



Agenda for a meeting of the Corporate Parenting Panel to be held on Monday, 15 April 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Thirkill Engel Tait	D Smith	Humphreys

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Mohammed Nazir Shafiq	M Pollard	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:

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

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

From: Parveen Akhtar **To:** Jill Bell

Parveen Akhtar
City Solicitor

Agenda Contact: Jill Bell

Phone: 01274 434580

E-Mail: Jill.bell@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

(Jill Bell – 01274 434580)

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.*

(Jill Bell – 01274 434580)

3. MINUTES

Recommended –

That the minutes of the meeting held on 11 March 2019 be signed as a correct record (previously circulated).

(Jill Bell – 01274 434580)

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.

(Jill Bell - 01274 434580)

B. BUSINESS ITEMS

5. EMOTIONAL AND MENTAL WELLBEING OF LOOKED AFTER CHILDREN

1 - 18

The Interim Assistant Director (Children's Social Care Improvement) will present a progress report on the CAMHS (Child & Adolescent Mental Health Service) Psychological Assessment and Therapy Team for Looked After and Adopted Children, including information on the allocation of the available finance (**Document "T"**).

Recommended -

That the Interim Strategic Director of Children's Services be recommended to request additional funding from Health & Social Care Commissioners in order to expand the current services to encapsulate the offer as set out in 2.8 of Document "T".

(Jennie Robb – 01274 723241)

The Interim Assistant Director (Children's Social Care Improvement) will present a report (**Document "U"**) on the virtual school outcome for Children Looked After (CLA) for 2017-18. Outcomes for children in care from Early Years to key stage 4 shows an improving picture over time. By the time they leave school, the progress made by children in care compares favourably to the national picture.

Primary outcomes at the end of Key Stage 1 remain above those nationally for children looked after in all four benchmark (expected standard) measures, reading, writing, maths and the combined measure. At the end of Key Stage 2, outcomes for CLA gaining the expected standard in reading have improved by 10 percentage points to within 3% of CLA nationally. Results for CLA in Bradford gaining the expected standard in maths have improved by 9% and are 1 percentage point above CLA nationally. Results for CLA in writing and GPS have improved by 5% and 3% respectively. The average (mean) scaled score across all pupils with a scaled score shows Bradford CLA marginally above pupils nationally for this measure.

At KS4 in terms of Attainment 8 Bradford CLA outcomes in 2018 were above the national and regional outcomes. The score of 19.7 is above the score of 18.7 nationally. In terms of Progress 8 Bradford outcomes in 2018 were above the national comparator.

Recommended -

That the Corporate Parenting Panel note the contents of Document "U".

(Ken Poucher – 01274 439623)



Report of the Interim Assistant Director (Children's Social Care Improvement) to the meeting of the Corporate Parenting Panel to be held on 15th April 2019

Subject:

T

EMOTIONAL AND MENTAL WELLBEING OF LOOKED AFTER CHILDREN

Summary statement:

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

Anne Chester-Walsh
Interim Assistant Director (Children's Social Care Improvement)

Portfolio:

Children & Families

Report Contact:
Dr Jennie Robb, Clinical Psychologist & Clinical Lead for CAMHS LAAC
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Overview & Scrutiny Area:

Children's Services

1. Summary

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

2. Background

2.1 Introduction

The Psychological Assessment and Therapy team for Looked After and Adopted Children was established in November 2016 following recommendations outlined in the Future in Mind document and in line with NICE guidance (National Institute for Health & Care Excellence). The Specialist Team consists of dedicated, highly trained therapists who work with looked after, adopted and Special Guardianship Order children within the NHS Trust Boundaries of Bradford, Airedale, Craven, and Wharfedale. There has been a reduction in provision since July 2018, when the Local Authority Therapeutic Social Workers were redeployed from the team. The current functional clinical capacity is 4.6 WTE (Whole Time Equivalent).

2.2 Service Development and Clinical Capacity

In May 2016, health funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.6 WTE Psychological Therapists, and three Local Authority Therapeutic Social Workers. These funds were used to create four new additional WTE posts. All Psychological Therapist posts are currently filled, and the effective clinical capacity is at 4.6 WTE (26% of that originally proposed).

The Team began operating at the beginning of November 2016. Service reviews were undertaken after six months of operation and one year. This review incorporates a comparison of the first two years of operation.

2.3 Document Overview

This document provides information about the second year of operation of the Service. Details are provided about the evolution of the team, the service model and the clinical work undertaken from 1st November 2017 to 31st October 2018. A comparison of the first and second years of service delivery is provided. Clinical work is divided into Direct Clinical Work and Indirect Clinical Work; where possible client demographics are provided along with baseline and outcome data for Direct Clinical Work. Indirect Clinical Work includes the Consultation Clinic for professionals and carers, and Consultation to Children's Homes.

2.4 Direct Clinical Work

1) Referrals and Waiting Time

Referrals for Direct Work can be made from Social Workers, School and LAC (Looked After Children) Nurses, and Paediatricians. The LAAC (Looked After and Adopted Children) Team received 118 referrals for direct work in

Year 2 compared with 126 referrals for the previous year. Referral outcomes are shown in Table 1.

Table 1. Referral Outcome for the LAAC Team

	1st November 2016 - 31st October 2017	1st November 2017 - 31st October 2018
Total Number of Referrals for Direct Work	126	118
Number of Referrals Accepted and Offered Initial Consultation	108	95
Referrals Not Accepted or signposted	18 (14%)	23 (19%)

All referrals for Direct Work (assessment or therapy) are now offered an initial consultation to support the carers and professional system and make recommendations in terms of future service involvement. Following the consultation, children are either added to the waiting list for assessment, offered a follow-up consultation or signposted elsewhere/discharged.

The average waiting time for consultation from referral between 1st November 2017 and 31st October 2018 was 49 days (see Table 2). This compares with 25 days for the previous year. The average wait from consultation to assessment for Year 2 was 171 days, compared with 113 days for the previous year. The increase in waiting times is due to higher demand for the Service and staffing issues which are discussed in more detail later in the review.

Table 2. Average waiting times to access input from the LAAC Team

	1st November 2016-31st October 2017	1st November 2017- 31st October 2018
Average Waiting Time for Consultation (Days)	25	49
Average Waiting Time for Assessment from Consultation (Days)	113	171
Average Whole Time Equivalent (Clinical)	5.9	5.9

2) Assessment and Therapy

In total, 122 cases were open and seen by the LAAC Team between the 1st November 2017 and 31st October 2018. This compared with a total of 121 cases open in Year 1.

The total clinical contact for the year was 1561 sessions, comprising assessment (288), therapy (922) and client systemic work (351). Clinical capacity ranged from 4.6 to 7.3 WTE and this averages out at 5.9. Productivity was stable from Year 1 to Year 2 (Table 3.).

Table 3. Productivity for Direct Clinical Work

	1 st November 2016-31 st October 2018	1 st November 2017-31 st October 2018
Whole Time Equivalent	Ranged from 4.4-7.3	Ranged from 4.6-7.3
Average WTE for the year	5.9	5.9
Number of sessions that took place	1490	1561
Productivity	252	265
Number of open direct work cases	121	122
Number of cases per WTE	21	21

Assessment

During Year 2, 288 assessment sessions were completed by the LAAC team (Table 4). All data are displayed in Table 4 with a comparison with the previous year.

Therapy

During Year 2, 922 sessions were offered evidence-based therapy. In line with the NICE guidelines for working with Looked After Young People and those with Attachment difficulties (NG26, PH28), the therapies delivered were dominated by Therapeutic Parenting/parenting group (211), Dyadic Developmental Psychotherapy/Relational and DDP Informed Therapy (407) and Art Therapy (174).

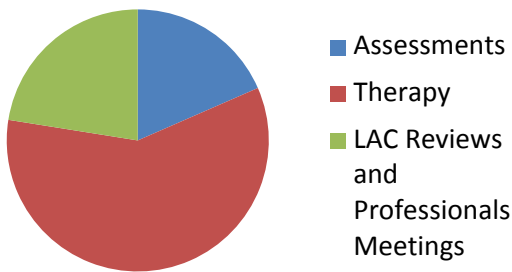
Client Systemic Work

There were 351 occasions when staff attended professionals' meetings and statutory LAC reviews, as well as Team Around the Child Meetings. This accounted for 22% of clinicians' direct work time over the course of the year.

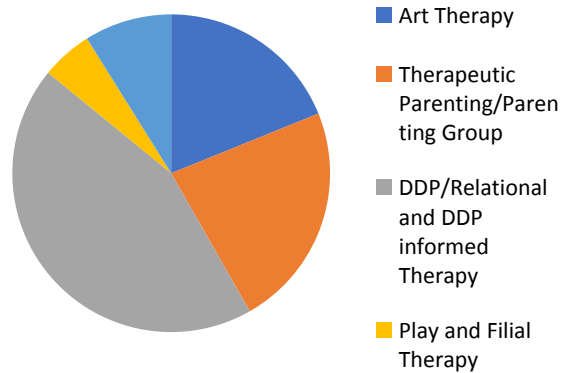
Table 4. Categories of Direct Clinical Work

	Year 1 No.	Year 2 No.
Assessments	241 (16%)	288 (18%)
Assessments for Therapy	80	105
Cognitive Assessments	13	38
MIM (Marschak Interaction Method) Assessments	3	4
Story Stem Assessments	2	1
Other assessments, including home and school observations and liaison	143	140
Therapeutic Work	820 (55%)	922 (59%)
Art Therapy	123	174
DDP	74	145
Family Therapy	31	42
Filial Therapy	19	3
Relational and DDP Informed Therapy	163	262
Other	122	40

Play Therapy	123	45
Therapeutic Parenting	156	207
Therapeutic Parenting Group		4
Theraplay	9	0
Client Systemic Work Incl. TAC, EHCP, ongoing systemic support to school, LAC Reviews, Professionals Meeting	429 (29%)	351 (22%)
Total Sessions	1490	1561



Graph 1. Pie Chart displaying the distribution of different sessions completed by the LAAC team from the 1st November 2017 to the 31st October 2018



Graph 2. Pie Chart displaying the number of different therapy sessions completed by the LAAC team from the 1st November 2017 to the 31st October 2018

3) Client Demographics

Client demographics are recorded below for both Year 1 and Year 2 for all direct work cases. These include age, ethnicity, gender and care status. It should be noted that 81 cases that were open in Year 2 had been open the previous year.

Age

It can be seen from table 5, below, that the majority of direct work cases across the two years were of school age, with a relatively even split between primary school age and high school age. Only 2% of referrals were for children under 5 years for both years, and approximately a fifth (23% in year 1 and 20% in year 2) were for children post-16.

Table 5. Age Distribution of Direct Work cases (Nov 2016-Oct2017 and Nov 2017-Oct 2018)

	Nov 2016-Oct 2017		Nov 2017-Oct 2018	
	Number of open cases	Percentage (%)	Number of open cases	Percentage (%)
Under 5 years	2	2	2	2
5-11 years	46	33	48	39

11-15 years	45	37	48	39
16-19 years	28	23	24	20
Total	121		122	

Ethnicity

The categories for ethnicity were restricted to those detailed in Table 6. The majority of direct work cases were White British (76% in Year 1 and 84% in Year 2). The remaining were distributed between White Other (2-3%), Mixed – White/Black (2-3%), Mixed – White/Asian (7 and 4%), Mixed Other (2-3%), Asian or Asian British (7 and 4%) and Black or Black British (1-2%).

Table 6. Ethnicity of Direct Work Cases (Nov 2016-Oct 2017 and Nov 2017-Oct 2018)

	Year 1		Year 2	
	Number	Percentage (%)	Number	Percentage (%)
White British	93	76	103	84
White Other	4	3	2	2
Mixed – white & Black	4	3	3	2.5
Mixed –white & Asian	8	7	5	4
Mixed Other	2	2	3	2.5
Asian or Asian British	8	7	5	4
Black or Black British	2	2	1	1
Total	121		122	

Gender

The number of male Direct Work Cases increased from 53% to 62% in Year 2.

Table 7. Gender of Direct Work Cases (Nov 2016-Oct 2017/Nov 2017-Oct 2018)

	Year 1		Year 2	
	Number	Percentage (%)	Number	Percentage (%)
Male	64	53	76	62
Female	55	45	44	36
Transition	2	2	2	2
Total	121		122	

Care Status

There was a notable shift in Care Status with fewer children on Special Guardianship Orders and more adopted children entering the Service.

Table 8. Care Status of Direct Work Cases (Nov 2016-Oct 2017/Nov 2017-Oct 2018)

	Year 1		Year 2	
	Number	Percentage (%)	Number	Percentage (%)
Looked After	67		64	52

Adopted	27	22	39	32
Special Guardianship Order	27	22	19	16
Total	121		122	

Out of Authority Placements

Due to the loss of the Therapeutic Social Workers in July 2018, a decision was made to only accept Bradford Looked After children into the Service. Non-Bradford Looked After children continued to have access to Core CAMHS where appropriate and those already open to therapists continued to receive a service.

4) **Baseline and Outcome Data**

Baseline data were collected for young people attending the service for assessment and/or therapy. This was comprised of the following:

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

After six months of intervention, the questionnaires were reissued, and the data collected and analysed. As the body of data accumulated, it was possible to look at the baseline scores for those entering the service. Data across Year 1 and Year 2 indicated that the population of children referred to the Service showed a high percentage of clinical levels of difficulties as measured by the SDQ (Strengths & Difficulties Questionnaire) and the ACC/ACA (81%, 88% and 87% respectively) (Tables 9, 10 and 11). A reduction in clinical difficulties was observed across the SDQ and the ACC/ACA following intervention. This is also recorded in tables 9-11.

Table 9. Pre and Post-Intervention scores on the SDQ

VH = Very High, H = High, SR = Slightly Raised

	Average score Pre-Therapy (n=42)	Percentage at Clinical Levels Pre-intervention	Average score Post-Intervention (n=56)	Percentage at Clinical Levels Post-Intervention
Conduct Difficulties	4.8 (H)	74	4.5 (H)	74
Emotional Difficulties	5.8 (H)	57	3.9 (SR)	45
Hyperactivity	7.3 (SR)	62	6.5 (SR)	69
Peer Relationships	4.9 (VH)	71	4.2 (H)	55
SDQ Total Score	22.9 (VH)	81	19 (H)	76
Pro-Social	5.3 (VH)		5.4 (VH)	29

Behaviour				
Impact Score	5.1 (VH)	90	5.1 (VH)	93

Post-intervention, the impact of therapeutic intervention appears to have been in reducing Emotional Difficulties, Peer Relationships Difficulties and overall difficulties scores. This shows positive outcomes but clinical levels of difficulties, although improved, remained elevated when compared to the general population. Also, the impact of difficulties on the child and family's life was not altered in terms of the Impact Score on the SDQ.

Table 10. Pre and Post-Intervention scores on the ACC

	Percentage at Clinical Levels Pre-Intervention	Percentage at Clinical Levels Post-Intervention
Sexual	18	13
Pseudomature	71	53
Non-Reciprocal	65	55
Indiscriminate	47	38
Insecure	76	63
Anxious-Distrustful	53	23
Abnormal Pain Response	12	10
Food Maintenance	47	20
Self-Injury Index	41	20
Pica Index	29	15
Suicidal Discourse	35	33
Total Clinical Score	88	70

There were fewer cases with overall scores at a clinical level after intervention (70% post-intervention compared to 88% pre-intervention). Furthermore, the number of young people presenting with Self-Injury that was at a clinical level halved from 41% to 20%. There were also significantly fewer clinical levels in terms of the attachment difficulties subscales (i.e. Pseudomature, Non-Reciprocal, Indiscriminate, Insecure and Anxious-Distrustful).

Table 11. Pre and Post-intervention scores on the ACA

	Percentage at Clinical Levels Pre-Intervention	Percentage at Clinical Levels Post-Intervention
Non-Reciprocal	53	58
Social Instability	67	52
Emotional Dysregulation	87	65
Trauma Symptoms	33	29
Maintenance behaviours	13	13
Sexual Behaviour	13	10
Suicidal Discourse	60	27
Total Clinical	87	69

Score		
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As with the ACC, there were significant reductions in clinical scores post-intervention, with 69% at clinical levels overall, compared to 87% at assessment.

In terms of the Carer Questionnaire, a sample of 28 questionnaires were completed pre-therapy. A higher score represents a carer with a better perception of the relationship with the child. Therefore, the hope would be that the scores would increase following intervention. A small increase was observed post therapy (Table 12).

Table 12. Average scores on the Carer Questionnaire completed Pre-Intervention compared with Post-Intervention

	Pre-Therapy Scores (n=28)	Post-Therapy Scores (n=55)
Parent Skills and Understanding	28	30
Parent-Child Relationship	21	22
Child responsiveness to care	19	19
Placement Stability	8	8
Total	84	88

5) Additional CAMHS Work

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

2.5 Indirect Clinical Work

1) Consultation Clinic

The consultation clinic can be accessed by any professional or carer working with a looked after child, an adopted child, or a child on a Special Guardianship Order (SGO). The team offer four consultation slots per week, across Fieldhead and Hillbrook. These take place over an hour and a half and are usually offered by two members of the CAMHS-LAAC team. Consultations offer an opportunity to think in depth about a child’s difficulties or presentation, reflect on a child’s experiences and early development, and draw on psychological expertise. They can also be utilised to think about the

network of care around a child and to consider plans for the child with regard to home and school placements and psychological therapy needs.

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

Table 13. shows a comparison of the consultations that took place in Year 1 and Year 2.

Table 13. Consultation Clinic Data

	1st Nov 2016 – 31st Oct 2017	1st Nov 2017 – 31st Oct 2018
No. of consultations attended	130	133
No. of consultations cancelled	27 (17% of the total booked)	40 (23% of the total booked)
No. of cases discussed in Consultation Clinic	121	127
No. of cases attended for a second consultation	9	13
Total number of professionals and carers who attended	297	304
No. of consultations that led to Direct Clinical Work	59 (49%)	64 (48%)
No. of cases that were held at a consultation level	62 (51%)	69 (52%)

There was consistency overall with roughly 130 consultations taking place and a similar number of cases discussed. Cancellations increased, and it is hypothesised that this may be due to the increased wait for consultations which reached 136 days (see Table 14.) during periods of minimal clinical capacity. The consultation model is designed to be responsive and timely, to meet the needs of a professional network at a time of crisis or when it is at its most challenged. A wait of more than four weeks is inadequate in terms of meeting this need as the difficulty may have led to placement breakdown or further developments by the time support is offered. That said, there continued to be approximately 50% of cases held at the consultation level. This is a highly effective service at responding to cases where assessment and therapy may not be indicated but psychological knowledge, reflection and formulation can be of benefit.

Table 14. Average wait for consultation

	Year 1	Year 2
Average wait (days)	25	49

Evaluation and Feedback

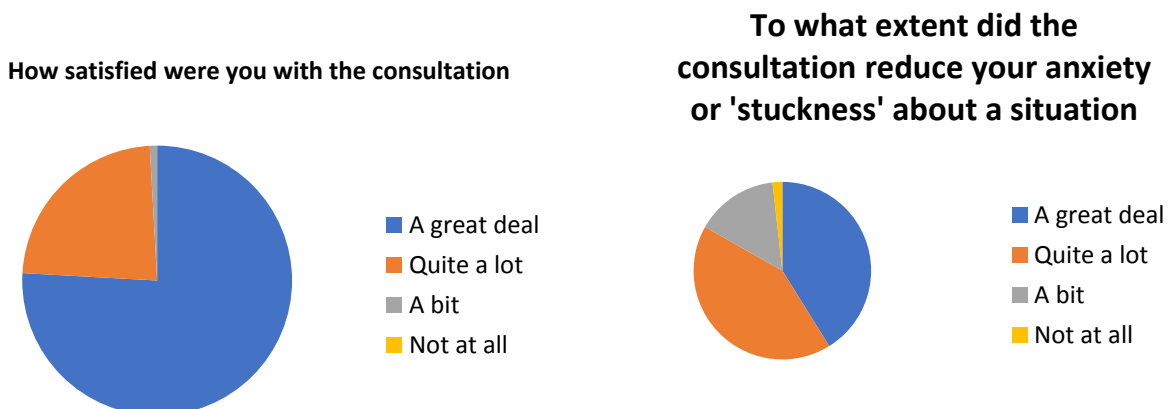
Consultees were asked to complete a feedback form at the end of each consultation (See Appendix 2). The form consists of four rating scales, ranging from 'a great deal' to 'not at all' answering the questions: 'Did the consultation give you the opportunity to discuss what you wanted?'; 'To what extent did the consultation reduce your anxiety or 'stuckness' about a situation?'; 'To what extent did the consultation increase your confidence in your ability to manage the situation?'; and 'How satisfied were you with the consultation?'

Over the whole year, 228 (75%) feedback forms were collected from a total of 304 attendees. The previous year, 218 (73%) feedback forms were collected from a total of 297 attendees. Of the 228, all (100%) felt that they had the opportunity to discuss what they wanted either a great deal or quite a lot. This was a slight increase from the previous year (96%).

One hundred and eighty eight out of 228 (83%) felt that the consultation reduced their anxiety or 'stuckness' about a situation a great deal or quite a lot. Fifteen percent of individuals felt that the consultation had helped reduced their anxiety of 'stuckness' about a situation a bit and 2% no change. Compared to the previous year, 86% reported a great deal or quite a lot, so there was a small decrease, and small increase in the number of attendees reporting a bit (12% in Year 1), and those that felt that the consultation did not reduce their anxiety or 'stuckness' about a situation remained the same (2%).

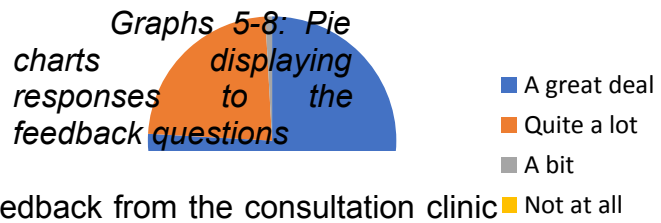
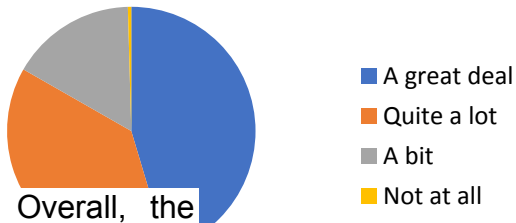
In year 2 the same number of people (83%) who attended the consultation increased their confidence in their ability to manage the situation a great deal or quite a lot. Sixteen and one per cent felt that it increased their confidence in their ability to manage the situation a bit and not at all, respectively.

All attendees, as with the first year, were satisfied with the consultation either a great deal (76%), quite a lot (23%), or a bit (1%).



To what extent did the consultation increase your confidence in you ability to manage the situation

Did the consultation give you the oppurtunity to discuss what you wanted?



Overall, the feedback from the consultation clinic has remained positive and thus oppurtive of the consultation model. The waiting time has doubled between year 1 and year 2, and it is hypothesised that this has had an impact on attendance.

2) Children’s Home Staff Consultation

Consultations were offered monthly to all eight mainstream Local Authority Children’s Homes in Bradford District until the development of the Be Positive Pathway in 2018, which recruited psychologists and other health professionals to three specialist homes. Since that time, Children’s Home consultation has been offered to those not receiving a service from BPP (B Positive Pathways) (i.e. Owlthorpe, The Hollies, Rowan House, Sky View) and also to Far Shay Farm, a supported accommodation for Care Leavers. Group Supervision for this work takes place monthly with the Lead Psychological Therapist in CAMHS. The team of consultants to the Local Authority Children’s Homes is comprised of LAAC team members as well as Child and Adolescent Psychoanalytical Psychotherapists.

3) Consultation to LAC Social Work Teams

Prior to the redeployment of the Therapeutic Social Workers, consultation to LAC Social Workers took place monthly at Sir Henry Mitchell House. These 30-minute consultation slots offered an opportunity for the screening of cases that might need a direct referral into the LAAC Team. They were also an opportunity to offer support and advice at a general level. The consultations were organised and co-ordinated by the LAC Social Worker, Therapeutic Social Worker and Family Therapist. When a more in-depth consultation was required to think psychologically about a child’s presentation or issues within the system around the child, social workers were encouraged to book into the CAMHS-LAAC Consultation Clinic (described above).

This service is no longer available through the CAMHS-LAAC team but it is understood that Therapeutic Social Workers will offer a similar approach described as Therapeutic Thinking Time in their new roles. The interface between this Service and the CAMHS-LAAC team remains in development.

4) Service Development and Across Agency Support

Liaison across Bradford Children’s Social Care and CAMHS has been maintained since the early stages of development through the Clinical Lead, and the Team Manager, attending Through Care Strategy Meetings, the Corporate Parenting Panel, DDP implementation groups, meetings with the Adoption Service Manager

and SGO Team, and regular meetings with the Residential Service Manager. Due to sickness, another worker undertook the Team Manager role from November 2017 and remains in this role. In addition, Clinical Lead, has contributed to the Innovation Project, B Positive Pathways, through advice, liaison and support to recruitment. As part of the B Positive Pathways Project, Clinical Lead will continue to offer two hours a week clinical supervision to the Clinical Psychologists in these teams. The Team Manager will be responsible for the NHS management role for the BPP health professionals from April 2019. The Lead Psychological Therapist in CAMHS has attended the pre-Joint Review Panel (JRP) meeting fortnightly and will continue to do so in order to aid decision making about jointly funded placements for young people.

2.6 Waiting List Initiatives and Service Planning

With the increasing demand on the service and the reduction in capacity, two waiting list initiatives were developed in Autumn 2018 – A Therapeutic Parenting Group and A Family Assessment Clinic.

1) *Therapeutic Parenting Group*

The Therapeutic Parenting Group ran for eight sessions (2½ hours long) in Autumn 2018, with an additional review session in January 2019 and individual follow-ups with carers. Three members of the team facilitated this group and it was comprised of psychoeducation based on attachment and PACE, also a support element with a focus on carers own mental wellbeing, trouble shooting of particular challenges and the needs of children with developmental trauma in schools. The group was attended by carers of six families who had 11 children between them. Before and after measures were used to assess the effectiveness of the group and average scores are reported in Tables 15 and 16. The overall SDQ score reduced slightly for all children with the exception of one and the average score overall also reduced. There was little difference noted on the ACC/ACA. The greatest change was captured by the Carer Questionnaire, all carers showed an increase in their total score after the group, indicating greater skills and understanding and that their children were more responsive to their care.

Table 15. Average Total SDQ and ACC/ACA scores pre and post-therapeutic parenting group

	Pre-group Intervention	Post-group Intervention
SDQ Average Total Score	21	17
ACC Average Total Score	39	39
ACA Average Total Score	50	48

Table 16. Average Scores on the Carer Questionnaire pre and post-therapeutic parenting group

	Pre-Group Intervention	Post-Group Intervention
Parent Skills and	29	33

Understanding		
Parent-Child Relationship	26	26
Child responsiveness to care	22	24
Placement Stability	10	10
Total	95	102

Of the families involved in the Therapeutic Parenting Group, one went on to longer-term therapy, two were offered short-term interventions (1-3 sessions) and the rest were discharged or signposted elsewhere. The success of this pilot group led to a later decision that this would be incorporated into our core offer as a team.

2) ***Family Assessment Clinic***

Those families at the top of the waiting list who were identified as not appropriate for the parenting group and requiring assessment were accepted into the family assessment clinic. The offer was of three assessment appointments over three months with a review and further assessment or intervention appointments offered as appropriate. This initial three appointments were a combination of observations, carer appointments and creative family appointments. This was an efficient use of time with targeted assessment appointments involving 2-3 clinicians. A formulation meeting with clinicians only followed the first three appointments and a plan for intervention or discharge was made at this stage.

Following this new approach to assessment with three targeted assessment appointments over a period of three months, a decision was made that this efficient assessment process could become an appropriate addition to streamlining the service, screening and signposting and informing the process of planning for intervention.

2.7 **Training and Supervision of the Team**

All new clinicians undertook a period of induction where they observed and shadowed existing clinicians. Supervision is structured according to the professional requirements and needs of each clinician, and meetings with each team member and the Clinical Lead and Team Manager take place every 4-6 weeks. Supervision by an accredited Dyadic Developmental Psychotherapist had previously been recognised as a significant gap in supervision provision. This was commissioned on a monthly basis from September 2017 and two therapists in the team are currently working toward accreditation in this therapy.

In September and October 2018, all clinicians in the team who had not completed the Dyadic Developmental Psychotherapy training, attended Level 1 of the course in Bromsgrove. Consideration will be given to the next developmental stage in terms of Level 2 for these team members.

The Play Therapist, completed training in the Story Stem Assessment Profile in January 2018 and her accreditation has been held up due to maternity leave.

Clinical Lead and one of the LAAC Team Members have attended Sensory Integration training in February 2018.

2.8 Additional funding is requested from Health & Social Care Commissioners in order to expand the current services to encapsulate the offer as set out below;

1. To continue to offer quality, specialist, psychological assessments of looked after and adopted children with mental health and relational difficulties due to developmental trauma and loss, but without a significant wait and with the ability to fulfil recommendations for a range of evidence-based therapy in a timely way
2. To continue to offer therapeutic parenting groups to the most vulnerable carers
3. To continue to offer the consultation service, and to extend this, doubling the number of slots available and reducing the wait to less than 4 weeks, to meet current demand
4. To additionally offer Dialectical Behaviour Therapy (DBT) groups to adolescents and care leavers with emotional regulation difficulties and risk of self-harm and sexual exploitation
5. To offer urgent consultation appointments to carers and professionals where the placement is at immediate risk of breakdown and co-ordinate this with the work of placement support and B Positive Pathways. This is a regular request from Through Care Social Workers.
6. To offer longer term therapy where this is indicated (both clinically and through NICE guidance) as well as short term options
7. To develop the Service to extend to joint assessment clinics with Community Paediatricians where Foetal Alcohol Spectrum Disorder is indicated, and follow-up diagnosis with support to families and their children.
8. To additionally offer sensory integration and sensory developmental assessments where indicated. There are frequent requests from social workers and schools for these assessments and they should form part of a comprehensive assessment of children who are neurodevelopmentally compromised through in utero exposure to drugs and alcohol.
9. In order to offer such a service the following is required in addition to the current provision:
 - 3 WTE Band 8a Psychological Therapists (including. at least 1 Clinical Psychologist and 1 Creative Therapist)
 - 4 WTE Band 7 Psychological Therapists (including. at least 1 Clinical Psychologist and 1 Creative Therapist)
 - 1 WTE Band 7/6 Occupational Therapist

- 4 WTE Band 6 – keyworkers
 - 2 therapeutic Social Workers
 - 2 CPNs interested in therapy/psychology
- 1 WTE Band 5 Occupational Therapist
- 1 WTE Band 5 Assistant Psychologist
- 1 WTE Band 3 Administrator

CONCLUSIONS

This review demonstrates that whilst referral rates remained consistent across the two years, the service became saturated with longer-term complex cases and a reduction in capacity. This meant that waiting times for consultation lengthened from 4 to 9 weeks, and the wait for assessment and therapy exceeded 12 months.

Productivity was consistent when analysed according to Whole Time Equivalents, with an average of 21 cases per WTE. One hundred and twenty-two cases were open during the second year of operation and 133 consultations were attended.

Feedback from consultations continued to be very positive, although cancellation rates increased, perhaps due to the longer wait.

Baseline and outcome measures highlighted that the children referred to the service had a very high level of mental health difficulties and distress. This was reduced following intervention and carers perception of their relationship with the child improved.

The Therapeutic Parenting group was developed to support some of those who had waited longest for assessment. This had successful outcomes in terms of carer understanding and child responsiveness to care. A decision was made to include this group in our core offer.

The Family Assessment Clinic allowed us to pilot a focused multi-disciplinary three-session assessment with formulation and planning for intervention. This was identified as a streamlined, efficient and containing approach to cases referred and will influence assessment models in the future.

Despite the success of the service in terms of outcomes and service user experiences, the lack of capacity remains a stark reality that prevents the service from meeting the mental health needs in a timely way for some of the most vulnerable children and families. Recommendations follow, and these have been shared with commissioners in the form of a business plan to develop the service further.

3. OTHER CONSIDERATIONS

N/A

4. FINANCIAL & RESOURCE APPRAISAL

N/A

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6. LEGAL APPRAISAL

N/A

7. OTHER IMPLICATIONS

N/A

8. NOT FOR PUBLICATION DOCUMENTS

N/A

9. OPTIONS

See Recommendations below.

10. RECOMMENDATIONS

- 10.1** That the Interim Strategic Director of Children's Services be recommended to request additional funding from Health & Social Care Commissioners in order to expand the current services to encapsulate the offer as set out in 2.8.

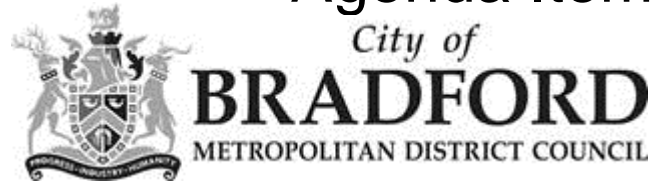
11. APPENDICES

N/A

12. BACKGROUND DOCUMENTS

N/A

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Report of the Interim Assistant Director (Children's Social Care Improvement) to the meeting of the Corporate Parenting Panel to be held on April 15th 2019

Subject: Virtual School outcomes report 2017-18

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Summary statement:

Outcomes for children in care from Early Years to key stage 4 shows an improving picture over time. By the time they leave school, the progress made by children in care compares favourably to the national picture.

Primary outcomes at the end of Key Stage 1 remain above those nationally for children looked after in all four benchmark (expected standard) measures, reading, writing, maths and the combined measure. At the end of Key Stage 2, outcomes for CLA gaining the expected standard in reading have improved by 10 percentage points to within 3% of CLA nationally. Results for CLA in Bradford gaining the expected standard in maths have improved by 9% and are 1 percentage point above CLA nationally. Results for CLA in writing and GPS have improved by 5% and 3% respectively. The average (mean) scaled score across all pupils with a scaled score shows Bradford CLA marginally above pupils nationally for this measure.

At KS4 in terms of Attainment 8 Bradford CLA outcomes in 2018 were above the national and regional outcomes. The score of 19.7 is above the score of 18.7 nationally. In terms of Progress 8 Bradford outcomes in 2018 were above the national comparator.

Marium Haque
Deputy Director
Education & Learning

Portfolio:

Children & Families

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 E-mail: ken.poucher@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. Summary

1.1 Educational Outcomes Summary 2018

EYFS: 14/30 (47%) with a Good Level of Development

Year 1 Phonics: 64% met the standard compared with 63% in 2017

Key Stage 1: 3 year improvement in the combined measure with most outcomes above those nationally for CLA.

Key Stage 2: Best results over the last 3 years in reading, maths and combined measure.

Key Stage 2: The average (mean) scaled score across all pupils with a scaled score shows Bradford CLA marginally above pupils nationally for this measure.

Key Stage 4: Of those in mainstream schools 12 months or more:

- 8/43 (19%) achieved 5+ GCSE's at grade 4+
- 5/43 (12%) achieved 5+ GCSE's at grade 4+ including English and maths
- 34/43 (79%) achieved 5+ GCSE's at grades 9-1 including English and maths
- 42/43 (98%) achieved 1+ GCSE's at grades 9-1

Key Stage 4: Attainment 8 and Progress 8 scores are both above those nationally for CLA

2. CLA Outcome data for 2018

2.1 Foundation Stage outcomes

The overall outcomes for Early Years in 2018 maintained the overall improving picture over time but there is still more to be done to reach the national average. Those who did not achieve the expected levels were mainly due to not achieving the standard in personal, social and emotional development (PSED), where this links directly with their emotional needs and the insecure attachment issues which in turn affects the prime area of communication, language and literacy (CLL).

% Good Level of Development	2015	2016	2017	2018
Bradford CLA	27%	29%	50%	47%
National CLA (NCER)	N/A	N/A	N/A	48%
Bradford All	62%	66%	68%	67%
Region (Y&H)	N/A	N/A	N/A	38%
National All	66%	69%	71%	71.5%

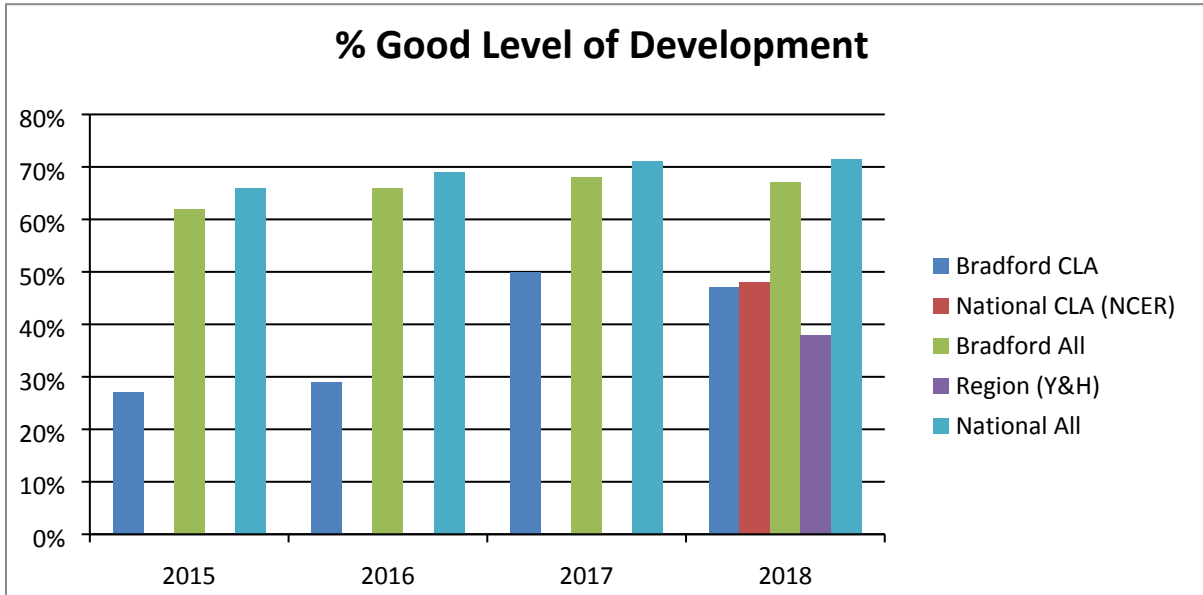
2018 total number of CLA = 30.
 Total number of CLA in cohort (in care for a year or more as of 31st March 2018) = 20. Number of CLA out of LA = 10. 1 pupil ineligible (resides in Scotland)

% Prime Goals	2015	2016	2017	2018
Bradford CLA	N/A	N/A	N/A	58.0%
National CLA (NCER)	N/A	N/A	N/A	56.0%
Region (Y&H)	N/A	N/A	N/A	44.0%
Bradford All	74.3%	76.3%	77.5%	76.6%
National All	76.3%	78.1%	79.0%	79.4%

Total Points Score	2015	2016	2017	2018
Bradford CLA	N/A	N/A	N/A	31.7
National CLA (NCER)	N/A	N/A	N/A	30.0
Region (Y&H)	N/A	N/A	N/A	29.5
Bradford All	33.0	33.7	33.8	33.6
National All	34.3	34.5	34.5	34.6

EYSP Benchmark (CLA)	EHC Plan	Non SEND	SEN Support
National CLA (NCER)	0%	61%	20%
Region (Y&H)	0%	51%	27%
Bradford CLA	0%	43%	60%

EYSP Total Points Score	EHC Plan	Non SEND	SEN Support
National CLA (NCER)	19.4	32.6	26.0
Region (Y&H)	-----	31.7	27.5
Bradford CLA	-----	31.5	32.4



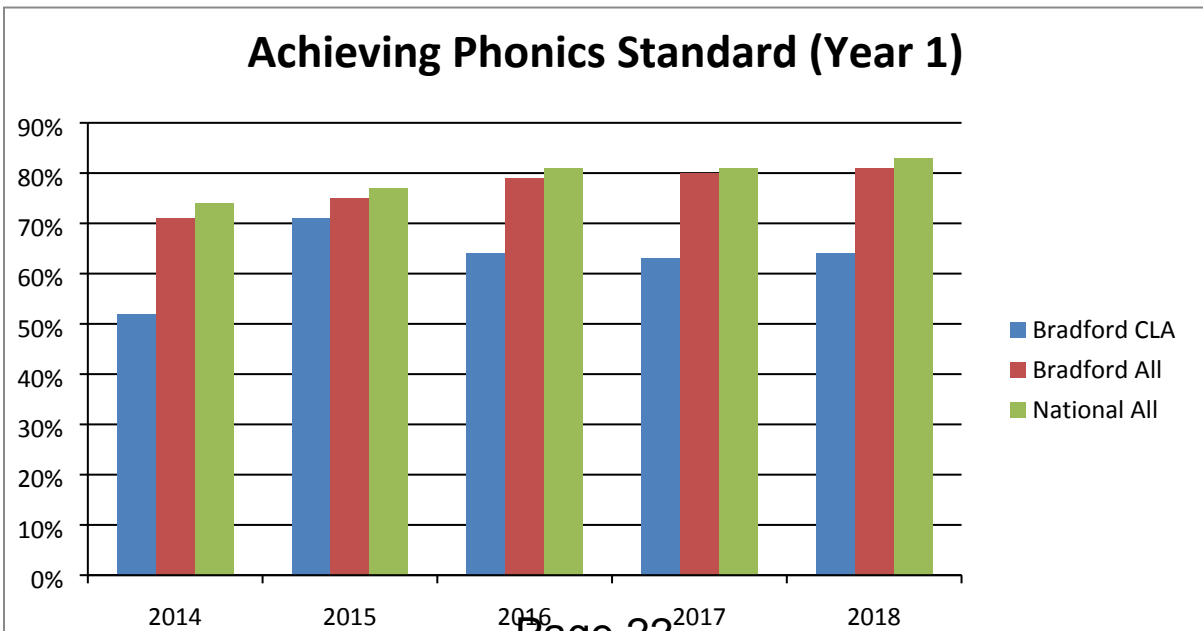
2.2 Key Stage 1

2.2.1 Year 1 Phonics

Achieving Phonics Standard (Year 1)	2014	2015	2016	2017	2018
Bradford CLA	52%	71%	64%	63%	64%
Bradford All	71%	75%	79%	80%	81%
National All	74%	77%	81%	81%	83%

Comment:

- Total Number of CLA = 38
- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) = 33.
- Number of CLA out of LA = 5
- Gap between CLA and all remains unchanged at -17%



2.2.2 End of Key Stage 1

In 2018 54% of looked after children reached the expected standard in reading, 54% in writing, 50% in maths and 38% in the combined measure. This is higher in the combined measure and reading, the same in maths but lower in reading. Compared with looked after children nationally the results for Bradford' looked after children are better in all four measures.

Compared to Bradford non-looked after children, attainment for Bradford looked after children are much lower. The largest differences are in maths and the combined measure. The differences are much closer in all four measures than those nationally.

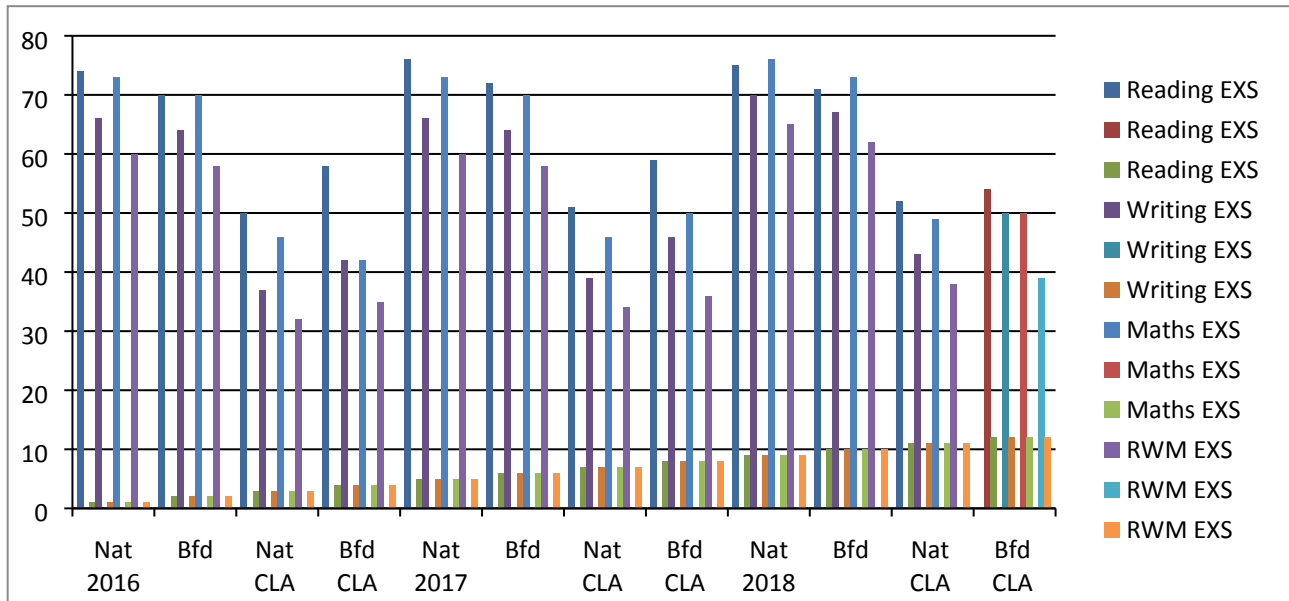
The percentage point difference between the attainment of looked after children and non-looked after children has increased slightly in reading and maths and closed slightly in writing and the combined measure.

KS1 SATS results 2018: benchmark (EXS) outcomes

		2016				2017				2018			
		Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Reading	EXS	74%	70%	50%	58%	76%	72%	51%	59%	75%	71%	51%	54%
Writing	EXS	66%	64%	37%	42%	66%	64%	39%	46%	70%	67%	42%	54%
Maths	EXS	73%	70%	46%	42%	73%	70%	46%	50%	76%	73%	49%	50%
RWM	EXS	60%	58%	32%	35%	60%	58%	34%	36%	64%	61%	37%	38%

Comment:

- Improvements in writing and the combined measure, maintained maths, dip in reading.
- Bradford CLA attainment above those similar pupils nationally in all measures
- Total Number of CLA = 42.
- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) = 29
- Number of CLA out of LA = 5
- Gender breakdown – 26 female; 17 male.
- Number in cohort who have SEND =16 (includes 3 with EHC plans)



KS1 SATS results 2018 – benchmark for pupils educated in the LA

KS1 Benchmark – pupils educated in the LA	Reading	Writing	Maths	Science	RWM
Bradford CLA	54%	54%	54%	63%	42%
National CLA	51%	42%	48%	58%	36%
Bradford All	72%	67%	73%	78%	62%

Comment:

- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) = 24
- Outcomes for CLA pupils in Bradford schools are above or well above similar pupils nationally and below peers in the LA.

KS1 SATS results 2018 – benchmark for pupils not including SEND

KS1 Benchmark – not including pupils with SEND	Reading	Writing	Maths	Science	RWM
Bradford CLA	85%	85%	77%	85%	70%
National CLA	75%	66%	71%	81%	59%
Bradford All	72%	67%	73%	78%	62%

Comment:

- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) who do not have SEND =13
- Outcomes for CLA reaching the KS1 benchmark are above or well above similar pupils nationally.

KS1 SATS results 2018 – benchmark for pupils with SEND

KS1 Benchmark – pupils with SEND	Reading	Writing	Maths	Science	RWM
Bradford CLA	25%	19%	25%	31%	13%
National CLA	28%	18%	27%	36%	15%
Comment:					
<ul style="list-style-type: none"> Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) with SEND =16 					

2.3 Key Stage 2 – Year 6 Outcomes 2018

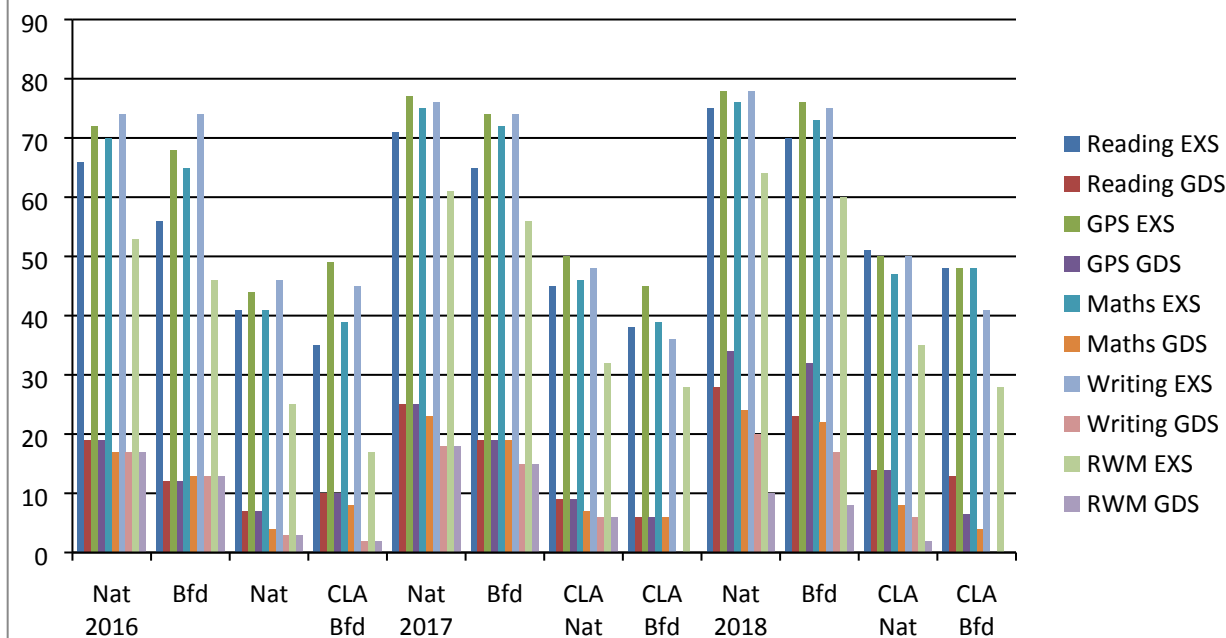
In 2018, 28% of looked after children reached the expected standard in the headline combined measure (RWM). This is lower than the percentage reaching the expected standard in individual subjects which ranges from 41% in writing to 48% in reading, maths and grammar, punctuation and spelling. Compared to non-looked after children, attainment for looked after children is much lower.

Results for CLA in Bradford gaining the expected standard in reading have improved by 10 percentage points to within 3% of CLA nationally but are still well below non-looked after children in Bradford. Results for CLA in Bradford gaining the expected standard in maths have improved by 9% and are 1 percentage point above CLA nationally but still well below non-looked after children in Bradford. Results for CLA in writing and GPS have improved by 5% and 3% respectively, writing below looked after children nationally and well below non-looked after children in Bradford.

KS2 SATS results – benchmark (EXS) and greater depth (GDS)

		2016				2017				2018			
		Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Reading	EXS	66%	56%	41%	35%	71%	65%	45%	38%	75%	70%	51%	48%
	GDS	19%	12%	7%	10%	25%	19%	9%	6.0%	28%	23%	14%	13%
GPS	EXS	72%	68%	44%	49%	77%	74%	50%	45%	78%	76%	50%	48%
	GDS	19%	12%	7%	10%	25%	19%	9%	6.0%	34%	32%	14%	6.5%
Maths	EXS	70%	65%	41%	39%	75%	72%	46%	39%	76%	73%	47%	48%
	GDS	17%	13%	4%	8%	23%	19%	7%	6.0%	24%	22%	8%	4%
Writing	EXS	74%	74%	46%	45%	76%	74%	48%	36%	78%	75%	50%	41%
	GDS	17%	13%	3%	2%	18%	15%	6%	0.0%	20%	17%	6%	0%
RWM	EXS	53	46%	25%	17%	61%	56%	32%	28%	64%	60%	35%	28%
	GDS	17%	13%	3%	2%	18%	15%	6%	0.0%	10%	8%	2%	0%
<p>Total Number of CLA = 63. Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) = 50. 1 child in Scotland. 1 child offset a year. Gender breakdown – 29 female; 34 male SEND breakdown – 37 in total, 17 pupils with EHCP at 20 School Action</p>													

Key Stage 2



KS2 outcomes – benchmark and greater depth pupils educated in the LA

		2016				2017				2018			
		Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA	Nat	Bfd	Nat CLA	Bfd CLA
Reading	EXS	66%	57%	41%	34%	71%	65%	44%	39%	75%	70%	51%	50%
	GDS	19%	12%	7%	5%	25%	19%	10%	3%	28%	23%	14%	10%
GPS	EXS	72%	69%	44%	50%	77%	74%	50%	44%	78%	76%	50%	48%
	GDS	19%	17%	7%	8%	25%	19%	12%	11%	34%	32%	13%	5%
Maths	EXS	70%	65%	41%	40%	75%	72%	46%	44%	76%	73%	48%	48%
	GDS	17%	13%	4%	5%	23%	19%	7%	3%	24%	22%	8%	5%
Writing	EXS	74%	74%	46%	45%	76%	74%	48%	33%	78%	75%	50%	43%
	GDS	17%	13%	4%	0%	18%	15%	6%	0%	20%	17%	6%	0%
RWM	EXS	53	46%	25%	13%	61%	56%	32%	29%	64%	60%	35%	25%
	GDS	17%	3%	1%	0%	18%	15%	1%	0%	10%	8%	2%	0%

Comment:

- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) educated within the LA = 40
- Bradford CLA pupils gaining the expected standard (EXS) in reading, GPS and maths are in line with those nationally but below in writing and therefore also in the combined measure.
- Not enough Bradford CLA achieving the higher standard (GDS) in all subjects.

KS2 outcomes – benchmark and greater depth pupils with SEND

KS1 EXS & GDS - pupils with SEND	Reading		Writing		Maths		GPS		RWM	
	EXS	GDS	EXS	GDS	EXS	GDS	EXS	GDS	EXS	GDS
Bradford CLA	29%	11%	21%	0%	36%	4%	32%	4%	11%	0%
National CLA	33%	7%	27%	2%	29%	4%	30%	5%	17%	1%

Comment:

- Total Number of CLA in Cohort (in care for a year or more at 31st March 2018) with SEND = 28
- Bradford pupils with SEND outcomes in maths and GPS are above those nationally for similar pupils but below in reading and writing at the expected standard. 11% of Bradford pupils with SEND achieved GDS which is 4% above similar pupils nationally.

2.4 Key Stage 4 outcomes

The average Attainment 8 score for looked after children nationally is 24.7% compared to 44.3% for non-looked after children. The equivalent attainment 8 measure for Bradford children looked after is 25.8% compared with 42.4% for non-looked after children in Bradford.

As detailed below, the average Attainment 8 for Bradford's looked after children is 19.4% compared to 42.4% for the non looked after cohort. However, the figures show that 47% of looked after children at the end of key stage 4 have a special educational need or disability compared to 14% of non-looked after children and attainment rates for children with SEN are much lower.

For all children included in the progress measures calculations (state-funded schools, maintained special schools and alternative provision), looked after children progress less well than non-looked after children.

Attainment 8

- In terms of Attainment 8 Bradford CLA outcomes in 2018 were above the national outcomes.
- The score of 19.7 compares favourably with the score of 18.7 nationally.

Progress 8

- In 2018 the progress 8 score for Bradford CLA at -0.70 compares favourably with the national (-0.93) comparator

Cohort characteristics Y11 2018

Gender		Local Authority		School Type		SEND	
Female	Male	CBMDC	OOA	Mainstream	Non-mainstream	EHCP	SA
40	38	65	13	53	29	24	15
51%	49%	83%	17%	65%	35%	29%	18%

Comment:

- There were 78 Children Looked After to Bradford who were the age to be in Year 11. 2 of these children were offset to Year 10.
- 47 (60%) Children were entered for GCSEs. 31 (40%) were not entered for GCSEs but may have done other qualifications
- 65 (83%) Children were in Bradford. 13 (17%) Children were out of Authority.
- 64 (82%) Children had been in care to Bradford for a Year or more as of 31st March 2018.
- 47% of the cohort had special needs or disabilities
- 29% of the cohort had high levels of need (EHCP)
- 1 in 3 CLA in the cohort were non-mainstream (NMS)

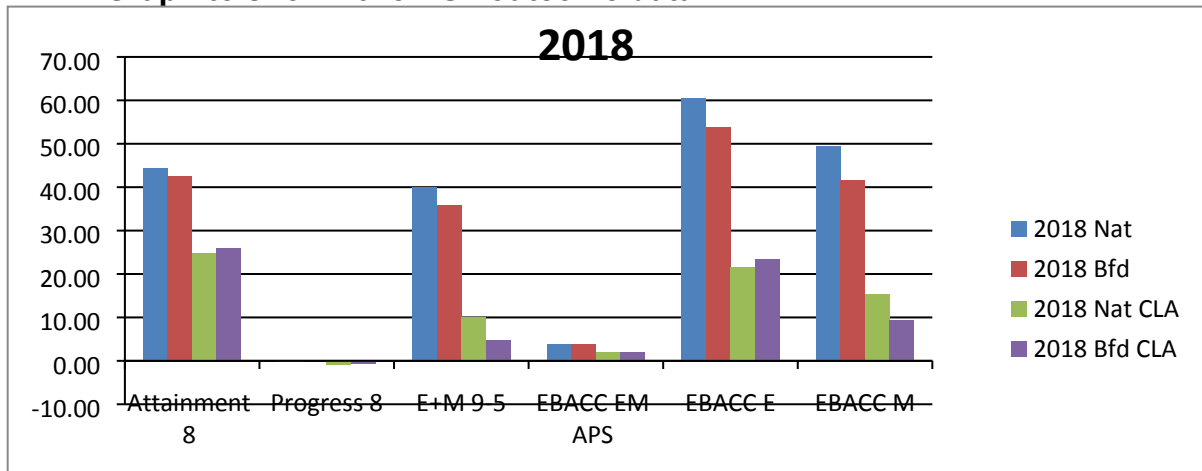
Key Stage 4 results overview

	2018			
	Nat	Bfd	Nat CLA	Bfd CLA
Attainment 8	44.3%	42.6%	18.7%	19.7%
Progress 8	-0.08	0.00	-0.93	-0.70
E+M 9-5	39.9%	35.8%	15.0%	8.2%
EBACC APS	3.83	3.7	1.47	1.53
EBACC E	60.5%	53.7%	16.0%	16.4%
EBACC M	49.4%	41.5%	12.0%	6.6%

Comment:

- In terms of Attainment 8 Bradford CLA outcomes in 2018 were above the national outcomes for similar pupils.
- The attainment 8 score of 19.7 for Bradford CLA is better than the national score of 18.7.
- In 2018 the progress 8 score for Bradford CLA at -0.70 compares favourably with the national (-0.93) comparator
- The Average Points Score (APS) for Bradford CLA is 1.53, slightly above the National figure of 1.47
- EBACC English outcomes are above those nationally but maths are below.

Graph to show 2018 KS4 outcome data



Detail – all Y11 CLA, numbers and percentages including in and out of LA

	CLA Bradford (65)	CLA Out of Authority (OOA)(13)	CLA (78)
5 of 9 to 4	8 (12.3%)	1 (7.7%)	9 (11.5%)
5 of 9 to 4 including E&M	5 (7.7%)	1 (7.7%)	6 (7.7%)
5 of 9 to 1	31(47.7%)	6 (46.2%)	37 (47.4%)
5 of 9 to 1 including E & M	31 (47.7%)	6 (46.2%)	37 (47.4%)
1 of 9 to 1	40 (61.5%)	6 (46.2%)	46 (60%)
9 to 4 in English and Maths	6 (9.2%)	2 (15.4%)	8 (10.3%)
EHCP	18 (27.7%)	5 (38.5%)	23 (29.5%)
SEN Support	14 (21.5%)	3 (23.1%)	17 (21.8%)

Comment:

- Numbers for CLA out of authority form 17% of the cohort. When making comparisons between the two care must be taken due to small numbers of OOA.
- There is no difference in the percentage of pupils gaining 5 GCSE's at grades 9-4 whether in LA schools or out of LA
- There is no major difference in pupils attending LA schools or those out of the LA for pupils gaining 5 GCSE grades at 9-1 and 9-1 including English & maths.

CLA in Cohort (in care for a year or more as of 31st March 2018) with numbers and percentages both in and out of authority

	CLA Bradford (54)	CLA Out of Authority (10)	CLA (64)
5 of 9 to 4	7 (13%)	1 (10%)	8 (9.4%)
5 of 9 to 4 including E&M	4 (7.4%)	1 (10%)	5 (7.7%)
5 of 9 to 1	29 (53.7%)	5 (50%)	34 (53.1%)
5 of 9 to 1 including E & M	29 (53.7%)	5 (50%)	34 (53.1%)
1 of 9 to 1	37 (68.5%)	5 (50%)	42 (65.6%)
9 to 4 in English and Maths	5 (9.3%)	2 (20%)	7 (10.9%)
EHCP	16 (29.6%)	4 (40%)	20 (31.3%)
SEN Support	12 (22.2%)	1 (10%)	13 (20.3%)

Comment:

- There is no major difference in pupils attending LA schools or those out of the LA for pupils gaining 5 GCSE grades at 9-1 and 9-1 including English & maths and 1 GCSE grade at 9-1.
- Against other measures the small numbers in out of LA schools make comparisons not statistically valid.

CLA Entered for GCSE's with numbers and percentages both in and out of authority

	CLA Bradford (41)	CLA Out of Authority (6)	CLA (47)
5 of 9 to 4	8 (19.5%)	1 (16.7%)	9 (19.1%)
5 of 9 to 4 including E&M	5 (12.2%)	1 (16.7%)	6 (12.8%)
5 of 9 to 1	31 (75.6%)	6 (100%)	37 (78.7%)
5 of 9 to 1 including E & M	31 (75.6%)	6 (100%)	37 (78.7%)

1 of 9 to 1	40 (97.6%)	6 (100%)	46 (97.9%)
9 to 4 in English and Maths	6 (14.6%)	2 (33.3%)	8 (17%)
EHCP	7 (17.1%)	0 (0%)	7 (14.9%)
SEN Support	12 (29.3%)	1 (16.7%)	13 (26.7%)

CLA in Cohort Entered for GCSE's

	CLA Bradford (38)	CLA Out of Authority (5)	CLA (43)
5 of 9 to 4	7 (18.4%)	1 (20%)	8 (18.6%)
5 of 9 to 4 including E&M	4 (10.5%)	1 (20%)	5 (11.6%)
5 of 9 to 1	29 (76.3%)	5 (100%)	34 (79.1%)
5 of 9 to 1 including E & M	29 (76.3%)	5 (100%)	34 (79.1%)
1 of 9 to 1	37 (97.4%)	5 (100%)	42 (97.6%)
9 to 4 in English and Maths	5 (13.1%)	2 (40%)	7 (16.3%)
EHCP	7 (18.4%)	0 (0%)	7 (16.3%)
SEN Support	11 (28.9%)	0 (0%)	11 (25.6%)

CLA in Cohort with no recorded SEND (in care for a year or more as of 31st March 2018)

	CLA Bradford (22)	CLA National
Progress 8: Average score	-0.42	-0.72
Attainment 8: Average score	35.6	32.1
Basics grades 9 - 5	9.1%	17%
Comment:		
<ul style="list-style-type: none"> Against both progress 8 and attainment 8 measures with SEND, Bradford CLA perform better than their CLA peers nationally but below when compared against the Basics 9-5 measure. 		

CLA in Cohort with SEND (in care for a year or more as of 31st March 2018)

	CLA Bradford (22)	CLA National
Progress 8: Average score	-1.33	-1.39
Attainment 8: Average score	13.9	15.0
Basics grades 9 - 5	0%	3%
Comment:		
<ul style="list-style-type: none"> Progress 8 and attainment 8 outcomes for CLA with SEND are inline with those nationally for the similar cohort. Due to the varied and complex nature of pupils with SEND it is difficult to make meaningful comparisons. 		

CLA in Cohort with EHCP (in care for a year or more as of 31st March 2018)

	CLA Bradford (22)	CLA National
Progress 8: Average score	-1.77	-1.56
Attainment 8: Average score	5.6	7.7
Basics grades 9 - 5	0%	1%
Comment:		
<ul style="list-style-type: none"> Progress 8 and attainment 8 outcomes for CLA with SEND are inline with those nationally for the similar cohort. Due to the varied and complex nature of pupils with SEND it is difficult to make meaningful comparisons. 		

CLA in Cohort with SEN Support (in care for a year or more as of 31st March 2018)

	CLA Bradford (22)	CLA National
Progress 8: Average score	-0.89	-1.25
Attainment 8: Average score	21.7	21.5
Basics grades 9 - 5	0%	5%
Comment:		
Progress 8 and attainment 8 outcomes for CLA with SEND are inline with those nationally for the similar cohort. Due to the varied and complex nature of pupils with SEND it is difficult to make meaningful comparisons.		

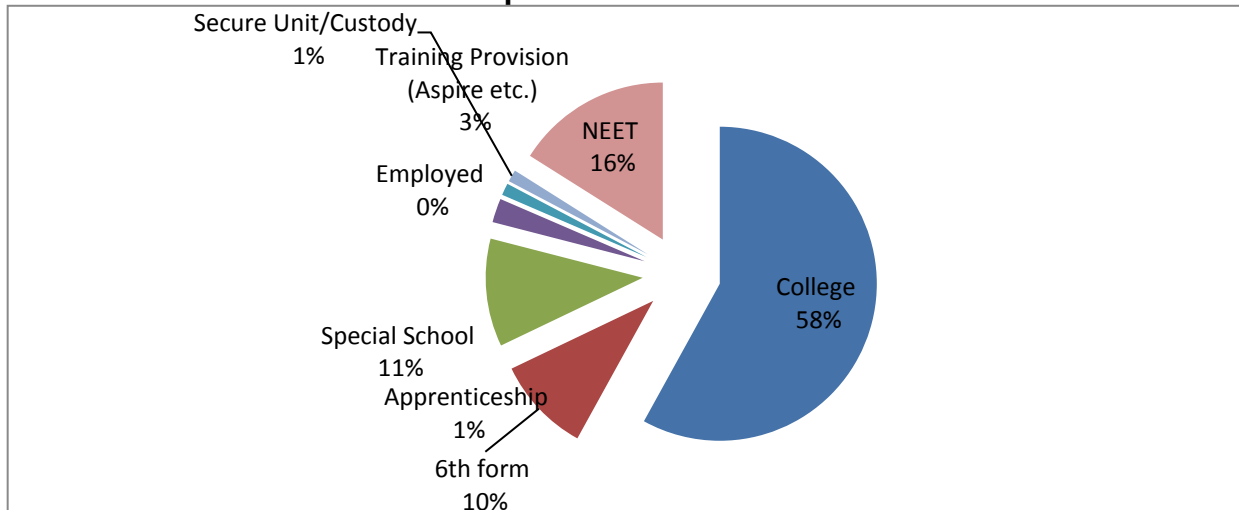
2.6 Key Stage 5 (aged 17-18) Care Leavers – Education, Employment or Training: 2018

The following data was collected at the start of September 2018 as such it provides a snapshot at that time so should be treated with caution.

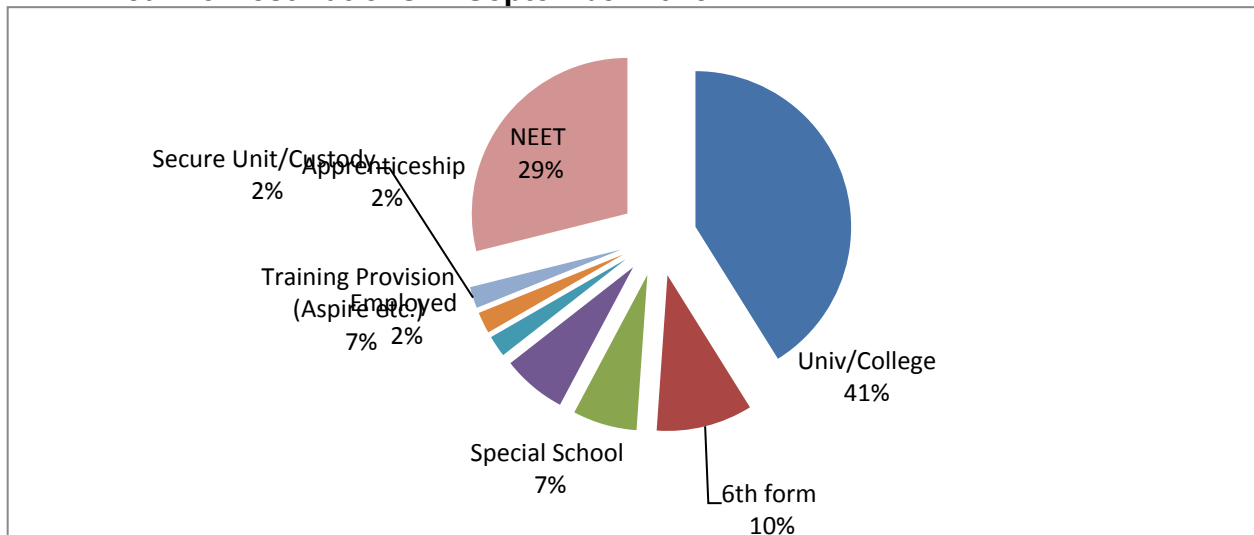
	Year 12	Year 13
EHC Plan	23	18
College	47	37
6th form	8	9
Special School	9	6
Training Provision (Aspire	6	6

etc.)		
Apprenticeship	1	2
Employed	0	2
Secure Unit/Custody	1	2
NEET	13	26

Year 12 Destinations in September 2018



Year 13 Destinations in September 2018



Comments re Post 16

- 69% of all CLA at leaving school are in Education, Employment or Training at this point in time.
- The nationally reported figures for post 16 CLA in education, employment or training (EET) is 62% which is 11% higher than the national figure of 51% and puts Bradford in the top quartile nationally with a ranking of 20.
- 27 young people currently at university in various years, and 6 graduated in summer 2018.

3. OTHER CONSIDERATIONS

N/A

4. FINANCIAL & RESOURCE APPRAISAL

N/A

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6. LEGAL APPRAISAL

No legal issues arising.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

N/A

7.2 SUSTAINABILITY IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

N/A

7.5 HUMAN RIGHTS ACT

N/A

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

N/A.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

(for reports to Area Committees only)

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

N/A

9. OPTIONS

N/A

10. RECOMMENDATIONS

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

11. APPENDICES

None.

12. BACKGROUND DOCUMENTS

None.

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