



Agenda for a meeting of the Corporate Parenting Panel to be held on Monday 10 September 2018 at 4.30 pm in Committee Room 1, City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
D Smith	Thirkill Engel Tait	Humphreys

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
M Pollard	Mohammed Nazir Shafiq	N Pollard

NON VOTING CO-OPTED MEMBERS

Chair of Children in Care Council

Inspector Kevin Taylor

Yasmin Umarji

Sue Thompson

West Yorkshire Police

Bradford Education

Bradford District Clinical Commissioning Group

Notes:

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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.

From:

Parveen Akhtar

City Solicitor

Agenda Contact: Sheila Farnhill

Phone: 01274 432268

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To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

(Sheila Farnhill – 01274 432268)

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

(Sheila Farnhill – 01274 432268)

3. MINUTES

Recommended –

That the minutes of the meeting held on 25 April 2018 be signed as a correct record (previously circulated).

(Sheila Farnhill – 01274 432268)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Sheila Farnhill - 01274 432268)

B. BUSINESS ITEMS

5. INDEPENDENT REVIEWING OFFICERS (IRO) ANNUAL REPORT 1 - 40

A report will be presented by the Deputy Director (Children's Social Care) (**Document "D"**) in relation to the work of the Independent Reviewing Officer (IRO) Service and its Annual Report, the production of which is a requirement of the IRO Regulations.

Recommended –

That the key priorities for the Independent Reviewing Officer Service, as set out in Section 12 of Appendix 1 to Document "D", be endorsed.

(Imran Cheema – 01274 434530)

6. HEALTH AND DENTAL CHECKS FOR LOOKED AFTER CHILDREN 41 - 50

The Deputy Director (Children's Social Care) will submit a report (**Document "E"**) updating Members in relation to outcomes in respect of the annual health check and dental check Key Performance Indicators for Looked after Children set by the Department of Education and detailing the Looked After Children and Care Leavers Health Offer in Bradford.

Members' views are requested.

(Emma Collingwood - 01274 437123)

7. CITIZENSHIP AND ACCESS TO PASSPORTS FOR LOOKED AFTER CHILDREN 51 - 56

A report will be submitted by the Deputy Director (Children's Social Care) (**Document "F"**) which provides an overview of the work that is undertaken by Social Workers to ensure that the children in our care who are not UK citizens have the appropriate identity documentation to allow them to travel abroad on school trips and holidays, and the work undertaken to ensure that their immigration status is appropriately addressed.

Recommended –

That the contents of Document "F" be noted.

(Rachel Curtis – 01274 435779)

8. WORK PLAN 2018/19 57 - 58

The Panel's Work Plan for 2018/19 is submitted for Member's consideration (**Document "G"**).

(Jim Hopkinson – 01274 432904)



Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 10 September 2018

D

**Subject: Independent Reviewing Officer (IRO) Annual Report 01st April
2017- 31st March 2018**

Summary statement:

The IRO Manager should be responsible for the production of an Annual Report for the scrutiny of the members of the corporate parenting board. This report should identify good practice but should also highlight issues for further development, including where urgent action is needed. IRO Handbook section 7.11

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Imran Cheema
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Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 The IRO Annual report should make reference to:

- Procedures for resolving concerns with an analysis of the issues raised including the outcomes.
- The continued development of the service including IRO case load numbers, make up and diversity of the team.
- Participation of children and families.
- Timeliness performance of review meetings.
- Outcomes of quality assurance audits in relation to the organisation, conduct and recording of reviews.

2. BACKGROUND

IRO Annual Report includes data collected for our Children Looked After (CLA) from 1st April 2017 to 31st March 2018. It presents the IRO overview of service delivery to our CLA for this Panel.

3. OTHER CONSIDERATIONS

Not applicable.

4. FINANCIAL & RESOURCE APPRAISAL

The Strategic Director has agreed to recruit to an additional full time IRO vacancy. The advert has gone out and we aim to interview on 7th September 2018.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations.

6. LEGAL APPRAISAL

The Government made it a legal requirement for an IRO to be appointed to participate in case reviews, monitor the local authority's performance in respect of reviews, and to consider whether it would be appropriate to refer cases to the Children and Family Court Advisory and Support Service (Cafcass). This is set out in section 26 of the 1989 Act, as amended by the 2002 Act

7. OTHER IMPLICATIONS

None.

7.1 EQUALITY & DIVERSITY

IRO's are experienced social work practitioners independent from social work teams. This enables an independent overview of the child's planning and provision of care. IRO's will challenge drift and delay in the implementation of care planning and inadequate or poor care plans.

A part of the review will look at diversity and leisure needs of the child. This will include all aspects of diversity such ethnicity, gender, cultural, language and religious needs. The reviews are key in protecting and prompting the child's background and identity.

7.2 SUSTAINABILITY IMPLICATIONS

IRO's review care plans for Bradford's Children Looked After. The objective is to achieve good timely outcomes for our most vulnerable children and in doing so support them from early childhood through to independent living. The effective independent review of care plans to ensure that the local authority is identifying and meeting the needs of the district's most vulnerable children.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

A Solicitor is not consulted in completing this annual report.

Children Looked After are entitled to have their care planning and provision of care reviewed by an independent professional.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

Not applicable.

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

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

It is a statutory expectation that all Looked After Children have a regular review of care plans.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

See recommendations below.

10. RECOMMENDATIONS

That the Corporate Parenting Panel endorse and approve the key priorities suggested for the service in section 12 of the main report.

11. APPENDICES

Appendix 1- IRO Annual Report.

12. BACKGROUND DOCUMENTS

- Bradford's 2017/18 Annual CLA Data provided by the Data Analytics & Intelligence Officer.
- Reference to the IRO Handbook.
- National IRO Managers Partnership Meeting Minutes.
- Viewpoint questionnaire feedback.

APPENDIX 1

IRO Annual Report 01st April 2017 - 31st March 2018

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1. Introduction
2. Profile of the Independent Reviewing officer.
3. Statistical Information Regarding Looked after Children (LAC) and the IRO Service
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5. LAC Age 4+ Participation in Reviews 2017 - 2018
6. Viewpoint consultation & Children's Feedback.
7. IRO Quality Assurance and Making a Difference
8. IRO's Signs of Safety QA Analysis Appendix C.
9. IRO's promoting the Voice of the Child & Advocating for CLA Entitlements.
10. National IRO Managers Partnership (Protecting children's entitlements & Promoting the IRO role)
11. Summary
12. Key Priorities 2018/19

Imran Cheema

IRO manager 28.08.218

1. Introduction

1.1 The IRO handbook states that the IRO manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting board. This report should identify good practice but should also highlight issues for further development, including where urgent action is needed. It should include an analysis of the issues raised in dispute and the outcomes. Present the team dynamics, current case loads and information on the participation of children and families in the review process. Annual performance timeliness of reviews and outcomes of quality assurance audits in relation to the organisation, conduct and recording of reviews.

1.2 Bradford's current pledge to our children looked after is to offer support in all education matters which will run through into adult life and assist our young people to prepare for independent living. Professionals will be open and honest with a real commitment to engage our children so that their voice has where appropriate a priority in decision-making for them. This support will include keeping them safe and assisting in the pursuit of personal goals and dreams. Bradford recognises the importance of family both before and after care. We will ensure that family contact is supported even in the most complex of circumstances.

1.3 The purpose of this report is to describe how the Independent Reviewing Unit plays a key role in monitoring the performance of the local authority as a corporate parent. The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents each local authority should act for the children they look after as a responsible and conscientious parent would act. The IRO's primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration.

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2.Profile of the IRO Service in Bradford

2.1 The Bradford IRO service now has 14 IRO's, 10 fulltime and 4 part-time (11.2 FTE). The teams are all experienced practitioners with 5 years post qualification experience as required by the IRO Handbook.

2.2 The Strategic Director Management team have agreed to recruit to another full time IRO position. This is in response to the increased number in Bradford's Children Looked After population with a view to maintaining manageable case loads. We hope to have somebody in post by the end of October 2018.

3.Statistical information regarding Looked after Children (CLA) and the IRO Service

Children Looked After in Bradford

3.1 BRADFORD CLA 2017-18 DATA

AGE AT 31 MARCH 2018			
BOYS		GIRLS	
Under 1:	31	Under 1:	33
1 - 4:	90	1 - 4:	90
5 - 9:	94	5 - 9:	96
10 - 15:	196	10 - 15:	177
16 - 17:	97	16 - 17:	82
18 & over and placed in a community home:	0	18 & over and placed in a community home:	0
TOTAL BOYS:	508	TOTAL GIRLS:	478
TOTAL ALL CHILDREN LOOKED AFTER AT	986		

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31 st MARCH 2018:	
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3.2 The total number of children looked after has increased from 927 on 31st of March 2017 to 986 children on 31st of March 2018. This is 59 more children and a 6 % increase in our CLA population. Even though numbers have continued to increase there is a slow-down in the rate from the previous year where the population had gone up by 9%. The most recent accurate figure is 1049 children which represents again a 6% increase since 01st April 2018.

3.3 Bradford's CLA population has increased from 67 last year to 73.6 children per 10,000 of the population this year. The national figure for this last year was 62 CLA per 10,000 populations so we can see that Bradford is higher than the national average.

3.4 The majority of our Children Looked After are still in the age range 10 to 15. These account for 37% of our CLA population and match the national trend for this age range. This age range 10-15 has increased by 7 for both boys and girls.

3.5 The total number of boys has gone up from 494 in 2017 to 508 on 31st of March 2018 and a bigger increase with girls from 433 to 478. The total number of children under the age of 4 increased from 192 to 244 representing a 27% increase in this age range.

<u>3.6 ETHNIC ORIGIN OF CHILDREN LOOKED AFTER AT 31 MARCH 2018</u>	
White	647 (66%)
Mixed	150 (15%)
Asian or Asian British	108 (11%)
Black or Black British	21 (2%)
Other ethnic groups	60 (6%)

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TOTAL :	986
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3.7 There have been no significant changes in the ethnicity of our children looked despite the total increase in Bradford's CLA population. The percentages of the different ethnicity groups have remained constant over the 2 years. White children still make up the majority of the children.

3.8 We have seen a continued increase in Unaccompanied Asylum Seeking young people coming to Bradford as part of the national dispersal scheme. This increased from 16 in March 2017 to 33 on 31st of March 2018. The national trends show that numbers started increasing from 2014.

<u>3.9 LEGAL STATUS AT 31 MARCH 2018</u>		
Care Orders:	Interim	159
	Full	674
Voluntary agreements under S.20 (single period of accommodation)		86
Freed for adoption		0
Placement Order		63
On remand, committed for trial, or detained		4
Emergency orders or police protection		0
TOTAL:		986

3.10 Children subject to ICO have gone up from 137 in March 2017 to 159 on 31st March 2018. Even though it is a 16% increase the rate has slowed down from the 22% increase of last year. Full care orders have gone up from 639 to 674. Therefore the total number of children subject to both has increased

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by 57 which represent a 7% increase. We are pleased to report that the number of children accommodated under a section 20 agreement has continued to fall from 105 to 86. This illustrates that even though our children looked after population has increased we are less inclined to use section 20 agreements for long-term care episodes. There is a drive for such accommodations to be regularly reviewed at our Legal Gateway Panel to ensure our children have the correct legal status. The IRO manager has also been actively involved in challenge panels arranged to determine appropriate legal status for some of our section 20 children.

3.11 Children subject to placement order has gone up from 42 to 63 representing a 49 % increase. This is encouraging as it represents a change after 2 years of consistent reductions in adoptions being pursued as the preferred permanency plan.

<u>3.12 PLACEMENT AT 31st MARCH 2018</u>		
Foster placement with relative or friend:	Inside local authority	203
	Outside local authority	55
Placement with other foster carer:	Inside local authority	346
	Outside local authority	86
Secure unit		2
Homes and hostels		83
Hostels and other supportive residential placements		1
Residential schools		1
Other residential settings		5
Placed for adoption (including placed with former foster carer)		30

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Placed with own parents	124
In lodgings, residential employment or living independently	50
Other placement	0
TOTAL :	986

3.13 Family and friends placements have increased again from 221 in 2017 to 258 in 2017(17% increase). Family and friends placements outside the Local Authority have also increased from 45 to 55; however the rate of increase has reduced from 32% last year to 22%. This is positive that it shows Bradford is committed to keeping children within their family network when it can be done safely. This is also within the signs of safety practice framework.

3.14 Other foster care placements which will be a combination of Bradford's own foster carers and privately purchased foster carers increased slightly from 413 in 2017 to 432 in 2018. This is in line with the national picture where foster placements account for the majority of our placements, at 70%.

3.15 Children placed at home with a placement with parent's agreement increased from 112 such placements in 2017 to 124 on 31st of March 2018. This once again shows a shift by the judiciary on removing children. The threshold for imminent danger and removal has increased. National statistics also report a 13% increase in PWP agreements over the 2 periods.

3.16 In lodgings, residential employment and independent living has also gone up from 46 in 2017 to 50 in 2018. This shows the impact in the increase in unaccompanied asylum seeking children.

3.17 It is encouraging to see that children placed for adoption has increased from 20 to 30 placements.

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<u>3.18 CATEGORY OF NEED FOR CHILDREN LOOKED AFTER AT 31 MARCH 2018</u>	
Abuse or neglect	876 (89%)
Disability	9
Parental illness or disability	5
Family in acute stress	26
Family dysfunction	41
Socially unacceptable behaviour	3
Low income	0
Absent parenting	26
TOTAL :	986

3.19 Abuse and neglect continues to be the most significant category of need for our children. This year it accounts for 89% of our total Children Looked After population. This is consistent with last year. Children with a disability as their category of need has reduced from 14 to 9. The remaining categories have remained constant despite the overall increase in the CLA population.

<u>3.20 CARE STARTED / CEASED AT 31 MARCH 2018</u>	
Total Number of Children who have Started to be Looked After	338
Total Number of Children who have Ceased Care	298

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3.21 The total number coming into care over the year actually dropped from 351 last year to 338 this year and the number exiting care increased from 281 to 298. This explains why even though the total number of CLA increased, the rate of increase had fallen in comparison to the previous year. Bradford has one of the largest populations of young people and alongside welfare reform and emerging new communities we have observed like many other local authorities a continuous increase in our CLA numbers.

3.23 The profile in terms of children leaving care as at 31/03/2018.
There were 298 children who left care in the year. Of these:-

Reason Ceased Care	Number	%
Accommodation ceased - care taken over by another authority	2	0.7%
Accommodation on remand (S23 CYPA 1969) ceased	1	0.3%
Adoption, application unopposed	17	5.7%
Adoption, consent dispensed with	12	4.0%
Age assessment determines young person is over 18	1	0.3%
Ceased for any other reason	14	4.7%
Death	1	0.3%
Independent living with formal support	2	0.7%
Independent living with no formal support	1	0.3%
Planned return home to parents or other person with PR	83	27.9%
Reached age of 18,19 or 21	84	28.2%
Residence Order / Child Arrangements Order	4	1.3%
Returned to live with parent or relative - with no PR	9	3.0%
Sentenced to custody	11	3.7%
Special Guardianship Order not to former foster carers	4	1.3%
Special Guardianship Order to former foster carers	19	6.4%
Supervision Order	22	7.4%
Transferred to care of adult services	5	1.7%
Unplanned return home to parents or other person with PR	6	2.0%
Grand Total	298	100.0%

3.24 Total number of adoptions decreased from 42 in 2017 to 29 on 31st March 2018. We anticipate this to be different next year given the increase in children subject to a placement order.

3.25 83 children had a planned return home to parents or other person with PR which was the same as last year. This does however represent a slight

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reduction in the percentage as the total number of children ceasing to be looked over the year increased from the previous year.

3.26 Children reaching the age 18, 19 or 21 went up from 60 in 2017 to 84 at 31st March 2018.

3.27 The total number of special guardianship orders achieved as the permanency plan continued to fall from 34 in 2017 to 23 on 31st of March 2018. Our care proceedings lead case worker has informed that the court is no longer in favour of making SGO at the final hearing for untested carers. The preference is to for a return to court once the placement has been tested and assessed over the year following the final hearing.

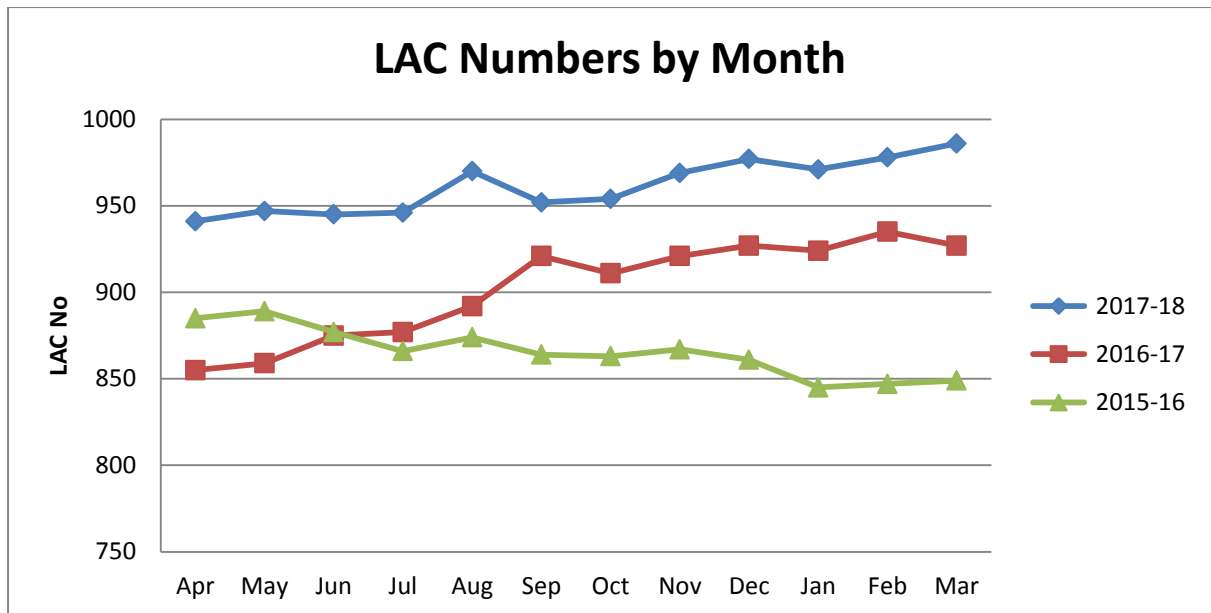
3.28 CLA Totals by Month

As At Date	LAC Total 2017-18	As At Date	Lac Total 2016-17	As At Date	LAC Total 2015-16
30-Apr-17	941	30-Apr-16	855	30-Apr-15	885
31-May-17	947	31-May-16	859	31-May-15	889
30-Jun-17	945	30-Jun-16	875	30-Jun-15	877
31-Jul-17	946	31-Jul-16	877	31-Jul-15	866
31-Aug-17	970	31-Aug-16	892	31-Aug-15	874
30-Sep-17	952	30-Sep-16	921	30-Sep-15	864
31-Oct-17	954	31-Oct-16	911	31-Oct-15	863
30-Nov-17	969	30-Nov-16	921	30-Nov-15	867
31-Dec-17	977	31-Dec-16	927	31-Dec-15	861
31-Jan-18	971	31-Jan-17	924	31-Jan-16	845
28-Feb-18	978	28-Feb-17	935	28-Feb-16	847
31-Mar-18	986	31-Mar-17	927	31-Mar-16	849

3.29 CLA Totals by Month

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3.30 Over this financial year we can see that the total number of CLA ranged from 952 to 986 children whereas the gap was wider in the previous ranging from 855 to 935. Similar to the previous year number peaked at the end of the year.

3.31 From the graph we can see that the numbers were relatively more stable this year in comparison to last. There is a similar increase in July but this did not continue for August or September as it did in 2016. We have not seen any significant dip in numbers over both years.

3.32 The continued increase in Bradford’s CLA population has also had a knock on effect for the IRO caseloads. This year caseloads per F/T IRO have gone up as high as 88 children as oppose to 82 children the previous year.

4. Timeliness of LAC Reviews

4.1 We are very pleased to report consistent and continued performance of 97% of children looked after reviews being on time at 30.06.2018.

Even though this is slightly under the aspirational target of 98%, it is still an exceptional achievement given the increase in CLA population & IRO case loads. On a recent audit we found that the slight dip in performance for timeliness was actually caused by late notification from the social work teams requesting an IRO for children they had accommodated or

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taken into care. On some occasions the notification came after the first review due date making it impossible to meet the time scale. This has now been addressed at the senior leadership group and a contingency strategy has been implemented to ensure that our electronic database sends earlier alerts to our admin section and not wait for the social worker to complete the placement plan as was the case before.

4.2 There were 2538 LAC Review meetings held in 2017-18 in respect of 1133 children. 97% of these LAC Review meetings were held within timescales.

4.3 This increased demand and the volume of review meetings during the year alongside changes to the team adds further value to the reported performance.

5. Participation & Voice of the Child in Reviews (LAC age 4+) 2017 - 2018

Participation code	Total
PN1 Child attended & spoke for self	882
PN2 Child attended - advocate spoke	6
PN3 Child attended - gave views non verbally	5
PN4 Child attended without contributing	3
PN5 Child not attended, advocate briefed with views	129
PN6 Child not attended, views sent	943
PN7 Child not attended & did not send views	18
Grand Total	1986

Participation Rate (PN1 to PN6)	99.0%
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5.1 We are also proud to report an increase in children's participation from 97.4% in 2017 to the above figure of 99% 31st March 2018.

5.2 The key to this improvement has been a continued reduction (50 to 18) in PN 7 child not attended and did not send views recording. This is following a drive to ensure IRO's are more proactive in collecting the views of children who do not attend their meetings hence the significant increase in code PN 6 child not attended, views sent.

5.3 This financial year's collective performance reporting on participation is our best so far.

6.Viewpoint consultation and Children's Feedback

6.1 From 01st April 2017 to 31st March 2018 the IRO's completed 432 Quality Assurance audits which included recording of viewpoint performance. The IRO's reported that 80 viewpoint questionnaires were completed and on 279 occasions the child or young person declined to use viewpoint or it was not required due to the child's age or a complex health condition. If we subtract these 279 from the total number of audits we get QA view point performance of $80 / 153 \text{ audits} = 53 \%$ for the period. This is a 5% improvement on the previous year's performance using the same method.

Key Findings from completed Questionnaires

6.2. During the 6 month period October 2017 to March 2018, 199 age appropriate questionnaires were completed by looked after children and young people for their CLA reviews.

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Number of respondents by age

Age	Oct 17-Mar 18	Apr 16 - Sep 17	Oct 16 - Mar 17	Apr 16 - Sep 16
4-6 years	19	23	25	17
7-9 years	45	44	35	35
10-15 years	134	94	113	102
16+ years	11	14	40	18
Totals	199	175	213	172

6.3 It is encouraging to see that 199 questionnaires were completed over the last reported six-month period in comparison to 175 in the previous period. We can see that the 10 to 15 age range is still completing the most questionnaires with 134 completed between October 2017 and March 2018. It is again satisfying to see that this was the highest number completed over the 4 six-month periods.

6.4 The majority of questionnaires were completed by children placed in foster care, in the latest 6 month period this was 67% of 199 completed which was also 2% increase on the previous 6 months.

6.5 86.7% of respondents in all age groups report feeling safe and happy where they live. 60% of those aged 16+ know who to contact if there are problems with their accommodation and 80% say they have a list of out of hours contact numbers.

6.6 78% of children in the age range 7 to 9 feel that their social worker helps them and that they know why they live with their carer. 83.75% of children in the 10 to 15 year age range report being able to get in touch

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with their social worker when they need to and 82% say that their social worker helps them with problems.

6.7 82% of the oldest age group know how to contact their leaving care worker and just over half say they have a good relationship with their worker which is an increase compared to previous time periods.

6.8 The majority of respondents gave positive feedback regarding education with respondents of all ages receiving help from their carer with school work/support with education. In terms of worries at school 41% of respondents highlighted exams and 26% homework.

6.9 Respondents in the 2 older age group feel listened to with 83% reporting they can get help to make a complaint and 90% of children aged 16+ know how to access an advocate.

6.10 It is very encouraging to see that 93.4% of the respondents aged 16+ feel supported to make and keep friendships.

7.IRO Quality Assurance and Making a Difference

7.1 Bradford has a Quality Assurance system integrated into our LCS database where IRO's can address and report on Challenge, Good social work practice and undertake a Quality Assurance Audit overview in relation to the organisation, conduct and recording of reviews. These audits not only give an over view but also enable us to pin point areas to improve and poor standards of practice specific to the case and allocated social worker and team. These audits report on quantitative and qualitative service delivery factors.

7.2 We are pleased to report that the IRO's have completed 432 QA Audits over the year. In addition to this they have also issued 63 QA challenges & 63 QA Good Practice acknowledgements. This represents 25 more audits and 19 more good practice acknowledgements than last year. We have seen a slight decrease in challenges recorded dipping from 78 last year to 63. We have recruited 2 new IRO's and had an agency IRO covering for maternity leave. IRO's also report an increase in more collaborative pre-QA action.

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7.3 During this financial year Bradford has undergone a restructure. Previous CLA and leaving care teams have come together to form the new Through Care service which will eradicate case transfers for CLA post age 15. Area social work teams have now also been split into 3 teams, East, South and Keighley West. The area teams covering Bradford have initially reduced in the number of team managers alongside the introduction of the new practice supervisor role who will primarily focus on development work with newly qualified social workers. More recently an additional key team with a team manager has also been created to cover Bradford East and South.

7.4 All the service areas have experienced an increase in good practice acknowledgements. It is encouraging to see IRO's recognising and highlighting good social work practice. This has been received well by social workers, team managers and the senior management group. Recently an IRO completed a QA good practice on exceptional work done by our residential staff in preparing a young person for the transition to foster care when previously it was feared that such a placement would not be possible. The feedback from this has been very positive with workers feeling appreciated and valued that their practice was highlighted and communicated through the chains of management. (Please see Appendix B for the full range of categories acknowledged in QA Good Practice.)

7.5 Out of the 63 challenges issued 32 did not have a response within the due date. This equates to almost 52% of challenges not responded within set timescales by the IRO. This is a significant drop from 27% not being on time from last year. When IRO's do not receive responses on time this then requires further chasing of key team professionals. It also can lead to escalation for challenges that primarily can be satisfied at team manager level. It does not present a positive message on children's files either. Furthermore it can discourage IRO's from issuing further challenges especially for the key team which are consistently failing to meet response timescales. Poor performance on response times can present a reduced priority given to IRO challenges by key teams.

7.6 Once again the majority of challenges were resolved. 86% were resolved. This was an increase from 81% achieved last year. We have seen examples of challenges involving service managers and also escalated to the head of service.

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7.7 This year the leading areas challenged were once again the absence of a pre-meeting report, inadequate or poor preparation for review and outstanding tasks from the previous review. This has been a consistent finding since IRO QA process began in September 2016. (Please see Appendix A as evidence for the full range of categories challenged over the year).

7.8 In terms of areas of good practice and our strengths the IRO's recognised good preparation for reviews and good pre-meeting reports as the leading categories. We are also pleased to once again report that evidence of the child's voice in the assessment, plans & reviews in being a strong category.

7.9 The IRO's completed 432 audits over the year. Following consultation with the strategic leadership group it was agreed that the IRO's would also audit 2 new categories, case management and placement, focusing on the evidence of the use of the signs are safety framework, quality of our placement plans and the use of delegated authority. The full implementation of these new categories replacing pre-meeting report and education was done in early February 2018. Due to the change it will not be possible to make like-for-like comparative analysis with the previous year's findings within the audits. However we can still provide trends, strengths and areas to improve from the 432 audits completed this year.

7.10 The IRO's report 293/432 (68%) had good quality up-to-date care plans. Poor care plans accounted for 93/432(22%). This was an increase from 14% reported last year. The increase in poor care plans is a concern and alongside this there is been a significant increase in challenges issued by IRO's for poor care plans going from 4 to 13. Almost all the audits reported having a care plan on file. Only 8 audits reported drift and delay in the implementation of an element of the child's care plan. 80% of the audits found that care plans were supported by thorough needs assessment. This has remained consistent over the last 2 years.

7.11 Case management is a new category which IRO's started auditing around December 2017. It is pleasing to see that in the majority of the audits the IRO's report good preparation for reviews. Allocated social workers were usually present. There is strong evidence that children are being seen alone on visits. Clearly social workers are notifying IRO's of

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changes or recommended changes to care plans. There is also strong evidence of social visits taking place & recorded on file.

7.12 Evidence of signs of safety was added to this category in February 2018 & it is pleasing to see that for the majority of the cases over February & March IRO's report seeing evidence of the frame-work with only 4 audits reporting no evidence of it.

7.13 IRO's audited the education category up until February 2018. We can see that for the majority of audits there was a personal education plan with good education provision in place. Inadequate education provision was reported for only 10 audits with 44 recommendations to update and improve the quality of the personal education plan.

7.14 Once again we are pleased to find 92% of audits reporting good health provision. There is an improved performance of 9% health assessments overdue. Once again IRO's report a high number of health action plans not observed on the child's file, an increase from 46% to 56%. The senior management group are looking into this with the head of service David Byrom working closely with the CLA health team to identify strategies to meet this ever increasing demand alongside reductions in staff hours.

7.15 IRO's found a strong 88% of the audits evidenced the child's voice within the assessment planning & review process. This was relatively consistent with last year. Parental inclusion within the review process also remained relatively constant at 65%. Viewpoint questionnaires completed on eligible reviews expressed a slight increase to 52%

7.16 The placement category was introduced towards the end of the financial year. This was included in approximately 60 audits. It is interesting that the IRO's report over half of these (61%) having a poor quality placement plan that needs updating. The majority of the placements (88%) were audited as being stable and for 87% of the audits the IRO's report a good quality sharing of information between the key team and the provision of care.

7.17 For this financial year we have also introduced the category of Delegated Authority where IRO's will check placement plans and files to see if this is being addressed by the key team as advised by the strategic leadership group. Initial audits over February & March show that out of 50 audits, 37(74%) did not have the agreement in place.

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7.18 Once again we have seen consistently that over 90% of the pre-meeting report has been audited as good. Reports are brought to the majority of the reviews. Interestingly IRO's are reporting that for approximately 19% of the audits there was no evidence to suggest the managers had signed off the pre-meeting reports.

7.19 Audits Outcomes

- 13% of the audits were deemed outstanding. This was consistent with last year.
- 62.5% were good. Slight improvement from 60% achieved last year.
- 23% had an outcome of needs improvement. We have once again observed an unfortunate increase in this area from 17% last year.
- Challenges resulting from an audit remained constant.

7.20 All of the service areas have experienced an increase in needs improvement outcome which is in line with the findings of the monthly management audits over the year. As a service we have experienced an increase in CLA numbers which in turn has had a knock-on effect on caseloads and demands on the service. Alongside the restructure we have experienced staff changes it is clear that service delivery has been under increased pressure over the year.

7.21 From an IRO perspective ideally we would like to see a change in the pattern of needs improvement outcomes. However with the audit of placement plans and delegated authority at the beginning of this financial year suggests otherwise.

8. IRO's Signs of Safety QA Analysis - see Appendix C.

9. Promoting the Childs Voice & Advocating for CLA Entitlements.

9.1 A Bradford IRO was pleasantly surprised when recently visiting an 8-year-old girl at her residential placement. The IRO regularly makes a habit of going to see children before their review meeting. This child had experienced a number of foster care placement breakdowns and the IRO was keen to see how she had settled in a residential placement. The IRO describes the child as having a very good grasp of her entitlements and the

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review process. On this particular occasion the young girl had actually prepared a list of things she wanted to cover with the IRO. At the top of the list was her need to see her social worker as she felt she had not the opportunity to cover important things at the most recent visit. Another request was around family contact. The IRO confirmed the contact schedule and became aware that the child was worried about her siblings. The IRO communicated the child's feelings to the social worker and an immediate visit was arranged.

9.2 Another IRO recently reported a successful outcome for a mother who was involved with the newly launched Problem Solving Court. The IRO praised mother for making the sufficient changes to her life and working effectively with the support agencies. The IRO will be completing a QA good practice acknowledging the key work undertaken by the social worker who picked up on tasks, updated the court with involvements and developed exceptional working relationship with the family. A good outcome was achieved by exceptional pre-meeting checks and the IRO's ability to hold extra meetings within the requirements of the case. The IROs understanding and familiarity with the case was also critical to supporting the final care plan.

9.3 An IRO was very pleased to report the benefits of allowing a young person to chair part of their review recently. The young person has in the past isolated herself from professionals, been uncooperative with planning and displayed aggressive behaviour and difficult communication. On this occasion the young person told the IRO who she would like in the meeting and what she would like as priorities on her agenda. Given that she was now face to face taking feedback from the very professionals she once ignored it was promising to now observe her taking more of an interest in her health appointments and education needs. A breakthrough was achieved as following the meeting the IRO was told that she turned up for arranged meetings with professionals.

10. National IRO Managers Partnership

10.1 I am very pleased to have continued to represent the Yorkshire and Humber IRO Team managers region at the National IRO Management Partnership meetings which meet quarterly at the Department of Education offices in Westminster, London.

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10.2 Priorities for the partnership include;

- Sharing good practice.
- Continuing effective collaborative working with our partners and stakeholders such as Cafcass, Department of Education, Government, Local Authority Assistants Directors group, Judiciary, Advocacy & commissioned services, Voluntary sector services etc.
- Identifying and implementing Consistency in standards.
- Innovation and Development of the role.
- Promoting the role and profile of the IRO.
- Providing a key IRO managers network for guidance and support.
- Using one contact and one voice to respond to any national issues.

10.3 During the year all the regions were requested to get IRO's to complete a short survey in identifying priorities and objectives. Analysis of the responses found the following main outcomes:

10.4 What's working well?

- IRO's are seen positively by their local authority
- IRO's report positive relationships with children with good participation within the reviews.
- Timeliness of reviews and a stable team (these 2 areas were joint 3rd). IROs are now accepted to be one of the most consistent professionals involved with the child.
- IRO's receive positive support from the local authority/senior leaders.
- Children's voices remain central to IRO practice.
- Effective challenge to the local authority including use of any escalation process.
- Achieving permanency planning.

10.5 Challenges

- Capacity and ever increasing caseloads.
- Challenges in getting to see children between reviews.
- Numerous changes in social workers.
- Lack of Suitable Placements (finding and stability).
- Increasing CLA population.

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- Challenge to the local authority is poorly received.
- Additional reviews due to court requirements, changes to the care plan and placement breakdowns.

10.6 Earlier this year we had the publication of the National Fostering Stock Take report 2018 undertaken by independent researchers Sir Martin Narey & Mark Owers. Within the report the authors made some very controversial suggestions regarding the role of the IRO in particular recommendation 7 which stated, “Local Authorities should be allowed to dispense with the IRO role: reinvesting savings into frontline staffing.” This went further than previous suggestions made by principal social worker Isobel Trowler who only recommended this should be an option for Local Authorities who achieved “good,” as their Ofsted inspection. The inclusion of this within the stock take report was even more surprising given that the author Mark Owers actually attended one of our national partnership meetings prior and spoke very positively about the IRO role. He never once suggested or gave any indication that he saw it as a role that should be dispensed with.

10.7 On speaking after the publication of the stock take, the author Mark Owers said to the group chair, Sharon Martin that certain foster carers and children they spoke to felt excluded from the review process. It was clear that this was something that had been added very late on into the report without any clinical or strong evidence backing. Even the Children’s Commissioner who wrote the forward to the report came out in support of the IRO role following its publication which suggested that she was unaware or certainly not consulted regarding this recommendation.

10.8 The National IRO Managers Partnership through our Chair, Sharon martin gave a very detailed and determined response to the report in February 2018. The response was as follows:

10.9 The proposals to remove legal safeguards agreed in the Children and Social work Act 2017 are misplaced. Inspection and regulation should encourage IRO practice in line with legislative requirements, agreed standards and the principles of promoting continuously better outcomes for children in care and care leavers.

10.10 Wider reaction to this review has served to resurrect ideas that in these increasingly challenging and sometimes resource led environments the
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IRO role needs to be strengthened not diminished. This was suggested by the author himself Mark Owers as part of his consultation with this group. In response to his request, our paper IRO's as a resource outlines how the IRO role could be strengthened and given more leveraged.

10.11 There is solid research and academic and case study evidence to show the considerable benefits for children of having a highly experienced and consistent social work professional. IRO's hold corporate parents to account and work with others across the sector to raise standards.

10.12 Some examples of comments made by children collected by the group about their experience of IRO's and their reviews:

"It was helpful because things are sorted out for me."

"You can say what you want to them and they listen to you."

"Everyone is concerned about me amid a plan for my future."

"Everything gets covered I want."

"They listen to what you have to say."

10.13 An example of views experienced by adults looking back on the experience of their IRO:

"My IRO was fantastic and I felt the only person that ever listens to me. He stayed with me the whole time I was in the care system and generally got the sense he cared about me and my wishes!"

"I really liked my IRO, she always used to come and fetch me to talk to me before my review to check that I didn't want to say anything I was afraid to say in front of the foster carers. She was my biggest support and was the only one who listens to me."

10.14 Some comments from foster carers about the IRO involvement:

"The care planning has been a bit of an emotional rollercoaster and therefore there is potential for the review to be difficult. However, the IRO managed the process well and remained focused on the child and key issues."

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"I do find reviews useful. The experience of IRO's has always been very positive and supportive. I can certainly see the value benefit of the IRO service."

10.15 Examples from Cafcass & IRO Survey on the difference made by the Cafcass & IRO Joint protocol and the impact of the IRO:

"The IRO in one of my cases has always been passionate about her young person and open to robust, professional discussion about care planning. The court had recently directed a handover meeting between myself and IRO which I feel reflects the court acknowledgement and valuing of what the IRO brings."

10.16 Further support to the role of the IRO was stated by a well-respected Ofsted inspector (involved in developing the new inspection framework) at one of our meetings during the year. He said that OFSTED inspectors have found a strong correlation between "good" authorities and a strategic director management group who have an effective working relationship with the IRO service. The IRO service is key to identifying what's working well, the worries and challenges and what needs to happen to embed better practice for our Children Looked After population.

10.17 The Department Of education have also recently responded to the recommendations in the fostering stock with the following regarding the IRO;

10.18 "We will work with organisations representing Independent Reviewing Officers (IROs) and LAs to consider how the role of IROs can be put to best effect in the current system and under existing legislation. The variability of practice nationally is well known. There is potential for IROs to bring about significant practice improvements, alongside their role in ensuring that young people experience the best care from their fostering service. Where IROs are valued and listened to, they provide a legitimate and respected challenge function for individual children's care plans and the wider service delivery. We want to iron out the inconsistencies, where these serve only to undermine the function of the IRO and to ensure that where practice differs, it is for good reason."

10.19 This is a clear rejection from the government to the fostering stock takes recommendation to dispense with the role.

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11 Summary

11.1 By 31st March 2018 the total number of Children Looked After in Bradford was 986, 20 more children than reported in January 2018 to this panel. This is a 6% increase from last year. We still have more slightly boys than girls and the majority of Bradford's children still fall into the 10-15 age range. Children in this age range continue to make up 38% of our CLA population.

11.2 Children from White Ethnicity background still make up the majority of Bradford's CLA population. The number remained relatively constant at 647. Children recorded as being from Other Ethnicities increased from 45 to 60. The majority of these children will be from Eastern Europe and include Under Age Asylum Seeking Children/Young people. This represents the changes and diversity we have seen in Bradford's population over the last 5 years. The number of children from South Asian background has increased from 92 in April 2017 to 108 by 31st March 2018.

11.3 The number of children subject to full care order has increased from 639 to 674 by 31.03.2018. Children subject to interim care order increased from 137 to 159. This represents a 16% increase in live proceedings cases. The number of new proceedings did fall after the New Year but we did not see the 10% dip anticipated back in January 2018.

11.4 President of the UK High Court, Family Division Sir James Munby has said that the increase in new proceedings is primarily down to the following reasons;

- i) Increasing amounts of abuse or neglect.
- ii) Local Authorities becoming more adept at identifying abuse or neglect.
- iii) LA lowering their threshold for intervention

11.5 It is positive to see that children accommodated under a section 20 agreement continued to fall from 105 in April to 86 by 31st March 2018.

11.6 The number of children subject to placement orders increased from 42 to 63. One adoption Yorkshire manager informed that 51 children became subject to should be placed for adoption over the year. 32 children were matched and 38 children actually placed with prospective adopters with 30 successful adoptions. So this does appear to be an overall increase in

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number of children coming forward in Bradford with an adoption plan but this is not in keeping with the national or the overall West Yorkshire picture where the number of children coming for adoption overall appears to be reducing.

11.7 The number of children placed within a connected person's placement increased from 221 in April 2017 to 258. Over 21% of these placements were once again outside of Bradford showing Bradford's commitments in keeping children within their family network where possible. The majority of Bradford's children are still placed with Bradford foster carers with this going up from 413 to 432. Children subject to secure accommodation still remains relatively low at 2. Children living at home under a placement with parent's agreement increased from 112 to 124. This shows a continuation of court's preference in making assessment at home directions.

11.8 The main category of need is still abuse and neglect which consistently accounts for 88% of Bradford CLA population.

11.9 The difference between the number of children becoming looked after and ceasing care actually decreased to 40. Last year the difference between the 2 was 81 so it is encouraging to see this now reduced to 40. There has been a big drive within Bradford's new Permanency Panel to ensure we avoid any significant drift or delay when discharge plans has been ratified by the IRO.

11.10 Last year adoption accounted for 15% of the 281 children that exited care. This year it's reduced further to 10%. Children returned home to live with either parents or a relative reduced from 33% to 27%. The number of SGO's remained relatively constant going from 24 to 23. This once again shows reluctance on behalf of the courts to agree SGO for any new or untested placements within the initial proceedings. Social workers are being asked to return within 6 to 12 months with applications for SGO where appropriate.

11.10 The service is once again very proud to present continued strong performance of 97% review meetings being held on time and an all-time best of 99% participation of children within their review process. Children who attended meetings and spoke for themselves continue to contribute to 45% of total participation.

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11.11 Bradford's children looked after numbers per 10,000 populations actually went up from 67.4 to 73.6 by June 2018.

11.12 The total number of children who returned home went from 67 to 92.

11.13 Placement stability where children remained in the same placement for 2 or more years dropped from 70% to 66%.

11.14 The number of Under-Age Asylum Seeker children increased from 16 to 33 as expected due to the national dispersal agreement.

11.15 The number of Bradford's children placed in, out of authority residential placements remained consistent at 3% but the number of children placed in out of authority foster care placement increased from 7% to 9% to meet the increasing demand.

11.16 The service is happy to report continued improved QA performance of 63 challenges, 63 good practice acknowledgements and 432 audits completed over the year.

11.17 Since last year the frontline social work service has gone through a restructure where the CLA and leaving care teams have merged to form the new Through Care Service.

11.18 Challenges across CLA, Leaving Care & the new Through Care teams actually went down from 42 to 25 whereas the children and families teams all observed more challenges.

11.19 We have seen a further drop in the performance of challenge responses being done within timescales. This has gone down from 79% to 54% this year. It is a clear indication that certain team managers need to improve on responding to challenges issued. Given we have not seen an increase in challenges issued questions arise as to why team managers have struggled this year. It is also promising to see some managers achieve 100% performance on this.

11.20 The IRO's report continued good performance of 86% in achieving resolution for all the challenges issued. We have seen a number of challenges being escalated to service manager and above this year.

11.21 This year has seen a significant increase in good practice QA's in line with the suggestion from the Bradford corporate parenting panel in January

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2017. Our good practice QA's have been shared and acknowledged with key teams' right through to their service manager. These have been very useful in identifying good pieces of work and role model practitioners. Social workers are very happy to receive them as they represent an effective form of appreciation.

11.22 Within the 63 good practice acknowledgements the IRO's identified that we are strong in providing good quality pre-meeting reports, good preparation for reviews and evidencing good communication with families.

11.23 Out of the 432 audits completed we report a continued decline in the quality of the care plans, going up from 14% to 22%. Good quality plans reduced from 86% to 68%. As reported in January the IRO manager presented a more detailed report on these inadequate care plans at the Assistant Directors performance clinic in November 2017. Findings with specific areas to improve were shared and taken on board by the wider management team.

11.24 The voice of the child was evident in 85% of the cases audited and over 90% had good health provision.

11.25 Bradford's IRO outcomes for the 432 audits done over this 6 month are 13% outstanding, 62.5% good and 21% needs improvement. The number of good cases audited has been relatively consistent. However needs improvement has once increased from 17% last year.

11.26 In terms of the new categories of case management and placement the IRO's found good consistent evidence of the signs of safety frame work on case files. There is a finding that over half the placement plans need updating and that in the majority of audits delegated authority was not evidenced.

11.27 The National IRO management partnership was proactive in challenging the findings and recommendations of the fostering stock take to dispense with the IRO. This was further supported by the children's commissioner and a recent statement of response provided by the department of education government body. There seems to be a consensus that the role of the IRO adds value and is a key to achieving timely outcomes for children by Ofsted as well.

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12 Key Priorities 2017/2018

12.1 Bradford's IRO's are committed to developing the use of the Signs of Safety framework in the reviews of our looked after children. The aim is to contribute to the wider service plan of making Bradford a lead authority in embedding Signs of Safety in every aspect of children services work. The IRO team has incorporated and amended the guidance for pre meeting reports to include this framework.

12.2 To continue the high performance of ensuring CLA review meetings take place within the appropriate timescales against the backdrop of increased CLA population. This will include the production and distribution of our minutes within our agreed standards of practice.

12.3 To focus on the wishes and feelings of the children and young people and make them central to the care planning for their future. IRO's will continue promoting the voice of the child and advocating for children's entitlements.

12.4 IRO's will continue to complete Quality Assurance audits, challenge and good practice to ensure that regular information on our strengths, poor practice and areas to improve is fed back to the key teams who deliver our front-line social work service. The audits will encourage and identify good learning to be shared alongside key areas to improve service development. Annual and 6 monthly quality assurance reports will be produced and shared with the senior management performance group.

12.5 Bradford's IRO's will continue to focus on children who go missing from care to ensure every effort is being made to keep them safe and address issues that cause them to run away.

12.6 The IRO manager will continue their involvement with the Regional and National IRO managers groups to ensure Bradford can benefit from innovative practice across the region and contribute to service development.

12.7 The IRO service will continue to engage and contribute to the Permanency Panel. This will involve the IRO manager's regular attendance at the weekly panel & feedback any actions for the respective IRO to follow up to avoid or challenge drift and delay on discharge plans.

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12.8 The Reviewing service will continue to contribute to the on-going challenge panels on placement suitability and appropriate legal status for our children looked after.

12.9 Bradford's IRO's will endeavour to send a representative to the quarterly regional IRO practitioners meetings.

12.10 The IRO service has identified a date in October 2018 to hold a development training event. A draft agenda has already been discussed including consistency in QA thresholds, pre-meeting report guidance, reflecting on the year and setting priorities for the forthcoming year.

12.11 The service will engage and cooperate with the anticipated OFSTED inspection of Bradford's children's services. The objective will be to evidence the strengths in our processes in delivering appropriate and effective reviews for our children looked after population. IRO's to evidence our involvements and contribution in ensuring timely outcomes. Alongside this also present balanced Quality Assurance findings to identify and acknowledge strengths and areas for improvement.

12.11 The IRO manager will continue to attend the senior leadership and assistant director performance meetings with a view and commitment to improving service delivery for Bradford's children. This will involve being part of subgroups specifically put together to identify weaknesses within our work streams. The IRO manager will also continue to undertake audit tasks to identify patterns and trends at the request of the senior management group.

12.12 The service will look at innovative ways to improve children and parental participation within reviews. This will include working with area teams to improve how we use the viewpoint online questionnaire system.

12.13 To recruit an additional full time IRO to the team.

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Appendix A Challenges By Category

Challenges	
Action from the last review - Non completion of decisions	21
Action from the last review - Outstanding tasks	41
Assessments - Assessment needs updating	2
Assessments - No up to date/poor quality single child assessment	9
Care Plan - Care Plan not signed off by Team Manager	1
Care Plan - Dispute in Care Plan	12
Care Plan - Drift/delay in the implementation of the child's care plan	26
Care Plan - Failure to implement a significant element of the child's Care Plan	7
Care Plan - No Care Plan	9
Care Plan - No up to date/poor quality Care Plan	11
Care Plan - up to date/good quality Care Plan	2
Care Plan - No up to date/poor quality Pathway Plan	4
Care Plan - None production of a Care Plan or a Pathway Plan that is not supported by a thorough needs assessment	13
Care Plan - Care Plan or a Pathway Plan that is supported by a thorough needs assessment	2
Case Management - Concern around professional practice	20
Case Management - Failure to notify the IRO of potential significant changes to the child's care plan	11
Case Management - Inadequate or poor preparation for review	40
Case Management - No allocated SW	6
Case Management - Allocated SW present	2
Case Management - No evidence of children being seen alone	4
Case Management - No evidence of SW visits on file	3
Case Management - SW visits not undertaken	5
Case Management - SW visits undertaken	2
Case Management - SW visits on file	2
Drift & Delay - Delay in progressing a Child's Permanence Plan (second review onwards)	18
Drift & Delay - Drift/delay in the implementation of the child's care plan	26
Drift & Delay - Failure to meet timescales	23
Education - Good education provision	1
Education - Inadequate education provision	10
Education - No up to date/poor quality PEP	11
Education - PEP not required	2

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Entitlements - Delay or lack of action in financial support	1
Family Links - Poor communication	1
Family Links - Unsuitable / Inadequate contact arrangements	3
Health - Dental assessment on time	3
Health - Dental Assessment over due	2
Health - Health Assessment over due	6
Health - Health Assessment completed on time	2
Health - Inadequate health provision	6
Health - Good Health provision	2
Health - No health action plan in place	11
Legal - Delays in application or discharge of appropriate legal order	3
Life Story - Life story work needs updating	1
Life Story - Poor quality life story work	1
Participation - Insufficient evidence of the child's voice & inclusion within the assessment, planning and review process	7
Participation - Evidence of child's voice and inclusion of assessment, planning and review process	1
Participation - Parents included	3
Participation - Parents not included	8
Participation - Viewpoint	3
Participation - Viewpoint not required	3
Placed with Parents - Breach of PWP agreement	1
Placed with Parents - PWP not signed by GSM	4
Placement - Concerns around the suitability of the placement to meet the child's needs	12
Placement - Delays in family finding or placement search	3
Placement - No up to date or poor quality sharing of information	3
Placement - No up to date/poor quality Placement Plan	3
Placement - Placement does not meet child's needs	5
Placement - Poor placement stability	3
Placement - Poor standard of care & choice of placement	4
Pre-meeting Report - Good Quality PMR	3
Pre-meeting Report - No PMR	49
Pre-meeting Report - PMR present	3
Pre-meeting Report - Poor Quality PRM	18
Pre-meeting Report - Pre-meeting Report not shared with relevant professionals or service users	1
Pre-meeting Report - Pre-meeting Report not signed off by Team Manager	11
Pre-meeting Report - Pre meeting Report signed off by Team Manager before the review	2
Safeguarding - Absence of Vulnerability and Risk Management Plan	4

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Safeguarding - Breach of safe guarding plans & advice	4
Safeguarding - Lack of information sharing	2
Safeguarding - Missing protocol not adhered to	2
Safeguarding - Safeguarding concerns	12
Services - Delay in making referrals to other agencies , support services & professionals	5
Services - Poor communication	1

Appendix B Good Practice Categories

Good Practice	
Action from the last review - All decisions completed	22
Action from the last review - All tasks completed	25
Assessments - Assessment up to date	20
Assessments - Good quality assessment	35
Assessments - Up to date/ Good quality single assessment	21
Care Plan - Care Plan on file	9
Care Plan - Care Plan or a Pathway Plan that is supported by a thorough needs assessment	26
Care Plan - Care Plan signed off by Team Manager	9
Care Plan - Implementation of the child's Care Plan	24
Care Plan - up to date/good quality Care Plan	32
Care Plan - Up to date/Good quality Pathway Plan	6
Case Management - Allocated SW present	37
Case Management - Evidence of children being seen alone	30
Case Management - Good preparation for review	70
Case Management - SW notified the IRO of potential significant changes to the child's care plan	45
Case Management - SW visits on file	39
Case Management - SW visits undertaken	38
Drift & Delay - Care Plan implemented	9
Drift & Delay - Child's Permanence Plan progressing	9
Drift & Delay - Timescales met	8
Education - Completion of PEP	16
Education - Good education provision	16
Education - Up to date/good quality PEP	15
Entitlements - No delay or lack of action in financial support	1

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IRO manager 28.08.218

Entitlements - No delay or lack of action in Passport application	2
Family Links - Good communication	30
Family Links - Parents informed	11
Family Links - suitable / adequate contact arrangements	19
Health - Dental assessment on time	10
Health - Good Health provision	11
Health - Health action plan in place	7
Health - Health Assessment completed on time	11
Legal - Complying with Court Order	2
Legal - Meeting Legal deadlines	2
Legal - Seeking legal advise	3
Life Story - Good quality life story work	2
Life Story - Life story work started	2
Participation - Evidence of child's voice and inclusion of assessment, planning and review process	41
Participation - Evidence of viewpoint	11
Participation - Parents' included	34
Placed with Parents - Complete PWP agreement	3
Placed with Parents - Compliance of agreement	3
Placed with Parents - PWP signed by manager	3
Placement - Good standard of care & choice of placement	11
Placement - Placement does meet child's needs	8
Placement - Stable Placement	7
Placement - Suitable placement	10
Placement - Up to date or good quality sharing of information	8
Placement - Up to date/Good quality Placement Plan	7
Pre-meeting Report - Good Quality PRM	64
Pre-meeting Report - PMR present	6
Pre-meeting Report - Pre meeting Report signed off by Team Manager before the review	1
Pre-meeting Report - Pre-meeting Report shared with relevant professionals or service users	29
Pre-meeting Report - Pre-meeting Report signed off by Team Manager	44
Safeguarding - CSE risk assessment completed	1
Safeguarding - Evidence of Information sharing	5
Safeguarding - Missing Protocol adhered to	2
Safeguarding - Safeguarding plans and advise followed	5
Safeguarding - Vulnerability and Risk Management Plan on file	2
Services - Evidence of referrals to other agencies , support services & professionals	18
Services - Good communication	30

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Appendix C. IRO's Signs of Safety QA Analysis

What's Working Well?	What Are we Worried about?	What Needs to happen?
<p>Bradford's IRO's have found increased opportunities to report and acknowledge good social work practice.</p> <p>IRO's report seeing some element of the signs of safety framework on the majority of the cases audited.</p> <p>IRO's report strong evidence of the voice of the child being presented.</p> <p>Once again good quality pre-meeting reports have been presented at reviews.</p> <p>Good communication with social workers resulting in notification to the IRO of changes in the child's care plan.</p> <p>IRO's report good preparation for reviews with up-to-date good quality assessments being provided.</p>	<p>IRO's have challenged on outstanding tasks from previous reviews.</p> <p>There have been challenges on drift and delay in implementing the child's care plan. On one occasion the IRO escalated delays in completing the necessary work to achieve SGO to a face-to-face meeting with the team manager and service manager. A clear action plan with timescales was drawn up.</p> <p>IRO's have also challenged on poor preparation for some reviews.</p> <p>There have been instances where reports and key documents were not available for decision making reviews.</p> <p>Frequent change of allocated social worker.</p> <p>New managers and social workers unaware of processes pertaining to the reviewing unit.</p> <p>Poor performance in challenges not being responded to in time.</p> <p>Often IRO's are unable to upload outcomes and minutes as</p>	<p>Adequate training to be provided to new workers.</p> <p>Collaborative work with the principal social worker in promoting the role of the IRO.</p> <p>The organisation needs to improve staff retention to enable consistency and continuity in service delivery.</p> <p>Training on completing placement plans.</p> <p>To embed delegated authority task at the beginning of a new placement.</p> <p>Improve communication with key teams.</p> <p>Provide guidance and support on the new CLA pre-meeting report requirements.</p> <p>Key teams to improve on updating care plans following review meetings.</p> <p>To ensure new workers understand the requirements of the</p>

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	<p>care plans have not been updated by the key team for the previous review.</p> <p>Viewpoint questionnaires need to be amended in line with service restructure.</p> <p>Care plans submitted to court that have not been ratified by the IRO.</p>	<p>decision-making review.</p> <p>Team managers to have better oversight of upcoming reviews to ensure that the relevant practitioner attends.</p> <p>On-going collaborative work with the through care team to amend viewpoint questionnaires to continue.</p> <p>Continued commitment and the clear message from managers within care management that care plans for Bradford CLA need to be ratified by an IRO.</p>
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Imran Cheema

IRO manager 28.08.218



Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 10 September 2018

E

Subject: Progress report on Health and Dental Outcomes for looked after children and care leavers.

Summary statement:

Progress report exploring outcomes of children and young people accessing health and dental services.

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Emma Collingwood
Phone: (01274) 437123
E-mail: Emma.Collingwood@bradford.gov.uk

Portfolio:

Children & Families

Overview & Scrutiny Area:

Children & Families

1. SUMMARY

- 1.1 The Through Care Service are responsible for two Key Performance Indicators set by the Department of Education regarding dental and health of looked after children. At the time of writing this report there are 1038 looked after children and 495 care leavers. Current data (July 2018) is as follows:

% of looked after children who had an annual health assessment 89%
% looked after children who had their teeth checked by a dentist 85%

- 1.2 Annual data recorded in April 2018
93% of looked after children were up to date with health assessments
96% of looked after children were up to date with immunisations
90% of looked after children were up to date with dental checks.

2. BACKGROUND

- 2.1 The inclusion of Health data within the Corporate Parenting Plan is welcomed as clearly it is a key part of a child's development and falls within the Corporate Parenting Principles. (Corporate Parenting Principles to looked after children and care leavers)
- Have access to a full range of activities to build health and wellbeing
 - Keep safe and healthy
- A key part of The Through Care Strategy 2018 – 20
- Have a healthy start and healthy life.

3. OTHER CONSIDERATIONS

Looked After Children Health Offer

- 3.1 It is a basic expectation of a child's care placement that the looked after child is registered with basic universal health care; GP, Dentist, Opticians and other age specific universal services, health visitors and school nurses. This is quality assured through the Statutory Review Process.
- 3.2 Bradford as a region has a shortage of NHS dentists, it is no different for a looked after child and initial registration with an NHS dentist is a challenge, with general advice being that once a child is registered that registration should be maintained and the dentist not changed, into adulthood.
- 3.3 In addition to universal services all looked after children have an allocated Specialist Public Health Nurse within the Looked After Health Team. The named nurse remains with the child, regardless of placement changes, through that child's care journey.
- 3.4 It is a statutory duty that every looked after child has an initial health assessment that is completed by a registered medical practitioner. This assessment should result in a health plan which is presented at the first CLA (Child Looked After) review. The initial health assessment must happen within 20 days of the child becoming looked after, thereafter annually unless the child is under 5 when health assessments are every 6 months.
- 3.5 The actual assessment covers the state of the child's physical, emotional and mental health, child's medical history, development, screening, immunisations and general health advice regarding that child to the care giver. All initial assessments in Bradford and Airedale are carried out by a paediatrician and thereafter a specialist looked after nurse.

- 3.6 During the initial health assessment a strengths and difficulties questionnaire (SDQ) is completed with the child or young person, this is a nationally used questionnaire that simply looks at a base line of a child or young person emotional wellbeing. The questionnaire can be repeated with different professionals and the child or young person to get a more rounded view of their emotional well-being. From the initial assessment completed by health colleagues, the process then comes over to the Through Care Service to review and repeat with the 'team around the child'. In service the scores from the questionnaire is used as a tool to prioritise referrals to the TSW (Therapeutic Social Worker) service. The Through Care Service are looking at more user friendly tools to capture his information in order to have richer data and analysis about the wellbeing of our looked after children and young people.
- 3.7 Pathways are in place from the looked after children nursing team to ensure that looked after children have access to more specialist health services such as the dedicated LAAC (Looked After Children and Adopted Children) team with CAMHS. As well as the salaried dental services who, although an acute specialist service with a 30 week waiting list, never turn a looked after child down if treatment is needed. As well as other specialist community paediatric services available in Bradford. This is strengthened by the health specialist embedded within the B Positive Pathways Service.
- 3.8 The CCG's (Clinical Commissioning Groups) employ two designated Doctors and one nurse for looked after children. They are members of the Through Care Strategy and chair the health sub-group and they have a strategic role to ensure that health services to looked after children are appropriate, timely, co-ordinated and responsive. Key planned priorities for the sub group for the next quarter are:
- Oversight of the utilisation of the LAAC team within the CAMHS Service
 - Improvement in the application rate of the Friends and Family Test to looked after children.
 - Design and embedding of a health pathway for the unaccompanied asylum-seeking children.
- 3.9 The Therapeutic Social Workers (TSW) are in the early stages of embedding themselves within the Through Care Service (see Appendix One – TSW information sheet). The team are ambitious for our looked after children and want to have offered all foster carers at least one session of Therapeutic Thinking Time (TTT) for the children they are caring for. The TSW Team are supporting the training of foster carers in PACE intervention and foundations of attachment in order to increase foster carers resilience and see themselves as a tool to 'heal' children who have suffered trauma by nature of them having being separated in their lives from their initial primary carer giver. TSW's will work alongside the looked after children nursing team and LAAC service as a middle tier of intervention.

Care Leavers Health Offer

- 3.10 Based within the looked after children's nursing team are two care leavers nurses, who take over health assessments of looked after children at 16 and take through to 25. All care leavers are given a health passport, which includes personal health data and health promotion messages. All young people are empowered to access appropriate health support, the emphasis changing from being dependent on others to facilitate health care to being individually responsible for your own personal health and wellbeing.
- 3.11 There is a degree of expertise held between the leaving care nurses that specifically relates to young people for example, sexual health, positive relationship choices, individual safety, self-esteem, diet, exercise and empowerment of young people.

- 3.12 Although anecdotal as data is not counted, with care leavers there is the greatest number of 'dental refusals', which has an impact on continued registration with an NHS dentist. This is not exclusive to care leavers and an issue within the general young people's population nationally. However what is a challenge is dental health is generally poorer within looked after children and therefore a care leaver like their peers refusing to go to the dentist becomes more problematic.

Additionality

- 3.13 Health and Wellbeing for care leavers is more focused on individual accountability and responsibility and equipping young people with the skills to take them into adulthood. To this end we encourage our more vulnerable young people to attend our groups that cover health and well-being, the Smooth It Out Group, Cook and Eat, Girls Group and Be Fit. The care leaving nurses support each of the groups and often pick up issues within these groups that they then follow up with a young person individually within their health assessment. All the groups are well established, attendance is good and fine tuned in what they offer and how they engage young people.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Looked after children numbers are rising in Bradford which is challenging to the health offer for looked after children and care leavers. The looked after nursing team formed 14 years ago and has been given recognition at a national level. The team today has more demand placed on it with much fewer resources. 14 years ago there were 600 looked after children and as stated today there are 1038, of which a higher proportion are more complex in terms of their physical health and emotional wellbeing.
- 4.2 The impact on our looked after children is that currently an initial statutory health check is a 11/12 week wait, there are currently 50 looked after children awaiting health assessment reviews and a 3 year wait for specialist CAMHS 1:1 therapy. The impact being a temporary triage system is in place and additional services and health prevention is being reduced.
- 4.3 In response to this is the 'Through Care' partnership have come together to review the looked after children and care leavers health offer and pathway. Out of a challenging situation for all good outcomes are already being achieved, processes streamlined and the pathway shared across the partnership in a more co-ordinated approach than previously. It is envisaged that the review will be concluded and operationally by Jan 2019.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

6. LEGAL APPRAISAL

Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable.

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

Not applicable.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

Not applicable.

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

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

The health and wellbeing of Bradford's Looked After Children is a corporate priority and addressed in this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

A privacy impact assessment covering Childrens Specialist Services has been completed and is accessible through Bradnet.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

- 10.1 The views of the Corporate Parenting Panel are requested regarding the contents of this report.

11. APPENDICES

- 11.1 **Appendix One** – Therapeutic Social Work Team Information Sheet

Appendix One Therapeutic Social Work Team Information Sheet

1. Therapeutic Thinking Time – appointment accessed through (email) via referral form

First stage - an initial consultation is for the Social Worker only to provide a reflective space for thinking about the child, the situation, difficulties, strengths and what would be helpful. This stage is offered if Social Worker specifically requests time alone, other wise jump to stage two.

Second stage - a further appointment is offered for a team around the child. This will include the core group of professionals involved with the child; i.e. foster carer, school etc. This is so everyone can work collaboratively to best meet the needs of the child, that there is clear communication between parties.

Third stage - the child will then be discussed within the team to ascertain if further work needs to undertaken and what service might be offered either by our TSWT or referred into CAMHS. If work is to be carried out by the TSWT this will be discussed further at the allocations meeting.

2. Placement Surgery – appointment accessed through email via referral form

Focus will be on foster carers, residential workers and hostel workers.

There will be 2 slots available every week.

Professional Team Around the Child to be invited if appropriate.

3. Family Therapy - appointment accessed through email via referral.

See information below

4. Lifestory Support Sessions – appointment accessed through email via referral form

The initial session will be to discuss the history, appropriate language and how to present the information in a sensitive manner to the child, understanding the emotional impact of helping children and their carers understand 'life stories'. Further sessions can be offered to the social worker and foster carer to help guide them emotionally in order to support the child throughout the piece of work.

5. Filial Therapy Group – referral form to be completed and sent to email

The group is 16 sessions weekly for foster carers (3 hour sessions with a short break in the middle) and follow up support sessions to foster carers who are implementing the play with children. See below.

COMING SOON -

- Individual work – via **Therapeutic Thinking Time (stage three)**.
Playtherapy, Theraplay, CBT, EMDR, Counselling and Therapeutic sessions, PACE focused work (DDP), Hypnotherapy.
- Therapeutic Parenting Groups for Foster Carers. (8 week programme) Access via referral.

Contact: SSV Childrens Therapeutic Thinking Time
SSVChildrensTherapeuticThinkingTime@bradford.gov.uk

What is Family Therapy?

Family Therapy helps people in close relationships to work together on the difficulties that led to the referral to CAMHS. It helps family members to express and explore difficult thoughts and emotions safely, to understand each other's experiences and views, appreciate each other's needs, build on family strengths and make useful changes in their relationships and lives. As well as talking about things, we use a range of other ways of communicating, such as drawing and using play people or play animals, depending on what works for you and your family.



Does it work?

Research shows Family Therapy is useful for children and young people experiencing a wide range of difficulties and circumstances, as well as relationship problems. These include:

- Family communication problems
- Illness and disability in the family
- Separation, divorce and step-family life
- Anorexia, bulimia and other eating disorders
- Self-harm
- The effects of trauma and violence
- Child and adolescent behaviour difficulties
- Depression, low mood and anxiety

What is meant by family and who would come to sessions?

There are many different kinds of family – birth families; extended families; step-families; gay, lesbian and heterosexual families; foster families; adoptive families; and so on. By family, we mean any group of people who care about each other and define themselves as a family. We like to meet as many people as possible from your family at some point, but we often meet with part of the family for some of the time. We may make suggestions about who to bring, but it will be up to you to decide this.

How many sessions will we need?

There is not a fixed number of sessions. We can work out with you what is best. Most sessions last about one hour. We often have about one month between sessions, although at times we have more frequent sessions.

Who will we see?

Family Therapists sometimes work in teams or in partnership with colleagues, and sometimes work on their own. We sometimes use a team to help us to think about everyone's perspective in the family. The team is there to help you and the therapist. The team listens while the therapist talks with you. So as not to crowd the room, the team may listen from a separate room. However, it is not a secret process – we ask the team to come and share their thoughts with you at some point in the session. Sometimes we like to make a dvd or video recording of the session as this helps us to review and plan our work with you. We only do this if you give consent. This is something we

Group Filial Therapy Programme.

The Parent Child Play Programme or Group Filial Therapy is a well-integrated model of family change based on Non-Directive or Child Centered Play Therapy and Family Therapy principles. The word Filial generally refers to parent-child relationships. The basic idea is that parents or carers can be taught to have child centered play sessions with their own children and serve as therapeutic agents of change for them. It is a family based intervention so all family members are encouraged to participate where possible/appropriate.

The model is well established and group Filial Therapy Programmes have been used widely in the States for over 40 years and more recently here in the UK by Play Therapists.

It is suitable for a wide range of children (approx 3-12 years) and families, particularly foster and adoptive families and has been used successfully to help promote and deepen parent-child attachment relationships and help children with emotional difficulties that have been traumatised by life events.

The programme trains parents/carers to have special playtimes with their children and helps them to eventually conduct special play sessions at home with their children. Children keenly communicate their emotions and work things out through their play, are less anxious when playing and play is both empowering and fun for children and parents. It is also nicely parallels the PACE/DDP skills our foster carers are increasingly being trained in and one of the core skills carer's learn is empathic reflection.

How does it work?

The programme is a 16 week, two leader group model (qualified child centered play therapist and a co-trainer) and can train approx. 4-6 families with between 5-8 children.

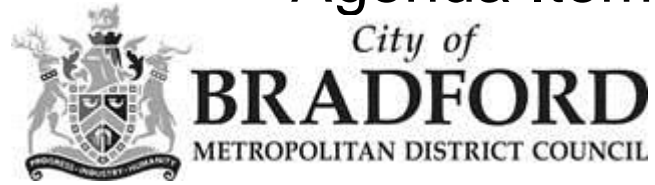
The training programme has 3 parts.

1. In the initial part of the training the entire group learns to conduct special play sessions by learning 4 skill areas and practicing these within the group. This is weekly 2 hour sessions.
2. Once the initial skills are learnt then the parents have practice play sessions with their children. These sessions are initially carried out away from the home. The sessions are filmed and the play session is then shared in the group setting with feedback. During the initial filming sessions the group continues to meet weekly.
3. Finally when the skills are established play sessions are transferred home The training is a skills based approach and a step by step process and parents are supported under supervision before they transfer the skills home.

Group Filial Therapy is a fun, empowering and collaborative way of working. Feedback from adults trained in Group Filial Therapy states they have enjoyed connecting with their children through playing, gained a better understanding of their children's emotional issues, which ultimately deepens attachment relationships. The playing makes total sense to the children who thoroughly enjoy their 'special play sessions' with their parents. Parents often find the group training supportive and fun (despite initial anxieties especially around videoing!) and making connections with other carer's.

Please get in touch if you have any other questions or need any more information.

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Report of the Deputy Director (Children's Social Care) to the meeting of Corporate Parenting Committee to be held on 10 September 2018

F

Subject: Citizenship/Access to Passports for LAC

Summary statement:

This report provides an overview of the work that is undertaken by social workers to ensure the children in our care who are not UK citizens have the appropriate identity documentation to allow them to travel abroad on school trips and holidays, and the work undertaken to ensure that their immigration status is appropriately addressed.

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Rachel Curtis
Phone: (01274) 435779
E-mail: Rachel.curtis@bradford.gov.uk

Portfolio:

Children & Families

Overview & Scrutiny Area:

Children & Families

1. SUMMARY

This report provides an overview of the work that is undertaken by social workers to ensure the children in our care have the appropriate identity documentation to allow them to travel, and the work undertaken to ensure that their immigration status is appropriately addressed.

2. BACKGROUND

- 2.1 In Bradford we currently have just over 1000 Children who are looked after. Of these children a number are not UK citizens, either being asylum seekers or refugees, or children who are EU Nationals. There are a very small number of children where their immigration status is not clear. We want all our children who are looked after to have as many positive experiences as possible, to help them make progress and achieve as they grow up. This includes being able to go on holidays with their carers and go on trips with school, therefore, all children in our care should have an up to date passport. For the children who are not UK citizens there is the added complexity of them being able to travel out of the UK on the documentation that they have. Carers have expressed concern about delays in getting passports for children so they cannot go on holidays abroad with the children, and children have expressed concerns about missing valuable opportunities abroad such as school trips and sports trips.
- 2.2 Children who are EU citizens can travel with their carers on the passports of their EU country of origin e.g. Polish passport, and a letter from the local authority (which is done for all children in care travelling abroad). When children become looked after parents are asked to give social workers the passport. When this passport runs out the social workers will take responsibility for getting a replacement passport, though this can be a complex and lengthy process, including needing to travel to London for an interview at the embassy and delays while the embassy makes checks with the home country. Social workers successfully gain updated passports for many children.
- 2.3 If there is any uncertainty, or missing paperwork this can take considerable time. Due to the emotive and at times adversarial nature of children becoming looked after some parents don't want to hand over passports and other important documents. Some parents have chaotic lifestyles and do not have the requisite document. Getting replacements involves working with the relevant embassies and can be complex and time consuming especially if key paperwork relating to the child or parents are missing.
- 2.4 For a small number of EU children there is uncertainty about where they were born and it is difficult to get hold of their birth certificate. For example the child may have been born in another EU country to the UK or their parent's home country. If there is no birth certificate, getting a passport is not possible.
- 2.5 There are other children who have become looked after but they and their families are subject to immigration control and they do not have right to remain in the UK. For these children we seek independent legal advice on the child's behalf and submit applications on behalf of the child themselves. While this process is going

on the child cannot travel outside of the UK as they cannot be guaranteed that they will be allowed to re-enter, even if travelling on a school trip. It is very important that immigration status is clarified when children first become looked after and that there is no delay in completing the necessary immigration processes.

- 2.6 Unaccompanied Asylum Seeking Children (UASC) and young people are all subject to immigration control and they are supported by their social workers in going through the immigration process. They are supported to seek legal advice. Once 18 their immigration status should be clear, though for a small number of young people this goes on beyond their 18th birthday. We take a 'triple tracking' approach to work with UASC, so that plans are discussed with them, dependent on different immigration outcomes and we have supported staff to attend training on this area. For a small number of young people the outcome will be that they are not given leave to remain and will need to return to their home country. This is always difficult.
- 2.7 In 2017 there were 2 examples of the Ombudsman criticising local authorities where they had not taken appropriate action to seek legal advice for children in their care regarding obtaining British Citizenship (see below). These were children born in the UK where their parents immigration status was not clear and assumptions were made that they were UK citizens. The importance of being clear regarding immigration status when children become looked after is paramount and workers and Independent Reviewing Officers (IROs) will check regarding this.
- 2.8 If children are looked after long term, without any plans to return to their family, we are now pursuing applications for British Citizenship for those children. This is complex and not guaranteed. Each application costs £1000+ in the application alone. To support an application advice is that we should provide the following for each child.
- school records including information on any special needs
 - detailed letter of support for this particular child from you & your team; giving an overview of the case & explaining why he should be registered
 - any awards he's had from school
 - photos of his life
 - Any ID docs
 - details of 2 potential referees
 - passport photos x 4
 - medical records
 - any info about employment, hobbies etc &
 - If possible, letter from the child explaining why becoming British would be helpful to him.
- 2.9 We have a small number of care leavers who are EU nationals (and some who become parents) where the issue of citizenship has not been pursued. Applying for citizenship for adults (18+) is more complex and expensive than for children. For these young people there are then issues about their eligibility for benefits (including Housing Benefit), as despite the fact the young person has been in care, their eligibility to benefits is linked to their parents eligibility. If their parents are not eligible then the young person is not eligible and fall into the remit of work around families with no Recourse to Public funds.

- 2.10 Council Members have been contacted by foster carers and children in the past, due to issues regarding the delays in getting passports, or citizenship issues. In one case this related to a misspelling on the Home Office documentation which prevented the passport office issuing passports. This did eventually get resolved but took too long, partly due to the difficulties in communicating with the Home Office.
- 2.11 The Deputy Director has raised the issue with the Home Office regarding the issue of children not being able to go on holiday with carers, or school trips, due to the issues regarding their immigration status, and some of the complexities of addressing this. No solutions have yet been provided.
- 2.12 The numbers of children where there are issues with regard to immigration and citizenship has grown in recent years, partly due to the changing demographics of the families living in Bradford, but also due to the changes in legislation regarding issues of Asylum, immigration and citizenship. Within the Through Care Team there is a growing level of knowledge and skills in this area, but it is an area we want to build skills and knowledge through further training and staff development.

3. OTHER CONSIDERATIONS

Not applicable.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The cost of citizenship are at least £1,000 per child. Significant costs can also be incurred through travel to embassy in London. In addition, legal costs need to be met and there is a shortage of Legal Advisors who specialise in children's asylum and immigration issues.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None.

6. LEGAL APPRAISAL

None.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

This report evidences the increased diversity of the children that we are caring for and the service is developing to meet the needs of this diverse group of children

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

Not applicable.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

Not applicable.

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

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Corporate Parenting report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

Not applicable.

10. RECOMMENDATIONS

10.1 That the Corporate Parenting Panel are asked to note this report.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

<http://www.nrpfnetwork.org.uk/News/Pages/british-citizenship-children.aspx>

Corporate Parenting Panel – 2018/19

Conservative	Labour	Lib Dem
Cllr Dale Smith	Cllr Carol Thirkill (Chair)	Cllr Julie Humphreys
	Cllr Sinead Engel (Dep Chair)	
	Cllr Angela Tait	
Alternates	Alternates	Alternates
Cllr Mike Pollard	Cllr Sarfraz Nazir	Cllr Nicola Pollard
	Cllr Nussrat Mohammed	
	Cllr Mohammed Shafiq	

Non-voting Co-opted Members	
Inspector Kevin Taylor	West Yorkshire Police, Partnerships
Yasmin Umarji	Senior Primary Partnership Manager, Education
Sue Thompson	Designated Nurse – Safeguarding Children and LAC, CCG Collaboration
The Chair of the Children in Care Council	

Corporate Parenting Panel Date/Venue	Report/Author	Deadline for Reports to Secretariat
9 th July 2018 4.30pm City Hall Commiteee Room 1	<ul style="list-style-type: none"> ▪ Appointment of Co-opted Members ▪ Regional Adoption Agency – Annual/Progress report (to include update on IT issues) (see Minutes 8/11/17) – (Mary Brudenell) ▪ Improving Support For Young People in Care/Care Leavers – Progress Report (to cover progress on implementation of recommendations including information on actions proposed and timescale (see Minutes 13/9/17) (Sarah King/Diane Cokewright) ▪ Work Plan 2018/19 	5pm 25/6/18
10 th September 2018 4.30pm City Hall Committee Room 1	<ul style="list-style-type: none"> ▪ IRO Annual Report (Imran Cheema) ▪ Health & Dental Checks for LAC (EmmaCollingwood/Rachel Curtis) ▪ Citizenship/Access to Passports for LAC(see Minutes 10/1/18) (Rachel Curtis) ▪ Work Plan 2018/19 	10am 28/8/18
5 th November 2018 4.30pm City Hall Committee Room 1	<ul style="list-style-type: none"> ▪ Through Care Service (see Minutes of 7/3/18) (to include info on Bradford's Offer for Care Leavers, Update on progress in relation to apprenticeships, Update in relation to national challenge from Ofsted re 16+ supported accommodation, Impact on resources in relation to expansion of service for care leavers up to age 25) (Emma Collingwood) ▪ Annual Report on Complaints (Irina Arcas) ▪ Outcomes for LAC (David Byrom/Vanita Ladd) ▪ Work Plan 2018/19 	5pm 22/10/18
21 st January 2019 4.30pm City Hall Committee Room 3	<ul style="list-style-type: none"> ▪ B Positive Pathways Progress Report (Jim Hopkinson) ▪ Virtual School Annual Report (Ken Poucher) ▪ Reg 44 Visits (Suzanne Lythgow) ▪ Work Plan 2018/19 	5pm 7/1/19

11 th March 2019 4.30pm City Hall Committee Room 1	<ul style="list-style-type: none"> ▪ <i>Children Missing from Care</i> (<i>David Byrom</i>) 	5pm 25/2/19
15 th April 2019 4.30pm City Hall Committee Room 1	<ul style="list-style-type: none"> ▪ <i>Educational Outcomes for LAC</i> (<i>Ken Poucher</i>) ▪ <i>Mental Health & Emotional Wellbeing of LAC</i> (<i>Kelly Barker</i>) 	5pm 1/4/19
Items for Inclusion on the Panel's Work Plan for 2019/20 in due course (i) Progress Report – One Adoption West Yorkshire		