

**Agenda for a meeting of the Corporate Parenting Panel
to be held on Monday, 4 November 2019 at 4.30 pm in
Committee Room 1 - City Hall, Bradford**

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Thirkill Farley Tait	Smith	Humphreys

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Mohammed Nazir Shafiq	Pollard	Stubbs

NON VOTING CO-OPTED MEMBERS

Chair of Children in Care Council

Inspector Kevin Taylor

West Yorkshire Police

Yasmin Umarji

Bradford Education

Sue Thompson

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.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.

If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor

Agenda Contact: Jill Bell
Phone: 01274 434580
E-Mail: jill.bell@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

(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 9 September 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. HEAD OF QA AND SAFEGUARDING ANNUAL REPORT IRO/CP/AUDIT 1 - 8

The report of the Strategic Director of Children's Services (**Document "H"**) provides an overview of the Safeguarding and Reviewing Unit performance from January 2019 to end of September 2019.

Recommended -

- (1) That the report and progress and the actions that have been identified in the forward focus be noted.**
- (2) That the Safeguarding and Reviewing Unit ensure that the voice of the child is central to the work that is undertaken and captured as part of the QA arrangements.**

(Amandip Johal - 01274 431620)

6. DEPARTMENT OF CORPORATE RESOURCES CORPORATE PARENTING REPORT

9 - 16

The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. The report of the Strategic Director Corporate Resources (**Document “I”**) provides information on this work and seeks feedback from Panel members on areas for further development.

Recommended -

That the views of Panel Members are sought on the range of activities and actions outlined in Paragraph 2 of Document “I” and on areas for further development.

(Joanne Hyde 01274 432131)

7. THROUGH CARE - UPDATE ON YOUTH HOMELESSNESS

17 - 62

The report of the Strategic Director of Children’s Services (**Document “J”**) is to provide an update to the panel on developments in respect of the Youth Homeless Team in Bradford.

The team for 16/17 year olds, who are experiencing homelessness or rooflessness, is sited within the Through Care Service. For young people over 18, the team work in partnership with Housing Options to ensure their housing needs are met, alongside appropriate emotional support.

Recommended -

The views of the Panel on the content of this report are requested.

(Emma Collingwood - 01274 437123)

8. EMOTIONAL AND MENTAL WELLBEING OF CHILDREN WHO ARE LOOKED AFTER 63 - 90

The Director of Strategic Partnerships will present **Document “L”**, a highlight report on the NHS Clinical Commissioning Group and NHS England funding for children who are Looked After service aspect of CAMHS (Child & Adolescent Mental Health Service)

Recommended -

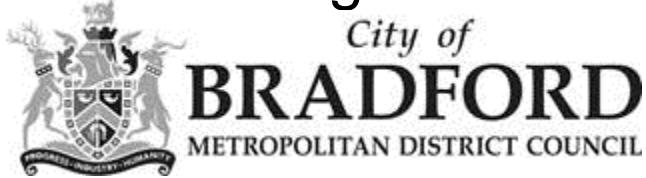
The Panel is asked to note the contents of Document “L” for information.

(Sasha Bhat – sasha.bhat@bradford.nhs.uk)

The Panel's Work Plan for 2019/20 is submitted for Member's consideration (**Document "M"**).

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

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Report of the Strategic Director of Children's Services to the meeting of Corporate Parenting Panel to be held on 4 November 2019

H

Subject:

HEAD OF QA AND SAFEGUARDING ANNUAL REPORT IRO/CP/AUDIT

Summary statement:

This report provides an overview of the Safeguarding and Reviewing Unit performance from January 2019 to end of September 2019.

Mark Douglas
Strategic Director for Children's Services

Report Contact: Amandip Johal
Phone: (01274) 431620 / 07773 248040
Email: Amandip.johal@bradford.gov.uk

Portfolio:

Children and Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 This report provides an overview of the Safeguarding and Reviewing Unit performance from January 2019 to end of September 2019.

2. BACKGROUND

This is an exciting time for the unit as the structure is being reviewed and staffing increased to support the development of good practice which will support the improvement journey.

Child Protection Conferences

The number of Initial Child Protection Conferences (ICPC) being undertaken in Bradford has increased significantly with a 30% increase in total since January 2019. The number of children subject to ICPCs between January and September was 1107

Despite a significant increase in the numbers of children going to initial conference, timeliness within 15 days has improved considerably with an in-month rate of 94.1% held within timescale at the end of September 2019 in the context of rising numbers. Review rates are also good with 97.5% of reviews held on time within the period January to September 2019.

The number of open Child Protection (CP) Plans has increased by 21% in total, since January 2019. At the end of September 2019, 954 children were subject to a plan.

Advocacy service to support children and young people to partake in their initial meetings is provided by NYAS (National Youth Advocacy Service). Since 9 May 2019 until 01.10.19, there have been 95 referrals to NYAS. 88 referrals have concluded with 69 children and young people having accepted the support of an advocate; 13 attended the Child Protection Conference. 19 children and young people refused or did not consent to the service. Whilst the impact of an advocacy service needs to be assessed alongside capturing feedback from children about their experiences, there is evidence that advocates are ensuring that Child Protection meetings are enabling children's voices to be central to the discussions that are taking place. For example, in one case the advocate completed the three houses exercise. The information from the exercise was subsequently used to inform the meeting and professional decision making. Further work is required to record children and young people's participation in Child Protection Conferences in Liquid Logic (case recording system) so that we can review and reflect on this process and the impact it is having on the decisions that are being made.

Recruitment is in place for a vacancy in the team and funding has been secured for a Child Protection Co-Ordinators Manager which is in the process of being advertised. This will bring stability and leadership to the team, enabling a strong focus on supervision, challenge and timely decision making for children and young people.

Areas of future focus for the CP service:

- Step up and step down from CP is an area of focus in relation to reporting as the current reporting system does not provide easily accessible step up and step down information for tracking. In the last 6 months 22.3% of cases in CP stepped up, 55.3% stepped down to Child In Need (CIN), and 4.8% stepped down to early help. It is critical that there is a clear understanding of this information to ensure that CP Chairs are managing cases robustly and appropriately challenging social workers to ensure that we are not causing delays to achieving good outcomes.

- The number of children subject to CP plans for over two years has reduced to 22 children. This needs to be a continued area of focus to ensure that there we are making timely decisions. New processes will be implemented for Team Managers and CP Chairs to review cases together at 9 months into a CP Plan (before second review) to ensure no drift and delay; a data report is being created to review the effectiveness of this approach.
- CP Challenges Processes have been revised and changes are being completed in Liquid Logic (case recording system) to evidence more robust challenge and escalation by CP coordinators. A report will be created to provide an understanding of CP challenges.
- Core groups remain an area of challenge in Bradford. The significant increase in the numbers of children subject to CP plans has put pressure on all partners. Bradford Safeguarding Children's Partnership are leading work with partners to identify solutions to improve Core Group attendance.
- Managing demand at a time we are likely to see a rise in the number of children on CP plans over the next few months as CIN cases are reviewed and possibly stepped up.

Independent Reviewing Officers (IRO)

Despite a significant increase in the numbers of children looked after, timeliness of reviews is positive with an in-month rate of 97% held within timescale at the end of September 2019.

There continues to be a steady increase in the number of Looked After children from 1087 in January 2019 to 1241 at the end of September 2019.

Involvement of Children Looked after continues to evidence a high level of child participation. Since the beginning of January 2019, 2385 children and young people have had the opportunity to partake in their review; it is positive to note that when children and young people have not attended, they have sent their views to the meeting so that their wishes and feelings can be considered for long term planning. Out of 2385, only 8 children and young people did not attend the review and did not send their views.

Children and young people are encouraged to use Viewpoint to relay their experiences of being looked after. Since April 2019, 155 children and young people have used Viewpoint. This is an area that needs further review to ensure that we are providing children and young people with the right platform to share their experiences.

Recruitment is in place for IRO vacancies in the team and funding has been secured for further IRO manager which has been advertised. Again, this will bring further stability and strengthen the leadership to the team, enabling a strong focus on supervision, challenge and timely decision making for children and young people.

Areas of future focus for the IRO service:

- Bradford has a high number of children and young people who are subject to Section 20 – this is when parent agree that their children are looked after by the Local Authority; it is critical that there is an understanding around this to ensure that the criteria is being applied correctly so that arrangements meet the needs of the children and young people. This has been timetabled for review as part of the themed audit for October 2019. Further deep dives will be completed by Head of Service and audit team to look at long term cases.
- Preparing for the Throughcare Inspection; review of arrangements for children and young people to ensure that the right order is in place to support their placement. For example, children placed at home with parents on Care Orders. This work will link into permanence

panel and will ensure that children and young people are unnecessarily subject to professional intervention and review.

- Reviewing and understanding the impact of IRO quality assurance. Between January and October there has been 122 Quality Assurance challenge forms completed by the IROs. It is important to understand the impact that this has had on improving planning and outcomes for children to ensure that the processes support good practice.
- Developing good practice regarding areas of learning and development to support the right legal status for children and young people.
- Incorporating the independent fostering IRO role into the unit as part of developing the service to support an effective and independent quality assurance of children's services.

Quality Assurance (QA)

Since January 2019, the themed audits have focused on the following areas –

- Enhanced case file audits focusing on CP and CIN cases
- Throughcare and CLA audit
- Thresholds and decision making in MASH
- Youth Homeless Audits
- Early Help Dip Sample

Auditing has been supported by moderating to ensure that the QA process is being applied consistently. The audit process has changed with the introduction of the Doncaster audit form.

Audit activity has highlighted that whilst audit completion is improving it is still below requirement as highlighted in the following table –

	APRIL	MAY/JUN	JUL/AUG
Audits issued	62	55	59
Audits completed	40	37	42
Percentage moderated	64.5%	67%	71%

Audit grades over time, post-moderation, are demonstrating improvement, particularly in the reduction of inadequate cases. A significant number of auditors are demonstrating the impact of learning from previous audits and moderations by improving their identification of practice that is not good enough.

From May 2019, Bradford Metropolitan District Council introduced consultations with social workers into the monthly audit schedule. The decision is based on recommendations by Ofsted and is part of a strategy to develop a learning culture within social work practice.

The proportion of audits completed with social workers has increased, and just over a third of audits are now completed in this way. From the September audit, the cohort has been adjusted to ensure social workers do not have more than one case each, to reduce the demand on individuals and ensure a wider opportunity for learning.

A regular QA Learning Meeting has been set up to identify themes across all QA services and ensure these are shared to improve practice and identify areas for organisational development.

The meeting is chaired by the Assistant Director for Performance, Partnership and Commissioning and gathers learning from CP conferences and Children Looked After reviews; Safeguarding partnership reviews; workforce development; audit; court work; performance data and social work practice.

Key themes from QA is as follows –

Quality of assessments. Learning from audit, confirmed that quality of assessments is a key theme, with 50% in the recent audit samples not of the required standard. Capacity to change for parents was not analysed, especially where the toxic trio is driving the reasons for concern. It was felt that the Single Assessment model, which does not always ‘fit,’ was a contributing factor in poor practice.

Continued lack of SMART goals in plans was highlighted in audit, legal gateway and from BSCB reviews. Extensive training has been done in relation to SMART planning, but this has not yet resulted in significant change in plans reviewed. The plans are not being used consistently to drive the work with families.

Supervision is not consistent. Instruction has gone out to improve supervision, but this has not yet been seen within case files. The supervision policy has been updated and training starts for managers and all staff on the 16th September 2019. Audit reflection will be added as a section to the supervision template.

Management oversight and decision making is not consistently recorded and there is very little recording by managers above team manager level.

Partnership resources especially in relation to mental health and Domestic Violence services have waiting lists that result in actions for families not taking place in a timely way to enable change, even when these have been set out in plans.

Bradford Safeguarding Children’s Partnership reviews and audit identify **continued use of “Contract of Expectations”** despite instruction for this to stop.

Audit to inform the training programme; learning about assessments and plans to be included in Back to Basics; training in respect of challenge and SMART planning for CP chairs to be arranged. Effectiveness to be tested through dip sample.

Areas of future focus for the QA service:

- Develop and deliver a QA Framework that focuses on understanding and improving practice. The framework needs to adopt a strengths based model that recognises good practice whilst supporting learning and development.
- Review the current audit form to ensure that audit activity, whilst focusing on compliance and quality provides a good understanding of the child’s uniqueness and experience. This will support a continued commitment to improve outcomes for children by ensuring that we are promoting the best outcome possible through our audit activity.
- Improving engagement and audits returns from manager every month to ensure quality assurance in Bradford is robust.
- Delivery of audit training that supports good audit activity to develop a shared understanding of what good looks like.
- Plan and facilitate benchmarking sessions with managers to ensure consistency in the application of the framework and thresholds.
- Develop a system which captures audit activity and outcomes linked to the social worker to improve learning and development for the individual.
- Secure permanent funding for a quality assurance team.

3. OTHER CONSIDERATIONS

3.1 None

4. FINANCIAL & RESOURCE APPRAISAL

4.1 N/A

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 N/A

6. LEGAL APPRAISAL

6.1 N/A

7. OTHER IMPLICATIONS**7.1 EQUALITY & DIVERSITY**

It is critical that the unit is well established and a beacon of good practice to provide the quality assurance needed of children social work services to support the improvement journey.

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

Challenging and strengthening services to improve outcomes for Looked After children.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

8.1 N/A

9. OPTIONS

9.1 To work with colleagues to implement processes and changes to the structure to support effective service delivery.

10. RECOMMENDATIONS

- 10.1 That the report and progress and the actions that have been identified in the forward focus be noted.
- 10.2 That the Safeguarding and Reviewing Unit ensure that the voice of the child is central to the work that is undertaken and captured as part of the QA arrangements.

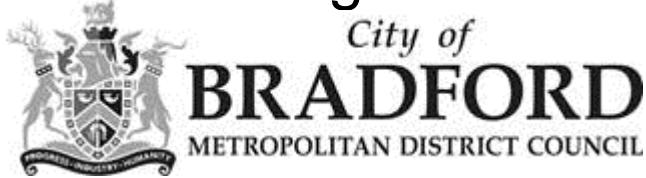
11. APPENDICES

11.1 None.

12. BACKGROUND DOCUMENTS

12.1 None.

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Report of the Strategic Director, Corporate Resources to the meeting of Corporate Parenting Panel to be held on 4 November 2019

Subject: Department of Corporate Resources Corporate Parenting Report

Summary statement:

The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. This report provides information on this work and seeks feedback from Panel members on areas for further development.

Joanne Hyde
Strategic Director,
Corporate Resources

Report Contact: Joanne Hyde
Phone: (01274) 432131
E-mail: joanne.hyde@bradford.gov.uk

Portfolio:
Children & Families

Overview & Scrutiny Area:
Children's Services

1. SUMMARY

- 1.1 The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. This report provides information on this work and seeks feedback from Panel members on areas for further development.

2. BACKGROUND

Following the implementation of the Social Work Act 2017 each Local Authority has responsibilities under the seven Corporate Parenting Principles. They are as follows:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
- To encourage those children and young people to express their views, wishes and feelings;
- To take into account the views, wishes and feelings of those children and young people;
- To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
- To promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- For those children and young people to be safe, and for stability in their home lives, relationships and education or work;
- To prepare those children and young people for adulthood and independent living.

Corporate Resources as a support service does not directly deliver services to Children in Care, however we do deliver essential services directly or in support of other directorates as outlined below.

2.1 Finance

The service works closely with other Council departments to ensure effective financial arrangements are in place, supportive activity includes:-

- The finance service works closely to ensure budget allocations are effective and aligned to service demands and requirements. For example the Medium Term financial Plan has been adjusted to ensure additional budget provision is provided to meet service demands and ensure best effective care for Looked After Children.
- Supporting with financial analysis/costing for grant bidding to attract funding into district for Children and Young People (e.g “B” Positive Pathways programme £3.2m, Social Work Teaching Partnership £0.7m etc)
- Completion of annual statutory returns in respect of budget and spend on Children and Young People (including Looked After Children by type of placement)

2.2 Procurement

The Procurement service ensures suppliers are sourced in an effective manner, activity includes:-

- Ensuring third party providers are effectively sourced and minimum standards are ensured and enforced through contractual arrangements
- The payment service ensures third party providers are paid according to agreed terms, thereby ensuring providers have resources to provide continued support to children and young people.
- The Council's standard terms and conditions contain clauses that safeguard children and vulnerable adults. Suppliers tendering for Council contracts must agree to these terms and conditions as part of the procurement process.
- Where a more specific Looked After Children / safeguarding requirement is needed a suitable clause and /or question(s) is included within the procurement process and is evaluated accordingly by officers with relevant knowledge and experience. Responses are then incorporated in to the final contract.

2.3 HR Services

The HR service provides supporting activity such as recruitment support and training for Social Workers. Following the Ofsted inspection the service have provided additional co-located HR support staff within Childrens Services to enhance the support provided as part of the improvement plan.

The service pro-actively work to achieve the performance indicator of 100% of Children Leaving Care being offered access to traineeships or apprenticeships.

- A career event was held for LAC and Foster Carers to promote Council Apprenticeships.
- All apprenticeship posts are sent to the Leaving Care team
- Joint activity has taken place with Children Services to identify inclusive recruitment opportunities
- Following feedback that those leaving care may not be job ready, support is being offered around employment skills and pre-apprenticeship training support.
- Action is being taken to address feedback that job roles may not be best aligned to expectations.

2.4 Legal Services

The Legal Social Care team provides: -

- Specialist legal advice and representation to Children's Social Care, to support them in the corporate parenting role. This includes the conduct of care proceedings; permanency planning for looked after children, including placement, adoption, special guardianship and discharge of

care orders and issues around children's contact with family members.

- Input into training for those directly involved with looked after children including social workers, family centre workers and foster carers, to support better court evidence and care planning.
- Specialist legal support on procurements and contract drafting related to the corporate parenting role
- The Education, Employment and Litigation Team provides advice to Children's Services in respect of all aspects of the local authority's education duties including, for example, special educational needs which impact on, and may involve, looked after children, including appeals to the Special Educational Needs and Disability (SEND) tribunal.

2.5 Revenues & Benefits

Revenues and Benefits service provides support to care leavers with their Council Tax liabilities, as by the Council in 2017.

- Any care leaver, who is liable for Council Tax, is exempt from paying until the year after their 21st birthday
- Also, any care leaver whose presence in a household means the council tax payer loses his/her single person discount, is disregarded so the 25% discount is not lost
- In addition to direct support, the Council's care leaver team have direct access to housing benefits experts, so that issues can be resolved at the earliest opportunity
- The service currently exempt 119 LACs altogether and 16 are disregarded (meaning the person in whose house they are living can get a 25% discount on their Council Tax)

2.6 IT Services

IT Services work closely with other Children's Services to deliver a number of key IT projects including:-

- Child Protection- IS (Integration with National Child Protection Information system to identify A&E admissions)
- ContrOCC Children's & Provider Portal - (Children's financial management software and provider interface)
- Early Help Module – (Supporting families and avoidance of entering main stream services)
- Data Warehouse for EHM and LCS – (Improved internal reporting and publication of statutory reporting requirements)
- Digital Process for Admissions - In year, annual and appeals (On line application automation)
- Education Safeguard Hub - Access for police & other agencies
- SEND - Local Offer – (website development of service available to families)
- Children's Centre IT Infrastructure – (set up of the new children's centres)
- LADO implementation (Allegations management solution)

- CSE – (Development of child sexual exploitation flag in LCS system to raise awareness)
- Child Protection – (Improvement to child protection quality assurance processes with the introduction of increased challenge)
- Delegation Portal – (Capture of outside agencies information in to our forms)
- Mobile Working to support Social Workers – (supporting working outside of the office, improve access to LCS, email and other essential information)

IT Services provide a range of solutions to support Childrens Service employees in their duties, including office based and mobile working solutions (such as Looked After Children mobile app); support to specific applications (such as Controcc; Childview); and websites (such as Safer Bradford); and data management of sensitive data.

2.7 Estates & Property

The estates and property team are directly involved in a number of areas in providing the property infrastructure facilities for Children in Care.

- Providing property advice and assistance to ensure that the estate is properly managed, works effectively and meets the services needs.
- The asset management team are working closely with the service to ensure that sufficient capacity is available throughout the Looked After Children service projects like 'staying closer' and addressing need to provide children homes fit for the future like the project ' 2 bedded homes for children.'
- Assisting with the sourcing and selection of appropriate properties to deliver peripheral projects whereby Looked After Children are working with our partners to deliver projects like the 'up-cycling shop'
- Facilitated refurbishment works at Odsal Resource at the bequest of Children's Services to create a better, brighter flexible working environment for staff.

3. OTHER CONSIDERATIONS

3.1 None.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 All activities and actions outline in paragraph 2 are funded from within existing Department of Corporate Resources budgets

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 Not applicable

6. LEGAL APPRAISAL

6.1 No legal issues arising.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable.

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

No implications.

7.5 HUMAN RIGHTS ACT

No implications.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

Actions outlined apply across the whole District and there are no specific ward implications.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

Activities and actions outlined in paragraph 2 are intended to improve outcomes for Looked after Children.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 None.

10. RECOMMENDATIONS

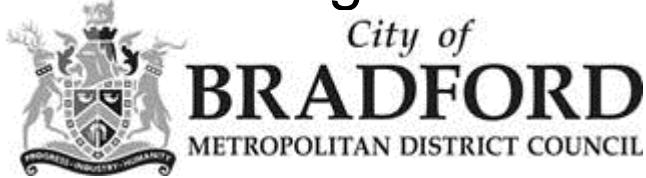
10.1 The views of Panel Members are sought on the range of activities and actions outlined in Paragraph 2 of this report and on areas for further development.

11. APPENDICES

None.

12. BACKGROUND DOCUMENTS

None.



Report of the Strategic Director of Children's Services to the meeting of Corporate Parenting Panel to be held on 4th November 2019

J

Subject: Through Care

Summary statement:

Update on Youth Homelessness

Mark Douglas Strategic Director of
Children's Services

**Portfolio:
Children & Families**

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

**Overview & Scrutiny Area:
Children's Services**

1. SUMMARY

This report is to provide an update to the panel on developments in respect of the Youth Homeless Team in Bradford.

The team for 16/17 year olds, who are experiencing homelessness or rooflessness, is sited within the Through Care Service. For young people over 18, the team work in partnership with Housing Options to ensure their housing needs are met, alongside appropriate emotional support.

It is the duty of Childrens Service under the Southwark Judgement 2009 that we take responsibility holistically for the needs of 16/17 year olds who find themselves at risk of homelessness or rooflessness.

In October 2018 Ofsted inspected Bradford Children's Services. As part of this inspection it was identified that there were some failings in the service being provided to our youth homeless young people. Since that time the Youth Homeless team has been part of the Improvement Plan and progress has been scrutinised by the Improvement Board.

2. BACKGROUND

Since October there have been several streams of work, both strategic and operational, to ensure improvements are made and that Ofsted recommendations have been acted upon.

Current snap shot about our young people:-

1/10/18 to 1/10/19 - 122 youth homeless referrals:

54 – No further action – advice only

52 – Went to referral and assessment

22 of those referrals were from young people themselves.

13 young people have gone onto become S20 CLA young people

We currently have 47 young people open to the Youth Homeless Team.

27 of those young people are over 18 and receiving a discretionary service based on need. 20 young people are Children in Need.

- The Youth Homeless Team was historically a Community Resource Worker led service. Immediately after Ofsted's inspection a Social Worker was added to the team. This has ensured that all assessments completed with young people at initial presentation are done so by a qualified Social Worker. In real terms this has meant a greater focus on safeguarding as well as exploring mediation between the young person and family more robustly.
- All referrals now come through the MASH front door. This is both a positive and a negative. Positively all young people are screened and safeguarding issues robustly picked up. However, young people have fed back that it has lengthened the initial process and they do not like coming into Sir Henry

Mitchell House (where the team is now based). We think this has meant a drop in referrals and young people seeking advice prior to their situation becoming a crisis.

- There has been an additional resource of a temporary Team Manager post, which has focused on a quality assurance role and ensuring work is now of a standard that is compliant with Practice Standards expected across all of Children's Services.
- Ofsted expressed concern that young people could be placed at Octavia Court which is a 24 hour access hostel for homeless people. The criteria of the hostel is 16+, which in theory means a young person could be living alongside an older adult. We have worked in partnership with Centrepoint and responded to Ofsted's concerns in the opening of a bespoke crash pad facility for our young people. We have also strengthened relationships with Nightstop to increase their capacity and ability to respond to our more challenging young people, through delivering training to hosts and developing smarter working processes.
- We have increased our commissioning arrangements with NYAS (children's advocacy) to include them undertaking some focused work with homeless young people. This has resulted in young people being informed of their rights and entitlements by an independent person, including their right to be looked after under the Southwark ruling.
- The Youth Homeless Team was the subject of a focused visit in June 2019 by Anna Whalen, Senior Adviser, Homelessness Advice and Support Team, DofE please see appendix 1.
- This has led onto a focused multi-agency piece of work that is cross departments. See appendix 2.
- The Youth Homeless Team is also the focus of a task and finish group led by Bradford Safeguarding Childrens Board and chaired by the Strategic Director of Children's Services. This is a multi-agency group looking at high risk young people and the transition between 17/18 into adulthood.

3. OTHER CONSIDERATIONS

- Young people aged 16/17 in Bradford are placed in provision that is 'supported' not 'care' (Ofsted regulated provision). Within national benchmarking forums all Local Authorities should have a housing framework that includes a range of provision. Supported accommodation is part of this range of provision.
- As defined by Ofsted there are a number of scenarios that count as 'unregulated'. Supported accommodation for 16/17 years is one of these.
- Bradford place young people aged between 16/17 in unregulated supported accommodation. It is recognised that nationally there has been some criticism over unregulated, due to the opportunity to exploit a growing commercial market. In Bradford we strive to ensure that all our young people are placed in supported accommodation that is reputable and has gone through a commissioning process. Our young people are seen and

- safe. We know this because they are seen by their workers, and the provision is quality assured against commissioning quality standards.
- Through Care have recently employed an apprentice young person, and an additional young person as a L2 Community Resource Worker. They have visited our young people in supported accommodation to get independent feedback from them and have asked if they feel safe and settled. Please see appendix 3 – young people's feedback. Out of 30 possible pieces of feedback we have 25 – this feedback is from Youth Homeless young peoples living in supported accommodation.

The Future

- Through Care is going to be restructured into under 16 and over 16 services. It is planned that the Youth Homeless Team will sit in the over 16 service.
- There are plans to think about how the Youth Homeless Team might link into the locality model of working within the over 16 service i.e. will this support better prevention work and mediation between the young person and family members?
- Young people have spoken loudly that they want a young person's hub in Bradford. They want a one-stop shop that they can feel safe in and get all their needs met in one place. This was in previously in place via Culture Fusion and young people would like this back. There is appetite within the partners to re-look at this although we are in the early planning stages.

4. FINANCIAL & RESOURCE APPRAISAL

- Additional resources have been diverted to the Youth Homeless Team. There has been a creation of a Social Worker post, a temporary Team Manager and crash pad facilities.
- It is our hope that in the future we can increase social work capacity within the team.
- The crash pad facility has been a great success. We want to increase this capacity so that it includes a provision for care leaver post 18, to prevent them having to stay in adult-focused hostels as opposed to young-person focused hostels.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6. LEGAL APPRAISAL

N/A

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Please see above. This work links into the corporate parenting stream and is cross cutting. It continues to remain on the agenda of the Cross Cutting Equality Board.

7.2 SUSTAINABILITY IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

It is worth pointing out that if we do not get our services right to our youth homeless children they are a high profile group with a trajectory of poor outcomes and over representation within offending circles.

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

See above.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

N/A.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

It is felt that the current improvement path is the right one, we have been able to engage partners at a corporate level and raise awareness which ahs to be a good thing.

10. RECOMMENDATIONS

The views of the Panel on the content of this report are requested.

11. APPENDICES

- Appendix 1 Feedback from Homelessness and Support Team
- Appendix 2 Youth Homeless Delivery Plan.
- Appendix 3 Feedback from young people who are placed in unregulated settings.

12. BACKGROUND DOCUMENTS

None.



Ministry of Housing,
Communities &
Local Government

Preventing and Reducing Youth Homelessness in Bradford

Feedback to Bradford City Council

June 2019

Anna Whalen and Daemon Cartwright
Homelessness Advice and Support Team



Youth Homelessness Advice and Support Advisers

- Youth homelessness advisers are funded by DfE and MHCLG and report to both
- Experienced officers seconded to MHCLG
- Focus on prevention of homelessness for care leavers, 16/17s and other vulnerable 18 – 25 year olds
- Work with all authorities in England responding to requests and some targeted work as needed
- Can offer some authorities with particular challenges some on going support



Bradford: strengths to build on

- Corporate ambition to bring together improving outcomes generally for young people with current regeneration and business development opportunities
- A history of joint working between Housing and Children's Services
- Your Local Offer to care leavers is embedded in your wider offer to young people – a reflection of the corporate commitment to young people growing up and living in the city and other areas of the authority
- Commitment to improve accommodation and support options for young people who are not able to remain in the family home or with foster carers
- Emerging Early Help offer for teenagers via targeted youth support
- Strong corporate commitment to listen to and take into account the views of young people in shaping of services



Overview of your current position

- Over a quarter of the population in Bradford is under the age of 20 and 7 in 10 of the population is under 50.
- H-Clic data returns indicate approximately 22% of all applicants owed a prevention or relief duty are aged 16 – 24 between April – December 2019
- 24% of the identified support needs for those who are homeless or threatened with homelessness related to young people aged 16 – 25 in Bradford between April and December 2018.
- Your looked after children population has risen significantly over the last 3 years, with a noticeable increase in the proportion of newly looked after teenagers
- Limited information is available for young people about housing options and homelessness, how to access advice and support or information about the realities of living independently.
- There are some supported housing options but these are limited for those with higher needs.
- Settled housing options are limited for young people generally in both social and private rented sectors



Bradford Youth Housing and Youth Homeless Strategies: Recommendations

Agree with partners an overall objective to design youth homelessness out of young people's experience of growing up in Bradford. This could be linked to your housing strategy and ambitions for general housing supply and options for retaining and supporting younger people in Bradford.

Frame any youth homelessness strategy and action plan around 5 core areas, which are the national 'Positive Pathway' elements:

- Universal information and advice to young people and their parents/carers
- Early identification, advanced planning and Early Help offer to young people and their families /carers
- Jointly delivered preventative responses to young people at the point of homelessness crisis
- A range of suitable accommodation and support options locally for those who need additional support
- Housing options - social, private rented and other options



Current position: Universal information and advice

- There is no easy to find information giving bespoke and realistic housing information and advice targeted at young people and their families /carers
- Young people who are in crisis are not able to easily find out where to go
- Colleges and schools are not linked into the new arrangements for delivering housing options and homelessness prevention work



Development of universal information and advice

- Work with young people to design information and advice about housing options and relevant information relating to money /affordability and realities of living away from home/care. Also consider what information would be useful for parents/carers
- Consult with young people and other agencies about which communication channels young people can easily access information through
- Consider if there is any possibility of schools and colleges delivering information. This can be done in many ways, and via PHSE or as part of the ‘financial capability’ element of the curriculum. Methods of delivery include peer led sessions, on line resources, youth theatre companies.



Early identification and help to young people and their families

- Consider the Early Help /Targeted Youth Support offer to 13 – 17 year olds and their families through the lens of avoiding homelessness later - as well as becoming looked after - and pro actively planning moves if needed
- Is there clarity regarding what behaviours, needs and risks are driving rising looked after numbers or homeless at a young age? This is a key area for Children's Services to understand
- You may want to hold a workshop with a small number of officers/staff from relevant service /agencies (e.g. YOS, Early Help, your substance misuse service for young people, school exclusion and non-attendance staff, those working on missing children) to check the components of the offer to families and identify gaps
- Learn from what works well in other areas as well as locally. E.g. pro-active skilled family mediation and negotiation; youth service offers and parenting advice and support



Current position: 16/17 year olds at risk of homelessness

- Responsibility for 16/17s at risk of homelessness recently moved to MASH
- Small team of Housing Options officers cover work within the MASH - positive
- Shared understanding of the legal duties to 16/17s – positive
- Commitment to offer support/services beyond 18th birthday to young people who do not want to become looked after - positive
- Reduced numbers of 16/17s being seen through the new arrangement, but a high proportion of these are reported to be approaching in crisis, already homelessness
- Some 16/17s are being placed into supported housing by locality teams - the reasons for placements and the legal basis for these are not well understood
- A shared view that there is not enough focus on supporting young people to remain in the family home – low success rates. Currently there is some ‘drift’ when young people move into supported housing and opportunities are being missed for re-unification
- Independent agency appointed to offer advocacy - positive



Improving work with 16/17 year olds at risk of homelessness

- For all young people aged 16 and over consider if a ‘one stop shop’/joint front door/‘hub’ type service would improve prevention rates and support other positive outcomes, learning from your own recent experience and other areas
- Jointly review your youth homelessness prevention tools/options and look at any additions /changes based on what works well in Bradford and elsewhere
- Continuation of the support offer - possibly as part of any new housing related support contact - to assist some young people to return to the family home/network once they are in supported housing.
- Arrange view only access to the Integrated Children’s System for Housing Options officers
- Update your 16/17 joint protocol ensuring that the ‘duty to refer’ which is placed on Children’s Services to notify Housing Options of any one (with consent) who may be homeless or at risk of homelessness is a part of this



Young people leaving care in Bradford

- Map your current service options against the Barnardo's/St Basils 'Care Leaver Accommodation and Support Framework'
- It's helpful for Personal Advisers to work with young people at the earliest opportunity, alongside the social worker, to plan for accommodation options and prepare young people for transitions to independence
- Develop a regular panel/meeting approach to enable planning for young people leaving care , which picks up all those leaving care in the next 3 – 6 months as well as early planning for those who are potentially at risk of losing accommodation they are in (e.g. supported housing or a tenancy)
- Linked to the above, identify looked after children likely to be at higher risk of future homelessness much earlier and plan options, including contingency plans with them through improved Pathway Planning. This links to the DfE funded work that you are developing to prevent rough sleeping amongst care leavers



Young people leaving care in Bradford

- Understand more about the level and causes of tenancy failure amongst your care leavers aged 18 – 24. Involve young people and use to help inform future work on accommodation and support and with social landlords
- Further develop opportunities for young people to prepare for independence with pre-tenancy training, such as the Money House or in ‘training flats’
- Develop or refresh your joint protocol for care leavers across Housing and Children’s Services/Through Care
- Continue to promote and support Staying Put arrangements to ensure young people who want to stay with carers at 18 are able to do so
- It’s positive to consider supported lodgings as a Staying Close arrangement for young people leaving residential care , but other options may be needed as well for those who don’t want to live in a family setting



Current position at the point of crisis for single /childless couples 18 – 24 year olds at risk of homelessness

- Changes to service provision mean there is no longer a bespoke provision for young people.
- Staff believed there was a more limited ability to successfully prevent homelessness earlier and provide a more bespoke youth response as a result
- All single young people aged 18 and over are seen in the general Housing Options Service in Britannia House. They are currently around 22% of the applicants owed a statutory duty (prevention, relief or main duty). Note that some of this group will be parents not single young people
- There are very limited emergency accommodation options for single 18 – 25s, except Nightstop, which will not be suitable/available for all young people. Otherwise young people are going into all age hostels and the night shelter.



Improving work to prevent and relieve homelessness amongst 18 – 24 year olds

- For all single young people aged 18 and over consider if a ‘one stop shop’/joint front door/‘hub’ type service would improve prevention rates and support other positive outcomes, learning from your own recent experience and other areas
- Home visiting is a key prevention tool amongst this group where the cause of homelessness is family /parental eviction. Is this a possibility within current or future service arrangements?
- What are the other prevention and relief tools available to this group? Can these be reviewed and if needed, shaped to better meet the needs of young people?



Current position: Commissioning of accommodation and support

- The current commissioning arrangements across Children, Adult and Housing Services are not aligned.
- Children's Services currently invest approximately £4 million in 16 plus supported accommodation for young people
- The lead provider commissioned by Adult Social Care, Centrepoint, has brought significant added value to the commissioned services
- Overall officers reported that services are not currently meeting the needs of the most vulnerable young people in Bradford
- Centrepoint were proposing taking self referrals on the basis of filling voids at the time of our visit. This suggests that there is some need to review utilisation and decisions re: which young people should be prioritised
- Supported lodgings is an option available to young people who are not care leavers - positive
- There are particular gaps in provision of suitable emergency access accommodation, with a current reliance on adult provision, including a night shelter, which is likely to be inappropriate for many young people



Developing your accommodation and support options

- Consider pooling budgets or jointly commissioned options. Minimise the use of spot purchasing and silo commissioning with a cliff edge at 18 and aim to improve value for money and outcomes for young people. Learn from other authorities where some joint commissioning has been a feature
- In preparation for a new round of commissioning in 2022 begin planning a joint housing and support needs assessment which includes care leavers and non care leavers who require additional support
- Emergency/short stay accommodation for young people aged 18 and over is a gap, would you wish to address this before 2022?
- Visit /learn more about outcome based commissioning and models of service provision for young people, with a focus on those with higher levels of needs who do not fit easily into your current provision



- As a metropolitan area with a higher than average proportion of young people, more affordable settled accommodation options are needed for young people generally including sharing options
- For young people who may be care leavers, or on low incomes with support needs, a number of additional incentives for both social and private landlords could be considered
- Focussed partnership work is needed with 'In Communities' and other registered providers for care leavers and other young people who are tenancy –ready and for whom social housing is a more suitable option
- Access to the private rented sector for young people -can more shared and suitable HMO options aimed specifically at under 25s be developed as part of your work on opening up the PRS to more of your customers



Designing youth homelessness services – useful tools

Review current systems and processes for preventing homelessness, map against good practice frameworks to identify better ways of working to improve outcomes.

There are 3 national documents specifically focus on innovation and what works well re: prevention, accommodation and support for young people. They include information, examples and checklists:

- The St Basils ‘Developing Positive Pathways to Adulthood’
- The Barnardos and St Basils ‘Care Leavers Accommodation and Support Framework’
- St Basils ‘Youth Justice Accommodation Pathway’

<http://www.stbasils.org.uk/how-we-help/positive-pathway/st/>

The Government has supported the development and promotion of all of these. Currently all are in the process of being updated.



Further information and advice:

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Anna.Whalen@communities.gov.uk

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APPENDIX 2

Youth Homelessness Delivery Plan

Project Initiation Document (PID)

Version: 2

Date: 19 September 2019





APPENDIX 2

Document Control	
Author	Maria Philburn
Filename	PID for Housing Pathways for Young People



APPENDIX 2

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Document control

Change log

- 1 The following changes have been made to this document

Version	Date	Comment
0.01	8 Feb 2016	First draft
0.02		e.g. Review copy for Project Board
1.0		e.g. Final issue incorporating review comments

Sign off

- 2 xx

Role	Name	Date
Project Executive	Yusuf Karolia	
Project Manager	Sarah Holmes & Emma Collingwood	
Project Lead Officers	Maria Philburn	

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Project initiation document

Project background

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This PID sets out what is required in relation to bringing together a Youth Homelessness Delivery Plan as a key action identified in the district's emerging Homelessness and Rough Sleeping Strategy 2020-2025.

It follows the recent Ofsted report which concluded that Children's Services was inadequate and required improvement and a recent visit by Anna Whalen from the Homelessness Advice and Support Team, MHCLG and the recommendations she made regarding young people and homelessness.

This document will outline what part of the processes needs to be improved, who needs to be involved, a rough timetable and the key constraints that will need to be addressed.

Initial Business Case

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Bradford has one of the largest proportions of young people in the country and many of the identified housing support needs in the city relate to being young – around 24% - with a large proportion of people presenting for housing assistance being parents themselves. There are also currently around 190 16/17 years olds in care who will soon be coming out of the care system and will need support in finding accommodation.

Being able to plan these moves would give the young people a much better experience and avoid them having to go through homelessness. The local authority still has responsibilities to these young care leavers, as a corporate parent, until they are at least 21 (and beyond if they continue in education).

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In addition to children involved in the care system, there are other young people also presenting for housing or support. However, since the closure of Culture Fusion the numbers that present have reduced from around 45-50 a month to an average of 19. There is no evidence to suggest that there are now fewer young people having housing or accommodation issues so it is of concern that those that are just managing who would have presented earlier for assistance are not coming in and it seems that those that are coming in have already reached a crisis point.

Those young people who are owed a duty under Homelessness legislation must be provided with temporary accommodation and whilst the bulk of this pressure is absorbed through commissioned homelessness accommodation and support, the level of demand has grown. As a result, the flexible but costly option of last resort - bed and breakfast or emergency accommodation – is utilised from time to time.

Feedback from the visit from MHCLG was as follows:

Strengths:

- Corporate ambition to improve outcomes generally for young people with current regeneration and business development opportunities
- A history of joint working between Housing and Children's Services
- The Local Offer to care leavers is embedded in our wider offer to young people – a reflection of the corporate commitment to young people growing up and living in the city and other areas of the authority
- Commitment to improve accommodation and support options for young people who are not able to remain in the family home or with foster carers
- Emerging Early Help offer for teenagers via targeted youth support
- Strong corporate commitment to listen to and take into account the views of young people in shaping of services

Identified concerns:

- **Information for Young People and Families:** Since the closure of the Culture Fusion it was felt that there is a lack of easily accessible information. This is an issue for catching young people early to prevent homelessness and also for young people who reach the point of crisis/homelessness finding they don't know where to go or what to do.
- **Early intervention:** Reduced number of opportunities to prevent homelessness earlier since the hub closed. Possible lack of clarity of what is driving rising numbers.

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- **How we deal with threatened or actual homelessness:** A view that not enough focus is being placed on supporting young people to remain in the family home. If they are placed, there are limited emergency accommodation options for single 18-25s. Sometimes young people are going into all age hostels which may not be appropriate.
- **Accommodation:** Some supported housing but these are limited for those with higher needs. Some gaps between the commissioned accommodation (who they will take and who we refer). Settled housing options are limited for young people generally (both private sector and social sector).
- **Working together:** The current commissioning arrangements across Children, Adult and Housing Services not being aligned was raised as a concern and it was suggested that joint commissioning would lead to better use of funds and resources. Also, colleges and schools are not linked to the new arrangements for delivering housing options and homelessness prevention work.

Project definition

Project objectives

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- Analysis of current accommodation that is available for young people by looking at current resource but also looking at how other areas have approached this.
- To review the support available for a young person who is at risk of homelessness and their family which enables that young person to stay at home until they can have a planned move and are ready to move.
- To review protocols for all partners to work well and efficiently together with the interests of all young people at heart by renewing and developing joint pathways and delivering joint council assessments and support.
- Identify where partners could supplement and enhance suitable housing options available for young people and seek to secure commitments.
- Look at where and how young people can find out about housing choices and where to go for help.

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- A physical hub would be ideal but if this is not possible, we could look to work with partner agencies to create a virtual hub.
- Seek to utilise young people's feedback from the Supported Housing Needs Assessment events or other forums if necessary.
- Evaluation of some of the schemes that have been recommended by Anna Whalen to identify any models or approaches that we can adopt or incorporate into ours.
- Analysis of the extent of young people's homelessness by collating data from different council departments, providers and other agencies to get a fuller picture and build information regarding trends.

Method of approach

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This project will be led jointly by Access to Housing Team within the Department of Place and the Youth Homelessness Service within the Department of Children's Services. There will be a Project Team established, to share key actions and input as appropriate from other services' perspectives. Services involved in the project team (to be confirmed) will include Housing Options, Children's Services, Registered Providers, PSLS, Centrepoint, Bradford Nightstop, Commissioning and Procurement, Adults Services Commissioning, Young People.

There will be a Governance Board established to oversee the project and to agree / authorise all key decisions relating to the project. The Governance Board will be chaired by the Head of Service – Housing Access, Strategy and Homelessness.

Possible methods that could be adopted are:

- Data review
- Service review
- Consultation and engagement
- Good practice visits
- Review pathways
- Staff observation and interviews

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- Feedback requests
- Consultancy support to deliver new approach

Relevant legislation, in particular Homelessness Legislation and Children and Social Work Legislation, will inform all aspects of the review work.

Project deliverables, outcomes or end results

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The project will deliver a final Youth Homelessness Delivery Plan that will incorporate key pointers for partners to focus on and identify gaps so that they can consider making commitments for short, medium and long term solutions and deliver an updated pathway for young people. It will also deliver some analysis which will identify requirements and identify trends which will help us prepare for future requirements.

The project will ensure that good practice is identified and effective schemes and initiatives in Bradford and other areas are considered and adopted if appropriate and possible.

Scope and boundaries

8

Within the scope of this project will be young people aged 16 – 25 years old and it will include: singles, couples, young people within this age range who are parents and those who present to Housing Options or Children's Services. It will not be limited to care leavers.

Constraints

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For your project do you have any constraints such as:

- *Financial* – If there is a need for additional services, additional funding will need to be identified.

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- *Time* – This plan is to be developed by officers with conflicting time constraints.
- *Resource* – will primarily consist of Access to Housing, Commissioning and Children's services time. Access to Housing officers will lead on this project.
- *Quality* – Feedback from Ofsted and Anna Whalen will be taken into consideration.
- *Legal* – The plan will be developed in line with all relevant legislative requirements.
- *IT* – there will be a need to link the plan to the Housing Options system for any support needs.
- *Facilities Management* – not applicable.
- *HR* – we do not envisage any HR constraints.
- *Procurement* – There will be a need to follow EU and Bradford's procurement rules and standing orders if the plan identifies any commissioning requirements.
- *Sustainability* – not applicable.
- *Political* – this is an issue which is subject to close political scrutiny, and there is therefore a need to be mindful of Members' views, and seek political endorsement where necessary

Interdependencies

10

- Housing-related support commission for statutory young people's accommodation.
- Housing-related support commission for young people's support services.
- Children's Services accommodation and support services.
- Other young people's accommodation such as Bradford Nightstop, Vicar Lane and Impact Living.
- Private Rented Housing Options service
- Registered Providers
- Gateway to Housing-related Support – tenancy ready

APPENDIX 2

Assumptions

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- That the project managers and project team members will provide sufficient input and time commitment to complete the project.
- That outside agencies will cooperate with outcomes and suggestions.

Project organisation

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Project Executive – Yusuf Karolia & David Byrom

Project Manager – Sarah Holmes & Emma Collingwood

Project Lead Officers – Maria Philburn

Project Team members – Dimitris Tolios, Housing Options team leader, Sarah Holmes, Kerry James, Emma Collingwood

Governance Board – Yusuf Karolia, Sarah Holmes, Maria Philburn, Dimitris Tolios, Emma Collingwood, Julie Rhodes, Lorrain Wright

Communication plan

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Elected Members

Housing Options service

Childrens Services Department

Registered providers

Supported housing providers

Private landlords

Other potential providers

The project team will draft a communications plan and submit this to the Governance Board for approval.

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Quality plan

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All providers on the framework will be expected to meet the following standards:-

- Children's Act 2004
- Housing Act 1996
- Homelessness Act 2002
- Homelessness Reduction Act 2017
- Equalities Act 2010
- Housing, Health and Safety Rating System
- Safeguarding

Initial project plan

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Indicative project plan to be developed by Project Team.

Change control

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Significant changes to the project will be agreed by the Governance Board.

Moderate and minor changes to the project including the development timetable will be agreed and implemented by the Project Manager in discussion with the rest of the project team and agreement from the Chair of the Governance Board.

Project controls

- *the agreement of the PID;*
- *provision of progress reports from the project manager on a regular basis;*

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- *Project Closure and acceptance of the end project report.*

The Governance Board will approve any change to the PID and the project closure document. Risk logs and exception reports will also be received by the Board. Status reports will be provided to the Governance Board on a monthly basis.

Exception procedures

Anticipated changes to timescales and milestones will be notified to project team members in the first instance to identify mitigating factors and/or actions which could alleviate the issue.

If the project team are unable to effect a change in the anticipated risk factor then formal notification for the exception will be made to the Governance Board. This includes slippage in timescales for major milestones, financial factors and failure against set targets.

Only agreement from the Governance Board will allow a change to this Project Plan and/or financial matters.

Initial risk log

Current risks include:-

- Staff involved in the project struggle to devote sufficient time.
- Loss of key staff.
- Failure to engage effectively with the market and other stakeholders
- Failure to agree on the plan

A full risk log will be prepared by the Project Team and submitted to the Governance Board at each meeting.



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Contingency plans

We will continue with existing pathways for youth homelessness.

Escalate major barriers to Assistant Directors.

The Governance Board will be responsible for political engagement during the course of the procurement project.

Project filing

All key documents will be stored electronically within the Access to Housing network folders.



APPENDIX 3

Feedback from Young People who are placed in Unregulated Settings.

- YP (young person) said that she likes her room and accommodation and the locations is easy to find, she doesn't think there is anything that could be improved about her placement and likes the people who she lives with and the staff. She said that she feels settled in her placement. She said that when she needs anything or support there staff help her.
- YP liked his accommodation, room and location, he wanted a quicker process to 'help young kids out', but felt happy that he is receiving support now. YP when asked what he likes about his placement said 'the comfort and love you receive and the guidance' and said he feels settled. He said he can discuss anything he wants with them.
- YP likes where she is living the location and her room, she feels that everyone is really friendly and helpful and she feels settled in her placement, she said that the staff have helped her with her drug use so that she is not using drugs anymore and feels that all the staff have supported her not just a named worker.
- YP likes where he is living, he likes his room and the location of the placement, and says he feels safe and settled. He feels staff spend time with him and help him to do the right thing and help get things 'done for you'. There is nothing he would change about his placement.
- YP likes where she is living and her room, she doesn't like the location. She likes that it feels like a home environment but feels there could be more suitable support, but feels settled in her placement. Her support worker is helping her with her housing and personal supported, she feels her support worker knows everything about her and makes her feel comfortable. She doesn't like when she is off as then she has to talk to other workers.
- YP thinks more suitable support in placement would be good but she does feel settled. She relays that she sees her housing worker twice a month but would prefer weekly and finds Sinead very helpful. She doesn't like it when not at work as she has to speak to other workers.
- YP feels that she received the support needed at the interview process and continues to receive support. She feels that when she has a problem help isn't given immediately and that the service isn't open at weekends and evenings. She feels that her placement could be better situated but it is in a nice neighbourhood. YP feels that she has her own space at placement and feels cared for and settled. YP find the housing support worker very helpful and has provided educational support. She sees her worker every fortnight and feels that she has built up a good relationship with her worker. YP feels that more people need to be made aware of the Youth Homelessness Service (YHS) and that this would improve the service across Bradford. She thinks

that younger representatives and mentors would be beneficial to the service. YP finds her worker very helpful and they have sorted her with clothing allowances, transport and books for school. She meets with CRW once a month and feels that he is invested in people and their interests and shows compassion. YP is generally happy and settled at Mount Royd, although she would prefer it if the building was in a different, more convenient, location and in a, “nice neighbourhood”. Whilst happy with her worker at Mount Royd, she would like it if her Worker from Youth Homelessness was also available on evenings or weekends.

- YP feels very safe, has his own space and says that placement is a happy place to be and is very settled. He has found his housing worker to be very helpful and helped him sort out his ID. He would like to see his worker twice a month but feels that he is supported at all times. YP finds his Community Resource Worker to be very helpful and always helps out. He meets him once a month and says that when he needs something he helps out. YP thinks he needs to be more on time and answer his phone when he calls. YP gave positive feedback about Mount Royd, reporting that she feels it is “safe, private and a happy place.” and the support she has received from staff there.
- YP is happy with his placement and can’t think of anything to improve it. He thinks it is quite private and feels settled where he is. The housing worker is very helpful and is always able to give advice and help out. He sees his worker quite regularly and is supported when he has a problem. YP gave very positive feedback about Mount Royd. He likes that is, “quite private,” and that staff are, “always able to advise and direct.” He could not think of anything that would improve you’re the placement
- YP is happy with her current placement, feels settled and can’t think of any ways to improve it. She finds her housing worker very helpful as they are always there to help her and to give advice. She sees her worker every week and feels that a named worker really helps her. YP says that she feels settled at Mount Royd and is positive about the support she has received from staff.
- YP feels happy and settled in placement and continues to receive the necessary support. She is able to meet up with her worker on a weekly basis for a one to one but would like to see her more at placement.
- YP agrees that the location for the interview process was convenient but felt he wasn’t seen quickly enough. When speaking about his placement he says he enjoys the comfort, the guidance and the love he receives and feels very settled. YP says that he is able to talk about anything with his support worker but would like to see the staff more often to discuss any issues that may arise. Junaid feels that the YHS could communicate better and they don’t prioritise and that the service could be promoted better. YP had a number of issues at the start but now feels that the YHS ensure that he is safe and caring. He says that more resources should be accessible in one place instead of running from one place to another. YP says he sees his Community

Resource Worker once a month but finds that sometimes problems arise due to silly rules. He says that she is friendly and gives good options and is easy to contact. He feels that sometimes she is too busy and needs to rush about and then things take too long to resolve.

- YP says she received the required support at the interview process and YP is quite happy with her current placement and likes everything about her placement and doesn't think anything could be put in place to improve this. YP finds her housing support worker very helpful and would like to meet up all the time instead of once a month. YP speaks very positively about New Cross Street, reporting that she likes, "everything" about it and that there is "nothing" she thinks could improve it. She states that she feels settled there.
- YP feels settled in placement and says she receives good support and respect from the workers. YP finds the housing worker very helpful and says that they talk with you and help you get through each day. She sees her worker on a weekly basis and finds this works and her worker shows her respect and support and thinks she is nice. Rebecca feels that the YHS has given her the support she needs and feels that her Community Resource Worker is very helpful and secured her a good and appropriate placement. She sees her Community Resource Worker once a month and that he is very respectful towards her. YP gets to talk with feels that she gets a good level of support and respect from staff at New Cross Street and has no concerns about living there.
- YP agrees that the interview process went well and that expected support was provided. YP is settled in placement would like extra sleepovers. She finds her housing worker very helpful and is approachable, caring and fund. YP feels that having a named worker gives her consistency. YP says that Evolve is very supportive and care about the young people. YP reports feeling settled at her High House Court and says that staff there are very supportive. If she could change anything it would be to have an, "extra sleepover."
- YP says he is settled in placement. He finds his housing worker very helpful and is always helping him out with things and sees them twice a month.
- YP feels settled in placement and says he likes it and there is nothing he can think of to improve it. YP finds his housing worker helpful and says he is always given support. He doesn't remember how often he sees his worker but he isn't bothered and doesn't mind.
- YP says she feels really settled in the crash pad placement and liked everything about it apart from not being allowed to go outside. She says that the support she received really helped her as she really needed someone to chat and listen to. She found the housing worker to be really helpful and they always offered her food and that the weekend staff kept her company so she didn't feel alone.
- YP says that he feels settled in placement but doesn't like some of the agency night staff but in general it's a really nice place with really nice staff. He has

found his housing support worker very helpful and that have provided lots of help with family issues. He likes having a named worker as he says it gives you the opportunity to get to them on a personal level. YP feels that the YHS need to stop using Night Stop as he finds it scary and feels that more accommodation would be useful to the service. YP finds his Community Resource Worker helpful as he was able to sort out a bus pass quickly and meets up with him every month but would prefer to see him every two weeks as he is a nice, sound guy.

- YP is settled in placement says he would like to live in a better more modern building. YP thinks that placement has a good team working together but feels that sometimes things don't get done soon enough. YP says he finds the housing worker very helpful and just very nice. He would like to spend more time with his worker, particularly when he needs things sorting out. YP feels that the YHT workers need to be less busy as they can be hard to get hold of. He says that everyone is very friendly and understanding and thinks more funding needs to be available to the service. He feels that meeting with his Community Resource Worker once a month is enough as he has lots of support from Group Living. YP feels that his Community Resource Worker is generally doing a good job.
- YP feels settled in placement and says the other people in placement are decent. He would like to have more independence and given more space. He feels he has a good relationship with his housing worker and likes to be given the independence to do things for himself and therefore seeing them twice a month is good. YP says that the workers are very responsible and do their job well. Sometimes he feels patronised but knows its not the workers fault.
- YP says that he is settled in placement and that everyone gets along. He thinks that toilets could be improved. YP says that his housing worker has helped him with college and meets up weekly and finds that they are able to support him and find them very helpful. YP tells us that he found his Community Resource Worker to be helpful as he helped him find a place to stay. He doesn't remember how often he sees his worker and it depends on how he is. He feels relaxed with his Community Resource Worker and can have a joke with him.
- YP feels settled in placement and says the staff are supportive. YP says her housing worker is helpful and helped sort out her banking application. She is seen twice a month and is fine with this. She likes having a named worker as she says she wouldn't know where to go to if not there.
- YP says she is settled in placement but feels the location is a bit of a problem as it has a long road. She enjoys living with the other residents. YP tells us that her support worker is very helpful and always available to give advice and time. YP likes having a named worker and she knows she has someone she can go to.

- YP tells us she is settled in placement, a little out of the way but she likes it because of the staff and other young people living there. YP finds her housing worker helpful as she tells us she wanted to stay over at her boyfriends and they spoke with the social worker and kept her safe knowing this is what they have to do. YP feels supported by all the staff at placement.

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Report to the Corporate Parenting Panel on 4th November 2019 on the NHS financial element and provision of CAMHS for children who are Looked After

L

Subject:

Emotional and Mental Wellbeing of children who are Looked After

Summary statement:

Highlight report on the NHS Clinical Commissioning Group and NHS England funding for children who are Looked After service aspect of CAMHS (Child & Adolescent Mental Health Service)

Ali Jan Haider
Director for Strategic Partnerships

Portfolio:
Healthy People and Places

Report Contact:
Sasha Bhat
Head of commissioning mental wellbeing
sasha.bhat@bradford.nhs.uk

Overview & Scrutiny Area:
Children's Services

1. Summary

Highlight report on the NHS Clinical Commissioning Group and NHS England funding for children who are Looked After service aspect of CAMHS (Child & Adolescent Mental Health Service)

2. Background

2.1 Introduction

The Psychological Assessment and Therapy team for Children who are Looked After and Adopted (referred to as the LAAC team) 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 team are working to redesign their model of delivery.

2.2 Service Development and Clinical Capacity

In May 2016, health funding was agreed for £186,000 per year for 5 years as part of the Future in Mind transformation plan. This is incorporated into the existing CAMHS targeted support team that works with children who are Looked After. In total, this targeted support service receives £612,263 of annual funding.

The Team began operating at the beginning of November 2016. Service reviews were undertaken after six months of operation and one year. The service is monitored through the NHS England Future in Mind quarterly reporting.

2.3 Additional CAMHS Work

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

2.4 Finance information and full service description

The tables below describe the current design model of our CAMHS service.

2.4.1 CAMHS Provision

Primary Mental Health Workers

Front end. Consultation/ support to professionals. Support to families in navigating the system

EIP Young people suspected of having psychosis	Eating Disorders New team funded from Futures in Mind	Targeted Services LAAC, New team funded from futures in mind and youth offending	Core Key Working Team Anxiety, depression, self harm, behaviour issues, safeguarding/ child in need	Neuro-development Assessments of ASD/ ADHD, Learning disability support	Younger Years 0 - 7 Attachment and early relationship development	Outreach/ Home Treatment First response, intensive home treatment, psychiatric liaison nurse
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Psychological therapies offer therapies to all and any of the pathways on a referral basis.

2.4.2 CAMHS finances

Primary Mental Health Workers

13.32 Whole Time Equivalent (WTE) £792,295

Psychological therapies 8.26 WTE £532,141

Management 6.00 WTE £398,850

Medical Staffing 7.54 WTE £1,415,744

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

The financial report is presented within the context of a current service review of CAMHS which will seek to review the whole pathway, considering all NHS and Local Authority commissioned mental health and wellbeing services for children and young people in the district. The review will look at:

- Change in demand
- Drivers for demand
- Understanding of efficiencies, savings and investments in the past three years and make recommendations for future service design
- Current capacity and capabilities
- Current outcomes
- Comparative analysis of other similar places and national and international practice

This review is due to complete in January 2020.

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

See this report

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

N/A

9. OPTIONS

N/A

10. RECOMMENDATIONS

- . The Panel is asked to note the contents for information.

11. APPENDICES

Appendix 1 – CAMHS Psychological Assessment & Therapy Team for Looked After & Adopted Children – Annual Service Review

12. BACKGROUND DOCUMENTS

N/A

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APPENDIX 1

You & Your Care www.bdct.nhs.uk

CAMHS Psychological Assessment and Therapy Team for Looked After and Adopted Children

**Annual Service Review
(November 2017-October 2018)
Document completed: 31st January 2019**

Dr Jennie Robb
Clinical Psychologist
Clinical Lead for CAMHS LAAC

Eleanor Rocca
Assistant Psychologist
CAMHS LAAC Team

Summary and Recommendations

Service Capacity

- The original proposal requested **18 WTE (Whole Time Equivalent)** posts; 12 WTE Psychological Therapists (Health funded) and 6 WTE Therapeutic Social Workers (CSC funded)
- From the funding agreed, a team was created comprised of 5.6 WTE Psychological Therapists, 1.7 WTE Therapeutic Social Workers and 1 WTE Assistant Psychologist. A total of **8.3 WTE** posts
- In February 2018, CSC decided take all their funded posts back to local authority governance and out of the LAAC team. Capacity was thus reduced to **6.6 WTE** posts
- By the end of this period of review, the functional clinical capacity of the team was **4.6 WTE**

Service Model

- A model was developed with three main elements to the work:
 - A consultation clinic – offering four sessions per week, with no threshold and equal access to all
 - Consultation on a monthly basis to all Local Authority Children's Homes teams
 - Direct work – assessment and therapy
- The consultation clinic was a new way of working that has been found to be effective in a number of ways. Attendance has been high, and feedback from professionals and carers who have attended has been extremely positive
- The consultation clinic has been effective in managing 51% of cases referred to the team in this way, averting the need for more intensive assessment and therapy
- Direct work has taken place through assessment and therapy but the demand for this is extremely high. Work often needs to be long-term (in excess of 12 months) and intensive, often requiring two members of the multi-disciplinary team to co-work a case

Demand, Waiting Times and Waiting List Initiatives

- For the first year of operating, consultation appointments could generally be offered within **a month** of referral
- In year two, the average wait for consultation appointments was 9 weeks
- Waiting times for direct work were on average **9 weeks** within the first 12 months of operating, but rose to **exceed 12 months** in year two
- To manage the significant wait in for assessment and therapy, two waiting list interventions were devised – a therapeutic parenting group and an assessment clinic
- The success of these strategies has led to them being incorporated into the service offer

Outcome Measures

- Psychometric measures taken at initial assessment indicate that the population of young people referred for direct assessment and therapy have very high levels of mental health needs. SDQs indicate elevated (clinical) levels for 81% of those cases referred
- The direct work of the team has been shown to be effective. The percentage of cases following intervention with total difficulties scores at a clinical level was 76% (81% at baseline). However, the average score was still elevated beyond ‘normal’ levels.
- On the ACC, baseline clinical levels were at 88% and post-intervention clinical levels were at 70%. Similarly, the scores on the ACA were 87% at baseline and 69% post-intervention.
- Outcomes measured using the carer questionnaire showed that carers overall scores improved after intervention from 84 to 88.

Recommendations

- The team requires greater capacity to meet the demand of the looked after, adopted and SGO population of Bradford District. Analysis of need and capacity concluded that 15 additional WTE posts, with a combination of Psychologists, Creative Therapists, Occupational Therapists, Community Psychiatric Nurses, Therapeutic

Social Workers and Assistant Psychologist, with Bands ranging from 5-8a are required.

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A. Introduction

A proposal for a ‘New Health and Emotional Well-being Team for Young People Looked After and Adopted’ was completed by the CAMHS Psychological Therapies Lead, Ben Lloyd, in April 2016. This was devised based on the recommendations outlined in the ‘Future in Mind’ (DoH, 2015) document with a focus on care for the most vulnerable in terms of mental health needs, and in order to improve access to the most effective, specialist support when it is needed. NICE guidelines for Looked After Children and Young People (2010, PH28) also recommended ‘dedicated services to promote the mental health and emotional wellbeing of children and young people in care’ and a focus of the Bradford Safeguarding Children’s Board Looked After Strategy (2014-2016) was to improve access to emotional and behavioural support for Looked After Children. Additional NICE guidance for Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (2015, NG26) was further used to structure the service in terms of consultation, assessment and therapeutic intervention.

In Bradford district in March 2018, there were 986 Looked After Children, approximately 500 Adopted Children and 500 Children on Special Guardianship Orders. The number of Looked After Children has been steadily increasing. The service was set up to respond to the high level of need in terms of mental health difficulties in this population. Ten percent of non-looked-after and non-adopted young people have a recognised mental health need. However, research indicates that this figure for children who are, or who have been, looked-after is between 45% - 72% (NICE, 2015). This cohort of young people typically do not respond well to behavioural approaches and usually require a more psycho-developmental approach to their clinical management, with close liaison with other professional services and a comprehensive understanding of processes at a systems, as well as an individual, level.

The proposal was to develop a specialist team of dedicated, highly trained therapists with a formalised governance structure and a sufficient whole-time equivalent to operate efficiently and respond to the high level of need within the NHS Trust Boundaries of Bradford, Airedale, Craven, and Wharfedale. **An appraisal of likely demand led to a request for 12 WTE Psychological Therapist posts and 6 WTE social worker posts.; a total of 18 WTE posts.** The actually provision and funding agreed is described below.

B. Service Development and Clinical Capacity

Funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.6 WTE Psychological Therapists. These funds were used to create four new additional WTE posts. Alongside this, Children’s Social Care agreed to the redeployment of 2.8 WTE Therapeutic Social Workers into the team from generic CAMHS. Psychological Therapists were recruited incrementally and by September 2017, all new posts were filled providing a Psychological Therapist WTE of 5.6, an Assistant Psychologist (1 WTE) and Therapeutic Social Workers WTE of 1.7; a total of 8.3 WTE posts (46% of that originally proposed). A further reduction in clinical capacity occurred in July 2018, when all Therapeutic Social Worker posts were redeployed back to Social Care bases. In addition, a full-time member of the team left for maternity leave in June 2018 and there was also a degree of staff turnover within the year, with posts vacant for a number of months. By October 2018, all Psychological Therapist posts were filled, and the effective clinical capacity was 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.

C. 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.

D. Direct Clinical Work

1) *Referrals and Waiting Time*

Referrals for Direct Work can be made from Social Workers, School and LAC Nurses, and Paediatricians. The LAAC 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

	1 st November 2016 - 31 st October 2017	1 st November 2017 - 31 st 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

	1st November 2016-31st October 2018	1st November 2017-31st 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

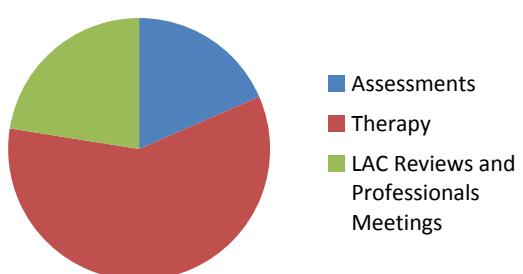
There were 351 occasions when staff attended professionals' meetings and statutory LAC reviews, as well as Team Around the Child Meetings. This accounted for 22% of clinicians' direct work time over the course of the year.

Table 4. Categories of Direct Clinical Work

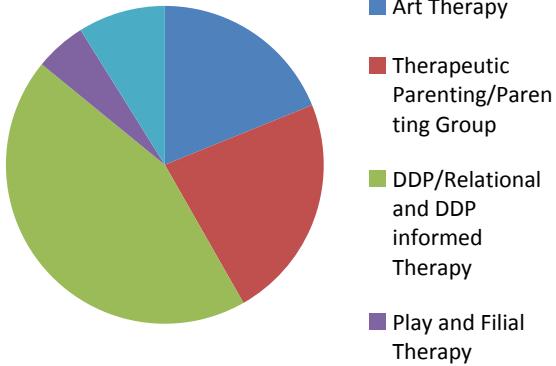
	Year 1	Year 2
	No.	No.
Assessments	241 (16%)	288 (18%)
Assessments for Therapy	80	105
Cognitive Assessments	13	38
MIM Assessments	3	4
Story Stem Assessments	2	1
Other assessments, including home and school observations and liaison	143	140
Therapeutic Work	820 (55%)	922 (59%)
Art Therapy	123	174
DDP	74	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

Cancelled Appointments

In Year 2, 231 (13%) appointments for Direct Work were cancelled by clients or other professionals. In some cases, this led to a review of the therapeutic offer from weekly to fortnightly. However, there is still a significant number of appointments that were not attended and therefore impacted on the efficiency of the Service. The cancellation rate for Year 1 was 250 (14%). The cancellation rate for this population was stable across the two years.



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-Oct 2017 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	38	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	56	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 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 Behaviour	5.3 (VH)	29	5.4 (VH)	29
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 Score	87	69

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.

E. 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%).

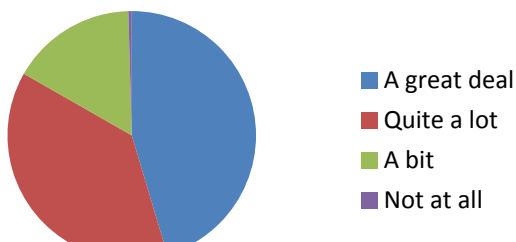
One hundred and eighty eight out of 228 (83%) felt that the consultation reduced their anxiety or 'stuckness' about a situation **a great deal** or **quite a lot**. Fifteen percent of individuals felt that the consultation had helped reduced their anxiety or 'stuckness' about a situation **a bit** and 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.

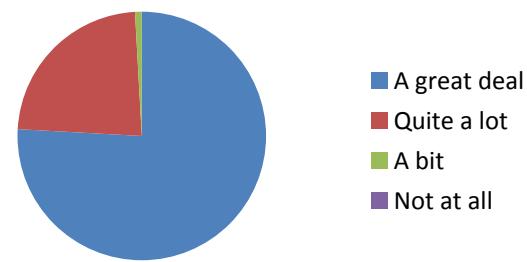
All attendees, as with the first year, were satisfied with the consultation either **a great deal** (76%), **quite a lot** (23%), or **a bit** (1%).



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



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



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

Overall, the feedback from the consultation clinic has remained positive and thus supportive 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 (i.e. Owlthorpe, The Hollies, Rowan House, Skye View) and also to Far Shay Farm, a supported accommodation for Care Leavers. Group Supervision for this work takes place monthly with Ben Lloyd (Lead Psychological Therapist in CAMHS). The team of consultants to the Local Authority Children's Homes is comprised of LAAC team members, Sarah Butcher, Jennie Robb, Deborah Lloyd and Tom Matthews, as well as Child and Adolescent Psychoanalytical Psychotherapists, Jo Higgins and Barnaby Rhodes.

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 Mussarat Hussain, LAC Social Worker, and Sally Chance, 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 Dr Jennie Robb, Clinical Lead, and Lindsey Calpin, Team Manager, attending Through Care Strategy Meetings, the Corporate Parenting Panel, DDP implementation

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

F. 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 and the work of Kim Golding, Sarah Neish and Dan Hughes, 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 14. 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 Understanding	29	33
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.

G. 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 with Julie Hudson and Kim Golding. Consideration will be given to the next developmental stage in terms of Level 2 for these team members.

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

Jennie Robb and Sarah Butcher attended Sensory Integration training in February 2018.

H. Conclusions

This review demonstrates that whilst referrals 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 waiting longest for assessment. This had successful outcomes in terms of carer understanding and child responsiveness to care. A decision was 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.

I. Recommendations

Additional funding should be requested from health and social care commissioners in order to expand the current service to encapsulate the offer below:

- 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
- To continue to offer therapeutic parenting groups to the most vulnerable carers
- 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
- 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
- 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 Be Positive Pathways. This is a regular request from Through Care Social Workers.
- To offer longer term therapy where this is indicated (both clinically and through NICE guidance) as well as short term options
- 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.
- 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.

In order to offer such a service the following is required in addition to the current provision:

3 WTE Band 8a Psychological Therapists (inc. at least 1 Clinical Psychologist and 1 Creative Therapist)

8a Psychological Therapists are needed to offer clinical supervision to lower banded clinicians. It is not possible for the Clinical Lead to offer this to all Band 7s. Furthermore, the 8a posts would allow

for recruitment of more experienced practitioners and enable better retention of Clinical Psychologists in particular. They could each take a lead on an aspect of the service, e.g. FASD assessments, group work

4 WTE Band 7 Psychological Therapists (inc. at least 1 Clinical Psychologist and 1 Creative Therapist)

Band 7 Psychological Therapists have the level of training, skill and experience to offer assessment and therapy to these complex cases. They will be trained in evidence-based therapy and supervised by 8a psychological therapists. They will have the capacity to work with up to 10 individual cases weekly, offer two consultation slots a week and jointly input to one assessment clinic.

1 WTE Band 7/6 Occupational Therapist

A Band 7/6 Occupational Therapist will have experience in child and adolescent mental health and additional training in sensory integration and sensory development in children with developmental trauma. The OTs would also have a role in joint FASD assessment clinics with Community Paediatricians. The Band 7/6 will offer clinical supervision to the Band 5 OT.

4 WTE Band 6 – keyworkers

- **2 therapeutic SW**
- **2 CPNs interested in therapy/psychology**

Band 6 keyworker roles are needed to contain the system of professionals and carers in relation to these complex cases. This will involve contributing to aspects of the assessment clinics, joining Psychological Therapists to offer consultation and to add to the DBT and therapeutic parenting groups. They will not be offering complex therapy but will be in a supportive role and work alongside therapists in offering interventions. The CPNs, in particular, will also support urgent assessments of young people who deliberately self-harm. The CPNs in particular will also support urgent assessments of young people who deliberately self-harm with a clear pathway for therapeutic intervention, reducing repeated A + E admissions, police and primary care involvement.

The last two years of service delivery has highlighted a clear role for keyworkers at this level.

1 WTE Band 5 Occupational Therapist

Band 5 Occupational Therapist will carry out sensory assessments under the guidance of the Band 7/6 OT, contributing to holistic assessments of young people with sensory needs as well as assessments for FASD.

1 WTE Band 5 Assistant Psychologist

The current Assistant Psychologist collates and analyses all data collected in relation to demographics, assessments, therapy, consultation and clinician client contact. She co-ordinates referral meetings and consultation appointments. She has begun to write a research paper looking at the psychological factors that influence placement stability and carer wellbeing. In addition, she offers behavioural approaches supporting young people and completes cognitive assessments, under the supervision of qualified Clinical Psychologists. She has not been able to complete the research due to clinical demands and the level of data input her role requires. With additional clinicians, this demand will grow further. It is important to add a further Assistant Psychologist who can process data, contribute to cognitive assessments and continue to add to the evidence-base for this population.

1 WTE Band 3 Administrator

An administrator attached to the team would crucially reduce the amount of administration carried out by clinical staff, freeing them up to complete more of the essential clinical work. Groups and consultations generate a significant amount of administration as does information collating, record keeping and report writing.

J. References

- Golding, K. & Picken, W. (2004). Group work for foster carers caring for children with complex problems. *Adoption & Fostering* 28:1, 25–37.
- Goodman, R. (1997) The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, 38, 581 -586.
- Goodman, R. (1999) The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791 -801.
- Goodman, R., Meltzer, H. & Bailey, V. (1998) The Strengths and Difficulties Questionnaire: a pilot study on the validity of the self-report version. *European Child and Adolescent Psychiatry*, 7, 125 - 130.
- Granger, C. (2008). The role of reflective function in the quality of long-term foster placements: an exploratory study. *University of Oxford: Unpublished manuscript*.
- Tarren-Sweeney, M. (2007). The Assessment Checklist for Children – ACC: A behavioral rating scale for children in foster, residential and kinship care. *Children and Youth Services Review*, 29, 672-691
- Tarren-Sweeney, M. (2013). The Assessment Checklist for Adolescents – ACA: A scale for measuring the mental health of young people in foster, kinship, residential and adoptive care. *Children and Youth Services Review*, 35, 348-393.

K. Appendices

Please complete all sections of the referral form in as much detail as possible. The referral form will not be accepted unless sufficient information is received. If you wish to discuss this referral, please contact a member of the CAMHS-LAAC team on 01274 723241.

Please note that CAMHS-LAAC is not an emergency response service. If you have immediate concerns regarding a young person's safety, please contact the Core-CAMHS Duty line (Monday – Friday, 9am – 5pm) on the following contact numbers:

Bradford CAMHS – 01274 723241

Keighley CAMHS – 01535 661531

If you wish to raise an immediate concern outside of these hours, you may contact First Response on 01274 221181 or alternatively support the young person to attend their local A&E Department

Date of referral: Click here to enter a date.

Section 1	Child / Young Person's Details
Young person's name First name:Click here to enter text. Surname:Click here to enter text. Preferred name (if applicable):Click here to enter	Date of birth: Click here to enter a date. Gender:Click here to enter text. NHS number:Click here to enter text. Ethnicity:Click here to enter text.
What is the young person's current care status? <input type="checkbox"/> Kinship placement / Arrangement order <input type="checkbox"/> Special Guardianship Order <input type="checkbox"/> Adoption Order <input type="checkbox"/> Care Order <input type="checkbox"/> Other, please specify: Click here to enter text.	
Current address: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Postcode:Click here to enter text.	Who does the young person live with? <input type="checkbox"/> Relative(s) / SGO carers <input type="checkbox"/> Foster carer(s) <input type="checkbox"/> Adoptive parent(s) <input type="checkbox"/> Children's home staff <input type="checkbox"/> Shared care, provide details Click here to enter text.
Telephone no:Click here to enter text.	Mobile no: Click here to enter text.
Language: Click here to enter text.	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
GP address: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Postcode: Click here to enter text.	GP Name: Click here to enter text. GP Tel no: Click here to enter text. GP Fax no: Click here to enter text.

Section 2		Referrer Details
Name: Click here to enter text.		Job title: Click here to enter text.
Address: Click here to enter text.		Telephone no: Click here to enter text.
Click here to enter text.		Mobile no: Click here to enter text.
Click here to enter text.		Fax no: Click here to enter text.
Click here to enter text.		Email address:
Postcode: Click here to enter text.		Click here to enter text.

Section 3		Social Worker Details (if different from referrer)
NB: Without details of a Social worker for Looked After Children we cannot accept the referral		
Name: Click here to enter text.		Job title: Click here to enter text.
Address: Click here to enter text.		Telephone no: Click here to enter text.
Click here to enter text.		Mobile no: Click here to enter text.
Click here to enter text.		Fax no: Click here to enter text.
Click here to enter text.		Email address:
Postcode: Click here to enter text.		Click here to enter text.

Section 4		Parent / Carer Details
Name of Primary Carer(s): Click here to enter text.		Relationship to young person: Click here to enter text.
Telephone no: Click here to enter text.		Mobile no: Click here to enter text.
Email address: Click here to enter text.		
Language: Click here to enter text.	Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5		Care History Details
Please provide details about the circumstances under which the young person came into care. Please include whether the young person continues to have contact with their birth family and if there are any ongoing risk concerns		
Click here to enter text.		

Section 6		Involvement of Other Professionals / Previous Therapeutic Input
Please provide details of any other professionals currently involved e.g. Paediatrician, SENCO, Educational Psychologist, Private Therapist, Third Sector Organisations etc. Please provide names, job titles and contact details.		
Click here to enter text.		
Please provide details of any previous therapeutic involvement, including assessments, therapeutic parenting groups, 1:1 work etc.		
Click here to enter text.		

Section 7		Consent to referral

Has the referrer discussed this referral with the young person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the young person provided consent for this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the parent / carer provided consent for this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments (if any): Click here to enter text.		

Section 8	Reason for referral
	Please describe in <u>as much detail as possible</u> the reason(s) for referral to CAMHS e.g. what are the primary concerns for this young person? Include details regarding duration and impact of difficulties Click here to enter text.
	Are there concerns regarding risk to the young person or others? If so, how are these currently being managed? Click here to enter text.
	What are the protective factors? E.g. friendships, relationship with carer, school etc Click here to enter text.
	What do you, the young person and/or carer(s) hope form this CAMHS referral? E.g. therapeutic support for carer / young person, assessments etc The referrers hopes: Click here to enter text. The young person's hopes: Click here to enter text. The carer's hopes: Click here to enter text.

Section 9	Other relevant information
	Please provide any further information which you feel is relevant to this referral, which is not otherwise supplied in the sections above Click here to enter text.

Please send this form via secure email to CAMHSLAACreferrals@bdct.nhs.uk

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Corporate Parenting Panel 2019/20 Forward Plan

M

Conservative	Labour	Lib Dem
Cllr Dale Smith	Cllr Carol Thirkill (Chair)	Cllr Julie Humphreys
	Cllr Adrian Farley (Dep Chair)	
	Cllr Angela Tait	
Alternates	Alternates	Alternates
Cllr Mike Pollard	Cllr Sarfraz Nazir	Cllr Brendan Stubbs
	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 and Venue	Type of Meeting / Venue	Agenda Items	Lead Officer / Report Author	Deadline for report to J Cryer	Chair's briefing	Report deadline to Secretariat	Publication of Papers
22nd July 2019	Business Meeting Committee Room 1 City Hall	<ul style="list-style-type: none"> Appointment of Co opted Members 	Chair				
		<ul style="list-style-type: none"> Regional Adoption Agency: Annual report for Bradford focusing on the achievements and the challenges. 	Sarah Johal OAWY	2/7/19	5/7/19 3.30pm	9/7/19	12/7/19
		<ul style="list-style-type: none"> Children Placed out of Bradford: Report on the numbers of children; services offered; challenges and sufficiency plans 	David Byrom	2/7/19	5/7/19 3.30pm	9/7/19	12/7/19
		<ul style="list-style-type: none"> Citizenship and Passports update with a focus on Brexit planning 	Rachel Curtis	2/7/19	5/7/19 3.30pm	9/7/19	12/7/19
		<ul style="list-style-type: none"> Forward Plan 	Chair				
9th September 2019	Joint meeting with young people / Culture Fusion or Committee Room 3 (TBC)	<ul style="list-style-type: none"> Young people's feedback from the development event 	Mick Nolan/ Young People	20/8/19	23/8/19 1pm	27/8/19	30//8/19

		<ul style="list-style-type: none"> Leisure Services Corporate Parenting report 	Steve Hartley	20/8/19	23/8/19 1pm	27/8/19	30/8/19
		<ul style="list-style-type: none"> Forward Plan 	Chair				
4th November 2019	Business meeting / Committee Room 1, City Hall	<ul style="list-style-type: none"> Head of QA and Safeguarding annual report to include IRO/CP/Audit 	Amandip Johal	15/10/19	17/10/19 11am	22/10/19	25/10/19
		<ul style="list-style-type: none"> Corporate Services : Corporate Parenting Report 	Joanne Hyde	15/10/19	17/10/19 11am	22/10/19	25/10/19
		<ul style="list-style-type: none"> Report from the Homelessness Review 	Emma Collingwood	15/10/19	17/10/19 11am	22/10/19	25/10/19
		<ul style="list-style-type: none"> Report on Emotional and Mental Wellbeing of Looked After Children – (financial element and provision of CAMHS for Looked After Children – requested at the 15 April 2019 meeting of the Panel) (deferred from 9/9/19 Panel) 	Sasha Bhat / Clare Smart	15/10/19	17/10/19 11am	22/10/19	25/10/19
		<ul style="list-style-type: none"> Forward Plan 	Chair				
20th January 2020	Joint Meeting with young people / Keighley or	<ul style="list-style-type: none"> Viewpoint- what are young people telling us : Report and discussion 	Imran Cheema	17/12/19	20/12/19 11am	7/1/20	10/1/20

	Committee Room 1, City Hall (TBC)						
		<ul style="list-style-type: none"> Leaving Well App feedback on views 	Emma Collingwood	17/12/19	20/12/19 11am	7/1/20	10/1/20
		<ul style="list-style-type: none"> Corporate Parenting Report: Place 	Steve Hartley	17/12/19	20/12/19 11am	7/1/20	10/1/20
		<ul style="list-style-type: none"> Children's rights and advocacy services (deferred from Nov Panel) 	Amandip Johal	17/12/19	20/12/19 11am	7/1/20	10/1/20
		<ul style="list-style-type: none"> Forward Plan 	Chair				
9th March 2020	Business Meeting Committee Room 1, City Hall	<ul style="list-style-type: none"> Permanence 	David Byrom	18/2/20	21/2/20 11am	25/2/20	28/2/20
		<ul style="list-style-type: none"> Through care service report 	David Byrom	18/2/20	21/2/20 11am	25/2/20	28/2/20
		<ul style="list-style-type: none"> Health Services for Children Looked After: CCG and health partners 	TBC	18/2/20	21/2/20 11am	25/2/20	28/2/20
		<ul style="list-style-type: none"> Corporate Parenting Report: Corporate Services 	TBC	18/2/20	21/2/20 11am	25/2/20	28/2/20

		• Forward Plan	Chair				
6th April 2020	Joint Meeting Committee Room 1, City Hall	• Education report on children not in mainstream education, not in education and post 16	Ken Poucher/Emma Collingwood	17/3/20	20/3/20 11am	24/3/19	27/3/20
		• Reg 44 report on children's homes	Suzanne Lythgow	17/3/20	20/3/20 11am	24/3/19	27/3/20
		• Corporate Parenting Report:: Health and Wellbeing	TBC	17/3/20	20/3/20 11am	24/3/19	27/3/20
		• Forward Plan	Chair				

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