Health's Public Health Outcomes Framework.

APPENDIX 3 - Working with our Partners

Health and WellBeing Board

The Health and Wellbeing Board brings together leaders from the local health and care system, including the Council, the NHS and the Community and Voluntary sector. Our shared ambition is: To create a sustainable health and care economy that supports people to be healthy, well and independent. This includes the delivery of the Health Inequalities Action Plan and the Health and Wellbeing Strategy.

Our local Joint HWB Strategy 2014-2017 was based on the Marmot Review (2010) and features a strong focus on ensuring children have the best start in life and reach their potential. It also focused on improving inequalities as well as improving overall outcomes. The refreshed HWB strategy currently under development will include a focus on best start in life for the district's children.

The Bradford District Partnership (BDP)

Coordinates and supports the work of the partners (in the public, private and voluntary and community sectors) and partnerships across the district. These partners share responsibility for making sure that our shared direction established via the New Deal is delivered through the new District Plan 2016 – 20.

The Bradford District Partnership will ensure that the District Plan 2016 - 20 is delivered in the best way possible - and that all the partners work closely together to make things happen. In doing so it will champion the wellbeing and prosperity of all of the district's residents and ensure that they have the opportunity to realise their true potential.

Bradford Children's Trust

Bradford's Children's Trust recognises that stronger partnerships, greater integration of services and a shared purpose lead to better services for children, young people and families – especially the most vulnerable. The core principle of a shared commitment to improve the lives of children, young people and families – enshrined in the 'duty to co-operate' – remains as important as it ever was.

The vision of Bradford's Children's Trust is that every child and young person should be supported to have the best possible start in life, and be given active help and encouragement towards achieving the outcomes identified in the following themes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Bradford Safeguarding Children Board

Bradford Safeguarding Children Board (BSCB) is a statutory body established under the Children Act 2004. It is independently chaired and consists of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the Bradford District. Its statutory objectives are to:

- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people.
- Ensure the effectiveness of that work

Working Together to Safeguard Children (2015) sets out the responsibilities of the Council's and its key partners in regard to early help. Bradford Safeguarding Children Board has responsibility to monitor the effectiveness of the 'Early Help' being provided to children and families. Ofsted is required to inspect Early Help as part of their inspections of "services for children in need of help and protection, children looked after and care leavers".

Education Covenant

The approach to achieving the best for children, young people and families is driven by the Covenant's priorities. We have clear aspirations for Bradford's children and young people, but it is very clear that the solutions will be a partnership between the people of Bradford and the organisations which deliver services. The participation of young people in making these plans happen is critical.

The Council's offer:

- Keeping schools and education as a top priority
- Driving School Improvement
- Promoting learning from the very best
- Attracting, retaining and developing the best school leaders and teachers
- Providing school places by working together with government
- Helping to make sure children are ready for school
- Supporting children and young people to be ready for work and life
- Raising aspirations through cultural opportunities.

People Can

People Can has been initiated by a range of partners who are concerned about a range of challenges faced by the Bradford District and who want to do something positive about them. People Can emerged out of Bradford Council's New Deal thinking and has involved people from the voluntary and community sector from the outset in its design.

The start point of People Can Make a Difference is recognition of the fantastic voluntary work already being carried out in the Bradford District. People Can is an open invitation to everyone to take part, help others and make a difference.

People can make the difference in a number of ways:

- **Be Neighbourly** – carry out small, informal, everyday acts of kindness
- **Community action** – create a new group, activity or event with likeminded people
- **Volunteer** – devote some of your time to helping others
- **Raise money** – use your skills to raise funds for a community project.

Early education providers and schools

There are clear links between good quality early intervention and improvements in attendance and attainment at school and early education across the key stages of education. Schools play a key and valued role in the delivery of early help across the District. This will continue to be the case and the intention is that through the new arrangement schools can be provided with meaningful support, advice and problem solving approaches that help them in this role.

West Yorkshire Police

Ensuring that there is alignment to the new operating procedures for community policing. This will best utilise a significant amount of intelligence that the police service maintain through their daily interactions with the diverse range of our District. The police and community services being able to understand the main issues for families within communities better supports their abilities to tackle issues around vulnerable victims, managing public protection and reducing crime and anti-social behaviour.

Health Services

We will look at the strong links of all aspects of health working with partners who commission or deliver school nursing, health visiting, primary care, acute hospital services, community services, mental health services and other key services in order to move this programme of work forward.

Voluntary and Community Sector

Bradford has a valued partnership with Voluntary and Community Sectors. Strengthening and developing this partnership is a critical feature of ensuring a multi-layered response to address the needs of families and build resilience within communities.

Better Start Bradford

A Big Lottery funded partnership programme over ten years working with families in three wards – Bowling and Barkerend; Little Horton and Bradford Moor to help give children the best possible start in life.

Born in Bradford

Born in Bradford is one of the largest research studies in the World, tracking the lives of over 30,000 Bradfordians to find out what influences the health and wellbeing of families.

Signs of Safety

We will build on our partnership strengths such as the adoption of Signs of Safety as our assessment and planning tool and the strengths which emerged from our recent partnership Joint Targeted Area Inspection.

We have already adopted Signs of Safety when planning with families both at early help and within child protection conferences.

APPENDIX 4 – Prevention and Early Help Outcomes Framework 2017 – during consultation we will focus down on those outcomes most directly impacted by Prevention and Early Help.

Outcome 1 – Children live in caring and resilient communities	
1.1 Children are safe	
a. Children are safe within the home	<ul style="list-style-type: none"> • Reduce incidents of Domestic Violence • Reduce numbers of looked after children • Reduce numbers of children subject to Child Protection Plans
b. Children are safe within communities	<ul style="list-style-type: none"> • Reduction in ASBOs • Reduced road traffic accidents
1.2 Children live in resilient communities	
a. Improved social cohesion	<ul style="list-style-type: none"> • Percentage of people who agree that their local area is the place where people live together harmoniously
b. Increased participation from communities	<ul style="list-style-type: none"> • Increasing numbers reported in 'People Can' projects • Increased participation from communities in the education covenant
1.3 Children experience positive relationships	
a. Children have improved relationships within the home	<ul style="list-style-type: none"> • Increased levels of positive attachment in the under 5s • Reduced call outs for domestic abuse by the police
b. Children with complex needs have positive relationships	<ul style="list-style-type: none"> • Reduced number of children with complex needs living out of area • Increased community involvement through short breaks and/or Personal Budgets

Outcome 2 – Children learn and develop skills for life

2.1 Children achieve

a. Children achieve in school

- Foundation Stage Profile results improve to meet the national average (currently a Good level of development) AND gaps between our vulnerable groups and boys and girls and their peers nationally reduce (PHOF 1.02)
- KS1 results improve and narrowing of gap for vulnerable groups
- KS4 results improve and narrowing of gap for vulnerable groups
- Post 16 results improve and narrowing of gap for vulnerable groups

b. More children go onto higher education

- Increased number attending university and narrowing the gap for vulnerable groups

c. Young people go onto high quality employment

- Reduced unemployment figures
- Increased high level jobs figures
- 16-18 year olds not in education, employment or training (NEET) (PHOF 1.05)

2.2 Children learn in high quality environments

a. Schools are of high quality

- Increased numbers of schools with leadership graded good or better particularly in deprived areas

b. Early years provision is of high quality

- The proportion of early years settings achieving good or better outcomes in their Ofsted inspections increases to at least meet the national averages particularly in deprived areas

2.3 Children participate in learning experiences from 2-19

a. Children attend schools

- Improved attendance levels at all key stages including the take up of their place, if eligible, at early years settings for children of non-statutory school age ; to include pupil absence (PHOF 1.03) and other relevant indicators
- First time entrants to the justice system (PHOF 1.04)

b. Children participate in learning 16-18 in line with RPA

- Improved participation levels Post 16 year on year

c. Increased take up of places in pre-school learning (early education and childcare)

- Increased take up of eligible 2 year-olds for the universal offer and 3 and 4 year-olds for both the universal offer and the extended additional 15 hours (i.e. the '30' hours offer).

Outcome 3 – Children are healthy and well and reach their potential *

1.1

a. Fewer baby deaths in first year of life *

- Infant mortality rate reduces and at a faster rate in deprived areas (PHOF 4.01 & NHSOF 1.6i)
- More babies are breast fed at discharge and 6-8 weeks (PHOF 2.02)
- Reduced smoking for pregnant women at delivery and increased smoke free homes in infancy (PHOF 2.03)
- Improved attachment and bonding and maternal mental health (see Outcome 1.3)

b. Fewer children are obese or overweight and there is an increase in physical activity (could remove physical activity as obesity reduction means increased PA and better nutrition by definition)

- In reception aged 5-6 years (PHOF 2.06)
- At age 10-11 years (PHOF 2.06)

c. Children will improved oral health

- Decayed, missing, filled teeth (dmft) at age 5 figures improve and at faster rate in deprived areas (PHOF 4.02 & NHSOF 3.7i)

d. Children will be emotionally resilient and make good lifestyle choices

- Reduction in self harm admissions (PHOF 2.10)
- Anything else from Future in Minds dashboard approach for mental health – tbc
- Smoking prevalence 15 year olds (PHOF 2.09)
- Under 18 conceptions (PHOF 2.04)

e. Children will less often be admitted to hospital due to illness or accidents

- Rates of admissions to hospital for young children aged 0-4 years reduces
- Rates of admission due to accidents reduces (0-14 years and 15-24 years) reduces (PHOF 2.07)
- Killed and Seriously Injured on roads (KSIs for Children & Young People)

APPENDIX 5 - Key services in scope for the proposed 0-19 Prevention and Early Help Service (Children’s Services and Children Centres)

Detailed consultation will be undertaken with affected teams and Trade Unions on proposed structures, job profiles and grading.

Education, Employment & Skills	
Early Childhood Services including the seven children’s centre clusters	
Education Safeguarding	
Primary Achievement Team / Literacy / Moderation	
Children’s Specialist Services – Targeted Early Help	
Targeted Early Help District-wide teams	
Targeted Early Help Cluster Teams x 5	
Youth Offending Team (<i>service support functions only</i>)	
Total Vacancies	13.3 x FTE
Total number of staff in scope (including the table below)	468.2 x FTE

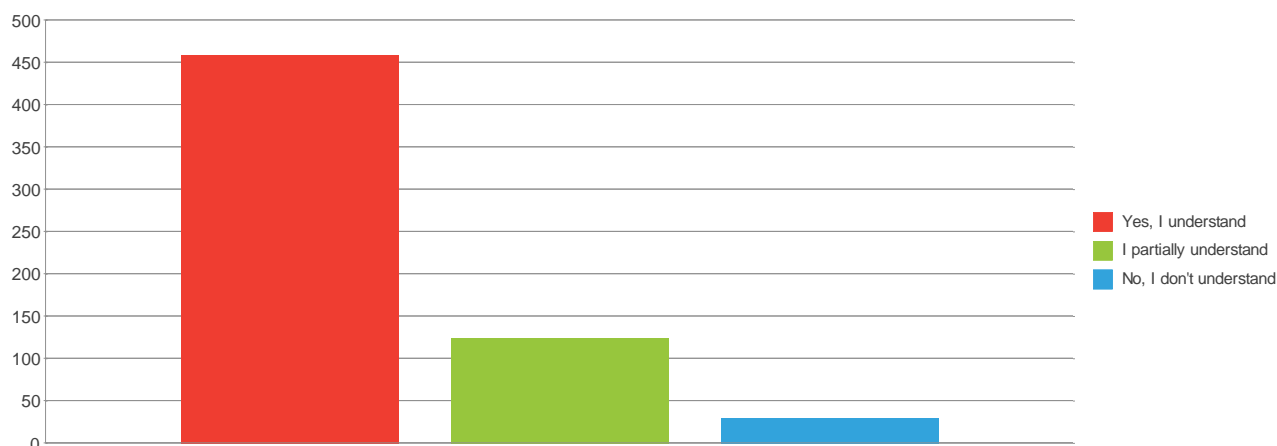
All the services below within Education, Employment & Skills include financial, administrative, performance, data and project posts. These service support posts are in scope:

Employment and Skills Service	
Commissioning Team	
Enterprise	
Funding and Sufficiency	
Skills House	
Skills for Work	
Kershaw House	
Disability Services	
Keighley Training Group	
Placements and Work Experience	
Music and Arts	
Music and Arts	
Achievement Service	
Admin Team	
Education Liaison Team	
Information Management Team	
LAC Virtual School	
Governor Service	
Curriculum ICT	
Broadband	
SEND & Behaviour	
SEND & Behaviour	
Education Psychology	
SEBD Team	
SEN Administration	
Communication & Learning	
SEN Team	
SEN Projects	
Business Management	
Sensory Service	
SEN Early Years Intervention	
Total Vacancies	11.8 x fTE
Total number of staff in scope (including the table below)	468.2 x FTE

APPENDIX 6 - Summary from Engagement

The Council's Children's Services undertook a five week public engagement, from 17 July 2017 to 20 August 2017. Below analysis outlines the responses to the questions:

Do you understand our Vision (what we plan to do)?



612 people answered the above question

Q2. Do you agree with our vision?	
Total responses	609 (6 people chose not to answer this question)
Yes, I agree	481
I partially agree	101
No, I don't agree	27

Q3. Have we identified the right outcomes that will ensure children and young people have the best start in life?	
Total responses	603 (12 people chose not to answer this question)
Yes	535
No	68

Q4. To what extent do you agree with the following parts of our vision to deliver services in local areas?					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Services should target support at the most vulnerable families (611 responses)	44%	40%	12%	3%	2%
Early Help areas will help families access support in a more joined up way (612 responses)	42%	41%	14%	2%	1%
Early Help areas will improve services for families (611 responses)	41%	40%	15%	3%	1%
Early Help areas will help to ensure that communities have services that will meet the needs of the local population (610 responses)	41%	37%	17%	3%	1%

Q5. Do you agree that by developing Early Help we will provide better help for families?					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Work with families to get positive solutions that will last and help stop family breakdown (609 responses)	48%	38%	11%	2%	1%
Have a 'whole system' approach, so agencies work together and are clear on the support they give. (605 responses)	41%	40%	16%	2%	1%
Build employees confidence and skills to support them in working in positive ways with families. (605 responses)	43%	39%	14%	3%	1%
Make sure that every pound counts so that we can afford services for children and families in the future. (605 responses)	51%	32%	13%	2%	2%

From the above table you can see that the majority of respondents selected 'strongly agree and / or agree' that by the Council and Partners developing Early Help it will provide better help for families.

Some of the comments from respondents are below:

"Ensure services are not duplicated and families are working in a holistic key worker approach";

"The earlier the involvement the faster solutions can be found";

"It would be more effective if Early Help workers all used the same recording systems"

Q6. How important are the following to you when you want to get services for children, young people and families in Bradford?					
	Most Important	Very Important	Important	Somewhat Important	Least Important
Clear information about what services are available (606 responses)	48%	32%	16%	4%	1%
Support in a crisis (608 responses)	51%	31%	13%	4%	1%
Services that I can access close to home (602 responses)	40%	33%	21%	5%	2%
Access to support and advice from trained professionals (602 responses)	42%	33%	18%	5%	2%
Free services (605 responses)	46%	29%	18%	5%	3%
Time of session (598 responses)	36%	27%	24%	10%	3%
Activities on offer (603 responses)	42%	28%	20%	7%	3%
Activities for all the family (603 responses)	40%	28%	20%	9%	4%

The majority of respondents believe that all of the above services for children, young people and families are very important. A common theme throughout the comments related to, access to services needs to be clearer, more signposting so families know what is available locally and across the District.

Q7. How important are the areas below in providing support to families?					
	Most Important	Very Important	Important	Somewhat Important	Least Important
Parenting support (587 responses)	50%	27%	17%	5%	2%
Family mediation (581 responses)	37%	32%	23%	6%	3%
Child development and play (583 responses)	41%	30%	23%	4%	1%
Managing children's behaviour (579 responses)	44%	34%	17%	4%	1%
Family relationships (587 responses)	45%	31%	19%	4%	1%
Practical support and coordinated work with health services (585)	40%	34%	21%	4%	1%
Support with accessing education (587)	47%	27%	21%	4%	1%
Mental health – support for young people (598)	60%	22%	13%	4%	1%

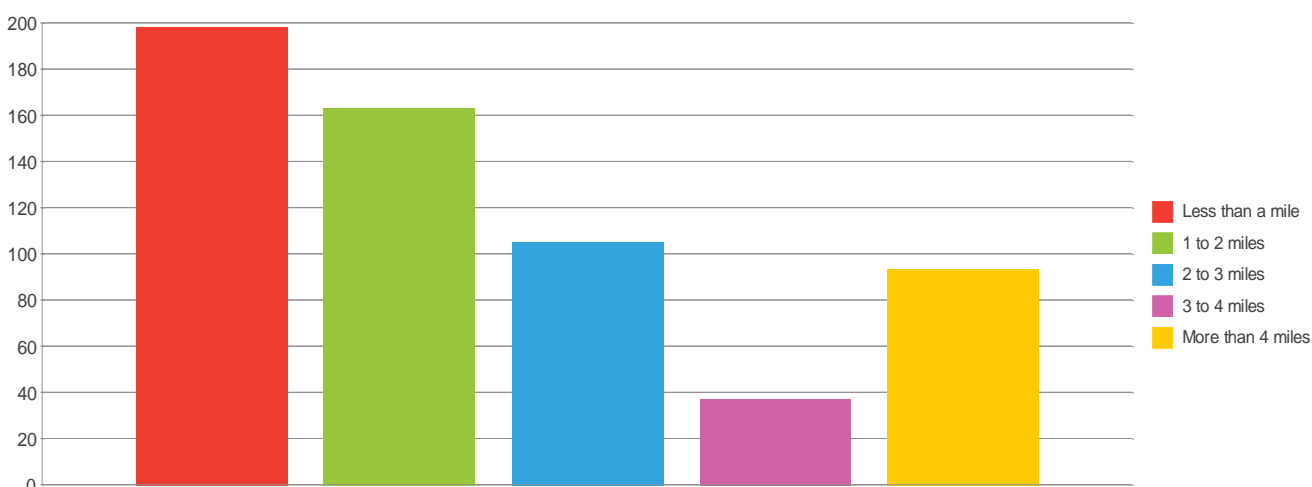
The majority of respondents identified 'mental health – support for young people' as the most important area in providing support to families and this was reflected in the comments people made. These included:

"Mental Health services are very difficult to access and are very important as problems can escalate quickly".

"The rising number of children suffering with mental health issues is worrying".

"Education and support for mental health for young people needs to be a priority".

How far would you travel to access services?



596 responses to the above questions (19 people chose not to answer this question). The chart indicates that people would prefer to access services on a locality footprint, with 60% of the respondents identifying they would travel up to 2 miles to access services.

Q9. By what means?	
Total responses	587 (28 people chose not to respond to this question)
Public transport	35% (205)
Walk	33% (192)
Car	28% (167)
Taxi	3% (16)
Cycle	(1%) (7)

Q10. What services do you currently access and how often?							
	Everyday	Once a week	Every 2 weeks	Once a month	Every 6 months	Once a year	N/A
Children's Centres (473 responses)	11%	16%	4%	6%	3%	4%	56%
Voluntary organisations (472 responses)	9%	19%	6%	10%	5%	7%	45%
GP / Doctors (504 responses)	8%	6%	6%	19%	30%	16%	16%
Other health services (e.g. Health Visitor) (467 responses)	8%	8%	6%	10%	17%	12%	40%
Youth Service (566 responses)	16%	44%	7%	5%	2%	4%	23%

To ensure we reached as many stakeholders as possible from across the District we asked respondents for their postcode. This allowed us to identify those that access services and the areas which they live.

Out of 615 responses, 540 people provided us with their postcode (this included 7 people outside of the Bradford District. The results are below:



Number of responses by postcode:

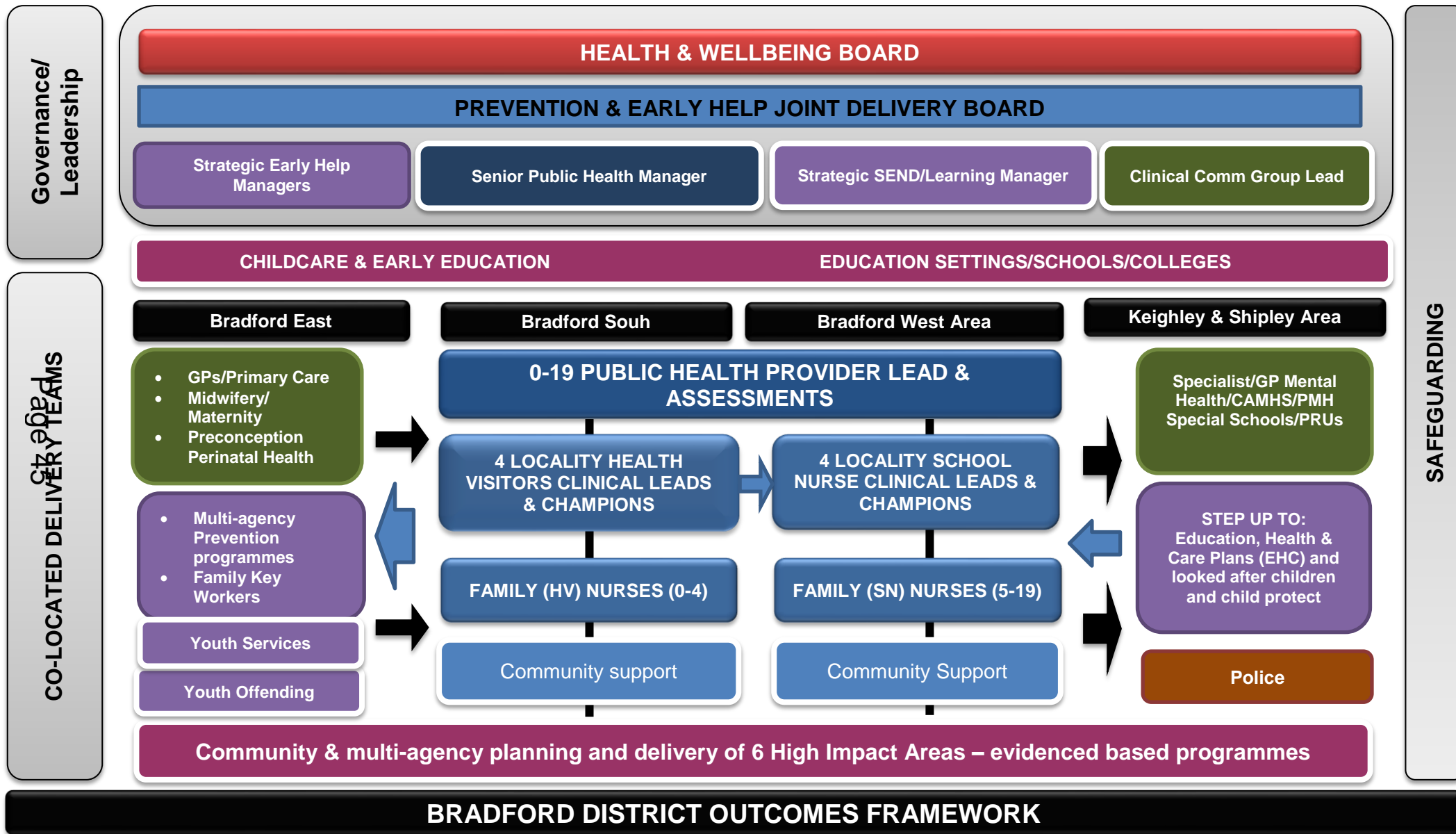
BD1	Bradford City Centre, Little Germany, Goitside, Longlands, Independent Quarter, West End, City Park	<10	BD13	Cullingworth, Clayton Heights Denholme, Queensbury, Thornton, School Green	<10
BD2	Eccleshill, Five Lane Ends, parts of Undercliffe, Fagley, Bolton Woods, Poplars Farm, Swain House, Ashbourne, High House, Grove House	72	BD14	Clayton	<10
BD3	Barkerend, Bradford Moor, Thornbury, Eastbrook, Pollard Park, parts of Laisterdyke, Undercliffe, Wapping	61	BD15	Allerton, Norr, Wilsden, Sandy Lane	<10
BD4	Bierley, East Bowling, East Bierley, Laisterdyke, Tong, Tong Street, Holme Wood, Dudley Hill, Tyersal, Swaine Green, Cutler Heights, Tong Village	15	BD16	Bingley, Cottingley, Eldwick, Harden	25
BD5	Bankfoot, Little Horton, West Bowling, Canterbury, Marshfields, Ripleyville,	50	BD17	Baildon, Shipley	<10
BD6	Buttershaw, Wibsey, Woodside, Westwood Park, Odsal, Staithgate, parts of Horton Bank Top (Cooperville)	<10	BD18	Saltaire, Shipley, Windhill, Wrose	14
BD7	Great Horton, Lidget Green, Scholemoor, Horton Bank Top, Horton Grange	<10	BD20	Cononley, Cross Hills, Glusburn, Kildwick, Silsden, Steeton, Sutton-in-Craven	17
BD8	Manningham, Girlington, White Abbey, Four Lane Ends, Whetley, Westbourne Green, West Park, Lower Grange, Rhodesway, Crossley Hall, Fairweather Green, Belle Vue	30	BD21	Hainworth, Keighley	103
BD9	Frizinghall, Heaton, Daisy Hill, Haworth Road Estate, Chellow Heights, Chellow Grange	15	BD22	Cowling, Haworth, Oakworth, Oxenhope, Cross Roads	51
BD10	Apperley Bridge, parts of Eccleshill, Greengates, Idle, Ravenscliffe, Thackley, Thorpe Edge	44	LS29	ILKLEY, Addingham, Ben Rhydding, Burley in Wharfedale, Ilkley, Menston	<10
BD12	Low Moor, Oakenshaw, Wyke, Lower Wyke, Delph Hill	<10	Outside the District		<10

Respondents were given the opportunity to make any additional comments, these are summarised below:

Communication:	<ul style="list-style-type: none"> • Better levels of communication and listening to what people need and want; • There needs to be more information provided / published in alternative languages; • Technical language on leaflets and survey has been difficult to understand. Questions are too intensive for our age group. • More face to face drop-in sessions
Working Practice	<ul style="list-style-type: none"> • Having a clear structure as to how services can be accessed; • Reduce duplication and identify what is working well • We need access to services in the local area • Closer working relationships with all local services, play groups, faith groups and youth services • Empower communities and families (skill them up to be able to assess and trouble shoot out of a crisis themselves with minimum external input. • All services access the same systems (Police, Council, Schools, GPs, Youth Service)

	<ul style="list-style-type: none">• More activities to expand young children’s social experiences including those with disabilities• More youth clubs• More youth workers in schools
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APPENDIX 7a – Proposed Prevention and Early Help partnership delivery framework



Appendix 7b – Case studies under the proposed model

Scenario 1 - Sanam and Family

Sanam is a single parent with two children Azra aged 3 and Saeed aged 12. She separated from her husband due to emotional abuse and domestic violence on occasions. Saeed has started High School and there have been several violent episodes at school and at home one resulting in him kicking a hole in his bedroom door. Azra attends the local nursery and her overall social and emotional development is delayed.

Whole Family Approach of proposed Prevention and Early Help

The proposed whole family approach would ensure a holistic family based approach; the health visitor who is involved with Azra would be linked into the approach for Saeed so a whole family approach is taken. The school nurse and Pastoral support lead would work together with the family and involve the Primary Mental Health Link Worker if needed. A Signs of Safety based plan would be made and the school nurse would support Sanam attend the Domestic Abuse Recovery Together group enabling Sanam to gain confidence and move on with opportunities to develop her CV and search for jobs.

In addition, signposting to debt management support would be provided. Saeed would be linked into after school activities and start to attend school regularly. The health visitor works with the nursery and identifies interventions to help Azra to develop her language and communication skills and they are all fully aware of the challenges for Sanam. Azra also gets back on track in terms of her development before she starts school and Sanam joins a 8 week course in family support and then volunteers to advocate on behalf of local families where English is not their first language. She is now looking for part time work in this area.

Scenario 2 - Susan, Peter and Family

Susan and James have three boys aged 2, 6 and 10 years; James, David and Luke. Peter is unemployed and Susan has a low paid part time job. James has a government funded nursery place as his family are living on a low income. James struggles to play with other children, his language is very limited and he has had difficulties settling into nursery.

Family Approach of proposed Prevention and Early Help Team

The new family approach will ensure the whole family is involved. An integrated two year assessment is carried out between the health visitor and nursery key worker and the health visitor links with the area Prevention and Early Help Team and a whole family plan is agreed with the family. This identifies a lot of conflict between the parents and extended family. A key worker will work with the family with the aim of reducing family conflict, support activities to support James and improve his development including support with routines and play at home and ways to reduce family conflict. The key worker will liaise with the health visitor and nursery to ensure a joined up approach and that James makes good progress. His father, Peter is depressed and has been encouraged to seek support from his GP which he has followed up and he has now managed to find a part time job locally.

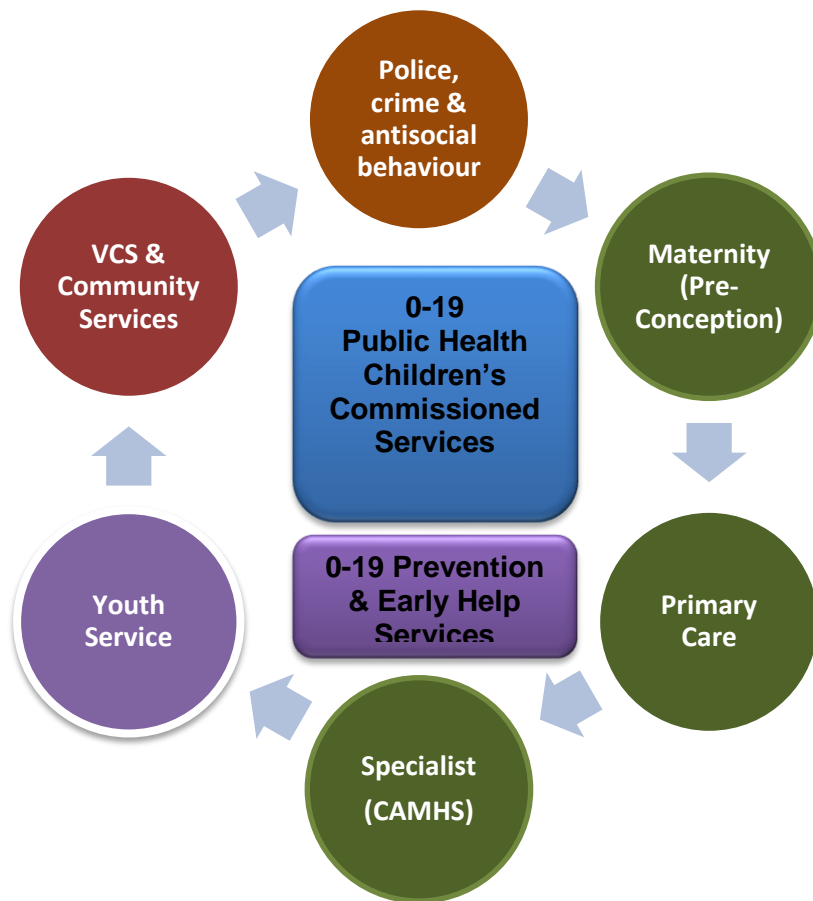
APPENDIX 7c – governance arrangements for the proposed Prevention and Early Help partnership framework

PREVENTION AND EARLY HELP DELIVERY BOARD focused on improving outcomes and reducing inequalities (see outcomes framework)

Public Health Teams will be aligned to Prevention and Early Help model and there will be clear pathways and referral mechanisms to family support and prevention interventions.

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There will be an agreed menu of evidence based interventions across the District so referral from all services are easily accessible

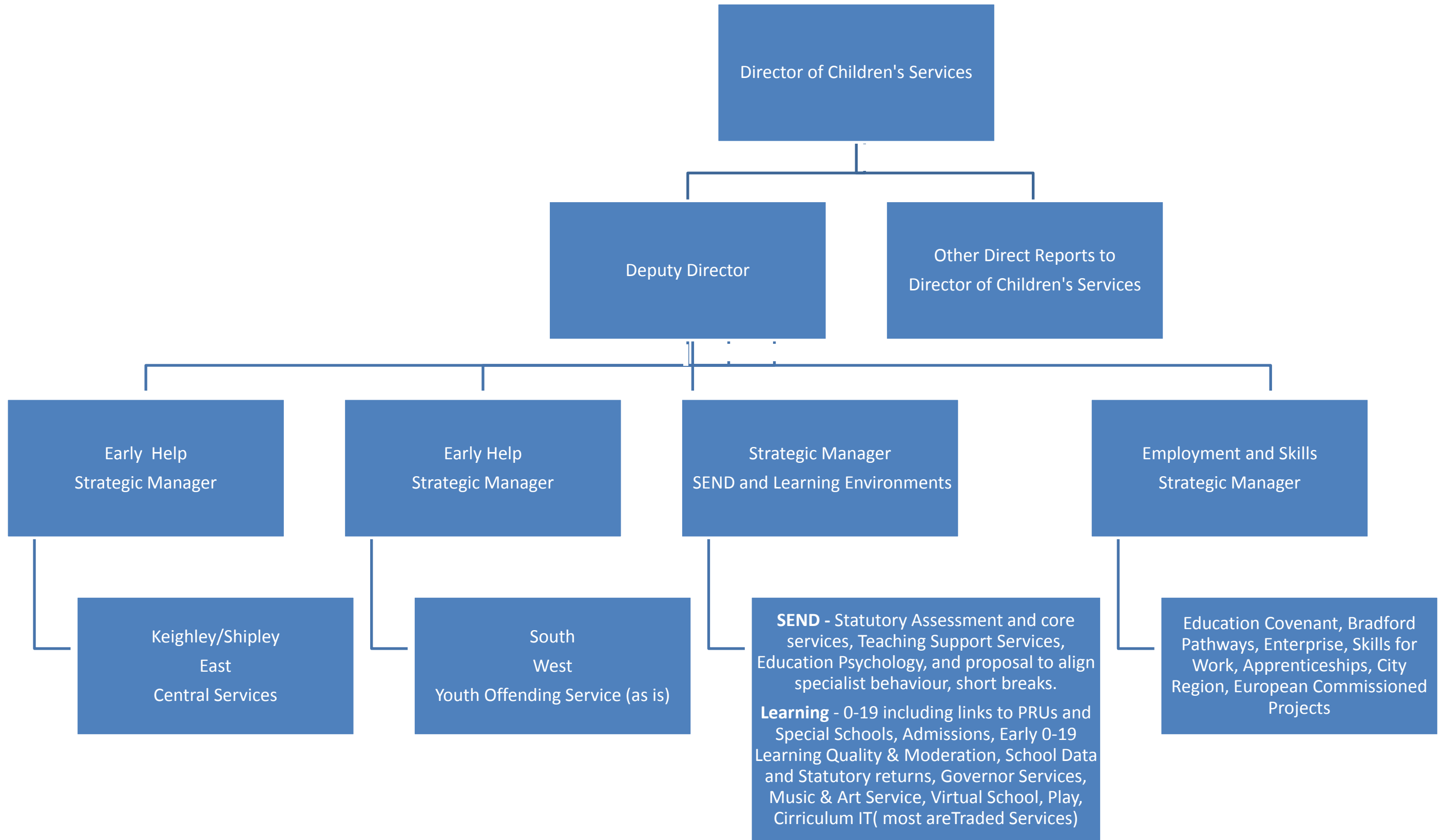
There will be a clear alignment to other services such as Health, Police, maternity and specialist services, making referral and access much easier.



Public Health 0-19 services will be commissioned and aligned to the Prevention and Early Help model. This will include prioritisation according to the locality footprint and health needs.

There will be consistent focus on improving outcomes and reducing inequalities for the district for Children and young people age 0-19 across all services for the district.

The 0-19 public health services will be commissioned so that they are co-located and integrated with the Prevention & Early Help Teams



**The teams and functions below will work together with communities, universal and commissioned services, for example, co-delivery of groups with schools, short breaks for disabled children and young people and commissioned key workers
Practice leads and champions will be identified**

<p>The proposed core functions in each of the four areas:</p>	<p>The following are proposed to retain a district-wide focus:</p>
<p>Area Leader:</p> <ul style="list-style-type: none"> • To champion and facilitate local partnerships to support delivery • To oversee, implement and report on an Area Outcome Plan • To lead the area teams and oversee delivery of high quality services • To ensure that children, young people and their families have a voice and influence in the area offer • Facilitate integration and co-location with aligned services • Have responsibility for maintaining specialist knowledge and experience in a defined areas of the prevention service, leading on this throughout the service: <ul style="list-style-type: none"> ○ Early childhood development & children’s centre core offer ○ Young people’s support ○ Commissioning 	<p>Early Education and Childcare Sufficiency Strategy:</p> <ul style="list-style-type: none"> • Meet childcare sufficiency duties including universal 2 year-old 15 hour offer and 30 hour offer for 3 and 4 year-olds and working in collaboration with School Admissions Team • Sufficiency strategy and planning and gap analysis • Market development and communications
<p>Prevention Planning Team:</p> <ul style="list-style-type: none"> • To work with partners and local communities to develop and implement a offer of evidence based programmes in response to needs • To ensure that the following areas are central to the offer: <ul style="list-style-type: none"> • Early childhood development and school readiness • Parenting skills through the age ranges • Health and wellbeing • Family and maternal health and mental health • Positive activities for young people • To facilitate co-delivery with volunteers and service users <p>A pot of funding will be made available in each area to support community involvement in delivery of prevention activities.</p>	<p>Service support:</p> <ul style="list-style-type: none"> • Data analysis and predicting/targeting needs • Performance overview/reports • Administration • Commissioning oversight • Financial monitoring • Task focused projects
<p>Public Health 0-19 services</p> <ul style="list-style-type: none"> • Statutory responsibility for delivering and commissioning public health services for children 5-19 years and responsibility for children’s public health commissioning for 0-5 years. Delivering on the Department of Health’s Public Health Outcomes Framework. • The functions under these will include: <ul style="list-style-type: none"> ○ Delivery of the five mandated health checks by Health Visiting teams universally to all women antenatal, at birth, 6 months, 1 year and at 2 years ○ Leading work with partners to deliver on the Healthy Child Programme and high impact areas for all children 0-19 years, providing clinical leadership to prevention teams and providing an enhanced service to women who are identified with issues such as post natal depression or child health problems ○ Delivering on the National Child Measurement Programme, hearing screening and signposting to screening and other services as appropriate ○ Identifying health needs through assessment of school age children at Reception, Year 6, Year 10 and transition so needs of children are identified and addressed early with signposting to and working with other key services as appropriate. • Local authorities also have a statutory responsibility to provide or commission oral health improvement programmes as considered appropriate. This will include: 	<p>Early Help Gateway (incorporating Families Information Service):</p> <ul style="list-style-type: none"> • Statutory duty to establish and maintain a service providing information, advice and assistance to families with children up to 20 years old (25 years for those with additional needs) regarding: Childcare and Early Education, Parent & Toddler Groups, activities for Children with Additional Needs, leisure activities for all ages and abilities and Family Support Services. • Signpost families to support agencies and make referrals on their behalf for issues including: children’s behaviour, financial difficulties, mental health and domestic violence • Respond to requests for support from the Corporate Contact Centre • Provide an email text service for families in English and also Polish, Slovak, Czech, Urdu & Punjabi

<ul style="list-style-type: none"> ○ Delivery of the fluoride varnish programme ○ Supervised tooth brushing in schools ○ Support epidemiology and Screening in schools. ● A specification will be developed which will ensure that these services are fully aligned to the new proposed functions and the locality footprint. 	
<p>Family Key Worker team:</p> <ul style="list-style-type: none"> ● Facilitate Early Help Panels ● Proactively identify families with complex support needs, for example, Families First Payment by Results and families affected by substance misuse, domestic abuse and parental mental health ● To supervise high quality case work with individual families ● To deliver Payment By Results targets across the area through improved family outcomes 	<p>Intensive Family Support:</p> <ul style="list-style-type: none"> ● Family Group Conferencing ● Preventing Repeat children removed by proceedings ● Preventing entry into care
<p>Early Education and Childcare Quality:</p> <ul style="list-style-type: none"> ● Ensuring the highest possible standards of childcare quality through a rigorous support and challenge approach with settings (Private, Independent and Voluntary providers) and childminders who are in receipt of early years funding where Ofsted judgments are Inadequate, Requires Improvement, Not Met and non-compliant and for other childcare providers (including out of school clubs) where Early Years Foundation Stage children are present to monitor quality and safeguarding. ● Deliver services to potential new childcare (child minders & group settings) providers from the registration process, ensuring their practice and facilities are of a high standard, to meet the welfare, early learning and development needs of children in the Early Years Foundations Stage. ● Maintain the partnership links to promote LA District trends and patterns to identify and promote the strategies to ensure all children receive a great start to improve outcomes at the end of EYFS. 	<p>Education Attendance and Safeguarding Leads:</p> <ul style="list-style-type: none"> ● Overview of educational attendance ● Predictive targeting to improve attendance ● Traded whole school work ● Safeguarding training & guidance to settings and schools ● Attendance penalty notices and legal action
<p>Early Education and Childcare Take-up:</p> <ul style="list-style-type: none"> ● Increasing the uptake of all eligible children for early education places via outreach directly with parents in the community, community groups and organisations and other key partners such as BSB, VCS organisations. ● Support children’s centres and other partners to increase the uptake of early education in their reach areas. ● Key link between Early Years in particular sufficiency, early years funding team, quality of early education/child care provision and partner organisations to ensure a smooth flow of two-way information about services / support for families. 	<p>Families First Payment by Results Lead:</p> <ul style="list-style-type: none"> ● ‘Think Family’ Workforce development ● Signs of Safety ● Oversight and delivery of Families First Outcome Plan ● Link to commissioned Key Workers service
<p>Diversity and cohesion</p> <p>Engage and support Asylum Seekers, Refugees, EU Migrant Workers and Roma families and families from the travelling community to access to education, to promote community cohesion and to offer support and guidance to schools. Focus on school attendance and reducing the numbers of children who are registered as missing education.</p>	

APPENDIX 9 – Proposed changes to children’s centres aligned to proposed Prevention and Early Help areas.

The proposal is for the children’s centre core offer to be delivered by 0-19 Prevention and Early Help teams managed by the Council. It is proposed that delivery will continue through the following sites. These sites will continue to ensure a geographical spread across each constituency and maintains delivery in those centres with present higher levels of activity. We would plan to maintain and support continued delivery of midwifery & health visiting services across the centres and develop community or family hubs over time.

A FULL (F) centre is expected to deliver around 25 hours of delivery per week for 48 weeks per year. An OUTREACH (O) centre is expected to deliver a minimum of 8 hours of activities with children and families per week.

Area	Sites
West	Midland Road (F) Abbey Green (F) St Edmunds (F) Farnham/Grange (F) Allerton (F) Crossley Hall (F) Heaton (F) Frizinghall (F) Thornton (O) Lilycroft/Farcliffe propose to change to Outreach base Princeville propose to change to Outreach base.
East	Barkerend (F) Mortimer House (F) Communityworks (F) Gateway (F) Fagley (F) Canterbury (F) Woodroyd (F) Burnett Fields (F) Parkland propose to change to Outreach base.
South	Holme Wood (F) Reeve Hill (F) Woodside (F) Lidget Green (F) Victoria Hall (O) Wyke propose to change to Outreach base. Tyersal propose to change to Outreach base. Bierley propose to change to Outreach base.

ShIPLEY	Owlet (F) Strong Close (F) Bingley 2 (O) Bingley 1 (O) Baildon (O) Hirst Wood propose to change to Outreach base.
Keighley	Low Fold (F) Rainbow (F) Ilkley 1 (O) Ilkley 2 (O) Daisy Chain (O) Tree Tops (O) Highfield propose to change to Outreach base.

APPENDIX 10 – SEN Improvement Test

Objective	Evidence / Data
Improved access to education and associated services including the curriculum, wider school activities, facilities and equipment, with reference to the LA's Accessibility Strategy	<p>Area based activities which are close to children and families; we will continue to deliver the short breaks statement and activities to support disabled young people to access to local leisure.</p> <p>Local Hubs building expertise around disability issues will increase access for disabled children and childcare.</p>
Improved access to specialist staff, both education and other professionals, including any external support and / or outreach services.	We intend to ensure that there is a strong link with the proposals to transform SEND services which will include dedicated and specialist support to universal services particularly childcare and early education; this enhances the offer at a local level.
Improved access to suitable accommodation	<p>An element of the proposed Early Help model includes a commissioning pot which can be deployed to increase Children and Young People access where they need some additional support beyond reasonable adjustments.</p> <p>Children and Young People who need individualised packages of support should be signposted to the statutory single Education Health Care Plan Assessment processes.</p>
Improved supply of suitable places	The proposed Early Help model includes on-going capacity around childcare; access and quality, there will be links with workers and the proposed transformed SEND Services to increase accessibility for Children and Young People with disabilities.
Confirmation from the host school that they are willing to receive pupils with communication and interaction needs	N/A
Confirmation of specific transport arrangements	<p>An area based model will increase accessibility of services for Children, Young People and Families.</p> <p>For those Children and Young People with higher needs a referral to assessment for a personal budget may be required. A range of targeted inclusive activities for disabled children are also commissioned.</p>
Confirmation of how the proposals will be funded and the planning staffing arrangements put in place	The proposed Early Help model will be funded through Council base budget, this includes provision for short breaks, specialist behaviour and inclusion for disabled children and young people.

Appendix 11 – Equalities Impact Assessment

Department	Children's Services	Version no	0.2
Assessed by	Mark Anslow/Maureen Braden	Date created	10 August 2017
Approved by	Judith Kirk	Date approved	
Updated by		Date updated	14 September 2017
Final approval		Date signed off	

The Equality Act 2010 requires the Council to have due regard to the need to

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Section 1: What is being assessed?

1.1 Name of proposal to be assessed.

A proposed remodelling of the Prevention and Early Help offer across the District.

1.2 Describe the proposal under assessment and what change it would result in if implemented.

Ensuring effective Prevention and Early Help arrangements for babies, children, young people and families is an essential responsibility and statutory requirement of the Council and its partners.

The way key services are delivered is being transformed; this is due to the need to:

- continue to meet statutory requirements
- ensuring good outcomes for children are supported
- as much resource as possible is deployed to work directly with children, families and communities
- make financial savings required by 2020/21.

Our proposed Prevention and Early Help arrangements have to tackle inequality in order to improve the long term prospects of families most in need.

In light of the reduced budget, the proposed model includes a combination of a small group of central services and four new Prevention and Early Help teams, based on the current Parliamentary constituencies.

The following services are proposed to continue to be delivered centrally:

- Early Help Gateway (incorporating Families Information Service);
- Oversight of education safeguarding
- specialist behaviour support and inclusion;
- short breaks;
- intensive family support;
- youth offending;

- service support, for example admin, finance and performance management

The proposed model will create new 0-19 Prevention and Early Help Teams which will target those wards/areas with the poorest outcome and bring together the delivery of:

- the children's centre core offer across the District;
- targeted key work with individual children and families (Families First);
- parenting support;
- early education and childcare quality and take up;
- education attendance;
- diversity and cohesion.

This will bring together a number of key partnerships, services and commissioning plans. Based on our Families' Needs Assessment, it is proposed the four teams cover:

- Keighley/ShIPLEY combined
- East
- West
- South

The proposed model will support the Council's previous intentions to procure Public Health children's services including Health Visiting, Family Nurse Partnership, School Nursing and Oral Health and will be an opportunity to align services to the constituency footprint. This will also be based on consultation and needs as identified in the Service Reviews for Health Visiting and School Nursing in 2016.

The proposed model also aligns with the Council's Youth Services and ward partnerships.

In order to achieve the required savings we expect this will lead to a reduction in the region of 220-240 (including all seven Children's Centre clusters) full time equivalents across the affected teams and services.

The proposal means that the children's centre core offer will be delivered through the 0-19 Prevention and Early Help Teams. It is also proposed that we align children's centre sites to the Parliamentary constituency boundaries and that the following buildings are reconfigured as Outreach bases (which are expected to deliver a minimum of 8 hours of activities per week with children and families):

- Hirst Wood;
- Highfield;
- Parkland;
- Farcliffe & Lilycroft;
- Princeville;
- Bierley;
- Tyersal;
- Wyke.

Section 2: What the impact of the proposal is likely to be

- 2.1 Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.**

This proposal is intended to advance the equality of opportunity and a range of outcomes for babies, children, young people and families through universal services in all areas but with a higher level of targeting in those area in which children experience the poorest outcomes.

In the top ten wards, which will be targeted with enhanced support in the proposed model, there is a strong relationship between deprivation and the poorest outcomes for children and young people.

Proposed area teams will ensure delivery across the district as a whole and will ensure that services are accessible to the needs of our diverse communities.

- 2.2 Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.**

Essential statutory services will be maintained by the LA, as well as those that deliver support to the vulnerable and disadvantaged e.g. through universal and target services.

A model based across areas footprint will help to eliminate discrimination and harassment by fostering a greater understanding of each other's needs, and through early identification, assessment and intervention using specialists and high quality practitioners improve outcomes for children, young people and families.

- 2.3 Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.**

The equality assessment carried out indicates that this proposal is likely to have no or a low impact, and so there is no disproportionate impact on any group who share protected characteristics. There is however a lot of change happening within the system as outlined above.

The changes are expected to lead to a reduction of the workforce in the region of 220-240 full-time equivalents. Final figures will be subject to consultation and subsequent grading of posts and assimilations within the proposed new structure.

The affected workforce will include a higher proportion of women and detailed analysis will also identify any other protected characteristics within the workforce, for example, age.

As the changes are implemented the impacts will be reviewed and measured against the Outcomes Framework.

2.4 Please indicate the level of negative impact on each of the protected characteristics?

(Please indicate high (H), medium (M), low (L), no effect (N) for each)

Protected Characteristics:	Impact (H, M, L, N)
Age	L
Disability	L
Gender reassignment	N
Race	L
Religion/Belief	N
Pregnancy and maternity	L
Sexual Orientation	N
Sex	M
Marriage and civil partnership	N
Additional Consideration:	
Low income/low wage	L

2.5 How could the disproportionate negative impacts be mitigated or eliminated?

(Note: Legislation and best practice require mitigations to be considered, but need only be put in place if it is possible.)

We used the information collected from our engagement process to determine whether there would be an impact on any of the equality groups. On-going analytical and evaluation work will be undertaken to ensure services are meeting demand and outcomes are being achieved.

In order to improve outcomes for those with the poorest outcomes we will need to target resources. As such, we will not be able to offer the same level of support in all areas.

Families with low incomes in all areas will be identified and offered support. Ethnic minority children and young people tend to be concentrated in the priority wards.

Each of the proposed Prevention and Early Help Teams will be required to develop a Area Needs Assessment and Offer which will outline how the offer is responding to outcomes for children in their area. This will incorporate and publicise the children's centre services to children under 5 and their families. We will continue to track and monitor the activities offered as already undertaken by children's centres. This will allow us to monitor changes and make adjustments to the offer over time.

For children and young people, our proposed One Family, One Worker, One Plan approach should provide support without a succession of interventions from different agencies.

It may be possible that some children and parents in less deprived areas may find it harder to access children's centre services. We will address this by ensuring that there is a range of sites and activities across all areas but these will be increased in targeted areas. We will also maintain strong relationships with childcare and schools in all areas so that vulnerable children and families in all areas can be provided with additional support when needed.

We are proposing continuation of a range of sites, both designated and outreach in all areas. This should allow for flexibility and stepping up support as and when needs indicates.

Close alignment with Youth Services, Places Services and health services will also allow us to adjust services when needs become apparent.

This document will be updated as we undertake more detailed analysis of impact on protected characteristics within the affected workforce.

Section 3: Dependencies from other proposals

3.1 Please consider which other services would need to know about your proposal and the impacts you have identified. Identify below which services you have consulted, and any consequent additional equality impacts that have been identified.

Partners engaged with to date include:

- Children, young people, families, parents, carers
- Education settings
- Health colleagues
- Police
- Public and Voluntary sector
- Community Partners
- Businesses
- Council employees
- Elected members

Information has been uploaded onto the Bradford Council Consultation and Engagement webpage, Local Offer site, Bradford Schools Online.

Information was distributed through Children Centre summer events, Libraries, Better Start Bradford parent events and group sessions organised by the Commissioner for Youth Provision and Police Summer Camps.

A summary of the messages from the engagement period is provided in the Executive report alongside an overview of stakeholders to the formal consultation and methods to be used.

A SEN Improvement Test has been completed.

We need to ensure we formally consult widely, for example, people with English as a second language, LGBT young people and fathers.

Section 4: What evidence you have used?

4.1 What evidence do you hold to back up this assessment?

A Families Needs Assessment has been completed.

This document included considerable analysis which provides a baseline of data covering a breadth of information from demographics, deprivation, maternity, health, education and social services and this analysis will underpin the development of the proposed model.

An overview of the affected workforce is in place. Detailed analysis of impact on the workforce is on-going and this assessment updated as appropriate.

Executive report and appendices discussed at the Council Executive on 11 July 2017 and on 7 November 2017 outline the analysis gathered.

4.2 Do you need further evidence?

An initial engagement on was run from 17 July 2017 to 20 August 2017 when a wide range of stakeholders were consulted. This analysis was reviewed and where necessary changes and amendments were made in light of feedback received. This analysis was fed into the Executive Report which will be discussed at the Council Executive on 7 November 2017. There was broad agreement to the proposed vision, outcomes and messages related to people's views about using and accessing services.

Section 5: Consultation Feedback

5.1 Results from any previous consultations prior to the proposal development.

Over 500 parents were surveyed in summer 2016. We asked for their views on Early Help. Main messages received were:

- One-to-one and group sessions with other parents are helpful;
- We want to be able to talk to someone who will listen to our needs. Get to know us and our children if you are supporting us;
- We really value and need 'hands on and practical support' as well as advice. Having a key worker is important as it helps us build a relationship;
- We need advice from people with good knowledge of the people and places where we can receive support in our local communities;
- Getting good advice on managing children's behaviour is really important for us. Easy to access support around behaviour is most helpful before problems become bigger;
- We want support in getting training and better skills;
- We need to know what help is on offer and where we go to get it. Some of us will need extra help to attend groups and services;
- Some services should be available at evenings and weekends for those in work (and don't forget dads);
- We're happy to get help at any time of the day or week, but prefer getting help at home or at a welcoming centre nearby;
- Local venues are important and they should have spaces for private conversations;

- A single point of contact is important so we don't feel like they have to repeat our story again and again.

5.2 The departmental feedback you provided on the previous consultation (as at 5.1).

The above feedback was incorporated within developments so far and also considered as part of the present proposals.

5.3 Feedback from current consultation following the proposal development (e.g. following approval by Executive for budget consultation).

The Council Executive is meeting on 7 November 2017 to consider the options and a preferred proposal. Following this meeting, and any amendments that are required to be made, a formal consultation period will begin running from 15 November – 12 February 2018.

5.4 Your departmental response to the feedback on the current consultation (as at 5.3) – include any changes made to the proposal as a result of the feedback.

Responses to be provided at the end of the formal consultation – February.

APPENDIX 12 – Summary of consultation stakeholders and interested parties and methods of consultation

Prevention and Early Help – Stakeholder Consultation Plan			
	Purpose	Type / Method	When / Frequency
<p>Parents and Carers across the District, including Parent and Carer Forums</p> <ul style="list-style-type: none"> Communities of Interest LGBT New Arrivals Future Parents Gypsy and Travellers Refugee and Homelessness Faith Groups / Leads Inclusion Groups Young carer groups Women’s Health Network <p>(Reach areas of the top 10 wards (ward officers), clusters)</p>	<p>To ensure wider reach during engagement / consultation / feedback</p> <p>Engage in scoping and design where directly affected</p>	<ul style="list-style-type: none"> Focus Groups at Children Centres / Libraries On-line survey Engagement and Consultation Council website Local Offer website Social media (Twitter / Facebook) / Stay Connected / Bradford App Families Information Service Citizen’s e-panel Bradford Volunteering Centre New Communities & Travellers 	<ul style="list-style-type: none"> Initial engagement 18/07/17 to 20/08/17. Formal consultation from 15/11/17 to 12/02/18 Parents Forum (16/10/17, 29/11/17, 04/01/18, 09/01/18, 15/01/18, 16/01/18) Public drop-in sessions (venues TBC): 05/12/17 (am), 12/12/17 (am), 23/01/17 (pm), 08/02/17 (pm) Partner drop-in sessions (venues TBC): 05/12/17 (am), 12/12/17 (am), 23/01/17 (pm), 08/02/17 (pm)
<p>Children and Young People (including those with SEND)</p> <p>(LGBT, CYP Survey (Language), Youth Service, PALs, Young People’s Support Group)</p> <p>Youth Provision Sessions / Workshop</p>	<p>To ensure wider reach during engagement / consultation / feedback</p> <p>To gather current experience accessing services</p> <p>To engage and consult in scoping and design where directly / indirectly affected</p>	<ul style="list-style-type: none"> Youth Service Focus Groups On-line survey Social media (Twitter / Facebook) / Stay Connected / Bradford App Colleges / University Engagement and Consultation Council website Local Offer website 	<ul style="list-style-type: none"> Engagement completed and analysis reviewed. Formal consultation to begin on 15/11/17 to 12/02/18 Model to be confirmed in February 2018 once analysis of feedback has been undertaken. Youth workshops (TBC)

	Purpose	Type / Method	When / Frequency
Elected Members, Local Ward Members, Executive, CMT, DMT Meetings, Area Committee Meetings Overview & Scrutiny, CCG Ward Level Meetings	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, member briefings and updates - Engagement and Consultation Council website - Local Offer website - Parish and Town Councils - CNet 	<ul style="list-style-type: none"> • CMT on 18/10/17 • CMT/Pre-Exec on 24/10/17 • Council Executive on 07/11/17 • Keighley Area Committee – 14/12/17 • Shipley Area Committee – 13/12/17 • East Area Committee – 11/01/18 • South Area Committee – 30/11/17 • West Area Committee – 29/112017 • Overview & Scrutiny – (17/01/18) • Member drop-in sessions (venues TBC): 28/11/17, 12/12/17, 15/01/17, 01/02/17 • Town and Parish Council Mtg – 14/12/17
<p>Key Partnership Groups</p> <ul style="list-style-type: none"> - Children’s Trust Board - YOT Board - Safeguarding Board - Early Help Board - Early Years Strategic Group - Accountable Care Board - Self-Care Board - SEND & Behaviour Strategic Partnership - Bradford District Partnership - Health and Wellbeing Board - Futures in Mind - Safer and Stronger 	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, briefings and updates - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Accountable Care Board – TBC • Safeguarding Board – (13/12/17) • Children’s Trust Board – (15/12/2017) • YOT Board – TBC • Self-Care Programme Board – TBC • Early Help Board – TBC • BDP – 07/12/17 • Health and Wellbeing Board – TBC • SEND Strategic Partnership – ASB (TBC) • Integrated Early Years Strategy Group (12/12/17)

<ul style="list-style-type: none"> Partnership - Domestic Violence Group - Better Start Bradford Board - Maternity Programme Board 			<ul style="list-style-type: none"> • Better Start Bradford Board (TBC)
<p>Voluntary Sector, Young Lives Health and Wellbeing Forum</p> <p>Private and Independent Sector</p>	<p>To support initiation and on-going implementation across key services and teams</p> <p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - Weekly briefings and newsletters - 'One off' newsletter for P&EH - Survey - Engagement and Consultation Council website - Social media (Twitter / Facebook / Stay Connected / Bradford App) 	<ul style="list-style-type: none"> • Young Lives Forum sessions (28/11/17 and 29/11/17)
<p>National Organisations</p> <ul style="list-style-type: none"> • DfE • GP Alliance • Ofsted • National Charities 	<p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Maternity Programme Board – TBC • GP Alliance – TBC • Practice Managers - TBC
<p>Key teams and services:</p> <ul style="list-style-type: none"> • LA • Early Help Panels • Police • Health Visiting and School Nursing • VCS • Children's Centres clusters • Nursery Schools • Care Trust - CAHMS, Child Development Centres 	<p>To engage in scoping and design when directly affected.</p> <p>To keep informed of key information / changes and input into recommendations</p> <p>To deliver changes in practice on the ground</p>	<ul style="list-style-type: none"> - Web-based and newsletter updates - Updates through Management and staff meetings. - Drop-in sessions and briefings with those teams directly affected. - CMT Messages - BradNet - Online survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Departmental Consultation Leads - Training and workforce development to targeted teams - Engagement and Consultation - Council website 	<ul style="list-style-type: none"> • Initial briefings to affected staff and colleagues on 30 October 2017 (venue to be confirmed). • Drop-in sessions for internal staff (venue TBC): 13/12/17, 14/12/17, 30/01/17, 01/02/17 <p>Early Help Panels</p> <ul style="list-style-type: none"> • West / Lister Lane – 22/11/17 • Airedale/Wharfedale – 19/01/18 • Keighley – 23/11/17 • Others TBC

		<ul style="list-style-type: none"> - Local Offer website - Departmental Consultation Leads (see service list) 	
Trade Unions	<p>To keep informed of key information / changes and input into recommendations</p> <p>To consult under Managing Workforce Change as and when required</p>	<ul style="list-style-type: none"> - Briefing through OJC Level 3 in the first instance - Regular monthly meetings with Unions to update on developments throughout programme. - Consultation under Workforce Changes as and when required - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • OJC Level 3 on 05/10/17 • Fortnightly OJC Level 3 meetings to be scheduled (dates to be confirmed)
<p>All staff from Nurseries, Primary and Secondary Schools, Academies, Supplementary Schools, MATs, Governors</p> <p>64 Letter to be issued to schools w/c 30 October 2017</p>	<p>To keep informed of key information / changes and input into recommendations through an engagement and consultation period.</p> <p>To engage and consult in scoping and design where directly / indirectly affected</p>	<ul style="list-style-type: none"> - Updates provided through the Headteacher briefings - Bradford Schools Online - Online survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Initial engagement 18/07/17 – 20/08/17) • Formal consultation from 15/11/17 to 12/02/18 • Headteacher, Governors & other key briefings (21 and 27 November 2017) – • EH Cluster Managers – pastoral leads/CAF Leads • BPIP Meeting - TBC



Report to the meeting of Bradford East Area Committee to be held on 15th February 2018.

Y

Subject:

Better Start Bradford Programme update

Summary statement:

An update on the progress of the Better Start Bradford programme and the implications for the district.

Michael Jameson
Strategic Director Children's Services

Portfolio:
Children's Services

Report Contact:
Michaela Howell (Bradford Trident), Director Better Start Bradford
Phone: 01274 513227 E-mail: Michaela@bradfordtrident.co.uk

Overview & Scrutiny Area:
Children's Services

Shirley Brierley, Consultant in Public Health CBMDC
E-mail: shirley.brierley@bradford.gov.uk Phone: 07582103103

Judith Kirk, Assistant Director Education and School Improvement
Phone: 01274 385716 E-mail: Judith.kirk@bradford.gov.uk

Ruth Hayward, Head of Commissioning (Women and Children)
NHS Bradford Districts and NHS Bradford City CCGs
Tel: 01274 237714 email: ruth.hayward@bradford.nhs.uk



1. Summary

- 1.1 Better Start Bradford (BSB) is an opportunity to improve the outcomes for children in some of our most deprived wards and for Bradford to test out and add to the evidence base of 'what works' in improving child health and development outcomes in the early years, improving maternal and child health and school readiness. The intention is to scale up what works in improving outcomes across Bradford for all our young children.



- 1.2 This report outlines the background to the programme, the key principles of the approach, reports on the progress in implementation and key aspects of evaluation and learning across the district.

2. Background

- 2.1 The Better Start Bradford programme is the result of a successful £49 million Big Lottery Fund bid led by Bradford Trident, for a 10 year early intervention and prevention programme. We are currently in year 3.
- 2.2 Bradford was one of only five areas nationally to be awarded funding from the Big Lottery Fund's *A Better Start* programme, following intensive partnership work between Bradford Trident, Children's Services and Public Health in the Council, the Police, Clinical Commissioning Groups (CCGs), NHS providers, Voluntary and Community Sector organisations, Born in Bradford, elected members and families.
- 2.3 Better Start Bradford is a 'test and learn' programme which is being used as a vehicle for reform across the district in early years and has already informed the development of the Integrated Early Years Strategy and the Prevention and Early Help programme. It is being 'tested' in 3 wards (Bowling and Barkerend, Bradford Moor and Little Horton) and the 'learning' about what successfully improves outcomes for Bradford's children will be integrated throughout the district.
- 2.4 Focussed on improving maternal and child health and school readiness, the programme's primary outcomes are to improve communication and language

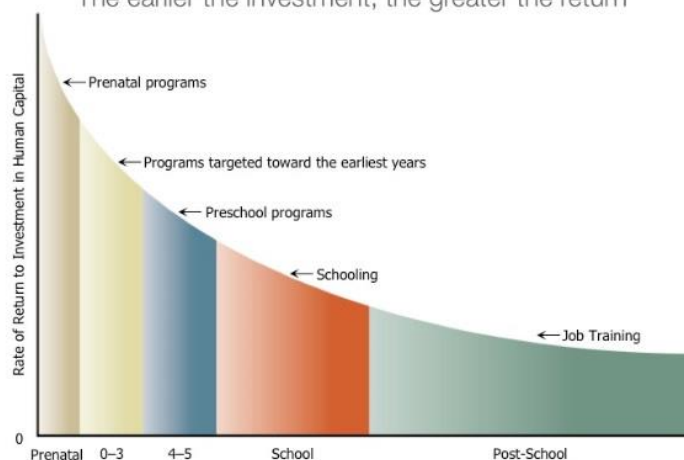


development, social and emotional development and nutrition in children aged 0-3 years.

- 2.5 During pregnancy a woman's mental and physical health, behaviour, relationships and environment all influence the developing foetus and can have a significant impact on the baby's wellbeing and long term outcomes. Pregnancy and the early years are an ideal opportunity to target interventions as this is when extensive brain development occurs and any new experience, both positive and negative, can have short and long term impacts. Therefore the programme is entirely focused on pregnant women and young children aged 0-3 years.
- 2.6 From a value for money point of view, research tells us that the best time to invest scarce resources to improve children's outcomes is in pre-conception, pregnancy and the first three years of life, as it is this time when the improvement in outcomes is greatest.

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

3. Key principles of the BSB approach

- 3.1 *Know what it is that you want to change:* A clear focus on outcomes for children, with a framework detailing the measures to be used to measure change against short, medium and long term outcomes.
- 3.2 *Use what works and create local evidence:* Prevention and early intervention rooted in the best available evidence and science, alongside detailed evaluation of their implementation and effectiveness, led by Born in Bradford.



- 3.3 *Joint accountability:* A Partnership Board made up of communities and local public services (see appendix 1). Joint accountability is also demonstrated through public sector organisations contributing leverage funding alongside the Big Lottery Fund grant.
- 3.4 *Cost benefit analysis:* The London School of Economics is working with Better Start Bradford to develop a tool to identify unit costs and potential savings from successful interventions. This will inform future commissioning plans for the district and is currently being tested before full integration into the programme.
- 3.5 *Community involvement:* A focus on working with our communities as an equal partner in planning and delivering projects and in ensuring that our key messages are embedded into families and parenting so that we achieve a real sustainable change in outcomes for children.
- 3.6 *Improve how systems work together:* A focus on strengthening integration will provide more consistent support for families by implementing common pathways, a joint training programme and a shared data system.

4. Progress with implementation

- 4.1 Better Start Bradford is now well established with strong partnership commitment, community and workforce engagement and involvement and a unique partnership to create a monitoring and evaluation platform with Born in Bradford. It is also working collaboratively with other A Better Start sites across the country.
- 4.2 Twelve of the planned projects are now up and running in the Better Start area, five are in a 'set up' phase and four more are being commissioned. See appendix 2 for details of their intended outcomes, delivery partners and contract details.
- 4.3 Currently, four of the projects are also being delivered across the district:
- The Baby Buddy phone app, supporting women during pregnancy has already been rolled out across the district due to support from the CCGs and partners via the Maternity Network.
 - The HENRY project (Health Exercise Nutrition for the Really Young), which focuses on improving nutrition and exercise in the really young, is being delivered in partnership with Public Health to ensure that what is proven to work can be embedded into district wide provision and sustainable. (see appendix 3 for HENRY and Me blog)
 - Family Nurse Partnership, an intensive home visiting service for vulnerable families, is jointly commissioned with Public Health with additional evaluation in the BSB area to understand its impact.
 - Welcome to the World has been introduced across the district and the Better Start Bradford area delivery is providing additional support with training, co-ordination and evaluation. (see appendix 3 for Welcome to the World news)



- BSB is working with the South Bradford Children’s Centre cluster to embed some of the learning around language development as a result of reviewing the delivery of the Healthy Child programme and in response to a particular need there.
- Public Health are working with BSB to extend the HAPPY project for pregnant women with a BMI over 25 to a ‘hot spot’ area in Bradford South.

4.4 Service Design

As part of our systems change agenda, each Better Start Bradford project has been subject to a robust design process before implementation. This gives us the opportunity to bring communities, academics and frontline staff together to discuss the evidence behind the effectiveness of the proposed project, how it can be implemented to ensure it reaches everyone eligible and how it will be monitored for effectiveness. We have produced and shared our first guide in this field: A guide for designing, implementing and evaluating projects

<https://betterstartbradford.org.uk/learning-resources/research-and-evidence/>

4.5 Commissioning

Better Start Bradford is committed to commissioning our projects from partners and local organisations. We also seek to influence others’ commissioning by raising the importance of pregnancy and the first years in improving children’s outcomes and sharing our robust design process to ensure a clear specification for potential providers.

We have aligned our commissioning of Family Nurse Partnership and perinatal mental health service with the public sector, and have had similar conversations regarding future alignment of breastfeeding commissioning.

4.6 Workforce development

Learning Together is the training and development programme for everyone working with pregnant women and young families in the Better Start Bradford area, offering a range of expert sessions, workshops and events bringing leading professionals to Bradford to lead discussions in the latest thinking in the field. Details and presentations can be found here.

<https://betterstartbradford.org.uk/learning-resources/past-events/>

We have supported the introduction of free evidence based bonding and attachment training for all early years staff across the district, and training to deliver the HENRY programme is regularly available to a wide range of practitioners.

4.7 Data sharing and systems

We are using SystmOne to capture the data on individual beneficiaries and work is progressing to address technical issues. SystmOne is used in primary care and by Health Visitors, who see every child, and we have developed a unit that will be used by every project and will support far better data sharing for practitioners. Shared data across health and early years is essential in ensuring efficient recording without duplication and effective family support.

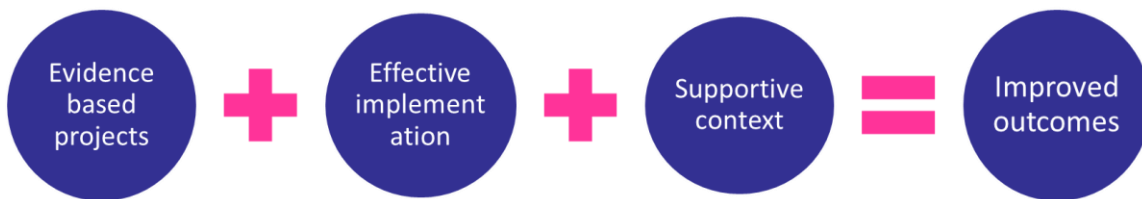


Our ambition is for one single child health record and to overcome the data sharing obstacles that currently exist across early years and partners. The first step has been a recent acknowledgement across the district that every data system should use the NHS number as the unique identifier so children can be effectively tracked. We are also developing a shared approach to obtaining consent from participants for their data to be shared.

5. Learning and evaluation

5.1 Learning what works in Bradford from the BSB projects

The BSB partnership with Born in Bradford (the BSB Innovation Hub) is monitoring the implementation of each project delivered as part of Better Start Bradford. Even the most robustly evidence based services and projects will fail if they are implemented poorly so we are evaluating the implementation as well as the impact of our projects.



The Innovation Hub are recruiting a cohort of approximately 5000 babies over the first 5 years of the programme in order to measure the impact of each project. We currently have over 1413 mums and 145 partners recruited. Full results for the projects will be available via cohort data from 2021, although some preliminary findings will be available depending on the outcomes and measures, after 2-3 years of the project starting.

5.2 Evaluation at a national level

As we are part of a national programme, the Big Lottery Fund are working with a consortium led by Warwick University to evaluate the programme. This evaluation involves three strands of work:

- The implementation evaluation will be conducted in two phases looking at both the early years of set up to maximise the effectiveness of the programme in subsequent years and the remaining years will look at the different models of working adopted by the five areas.
- The impact of the national programme will be measured by tracking a group of families from the areas in addition to a comparable group of similar families living in carefully selected comparison areas. Individual level data and administrative data will be brought together to provide a robust assessment of the programme and what it is achieving. This will then also be looked at in terms of cost-effectiveness of the programme, both overall and for each area.



- A programme of activities will also be delivered to ensure outcomes and learning from this vital programme evaluation are promoted and shared

5.3 Partners have identified the following as key areas which have been influenced by the learning from the BSB programme to date:

- Implementation and further development of the Integrated Care Pathway between midwives, health visitors and children centre staff, including supporting the integration of Health Visiting and Children's Centres delivery.
- Development of the Prevention and Early Help programme in Children's Services to ensure an evidence and outcome focused approach.
- Joint multi-disciplinary training for early years staff including eLearning on bonding and attachment, HENRY (healthy eating and nutrition in the really young) training and district wide approach to community based antenatal classes.
- Supporting the effective implement the Integrated Early Years Strategy for children 0-7 years, especially around obesity and mental health.
- Working with the CCGs to support the development of a maternity transformation plan and Maternity Programme Board to oversee the implementation of Better Births.
- Development of a project to improve communication and language development in Bradford South Children's Centre cluster area.
- Development and piloting of new initiatives such as the Maternal Postnatal Attachment Scale (MPAS) for measuring attachment, integrated 2-year review undertaken by childcare providers and Health Visitors, the targeted Early Help pilot.
- Joint approach to commissioning Family Nurse Partnership (FNP) for vulnerable mothers under 20 years of age (under 24 years in BSB area) and working with partners in Public Health to develop a new FNP model.
- Close working with CCG led perinatal mental health group to ensure both BSB and district wide mental health services for mothers and their infants are significantly improving, including supporting accessing NHS England funding.

5.4 Better Start Bradford has access to the latest international research, science and experts, which we share via our Learning Together events and our website.

www.betterstartbradford.org.uk

5.5 Through our work, Bradford is a founding partner of the Global Compact on Early Child Development which shares excellence in the field and the national A Better Start programme is seen internationally as being at the cutting edge of thinking.

6. FINANCIAL & RESOURCE APPRAISAL

The principles underpinning Better Start Bradford joint accountability and investing in prevention and early intervention. Together with the London School of Economics cost benefit tool, it is hoped that this approach will be strengthened with further investment from services and social finance once improvement in outcomes is demonstrated.



7. RISK MANAGEMENT AND GOVERNANCE ISSUES

Better Start Bradford has been subject to intensive scrutiny from Big Lottery Fund regarding the establishment of robust governance arrangements. They have been satisfied with the controls and checks in place and the role of Bradford Trident as Accountable Body, ensuring that the Big Lottery Fund contractual requirements are fully met.

8. LEGAL APPRAISAL

There has been close scrutiny of the governance structures and the management of shared resources by partners' legal teams and a Partnership Agreement is in place.

9. OTHER IMPLICATIONS

9.1 EQUALITY & DIVERSITY

No implications

9.2 SUSTAINABILITY IMPLICATIONS

The sustainable delivery of local services and strengthening of capacity in the community to support behaviour change is core to the Better Start Bradford strategy.

9.3 GREENHOUSE GAS EMISSIONS IMPACTS

Notable areas which have opportunity to address greenhouse gas emissions (carbon footprint) include good lifestyle habits, redesigning services and integrated working all of which are addressed through the Better Start Bradford Programme. One key area of the programme, Better Place, looks at reducing emissions.

9.4 COMMUNITY SAFETY IMPLICATIONS

No implications

9.5 HUMAN RIGHTS ACT

No implications

9.6 TRADE UNION

No implications

9.7 WARD IMPLICATIONS

Ward Officers in the Better Start Bradford area are involved in a range of engagement activities supporting the implementation of the programme

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

10. NOT FOR PUBLICATION DOCUMENTS

None



11. OPTIONS

The paper does not provide options

11. RECOMMENDATIONS

11.1 That the Area Committee notes the report and Ward Councillors receive regular updates.

12. APPENDICES

11.1 Partnership Board structure and membership

11.2 Projects and outcomes

11.3 HENRY case study & Welcome to the World news.

13. BACKGROUND DOCUMENTS

13.1 Our Children's Future: Better Start Bradford families share their vision: June 2016
<https://www.youtube.com/watch?v=4wmn4urDgKk>

13.2 How Brains are Built: The Core Story of Brain Development: Alberta Family Wellness October 2013.
<https://www.youtube.com/watch?v=LmVWOe1ky8s&list=PLPy5ZtNQuZCyKWCKuO0w5YQVhEPUAucJ4>

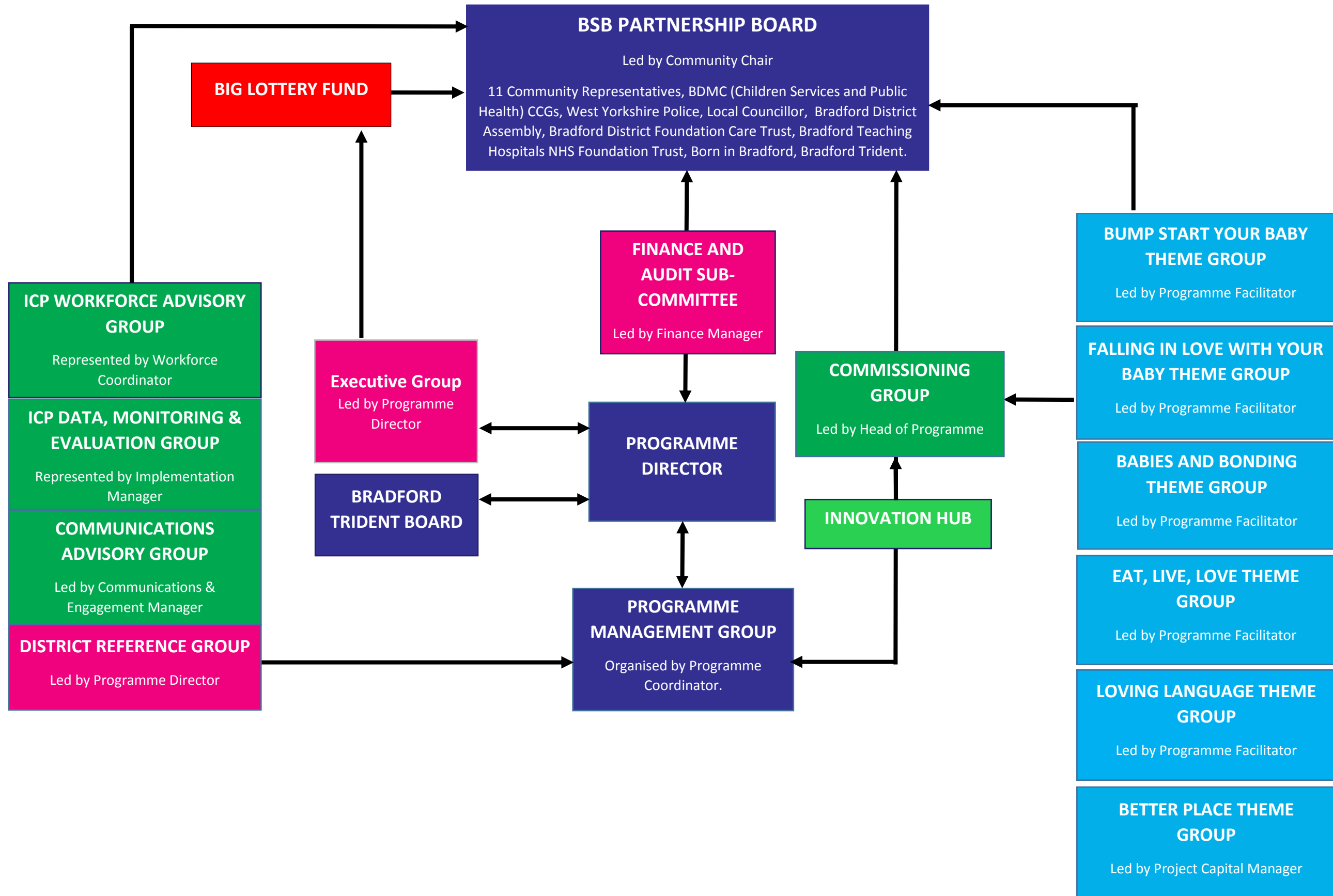
13.3 Fair Society Healthy Lives The Marmot Review UCL Institute of Health Equity (2010)
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

13.4 Conception to age 2 - the age of opportunity The Wave Trust (2013)
<http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity>

13.5 Integrated Early Years Strategy 0-7 years
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/earlyyears.



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Project	Outcomes	Target groups	How commissioned	Beneficiaries at December 2018
Baby Buddy mobile phone app. Free app with personalised content approved by doctors and midwives.	Maternal mental health Access to services	Universal All parents and parents-to-be from pregnancy to six months after birth.	Best Beginnings (national charity who developed the app.) Service Level Agreement August 2014 renewed annually.	downloads
Personalised midwifery care pilot. Ensuring women see the same midwife (or her buddy), with longer appointments, and enhanced support and information.	Continuity of care Maternal mental health	Limited to 400 women due to the capacity of the pilot.	BTHFT Service Level Agreement August 2015 for 3 years.	women children
Perinatal Support Service. Providing emotional support to families under pressure during pregnancy and the first year after birth.	Maternal mental health	Targeted Pregnant women who have, or are at risk of developing, mild to moderate mental health problems and their partners/family members.	Family Action Service Level Agreement 1 st April 2015 Renewed for a further 3 years with an amended model following implementation evaluation.	parents/carers children
Talking Together. Supporting two-year-olds in communication and language development through home visits to encourage play and conversation.	Children's language and communication School readiness	Universal assessment Targeted intervention Every 2 year old receives an assessment. Those at risk of language delay receive the home visiting programme.	BHT Early Education and Training (formally SureStart BHT) Service Level Agreement 1st June 2015 3 year renewable following review. Renewed for a further 3 years with an amended model following implementation evaluation.	parents/carers children
Family Nurse Partnership. Home visiting by specially-trained nurses to	Parent/child interaction Neglect	Targeted Vulnerable women up to the	BDCFT & FNP National Unit Service Level Agreement June 2016	women

support young first time parents and their children with health, wellbeing and self-sufficiency.	School readiness	age of 24.	for 18 months then review. Extended for a further 12 months pending a national evaluation and more local data.	
Better Start Imagine. Providing free books and activities to help develop language and literacy skills.	Children's language and communication School readiness	Universal Each child receives a book each month from birth until 4 th birthday.	BHT Early Education and Training (formally SureStart BHT) Service Level Agreement Jan 1 st 2016 for Book Gifting, Oct 1 st for project activities.	children signed up
Family Links Antenatal – now Welcome to the World An antenatal course for pregnant mums, dads and carers	Maternal mental health Breastfeeding Attachment	Universal All parents-to-be from week 22.	BSB providing training and monitoring. Commissioned by LA.	parents to be
HENRY Health Exercise Nutrition for the Really Young: A course or one-to-one sessions supporting families with young children to develop healthy lifestyles.	Obesity Oral health	Universal All parents with a baby or toddler under 4.	Service Level Agreement with HENRY Jan 2016 for 3 years renewable following review.	parents /carers children
Home-Start Volunteer home visiting service for families with young children.	Parental feelings of ability to cope with stressors. Access to services Children's social and emotional development	Universal All expectant families or with a child under 4.	Service Level Agreement with Home-Start Bradford. January 2017 3 years renewable following review	parents /carers children
ESOL + for pregnancy Language courses for pregnant women with	Maternal confidence Access to services	Targeted	Licensed and unique programme developed by Shipley College.	parents to be

English needs, to help them engage with their midwife and be more in control of their pregnancy and labour	Mother's language and communication	Pregnant women who might otherwise need an interpreter for antenatal appointments or delivery of their baby.	Service Level Agreement with Shipley College Nov 2016 3 years renewable following review	
Infant mental health service A new service which will support and nurture parent-infant relationships through training and consultation for the workforce as well as providing a clinical service to families as and when they require it.	Maternal sensitivity. Parent/child interactions. Children's social and emotional development.	Universal workforce training Targeted intervention for families	Service level agreement with Bradford District Care Foundation Trust Recruiting staff and delivery from 1 st April 2018.	
Baby Steps A perinatal parent education programme for vulnerable parents.	Maternal mental health Parent/child interactions. Neglect.	Targeted Those at higher risk of poor emotional wellbeing during the transition to parenthood.	Currently in set up phase with Action for Children, delivery from March.	
Breastfeeding Support A home and community based support service.	Breastfeeding Obesity Maternal sensitivity	Universal	To be commissioned	
Cook and Eat programme Community based	Obesity	Universal	Currently in set up phase with HENRY for April start	
Doula Project Physical & emotional support for women in later pregnancy, during & after birth given by volunteers.	Maternal mental health Parent/child interaction	Targeted Women with a mental health need.	Service Level Agreement with Bradford Doulas March 2017 for 3 years renewable following review	
Better Place A programme of developing local and safe	Parent/child relationship Social and emotional	Universal	Service level agreement with Groundwork NEWY	

places to play, walking routes and local green spaces and community gardens	development		Delivery starts 1 st February 2018	
Forest Schools A programme of outdoor play and learning.	Parent / child relationship Social and emotional development	Universal	Currently in set up phase with Get Out More CIC for April start.	
Incredible Years A parenting project for parents with children between the ages of one and 3 could be at risk of emotional or behavioural issues.	Parent/child interaction Child's language & communication development Child's social & emotional development. School readiness.	Universal	In the process of being commissioned	
HAPPY A perinatal parenting programme aimed at reducing the number of overweight or obese children.	Obesity	Targeted Pregnant women with a BMI greater than 25	Currently in set up phase with Barnardo's for May start.	
Pre-schoolers in the Playground Playgrounds are made available to parents and pre-school children at times when parents are likely to already visit the venue.	Physical activity Obesity	Universal	In the process of being commissioned	
ICAN Training for the workforce in early language development	Language and communication development. School readiness.	Universal	In the process of being commissioned	

HENRY and me



Busy working mum, Gemma Priestley, 31, has completed HENRY's (Healthy Exercise Nutrition for the Really Young) one-to-one programme, offered through Better Start Bradford. In this blog Gemma shares the difference HENRY has made to her family's life.

Gemma's Story

I often struggle to attend family courses and activities as I only have Monday's free. When I found out about HENRY's one-to-one programme, I jumped at the chance to take part as they offered to do it in my home on my day off.

My two-year-old son Logan and I have on going reflux conditions, which impacts on the food we can eat. I could only get Logan's medicine down with his formula milk; I thought if I took the formula away I would not get his medicine down, and it was holding me back from improving his eating habits. Doing the HENRY course gave me a push to make the change he needed.

Through the course, I was able to swap his formula for real milk. I realised that just because he had refused at the start, his initial issue had become my issue. In the end, it was not so hard to make the change after all.

I had also taken his snacks away, thinking that was a good thing, but that meant he was really hungry at mealtimes and eating too much and too fast, which was probably affecting his reflux.

The course offered much more than advice around nutrition though. I realised that I was making Logan older than his time and trying to do more advanced activities with him. HENRY provides you with lots of suggestions for what's good and healthy for young children. Some I use and some I don't, but that's the beauty of the course: you take from it what you need to take.

Activity Wall



I have developed an 'activity wall', and because Logan is only two, I am taking photos of all of the activities we do and stick them on the wall. Logan simply points to the photos to show me which activity he would like to do. It's such a lovely way to display his work and for him to easily communicate with me. I even have friends that have copied the idea from me!

Initially I was doing the course to help with feeding Logan, but it really helps you to look at other habits you may get into. We were one of those families that would use the television as a 'babysitter'. My husband Richard, Logan and I would all eat in front of the television and we would let Logan watch it before bedtime, thinking it was a calming influence.

Healthy changes

We have now looked again at our TV habits. Logan's bedtime routine is now amazing; we have a little quiet time play in his bedroom, get pyjamas on, settle down and read books and then leave him in his bedroom to go to sleep. He has even started shutting the bedroom door on me so I will go!

As for meals, I got rid of Logan's highchair and he now has a seat on his chair and sits at the table with us for meals. We have real family time with no television. We also have a meal reward chart, and even when Logan has gone to bed, me and Richard will reward ourselves with stickers if we sit down and have a meal together.

Thanks to the HENRY course, I feel a lot more confident as a parent, and we have not only learned a lot of things that we can do as a family to be healthier, but also how to take time out for yourself. I did the course just because I wanted a healthier balance. You don't get judged and I think everyone who does the course will take something away that they didn't consider before starting it.

Families expecting babies in the Better Start Bradford area are being encouraged to get involved with its Welcome to the World project, to help them prepare for life with a new baby. Welcome to the World is a free antenatal course with a difference: friendly groups of mums, dads and carers meet in local community venues over eight weeks to explore the changes babies bring and how they can be provided with the best possible start in life. It aims to help more families in our area access important antenatal advice.

Welcoming Bradford Babies to the World



Welcome to the World is a free antenatal course with a difference: friendly groups of mums, dads and carers meet in local community venues over eight weeks to explore the changes babies bring and how they can be provided with the best possible start in life. It aims to help more families in our area access important antenatal advice.

Noshi Iqbal, who is now proud mum of baby Salman said, “One of the best decisions I have ever made was attending the Welcome to the World sessions. This was my first baby and I had zero experience, but I wanted to make sure Salman had the best start possible. Not only did the session arm me with lots of information, coping strategies and how to involve the family, it puts a lot of things into perspective. It also opens windows to other services and activities that will benefit us.”

Welcome to the World is relevant for all parents in the Better Start Bradford area expecting babies, whether it's their first child or not.

Mrs Begum said, “The sessions boosted my confidence. The information I got was really useful and a great refresher for me – I thought it was a brilliant course. My older children are nine and seven so I felt a bit rusty when it came to bringing a new baby into the world. I found the course really helpful, especially when we watched a DVD about techniques used to control our emotions, plus a lady came in to talk about baby and child car seat safety.”

Topics covered on the course include:

- Looking after your baby while they are in the womb
- Practical tasks of caring for a new baby
- Communicating and bonding with babies
- Understanding baby brain development
- Exploring your future and the move into parenthood
- Exploring your roots, traditions, hopes and concerns
- Considering how we look after ourselves

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Report of the Strategic Director Childrens Services to Bradford East Area Committee to be held on 15th February 2018.

Z

Subject:

Arrangements by the Council and its partners to tackle child sexual exploitation.

Summary statement:

This report provides an update to the report presented to East Area Committee in 2017 regarding the issue of child sexual exploitation (CSE). It sets out the arrangements that have been put in place, and which continue to develop, to safeguard children from CSE.

Michael Jameson
Strategic Director
Children's Services

Portfolio:

Health & Social Care

Report Contact: Mark Griffin
Manager of Bradford Safeguarding
Children Board
Phone: (01274) 434361
E-mail: mark.griffin@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 This report provides an update to the report presented in 2017 regarding the issue of child sexual exploitation (CSE). It particularly focuses on the 9 Point Strategic Response to CSE and how it is used by BSCB and partners in working together to drive improvements across the District's safeguarding partnership and to hold agencies to account for their work in this area.
- 1.2 Since the last report, progress has been achieved in improving the response to CSE. In summary:
- Review of the Bradford Safeguarding Children Board in light of the Wood review and Children and Social Work Act in the structure and governance of the Local Children Safeguarding Boards
 - Further review of the CSE Hub around operational functionality
 - Refresh of the 9 Point Strategic Response to CSE
 - Introduction of a monthly CSE Operational meeting to compliment daily activity and the strategic CSE Sub-group
 - Completion and publication of 2 serious case reviews around CSE
 - Co-location of Local Authority and Police resources to oversee Missing Children – further details of the partners is outlined in para 2.36
 - Establishment of Joint Targeted Area Inspection (JTAI) sub-group allows continual quality assurance
 - Recent JTAI inspection recognised effective arrangements around child protection
 - Innovative methods of raising awareness through Safeguarding Stories, Mr Shapeshifter, Someone's Sister and Someone's Daughter and Police Cyber Teams
 - Barnados Nightwatch and Police Problem Solving Teams continues to work effectively with the industry sector and night time economy
 - Increased communication and awareness through the BSCB and CSE campaigns
 - Training has been delivered to elected members on CSE with a specific session on CSE and boys to raise awareness of the issues relating to boys following the Jack SCR
 - Internet Safety Conference was delivered in June 2017 with national speakers, to share good practice and increase awareness with 80 delegates involved.
- 1.4 Appendix 1, details information of the multi-agency CSE Hub April 2016 – March 2017.
- 1.5 Appendix 2 provides an update against the key action plans and improvement plans for which BSCB is responsible:
- The Autumn SCR action plan
 - The Jack SCR action plan

- The action plan resulting from the BSCB review of the multi-agency Hub
- The action plan resulting from the CSE Challenge panel.

1.6 Appendix 3 provides details of the “Say No Mean No” campaign

1.7 Appendix 4 – CSE information in Bradford East

2. BACKGROUND

2.1 National Context:

2.1 CSE has been recognised as a national threat and can manifest itself in many different ways and has clear links to other forms of abuse and exploitation. The Home Office and the Department for Education are the Government departments leading on the response to CSE.

2.2 Following on from the definition in 2009, the Government has refreshed and produced the following definition in February 2017.

*“Child sexual exploitation is a form of **child sexual abuse**. It occurs where an individual or group takes advantage of **an imbalance of power** to coerce, manipulate or deceive a child or young person **under the age of 18** into sexual activity (a) **in exchange for something** the victims needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”*

2.3 Governance and Structure

The Bradford Safeguarding Children Board (BSCB) continues to provide the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training.

2.4 In 2015, the Government commissioned a fundamental review of Local Safeguarding Children Boards (LSCBs), which was undertaken by Alan Wood and reported in March 2016. The review looked at the role and functions of LSCB to replace the existing statutory arrangements and introduce a new statutory framework for multi-agency arrangements for child protection. This would require the three key agencies, namely health, police and local authorities, in an area they determine, to design multi-agency arrangements for protecting children, underpinned by a requirement to work together on the key strategic issues. A number of the recommendations from the Review have been incorporated into the Children and Social Work Act, albeit not yet in force.

2.5 A further review of the CSE Hub is now being undertaken. This is around operational activity and includes the appointment of a new harm reduction Police Sergeant and increased resources have been identified for the Childrens Services CSE team, who also work alongside Missing support workers. It is envisaged that the required changes and additional staff will be implemented from January 2018. The review will be developing specific terms of reference (TOR) for the CSE Hub, at the present time the team fall within the general Multi Agency Safeguarding Hub

guidelines.

- 2.6 At present the CSE and MISSING sub-group reports to the main BSCB. The group oversees the implementation of the BSCB “Strategic Response to CSE” and links to other sub-groups around training, performance management and serious case reviews.
- 2.7 A new operational CSE and Missing Tactical Operations Group is now in place and meets on a 4 weekly basis. This is attended by managers from the partnership and focusses upon emerging risks and vulnerabilities at a District level rather than individual case level.
- 2.8 In December 2015, BSCB undertook a partnership review of the working of the CSE Hub. It included 8 agencies and resulted in a detailed plan containing 18 actions. Named agencies are accountable to BSCB, through the CSE and Missing Sub Group for the delivery of these actions and are required to provide evidence of impact. The named agencies being Children Services, Police, Health, VCS and the BSCB. Progress is summarised in appendix 2.
- 2.9 The review provides evidence of the necessity for clearer pathways into therapeutic services for children and adults who have experienced sexual exploitation. This is an issue highlighted in national reports as well as local work. A specific multi-agency group has undertaken detailed mapping of the current therapeutic provision, and work continues to evaluate, assess gaps and inform future commissioning. This is a complex work stream, with numerous partners contributing and supporting the group. The group is now focussing upon how children access services, identifying gaps in provision, governance and funding arrangements. The BSCB recognises this piece of work is an on-going challenge. The results of the work will be shared with partners and a report will be presented to the Health and Well Being Board.
- 2.10 The review demonstrated the importance of ensuring that all partners provide a high quality and prompt response to all incidents of children going missing from home or from care. There has been significant progress by the partnership to improve responses to children who go missing. Senior managers report to the Office of Chief Executive monthly to review the effectiveness of arrangements and specific cases of concern. Dedicated Police teams who coordinate the response to missing children now sit alongside local authority staff, maximising information sharing and joint working opportunities to reduce risk to missing children.
- 2.11 The on-going CSE hub review is looking at current practice guidance and minimum standards of practice will be agreed and introduced. An escalation policy will also be developed which will compliment and draw upon the work being done around professional challenge, this will ensure there is a clear process in place to challenge issues if needed.
- 2.12 Bradford will convene a joint Board planning day bringing together members of the BSCB, Safeguarding Adults Board and the Safer and Stronger Communities Partnership. This will present an opportunity for senior leaders to consider a number of matters that are impacting upon Bradford, namely the recent JTAI (Joint Targeted Area Inspection inspection), the findings of the Children and Social Work

Act (Wood Review) and opportunities to ensure effective collaboration between Strategic Boards and Sub-Groups within Bradford against future financial challenges impacting across the partnership. This work will allow Bradford to consider current arrangements and governance for safeguarding children.

2.13 **The 9 Point Strategic Response to CSE**

2.14 The 9 Point Strategic Response to CSE is Bradford's response to CSE. This document outlined the key strategic priorities agreed by the member agencies of BSCB. It replaces the original 7 Point Strategic Response which was agreed by BSCB in July 2013, and was adopted in its current form in December 2014. The plan was subsequently revised in 2016.

2.15 The CSE Sub-group is currently refreshing the plan to take account of national and local developments and learning, namely emerging linked threats such as Organised Crime, Modern Day Slavery and internet related influence.

2.16 The 9 strategic priorities that made up the Response are as follows:

2.17 **“Our partnership response to CSE is child, young person and victim focused”**

This statement describes the expectation that all agencies working with children will focus planning and services on the needs of children, consider the voice and learn from the experiences of children. Services provided to parents and carers are intended to support them in recognising and meeting the needs of their children.

2.18 It is a key responsibility of BSCB to ensure that professionals learn from practice experience and that organisations make improvements based on that learning. The BSCB has commissioned two independently led serious case reviews (SCR) in recent years around CSE. The first review, Autumn, was published in December 2016 and the Jack SCR was published in June 2017.

2.19 The BSCB has carried out two “Challenge Panels” in December 2014 and March 2016, which looked at the issue of CSE. This resulted in a BSCB action plan, with a summary of progress outlined in Appendix 2.

2.20 The Autumn review was linked to the abuse of a girl by a group of adult men and one male who was a juvenile at the time of the offences. Twelve men were convicted of a number of offences linked to CSE and sentenced in January 2016. Further details were provided in the previous report to the Overview and Scrutiny committee.

2.21 The Jack review centred on a male child who was groomed on line and was subsequently met and abused by a number of men. These men were not connected or part of a gang and the abuse occurred individually not collectively. Twenty men were convicted of offences.

Report of the “Jack” SCR is available at <http://bradfordscb.org.uk/wp-content/uploads/2017/06/Jack-Serious-Case-Review-Overview-Report.pdf>

2.22 There are detailed action plans for both reviews. These originate from all agencies

which are based on the recommendations framed by the independently led panels for the reviews. Appendix 2 outlines progress made against these action plans.

- 2.23 The JTAI preparation group is now additional sub-group of the BSCB. The initial purpose of the group was to prepare for the first possible JTAI inspection which was around CSE. The Sub group undertook a self assessment exercise, and developed and oversaw an action plan relating to this. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific area. It was therefore agreed to continue this sub group and to use the JTAI themes as a framework for continuous improvement. In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse.
- 2.24 All agencies recognise that when a child is at risk of CSE, or has been abused in this way, it places great strain on parents, carers and siblings. BSCB has worked to influence commissioning processes in order to develop new resources to build resilience in families and to increase the knowledge and capacity of parents and carers to keep their children safe from CSE. Parents and carers tell professionals of difficulties in finding support services that work for them and their children. Even when families are in contact with those services, it can be difficult for parents and carers to know how to make sure professionals really understand the challenges they and their children face and to get the best out of the support offered.
- 2.25 Informed by the priorities of the 9 Point Strategic Response, the Council commissioned Barnardo's to deliver a number of preventative group programmes to parents and carers of children where concerns in relation to CSE have been identified. These sessions were subsequently evaluated by a Bradford University academic. The second stage of the project has been for Barnardo's Turnaround, with assistance from national experts, to produce a CSE "Parenting Education Pack". The pack is a resource that addresses the gap in current service provision to help parents participate and contribute to the safety and protection of their children from CSE. The resource gives parents an understanding of CSE; who are the victims/perpetrators (breaking down stereotypes). It also addresses teenage brain development and explores questions such as: "why teenagers take risks"? The pack also explains the 'grooming process' and the possible effect on relationships and gives tips on how parents and carers can enable children to be safe online and when using mobile phones and other internet enabled technology.
- 2.26 The successful delivery of the educative drama "Someone's Sister, Someone's Daughter" has continued throughout the District. More than 4500 students saw this play which was aimed at year 10 students.
- 2.27 On the back of this success partners developed a further drama, aimed at Year 6 pupils. GW Theatre's CSE prevention theatre production "Mr Shapeshifter" is currently being delivered across the Bradford district with an aim of reaching 45 Bradford primary schools. Some of these schools will host other primary schools at their performances, which is intended to increase the reach to over 60 schools. Over 4500 Year 6 pupils will potentially be reached over the life time of this project.

- 2.28 Mister Shapeshifter is an exciting, very contemporary fairy tale for 11-12 year olds about the ways some adults abuse the trust children put in them and how children can protect themselves. Pre and post-performance lesson outlines will be provided for teachers and school staff, and appropriately CSE skilled people from inside and outside schools will be present to support the children and respond quickly to any issues or concerns raised by the play/work.
- 2.29 Additional resources to be produced as part of this project will include a book version and a short animated version of the play – both of which will be used to enhance the impact of the play and extend its reach and impact into families and the wider community. Parents will both be informed of and invited to performances. Robust evaluation is also built into the work. This will be a carefully planned and professionally executed piece of powerful and crucial CSE prevention project – working boldly, but safely and appropriately with safe children.
- 2.30 Funding has been secured through the Office of Police and Crime Commissioner to deliver a further 12 performances of Mr Shapeshifter to target 4 primary schools and 4 performances of the play “Someone’s Sister, Someone’s Daughter” for secondary schools, which will be delivered in the Autumn of 2017.
- 2.31 Barnardos Nightwatch programme was launched in 2015 and its aim was to safeguard children and young people from CSE by increasing awareness among businesses and services working in the night-time economy (NTE), and by developing strategies, in co-production with these businesses and others, to identify and protect children at risk at night, and intervene early by providing advice, support, training and guidance.
- 2.32 The programme has been delivered across Bradford and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as, door staff). This has resulted in increased confidence and awareness amongst NTE workers around the issue of CSE and how to identify it as well as through examples of children and young people having been safeguarded from exploitation and abuse.
- 2.33 Nightwatch continues to provide information to parents, young people, businesses, services and the wider community in order to encourage reporting, seeking of support and protect young people from CSE.
- 2.34 The BSCB has now formed an additional sub-group to deal with JTAI work. This group evolved from preparatory work for the possible CSE inspection in 2016. The group undertook a self assessment exercise, and developed and oversaw an action plan. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific theme. This methodology is now applied to further themes, in lines with JTAI criteria to allow continuous improvement. In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspection team that Bradford’s partnership was sighted on domestic abuse.
- 2.35 **Partners will develop and resource a multi agency co-located team which will work together to reduce the risk to victims and bring offenders to justice.**
The Bradford District multi-agency co-located CSE Hub is based in Sir Henry

Mitchell House, Bradford. It was established in early 2012 and has developed and grown since first becoming operational. The Hub also has responsibility for managing enquiries into and coordinating support for children who go missing. A number of Elected Members have visited the Hub to familiarise themselves with its operations.

2.36 In April 2016, the staff group physically located in the Hub was:

- Local Authority: Children’s Services team manager and two social workers, an Intelligence Officer and administrative support;
- West Yorkshire Police: 12 officers, including specialist missing persons officers, detectives and a CSE Problem Solving Officer and a new harm reduction Police Sergeant
- Barnardo’s Turnaround Service including a Service Manager, social workers, outreach workers, a “Night Time Economy” worker and administrative support;
- A Nurse Practitioner to strengthen information sharing and operational links with Health Trusts.

2.37 Certain other agencies and services are not located in the Hub but attend regular meetings and are integral to the multi-agency response. These are:

- Children’s Society “Hand in Hand” Service which provides support services to boys and girls in the Keighley and Airedale area;
- Blast (Bradford and Leeds Against the Sex Trade) is a campaigning, training and support organisation for young men and boys experiencing CSE;
- PACE (Parents against Child Exploitation) which provides support to parents and carers of children experiencing CSE; and
- Local Authority education support services.
- The work around Missing children has recently being consolidated with dedicated Police staff working alongside CSC staff to maximise information sharing and joint working opportunities.

2.38 The Hub works to agreed West Yorkshire LSCB consortium safeguarding children procedures and the West Yorkshire CSE risk assessment tool, in line with recommendations from the Her Majesty Inspectorate of Constabulary (Police Inspectorate) for a consistent process across West Yorkshire. Each weekday there is a meeting which considers new and updated cases and risk assessment levels for each child known to the Hub are regularly reviewed.

2.39 Since the Hub came into existence, data has been collected regarding referrals and risk assessments in order to understand the scale of recognised CSE in the District and the levels of risk identified for children known to the service. The characteristics, such as age, gender and ethnicity (as set out in appendix 1) of these children have been recorded and information has also been collated regarding persons identified as actual or suspected perpetrators of CSE.

2.40 At the time that the Hub was established it was anticipated that there would be a significant increase in the numbers of children in the Bradford District identified as being at risk of CSE and actually abused in this way. This resulted from the combination of improved awareness of CSE in communities and among

professionals and also as a result of bringing to bear on the issue the dedicated focus and increasing expertise of the staff located in the Hub.

2.41 Appendix 1 outlines data around CSE, produced by the Intelligence analyst from the CSE Hub. Key headlines from the appendix are:

- There is a continuing rise in the cases of potential or actual CSE that are referred to the Hub.
- In the course of 2016/17 there was an average of 96 CSE referrals per month, compared to 54 per month the previous year.
- 14% of CSE referrals to the Hub are for males compared to 18% the previous year.
- A break down of cases open on one day (29th March 2017) shows that 11% of cases were assessed as being at high risk, 29% at medium risk and 60% were low risk.
- In the course of 2016/17, in the Bradford District, 367 CSE offences were recorded compared to 109 crimes the previous year. Just over 30% were committed before the date range (1/4/16 -31/3/17) and almost 50% committed before January 2015.
- 65% of identified offenders linked to CSE crimes are under the age of 25 and of those 31% being under the age of 18.

2.42 Nightwatch works in partnership with other stakeholders, with Council Licensing, West Yorkshire Police and other enforcement partners to further safeguard children and young people from CSE by increasing awareness among businesses and services working in the night time economy and developing strategies to identify and protect children at risk at night.

2.43 NightWatch aims to draw other local authority teams closer to the work of the CSE Multi-agency Hub to offer wider assistance in the safeguarding of children and young people across the district i.e. Parks & landscapes, CCTV, PSPO's, Events.

2.44 **A training plan will be developed for all professionals and leaders regarding CSE, in particular training and support for schools to identify to pupils and teachers the signs of being groomed for CSE**

BSCB has a Learning and Development Sub Group which oversees the planning, commissioning, delivery and evaluation of multi-agency safeguarding children training for professionals in the District's services.

2.45 BSCB delivers CSE training for professionals and leaders using a two-tier approach. An e-learning course, entitled "Safeguarding Children from Abuse by Sexual Exploitation" is available for use by all staff working with families and children and those who are in leadership positions, making decisions about and scrutinising safeguarding services. Within the year 2016/17 a total of 618 staff successfully completed this on line course.

2.46 The BSCB also introduced a new face to face course, "Child Sexual Exploitation - A Resilience Approach for Families" which has replaced the "CSE Advanced Practitioner Training" with 6 sessions and 129 people trained. The BSCB has also

reintroduced a course on “Understanding the effects of Sexual Abuse”.

Feedback remains positive, a recent example being “Fantastic training, valuable and informative”

2.47 Raising awareness of CSE in education settings both for children and staff is a key priority for BSCB. In addition to accessing the on line and advanced practitioner training in respect of CSE, a number of schools and colleges have engaged the training and awareness raising services of key voluntary sector partners: BLAST, The Children’s Society Hand in Hand Project and Barnardo’s Turnaround Project. Some of these interventions have been funded through a West Yorkshire - wide project established by the Office of the Police and Crime Commissioner in agreement with the West Yorkshire Directors of Children’s Services group. As outlined the educative dramas “Somebody’s Sister, Somebody’s Daughter” and “Mr Shapeshifter” are innovative and informative methods of raising awareness with children.

2.48 The Council continues to demonstrate a strong commitment by elected members to ensuring that they have a good awareness of CSE. Members and Co-opted Members of Council continue to undertake CSE training with 89 of 90 completed. Members also received specific training around boys and CSE to increase understanding.

2.49 Barnardos provide significant training contributions around CSE. This programme is on-going and evaluation continues to improve and address training and awareness needs. Nightwatch provides a range of interventions including classroom based training, assertive outreach, liaison and information dissemination with police intelligence and the development of a “safe spaces” initiative across the District, information awareness seminars and community events.

2.50 CSE awareness training has been delivered, which is accessible to public and voluntary services with 345 participants from public sector services completing the training to date. Empowering Minds Consultancy is running a programme called ‘Just say No’ in Manningham schools. Nightwatch input has also been offered in partnership with Taxi Licencing Enforcement service during their CSE awareness seminars.

2.51 **Real Safeguarding Stories**

Bradford Council and Collingwood Learning have developed innovative training and awareness events around safeguarding issues. The use of either live theatre or videos to communicate powerfully and memorably these complex and moving issues has proved to be extremely beneficial. Victims are interviewed and then carefully scripted their stories into simple, short monologues are filmed using actors talking into the camera.

2.52 These video stories very quickly engage with audiences emotionally, presenting a range of complex issues in a simple, human way that people could understand. They immediately open up topics for lively discussion and learning. The result of that journey is Real Safeguarding Stories. Working with safeguarding professionals from across Bradford Council, a number of stories have been developed, either from the people involved or through anonymised cases. Some stories have been

edited and some have been combined so that wider key issues are communicated in a simple, quick, and powerful way. But everything is based upon real people, and real situations. One such case includes CSE.

- 2.53 There are a number of benefits to this type of learning. There are no financial costs for delivering through trainers. - access to engaging training materials – low cost – trainer time no financial costs. This project has allowed income generation – split between Collingwood and BMDC, with funding used to create further opportunities. The stories were nationally recognised through Local Government Body as “Effective partnership working” good for Bradford MDC and BSCB

Further details can be found at <http://realsafeguardingstories.com/index.php/child-safeguarding/>

- 2.54 The BSCB, working with the Education Safeguarding Team, will be undertaking a Section 175 Audit to all schools in Bradford from September 2017. This audit form enables schools to undertake a thorough review of safeguarding procedures and will provide reassurance to the BCSB. Questions specifically relating to CSE will be included around CSE awareness/training which will inform future training planning. This audit will be communicated to school Governors, to encourage involvement and accountability of school leadership teams.

- 2.55 Police teams have delivered cyber safety training sessions to young people in schools across the district and the Council’s curriculum innovation team have also provided training for schools on staying safe online. Safer Schools Police Officer and staff undertake engagement, education, prevention (Perpetrator Reduction) and safeguarding activities within schools.

- 2.56 In June 2017, the BSCB hosted the Internet Safety Conference. This was aimed at managers across the partnership who are involved with safeguarding children with over 80 delegates attending. A number of speakers were invited to present, including the Children’s Commissioner, Police, business links through KPMG, and an expert in the field of Internet Safety with children. The conference also considered the voice of children, with a group of young people presenting and contributing to round table discussions. The delegates identified good practice and ideas to safeguarding and protect children on-line.

- 2.57 A working group was established around CSE and Learning Disabilities. The group coordinated two local conferences to raise the profile of CSE & Learning Disabilities. These conferences were held in Keighley and Bradford with 100 people attending.

- 2.58 **Faith and community leaders will be assisted in supporting communities through the damage caused by CSE.**

CSE can cause considerable damage across communities and impact upon community cohesion, but the same communities can also contribute to preventing CSE. The harm caused to victims of CSE is commonly recognised, but there are wider implications for the spouses, families and wider social networks of perpetrators.

- 2.59 There are also identifiable groups of people who seek to exploit such situations

and the work of Community and faith leaders continues to be an intrinsic part of the cohesion work in communities.

- 2.60 The BSCB has formed the Diversity and Advisory Sub-group. The group ensures that the work of BSCB takes account of the specific safeguarding needs of minority and disadvantaged groups. It also advises on engagement with diverse communities/communities of interest to understand cultural and religious perspectives regarding safeguarding issues related to specific areas of concern and develop appropriate responses.
- 2.61 BSCB has worked closely with West Yorkshire Police and the Community Safety Partnership to ensure that key leaders have access to training and awareness raising events to improve their understanding of CSE. The partnership has developed processes to work with key individuals and communities in managing incidents and concerns. A strategic communications group managed the communications strategy for two SCR's and this methodology can be applied where required as a dynamic response, particularly investigations. This includes arrangements for briefing and advising key community and faith leaders. The 'United Keighley' Forum aims to support the Keighley community around the damage caused by CSE with Barnardos as an active member, linking back to the CSE Sub-group.
- 2.62 **Support networks will be supported focusing on women and mothers.**
It is recognised that parents and carers require support and advice regarding CSE. Working with PACE, Barnardo's and other partners, preventative services have been developed in Bradford to ensure that this is available.
- 2.63 In partnership with the BSCB, Barnardos developed the DICE parenting programme to support parents/carers to have a greater understanding to children at risk. The programme provides support for parents of 'at risk' children and young people. It was launched during the safeguarding week and was positively delivered to parents and evaluated by Bradford University. The programme will again be delivered to parents by Barnardos in the autumn with ongoing delivery by LA staff following training. Further development and evaluation is planned over the next year. The DICE programme will be used as an early intervention that will sit alongside the Early Help offer in the District as part of a range of parenting programmes. Local practitioners will be recruited through Children's services to be trained as facilitators.
- 2.64 Experience demonstrated that women, particularly mothers, are especially influential in families and communities resulting in the setting up of a network to give peer support to women and raise awareness of this crime.
- 2.65 **A specific direct work plan will be developed aimed at boys between 14 years and 17 years to tackle any unacceptable attitudes regarding the sexual abuse of any person.**
The Muslim Women's Council (MWC), in conjunction with the Keighley Association Women and Children's Centre (KAWACC), successfully secured funding from and established the "Fragile" project. Over the period the project ran, 4 male CSE grass root engagement officers delivered facilitated sessions to men and young

boys of Pakistani ethnicity in and around Bradford, including Keighley. The project utilised a values based approach to creating awareness around CSE, creating safe spaces to unpack values, cultural, faith and traditional nuances that impact how people form values and how these values then translate into parenting, decision making and how people live their lives. Through this approach, CSE prevention has been developed in both young men of Pakistani ethnicity and at the centre of traditional Asian families: husbands and fathers. In total the project worked with 25 adults, Pakistani men including Imams/Madrassah teachers and attendees from a number of Mosques and Madrassahs in Bradford.

2.66 CSE workshops are currently being delivered to a group of 70 male students from year 10 (age 14/15 years) at the United Academy Keighley. Delivery of the workshops is being supported by members of the school safeguarding team as well the PHSE team. The majority of students participating are of British/Asian/Pakistani background and overall, students are engaging and participating well.

2.67 Further work is required to review the current work being undertaken in the District by partners who work with young people, particularly boys and young men. This is to improve professional understanding of what interventions are effective in challenging attitudes and risk factors that might make a male vulnerable to becoming a potential perpetrator or a potential victim.

2.68 **Partners will work together to develop responses and resources to address the impact of CSE in its varied manifestations across the District's communities.**

Representatives of BSCB and partners have arranged a number of innovative events and speaking engagements to encourage awareness and discussion of CSE within particular communities.

2.69 BSCB speakers have attended meetings in Gurdwara to contribute to discussions about CSE. A performance of "Somebody's Sister, Somebody's Daughter" included speakers from the Sikh community and a panel discussion with representatives from the Council, Police and BSCB.

BSCB and representatives of the Council and West Yorkshire Police have spoken at many events in Mosques and Masjid across the District, and at the Professional Muslim Institute.

2.70 Dialogue with community groups has identified considerable concern about the options for prosecution, disruption and diversion of actual and potential perpetrators of CSE. West Yorkshire Police, supported by partners remain committed to protecting vulnerable victims through a number of tactical methods which are outlined later within this report.

2.71 The Police utilise specialist resources to investigate offences, however for a number of reasons, prosecution is not always the final outcome. West Yorkshire Police, working closely with other partners have specialist resources as part of the Integrated Offender Management Teams. These teams will manage people who are suspected perpetrators as well as convicted offenders. As part of the CSE Hub there is a dedicated Police CSE Disruption/Problem Solving Officer who coordinates policing activity with partners and all Police teams. This includes

monthly initiatives, with Police and partners targeting locations and perpetrators.

- 2.72 Another option piloted locally is the Insight Programme. The aim of this project is to place a greater emphasis on offenders, recognising the impact of their actions and the harm caused. The project developed a bespoke programme which adapts the most appropriate intervention dependant on the assessment of the perpetrator. This will be based on their level of responsibility, remorse and motivation. Perpetrators will be referred on to the programme, as an intervention if the Police are unable to prosecute and the alternative is no further action. It can also be used for sentenced individuals to undertake as part of their Court order. Following assessment, individuals are involved in restorative meetings with those affected/involved by this type of crime, but not direct victims. Involvement in the programme is recorded and if necessary considered if the individual is involved in future allegations.
- 2.73 Effective communication, internally between agencies and externally to children, parents, carers, and communities is critical in raising awareness and understanding. The BSCB has recognised the importance of communication within the 2016/18 Business Plan. A multi-agency working group has been established to progress this work.
- 2.74 The West Yorkshire Communications Group currently coordinates CSE campaigns between agencies and Local Authorities. There have been a number of successful campaigns undertaken through this group; the “Know the Signs” campaign which was aimed at parents and professionals was acknowledged by the HMIC (Police Inspectorate) as good practice. Funding was recently secured to re-invigorate this campaign with further leafleting. This has been undertaken with particular focus upon Health establishments and geographically within Keighley.
- 2.75 The Healthy Relationship Campaign was implemented in August 2017. This was funded through the CSP and utilises a company Forward and Thinking. Children and young people were consulted and feedback from the Internet Safety Conference resulted in the strapline “Say No Mean No” being developed. Its aim is to provide positive messaging to children, to empower them and support one another in decision making. There is no similar campaign currently in existence within West Yorkshire. The funding also extends to securing the services of a Young Person as a young apprentice to act as a medium in communicating with children and young people via Social Media. This presents an opportunity to deliver key messages in a language that will encourage dialogue and awareness, but under appropriate supervision from experienced and trained LA managers. The recruitment process is on-going. Appendix 3 provides examples of artwork for this campaign.
- 2.76 The methodology involves targeted social media of Facebook and Instagram users living in the Bradford district and the use of stickers which link to the following web page <http://www.bradford.gov.uk/children-young-people-and-families/get-advice-and-support/say-no-mean-no/>. Analysis of take up/views will be undertaken to inform future thinking.
- 2.77 Bradford Childrens services are committed to the implementation and use of the signs and safety assessment and planning framework for social work intervention

and practice. This methodology is being delivered across the wider partnership and has improved the clarity of communication and planning framework between partners. Signs of safety mapping involves the clear identification and definition of danger, safety, goals and judgement.

2.78 **A partnership response will be developed to reduce the opportunities for perpetrators of CSE to traffick and abuse children and young people through the use of all regulatory functions of the Council and its partners**

The Barnardo's NightWatch initiative raises awareness of CSE by offering advice, guidance, support and training to businesses, services and the general public.

2.79 In order to assess the impact of the training provided through the Nighwtach programme to business, a number of visits were carried out by the Police CSE Problem Solving Officer. Evidence of practice and policy change was provided and no further concerns have been raised.

2.80 The CSE report to Children's Overview & Scrutiny Committee in October 2015 outlined the programme. More than 3500 drivers and operators have now been trained and the training is mandatory for all new license applicants and applicants for license renewals.

2.81 All operators have been written and requested to:

- Display CSE posters in their base for both the public and staff to see.
- Issue the CSE Do's & Don'ts leaflet to each of their licensed drivers for retention in their vehicle.
- Check that drivers understand the content of the leaflet, are aware it must be retained in their vehicle and know what to do if they suspect a CSE issue.
- Keep a record of the drivers that are issued with the CSE Do's and Don'ts leaflet. This must include their badge number, date of birth, name and signature of receipt.

Each of these requirements is now routinely checked by Council licensing officers and partners.

2.82 As outlined there is a greater understanding of the links between CSE and other crime types such as Organised Crime Groups and Modern Day Slavery. The Police in Bradford have recognised these links and are working with the partnership to develop a joint response. Multi agency CSE HUB includes specialist Police officers who link with Policing teams investigating Modern Day Slavery and Organised Crime Groups.

2.83 The Police CSE Disruption/Problem Solving Officer coordinates multi agency prevention and disruption activity via CSE HUB. Monthly pre-planned operations are undertaken. This has specifically benefitted from strong partnership links with Local Authority Taxi enforcement officers and officers from Environmental Health who attend and assist during operations.

2.84 Within the Police, the CSE Police problem solver co-ordinates preventative work including location visits with Police ward area colleagues. Police continue to

- develop effective communication channels with specific local and international hotel operators to define improved booking in processes to scrutinize bookings and causes of concern.
- 2.85 Barnardos Night watch education programme in place around night time economy, including recognition and prevention training for taxi drivers, hotels, shisha bars, leisure locations and fast-food outlets. Delivery is led by Barnardos supported by Police CSE Problem Solver.
- 2.86 Bradford Police Integrated Offender Management processes now include cohorts including Registered Sexual Offenders (RSO) and CSE perpetrators. Management is through a multi-agency approach.
- 2.87 As outlined, the Insight Programme, piloted in Bradford, works with perpetrators who would not face prosecution. Emphasis is placed on these offenders recognising the impact of their actions and the harm caused. The project is developing a bespoke programme which adapts the most appropriate intervention dependant on the assessment of the individual perpetrator. This will be based on their level of responsibility, remorse and motivation.
- 2.88 **Our partnership response includes undertaking multi-agency historic investigations into CSE.**
 In this report the term “non recent sexual exploitation” is used to describe investigations into cases that may have occurred more than one year and one day prior to the investigation commencing. Such cases are sometimes referred to as “historical”. It is acknowledged that while offences may be “non-recent” the consequences for the victim are current and on-going. An integral part of the District’s response to non-recent sexual exploitation is the work of social workers, health staff and other providers of therapeutic services to assist survivors in dealing with the consequences of the abuse that they have suffered.
- 2.89 West Yorkshire Police and Bradford Council have developed a partnership response to the issue of historic CSE concerns. A specialist team has been established, known as “Operation Dalesway”, set up in October 2014.
- 2.90 Currently this consists of a Detective Inspector, 2 Detective Sergeants, 6 Detective Constables, a Managerial investigative officer (SO1), 14 investigative officers and 3 social care staff. Staffing levels for this service are being kept under review. The service has clear terms of reference which have been agreed by partner organisations.
- 2.91 There are currently 8 on-going investigations and 14 completed investigations. In total 66 suspected perpetrators have been arrested, 10 have been charged and 13 remain on police bail with investigations on-going. Five cases have been submitted to the Crown Prosecution Service for legal advice. Aside from the 10 people charged, 3 other cases have been finalised without any further action taken. There have not been any convictions with regard to the primary investigations. One person has been convicted of possession of indecent / extreme pornography.
- 2.92 A total of 22 of the victims are known to Childrens Social care, with 17 being previously looked after children and 4 Child in need.

2.93 The 9 Point Strategic Response influencing Planning:

Each BSCB partner agency is required to ensure that their service plans for tackling CSE are consistent with the priorities set out in the 9 Point Strategic Response. Agencies are then accountable for the delivery of these plans to BSCB, via the CSE and Missing Sub Group.

2.94 BSCB specifically oversees the implementation and impact of plans that arise from learning and improvement activity. With regard to CSE there were three plans that were amalgamated into a CSE action plan. These are:

- The Autumn SCR BSCB action plan
- The action plan resulting from the BSCB review of the Hub
- The CSE Challenge Panel Action Plan

2.95 Since the last report, the Jack SCR has been published with a further CSE related action plan. A summary of progress made is outlined in appendix 2.

2.96 These plans are cross referenced with the 9 Point Strategic Response so that each action is aligned with one of the 9 strategic priorities. The CSE and Missing Children Sub Group is accountable to BSCB and the Independent Chair for ensuring progress on the actions and for gathering evidence of implementation and impact.

2.97 **CSE work in practice- examples of positive work undertaken**

Quick thinking actions of member of public who had recently had safeguarding training safeguards 2 Bradford high risk CSE girls”.

A member of the public’s quick thinking as he was passing a converted mill building on Thornton Lane, Bradford prevented a CSE crime and potential CSE incident escalating with two vulnerable looked after Bradford young Girls. The girls had used a web site “What’s your price”, to create fake profiles to offer themselves for sex online pretending to be 18 years old. The girls had arranged a meeting with a middle aged local man and was seen getting out of his vehicle after he had collected them from Halifax train station and driven them to the location. The girls were seen to go inside and the member of the public reported this directly and directed officers to the premises they had entered. Police responded directly and found three men inside the property, drinking and socialising with the girls. The girls were safeguarded and the men arrested, sexual offenses were prevented.

An Effective child and young person Safeguarding programme embedded across Bradford with local and national Hotels.

Improvement contracts in the past year have been served on hotels across the City following three serious child sex offences in a 12 month period and negative result from reality testing during Police operations. A Police focused multi-agency response led to the imposed improvement contract on an international hotel chain in Bradford and smaller hotels in the City. The terms of contract created a safeguarding structure supported by staff training which has been tested since

implementation and has delivered measurable improvement. National outstanding leadership award has been awarded to Acting Police Sergeant Mat Catlow for his leadership around this. This area of work has then been adopted by a national working Group targeting CSE Prevention. The officer continues to advise and support other Police Forces and partners across the Country in this area.

ASB closure legislation utilised to safeguard vulnerable young people and target Locations of ASB/CSE concern in Bradford

In June 2017 – a premises in Bradford was closed by the CSE Team under Anti-social behaviour legislation to ensure a closure order of the premises and wide spread effective safeguarding was delivered following intelligence of a large scale unregulated teenage party, where drink, drugs and CSE concerns were raised in Bradford. Previous such events at the venue had attracted vulnerable missing children, led to a host of ASB incidents and several young people had been located by Police under the influence of drink and drugs at local takeaways following the event. Initial consultation with owner to facilitate safe event management was met with obstruction and opposition. Given this appropriate legislation was swiftly utilised for closure supported by co-ordinated partner response from Social care, Licensing and Environmental Health and Fire.

Positive Results from Recent Effective complex CSE investigations

A 6 year Prison Sentence was handed down to a CSE Perpetrator at Bradford Crown Court in August 2017 for the sexual abuse of a 15 year old CSE high risk Bradford Girl. Following a complex investigation the perpetrator from outside of Bradford, pleaded guilty to an offence of sexual activity with a child following him grooming her on line, meeting her and taking her to a hotel in Manchester for sexual purposes.

Following a comprehensive CSE investigation a further was made in May by a suspect who was sentenced to 8 years imprisonment. was found guilty of the rape of a Bradford girl who was 15 at the time of the offence.

Quick thinking and very positive efforts by Taxi Driver prevents young person missing from home from another Authority being victim of CSE and sexual offences in Bradford

A member of the public, a Leeds hackney taxi driver conveyed a teenage girl as a passenger (subsequently identified as missing from Birmingham) from Leeds to Bradford. In the course of the journey she disclosed she was meeting a male in a Hotel in Bradford who she had met on line, the taxi driver realised this was not appropriate and CSE concerns were raised as a result of his training around safeguarding. He let her use his phone at her request and saved the number of the offender who she had contacted on it. He dropped her in City Centre at Bradford and then whilst observing her directed officers to her location, who responded immediately and managed to detain her and implement safeguarding measures. Investigation work identified the male suspect and he was traced and arrested.

Elected member CSE raining impacts the work of the licensing committee

Following elected Member training, one of the elected members on the licensing panel challenged a takeaway business who said that they wanted young people under 16 to be with an adult to be served after 9pm one of the panel members having done the training was alert to the fact that the takeaway should be aware of the potential for children with adults to be potential victims of CSE. As a result of this we saw raised awareness for the individual takeaway, other panel members and a conversation with the CSE trainers about the importance of this message.

CSE Training helps elected members and other partners to approach ASB in a different way within a locality

Elected member who had attended the member CSE Training responded to reports of anti social behaviour by youths in their ward by considering that CSE may be a factor. They convened a meeting with the Police and Youth Service and a large operation was mounted during which adults were found to be giving young children alcohol . Children were returned home, parents were spoken to and follow up work done by the Police and the Youth Service

3. OTHER CONSIDERATIONS

3.1 There are no other considerations.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The CSE cases requiring social work allocation are included in the normal case loads for social workers working in the Children Specialist Services. In addition to spend on social work teams, Childrens Services currently spends approximately £2.9m on children prevention and support services. Children Services has made resources available from within existing budgets by allocating a team manager, social workers, and a community resource worker to operate within the CSE multi agency Hub and further resources are envisaged as a result of the on-going review.

4.2 Specialist provision remains extremely expensive at a cost of £2000 per week for a residential bed, rising to £6000 per week for a secure placement. There are approximately 10-15 young people who require this specialist resource at any given time. On average a child will remain in a secure placement for 6 months. The partnership works towards less costly and less restrictive methods to protect vulnerable children on a daily basis and will only use this option in certain cases.

4.3 The Bradford Safeguarding Children Board (BSCB):

- sets the procedural framework for all partnership work to keep children safe within Bradford
- fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
- ensures that agencies are held to account for their work and that there is a learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.

- conducts a multiagency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub.

4.4 The staffing resource for BSCB is:

- Manager
- Administrator
- Learning and development coordinator
- Learning and development administrator
- Performance and information officer
- Child death reviews manager

4.5 The Council and Bradford Safeguarding Children Board were successful in securing additional funding from the West Yorkshire Police and Crime Commissioner to strengthen the District's response to CSE:

- Appointing a full-time information and data analysis officer to work within the Hub. The local authority has taken steps to continue the funding of this post from base budget.
- The PCC provided funding for further preventative work in schools as outlined.

4.6 Successful applications to the Community Safety Fund has continued to support the work of:

- The Barnardo's Night Time Economy Worker;
- The Fragile project work with men and boys.
- Children's Society Hand in Hand Project in Keighley
- Barnardo's Turnaround Project

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The protection of children and vulnerable adults is the highest priority for the Council and its partners when considering the implications of CSE, as is the provision of services to support those who are victims of this abuse. Failure to protect and provide appropriate services significantly increases the risk to children in the District. It would also lead to significantly reduced public confidence in Bradford Council, West Yorkshire Police and other partners, as has been demonstrated in some other Districts.

6. LEGAL APPRAISAL

6.1 The report has been considered by the office of the City Solicitor and there are no identified legal issues to highlight.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.11 Child sexual exploitation (CSE) is a crime committed by predominantly male perpetrators from all different racial backgrounds. Victims of CSE also come from all backgrounds and ethnicities. Nevertheless, local experience and national research indicates that recognised victims and perpetrators do not necessarily reflect the gender ethnicity and other characteristics of the District's population.
- 7.12 14% of the identified children experiencing or at risk of CSE in the Bradford District during 2016/17 were male. There is considerable national research to suggest that this is an under-representation. Services in Bradford work closely with Blast to deliver training and to challenge perceptions and practices that might make it less likely that a boy would be recognised as at risk of CSE compared to a girl.
- 7.13 Steps continue to be taken to address the apparent under-representation of BEM children among those referred to the Hub. Analysis of cases open to the Hub on 29th March 2017 (see appendix 1) shows that 70% of open cases were of white British heritage, while 16% were of Asian heritage, which is a rise of 4% from last year. Compared to the District's under 18 population, this represents an over representation of white British children and an under representation of Asian children.
- 7.14 The two main ethnic categories of perpetrators highlight that White North European accounts for 39% and Asian accounts for 36% of the total figures. It is worth noting that 18% of the ethnicity of perpetrators is not recorded on systems.
- 7.15 Public records demonstrate that there is an over-representation of men of Asian origin among those prosecuted for "street grooming" offences related to CSE. Research, such as that undertaken by the Office of the Children's Commissioner, also reports this over representation: "Inquiry into Child Sexual Exploitation by Gangs and Groups" <http://www.thebromleytrust.org.uk/files/chidrens-commission.pdf>

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

- 7.41 Child Sexual Exploitation (CSE) is violent criminal activity. The consequences of CSE can be long-standing for the victim and there is growing research evidence that victims of CSE are themselves over-represented among young people coming to the attention of police services as potential offenders. In addition, CSE has lasting consequences for families of victims and perpetrators and has potential implications for community relations.
- 7.42 The Community Safety Partnership (CSP) currently oversees the commissioning of funding from the passporting of Police and Crime Commissioner funding to 6 key priorities, including CSE. The BSCB has welcomed the support from this Board, recognising existing processes for commissioning funding. The child protection

arena continues to present increasing challenges and complexity and the BSCB retains strategic oversight of governance of these arrangements. The BSCB provides an independent viewpoint and is able to challenge partners in their effectiveness in how they safeguard children. The BSCB would welcome an opportunity to inform and influence current and proposed commissioning arrangements around child protection which is currently overseen by the CSP. At the present time the BSCB has no funding to support worthwhile initiatives or service provision. This process is being reviewed to recognise that the BSCB is the lead organisation for delivering CSE and child protection arrangements within the District.

7.5 HUMAN RIGHTS ACT

7.51 Child Sexual Exploitation is a violation of the rights of the child under the Human Rights Act. The arrangements made by the Council and its partners are intended to prevent the rights of the child being violated in this way.

7.6 TRADE UNION

There are no implications for Trades Unions.

7.7 WARD IMPLICATIONS

It was recommended that each Area Committee receives an update report regarding CSE in the next 6 months. This is the report for Bradford East

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This report is tabled for information and discussion.

10. RECOMMENDATIONS

10.1 That the contents of this report be noted.

10.2 That ways in which CSE can be tackled at a local level be considered.

11. APPENDICES

Appendix 1: "The CSE Hub – Date and Statistics prepared by Danielle Williams, Bradford CSE Hub Intelligence Officer.

Appendix 2: Summary Report of the CSE Action Plan which contains:

- Autumn SCR action plan
- BSCB review of the multi-agency Hub

- CSE Challenge panel.
- Jack SCR Action Plan.

12. BACKGROUND DOCUMENTS

Further detail of the national review of LSCB's - <https://www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards>

Report of the "Jack" SCR is available at <http://bradfordscb.org.uk/wp-content/uploads/2017/06/Jack-Serious-Case-Review-Overview-Report.pdf>

Office of the Children's Commissioner, also reports this over representation: "Inquiry into Child Sexual Exploitation by Gangs and Groups" <http://www.thebromleytrust.org.uk/files/chidrens-commission.pdf>

Appendix 1

The CSE Hub – Data and Statistics

Provided by Danielle Williams, Intelligence Officer, Bradford CSE Hub

Data sources

Several datasets have been used to compile this data. The Strategic Overview section uses data gathered from LCS, the database used by Children’s Social Care. This dataset contains all CSE episodes that have been open at some point between 1st April 2016 and 31st March 2017 to give a strategic overview of all referrals to the CSE Hub. The tactical dataset is a list of all open cases to the CSE Hub on the 29th March 2017 to give a tactical perspective to the same time period. This is necessary because the dataset is constantly changing on a daily basis as new children are referred in or are closed to the Hub once their risks have been reduced.

Strategic Overview

When a referral is made to the CSE Hub that a child may be involved in child sexual exploitation a “CSE Episode” is created on LCS by Children’s Social Care. The partnership then research each of their own databases to gather as much information about the child as possible and this is then discussed at the daily CSE Meeting. This meeting assesses the information and decides whether there is a CSE risk to that child. Each of these discussions, no matter what the outcome, is recorded on LCS by way of a CSE Episode.

Over the 2016/17 year there were 1153 episodes dealt with by the CSE Hub. Of these 282 were already open on the 1st April and were ongoing cases at that time. The total number of referrals made into the Hub between 1st April 2016 and 31st March 2017 was 871. There were 861 individual children referred to the CSE Hub and 175 of these children were referred on more than one occasion. A child may have been referred more than once for many different reasons. For example, a child might be referred and at that time may not be considered to be at risk of CSE. The information and the rationale for the decision as to their risk level will be recorded on the database. However, at a later date more information may come to light about that same child triggering a second CSE episode. If at this point the child is considered to be at risk of CSE the episode will remain open and all interventions to reduce the risk will be recorded on the CSE episode. Each case will be regularly reviewed and any changes of risk level are discussed at a multi-agency meeting each Thursday.

There has been a year on year increase in referrals to the CSE Hub over the last three years. In this report last year a 65% increase was noted and this year there has been another 61% increase in this most recent year.

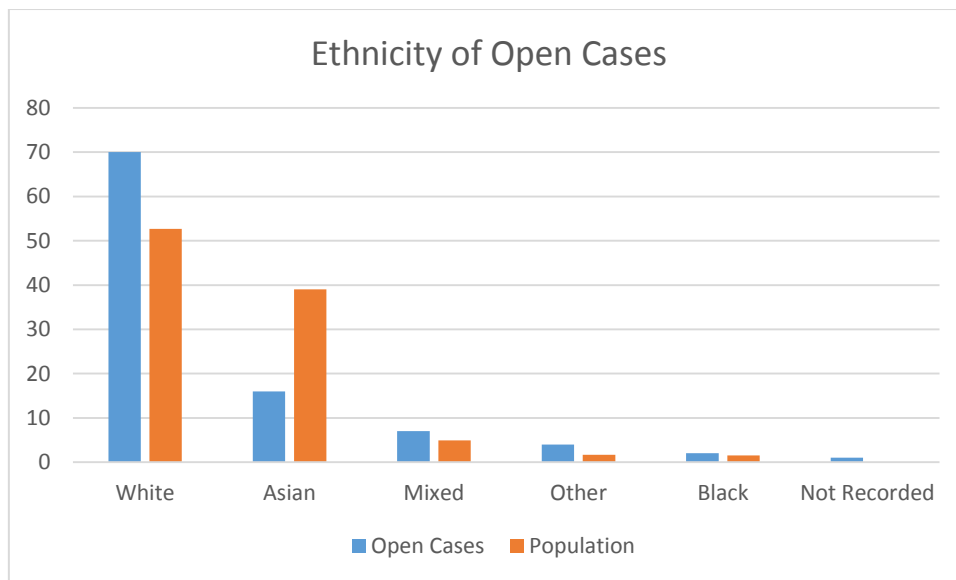
Year	No of Referrals	Increase on previous year	% Increase
2014/15	431		
2015/16	713	282	65.4
2016/17	1153	440	61.7

Tactical Overview

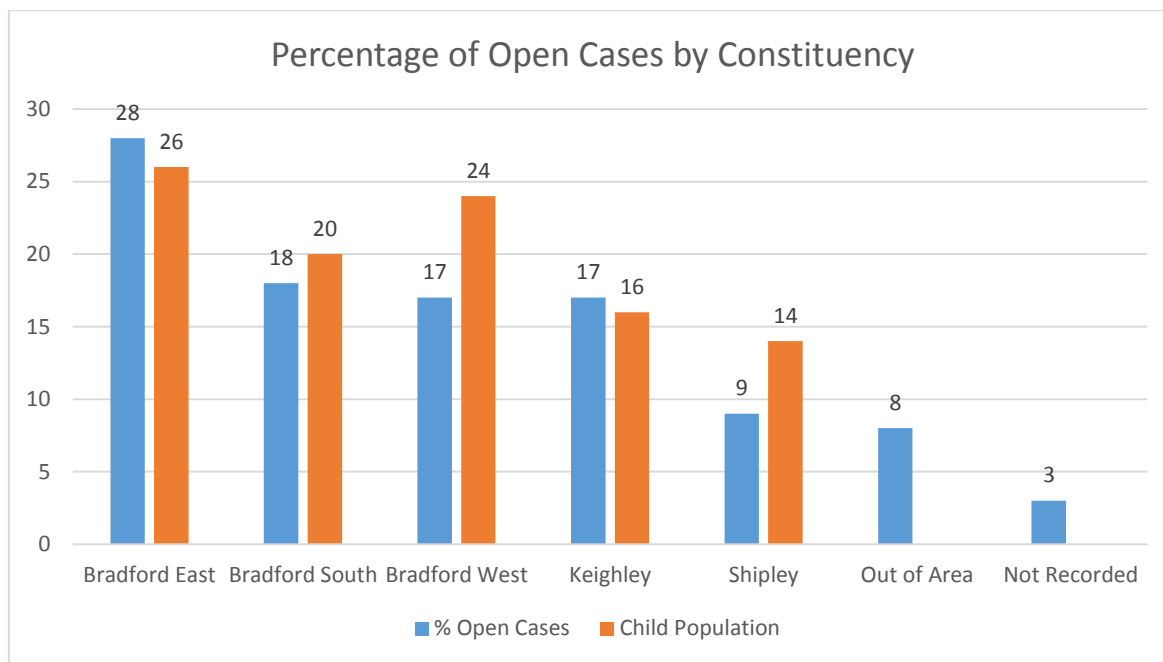
Of the referrals made above there are 304 children who were open to the CSE Hub on the 29th March 2017. Open cases change on a daily basis so this dataset represents the number of cases on that specific day. Of these 11% were considered to be at High Risk, 29% were considered Medium Risk and 60% were Low Risk.

At this time 14% of open cases were male children and of these 9% were high risk, 28% were considered medium risk and 63% were low risk.

The child population of Bradford is ethnically diverse. The ethnicity of children open to the CSE Hub shows that 70% are White, 16% are Asian and 7% are Mixed heritage children. However, within the children open to the CSE Hub there is an element of unknown ethnicity which is not present in the Census data. The 4% of children classed as "Other" consist of 12 children who are classed as Gypsy/Roma and another children who is simply classed as Other with no further ethnicity descriptors. Only 1.7% of the child population of Bradford is classed as Other in the 2011 census so this group is over represented in the cohort of open CSE cases. At present there is not enough data to understand why there might be this discrepancy between the ethnicity of the child population of Bradford and the ethnicity of the cases open to the Hub. Going forward there is emphasis on the voice of the child and part of this will consider the best way to engage with children at risk of CSE and hopefully inform how engagement with hard to reach communities can improve.



Using the home postcode of the children open to the CSE Hub it can be shown that 28% of the open cases live in the Bradford East constituency. The graph below shows that there are 8% of children who are in out of area placements. These are all children who are looked after by Bradford Children's Social Care but have been placed outside of the district. All of these children are at high risk of CSE. There are also 3% of records where the constituency is not recorded. The graph below shows the percentage of open cases compared to the percentage of the child population that lives in that constituency and shows that the percentage of open cases is roughly in line with the percentage of the child population living in each constituency.



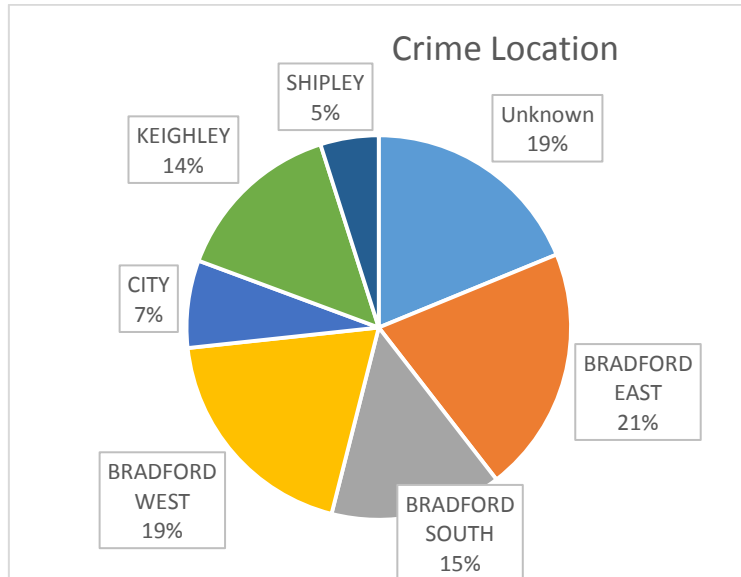
A list of wards that contain more than ten children and their risk level is produced below. There are children at risk of CSE in all wards across Bradford but to prevent children being identified the numbers have not been included here.

Ward	High	Medium	Low	Grand Total
Out of area	8	11	4	23
Eccleshill	3	3	15	21
Bowling and Barkerend	1	2	15	18
Keighley West		4	12	16
Bolton and Undercliffe	1	7	7	15
Bradford Moor	2	5	8	15
Keighley East		2	12	14
Tong	1	3	8	12
Wyke		3	9	12
Clayton and Fairweather Green		4	7	11
Keighley Central	1	3	7	11
Windhill and Wrose	3		8	11
Heaton	2	4	5	11
All Other Wards	11	38	65	114
Grand Total	33	89	182	304

Child Sexual Exploitation Crimes

As with the number of referrals to the CSE Hub the number of CSE offences recorded by the police has increased as well. There were 367 CSE crimes recorded between 1st April 2016 and 31st March 2017, which is 34% more than the previous year. Just over 30% of the crimes recorded within the time period were committed before this date range and of those almost 50% were committed before 1st January 2015 and are considered to be disclosures of non-recent offences. Some of the offences recorded in the last year date back as far as the 1950s. The pie chart below shows the area where the offences were committed,

though in almost 20% of cases this is not known. This may be because the victim is unable to identify an exact location where the offence took place.



Perpetrators of CSE Crimes

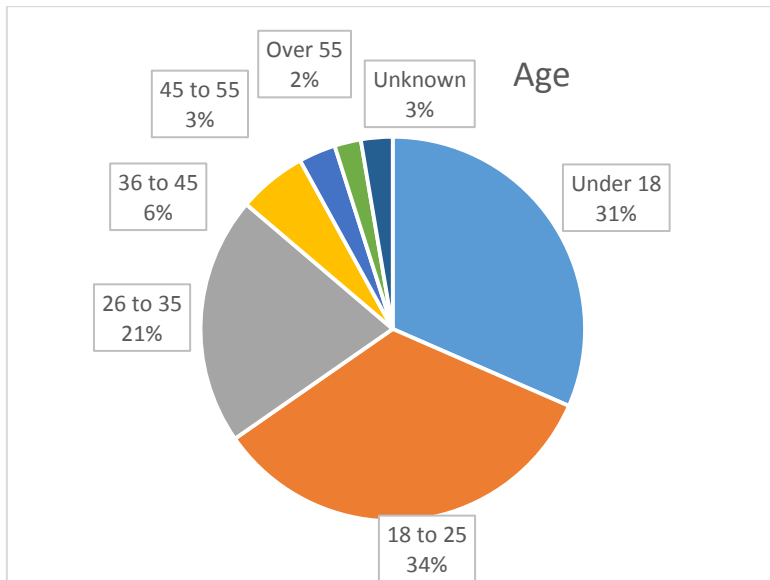
Of the 367 crimes there are 236 (64%) that have an offender linked to them. Of these there are 29 offences that have more than one offender linked to the crime suggesting multiple perpetrators. The outcomes of the crimes are listed in the table below.

Crime Outcome	Total
1: CHARGED	10
10: POLICE - FORMAL ACTION NOT IN PUBLIC INTEREST	3
14: VICTIM DECLINES/UNABLE TO SUPPORT ACTION TO IDENTIFY OFFENDER	30
15: CPS - NAMED SUSPECT, VICTIM SUPPORTS BUT EVIDENTIAL DIFFICULTIES	7
15: POLICE - NAMED SUSPECT, VICTIM SUPPORTS BUT EVIDENTIAL DIFFICULTIES	61
16: VICTIM DECLINES/WITHDRAWS SUPPORT - NAMED SUSPECT IDENTIFIED	25
17: SUSPECT IDENTIFIED BUT PROSECUTION TIME LIMIT EXPIRED	1
18: INVESTIGATION COMPLETE NO SUSPECT IDENTIFIED	31
1A: ALTERNATE OFFENCE CHARGED	1
20: OTHER BODY/AGENCY HAS INVESTIGATION PRIMACY	10
21: POLICE - NAMED SUSPECT, INVESTIGATION NOT IN THE PUBLIC INTEREST	14
3: ADULT CONDITIONAL CAUTION	1
CANCELLED/TRANSFERRED	15
NEW	158
Grand Total	367

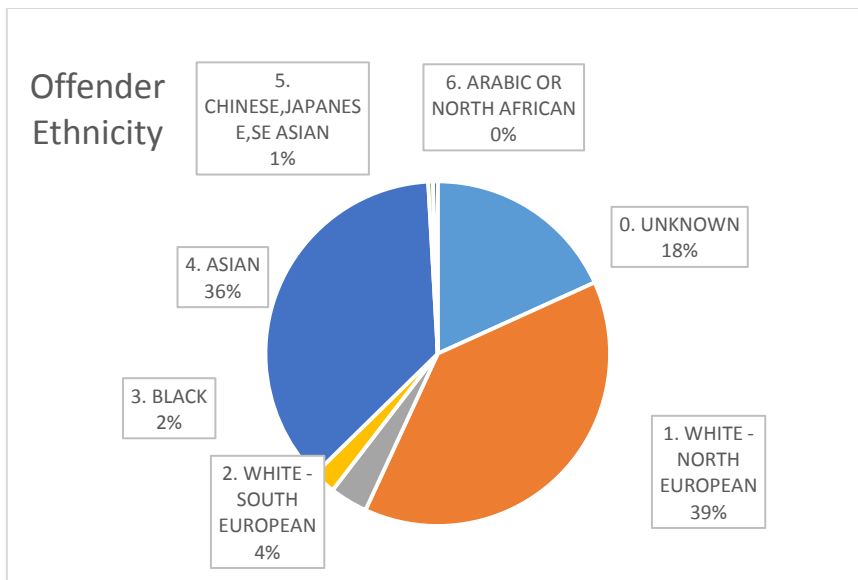
There are 43% of crimes that are still under investigation as some of these crimes will be complex investigations that take time to reach a conclusion, particularly those that go to trial in Crown Court.

Of the offenders linked to these crimes, 17% were female which is higher than last year. However, this appears to be due in part to offences involving the sending and receiving of indecent images.

The age profile of perpetrators is again quite young with 65% being under the age of 25 and of those 31% being under the age of 18.



The ethnicity of perpetrators is shown in the chart below and it should be noted that in almost 20% of records the ethnicity is not recorded on systems.



Appendix 2

<u>Action Plan</u>	<u>Total Actions</u>	<u>Completed</u>	<u>On-going</u>
Autumn	21	18	3
Jack	37	34	3
CSE HUB	18	18	0
CSE Challenge Panel	12	12	0
CSE Scrutiny and Challenge Session	35	31	2 (2 no longer applicable)

Details of on-going actions

Autumn Serious Case Review Action Plan:

- Communications Strategy – Task & Finish continuing this work under the main BSCB
- SARC – this will be progressed by specific agencies (Police, CSC, Health) with commissioning providers.
- Mapping of therapeutic services for victims of CSE – Task and Finish group are continuing this work reporting back to the CSE sub-group

Jack Serious Case Review Action Plan:

- Consider responses to technically assisted abuse – Conference held, scoping of school training and development of wider cyber plan
- BTHFT Locala – effective recording and information sharing of partnership involvement – to be incorporated into SOP's and future audits
- Locala to provide assurance that safeguarding supervision is embedded within practice in the Sexual Health Service and is documented in a systematic manner – to be included in supervisor training sessions

CSE HUB Action Plan:

Nil

CSE Challenge Panel Action Plan:

Nil

CSE Scrutiny and Challenge Session Action Plan:

- (Action 1) CSE Hub review – carried forward/on-going
- (Action 27) Scoping of pathways, part of CSE Hub Review (Action 1)

Appendix 3

Say No Mean No



THINK BEFORE YOU SHARE.
Once you share, you're not in control.

If something you've shared has fallen into the wrong hands, there are people who can help you. Visit our advice page for more info.

Icons for Facebook, Twitter, YouTube, Instagram, and Snapchat are shown in a row.

SAY NO MEAN NO

A young girl with long brown hair, wearing a blue and white checkered shirt, is smiling and covering her eyes with her hand. The background is a solid teal color.

For more information, please visit
www.bradford.gov.uk/say-no-mean-no



Appendix 4

CSE Information for Bradford East

Across all districts in Bradford, the Youth Service offers a broad menu of engaging activity delivered from easily accessible locality bases that ensure pathways of support to young people that are preventative and offer early intervention. The Youth Service provides around 90 sessions of youth work provision per week across the district, a significant proportion of this is open access, enabling a safe, non stigmatised space for voluntary engagement with young people. This space enables early identification of needs including those at risk of or vulnerable to CSE, and through trusting relationships developed in provision Youth Workers are able to provide early identification, lower level interventions and support. The Youth Service works with young people, identifying with them, their concerns, working with young people to better understand the consequences of their behaviours and of others towards them and to support them to reduce their risk. This area of work is often undertaken before young people are engaged in specific support services. Where youth workers identify concerns they pathway individuals to the district wide CSE hub for further assessment. Likewise the Youth Service receives referrals from the CSE hub for young people identified as Tier 1 (low risk), identified as those who undertake or are in peer groups where there are concerns or risk taking behaviours. The Youth Service Youth Workers have worked with 64 young people since this work commenced, providing 1-1 support, and using a 'Signs of Safety' framework to enable individual young people to develop a local support network and to empowered them to make positive choices in their lives.

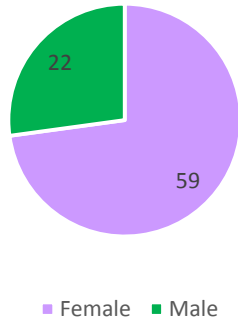
Bradford East Youth Work Team are committed to developing work to support young people in identifying behaviours that make them vulnerable to exploitation. They have monthly sessions at the Springfield Centre and at Ravenscliffe, badged as "boys night in" and "girls night in" that take place each month, creating a safe space for girls and boys in a single gender environment to explore what its like to be a boy / girl and to support them in identifying and coping with some of the pressures young people face. These sessions have targeted young people who are more vulnerable and works hard to increase awareness and self care by young people. The successes of these sessions means the Youth Work Team are looking at ways these can be rolled out into other areas of the East area over the coming year.

Within the East Constituency the Youth Service make a significant contribution towards increasing young peoples awareness of online safety and exploitation. Work in the Springfield Centre and in the Greenwood Centre have identified concerns of younger young people and their access, presence and use of online and social media platforms. Early identification of young people posting online inappropriate images of self has enabled the youth work team to work with individual young people and in group work settings to explore and educate young people into the consequences of their online behaviours and for them to develop skills that will build resilience and keep them safe.

There are currently 81 young people flagged at risk of CSE on Police systems which live within the Bradford East area.

Gender

73% of the CSE flagged young people in the Bradford East PWA area are female and 27% are male.



Age

The young people flagged at risk of CSE within the Bradford East area are aged 12 – 17 years old. There are 51 young people who are aged 14 – 16 years old. The highest number of young people are aged 16 years old. The five high risk CSE flagged young people are aged 15 – 17.

Age	Number of Flagged Young People
12	5
13	11
14	15
15	15
16	21
17	14

Ward

The Eccleshill Ward houses the highest number of CSE flagged young people, this is closely followed by the Bolton and Undercliffe Ward, Bradford Moor Ward and Bowling and Barkerend Ward. There are a number of children’s homes in the Bradford East area which may be having an effect on the figures.

Ward	High	Medium	Low	Total
Bolton and Undercliffe	1	5	11	17
Bowling and Barkerend Ward	2	5	8	15
Bradford Moor Ward		5	11	16
Eccleshill Ward	1	2	15	18
Idle and Thackley Ward		2	4	6
Little Horton Ward	1	3	5	9
Total	5	22	54	81

Maximising CSEA education, awareness and engagement opportunities under prevention strand – excellent work of Cyber team in delivering to schools, victims and wider communities throughout 2017. National CSE awareness day spring 2017.

The Police work closely with Barnardos in tackling CSE as outlined in this report.

Whilst a lot of work is undertaken within the NTE and hotels in the city, this does have an impact on children living across all districts as often children travel to the centre and are, at times, vulnerable to CSE.

An Effective child and young person Safeguarding programme has been embedded across Bradford with local and national Hotels.

Improvement contracts in the past year have been served on hotels across the City

Effective work by partners has seen a 28% reduction in missing at Bradford as at December 2017, around vulnerable high risk Children/young people. Through close multi-agency partnership working we have effectively safeguarded and developed individual plans for each child and reduced threat, harm and risk and ultimately demand upon resources.

Barnardos have conducted a number of awareness sessions around

Community Awareness Raising: Parents, Young People and Wider Community

Private sector Businesses NTE: Pro-active Outreach, Training, Enforcement

Public & Voluntary Services: Guidance, Training

Within Bradford East there were a total of 53 inputs which equates to 19.7% of the total 269 delivered across the District.

NightWatch Programme - engagement data:

Table 1 shows the engagement style and number of individuals reached by NightWatch 2017/18. Engagement with private sector businesses, public and voluntary sector services, and with the wider community continues to empowering each group to recognise, respond and report CSE concerns appropriately.

Engagement type	Q1	Q2	Q3	Q4	Total Engagement (per style)
Community Awareness Raising	147	*1903	564		*2614
Guidance	101	39	53		193
Outreach	29	171	150		350
Direct Training	33	48	186		267
Total Engagement	310	*2161	953		*3,424

*This figure does not include numbers reached via Bradford community Broadcasting (BCB) Radio and Online Watch Link (OWL) as recipient figures are unknown.

Bradford Community Broadcasting radio session (Parents, Wider Community & NTE)

BCB estimates 30,000 listeners per week. The NTE worker featured NightWatch and CSE awareness in an hour long broadcast.

Online Watch Link – Neighbourhood Watch (Wider Community & NTE)

OWL has 15,000 registered members. The NTE worker has developed a closer partnership with the OWL coordinator and as such has had the opportunity to share information via the system. More information sharing is planned.

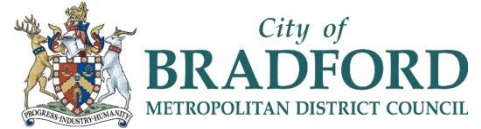


Outreach:

Engagement with private sector businesses, particularly those operating within the night time economy (NTE) continues to be approached through:

- Proactive Outreach
- Enforcement outreach

Outreach Audience	Number of premises/locations Visited in Q1	Number of premises/locations visited in Q2	Number of premises/locations visited in Q3
Shisha	3	7	7
Pub/clubs	2	12	-
Takeaways/food	6	5	54
Off Licences	3	25	9
Private Sector Mixed Audience	3	5	18
Taxi's	-	4	-
Hotels/Accommodation	2	1	4
Gambling	5	-	-
Other locations i.e. car parks, parks, leisure areas	4	6	3
TOTAL	29	65	95



Report of the Strategic Director Children's Services to the meeting of Bradford East Area Committee to be held on 15 February 2018.

AA

Subject:

Proposal for the restructure of Special Educational Needs and disabilities (SEND) Specialist Teaching Support Services for children and young people with SEND

Summary statement:

The report presents the revised proposed model for the restructuring of SEND Specialist Teaching Support Services for children and young people with SEND to improve their educational outcomes.

Michael Jameson Strategic Director	Portfolio: Education, Employment and Skills
Report Contact: Judith Kirk – Deputy Director Phone: (01274) 439255 E-mail: judith.kirk@bradford.gov.uk	Overview & Scrutiny Area: Children's Services

1.0 SUMMARY

- 1.1 The report presented to Executive on the 9 January 2018 followed the previous report presented to Executive on 20 June 2017.
- 1.2 Executive approved Option 3 contained within this report as the preferred option for consultation.
- 1.3 Executive will receive a further report on 3 April 2018 following a further period of formal consultation.
- 1.4 Children's Overview and Scrutiny Committee will be presented with the contents of the report to Executive of the 9 January 2018 for their comment on the 14 February 2018.
- 1.5 Each of the five Area Committee's will also be presented with the contents of the report to Executive of the 9 January 2018 for their comment. This commenced with a report to Keighley Area Committee on the 14 February and will conclude with the report to Bradford West Area Committee on the 28 February 2018.
- 1.6 On 20 June 2017, Executive agreed to a period of consultation until 31 August 2017 with a range of stakeholders on the proposed remodelling of SEND services for children and young people from ages 0-25.
- 1.7 As a result of feedback and responses during this period of consultation, particularly from schools, internal staff teams and national organisations representing children and young people with sensory impairment, the proposals in the previous report to Executive have been changed.
- 1.8 The changes take account of the feedback received in order to:
 - Ensure that the proposals improve the quality of support and provision for all SEND pupils and meet the SEN Improvement Test (See Appendix 1);
 - Ensure that the funding from the Dedicated Schools Grant High Needs Block (HNB) is used effectively and efficiently to meet the full range of SEND needs across the 0-25 years age range;
 - Specifically, we need an option which **both** reduces pressure on the High Needs Block **and** increases specialist places.
- 1.9 As a result of the announcement in September 2017 about the new National Funding Formula (NFF) which the government is introducing from April 2018, which provides funding for children and young people with SEND. Bradford

should have gained £15m but under these new proposals Bradford will only gain £7.5m. The impact of this is significant on the High Needs Block with the HNB spending forecasted to exceed what is available by approximately £2m per year for the next four years.

- 1.10 Our HNB spending levels are forecasted to exceed the amount that is allocated to spend by approximately £2m per year for the next four years. The proposed changes in this report sit alongside other wider proposed solutions to address the forecasted pressures on the HNB. These wider plans include: reviewing the top up funding for places for pupils without an Education, Health and Care Plan (EHCP) in our Pupil Referral Units and reviewing the timeline for the increase in specialist places across the District.
- 1.11 We need to reduce the pressures on the HNB, deliver further financial savings, continue to fund and deliver SEND teaching and support services to children and young people, whilst having to increase the number of specialist places to meet the rising demand and complexity of children and young people with SEND in Bradford.
- 1.12 The changes to the National Funding Formula have also placed significant pressure on schools' budgets and may make it more difficult for schools to buy services.
- 1.13 In light of the consultation feedback received, the proposed model made previously to Executive on the 20 June 2017 has been reviewed and a number of options have been considered and are set out in this report. We have reviewed and replaced the previous model presented because:
 - Schools told us that they would struggle to pay for the 100% traded services for school aged children;
 - Our parents were concerned that school aged and post-16 children and young people were being left without a funded service as all of the funding from the HNB was being used for the 0-5+ years model;
 - Organisations told us that the funding of the model was not fair and equitable and could risk losing SEND services and specialisms in the District and could jeopardise the delivery of our statutory duties under the SEND Code of Practice;
 - Parents and young people told us that more support is needed to help young people aged 16 – 25 years into training and work.
- 1.14 The previous model put before the Council Executive in June 2017 included two Early Years SEND Centres of Excellence for children 0-5+ years which were to be fully funded by the High Needs Block; and a Specialist Teaching Support

Service to support the full range of special educational needs and disabilities for children and young people from the ages 5 – 16 years which was to be 100% traded. The funding for this model was reviewed in the light of the consultation and the other funding changes under the National Funding Formula; as a result this model was no longer financially viable.

- 1.15 The Executive report of the 9 January 2018 detailed a preferred new model (Option 3) which restructures the current SEND specialist teaching support services into a 0-25 Inclusive Education Service for children and young people from 0-25 years of age as outlined in the SEND Code of Practice. This new service will have two teams who will work closely together to deliver support through a single referral system; a team to support high occurring needs such as autism, learning needs and social, emotional and mental health needs; and a team who will support low occurring needs such as hearing impairment, visual impairment, multi-sensory impairment and physical and medical needs.
- 1.16 In order to fund the increase in specialist places that are required across the District, and make savings to reduce the increasing pressure on the HNB, both these teams would have an element of High Needs Block funding but will also need to generate some income through the trading/selling of some of their services to schools. This model of support will be 70% funded from the high needs block and 30% traded and will be more sustainable; it also includes support for young people 16 – 25 years of age which was feedback by young people, parents and organisations during the previous consultation in summer 2017..
- 1.17 The proposed preferred option in the report would also align to the four localities proposed in the Prevention and Early Help model agreed for consultation by the Council's Executive on 7 November 2017.
- 1.18 Approval was sought and received from Executive on the 9 January 2018 to formally consult on the revised proposed preferred option for the transformation of SEND Teaching and Support Services for children and young people aged 0-25 years from 17 January 2018 to 28 February 2018.

2. BACKGROUND

- 2.1 Bradford is one of the youngest populations in the country. We have a growing population of children and young people in Bradford and a growing population of children and young people with SEND.

2.2 The complexity of special needs in Bradford is also increasing and, as a result, there is a need for more specialist places.

2.3 We have an increasing number of referrals for Education, Health and Care assessments (EHCA):

Year	2014-15	2015-16	2016-17
No of referrals for EHCA	520	735	843

2.4 The announcement by the Department for Education on 14 September 2017 on the new National Funding Formula means that there will be significant pressure on our High Needs Block. The way that the funding has been calculated for Bradford means that we do not get as much funding as we had expected according to the formula outlined in the consultation papers.

2.5 Alongside the challenging financial climate, we also have the opportunity to transform the way SEND teaching and support services and provision are delivered in Bradford. The preferred model is driven by our vision to support children, young people and families as early as possible, build independence and so also reduce costly intervention later in the life of a child or young person.

2.6 In order to do this we need to ensure that a range of specialist services are available across the District for children and young people with SEND and that we meet the needs of the SEN Improvement Test (see Appendix 1). Local authorities proposing to make changes are required to demonstrate that the proposed changes are likely to lead to improvement in the standard, quality and/or range of educational provision for children with special educational needs and disabilities.

2.7 The proposal is also based on the evidence and findings of the SEND Strategic Review in Bradford 2016
<https://localoffer.bradford.gov.uk/Content.aspx?mid=553>.

2.8 **Messages from engagement and consultation**

2.9 Between 2 May 2017 until 6 June 2017, Children's Services undertook a period of engagement on proposals to remodel SEND services 0-25. This was then followed by consultation from 26 June 2017 to 31 August 2017.

2.10 This included consultation and feedback from:

- Parents and Carers Forum
- Head teachers
- SEND Strategic Partnership
- Elected members
- Managers and teams in Children’s Services
- Health and Well-Being Board
- The Schools Forum

2.11 This was promoted through the Local Offer website, Bradford Schools Online (BSO), the Council’s consultation website, the SEND summer conference 2017 and attendance at events such as the Head teachers’ briefings, Schools Forum, partnership meetings such as the Integrated Early Years Strategy Group, the SEND Strategic Partnership, and the Bradford Primary Improvement Partnership (BPIP).

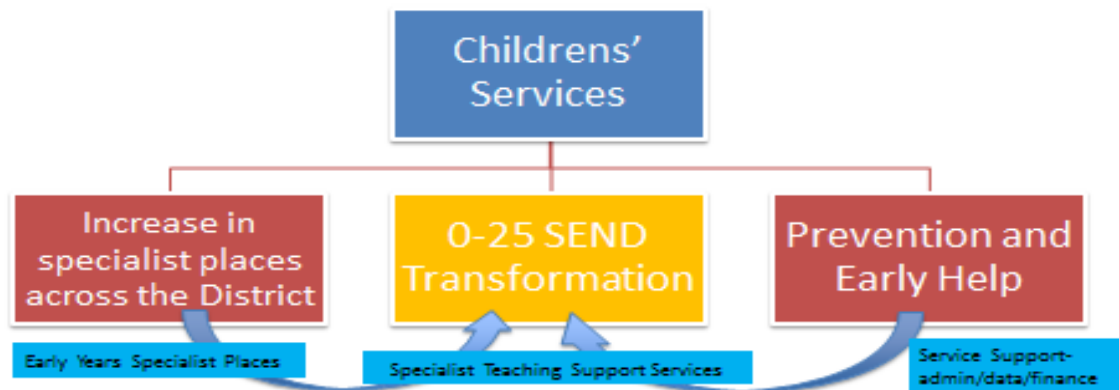
2.12 An online survey to schools was also undertaken in the 2017 summer term about the work of the specialist teaching support services. Of the 134 responses 99% had received support from the services and would like this to continue. Of the 117 schools who responded to this question – ‘Did the support have a positive outcome for the school/child?’ 96% (112) responded ‘Yes’.

2.13 **Note:** the consultation regarding the expansion of specialist places for children and young people with SEND (including those for young children under five years of age) is in the paper – ‘**Ensuring the sufficiency of specialist places across the Bradford District for children and young people with Special Needs and Disabilities (SEND).**’ Please follow this link for these consultation documents from early November.

- www.bradford.gov.uk/consultations
- <https://bso.bradford.gov.uk>
- <https://localoffer.bradford.gov.uk/> - Bradford SEND Local Offer

This paper details the second of the three consultations that are running alongside each other –

1. To increase the number of specialist places for children and young people with SEND
2. The 0-25 Transformation of Specialist Teaching Support Services
3. Prevention and Early Help



3. OPTIONS AND PREFERRED MODEL

3.1 For teams in scope of these options please see Appendix 2.

3.2 **Option 1 – Remain with the same specialist teaching support services and teams and spread the required savings across these teams. This option would mean staff reductions of between 35-40* FTE.**

*This is based on the average cost of a member of staff being £36,000

3.3 Under this option, it was proposed that the SEND teaching and support services remain in place as presently - centrally provided and funded through the High Needs Block (HNB). The services would need to be reduced in size to meet the financial savings required to reduce the pressure on the HNB.

3.4 The current spend on specialist teaching and support services is £4.725m. These services cover Cognition and Learning, Autism, Physical and Medical, Sensory Service, 0-7 Early Years SEND; the Early Years Intervention Team and Teaching Support Services administration services and resourced provisions.

3.5 Of the £4.725m, £4.321m is currently spent on centrally managed services and £0.404m on enhancing the offer and provision for young children with SEND.

3.6 HNB spending is currently forecasted to exceed our HNB allocation by approximately £2m per year for the next four years. As a result, there is a need to implement a number of significant structural solutions to reduce the growth of a significant deficit in the HNB. The options in this paper are one of a number of other solutions needed to reduce this pressure.

Option One	
Pros:	Cons:
<p>Team remain working as they currently do and systems remain relatively stable and are familiar to children, schools and families.</p>	<p>To reduce the pressure on the HNB whilst retaining the teams as they currently are would mean significant staff reductions across all of the existing teams. This would most likely result in a lack of capacity to meet need across all areas of SEND, a lack of a timely response to high rates of referrals and an inability to meet our statutory duties for both low and high incidence (occurring) special needs.</p> <p>Staff reductions would lead to some disruptions for service users.</p> <p>Would not meet the SEN Improvement Test.</p> <p>Is not efficient, as schools currently have to enter into separate service level agreements with different teams within specialist teaching and support services.</p> <p>There is duplication of service support functions e.g. administration.</p> <p>It does not provide an integrated approach for children, young people and their families.</p>
<p>This was not the preferred option because the reduction in staff would lead to a less co-ordinated and effective level of service to children, schools and families and not meet the requirements of the SEN Improvement Test.</p>	

3.7 Option 2 – there are three main elements to this proposed option:

- Two Early Years SEND Centres of Excellence to meet the needs of children up to the age of five years;
- Teaching Support Services for high incidence or occurring SEND into an Integrated Specialist Teaching Support Service for children and young people aged 5-16 years of age;
- Teaching Support Services for low occurring SEND into a Sensory and Physical Needs team for children and young people aged 5-16 years of age.

This option would mean potential staff reductions of between 10-12 FTE.

- 3.8 This option would also require that all three elements of the model would be partly funded from the High Needs Block and teams would also be required to sell some of their services to generate an income.
- 3.9 Option 2 was a revision of the preferred option presented to Council's Executive on 20 June 2017 and subject to initial consultation 26 June until 31 August 2017. The changes to the organisation and staffing of the teams and proposed level of funding allocated to the teams was **changed** in line with feedback received between 26 June 2017 and 31 August 2017.
- 3.10 Under this revised option, it was proposed that the district would be divided into two areas. In each locality there would be a **SEND Early Years Centres of Excellence** which would be co-located with one of the four Enhanced Early Years Specialist Provisions which provide early years places for young children with SEND. These are based at:
- Abbey Green Nursery School
 - Canterbury Nursery School
 - St Edmunds Nursery School
 - Strong Close Nursery School

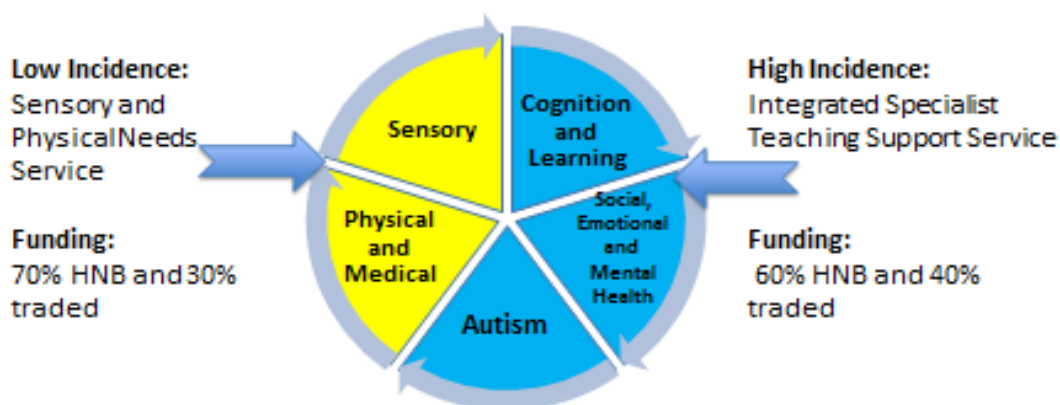
NB. Because of the need to increase the number of specialist places, the additional specialist early years places created at these four nursery schools are included in a separate consultation see above 2.13. The cost for these places is £1,006, 672; see table in 5.1.

Option 2 – Previous Exec Model – revised funding across model



- 3.11 The SEND Early Years Centres of Excellence would comprise a range of SEND specialist practitioners, for example, specialist teachers of autism, cognition and learning and behaviour, portage home visitors and Equality and Access (Inclusion) Officers. They would provide consultation; support, training and outreach work for all SEND early years children across all types of early years settings within the locality in addition to those accessing the specialist places in the four nursery schools noted above.
- 3.12 To be able to fund the required increase in early years specialist places (an additional £1,006,672 from the High Needs Block), the proposed SEND Early Years Centres of Excellence would need to have a reduced staffing model and have an element of income generation through selling some of their services to providers/settings/schools. This was revised in light of the announcement on the National Funding Formula and would require 80% funding through the HNB and 20% traded/income generation.
- 3.13 There would need to be a reduction in the number of posts contained within the original proposal put to the Executive on 20 June 2017. In total this reduction would be between 10-12 FTEs.
- 3.14 In addition to the SEND Early Years Centres of Excellence for young children, Option 2 would also include:
- A SEND Teaching Support Service for 5-16 year-olds for high occurring SEND needs
 - Creation of a new low occurring SEND Teaching Support Service – Sensory and Physical Needs

Option 2 – Changes to model and funding



A SEND Teaching Support Service for 5-	<ul style="list-style-type: none"> • Autism 	Team would comprise:
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<p>16 year-olds for High Occurring SEND</p> <p>Under this Option 2, the service would be partly funded from the HNB (60%) and would need to generate 40% of their total costs by selling services.</p>	<ul style="list-style-type: none"> • Cognition and Learning • Social, Emotional and Mental Health 	<ul style="list-style-type: none"> • Head of Service and Deputy Head of Service/Specialist Teacher • Specialist Teachers: <ul style="list-style-type: none"> • Cognition and Learning • SEMH • Autism • Peripatetic Specialist practitioners • Business/Finance/data/admin
<p>Sensory and Physical Needs Team: Low Occurring SEND</p> <p>Revised financial modelling was based on a 70% funded model from the HNB and 30% on an income generated model through selling some of their services to schools.</p>	<ul style="list-style-type: none"> • Hearing Impaired, Visually Impaired and Multi-Sensory Impairment • Physical and Medical 	<p>Team would comprise:</p> <ul style="list-style-type: none"> • Head of Service • Team Leader Support Team for Deaf children • Business Support • Visual Impairment (VI) Team • Support Team for Deaf Children • Physical and Medical Specialist Teachers

Option Two	
Pros:	Cons:
<p>This option would:</p> <p>Provide dedicated support to children 0-5 years;</p> <p>Enable teams to work more closely with the children, families and staff in the newly created specialist early years SEND places in the four nursery schools;</p>	<p>Overall, this option would only generate a small saving from the HNB of approximately £3,500 per annum as we would have to:</p> <ul style="list-style-type: none"> - provide HNB funding for the increased number of specialist places that we require at a cost of £1,006,672; - fund the low incidence team (70% from the HNB rather than the original proposal of 50%) and the low incidence team would

<p>Would provide some HNB funding for the integrated teaching team to work with children 5 -16 years of age.</p> <p>Would reduce the amount of income that the sensory team would need to generate based on the original proposals in the Executive paper of 20 June which was for the service to be 50% funded through the HNB and 50% income generating.</p>	<p>have to generate an income of 30%;</p> <ul style="list-style-type: none"> - fund the high incidence team (funded 60% from the HNB instead of 0% funding from the HNB under the previous proposals) and the team would have to generate an income of 40%. <p>This would increase pressure overall on the HNB and lead to a growing and significant deficit.</p> <p>The reductions in staffing in the two Centres of Excellence would only provide minimal savings and, in order to provide a viable service staffing could not realistically fall below this level.</p> <p>The Centres of Excellence would have to generate 20% of their funding through selling some of their services.</p>
<p>This was not the preferred option because it would not allow the Council to make the savings required to provide extra specialist places for young children for which there is an increasing demand. This would increase the pressure on the HNB and lead to a growing and significant deficit.</p>	

3.15 Option 3 – preferred proposed option – 0-25 SEND Inclusive Education Service there are two elements to this option:

- The creation of an integrated 0-25 years high incidence/high occurring SEND teaching support service to support children and young people who have autism, additional learning needs and difficulties and social and emotional and mental health needs;
- AND**
- The creation of a new low incidence/low occurring 0-25 years SEND Teaching Support Service to support children and young people with hearing impairment, visual impairment, multi-sensory impairment and physical and medical needs.

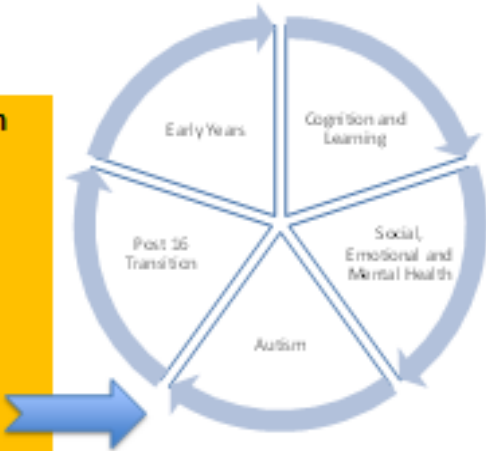
This option would mean potential staff reductions of between 25-30 FTE.

High Incidence Integrated Teaching Support Service

High Incidence Team
for high occurring needs.

Funding:
70% HNB and 30% Traded

Locality working

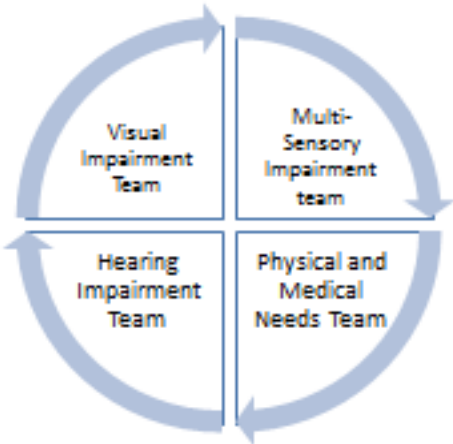


Low Incidence Sensory and Physical Needs Team

Low Incidence Team
for low occurring needs.

Funding:
70% HNB and 30% Traded

Centrally located



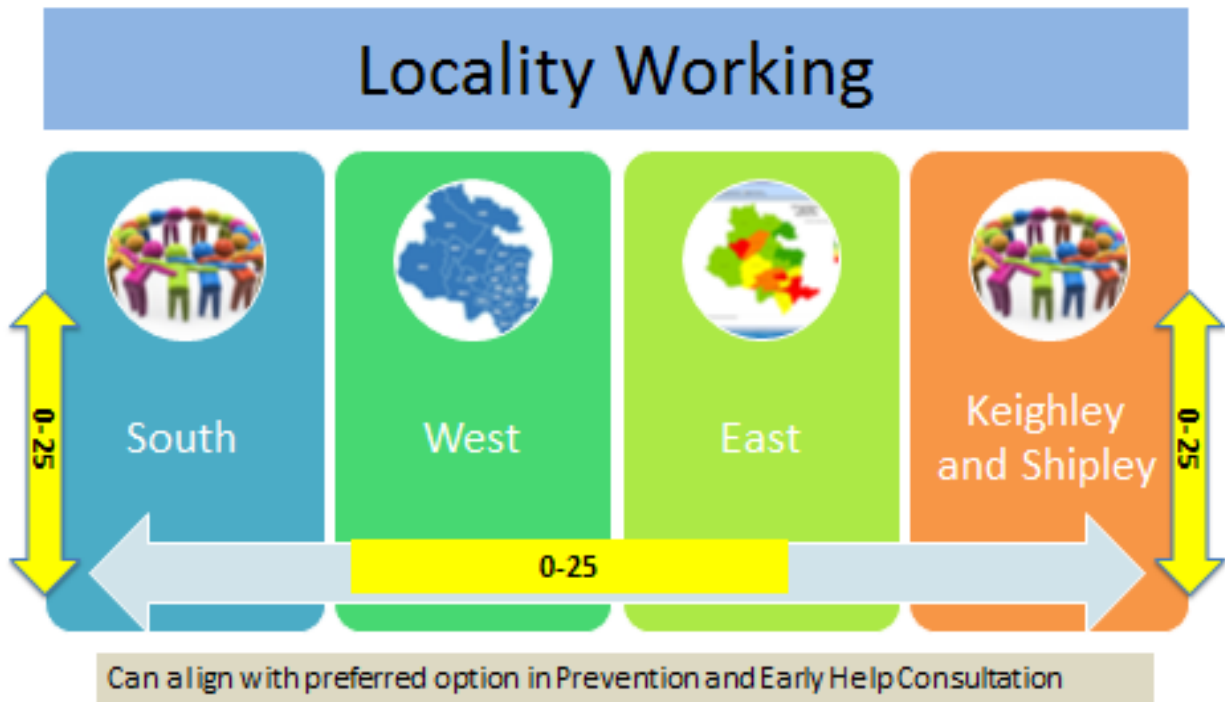
<p>0-25 SEND Inclusive Education Service made up of 2 teams:</p>	<ul style="list-style-type: none"> • Autism • Cognition and Learning 	<p>Team would comprise of:</p> <ul style="list-style-type: none"> • Service Manager
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<p>High incidence/occurring special needs)</p> <p>This team would align to work across the areas proposed in the Prevention and Early Help consultation:</p> <ul style="list-style-type: none"> • Keighley/ShIPLEY • East • West • South 	<ul style="list-style-type: none"> • Social, Emotional and Mental Health 	<ul style="list-style-type: none"> • Four Locality Leads (0.5 management role with 0.5 Specialist teaching role) • Specialist Teachers • Peripatetic Specialist Practitioners • Portage Home Visitors including one Senior Portage Home Visitor • Early Years Specialist Practitioners • Post-16 Transition Officers • Equality and Access (Inclusion) Officers • Business/Finance/admin
<p>Sensory and Physical Needs Team: for low Incidence/occurring SEND.</p> <p>Revised financial modelling has been based on a 70% funded model from the HNB and 30% on an income generated model through selling some of their services to schools.</p>	<ul style="list-style-type: none"> • Hearing Impaired, Visually Impaired and Multi-Sensory Impairment • Physical and medical 	<p>Team would comprise:</p> <ul style="list-style-type: none"> • Head of Service • Team Leader • Business Support • Visual Impairment Team <ul style="list-style-type: none"> - Specialist teachers - Specialist Practitioner - Technical Support - Habilitation Officers • Support Team for Deaf Children <ul style="list-style-type: none"> - Specialist Teachers of the deaf - Multi-Sensory Impairment teacher

		<ul style="list-style-type: none"> - Audiologist - Audiology officer - Specialist practitioners - Deaf Instructor • Physical and Medical Specialist Teachers
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3.16 The two teams within the new model will work closely together and will have a single point of referral into the support to simplify the process for families and schools and external agencies.

3.17 There is the potential that the work of these teams can align to the four locality model in the Prevention and Early Help preferred option currently under consultation.



Option Three	
Pros:	Cons:
Create one integrated team of specialists supporting children and	There would be a reduction in the number of specialist teachers and

<p>young people from 0-25 years of age.</p> <p>Better support transitions for example from home or early years settings into schools, both primary, secondary and Special and then into post -16 education, provision and apprenticeships and into employment</p> <p>Reduce the number of staff/professionals that families with children with SEND and schools have to interact with and help to simplify and streamline the referral process through one single point of contact.</p> <p>Allow schools to enter into one service level agreement to meet the needs of children and young people with the whole service rather than separate teams, right through to 25 years of age.</p> <p>Reduce duplication of service support functions, for example of administration and financial support and help to build a more responsive, timely and cost efficient service.</p>	<p>specialist practitioners employed by the LA to offer support to children, schools and families.</p> <p>The team will need to generate an income of 30% of the overall cost of the service to maintain or sustain this proposed level of staffing.</p>
<p>This is the preferred option because it integrates specialist teaching and support staff into two teams (High and Low Incidence) which are potentially more viable and will help to retain specialisms within the district which will together provide a prompt and more consistent support to children, young people aged 0-25 years and their families and schools and better support transitions between home, school and employment and training</p>	

3.18 This option would also generate greater net savings from the HNB of £0.774m and would reduce some of the pressure on the HNB. The overall spend on teaching support services would reduce from the current £4.725m to £2.945m whilst also providing the £1.006m for the additional specialist early years SEND places.

4. OTHER CONSIDERATIONS

- 4.1 This proposal sits alongside those proposals for Prevention and Early Help and the consultation on the expansion of specialist places – ‘Ensuring the sufficiency of specialist places across the Bradford District for children and young people with Special Needs and Disabilities (SEND)’.

5. FINANCIAL & RESOURCE APPRAISAL

- 5.1 Substantial savings must be made from the High Needs Block and the table below identifies the savings from each option. The options costed below show current spend on the specialist teaching support services (Column 1). In Option 2 (Column 3) and the preferred Option 3 (Column 4) £1,006,672 will be needed to fund the additional specialist early places and £170,000 will be used to continue to fund the Early Years SEN Assessment Team who will move into a 0-25 SEN Assessment Team (not part of this consultation).

	Column 1	Column 2	Column 3	Column 4
	Current 2017/18 HNB Spend	Option 2 Costs for original model	Option 2 Costs of the reworked model	Option 3 Cost of the preferred model
Costs of Specialist Teaching Support Services	4,725,725	2885,761	3,545,627	2,774,792
Early Years - Places		1,006,672	1,006,672	1,006,672
Costs of SEN Assessment Team		170,000	170,000	170,000
Total	4,725,725	4,062,432	4,722,299	3,951,464

- 5.2 As the preferred option would be a significant programme of change, additional dedicated resource and support will be required from a range of other council services and teams including Human Resources, Financial and Legal Services, Communications and Workforce Development. There has been £200k allocated from the Transformation Fund to support the Early Help and SEND Transformation programme.
- 5.3 Any redundancy costs that arise from these proposals will be covered through the DSG – High Needs Block.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1 Unless there is a radical change in the way that SEND Teaching and Support Services are delivered and make a significant contribution to savings required from the High Needs Block the pressure on the HNB will continue. Spending is currently forecasted to exceed our allocation by approximately £2m a year for the next four years. The trajectory is that by 2021/22 the HNB will have a forecasted deficit of £9.2m.
- 6.2 To deliver this programme of change requires delivery at considerable pace and a further period of formal consultation with children, young people, families and partners, workforce and other interested parties.

7. LEGAL APPRAISAL

- 7.1 The SEND Code of Practice 2015 sets out statutory guidance that local authorities, education settings and health bodies must take into account when carrying out their respective duties in respect of children and young people aged 0-25 years.
- 7.2 The Local Authority has a duty to identify, assess and make provision to meet the special educational and wider needs of children within its area and to monitor progress against outcomes. From September 2014 all new statutory assessments and Plans must consider educational, health and care needs, outcomes and appropriate provision.
- 7.3 Local authorities are expected to take into account the views of children, young people and their parents when proposing changes to any SEN provision and should identify the specific educational benefits and improvements in provision which will flow from the proposals.
- 7.4 One of the initial factors for consideration of any changes to SEN provision for a local authority is to ensure that pupils will have access to appropriately trained staff and access to specialist support and advice.
- 7.5 The SEND Code of Practice January 2015 provides that when considering any reorganisation of special educational needs provision that the Local Authority must make it clear how they are satisfied that the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for SEN (see Appendix 1 for the SEN Improvement Test).
- 7.6 The Local Authority must have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions. The Local Authority must carry out an Equalities Impact Assessment to enable intelligent consideration of the proposals. The Local

Authority must have due regard to the information in the Equalities Impact Assessment in making the decision to commence consultation on these proposals.

- 7.7 Consultation with employees in relation to any proposed changes will follow procedures set out in 'Managing Workforce Change'.
- 7.8 In circumstances where there is no prescribed consultation period or prescribed statutory process the Local Authority should consult interested parties in developing their proposals and before publication or determination of those proposals as part of their duty to act rationally and to take account of all relevant considerations. Any responses received to the consultation should be considered and the Local Authority must have regard to its Public Sector Equality Duty before any decision is taken to implement the proposals.
- 7.9 Consultation must take place with all interested parties when proposals are still at a formative stage, sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response. Adequate time must also be given for consideration and to respond to the consultation and conscientious account must be taken of responses when a decision is made. Whilst all options do not have to be consulted upon they must be sufficiently clear to enable consultees to understand the proposals.
- 7.10 Consultation must be easily understandable by those most likely to be affected by the proposed changes. The language should not be technical and what is being proposed and the impact of the proposals must be in plain English.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

- 8.1.1 The Local Authority must not discriminate directly or indirectly against any group or individual and is required to foster good relations.
- 8.1.2 An Equalities Impact Assessment for the preferred proposed Option 3 is attached as Appendix 3.

8.2 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report. Any development or changes to buildings undertaken as a result of these proposals will be undertaken in a sustainable way which minimises the future impact of the Local Authority's carbon footprint.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

The proposals would not impact on gas emissions.

8.4 COMMUNITY SAFETY IMPLICATIONS

There are no direct community safety implications arising from this report.

8.5 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report.

8.6 TRADE UNION

8.6.1 This proposal was presented at Children's OJC Level 2 on 7 December 2017.

8.6.2 The trade unions will be fully consulted on the proposals and meetings are scheduled with the Trade Unions on the proposals and their feedback will be incorporated into future reports to Executive. Under these proposals there **would** be staffing reductions across all of the options considered.

Option	Reduction in pressure on HNB	Current FTE staffing	FTE Staff reductions
Option 1	£660k	108	- 35 to 40
Option 2	£3.5k	108	- 10 to 12
Option 3	£770k	108	- 25 to 30

8.7 WARD IMPLICATIONS

Ward Councillors will be formally consulted upon about the proposals affecting their wards.

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. OPTIONS

10.1 That the committee considers the report and makes comments

11. RECOMMENDATIONS

- 11.1 Bradford East Area Committee to note the details of this report and make comment

12. APPENDICES

Appendix 1: The SEN Improvement Test for preferred Option 3

Appendix 2: Staff in scope

Appendix 3: The Equality Impact Assessment

Appendix 4: Consultation Plan

13. BACKGROUND DOCUMENTS

- SEND Code of Practice
- Bradford Council Plan 2016 - 2020 – A Great Start and Good Schools for all our Children
- Bradford Children, Young People and Families Plan 2016-2020
- The Education Covenant 2017-2020
- Directors of Children's Services: Roles and Responsibilities (2013)

Appendix 1 - the SEN Improvement Test for preferred Option 3

Based on preferred Option 3: Changes to the way in which specialist teaching support services are delivered for children and young people with special educational needs and disabilities (SEND)

This document demonstrates how the preferred proposal of Option 3 will improve the way in which the Local Authority delivers support to SEND children and young people through the teaching support services to meet the requirements of the SEN Improvement Test.

The SEN Improvement Test

Any local authority proposing to make changes to schools providing places for children and young people with any kind of Special Educational Needs or Disabilities (SEND), including Social Emotional and Mental Health Needs (SEMH), is required by the Department for Education (DfE) to show that the proposed changes to provision meet the SEN Improvement Test and are able to demonstrate that the proposed arrangements are likely to lead to improvement in the standard, quality and/or range of educational provision for children with special educational needs and disabilities.

The required improvements of the test which are relevant to these proposals are as follows:

1. Improved access to education and associated services including the curriculum, wider school activities, facilities and equipment with reference to the Local Authority's Accessibility Strategy.

SEND and Behaviour Services will continue to meet the requirements of the Government's inclusion agenda. It will ensure a flexible continuum of provision for pupils with a range of special educational needs and disabilities, according to the needs of individual children.

The reorganisation of the teams around an area-based model will ensure that children and families, schools and settings will have easier access to SEND associated services within the communities that they live. The alignment with the consultation models being proposed around Prevention and Early Help will increase communication and joint working with the range of professionals that can form a 'team around the child'.

The proposals will, therefore, lead to improved access to education and associated services including the curriculum, and wider school activities, while providing improved facilities and equipment.

The overall aims of Bradford's Accessibility Strategy and the way they will be met are as follows:

- Curriculum: Increasing the extent to which disabled pupils or prospective pupils can participate in the curriculum.
Due to the teams being co-located within areas with Prevention and Early Help these proposals will deliver advantages and improvements for the children and young people with SEND across all settings as their access to the specialist support services will be easier within their local community
- Physicality: Improving the physical environment of schools through targeted specialist advice and support provided by the specialist integrated teams about the environment will increase the extent to which disabled pupils can make progress with their learning and improve their outcomes.
- Information: Improving the provision of information in a wide range of formats for disabled pupils.
Local area support and information in a wide variety of formats on associated services, activities and help can be tailored to the communities that children and families live in and so provided greater knowledge and access and because of the integration of the SEND specialist teams and the alignment to Prevention and Early Help communications and information should be more streamlined, joined up, with a reduction in duplication and information overload by separate teams.

2. Improved access to specialist staff, both education and other professionals, including external support and outreach services

The creation of two 0-25 teams under one SEND service – the SEND Inclusive Education Service which would include high incidence SEND along with Early Years specialists, Portage and post -16 personal advisers; and one for low incidence SEND, rather than the current structure of a number of separate teams with their own administration, financial support and management in two different service areas will provide a more joined up, district wide approach to raising outcomes of SEND children and young people from birth to 25 years of age across the district.

The proposed SEND Inclusive Education Service will service four geographical areas and be aligned to the proposals for four teams in Prevention and Early Help. This will mean services are closer to the communities which they serve, there will be a much clearer pathway for any referrals, there will be better communications and shared systems between services so they can join their offer up for children, young people and families and make them more efficient and seamless. Families, schools and other service users should know more clearly who the teams are and who they need to contact and should get a more timely response.

The creation of 0-25 specialist teams also means that children and young people will benefit from the continued support of the full range of training and qualified specialist staff from birth, through education and careers and transition support into further education and employment.

3. Confirmation of how the proposals will be funded and the planning staffing arrangements put in place

Both the proposed SEND Inclusive Education Service and the Sensory and Physical Needs (Low Incidence) Service will be funded from the high needs block for 70% of the total cost of the teams. Each team will need to sell some of their services to generate an income of 30% of the overall cost of the team. This 30% of income will be generated through delivering consultancy, training, some equipment and resources to support schools, settings and colleges to deliver a high quality offer to all SEND children and young people.

The staffing for the teams will comprise the majority of the staff that are currently employed within the teaching support teams. These comprise:

- Autism Team
- Cognition and Learning Team
- Social, Emotional and Behavioural Difficulties (SEBD) Team
- Physical and Medical Team
- Sensory Team (which covers hearing and visual impairment and multi-sensory impairment).
- Portage
- Early Years Intervention Team
- 0-7 SEND team

Appendix 2 - staff in scope

Specialist teaching and support teams	Staff in scope FTE
Cognition and Learning	11.6
Autism	11.0
BESD	13.5
Physical and Medical	4.0
Sensory Outreach team	27.6
0-7 SEND	22.0
Early Years Intervention Team (excluding assessment team)	18.1
Numbers in scope for consultation	108*
	(9 vacancies)

- * rounded

Appendix 3 - Equality Impact Assessment Form

Department	Education, Employment and Skills	Version no	Final draft
Assessed by	Lynn Donohue and Angela Spencer-Brooke	Date created	First draft
Approved by	Judith Kirk	Date approved	24.10.17
Updated by	Lynn Donohue	Date updated	04.12.17
Final approval	Judith Kirk	Date signed off	05.12.17

The Equality Act 2010 requires the Council to have due regard to the need to

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Section 1: What is being assessed?

1.1 Name of proposal to be assessed.

Transformation of the 0-25 SEND specialist teaching and support services specifically under consideration is:

Preferred Option 3, which proposes to create two interdependent combined specialist teams; one Integrated SEND Inclusive Education Service which includes specialists for High Incidence SEND as well as those for Early Years and Post-16 for children and young people aged 0-25 years of age and one for Low Incidence SEND for children and young people aged 0-25 years of age. These two teams will work closely together to deliver advice, training and support to children and young people from birth to 25 (where required).

The proposals have been reviewed and revised in the light of feedback received during a consultation period which ran until 31 August 2017. It has been agreed that these revised proposals will be presented to the Council Executive to ask them to agree to a further period of consultation to ensure that meaningful engagement with all stakeholders can now be undertaken on the preferred option 3.

1.2 Describe the proposal under assessment and what change it would result in if implemented.

The Local Authority offers a range of specialist teaching support services to advise, support and train mainstream schools and specialist settings to meet the needs of children and young people with special educational needs and disabilities (SEND).

Currently, these services are mostly based in the city centre and are funded through the High Needs Block (HNB) (funding which the Council receives from the Government) and employ teachers, specialist practitioners and specialist support roles and Post 16 Personal Advisors.

The staff teams which are part of the preferred Option 3 in the proposals to the Council Executive are:

- Autism Team
- Cognition and Learning Team
- Social, Emotional and Behavioural Difficulties (SEBD) Team
- Physical and Medical Team
- Sensory Team (which covers hearing and visual impairment and multi-sensory impairment)
- Portage
- Early Years Intervention Team
- 0-7 SEND team

These teams currently have their own management arrangements and some sit within different services within Children's Services Department of the Council.

These teaching support services currently offer statutory and non-statutory support in mainly mainstream schools to support the inclusion and the removal of barriers to learning for children across all the prime SEND needs i.e. learning disabilities, autism, physical and medical needs, social, emotional and mental health needs and sensory needs (hearing, visual and multi-sensory impairment).

The proposal is to create two integrated teams of staff for children and young people from birth up to 25 years of age, rather than the current arrangements which are separate teams within the SEND and Early Years' services of the Council.

One team will be the SEND Inclusive Education Service 0-25 team which will integrate specialist teachers and practitioners from the Portage, Early Years Intervention team, 0-7 SEND team, and High Incidence SEND - Autism, Cognition and Learning and SEBD Teams into one team.

This proposed team will offer early intervention in the home through Portage home teaching for young children; offer support throughout a child and young person's educational journey in school and offer transition support post-16 into training and further education and post-19 into training and employment.

In addition it is proposed that a second low incidence 0-25 SEND team of staff will be created by joining together the current Sensory Team and the Physical and Medical Teams. This team will offer support to children with hearing impairment, visual impairment, multi-sensory impairment, physical and medical difficulties and disabilities.

It is also proposed that this team will offer early intervention in the home; offer support throughout a child and young person's educational journey in school and offer transition support post-16 into training and further education and post-19 into training and employment.

Both of the new teams will work closely together.

The proposals intend to create two teams within the same overarching service (SEND) covering children and young people 0-25 years of age.

This will offer better transitions for children and young people and their families when they move between settings, schools, further and higher education and into employment. The intended result is fewer contacts between different teams and different services in the Council and therefore better and more timely communications with settings, schools, families and their children; a more efficient service, more timely responses to service requests and referrals and overall a more joined up, coherent approach to the children and young people with SEND.

Children and young people with SEND and their families, schools and settings should benefit from the creation of having only two specialist teaching and support teams; with more straightforward access to services,, fewer contacts with the different sections of the Council and people and not being passed between separate teams within the SEND services.

In addition, by creating these two teams it means the Council should keep expertise and SEND specialisms within the district. Because we are proposing that the teams will be part funded from the HNB (Council funding) and partly required to generate an income through selling services to schools, we can afford to retain a larger team of specialist staff. If the services continued to be wholly funded from the HNB, which is under significant budgetary pressure, there would need to be substantial reductions in staffing and some expertise and specialisms would inevitably be lost to the district.

Section 2: What the impact of the proposal is likely to be

2.1 Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.

Yes - This proposed preferred option is intended to advance the equality of opportunity and improve a range of outcomes for children with SEND 0-25 years-old by providing an integrated specialist teaching and support service for children and young people aged from birth to 25 years in early year's settings, schools and colleges.

The creation of two 0-25 teams under one SEND service – the SEND Inclusive Education Service which would include high incidence SEND along with Early Years specialists, Portage and post -16 personal advisers; and one for low incidence SEND, rather than the current structure of a number of separate teams with their own administration, financial support and management in two different service areas will provide a more joined up, district wide approach to raising outcomes of SEND children and young people from birth to 25 years of age across the district.

It is intended that the proposed SEND Inclusive Education Service will service four areas and be aligned to the proposals for four area-based teams in Prevention and Early Help. This will mean that Council services are closer to the communities which they serve, there will be a much clearer pathway for any referrals, there will be better communications and shared systems between services so they can join up their offer for children, young people and families and make them more efficient and seamless. Families, schools and other service users should be able to identify more clearly who the teams are and who they need to contact and should get a more timely response.

The creation of 0-25 specialist teams also means that children and young people will benefit from the continued support of the full range of training and qualified specialist staff from birth, through education and careers and transition support into further education and employment.

2.2 Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.

Yes –. The proposals will ensure that all SEND children and young people with a range of special educational needs and disabilities will continue to have access to high quality support from the full range of trained specialist staff. Their access to fully qualified and experienced teachers, practitioners, teaching assistants and other professionals will be improved through the creation of two integrated teams under one SEND service. The opportunities will be further enhanced as the specialist staff will work more closely together, supporting each other and having access to targeted services and through the positioning of these teams together with Prevention and Early Help services who will be area based ,communications and joint working with other services will be improved.

2.3 Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.

This is a wide ranging programme of change and involves many people. This has been taken into consideration and for staff their terms and conditions of employment will not

change; there may be a change in their work/office base and the geographical location they cover. In these cases we will involve any staff with disabilities and mobility issues in discussions about work locations and bases, for example in relation to where they live and transport arrangements.

For children and young people with SEND and their families there will should be no negative impacts as they will have professionals who are working more closely within their communities and with their family, setting or school; they should be telling their story once and fewer professionals are involved; communications should be more simple and straightforward.

With integrated teams under one service, the services they provide to children, young people and their families will be more joined up, more timely and responsive. The services to settings and schools will be maintained and improved in the same way that is described for families.

The selling of some services to schools will allow them, if they choose to do so, to buy additional support tailored to their requirements, to meet the needs of the children and young people they educate.

The equality assessment indicates that this proposal is likely; overall, to have no impact or a low impact and that there is no disproportionate impact on any group who share protected characteristics. .

2.4 Please indicate the level of negative impact on each of the protected characteristics?

(Please indicate high (H), medium (M), low (L), no effect (N) for each)

Protected Characteristics:	Impact (H, M, L, N)
Age	N
Disability	L
Gender reassignment	N
Race	N
Religion/Belief	N
Pregnancy and maternity	N
Sexual Orientation	N
Sex	N
Marriage and civil partnership	N
Additional Consideration:	N

Low income/low wage	N
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2.5 How could the disproportionate negative impacts be mitigated or eliminated?

(Note: Legislation and best practice require mitigations to be considered, but need only be put in place if it is possible.)

The Local Authority and strategic partners have made significant efforts to mitigate against any negative impacts whilst continuing to use High Needs Block funding to intervene early and promote equality of opportunity and access to specialist support services so that it is used effectively to improve outcomes for Children and Young People with SEND. The provision of integrated high quality teams (for both High Incidence and Low Incidence SEND) of SEND specialists will mean that specialisms and expertise are retained within the district for the benefit of children and young people with SEND.

It is important to note that schools have a responsibility to ensure that the needs of their pupils with SEND are met and this has not changed. The Local Authority is committed to working with all our children and young people in Bradford, irrespective of whether they are in academies or free schools, Independent or Private providers and Businesses who provide apprenticeships.

The Local Authority will continue to undertake all of its statutory duties identified in the SEND Code of Practice and this assessment will be updated as and when further consultation is undertaken to analyse any impact on children and families who may use the services and staff providing the services.

Section 3: Dependencies from other proposals

3.1 Please consider which other services would need to know about your proposal and the impacts you have identified. Identify below which services you have consulted, and any consequent additional equality impacts that have been identified.

We have conducted initial engagement and a period of consultation with nursery schools, mainstream schools, special schools, colleges and post 16 providers, partners in the NHS, the Private and Voluntary sector, community partners, social care both Adults and Children, the SEND Parents/Carer Forum and Trade Union Organisations. A further paper is to be tabled to the Council Executive in January 2018 with the revised proposals which will discuss the preferred option and ask the Executive to recommend a period of further formal consultation including all previous consultees and interested parties.

Section 4: What evidence you have used?

4.1 What evidence do you hold to back up this assessment?

The first Council Executive Report and accompanying evidence was discussed on 20 June 2017. As part of this an extensive evidence and data was used including the incidence of SEND across the district and by type, the number of referrals and by age and type of Special needs, the number and geographical spread of Education and Health Care Plan assessments and by ward some of this is included or referenced in the executive report. In addition, the findings from a survey to schools in July 2017 about SEND Specialist services have also been taken into account in framing these proposals.

An SEN Improvement Test at Appendix 1

4.2 Do you need further evidence?

An initial engagement on the proposals ran from 2 May 2017 to 6 June 2017. A wide range of stakeholders were consulted and we received a significant number of comments and questions. All of these have been reviewed, and as a result of this changes and amendments were made to the initial proposals. An executive Report was discussed at the Council Executive on 20 June 2017.

Following this meeting a period of consultation started on 26 June 2017 due to run until 31 August 2017. As a result of feedback and responses during this consultation period revisions were made to the initial proposed model. A number of options were considered which resulted in the Council's preferred option 3 being developed. These revised proposals are contained within a further Council Executive report due to be tabled in January 2018. Executive will therefore be asked to agree a further period of formal consultation on the proposed preferred option early in the New Year 2018 which will engage all interested parties.

Section 5: Consultation Feedback

5.1 Results from any previous consultations prior to the proposal development.

A summary of the responses from the initial consultation 2 May until 6 June has been attached to this document – '*Responses to initial consultation*'. Note also paragraph 4.2 above regarding the formal consultation period.

During the initial consultation period a total of 79 responses were received containing a total of 16 comments and 144 questions:

Respondent	Number of responses	Comments	Questions
Internal staff Teams	72	7	121
Schools	3	2	2
VCS	2	5	19
Parent	2	2	2
Overall	79	16	144

5.2 The departmental feedback you provided on the previous consultation (as at 5.1).

As a result of this initial engagement period 2 May until 6 June some changes were made to the staffing of the then proposed Centres of Excellence.

As a result of feedback and responses during the consultation period 26 June to 31 August 2017 further revisions to the proposed model have been made and these will be presented to the Council Executive in January 2018.

5.3 Feedback from current consultation following the proposal development (e.g. following approval by Executive for budget consultation).

As a result of feedback and responses during the consultation period 26 June to 31 August 2017 further revisions to the proposed model have been made. It was also noted that this consultation took place during the school summer break.

5.4 Your departmental response to the feedback on the current consultation (as at 5.3) – include any changes made to the proposal as a result of the feedback.

Council Executive will meet on 9 January 2018 to consider further options and in particular to discuss the preferred Option 3 explained in this paper. It is intended that following that meeting a further formal consultation period will commence between 17 January and 28 February 2018. When the further formal consultation closes a further report will be presented to the Council Executive in April 2018.

Appendix 4 - Consultation Plan

SEND Transformation 0-25 – Stakeholder Consultation Plan			
	Purpose	Type / Method	When / Frequency
Parents and Carers across the District, including Parent and Carer Forums Communities of Interest	To ensure wider reach during engagement / consultation / feedback Engage in scoping and design where directly affected	<ul style="list-style-type: none"> - Focus Groups at Special Schools - On-line survey - Engagement and Consultation Council website - Local Offer website - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Families Information Service - Citizen's e-panel 	<ul style="list-style-type: none"> - Initial engagement 02/05/2017 to 06/06/2017. - Initial formal consultation from 26/06/17. - Parents Forum (dates TBC). - Strategic Disability Group (TBC)
Children and Young People (including those with SEND)	<p>To ensure wider reach during engagement / consultation / feedback</p> <p>To gather current experience accessing services</p> <p>To engage and consult in scoping and design where directly / indirectly affected</p>	<ul style="list-style-type: none"> - Youth Service - Focus Groups - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Colleges / University - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> - Engagement completed and analysis reviewed. - Initial formal consultation began on 26/06/2017. - Model revised and to be confirmed in April 2018 once analysis of further consultation feedback has been undertaken.

<p>Elected Members, Executive, CMT, DMT Meetings</p> <p>MP's</p> <p>Parish Councils</p>	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, member briefings and updates - Engagement and Consultation Council website - Local Offer website - Parish and Town Councils 	<ul style="list-style-type: none"> - CMT - CMT/Pre-Exec - Council Executive - Keighley Area Committee – TBC - Shipley Area Committee – TBC - East Area Committee – TBC - South Area Committee – TBC - West Area Committee – TBC
<p>Key Partnership Groups</p> <ul style="list-style-type: none"> - SEND & Behaviour Strategic Board - Children's Trust Board - Safeguarding Board - Accountable Care Board - Area Committee Meetings - Overview & Scrutiny - Early Help Board 	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, briefings and updates - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> - SEND Strategic Partnership – (date to be confirmed) - Overview & Scrutiny – (date to be confirmed) - Accountable Care Board – (date to be confirmed) - Safeguarding Board – (date to be confirmed) - Children's Trust Board – (date to be confirmed) -

<p>Private, voluntary and independent sector</p> <p>Diocese Boards of Education –Church of England Catholic Diocese Muslim Association /Council for Mosque</p> <p>Neighbouring Local Authorities</p>	<p>To support initiation and on-going implementation across key services and teams</p> <p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - Briefings and updates 	<ul style="list-style-type: none"> - Dates to be confirmed with Peter Horner
<p>National Organisations</p> <ul style="list-style-type: none"> - DfE - National Charities 	<p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and Consultation Council website - Local Offer website 	
<p>Key teams and services:</p> <ul style="list-style-type: none"> • LA • Police • Health Visiting and School Nursing • VCS • Children’s Centres 	<p>To engage in scoping and design when directly affected.</p> <p>To keep informed of key information / changes and input into recommendations</p> <p>To deliver changes in practice on the ground</p>	<ul style="list-style-type: none"> - Web-based and newsletter updates - Updates through Management and staff meetings. - Drop-in sessions and briefings with those teams directly affected. - CMT Messages - BradNet 	<ul style="list-style-type: none"> - Initial briefings to affected staff and colleagues on 02/05/2017 (informal engagement), 26/06/2017 (formal consultation). - Drop-in sessions to be scheduled during consultation (dates to be confirmed)

		<ul style="list-style-type: none"> - Online survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Departmental Consultation Leads - Engagement and Consultation Council website - Local Offer website 	
Trade Unions	<p>To keep informed of key information / changes and input into recommendations</p> <p>To consult under Managing Workforce Change as and when required</p>	<ul style="list-style-type: none"> - Briefing through OJC Level 3 in the first instance - Regular monthly meetings with Unions to update on developments throughout programme. - Consultation under Workforce Changes as and when required - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> - OJC Level 3 on 22/06/2017 - Fortnightly meetings to be scheduled (dates to be confirmed)
All staff from Nurseries, Primary and Secondary Schools, Academies, MATs, Governors	<p>To keep informed of key information / changes and input into recommendations through an engagement and consultation period.</p> <p>To engage and consult in scoping and design where</p>	<ul style="list-style-type: none"> - Updates provided through the Head teacher briefings - Bradford Schools Online - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and 	<ul style="list-style-type: none"> - Initial engagement 02/05/2017 – 06/06/2017 - Initial formal consultation began from 26/06/2017 - Head teacher, Governors & other key briefings

	directly / indirectly affected	Consultation Council website - Local Offer website	
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