

Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held Remotely on Wednesday, 4 November 2020 at 4.30 pm

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Choudhry Humphreys Arshad Hussain S Khan Mullaney	Gibbons Pollard	Ward	Sajawal

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Firth Jamil H Khan Mir Wood	K Green Goodall	Griffiths	Khadim Hussain

VOTING CO-OPTED MEMBERS:

Claire Parr	Church Representative (RC)
Joyce Simpson	Church Representative (CE)
Kathrine Haskett	Parent
Fauzia Raza	Parent

NON VOTING CO-OPTED MEMBERS

Kerr Kennedy	Voluntary Sector Representative
Tom Bright	Teachers Secondary School Representative

Notes:

- Please note that, under the current circumstances only Members and Alternates on the Committee will receive paper copies of the agenda, however the agenda and reports can be viewed on the Councils agenda and minutes website five clear working days in advance of the meeting.
 - The meeting will be held remotely, Members and officers in advance of the meeting will be sent via email, instructions and a link on how to join the meeting remotely.**
 - A webcast of the meeting will be available to view live on the Council's website at <https://bradford.public-i.tv/core/portal/home> and later as a recording.
 - Approximately 30 minutes before the start time of the meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Members and officers so that any issues can be raised before the start of the meeting. The officers presenting the reports at the meeting will have been advised by the Governance Officer of their

participation and will be brought into the electronic meeting at the appropriate time.

- Members should be on their own when attending remotely and ensure that any confidential papers are not visible via the technology used.
- Any Councillors or members of the public who wish to make a contribution at the meeting are asked to email jill.bell@bradford.gov.uk/fatima.butt@bradford.gov.uk by **10.30 on Friday 30 October 2020** and request to do so. In advance of the meeting those requesting to participate will be advised if their proposed contribution can be facilitated and those participants that can be will be provided with details how to electronically access the meeting. Councillors and members of the public with queries regarding making representations to the meeting please email JillBell/Fatima Butt.

From:

Parveen Akhtar

City Solicitor

Agenda Contact: Fatima Butt / Jill Bell

Phone: 01274 432227/434580

E-Mail: fatima.butt@bradford.gov.uk / 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.

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

3. MINUTES

Recommended –

That the minutes of the meeting held on 5 August and 2 September 2020 be signed as a correct record (previously circulated).

(Fatima Butt/Jill Bell – 01274 432227/4580)

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.

(Fatima Butt - 01274 432227)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

The Committee is asked to note any referrals and decide how it wishes to proceed, for example by incorporating the item into the work programme, requesting that it be subject to more detailed examination, or refer it to an appropriate Working Group/Committee.

(Mustansir Butt – 01274 432574)

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. CHILDREN'S SERVICES IMPROVEMENT PROGRAMME

The Director of Children's Services will submit **Document "AH"** which reports on the Vital Signs report requested by this Committee on 7 October 2020. The Vital Signs report is a Children's Social Care performance report which enables leaders and members of the Improvement Board understand and interpret the key trends in children's social care performance.

Recommended-

That the contents of the report and the progress being made be noted.

(Irfan Alam – 01274 432904)

7. EDUCATION COVID RECOVERY IMPROVEMENT PROGRAMME

The Director of Children's Services will submit **Document "AI"** which provides an update on the work that forms part of the Education Covid Recovery Improvement Programme. It updates the status of work to date along with the approach to be taken for further development.

Recommended-

That the contents of the report be noted and the delivery of the Education Covid Recovery Improvement Programme be supported.

(Mariam Haque – 01274 431078)

8. WORKING TOGETHER TO SAFEGUARD CHILDREN - THE BRADFORD PARTNERSHIP - ANNUAL REPORT 2019/2020

The Chief Executive will submit **Document "AJ"** which reports on the Annual Report of the Bradford Partnership a the body set up by the three safeguarding partners in the district, the Local Authority, West Yorkshire Police and combined Clinical Commissioning Groups to provide scrutiny to safeguarding activities and responses by all relevant agencies in the Bradford District.

The Annual Report covers a period when the Bradford Safeguarding Children Board (BSCB) ceased to exist and the new partnership arrangements came into force and reflects this transition. The report outlines the work of the safeguarding partners across the Bradford District to promote the safeguarding and welfare of children and young people; provides an overview of the issues facing children and young people across the Bradford District including those with specific vulnerabilities; reports on the quality of services that are provided by agencies within Bradford and the results of both local and national inspections of services.

Recommended-

That the contents of the report be noted.

(Lawrence Bone – 01274 435927)

9. CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH - UPDATE

The report of the Joint Mental Health Commissioner **Document "AK"** provides the committee with an update on progress made to review and improve mental health support for children and young people since the last report in February 2020.

Recommended-

The committee is asked to note the outcomes of the system wide review and subsequent work undertaken to improve mental health support in Bradford.

(Sasha Bhat – 01274 737537)

10. SICKNESS ABSENCE AND RECRUITMENT IN CHILDREN'S SOCIAL CARE

The Director of Children's Services will submit **Document "AL"** which provides an overview of sickness absence and reasons for this in the period April 2019 to August 2020 with predominant focus on the social work employee group. The report also provides an overview of recruitment activity and plans.

The views of the Committee are invited around the content of this report and a timeframe around frequency of updates.

(Richard Fawcett – 01274 436041)

11. CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2020/21

The report of the Chair of the Children's Services Overview and Scrutiny Committee (**Document "AM"**) includes the Committee's work programme for 2020/21.

Recommended-

- (1) That members consider and comment on the areas of work included in the work programme.**
- (2) That members consider any detailed scrutiny reviews that they may wish to conduct.**

(Mustansir Butt – 01274 432574)



Report of the Strategic Director Children's Services to the meeting of Children's Services Overview & Scrutiny Committee to be held on 4 November 2020

AH

Subject:

Children's Services Improvement Programme

Summary statement:

At the Children's Services Overview and Scrutiny Committee on Wednesday, 7 October 2020, members requested a copy of the Vital Signs report. Appended to this report is the Vital Signs report for August 2020.

Mark Douglas
Strategic Director Children's Services

Portfolio:

Children & Families

Report Contact: Irfan Alam
Phone: (01274) 434333
E-mail: Irfan.alam@Bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 The Vital Signs report is Children's Social Care performance report. The report enables leaders and members of the Improvement Board understand and interpret the key trends in children's social care performance.
- 1.2 The Vital Signs report is appended for Member's perusal and scrutiny. Officers will be available to answer any questions.

2. OTHER CONSIDERATIONS

- 2.1 None.

3. FINANCIAL & RESOURCE APPRAISAL

- 3.1 There are no financial issues beyond the additional social work resources that have already been secured to assist in the improvement journey. Any additional support required will be picked up and supported via the Enablers Programme.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 4.1 Risks in relation to improvement are being picked up and managed through the Improvement Programme governance framework.

5. LEGAL APPRAISAL

- 5.1 Not applicable.

6. OTHER IMPLICATIONS

6.1 EQUALITY & DIVERSITY

Not applicable.

6.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

6.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

6.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

6.5 HUMAN RIGHTS ACT

Not applicable.

6.6 TRADE UNION

Not applicable.

6.7 WARD IMPLICATIONS

The Ofsted judgement affects all wards.

6.8 IMPLICATIONS FOR CORPORATE PARENTING

All improvements across Children’s Services will strengthen the council’s ability to discharge its Corporate Parenting responsibilities.

6.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None; the Ofsted report and Notice of Improvement are in the public domain.

7. NOT FOR PUBLICATION DOCUMENTS

7.1 None.

8. OPTIONS

8.1 None.

9. RECOMMENDATIONS

That this Committee notes the contents of this report and the progress being made.

10. APPENDICES

10.1 Vital Signs report.

10.2 Improvement Plan.

11. BACKGROUND DOCUMENTS

11.1 None.

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children AT THE heart OF all we do



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BRADFORD
working in partnership

Bradford Children's Improvement Board
Vital Signs report
August 2020 data



City of
BRADFORD
METROPOLITAN DISTRICT COUNCIL

Purpose of Vital Signs Report



01: Why

The Vital Signs report has been created to help all members of the Improvement Board understand and interpret the key trends in children's social care performance. It is hoped that this will help support a culture of challenge and support to assist Bradford through the improvement journey following OFSTED.



02. What

A report including a number of overall measures or 'Vital Signs' that are key indicators for the health of the Children's Social Care service. To assist non-specialist members of the board, a description of why each individual measure is important is included.



03. How

We have used the most up to date information possible from the children's social care systems, HR data and forecasts in order to provide a rounded assessment of recent trends. This report has also been discussed with the Children's Services department to understand what we are doing to address any issues identified by this assessment. To account for monthly volatility in social care data and allow a rounded, long term picture, this report focuses on long term trends.

Vital Signs

Section 1: Demand

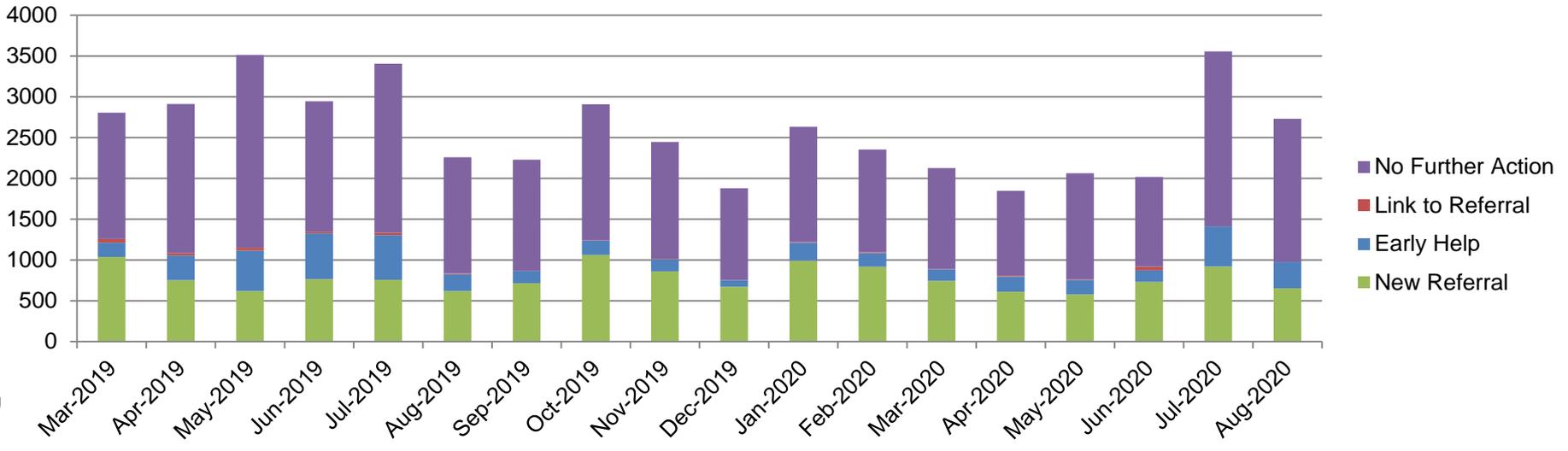
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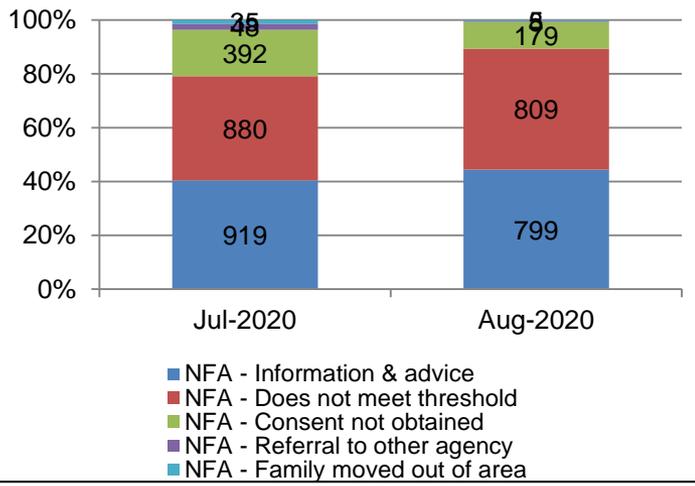
1. Children's Social Care Contact

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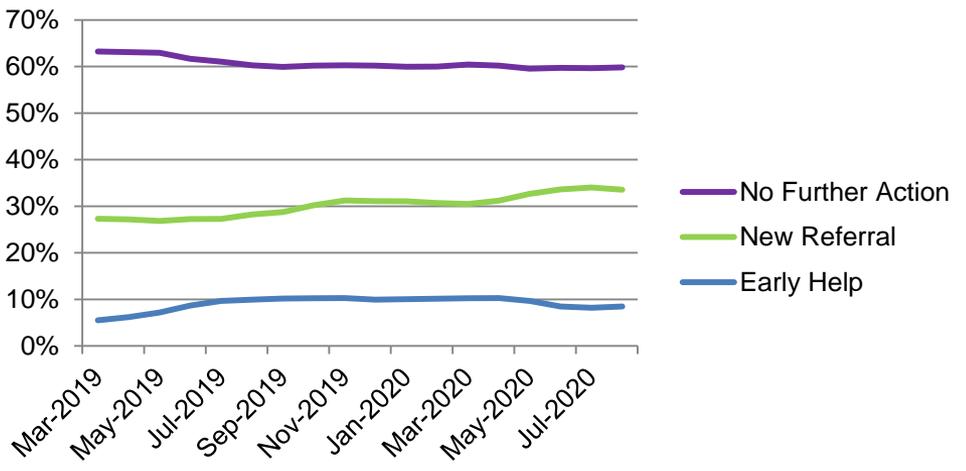
IFD Contact Outcomes



Breakdown of Contacts resulting in No Further Action



Contact Outcomes - Rolling 12 month averages



1. Children's Social Care Contacts

Why is this important?

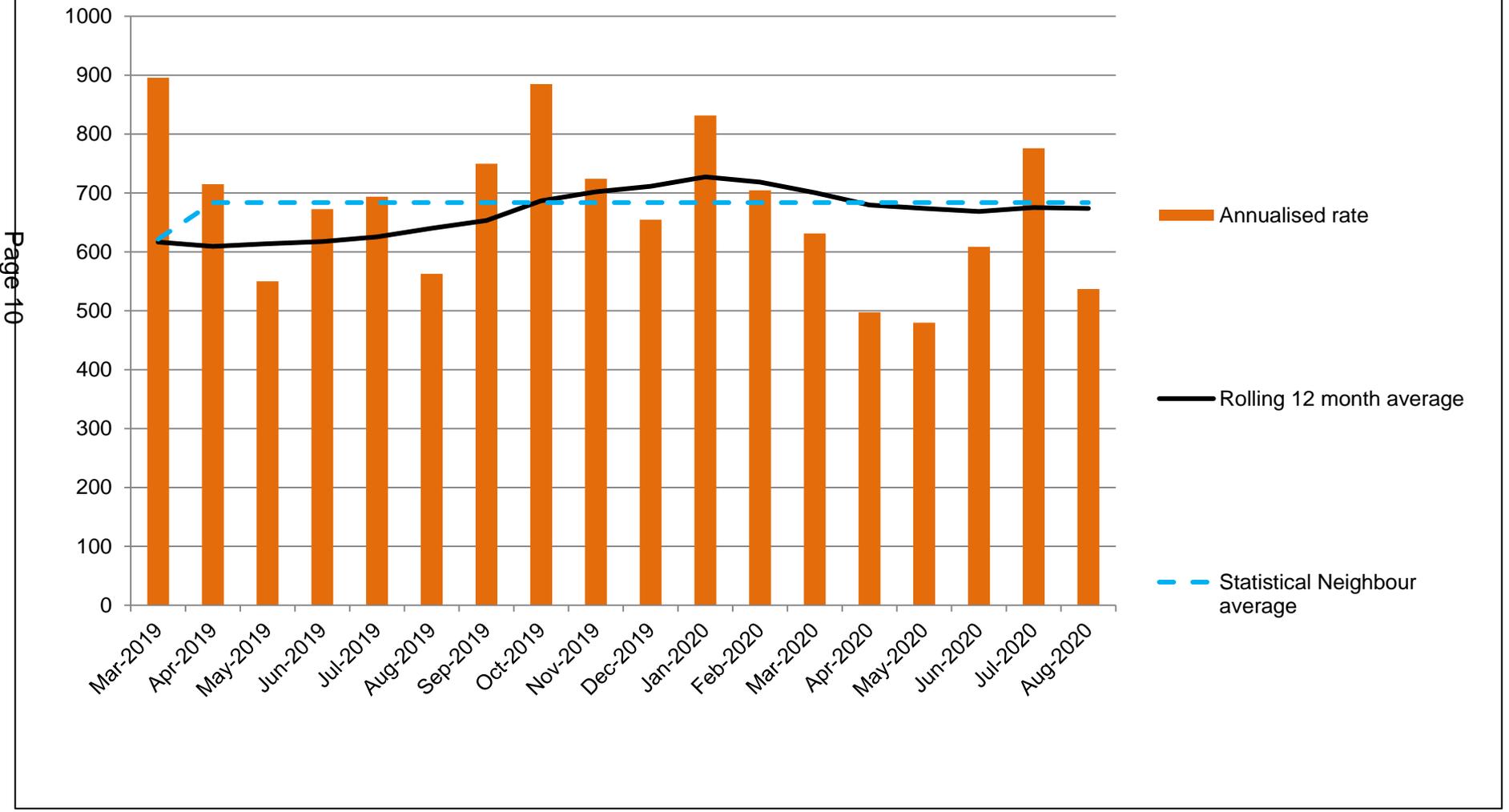
- An effective service should be working with partners to limit the number of contacts that do not lead to a referral to ensure that demand is managed and dealt with appropriately.

What is our current trend and what are we doing about it?

- There has been a decrease in NFA's which have stabilised at around 60% over the past 12 months. We have recently improved our recording system to allow us to break down this data even further by categorising NFA's into different areas (No consent, advice/information provided, family moved out of area, threshold not met for EH support and signposted to other agency).
- We have started to analyse cases that didn't have consent or didn't meet threshold. 40 children's records are audited each month and the reason no further action was taken is shared with partners and staff to promote learning and development.
- 12 Early Help Co-ordinators are now in post. There are 3 full time officers in each locality; managed by the individual Hub Manager. All schools across the district will have an allocated EHC, offering a point of contact to help them develop their lead practitioner skills.
- Work has also been initiated with the local neighbourhood policing teams. Each locality Sergeant has been contacted, and EHC contact details and toolkits have been issued to the PCSOs within each team.
- Our new 'Early Help Assessment' has been launched. The vision is to ensure our partner agencies are able to identify unmet need and offer support (where possible) at the earliest possible opportunity for children and their families.
- Whilst this exciting work is most certainly a step in the right direction, at present it remains in its infancy and it is hoped that with time we will be able to see the impacts of this resulting in an increase of referrals to Early Help.

2. Children's Social Care Referrals

Referral rates per 10,000 (annualised) against 2017-8 and 2018-9 Statistical Neighbour average



2. Children's Social Care Referrals

Why is this important?

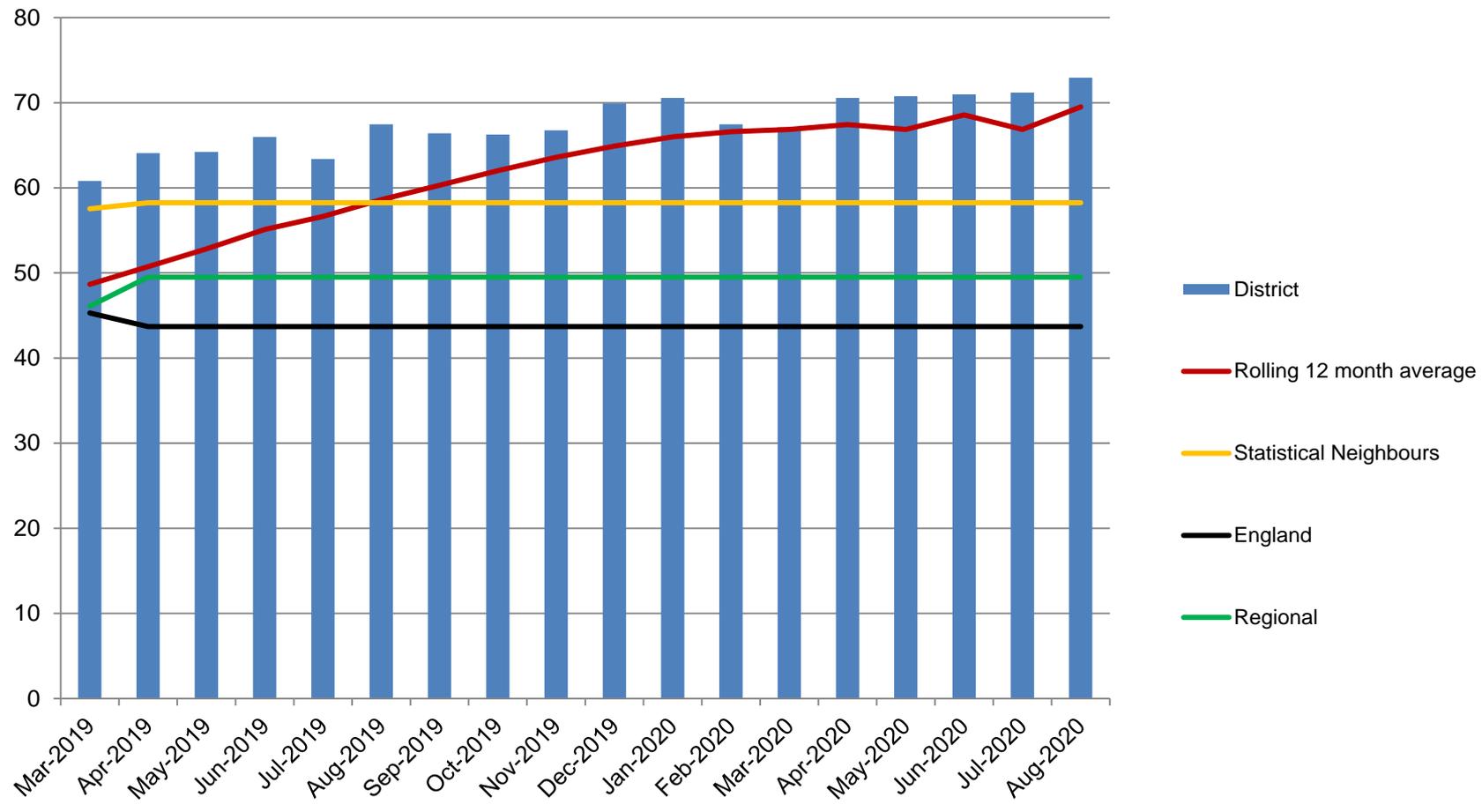
An effective service works across all partners to make sure that the right contacts come through the front door and contact centre that result in a referral.

What is the current trend and what are we doing about this?

- In spite of an initial dip in referrals post lockdown we have seen an increase and gradual rise. There was a significant peak of referrals in July however this dropped again in August. This is likely to be due to the school closures over the summer holidays. Now that schools have returned, we are expecting a further rise in referrals.
- In order to manage demand, we have developed an information and advice line within the front door. This means professionals can have a conversation with an experienced social worker if they are worried about a child. Coupled with the implementation of our lead professional assessment we are hoping support can be identified and delivered early.

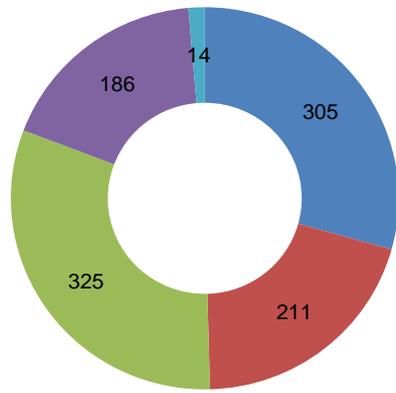
3a. Rate of Children Subject to a Child Protection Plan

Rate of children who are subject to a child protection plan, per 10,000 child population, relative to 2017/18 and 2018-2019 averages



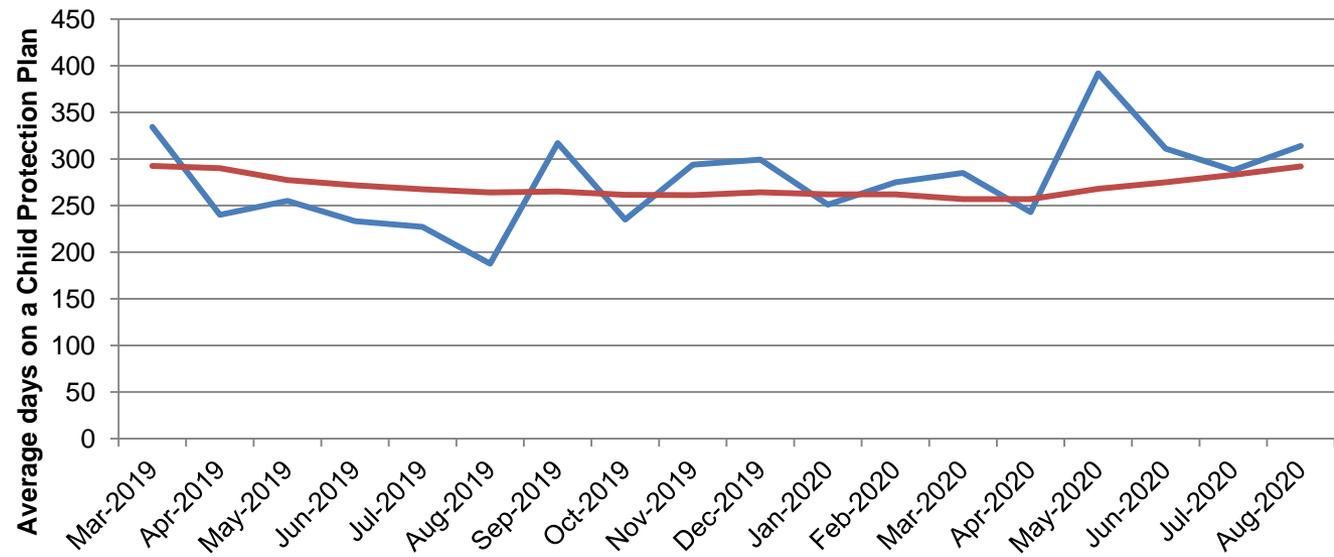
3b Length of time on Child Protection Plans

Current CPP by length of time on plan



- 1. under 3 months
- 2. 3 to 6 months
- 3. 6 months to 1 year
- 4. 1-2 years
- 5. 2+ years

Average time on CP Plan (based on completed cases)



- Average days on CPP for plans ending in month
- Rolling 12 month average days

3. Rate of Children Subject to a Child Protection Plan

Why is this important?

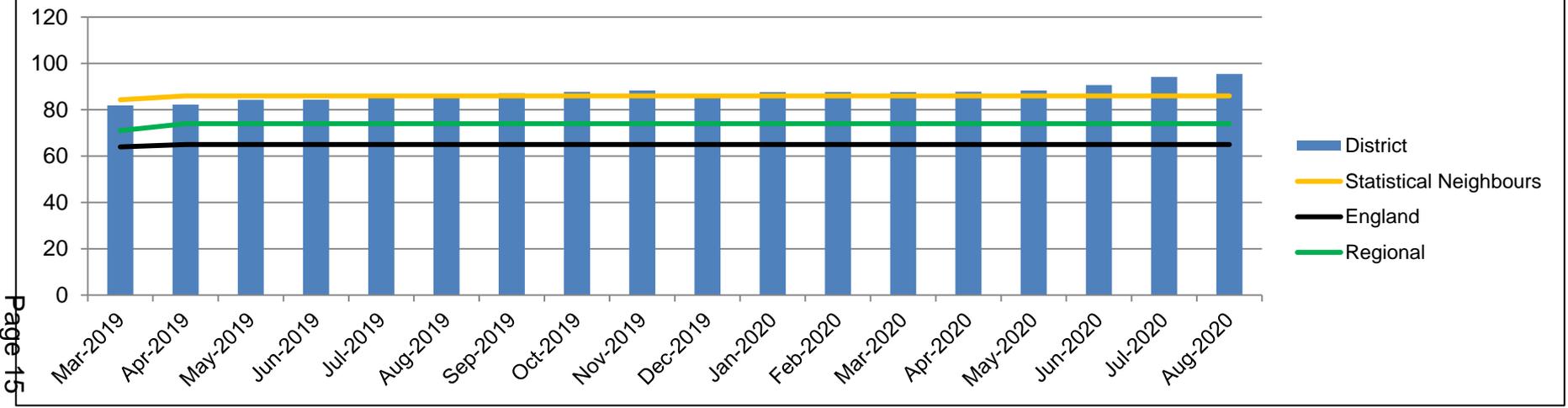
- This is a key measure which can be compared with statistical neighbours.
- The length of time a child is subject to a Child Protection Plan is important because the longer a child remains subject to a Child Protection Plan the child's lived experience has not improved. Additionally, there is an increased risk of drift and delay in care planning for a child who remains subject to a Child Protection plan for a prolonged period of time.

What is the current trend and what are we doing about this?

- The number of children subject to a child protection plan was 1,040 at the end of August
- Our rate is above the statistical neighbour average (2018/19); audit activity has highlighted that we are applying consistent thresholds regarding decisions to make children subject to child protection plans.
- Child Protection Co-Ordinators, Team Managers and Social Workers continue to meet to review cases at the 13 month point.
- An audit has been completed with partner agencies to test thresholds regarding decision making to step down plans. The audit highlighted that insufficient technology is having an adverse impact on professionals ability to recommend the ceasing Child Protection Plans as current technology does not permit video conferences, thus professionals are not able to effectively listen to and share information collectively in order to make an informed decision. This matter has been escalated to the ICT board and ICT colleagues are exploring a number of solutions.

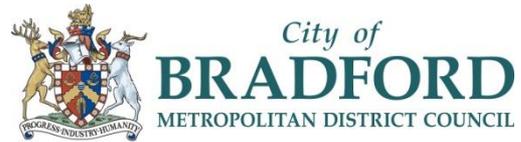
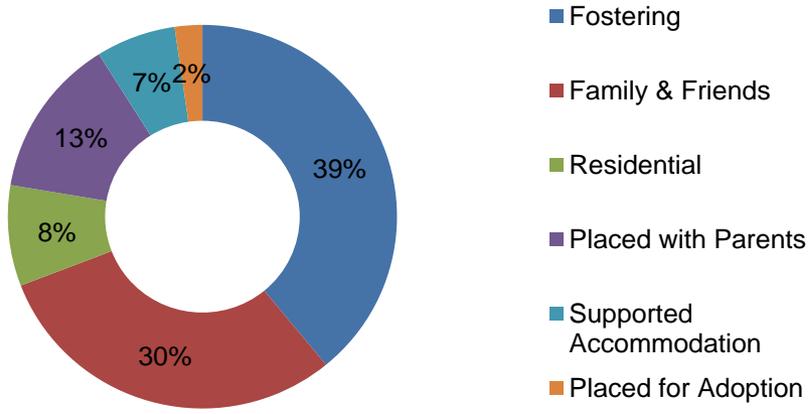
4. Trends in Children in Care numbers and comparison with other authorities

Rate of children in care per 10,000 child population, relative to 2017/18 and 2018-2019 averages



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Children in Care by placement type



4. Trend and forecast numbers of children in care

Why is this important?

- Local authorities that provide children's services are bound by a 'sufficiency duty', which is to provide, as far as is practicable, sufficient accommodation within the area that meets the needs of children in care from the area.
- A good handle on the increase in number and nature of children in care allows us to plan to deal with future service demand efficiently and effectively.
- Of the 1288 children in care on 30th June, 41% were in foster placements, 30% in Family & Friends placements, 9% in residential care, 12% placed with parents, 7% in supported accommodation and 2% placed for adoption.

What is the current trend and what are we doing about it?

- The number of children in Care in August was 1,361 compared to 1,345 in July; there was an increase of 43 children being placed into LA care.
- Of the children becoming looked after
 - 20 children were placed under Sec 20
 - 9 children became looked after as police used their Powers of Protection,
 - 14 children were made subject to ICO following court hearings.
- 28 children ceased to be in Care in July 2020 compared to 24 in August.
 - 9 returned to parents care
 - 4 were adopted,
 - 2 supervision orders
 - 2 SGO.
 - 5 became 18yrs
 - 2 moved abroad
- There is a delay in the court being able to list cases; this will have an impact on the children in care numbers as we are not able to proceed with discharge applications in a timely manner. This is a national issue.

Vital Signs

Section 2: Timeliness

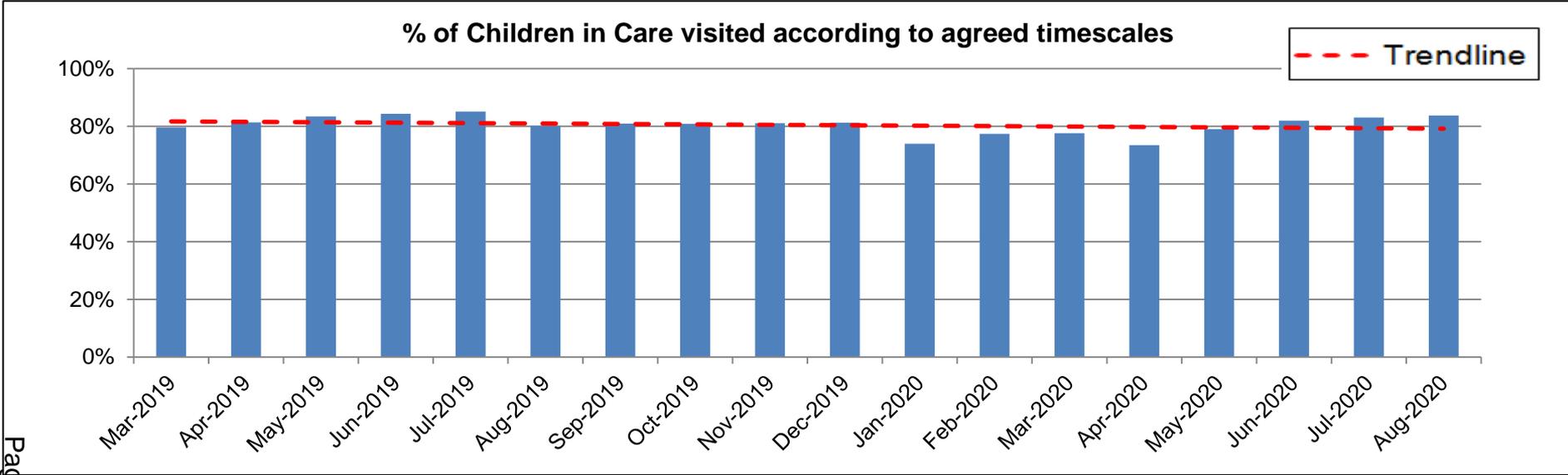


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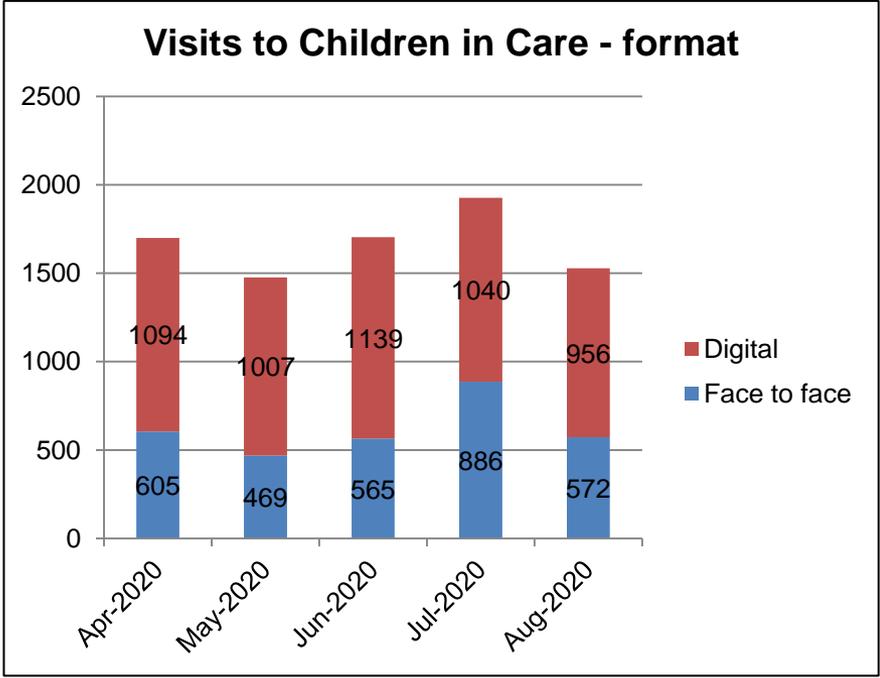
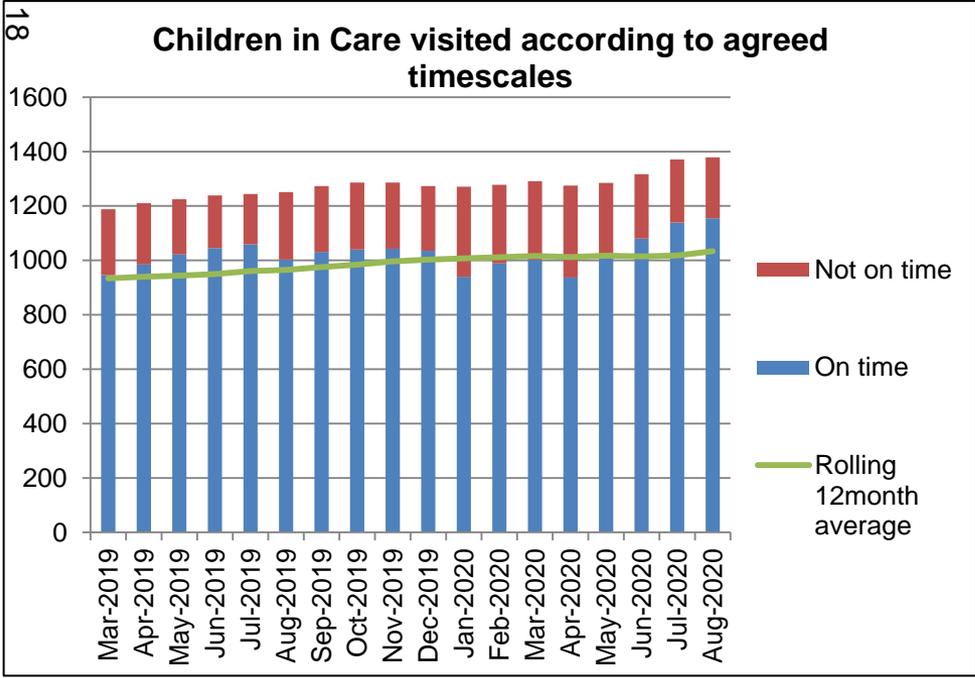


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5. % visits completed on time

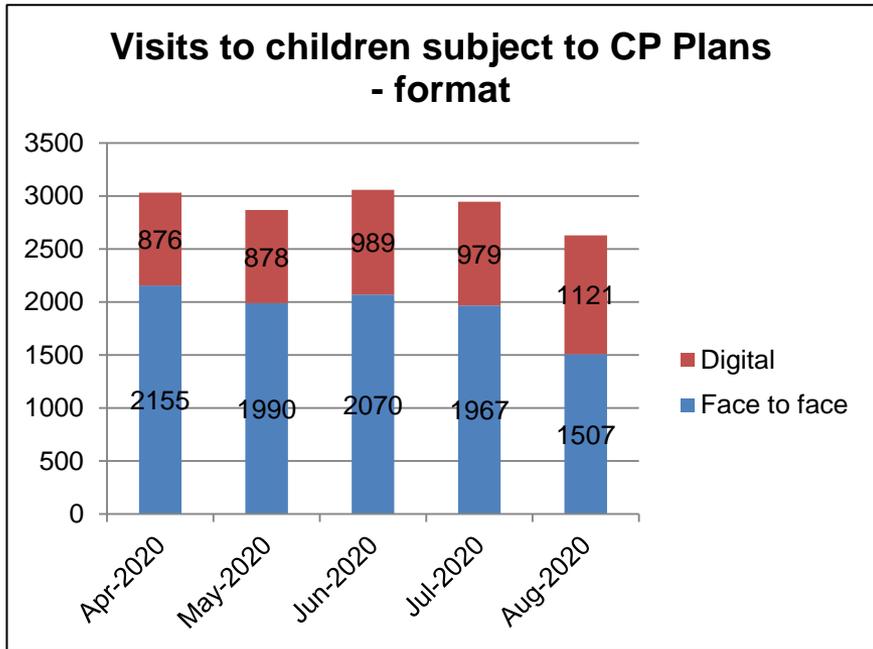
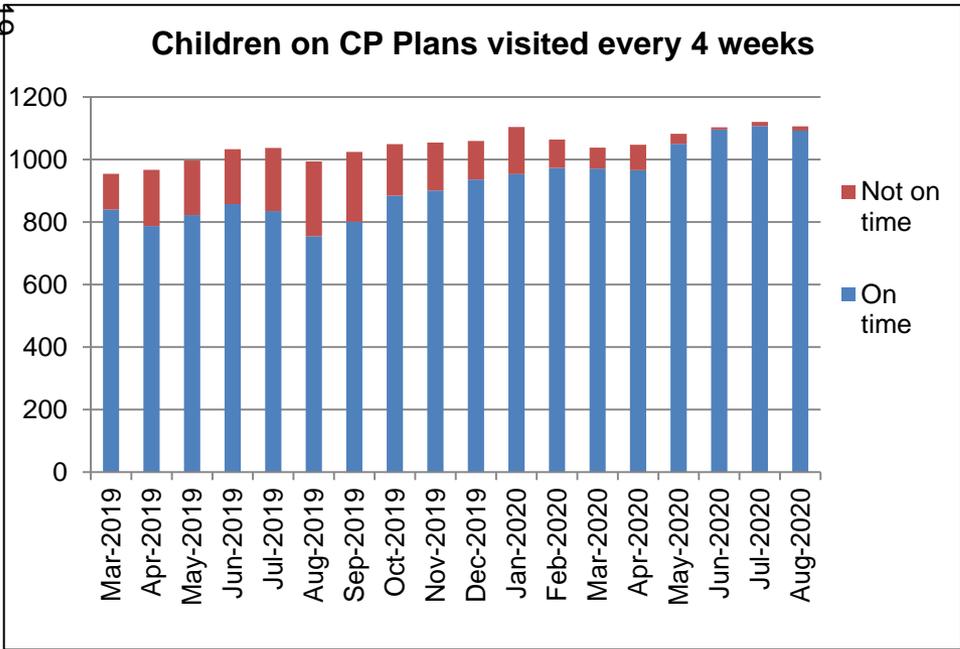
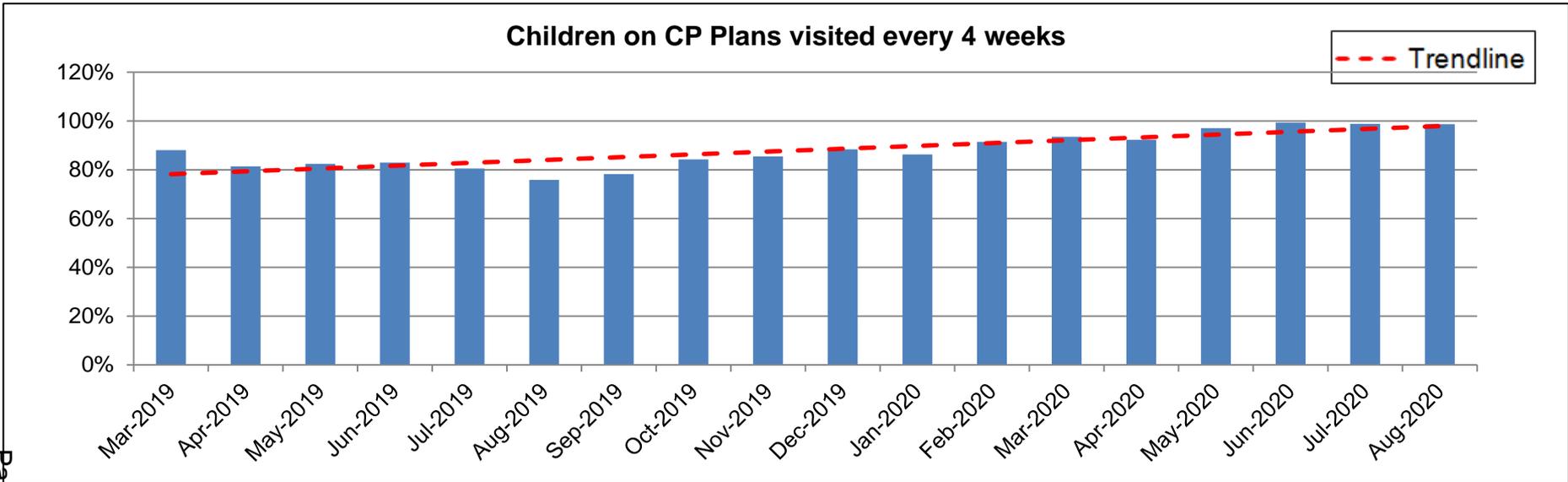


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5. % visits completed on time

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5. % visits completed on time

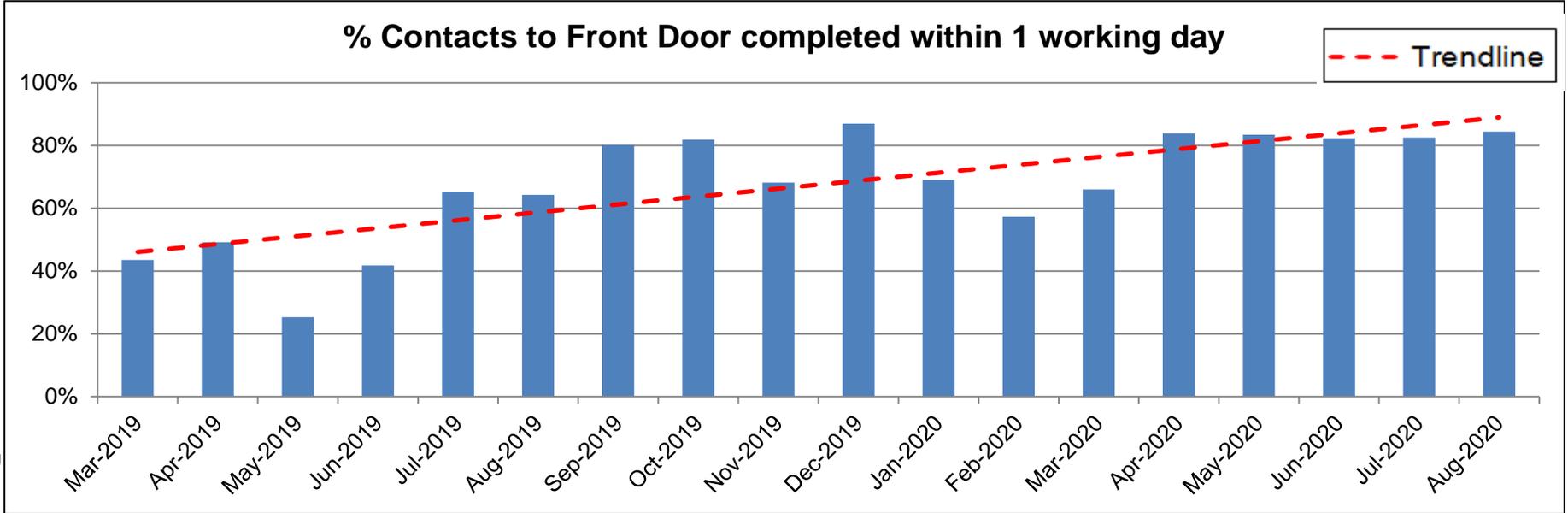
Why is this important?

- For the safety of children and to ensure that they are having the right experience with appropriate outcomes, timely visits in line with our statutory requirement and Bradford's Practice Standards are essential.
- Children in Care in stable long term placements are visited every 12 weeks, with visits every 20 working days expected for the rest of the care population.
- Child Protection cases are expected to be visited 10 working days or more frequently if this is required as part of their plan.

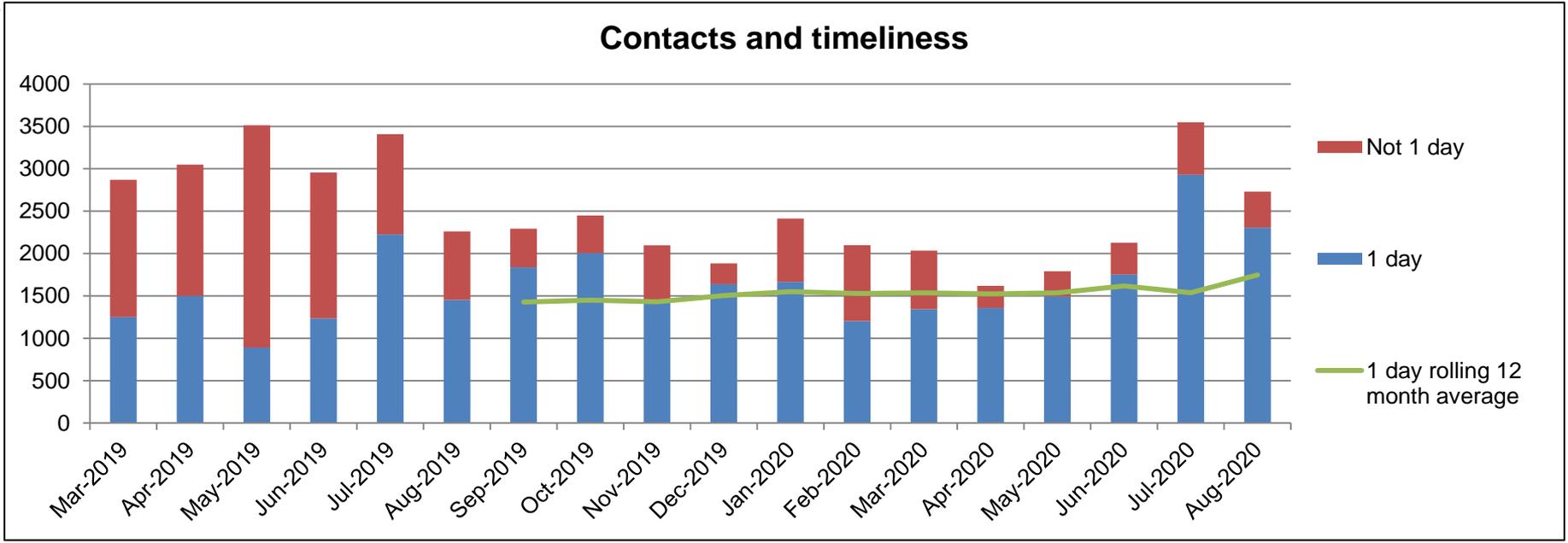
What is the current trend and what are we doing about this?

- Compliance continues to remain good and is improving. The focus is now on driving the quality of these visits. Practice guidance has been issued to all staff and we are planning webinars (as soon as we have the ICT kit available) to ensure that the expectations are landed clearly with all staff and managers.
- Although the digital visits to children in care are higher than face to face visits, this is in line with our practice guidance in order to minimise foot fall in fostering and residential placements.

6. % of contacts with a decision in one working day



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6. % of contacts with a decision in one working day

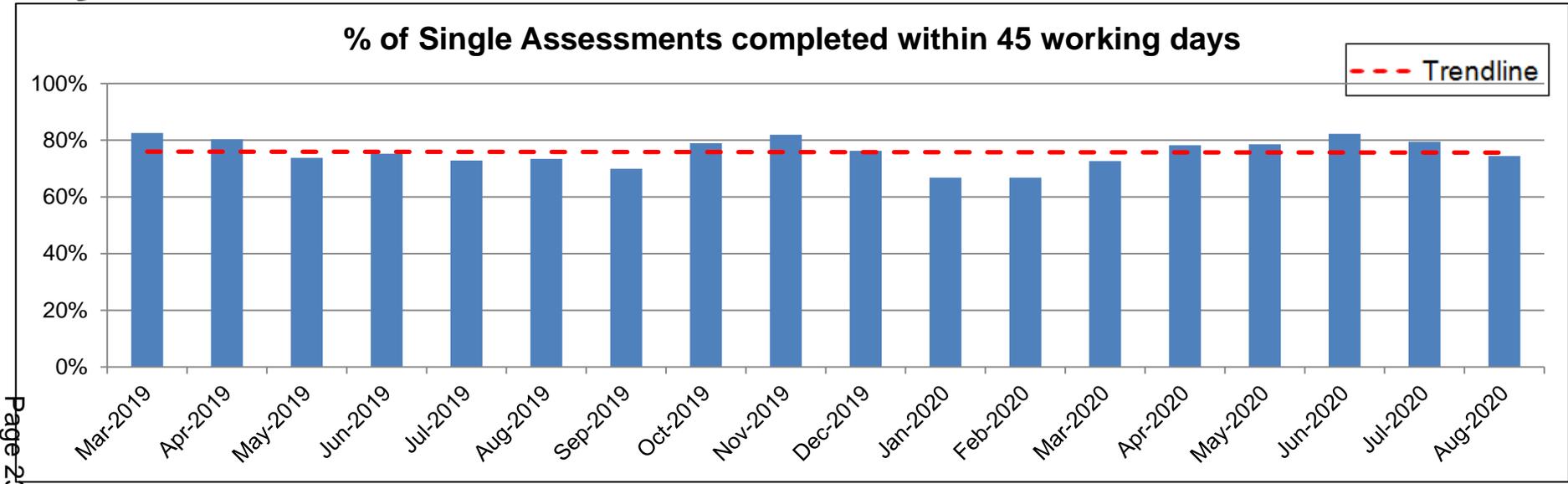
Why is this important?

It is important that contacts received by the front door are dealt with quickly and efficiently. This ensures that children at risk are identified and safeguarded .

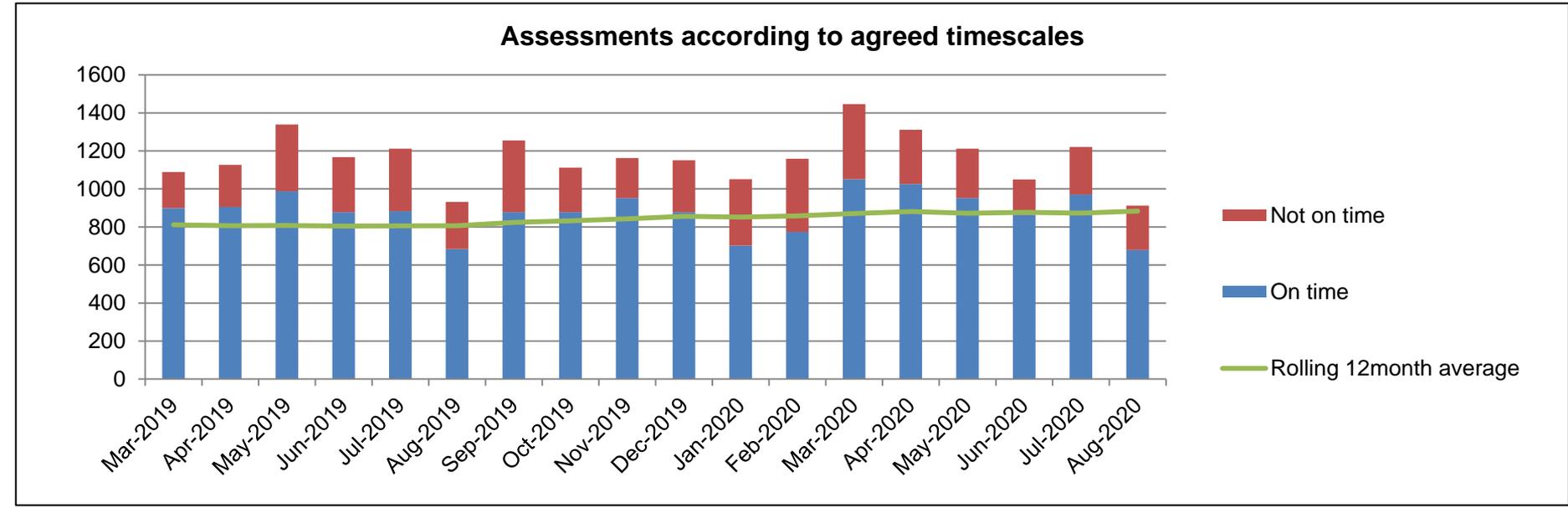
What is the current trend and what are we doing about this?

- Demand at the front door is higher than we would normally expect in August, the service has found it difficult to cope with this extra demand but has done so. It is anticipated that demand will continue to increase now children are back at school following lockdown.
- A weekly performance meeting coupled with a re-alignment of teams is expected to sustain and build on the progress already made. There have been some recent periods of sickness within the IFD team and this is likely to impact on the performance for September 2020 particularly due to demand rising alongside this.

7. % of single assessments completed within 45 days



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7. % of single assessments completed within 45 days

Why is this important?

- A Single Assessment is an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents or carers to respond appropriately to these needs within the wider family and community context.
- While the Single Assessment is led by Children's Services, it will invariably involve other agencies or independent professionals, who will provide information they hold about the child or parents, contribute specialist knowledge and/or give advice/undertake specialist assessments.

What is the current trend and what are we doing about this?

Both performance and demand dropped in August.

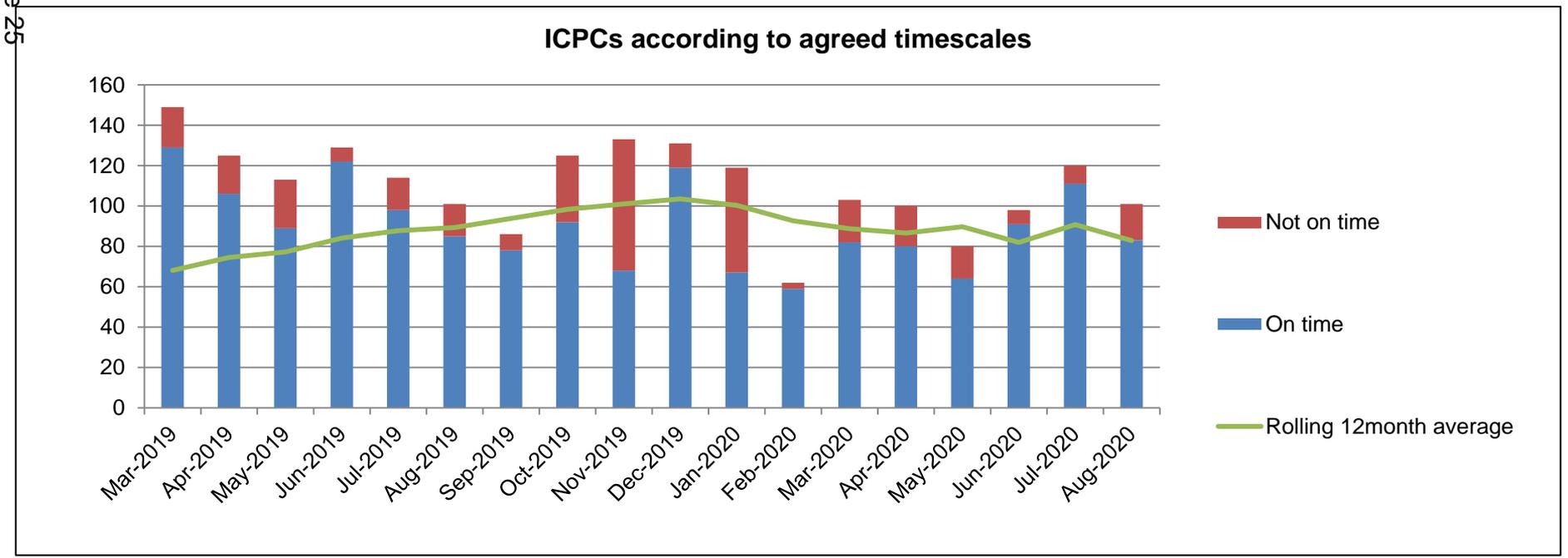
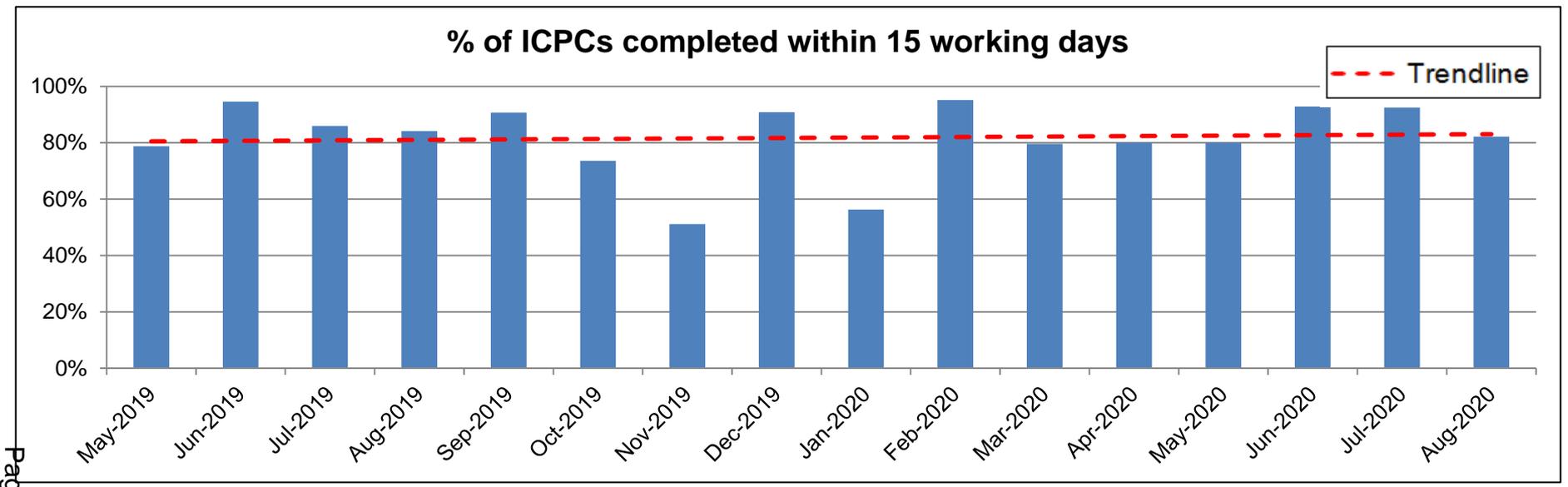
Dip sampling has been conducted on a number of assessments that were overdue across all localities and service areas.

The main reason for assessments being completed out of timescale has been identified

- Annual leave
- Partners availability
- Self isolation
- Sickness
- Increase in assessments from May and June which were due for approval in August.



8. % of Initial Child Protection Conferences within time



8. % of Initial Child Protection Conferences within time

Why is this important?

Children who are required to go to a Child Protection Conference are potentially highly vulnerable. The process from Section 47 enquiries to Initial Child Protection Conference is how the determination is made on whether a child is at risk of significant harm and therefore needs to be made subject to a Child Protection Plan. It is key to children's safety that this process is completed in a timely way.

What are we doing about this?

In August 2020 there were 7 conferences that were recorded as late; this equates to 17 children. Whilst timeliness remains just over 80%, the dip in performance has occurred for the following reasons:

- 2 conferences were calculated incorrectly by the Safeguarding Unit.
- 3 conferences received late notifications from the social workers leaving conferences out of timescales.
- 2 conferences were re-arranged at the request of the family.

In terms of conferences that were late due to the Safeguarding Unit, the learning has been discussed with the team and individually to ensure that such errors do not occur again.

In relation to the late notifications received by social workers, information continues to be provided to locality Heads of Service to address this with individuals and managers. Summer leave has had an impact.



Vital Signs

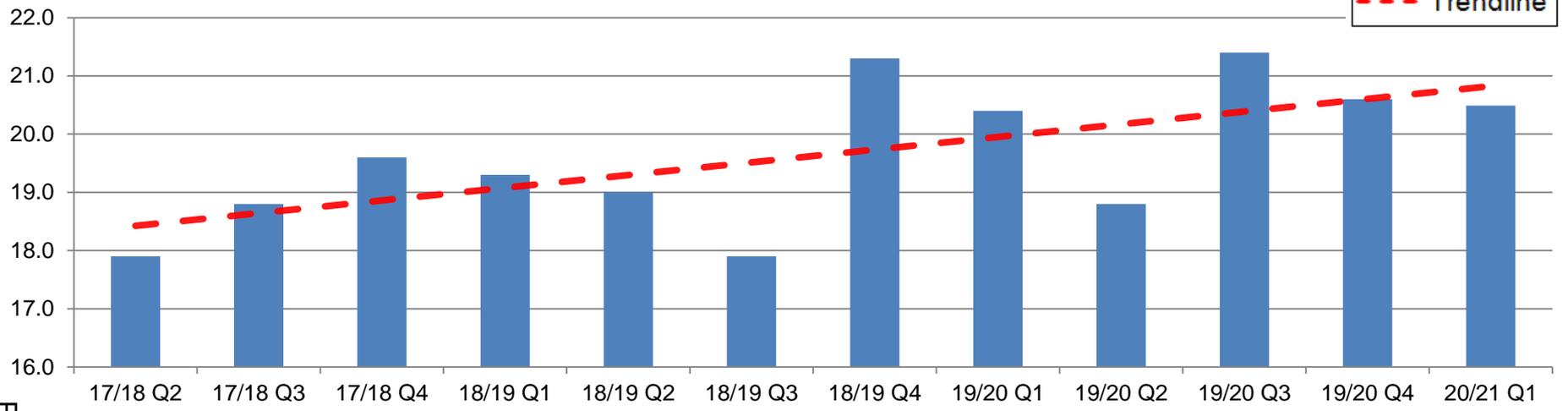
Section 3: Social Care Management



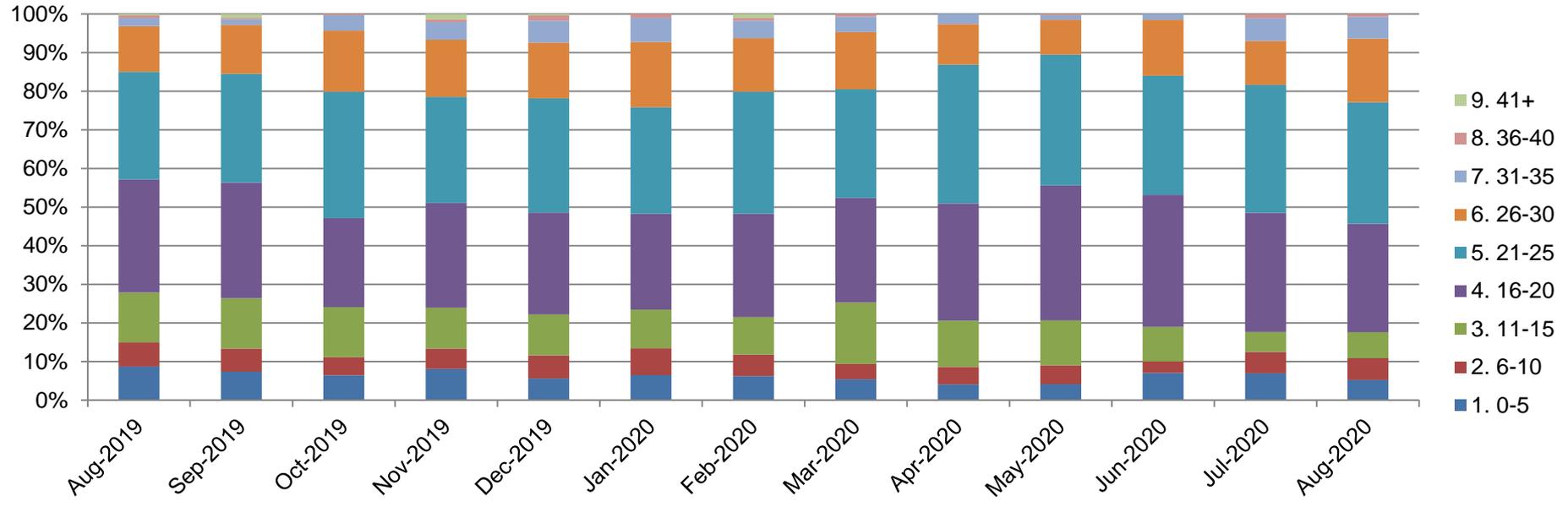
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9. Average Caseload

Average number of cases per FTE Social Worker



Proportion of workers (FTE) by caseload band



9. Average Caseload

Why is this important?

This is important as a higher number of cases per social worker can limit their ability to provide an effective service.

What is the current trend and what are we doing about this?

- The average number of cases held by a social worker remained steady at 20 in Qtr 1.
- The number of workers with more than 26 cases has increased, this is mainly in Keighley and Shipley and there are specific reasons for this.
- In order to return caseload levels back to where they should be there has been a successful recruitment drive of Practice Supervisors. These practitioners will support social workers and team managers in the identification and progression of cases to step down or close to Children's Services. Continued recruitment of Social Workers from ASYE through to experienced workers will ensure a varied skillset amongst the workforce.
- We have also recruited to permanent Community Resource Workers who will work alongside Social Workers to support families and children.
- The average caseload is reviewed by Team Managers, Service Managers and Heads of Service on a twice weekly basis where plans are agreed to safely reduce caseloads where possible. Exceptions are reported to the Deputy Director each month.

Vital Signs

Section 4: Effectiveness



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11. Improved life chances

Care leavers in education, employment or training														Trend	Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20				
58.4%	47.6%	48.2%	48.0%	51.0%	51.8%	54.2%	53.3%	54.0%	53.8%	54.3%	54.1%	55.2%		65.0%	-	

Percentage of Care Leavers aged 16-21 living in suitable accommodation														Trend	Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20				
84.8%	87.4%	87.8%	87.8%	91.2%	89.2%	89.0%	89.0%	90.3%	90.3%	90.1%	90.2%	87.1%		87.0%	-	

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A slight increase for care leavers in education, employment or training however we still remain below Bradford’s target. Action to ensure we sustain and improve practice includes; LEAP’s work is currently focused on working in partnership with the virtual school ensuring all young people have what they need to engage in home learning (materials, lap-tops, tablets, wifi) and most importantly continue to be motivated to learn.

An improvement plan, that is COVID 19 appropriate, is being drafted to address the areas where young people can be supported such as; availability of childcare for care leavers who are parents and consideration to address this

The target of 87% of Care Leavers in suitable accommodation has been achieved and is currently at 87.1%. The number of young people in custody has doubled over time and there are number of closed cases where we no longer collect data on living arrangements.

The Service has reviewed its practice and is no longer closing cases, over time the number of care leavers where we do not record living arrangements will decrease. We are writing to all young people whose cases have been closed and informing them of entitlements and the new service.

12. Improved health and wellbeing

Percentage of Children in Care who had their teeth checked by a dentist (children who have been CIC for 12 months) in the year														Trend	Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20				
91.8%	90.6%	90.6%	90.7%	93.6%	91.4%	93.9%	91.9%	89.8%	87.2%	85.7%	80.7%	74.3%		92.0%	-	

Percentage of school age Children in Care who have an up to date PEP														Trend	Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20				
86.8%	84.0%	84.9%	84.6%	88.9%	88.9%	90.0%	85.1%	85.6%	91.4%	93.7%	92.5%	88.2%		95.0%	-	

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The percentage of Children in Care seeing a dentist has reduced and is now the lowest it ever has been. This is potentially a result of Covid-19 as dentists have not been operating as usual. We will have further conversations with health in terms of a shared vision and plan to ensure health needs are met for the most vulnerable.

The percentage of Children in Care with an up to date PEP has fallen down to 88.2%. This again is potentially a result of Covid, however, this is worrying as schools are still operating virtually. Going forward a concentrated piece of work will take place to identify children who do not have an up to date PEP as well as exploring why this has happened to ensure targets are met/exceeded in the future. The service has identified a need to ensure that these plans are of good quality.



13a. Improved placement, practice and assessment

Percentage of Child Protection (CP) Plans lasting two years or more, in the year															Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend			
3.2%	2.8%	2.8%	2.8%	2.9%	2.7%	2.8%	2.3%	2.3%	2.2%	2.1%	2.2%	2.5%		3.5%	1.5%	

Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time in the year															Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend			
16.4%	16.1%	14.9%	15.2%	15.1%	15.3%	15.1%	15.2%	15.4%	15.1%	14.9%	15.2%	14.8%		14.0%	20%	

Percentage of Children in Care who had an annual health assessment (children who have been CIC for 12 months) in the year															Bradford Target	Statistical Neighbour Average
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend			
90.4%	89.8%	87.3%	87.1%	91.0%	90.9%	92.2%	93.3%	91.7%	91.1%	92.4%	91.3%	86.8%		92.0%	-	

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The proportion of children on child protection plans lasting 2 years or more has increased. We anticipated an increase in part due to professionals not being able to obtain a full picture of the child’s circumstances as a result a lack of video conferencing facilities.

A multi agency audit is due to be completed to review thresholds and decision making processes when stepping children down from the child protection process; this will assist with understanding whether we are ensuring that children are being stepped down appropriately. This will maintain and improve on the proportion of children becoming subject to a CPP for a second or subsequent time.

The percentage of annual health assessments for children in care continues to be below target, a potential result of Covid 19. Discussions are to take place with health providers in terms of impact and possible solutions going forward.

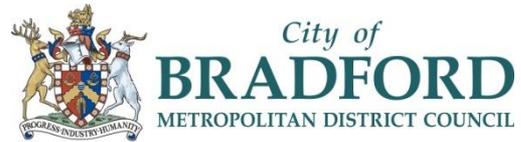
13b. Improved placement, practice and assessment

Number of episodes of Children in Care going missing during the month													
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
67	68	120	84	74	88	81	106	97	132	95	89	17	

Percentage of children looked after with three or more placements during the previous year															
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend	Bradford Target	Statistical Neighbour Average
11.5%	11.7%	12.4%	13.2%	13.5%	13.3%	13.5%	13.1%	12.9%	11.4%	9.4%	8.2%	8.4%		9.0%	8.9%

The number of missing episodes for children in care has decreased in August and this is believed to be due to the implementation of the Philomena Protocol. The protocol has been launched in conjunction with West Yorkshire Police and is designed to ensure children in care are reported missing at the right point in time.

The percentage of children looked after with three or more placements during the previous year has risen slightly, there is an increasing effort to reduce the numbers by implementing the actions/ plans listed below; The Local Partnership is to review our current Placement and coordination service. The implementation of a new staffing structure within placement and coordination service will allow a better and more structured management of how we source, review and QA our current and future placements. Contracts with our providers will be monitored more rigorously to ensure the measurement of placement stability and impact the placement has on the child. Working with private providers within Bradford to build specific needs led homes/ placement for our children.



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Children's Services Improvement Plan

Lead author	Phil Hayden
Revised	April 2020
Progress update	Sept 2020

The shared commitment and drive for improvement remains as strong and unwavering in this revised plan as it was in the immediate post inspection Improvement Plan

Foreword

Bradford Council is committed to ensuring that all our children have the best possible start in life. We are proud of the great work that we already do across the district to give every child the opportunity to fulfil their potential. At our recent inspection, Ofsted found that the services we deliver to protect the most vulnerable children and young people are not meeting the high standards the children in the district deserve. We fully accept Ofsted's findings and are committed to a programme of rapid and sustainable improvement.

We have taken immediate action following the inspection to ensure the safety and well-being of our children.

Our over-riding priority is to address the areas of improvement that have been highlighted by Ofsted. We are determined to focus on getting the basics right for children. Most importantly, we want to put children, and the quality of their experience, at the centre of what we do. Our aim is to move quickly to a position where our services are good or better for Bradford's children.

The experience and voices of children and young people are central to our improvement journey. Children and young people will have a strong voice in our plan through engagement activities. The test we will set ourselves is "*are our services the best they can be for our children?*"

A shared commitment

Bradford Council, together with its partners, is committed to working together to achieve rapid and sustained improvement in the experience of children and young people who require support, protection and care. We recognise that, whilst the council is accountable for the protection of children, that for all children to be effectively safeguarded, everyone needs to work together. We will only be able to achieve this if we listen to children and put their experiences at the centre of all that we do.

Cllr Susan Hinchcliffe - Leader of Bradford Council

Cllr Adrian Farley - Portfolio Holder for Children and Families

Kersten England – Chief Executive

Why revise the plan?

Since the development of the original plan in 2019 we have appointed a permanent Director of Children's Services (DCS) in July 2019 and Deputy Director for Children's Social Care (DD, CSC) in November 2019. Since December 2019 they have established a Programme Management Team (PMT) through Corporate Services for projects; along with a new Children's Social Care Management Team (March 2020) to drive improvement activity, combined the new Management Team through permanent Heads of Service and PMT provide stable arrangements to drive Innovation and Improvement work and enabling it to be sustained and maintained in the longer term.

In addition to the new leadership and management arrangements, Bradford has had four monitoring visits from Ofsted, the last one in February 2020, which have all provided valuable feedback and learning. This new plan supports us to take forward Ofsted feedback and learning, along with our own self-evaluation which Ofsted recognise is a strength in that we know what needs to improve.

Finally, the new plan enables us to reflect on progress; consolidate the work done to date, and prioritise and re-focus on the work required as we move forward.

Progress and Impact to March 2020

Bradford's original Children's Improvement Plan was developed with five key themes. These related to the Ofsted recommendations and Bradford's vision in developing a 'Child Friendly City' - with the central theme being the 'Lived Experiences and Voice of the Child'.

In recent months we have disaggregated Early Help from the 'Improving the Front Door and MASH arrangements' theme to provide an additional theme and specific focus on 'Prevention and Early Help'. This will help to evidence progress and the impact through joint working and increased partnership arrangements we are developing.

Detailed work on the original five key theme of the plan to March 2020 are contained in Appendix 1. A summary of the work and the impact this has had is outlined below:

Theme	Summary	Impact
The Lived Experience of children and young people.	<p>All projects within the four Improvement Programmes contribute to the Lived Experience theme within the Ofsted Improvement Plan. This will strengthen and develop our working practice with children and young people.</p> <p>In line with Signs of Safety, direct work is implemented on a regular basis using tools such as the three houses which is evident in case files.</p>	<p>The child's voice</p> <p>Recent section 47 audit sample identified the child's voice was evident in 44% (34/77) of cases. Where the child was seen and spoken to alone, the outcome of this contributed to the recommendations and next steps. Although there is much progress still to be made there is evidence that:</p> <ul style="list-style-type: none"> Children and young peoples' needs and wishes are being considered in case work and evidenced through case audits Children and young people are being consulted on core documents and changes in social care practice through the improvement work plans
Improving the Front door and MASH arrangements including Early Help	<p>We have strengthened our partnership working through improved development and changes within MASH and the Integrated Front Door (IFD) by:</p> <ul style="list-style-type: none"> Establishing a Task and Finish Group with partners and improved understanding of the roles and functions of the Integrated Front Door. Mapped the current process and model of practice of the Integrated Front Door Started to understand the Special Educational Needs and Disability process and develop specific practice through the Integrated Front Door. Improved the collection of joint intelligence and effective decision-making to support children and families to receive the right support as early as possible <p>The Prevention and Early Help service in its current structure went live from January 2020. The structure includes:</p> <ul style="list-style-type: none"> one Head of Service one Service Manager four Locality Hub Managers 	<p>Data and compliance</p> <p>In February 2020, the number of contacts completed in 1 working day was 57%. Since this time, there has been a sharp increase in performance at the Integrated Front Door and since April, over 80% of contacts are consistently being completed within 1 working day.</p> <p>There has been a decrease in NFA's which have stabilized at around 60% over the past 12 months. Planned changes to our recording facilities moving forward will allow us to break down this data even further by categorising NFA's into different areas (No consent, advice/information provided, family moved out of area, threshold not met for EH support and signposted to other agency).</p> <p>Early Help Co-ordination and promotion of Lead Practitioner</p>

Theme	Summary	Impact
	<ul style="list-style-type: none"> - 12 Early Help Coordinators. - <p>Four Early Help Coordinators (EHCs) were recruited on secondments from November 2019 to March 2020. The posts were funded by Families First to work alongside schools to encourage them to take on the Lead Practitioner role, with the aim of reducing the number of referrals to Children’s Social Care which resulted in No Further Action (NFA).</p> <p>There are four locality Family Hubs which serve families and communities across Bradford district. The Family Hubs are developing an integrated local offer to families within each locality. Professionals from a number of statutory, voluntary and community based organisations collaborate to ensure that there is a joined up and locally responsive offer to support all families, children and young people in their locality.</p>	<p>Through testing and trialling there are early but strong signs that the initiative with 4 Early Help Coordinators between December 2019 to February 2020, saw a reduction of 51% in the number of referrals to the Integrated Front Door for those schools the co-ordinators worked with. This has now been expanded to have 3 Early Help Co-ordinators in each of the four localities.</p> <p>Feedback from partners; <i>“We really do value your support, this is just what we needed” and “We now understand the difference between the levels of need and know when we need to be providing support and when we need to refer”</i></p>
Improving the quality of Social Care practice.	<p>The Heads of Services have facilitated bi-weekly, thematic task & finish groups to focus on processes and procedures around Allocation & Assessment, Children with disability, Child Protection & Children in Care/Care Leavers. In addition, we have:</p> <ul style="list-style-type: none"> • Established a Court Proceedings Task & Finish group to review systems & process to address issues relating to drift & delay. • Delivered: <ul style="list-style-type: none"> - New up-dated Practice Standards Booklet - Improved Children in Need Plan - Improved Child Protection Plan - Improved Care Plan - Updated ICPCC Minute Template - Improved Outline Plan 	<p>Section 47 Strategy Discussions A dip sample identified that the threshold was applied correctly in 95% (84/88) of the strategy discussions reviewed. The audits evidenced that the right decisions are being made and families are receiving the right support at the right time.</p> <p>Section 47 Investigations Audits have identified that in most cases, the right children are being identified and presented at ICPC ensuring they are receiving the right support at the right time</p> <p>Single Assessment Whilst the trend line indicates that there has been an overall decline in performance over the last 12 months, given the increase in demand and the volume of assessments completed within timescale, this indicator overall is heading in the right direction. For example, on average the number of assessments completed on time per month has increased by 70 assessments between April 2019 and April 2020.</p> <p>CIN Audits Audits have been conducted show;</p> <ul style="list-style-type: none"> • Improved compliance providing a starting point for improvements in quality. • All of the files looked at in this sample have had evidence of management oversight, particularly in the form of allocation notes and monthly supervision. <p>CPP Audits The number of children subject to a Child Protection Plan was 1,000 at the end of April. Our rate is above the statistical neighbour average (2018/19); audit activity has highlighted that we are applying consistent thresholds regarding decisions to make children subject to Child Protection Plans.</p>

Theme	Summary	Impact
		<p>The audit completed in January 2020 identified that we are making appropriate and timely decision making in 80% of the cases reviewed</p> <p>Initial Child Protection Conferences Where children's circumstances are presented at an Initial Child Protection Conference, the conversion rate to a Child Protection Plan reassuringly suggests the right cases are being identified and discussed with multi-agency partners. Following the controls introduced in January 2020, the volume of ICPCs held on time has improved and appears to be sustained, evidence shows the last 3 months being consistent at 84% of ICPC being completed on time.</p> <p>Timeliness of CP Visits The data suggests that we are on an upwards trajectory in relation to the timeliness of visits for children in care. We have also managed to narrow the gap by reducing the number of visits not being completed from 81 in April to 32 in May.</p>
Improving management oversight and quality assurance.	<p>We have established a more stable leadership and management structure with a new Deputy Director and seven established Heads of Service posts from the previous three HoS. This is providing the capacity and capability to drive improvement with the support of the Programme Management Team. Weekly recruitment is supporting managers to appoint the numbers of staff with the capability for direct work with families to improve quality of practice.</p> <p>We have implemented the following to improve management and management oversight;</p> <ul style="list-style-type: none"> • Simplified and embedded allocation of cases process & practice • Child Protection process & practice • Reviewed, up-dated & embedded CIN process & practice • New CIN practice standards have been completed. HoS to embed in to practice • Reviewed, up-dated and embedded Court proceedings and PLO process & practice • Governance Process to embed standards of practice. 	<p>Management Oversight There is more work to be done in this area to show the impact. However, performance data highlights that the implementation of supervision is increasing with key areas of practice requiring improvement being identified more consistently.</p> <p>Audit activity Although there is continued work on percentage of audits to be completed; regular and consistently applied audit practice is identifying progress as well as key areas for improvement.</p> <p>Workforce The service now has access to bi-weekly data on caseloads which shows the number of workers who have above 26 and below 10 cases. The proportion of workers who hold more than 26 cases has continued to reduce up to May 2020.</p> <p>Workforce Recruitment, Retention and Capability</p> <ul style="list-style-type: none"> • Restructure of Children's Social Care concluded and implementation from January 2020 with all teams now located in the appropriate part of the service. Work is now taking place to ensure that our resources are deployed across the service based on demand. • Weekly recruitment panels have secured 72 new permanent staff in frontline social work and contact with children reducing some of the reliance on agency workers, although there is further work to be done.
Improving outcomes for Children in Care	<p>Service led and project initiated activity to review:</p> <ul style="list-style-type: none"> • Placement Quality and Sufficiency of Provision for children in care • Cohort analysis of children and young people in care to reduce care duration; care episodes and care costs. 	<p>Placement co-ordination Peer led review of current co-ordination of placements has identified a number of recommendations which are being progressed by a new service manager with additional resources within the service being identified</p> <p>Review of high cost places Review concluded that the majority of children and young people were placed in the right provision for their needs. However, the chronology of the cases for</p>

Theme	Summary	Impact
		<p>the majority it showed that historical long term neglect or abuse and a slow response to identification had contributed to the need for the current provision being in place. There were some cost savings and the learning from these cases will be presented in a series of learning forums for the whole system to understand the contributing factors to address these for future practice.</p> <p>Cohort analysis and tracking</p> <p>Outcomes for children who exited pre-proceedings from January 2020 to May 2020:</p> <ul style="list-style-type: none"> • 48% of children who entered pre-proceedings were diverted away from care proceedings. The duration within pre-proceedings for these children ranged from 0.4 months to 11.9 months, with the median duration being 6.3 months. • No children out of the cohort that exited PLO over the past 6 months have either escalated back into pre-proceedings or become children in care. • There is evidence that for the 52 % of children where the decision was taken to issue care proceedings the time in pre-proceedings was on average 2.7 months which provides evidence that fairly swift action has been taken to safeguard those children where risks are deemed unmanageable. • The evidence suggests that the current approach to progressing cases to pre proceedings has become more robust over the last six months. There has been a significant increase of referrals to LGP being approved for pre proceedings.

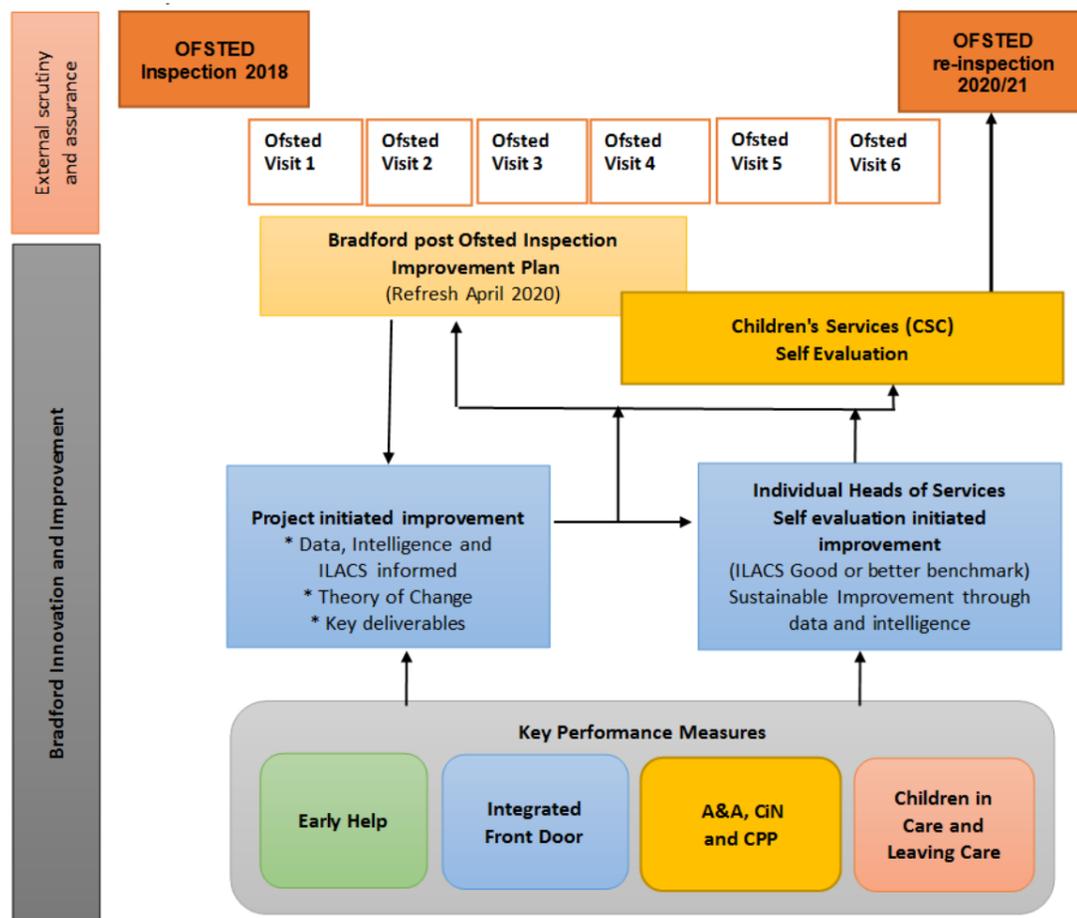
How the new plan is being informed and delivered?

Our Framework for Improvement

Our Improvement Framework encompasses and is informed by external scrutiny and assurance through Ofsted along with Bradford's own Innovation and Improvement practice approach. Bradford's own Innovation and Improvement approach and strategy to good and outstanding services are based on two key strands of activity:

- **Project initiated improvement** – these are areas of improvement that are whole system or service wide. They are significant changes in practice and structure that would not be achieved by a single service or manager alone. Many project based areas of improvement require a fundamental 'rethink' or 'step change' in the way we deliver services with many improvements requiring active participation of partners.
- **Individual Heads of Service self-evaluation initiated improvement** – these are areas of improvement that in the main are localised; focusing on compliance and quality, requiring performance improvement through intervention by individual leaders and managers.

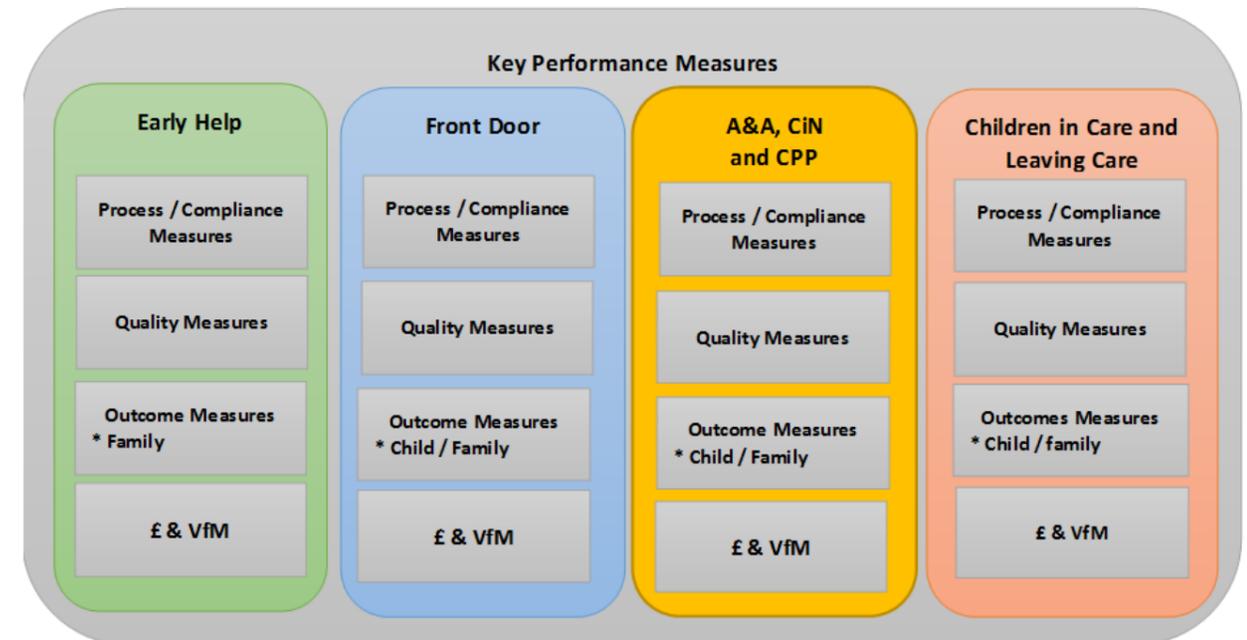
Together the two strands of improvement activity will deliver Bradford's post Ofsted Improvement Plan and provide a robust assessment of what we do well, where we need to improve and what we are doing to achieve it.



There are four scorecards (in development, building on the Vital Signs reports) within our Framework for Improvement that will provide the Children's Services system with key performance measures and evidence of improvement over time.

These are an accumulation of data and intelligence that follow the response to a child's needs from:

- Early Help where there are identified additional and multiple needs;
- To how decisions are made and supported through the Integrated Front Door; and
- The support a child or young person receives through a statutory response from Children's Social Care as needs require.



Governance of the Improvement Plan and Outcomes

The Children's Services Programme Board and Children's Services Improvement Board

It is the responsibility of local authority leaders and managers to lead the improvements required locally with partners. This is supported and managed through the Bradford *Children's Services Programme Board (CSPB)*. The Programme Board is responsible for the delivery of the Children's Improvement Programme. It is established to bring together and align the work streams so they are working at the same pace to deliver the required improvements highlighted in the Ofsted inspection and report of October 2018.

The *Children's Services Improvement Board (CSIB)*, led by the Independent Chair appointed by the DfE will support and challenge improvements. The Improvement Board is responsible for the oversight of the development and delivery of the Improvement Programme. Likewise, it is established to bring together and align the work streams so they are working at the same pace to deliver the required improvements identified in the Ofsted inspection and report of October 2018 through a partnership approach.

Measuring Progress from improvement activity and Impact and Outcomes from practice

The table below enables the Programme Board and Improvement Board to track progress and offer critical challenge of the Improvement Plan.

Tasks and/or outcomes have not been met or timescale slipped	RED
Tasks and/or outcomes are on track; milestones met but not completed	AMBER
Tasks and outcomes are completed; performance is on target	GREEN

Sitting alongside the Improvement Plan are the four scorecards from our Framework for Improvement that will enable the Programme Board and Improvement Board to support and challenge progress in terms of Performance; Outcomes and Quality of services and practice.

Our Children's Improvement Themes and revised Action Plan

We have a continued commitment to the key themes and priorities of the original Ofsted Improvement Plan. However, we have reconfigured the action plan to more appropriately follow the response to a child or young person's needs with five key *areas for development* along with The "Lived Experience" and the Voice of the Child more appropriately influencing the key areas of development and improvement.

Action Plan and how it has been configured

Developing and improving the whole system to manage demand; support family needs and promote their wellbeing, and safeguarding and protecting children and young people are the aims and purpose of this Improvement Plan. In simple terms this is about improving a 'child's journey' and life chances, particularly the most vulnerable and at risk with the support of their family, where appropriate. We have therefore configured the plan and scope of work into Five Areas of Development in the way we manage and respond to needs. The voice of the child & their lived experience is included as a key development of Improving management oversight & QA but will influence the work throughout the Improvement Plan.

	Early Help	Integrated Front Door – Information Gathering and Decision Making	Children in Need and Child in need of Protection	Children in Care and Leaving Care
The Lived Experience Strengthening and developing our working practice with children and young people. (Cross cutting theme with work contained within section 1.0 within the action plan)	1.0 Improving management oversight and quality assurance. Strengthening management grip at all levels and ensuring a stable, skilled workforce for the future			
	2.0 Prevention and Early Help Improve arrangements for the earlier identification, assessment and response to children and young people with additional / multiple needs through a partnership response before the need for CSC		4.0 Improving the quality of Social Care practice. Consistently identifying, assessing and responding to risk.	
		3.0 Improving the Integrated Front Door (IFD) Strengthening our partnership working through improved development and changes within the IFD.		5.0 Improving outcomes for Children in Care Developing and retaining sufficient placements, Foster Care training, and timeliness of access to mental health support for vulnerable children/young people.

Recommendations from Ofsted following the Inspection in 2018 along with accumulated areas for improvement from subsequent monitoring visits are shown at the beginning of each of the Areas for Development.

1.0 Improving management oversight and quality assurance - Strengthening management grip at all levels and ensuring a stable, skilled workforce for the future

Ofsted Recommendations covered in this development area

R6c	Improve the oversight and monitoring of allegations against professionals working with children
R10	Supervision of social care staff, which provides direction, to be regular and reflective.

Date Ofsted identified Areas for Improvement	Areas for Improvement (Afl)
September 2018 February 2020	Review and improve the provision and availability of local children's mental health support, including therapeutic provision for children in care to support their emotional wellbeing. The Afl in relation to children in care needs to be expanded to cover all health and wellbeing needs.
September 2018 March 2019 June 2019 October 2019 February 2020	Establish a stable staffing structure reducing caseloads; the reliance on agency staff by increasing permanent staff which builds capacity to improve continuity of social worker and timely progression of plans and builds trusted relationship between the social worker and children.
September 2018 June 2019 October 2019 February 2020	Supervision policy and practice with social workers must ensure it: - is consistent, reflective and regular - drives the progress of children's plans to achieve good outcomes - remedy weaknesses in the quality of social work practice
June 2019 October 2019	Quality assurance practice including audit require improvement to support individual workers, improve learning across the workforce and senior managers with assurance on specific practice. Specific areas include: - develop the skill base of auditors - Auditors' understanding of what Good looks like and identification of weak practice must be consistent - Audits must be conducted with Social Worker to understand the child's progress and experiences - Themed audits and practice evaluations focused on child experience as well as compliance
September 2018	Review and improve consultation processes and outcomes of consultation with the children in care council.
February 2020	Increase and widen participation of children and young people on the Children in Care Council to represent the views and wishes of children looked after and improve the response to their needs and aspirations

Action No.	What we are doing	How we do it Project or Service / Partner action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
1.1	Develop a Child and Young Person Participation approach, strategy and plan to ensure the voice of the child is represented and acted upon through Early Help and CSC	Service action	Amandip Johal	Amandip Johal	Review of National Youth Advocacy Service (NYAS) contract arrangements in relation to Independent Visitors (once developed, this will form part of the overarching strategy)	Complete	Update 20 July 2020 • Report to the Corporate Parenting Panel 20/01/20 regarding NYAS services with an action plan to improve Child Participation across the service.	

Action No.	What we are doing	How we do it Project or Service / Partner action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
	practice, Increasing the extent to which children and young people contribute to their assessments, plans and to wider service delivery.						<ul style="list-style-type: none"> 10 places have been agreed and have been costed and sorted – contract variation has been updated to reflect changes 	
		Service action	Amandip Johal	Deepti Kalam-Hunter Richard Fawcett	Review of Viewpoint and exploration of MOMO to gather the views of children known to Children's Services (once developed, this will form part of the overarching strategy)	30/06/20	Update 23 September 2020 <ul style="list-style-type: none"> MOMO project is in the process of being timetabled. Consultation is taking place with ICT commissioners. 	
		Service action	Amandip Johal	Amandip Johal Rachel Curtis	Review the CYP complaints procedure to improve the response to children and young people	Revised 30/11/20	Update 23 September 2020 <ul style="list-style-type: none"> Discussions in place regarding collating and capturing learning at a central point to improve practice. Will also be taken to the new thematic group for participation and voice of children and young people. 	
		Service action	Amandip Johal & Richard Fawcett	Helen Cliffe	<ul style="list-style-type: none"> Robust review and restructure of Children in Care Council Development of a Leaving Care Council. Establishment of a Participation and Voice Work stream chaired by a HOS and including representation from children and young people and from across the services (Inc. EH) Fully revised Children in Care Strategy fully reflects our aims and aspirations in respect of participation and ensuring that children and young people have a voice in their care planning and also service delivery Development of a Participation Strategy to supplement the Children in Care Strategy 	15/09/20	Update 21 September 2020 <ul style="list-style-type: none"> A cross-organisational Work Stream is now in place with representation from all services at different levels. TORs are in place and the first meeting will take place later this month. This group will support the development of a children's participation strategy or action plan for children's social care. 	
1.2	Review current commissioning arrangements & contracting practice Detailed review of contracts and contract arrangements for	Project	Irfan Alam	Frank McGhee	Detailed understanding of contracts and contract reviews that includes, but not limited to: <ul style="list-style-type: none"> Contractor details Aim, objectives and outcome expectations 	TBD	Update 17 September 2020 <ul style="list-style-type: none"> This work has started with a new Programme Lead appointed and started on 5th Sept Programme lead has commenced the review of the Commissioning 	

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	services supporting CSC. To enable Strategic Directors and other Directors to make effective and appropriate decisions on current and future arrangements.				<ul style="list-style-type: none"> – Performance against contract and risks – Source of funding and risks – Controls and reporting arrangements 		framework and current arrangements <ul style="list-style-type: none"> • Full scope of the work will be detailed in the coming weeks with agreed deliverables and timescales 	
				Programme Lead to be identified	Detailed understanding of commissioning resources; practice and procedures currently used within Children’s Services.	TBD		
				Programme Lead to be identified	Appraisal of current arrangements and resources against a recognised good practice model for effective assessment of needs; planning and review of contracts.	TBD		
				Programme Lead to be identified	Recommendations and actions to address any immediate concerns and to develop and maintain good contracting practice in the future; but also support the services to respond to service user needs in an agile and timely manner.	TBD		
1.3	Improving the quality of health services for children in care (CIC) by achieving compliance with statutory timescales for health services in respect of Initial Health Assessments, Review Health Assessments and Adoption Medicals	Partner action	Ruth Shaw (CCG)	Ruth Shaw (CCG)	<ul style="list-style-type: none"> • Baseline review of health support for CIC • Identification of key stakeholders across health and social care • Establishment of project steering group • Completion of baseline review of health support for CLA • Development of Key Recommendations • Development and delivery of an action plan 	TBD as we develop COVID recovery plans	Update 10 September 2020 <ul style="list-style-type: none"> • Progress on delivery of key recommendations and the finalisation of trajectories for achieving statutory compliance is dependent on the finalisation and approval of the business case – see below. • We continue to seek completed consent forms for all children from CSC in a timely way. • Innovative approaches to undertaking IHAs were introduced where face to face reviews were not possible due to COVID-19. • IHAs and adoption medicals are now in the COVID recovery phase with clinics being reinstated (albeit in different settings). Triaging of 	

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							already completed virtual IHAs and new referrals will allow decisions to be made as to which children need a face to face appointment and which cases can be finalised virtually.	
		Partner action	Ruth Shaw (CCG)	Ruth Shaw (CCG)	<ul style="list-style-type: none"> Development of business case to address gaps in service provision arising as a result of increased numbers of children entering care 	31/03/20	Update 10 September 2020 <ul style="list-style-type: none"> Further discussion is underway to finalise the financial elements of the business case District wide discussions have been on-going to finalise our requirements in respect of the Named and Designated doctor roles across Bradford district and Craven. 	
		Partner action	Dawn Lee	Dawn Lee	<ul style="list-style-type: none"> Development of a CLA performance dashboard 	Revised September 2020	Update 10 September 2020 <ul style="list-style-type: none"> The development and refinement of the CLA performance dashboard continues with support from the CCG to ensure the dashboard complements and supports the health SEND data dashboard. 	
1.4	Implementation of the recommendations of the system wide review of children and young people's mental health in Bradford and Craven	Partner action	David Sims	Sasha Bhat, Kelly Barker, Irfan Alam	Governance and programme structures established to facilitate system wide approach to CYP Mental Health as a priority programme for the Health and Care Partnership Board	Complete	Update 8 September 2020 <ul style="list-style-type: none"> Completed an independent review of CYP Mental health. Revised leadership and governance 	
					Development and agreement of system wide implementation plan, assigned leads and agreement of timescales	Complete	Update 8 September 2020 <ul style="list-style-type: none"> Recommendations reviewed by System Board and Mental health partnership board. Programme charter established Implementation plan underway All stakeholders engaged 	
	Develop new pathway for CYP mental health services, incorporating single referral form and triage via multi-disciplinary team	Partner action	Sasha Bhat, Kelly Barker, Irfan Alam	Alex Church, Krystal Hemingway	Agreement of a new pathway for CYP mental health services	Revised 31/10/20	Update 8 September 2020 <ul style="list-style-type: none"> New pathway developed and approved by CYP MH Leadership team Resources agreed for MDT 	

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				Helen Ioannou			<ul style="list-style-type: none"> In process of implementation, policies and governance being drawn up and integration with the One Front Door Revised completion date to allow for policy and governance approval before implementation. 	
					Agreement and pilot of the common referral form	Revised 31/10/20	Update 8 September 2020 <ul style="list-style-type: none"> Single referral form has been drafted and tested out. Aim to integrate with other referral forms and make digital Revised timescale to allow for modelling/testing. 	
					Production and dissemination of a one page pathway diagram that is accessible to CYP, parents, carers and professionals, and includes descriptions of all services supporting CYP mental health	31/08/20	Update 8 September 2020 <ul style="list-style-type: none"> Pathway diagram developed and aim to share with stakeholders on implementation Modelling sessions booked in with staff. 	
					Launch new pathway, training and service manual to support implementation of the new pathway	31/10/20	Update 8 September 2020 As above, still on track for completion in October.	
	Implement a programme of rapid service improvement within Specialist CAMHS	Partner action	Kelly Barker	Krystal Hemingway	An offer provided to CYP and parents/carers on specialist CAMHS waiting list	30/04/20	Update 8 September 2020 Waiting list initiative offer of counselling, online or befriending support now being offered	
Reduction of referral to assessment time, and assessment to treatment time within specialist CAMHS CYP services					01/01/21	Update 8 September 2020 Improvement process in place for contacting referrals and booking in assessments within 15 days		
Rapid improvement programme to include, but not limited to leadership, care plans, risk assessments, transitions and discharge					01/01/21	Update 8 September 2020 Service improvement plan in place and routinely monitored – some delays due to Covid but aim to restart mid- September		
Promotion of awareness of services and integrated working between Specialist CAMHS and VCS					31/08/20	Update 8 September 2020 Joint learning sessions planned for the CAMHS and VCS workforce to take place during October.		

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	Embed opportunities for engagement and co-production across the programme for children and young people, parents and carers	Partner action	Sasha Bhat	Alex Church Isla Skinner Victoria Simmons	Recruitment of CYP mental health apprentices to lead on co-production and engagement	Complete	Update 8 September 2020 • 6 apprentices recruited and studying towards a youth work qualification at Shipley College • Links made with participation leads at the CCG and partner orgs.	
	Ensure there are a range of options for parental support for those supporting children and young people	Partner action	Sasha Bhat	Lisa Stead Claire Cooper-Jones	E-learning offer for parents around building resilience and supporting their child or young person, to be promoted by MH Champions, School Nurses and available to those on waiting lists for CYP MH Services	Complete	Update 14 July 2020 Completed • Package of e-learning developed	
					Offering a parent support group on a rolling basis	Ongoing	Update 8 September 2020 • Referral to a parental support group is part of Bradford's offer via Mental Health School Champions • Education Psychology Service offer information sessions for parents in schools	
	Establish clear communication channels and engagement with schools	Partner action	Sasha Bhat	Lucy Clews	All schools have clear communication and awareness of the new pathway, referral process and parental support offer	Complete	Update 8 September 2020 • Partnership work with education and regular updates provided to schools • School packs created for teachers	
	Awareness raising and promotion of CYP mental wellbeing	Partner action	Sasha Bhat	Lucy Clews	Delivery of a positive campaign to support the promotion of CYP mental wellbeing, including promotional materials for CYP, parents and carers	Ongoing To be reviewed December 2020	Update 8 September 2020 • Programme of promotion and awareness raising took place throughout Mental Health awareness week. • CYP signposting resources which has been disseminated to schools and other agencies	
					Production of a series of short films to introduce services, the Healthy Minds tools, Thrive model and directory	31/10/20	Update 8 September 2020 • NHSE resource secured • Working group established	
					Creation of a comprehensive online resource for CYP mental health with resources for CYP, parents, teachers, health and care professionals and the general public	31/10/20	Update 8 September 2020 • Work to begin to consolidate existing 3 websites underway	

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	Establish Mental Health Support Teams (MHSTs) to help meet the mental health needs of children and young people in educational settings, teams will deliver evidence based interventions for CYP with mild to moderate mental health problems	Partner action	Sasha Bhat	Alex Church Lisa Stead	<p>Establishment of four teams in the following localities:</p> <ul style="list-style-type: none"> - Craven - Bolton & Undercliffe and Manningham Area - Queensbury/Royds and Wyke - Keighley <p><i>The MHSTs will support schools to develop a whole school approach to MH and provide timely advice to staff. They will provide support for CYP around the following areas:</i></p> <ul style="list-style-type: none"> – <i>Transition (year 6 – year 7 and post 16)</i> – <i>School age CYP not in an education setting/frequently suspended/in isolation at school</i> – <i>CYP experiencing crisis and/or self harm</i> 	31/01/21	<p>Update 8 September 2020</p> <ul style="list-style-type: none"> • Two teams have been established: one team based in Craven and one team based in Bolton and Undercliffe and Manningham. • Teams have been recruited to and are undergoing training at the University of Sheffield. Teams will be fully operational January 21 • Teams are currently working to build strong relationships with participating schools and are developing resources for schools as well as delivering training • The MHST has set up a parent/guardian peer support group • The team are exploring ways to co-produce their offer with CYP, parents/carers and schools • Secured funding to establish further two teams. 	
	Establish multidisciplinary teams to reduce inequalities experienced by CYP living in the central Bradford City area	Partner action	Sasha Bhat	Alex Church Helen Ioannou	<ul style="list-style-type: none"> • Establishment of a 0-2 service offer that is a truly preventative offer for parents and babies from conception to age two. • Establishment of a Specialist Early Attachment and Development Service supporting families with children between the ages of 2 – 6 • Provision of accessible community based interventions for CYP experiencing higher inequalities. The team will work to build in community based support and provide access to sports, art activities and group sessions • Set up of a CYP MH Reducing Inequalities in City Steering Group to oversee operations 	31/01/21	<p>Update 8 September 2020</p> <ul style="list-style-type: none"> • All posts have been recruited to • The Steering Group meet regularly and are supporting the development of a coherent CYP MH pathway • Strategic leads are building relationships across schools and agencies • Reporting in place • Coproduction of services with CYP and promotion underway for referrals • Event in October to launch 	

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					<ul style="list-style-type: none"> • Raised profile of existing services and pathways across the district • Community link workers will carry out home visits and establish relationships with Children Care Home facilities in Bradford. • Community link workers will build relationships with NEET CYP as well as CYP in the youth justice system in Bradford. 			
1.5	Ensure our services and workforce have clear understanding of the needs of children and young people who are vulnerable	Partner Action	Sasha Bhat	Mandy Helm Duncan Cooper Joanne Tooby	<ul style="list-style-type: none"> • Joint Mental Health Needs Assessment for Children and Young People updated and shared, so there is a district wide understanding of the barriers and factors that can make children, young people and families more vulnerable and at risk. • Proposed initiatives aligned with the priorities in the updated joint strategic assessment for Bradford and Craven and feed into the development of the needs assessment • Engagement with social work teams to ensure vulnerable groups are able to access support 	Revised December 2020	Update 8 September 2020 <ul style="list-style-type: none"> • Needs assessment completed August 2020 • Proposed initiatives being worked up currently with new commissioning arrangements being put in place by public health and due to complete commissioning by Dec 2020. • This include increasing access range of digital counselling support and support for children from BAME communities and vulnerable circumstances. 	
		Partner Action	Sasha Bhat	Mandy Helm	<ul style="list-style-type: none"> • All services developed from a trauma informed approach to address adverse childhood experiences and an understanding of the approaches that build protective factors and address barriers. • Scoping of how services can be brought together onto a single framework despite different client groups. 	30/11/20	Update 8 September 2020 <ul style="list-style-type: none"> • Training scoped out • Working with Public health and Better Start Bradford • Work on framework yet to commence 	
1.6	Ensure vulnerable children, young people and their families receive the multiagency	Partner Action	Ruth Shaw	Kelly Barker Irfan Alam	<ul style="list-style-type: none"> • Completion of a service and gap analysis of the specialist looked after and adopted children service and an 	Revised 31/12/20	Update 8 September 2020 <ul style="list-style-type: none"> • Service gap analysis completed • Independent evaluation completed • Work to sustain the BPP model 	

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	support and services they need				<ul style="list-style-type: none"> established clear framework of support. Identification of service capacity Reflection on the outcomes of the Department of Education and Anna Freud led project in North Yorkshire around MH and emotional wellbeing assessments that looked after children receive when they enter care. 		<ul style="list-style-type: none"> Modelling work to look at capacity as number of children in care increasing. 	
		Partner Action	Sasha Bhat	Sharing Voices	<ul style="list-style-type: none"> Development of a family and trauma-based support approach for Refugee and asylum-seeking children and children and young people at risk of sexual exploitation and abuse 	Ongoing	Update 8 September 2020 <ul style="list-style-type: none"> Working with Sharing Voices and schools to understand the need Survey and engagement commenced in August Service recruitment to 2 posts underway Training and events to take place during October 	
		Partner Action	Ali Jan Haider	Kelly Barker Ruth Shaw	<ul style="list-style-type: none"> Pathways for children and young people on the autistic spectrum Establishment of a coordinated approach in relation to multi-agency responses to autism referrals 	30/09/20	Update 23 July 2020	
1.7	Improve the care and support for children and young people who are most excluded from society.	Partner Action	Sasha Bhat	Helen Ioannou	<ul style="list-style-type: none"> Children and young people of Craven have access to support and services that help to reduce isolation. Extension of the offer of Youth in Mind support in Craven School staff will be supported through training and advice to recognise and respond to pupils with difficulties (advice/get help) 	Complete	Update 8 September 2020 <ul style="list-style-type: none"> Craven aspect completed Implementation of MHST Opportunity area work to expand training to schools and review of the Mental Health Champions work to extend to all schools Mental health first aid in schools 	
		Partner Action	Sasha Bhat	Joanne Tooby	<ul style="list-style-type: none"> BME engagement and development of access to services for South Asian, East Asian and Black young women, Pakistani and Black and African young men 	Ongoing	Update 8 September 2020 <ul style="list-style-type: none"> Specific work with Solace, Sharing Voices, MESMAC, Inspired Neighbourhoods and Roshni Ghar to role this out. Taking place in October 	

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					<ul style="list-style-type: none"> Continuation of mental health promotion in schools and communities. Mental Health Training to Imam & Madrassa Teachers Community events promoting CYP IAPT services Delivery of cultural awareness / equality & diversity training to key VCS & statutory services working with CYP Develop & deliver effective anti-stigma programmes in schools & communities 			
		Partner Action	Lisa Brett	Sasha Bhat	<ul style="list-style-type: none"> Multi-agency response to working with the youth justice system and mental health liaison and diversion. Established links with the Liaison and Diversion group Partnership work with Youth Justice to provide additional speech and language therapy and psychological support in Craven. 	Ongoing	Update 8 September 2020 <ul style="list-style-type: none"> Work established with the Liaison and Diversion group and MIND in Bradford. Service part of suicide prevention work 	
1.8	Improve the functionality and use of case management systems to support effective practice (LCS and EHM)	Project SWP03	Irfan Alam	Stu Barratt	<p>Completion of End 2 End review of IT Services, including development of 10 project programme covering:</p> <ol style="list-style-type: none"> Improving IT Governance across Children's Services Improving Social Care Practice within LCS Liquid Logic and Early Help Module Hosting Implementation of Children's Portal for Front Door Development of Auditing Database / Supervision Databases Smarter Working for Social Care services Foster Care Payments (Controcc) 	30/04/20	Project Concluded Update 17 July 2020 <ul style="list-style-type: none"> The end 2 end review was completed and signed off by Children's Services and Corporate Services in April 2020. The review has found a number of recommendations which have been accepted. These have been addressed in the development of the Capital Business Case. The review has recommended 10 projects to improve the quality of social care practice and business management systems. These are to be delivered through the new 	

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					8. Enterprise Application Data Improvement (SAP finance, SAP HR) 9. Early Help, Lead Practitioners and Outcome Star development 10. Unsupported Application Consolidation		ICT Programme for Children's Social Care.	
			Irfan Alam	Stu Barratt	Business Case and for capital development of systems, to consider: <ul style="list-style-type: none"> • Creation of Resource Plan • Forward plan of UAT processes and configurations and roll out of protocols for new systems developments • OD Training and roll out plan 	29/05/20	Project Concluded Update 17 July 2020 <ul style="list-style-type: none"> • A Business Case was completed that outlines the Programme of works that are to be undertaken over a 2-year period. • A Programme Manager has been recruited working in ICT to manage the Programme. The Programme Manager is undertaking scoping sessions with subject matter experts across the organisation to further develop each of the projects. Further resourcing proposals are being reviewed against each of the constituent projects in the new proposed programme which will take forward the recommendations. • A model to deliver User Acceptance Testing has been developed for use in the Programme moving forward. 	
1.9	New Programme – Phase 2 Improve the functionality and use of case and business management systems to support effective practice	ICT Programme	Dominic Barnes-Browne	Vicky Smith	Development of ICT Programme 2020-2022 <ul style="list-style-type: none"> • Completion of Programme Business Case • Scoping of Programme Projects. • Approval of Programme Plan covering 2-year period. • Approval of Programme Benefits tracker created and approved. 	31/07/20 Projects to have individual deadlines	September 2020 Business Case, Programme Brief, Programme Governance have been approved by the Programme Board Meeting to scope the System Team roles and the requirements for the Service, this also links with Project 1 – Strengthening Childrens Governance	
	10 Projects identified in this programme each with their own							

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	project plan and risk management arrangements. These will be detailed within the improvement plan on completion of scoping the individual projects.				<ul style="list-style-type: none"> Approval of Project and Programme Documentation Suite. Development of UAT and Build Processes. Development of Project PID documents and associated project documents. Development of Resource Plan Recruit appropriate resourcing to roles 		<p>All Project Boards meetings have been organised on a 3 weekly basis until March 2022.</p> <p>Project Initiation Documents drafted for Improving Social Work Practice within LCS Unsupported Applications, Supervision and Auditing Database & Front Door</p> <p>Project 2 – 11 new forms have gone live</p> <p>Project 4 – Access for 3rd Parties to CBDMC discussed and a decision to be made on the way forward.</p> <p>Project 6 – Met with Amandip to undertake initial workflow of the Supervision and Audit databases</p>	
1.10	Development of sustainable Financial model for Children's Social Care; delivering an effective use of resources to support a needs led Children's Social Care service.	Service action	Chris Chapman	Andrew Cross	<ul style="list-style-type: none"> Review of Children's Social Care Budgets Financial Benchmarking of Children's Budgets Medium Term Financial Planning (MTFP) 	30/09/20	<p>Update 21 September 2020</p> <ul style="list-style-type: none"> A review of Children's Social Care finance is completed to support statutory services in Children's Social Care. Additional funding identified in MTFP report to September Executive, scale of funding dependent upon overall Council financial position 	
1.11	Improve the oversight and monitoring of allegations against professionals working with children and young people.	Service action	Amandip Johal	Amandip Johal / Stu Barratt	Implementation of the LADO module in LCS to record and track all allegations against professionals working with children and young people.	17/07/20	<p>Update 23 September 2020</p> <ul style="list-style-type: none"> Power Bi report is now available and provides data that is being collated. Further review of this will be required as we continue to use database to ensure that we are collecting data that is helping us to understand the service. A pathway has been created that requires staff to publish work trays 	

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							which will protect the confidentiality of the LCS module on LCS; it is anticipated that this will go live on 12 October 2020.	
			Amandip Johal	Amandip Johal / Helen Cliffe	Development of a 'managing allegations development' group to be chaired by HoS to support consistency regarding roles and responsibilities to support effective decision making.	31/08/20	Update 23 September 2020 • Leeds City Council LADO meeting arranged in December for QA HoS to observe their meeting	
			Amandip Johal	Amandip Johal / Helen Cliffe	Development of a LADO specific audit tool to enable quality conversations about the decision making to be used in supervision and in managing allegations development group.	31/08/20	Update 23 September 2020 Linked to above	
1.12	Workforce Development Strategy for Social Care and Social Care Leaders – setting out medium and longer term strategy and practice arrangements following project work (SWP01, LM01)	STRAT 01	Michael Nugent	Michael Nugent	A six-stage process for writing the Workforce Development Strategy.	Completed 20/02/20	Update 15 May 2020 • Stages 1-4 were completed and reported, following a review of internal (i.e. Bradford's own) documentation, of published material on workforce policies and models, and research on the application of workforce development principles in social care settings. • Stages four and five concern the review of the workforce strategy after its introduction and the process through which the review might alter objectives and priorities. These will be agreed in the course of drawing together the final strategy document.	
					Evidence-led proposals for a relationship-based social care model researched	Completed 03/04/20	Update 15 May 2020 • Revised and completed and incorporated into the draft practice model	
					Evidence-led proposals for trauma-informed social care practice researched	15/04/20	Update 15 May 2020 • Developed and completed and incorporated into the draft practice model	

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					Publication of the Workforce Development Strategy	30/09/20	Update 17 September 2020 <ul style="list-style-type: none"> Draft Workforce Development Strategy and Action Plan submitted to HR for agreement. On agenda for Children's Services DMT for sign off 30^h September 2020. Publish Oct 2020 although slight delay the publication of the strategy will not impede the progress 	
1.13	Workforce Recruitment, Retention and Capability	LM01	Caroline Brain	Stu Barratt	Staff Baseline Report providing overview of current staffing and teams.	31/03/20	Update 15 May 2020 <ul style="list-style-type: none"> Complete – informing business case for CSC staffing model and structure 	
			Anne Lloyd	Caroline Brain	A remuneration package for social workers in Bradford to attract social workers to the district	31/07/20	Update 9 September 2020 <ul style="list-style-type: none"> Amendments made to business case in advance of being submitted to the Internal Improvement Board for approval. 	
			Caroline Brain	Amandip Johal Sue Bell Shahnaz Fahria	Core Mandatory Staff Training Programme for front line Social Care Practitioners and managers	Revised 30/11/2020	Update 9 September 2020 <ul style="list-style-type: none"> Business case approved for additional resource. Job profiles for L&D service, developed and submitted for evaluation 17 July 2020, still waiting outcome Two agency staff have been appointed to start designing ELearning modules with priority being given to Early Help. 	
			Caroline Brain	Traci Taylor Gill Ward Service Managers Team Managers Heads of Service	Recruitment & Marketing Campaign Sub milestones: <ul style="list-style-type: none"> Business case for Bradford's Offer Centralised and coordinated recruitment process New Job Profiles Marketing materials for recruitment 	30/09/20	Update 9 September 2020 <ul style="list-style-type: none"> Business Case on Bradford's Offer has been adapted and will be part of the remuneration business case. Reviewed recruitment process and developed a centralised and co-ordinated approach that has resulted in a timely response to 	

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				Steve Hemming	<ul style="list-style-type: none"> - Social media campaign <p>This is at risk due to delay in job grading and confirmation on Bradford's Offer. Campaign will now have to be in phases where we target specific groups. Recruitment & Retention Strategy has been submitted to DMT for sign off and resource which includes delivery timelines</p>		<p>the recruitment and appointment of new staff which to date include:</p> <ul style="list-style-type: none"> ▪ 3 Service Managers ▪ 11 Team Managers ▪ 29 Practice Supervisors ▪ 8 Level 3 Social Workers ▪ 31 ASYEs ▪ 15 Temp CRWs ▪ 38 Perm CRWs <ul style="list-style-type: none"> • Total 135 recruited from 299 potential applications. • New job profiles have been completed and submitted to HR for re-grading. Breakdown of job profiles are available if requested. • New marketing materials are in the process of being developed and will be ready by end of September to launch campaign. • Sub group has been established to plan and implement recruitment campaign. • In the process of commissioning service to assist with the recruitment campaign and targeting specific cohorts of staff via social media. • Requirement to review the existing recruitment portal to make better use of the system and reduce the reliance on paper work Discussions have commenced with provider to identify system and service requirements. This action will be moved to new project. 	
			Caroline Brain	Amandip Johal Traci Taylor Gill Ward	Recruitment & Induction Toolkit for all new staff	30/09/20	<p>Update 9 September 2020</p> <ul style="list-style-type: none"> • New Induction Pack for applicants completed 	

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							<ul style="list-style-type: none"> New Recruitment Pack for managers complete in paper format. This will transfer onto the recruitment portal when system has been up-dated. Recruitment process completed which outlines each stage of the recruitment process for managers and expected timelines. 	
			Caroline Brain	Staff Task & Finish Group Shahnaz Fahria Phil Hayden	Demand and Cost Appraisal for new Social Care Support System	30/09/20	Update 9 September 2020 <ul style="list-style-type: none"> Full appraisal of staff requirements has been undertaken. A copy of the Demand & Cost Appraisal has been submitted to Internal Improvement Board and will be discussed with DMT on 16th September 2020 	
			Caroline Brain	Sue Bell	CPD Progression Pathway	30/09/20 revised 03/12/2020	Update 9 September 2020 <ul style="list-style-type: none"> Delay in this action due to lack of capacity within the Learning & Development Service. Additional resource has been allocated, waiting for the new job profiles to be evaluated by HR – submitted 27th July 2020. 	
			Caroline Brain	Amandip Johal	Development of a clear Learning and Development Framework for CSC	26/06/20 revised 30/12/20	Update 9 September 2020 <ul style="list-style-type: none"> Draft L&D framework has been circulated to HoS, closing date for comment 21 September 2020. 	
		Service action	Anne Lloyd	Claire Threpleton	Building the capacity and capability of the HR infrastructure to support effective delivery of the WFD strategy	31/07/20	Update 14 September 2020 <ul style="list-style-type: none"> Additional resource has been allocated to build capacity and alignment between CSC and HR. 	
		Service action	Anne Lloyd	Claire Threpleton	Consistent resource to manage agency recruitment and reduction of reliance of agency workers over time as permanent staff are recruited in line with WFD strategy	Complete	Update 14 September 2020 <ul style="list-style-type: none"> Dedicated resource has been allocated to oversee the management of Agency Resources, to identify opportunities to convert agency to permanent staffing which is on-going as part 	

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							of a dedicated programme of transition of agency to permanent staffing.	
1.14	Ensure that supervision takes place in-line with procedure, is of sufficient and consistent quality and helps us to address our main practice and performance issues	Service action	Richard Fawcett	Richard Fawcett	New supervision policy launched to staff that includes procedure, standards and guidance	Complete	Update 21 September 2020 <ul style="list-style-type: none"> A new Supervision Policy was developed in consultation with service areas. It includes procedure, standards and guidance. The new policy was launched to staff on 15th September. 	
			Richard Fawcett	Richard Fawcett	Implementation of a new LCS Form for case supervision.	30/09/20	Update 21 September 2020 <ul style="list-style-type: none"> A new LCS form was designed and tested in consultation with service areas and went "live" in LCS on 15th September. The form will need to be reviewed based on feedback from users. The form is designed to make the recording of case supervision a more efficient process for managers and to also support the tracking of actions and progress. Voice of the child is now more explicit as is the need for reflection. 	
			Richard Fawcett	Richard Fawcett	Implementation of a new template for the consistent recording of professional / personal supervision	Complete	Update 21 September 2020 <ul style="list-style-type: none"> A new standardised form to enable managers to record personal supervision was launched to staff on 15th September. 	
			Amandip Johal	Vicky Smith	Creation of a supervision database: <ul style="list-style-type: none"> – as a central point to enable all personal / professional supervision to be collated and linked with relevant information relating to performance, audits etc. – to support the identification of development needs for individuals and for the service 	31/10/20	Update 15 June 2020 <p>This has now been approved as part of the E2E review of systems and a developer will now be identified. As one of the 10 Projects led by Corporate ICT Programme Lead</p>	

Action No.	What we are doing	How we do it Project or Service / Partner action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
					– to assist managers to manage performance more effectively.			
1.15	Develop and embed an audit culture that is integral to improve practice whilst supporting learning and development to deliver safe outcomes to children and young people.	Service action	Amandip Johal	Vicky Smith	<ul style="list-style-type: none"> Development and launch of an electronic audit database that will provide audit data linked to a worker. Production of reports on audit activity to provide an understanding of performance regarding the key elements of practice to evidence compliance and quality. 	01/11/20	<p>September 2020 The database has been approved as part of the End to End review and is listed within the Programme as Project 6.</p> <p>Project Board met on the 15th September 2020</p> <p>Process flow and further scoping has been undertaken with Amandip Johal</p> <p>Drafted Project Initiation Document for review by the Project Board</p> <p>An initial scoping meeting has been undertaken for Project 6 – Audit and Supervision Database with key stakeholders, initial issues and risks have been highlighted.</p> <p>External Meeting held with CAFCASS to review the developments which they have progressed with</p>	
			Amandip Johal	Amandip Johal	<ul style="list-style-type: none"> All audit functions centralised across Children’s Services for Social Work, Fostering, YOT and Early Help. Development of QA frameworks to ensure golden thread regarding what good looks like and language. 	31/08/20	<p>Update 21 September 2020</p> <ul style="list-style-type: none"> The specification for the expanded QA Service has been written and shared with Trade Unions for consultation. Job profiles have been created and completed the grading process. There is currently an ongoing appeal. 	
			Amandip Johal	Cathy Appleby	Development of a process to report on whether identified actions from audits have been evidenced in the child’s file and completed to improve practice.	Completed	<p>Update 23 September 2020 This has been completed and a summary has been provided in the most recent report. This will be</p>	

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							reviewed monthly as part of the moderation process and reported within the monthly reports.	
			Amandip Johal	Amandip Johal and Cathy Appleby	<ul style="list-style-type: none"> Development of a shared understanding of what good looks like through training with auditors, moderations and feedback on quality of audits. Improvement of culture of completing audits with Social Workers. 	01/09/20	Update 23 September 2020 <ul style="list-style-type: none"> Coaching through one to one discussions with managers has had a positive impact as reported in the recent audit report; this will continue to support auditors to develop confidence and consistency. The audit form has also been revised to support quality of auditing. Focus remains on improving engagement of the social worker; this is an area that will remain on the agenda. 	
			Amandip Johal	Amandip Johal and Cathy Appleby	Development of a forum for sharing the learning from audits so that this is shared with the relevant workforce to reflect on learning and practice improvement. It will also inform training that is needed to improve services.	01/09/20	Update 23 September 2020 Agreed that QA summary to be provided for team meeting agendas. To look at this starting in October 2020.	
1.16	Further develop the collection and use of data and intelligence through a Performance and Quality of Services Framework to ensure the Directorate drives improvement and the wider Council and Partnership has a full understanding of Early Help and social care performance across the continuum of need. Core elements: <ul style="list-style-type: none"> Data and data quality 	Project	Phil Hayden	Phil Witcherley (Data) Anne Lloyd (HR) Amandip Johal (Audit) Chris Chapman (Finance) Miniza Hussain/Sue Bell (SEF's)	Performance and Quality of Services Framework developed to establish the rhythm and reporting of practice in relation to: Performance through data; quality of data; Quality of Practice; HR Measures and Financial management and control Embedding an effective use of HoS self-evaluation of services to drive individual services improvement (Will be incorporated within Performance and Quality of Services Framework)	30/08/20 Phase 1 30/09/20 Phase 2 30/10/20 Phase 3 30/11/20	Update 17 September 2020 <ul style="list-style-type: none"> This work has progressed and final draft is completed. Action plan to embed the framework is to be completed by end of Oct 2020 in consultation with with Corporate Services 	
							Update 17 September 2020 <ul style="list-style-type: none"> Phase one of SEFs launched and being used for the 4 x localities and Integrated Front Door) Performance clinics, which are part of the Performance Framework arrangements commence in Sept which will support SEF and focus 	

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	<ul style="list-style-type: none"> Quality assurance Workforce intelligence Financial management and control 						on local areas of improvement. This starts with the 4 locality services <ul style="list-style-type: none"> Phase two SEFs in development 	
					Suite of 4 performance scorecards to measure progress of improvement across the continuum of needs (Will be incorporated within Performance and Quality of Services Framework)	30/08/20	Update 17 September 2020 <ul style="list-style-type: none"> Drafted and incorporated in the Performance Framework 	
					Suite of regular reports including annual reports for key aspects of practice for example Fostering; Complaints (Will be incorporated within in Performance and Quality of Services Framework)	30/09/20	Update 17 September 2020 <ul style="list-style-type: none"> Suite of reports identified and included in the Performance and Quality of Services Framework for consultation 	

2.0 Prevention and Early Help Improve arrangements for the earlier identification, assessment and response to children and young people with additional / multiple needs through a partnership response before the need for CSC

Ofsted Recommendations covered in this development area

No specific recommendations

Date Ofsted identified Areas for Improvement	Areas for Improvement
September 2018	Improve the response through Early Help including allocation and timescales

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
2.1	Improve the integration of 0 to 19 services (Health and Social Care) developing a locality based offer to children, young people and families. Phase 1 - Integrated Early Childhood Services 0 to 5 years. (Potential blueprint for all ages and stages)	Project PEH06	Adam Gowland	Phil Hayden	A clear service specification with outcomes and key measures for BDCT that apportion resources to need for children 0 to 5 years and 0 to 19 years for Acute needs (Safeguarding) managing demand and response to those children and young people most in need. Context of working being a key partner in the delivery of Integrated child and young people services	Complete	Update 15 May 2020 • Completed	Green
			Adam Gowland	Duncan Cooper/ Sasha Bat / Ruth Shaw/ Shahidur Rahman	Full assessment and report of current services in Bradford and the current capacity and future capacity required to deliver the Early Childhood Services Outcomes Offer for under 5s.	Revised 15/11/2020	Update 17 September 2020 • Progress on this has increased in the last month with work on a joint contracts register completed against an outline core offer for Early Childhood Service • Further work required now on a deeper dive into the outcomes and detail of those contracts • Dedicated resource through secondees will progress this work – commencing 6 th Oct	Yellow
			Adam Gowland	Josie Dickerson	Detailed need and demand appraisal to inform current and future operating model for Early Childhood Services	Revised 30/09/20	Update 17 September 2020 • Progress on this has increased in the last month with work through a dedicated task group and Performance	Yellow

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							<p>support actively working on the appraisal.</p> <ul style="list-style-type: none"> • There has been some delay as the volume of work was greater than first thought and work on gathering information from partner sources needed detailed conversations to understand the source intelligence 	
			Adam Gowland	Phil Hayden	An Outcomes Framework and service (offer) for holistic needs for children under 5 and their parents and clear pathway response for those children who are not expected to achieve the expected outcomes	Revised 31/12/20	<p>Update 17 September 2020</p> <ul style="list-style-type: none"> • Dedicated resource to progress this work through multi-agency secondees commence on 6th Oct 2020 	
			Adam Gowland	tbd	Workforce development plan to support implementation of the new business model proposals	Revised 30/11/20	<p>Update 17 September 2020</p> <ul style="list-style-type: none"> • Dedicated resource to progress this work through multi-agency secondees commence on 6th Oct 2020 	
			Adam Gowland	Michelle Smith/ Dawn Lee	BDCT service offer in line with the agreed service specification requirements ensuring staff are equipped and supported to achieve the agreed quality of practice and outcomes	31/10/20	<p>Update 17 September 2020</p> <ul style="list-style-type: none"> • BDCT have commenced work on apportioning resources to need and are incorporating learning from the Covid response work into their planning • Joint development session between BDCT managers and Children's Services Managers arranged for early Oct 20 to detail and finalise a composite transformation plan with some new innovative working arrangements for children known to CSC to be part of test and trial 	
			Adam Gowland	Adam Gowland with Commissioners in Public Health, CCG and Children's Services	Business Case for a Strategic Partnership Agreement (SPA) to deliver an integrated whole family approach and mixed economy service offer for early childhood and family outcomes. Agreement to include offer and test and trail options for the first 1001 days and 3 to 5 years which is	Revised 18/12/20	<p>Update 17 September 2020</p> <ul style="list-style-type: none"> • Dedicated resource to progress this work through multi-agency secondees commence on 6th Oct 2020 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
					preventative but with clear arrangements when additional needs are identified anywhere on the continuum of need			
			Adam Gowland	tbd	Communications strategy developed to support engagement with practitioners, services and families on the new operating arrangements and offer	Revised 31/01/20	Update 17 September 2020 • Dedicated resource to progress this work through multi-agency secondees commence on 6 th Oct 2020	
			Adam Gowland	tbd	Consistent and sustainable Information, Advice and Guidance for Parents and prospective parents and services to support child outcomes	Revised 30/11/20	Update 17 September 2020 • Dedicated resource to progress this work through multi-agency secondees commence on 6 th Oct 2020	
2.2	Promotion of early help and effective engagement of partners in the role of Lead Practitioner and locality services in Family Hubs	Project PEH02	Chad Thompson	Cath Dew	Communication and engagement plan to promote Early Help and Family Hubs to partners	Complete Review Dec 2020	Update 1 September 2020 • Communication plan completed. The plan will be reviewed in September and responsive to developments in pandemic and co-dependent on key documents being signed off by Governance. • Early Help and Family Hub guide document completed. Document has been submitted to the Marketing and Communications service to be designed and branded.	
			Chad Thompson	Cath Dew	Communication and engagement plan to promote Lead Practitioner Role a. Promote to agencies taking on LP role b. Promote to families Early Help and the role of LP	Complete	Update 1 September 2020 • Supporting documents for LP have been consulted through the BSP task and finish group. There has been excellent engagement with partners and documents have been enhanced through this process. • Suite of products for LP signed off on 5 August SaPP • Family Early Help leaflet is completed and is available to be shared with families.	
			Chad Thompson	Cath Dew	Recruitment and training of Early Help Coordinators	Complete	Update 15 July 2020	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							<ul style="list-style-type: none"> Completed – All staff recruited and inducted. EHC are engaging with partners and all Schools have been assigned an Early Help Coordinator. Communication and introduction of offer has been coordinated through the Designated Safeguarding Leads network and Families First Practice Lead. 	
			Chad Thompson	Lisa Bray	Early Help Assessment Sub Milestones <ul style="list-style-type: none"> Draft a revised form that comprises assessment and planning with partners; Take to SAPP /BSP and P&EH Board to multi-agency agreement 	Complete	Update 1 September 2020 <ul style="list-style-type: none"> Document developed and completed Go live date from 1st September Document presented to BSP Task and Finish group 7th & 14th July 2020 Revised and enhanced in light of multiagency feedback and had final sign off on 5th August at BSP SaPP 	
			Chad Thompson	Clare Mulgan	Lead Practitioners (LPs) practice and operating manual for the role of Lead Practitioner incl. host management oversight.	Complete	Update 1 September 2020 2020 <ul style="list-style-type: none"> Document developed and completed Go live date from 1st September Document presented to BSP Task and Finish group 7th & 14th July 2020 Revised and enhanced in light of multiagency feedback and had final sign off on 5th August at BSP SaPP 	
			Chad Thompson	Lisa Bray	Lead Practitioner Support and Development Framework Sub Milestones <ul style="list-style-type: none"> Training and Dev. Materials outlined and consult with stakeholders Audit Practice through Appreciative inquiry Network & Learning Meetings One to One Support 	Revised to 30/09/20	Update 1 September 2020 <ul style="list-style-type: none"> The draft training and development programme sets out training for external practitioners was presented to BSP Task and Finish group 7th & 14th July. Programme was signed off on 5th August at BSP SaPP. E-learning module – in development (with deadline of end of September) What is EH and how it works and the role of the Lead Practitioner. Amandip Johal to co-design. Assessment and SMART planning Using the EH template, SoS language and the direct work tools for children Engaging families 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							<ul style="list-style-type: none"> • Multi-agency working and evaluation Working together - team around the child process, step up and step down process, Impact and evaluation process • Chad discussed initial outline for Audit Practice and Learning network (AI) with Amandip Johal HoS to ensure QA is joined up across P&EH and CSC and maximise procurement opportunities of L&D providers and products. • Network and Learning meetings will start in September due to Covid 19 causing a delay in face to face engagement. 	
			Chad Thompson	Vicky Smith	Development of EHM system for use by partners including Implementation of Outcome Star	30/09/20	<p>Update 1 September 2020 2020</p> <ul style="list-style-type: none"> • Project Manager appointed to oversee the implementation the E2E review project implementation. • Measurement Impact Task and Finish Group set up to review this. • EHM Implementation Group are feeding in to E2E review. A development plan has been drafted and will be included as part of the new ICT Programme. • Project Scoping session planned with project manager on 20.7.20 • New Governance arrangements to oversee the delivery of programme starting in September • New target date to be set by Project Board. 	
			Chad Thompson	Cath Dew	<p>Early Help Co-ordinator Operating and Practice Model</p> <p>Sub Milestones</p> <ul style="list-style-type: none"> – Set key timescales and operational procedures for the role – Use Data of Scorecard to direct EHCs work priorities – Consult with key agencies to test EHC offer and approach 	Revised to 30/09/20	<p>Update 1 September 2020</p> <ul style="list-style-type: none"> • Operational procedures for the role in draft. Document to be signed off by P&EH HoS • Key agencies have been consulted on EHC offer. • Description of EHC document has been completed and Engagement and Communication Plan includes the promotion of the EHC and LP role. 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
					– Agree promotion of EHC offer across localities / services.		<ul style="list-style-type: none"> There has been a delay or limited engagement to promote the EHC Operating model as a result to Covid-19 but broader engagement of partners to commence over next couple of months. 	
			Chad Thompson	Cath Dew	Test and trial of the Family Hub arrangements through the Keighley pilot All age development Customised model of working for Family Hubs relating to people panels and place based working	30/09/20	Update 1 September 2020 <ul style="list-style-type: none"> Learning from pilot is being fed in to the All Age Early Help Programme and to be reviewed with strategic lead This will feed in to the P&EH strategy. CSMs have mapped out and have revised terms of reference for place panels Further development work needed to review impact and outcomes of place panels. Evaluation and learning will help inform to the strengthening of step up / down process. 	
			Chad Thompson	Lisa Brett	Feasibility and options report on Community (locality based) Social workers to support the development of family engagement and support partners to manage risk and appropriate referrals (Early Help Investment funded)	Revised 31/10/20	Update 15 September 2020 <ul style="list-style-type: none"> This budget has been used to commission the voluntary sector to employ Prevention Key Workers to work in partnership in schools. The post holders will work with families not known to CSC, they will support the TAF and LP and the COVID recovery 	
2.3	Reducing the risk of repeat pregnancies that result in the removal of children from their family (PAUSE style project.)	Service	Andrea Walters	David Stephens	<ul style="list-style-type: none"> Bradford Pause project commissioned Tender selection completed and contract awarded. Bradford Pause Project Board commissioned by Prevention & Early Help Partnership Group. 	Revised 30/11/20	Update 18 September 2020 The contract has been awarded to Barnardo's. The mobilisation of the project will begin in October with a view to it commencing early 2021.	
					Mobilisation and contract start	31/03/21		
2.4	Develop and Improve the quality and effectiveness of	Project PEH01	Chad Thompson	Eve Remington	Quality Assurance Framework for Parenting Programmes	complete	Update 15 May 2020 <ul style="list-style-type: none"> Completed and implemented January 2020; Review Sept 2020 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
	LA Parenting Programmes and Family Support		Chad Thompson	Mark Anslow	Parenting Programmes Staff Competency Framework developed and training commissioned	30/12/20	<p>Update 15 September 2020</p> <p>Needs analysis to be carried out in-house with a new role created and not commissioned out externally as previously proposed.</p> <p>a) Timescales Draft job profile -13th July b) Grading of profile - 24th Sep (awaiting outcome) c) Advertise role (closing date 7th October) d) Interviews -21st October e) Candidates in post - 30th November f) Assessment and TNA completed for hub one 2nd October g) Assessment and TNA completed for hub two 23rd October h) Training plan developed 14th Jan 2021</p> <ul style="list-style-type: none"> • There may be delay to deliver the above due a drift in job profile grading which may cause a risk to delivery • Competency Framework is completed and signed off, in-line with CSC revised practice model. 	
			Chad Thompson	Lisa Bray	<p>Family Support Practice Guide and Outcomes Framework Sub Products</p> <ul style="list-style-type: none"> – Family Support Practice Model – Early Help Practice Standards – Outcomes Framework – Staff Competency Framework – Family Support Supervision Process & Template – Family Support Practice Observation Template – Supervision Record Template 	30/06/20	<p>Update 1 September 2020</p> <ul style="list-style-type: none"> • Family Support Practice Guidance completed. Guidance aligned with CSC Practice Model • Promotion and Launch to be carried out in-line with CSC Practice Model in September • Current usage of new framework: This document reflected largely the existing KPIs and practices so Teams will continue to work to those until new CSC model launched. 	

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			Chad Thompson	Lisa Bray	Family Support Audit Process and Templates Sub Product – Audit Tool Template – Audit Guidance	30/06/20	Update 1 September 2020 <ul style="list-style-type: none"> Service Managers and Practice Leads have been consulted as part of the development stage of new process and guidance. New audit guidance has been completed and in-line with CSC and YOT. Audits under the new framework will start to be carried out from September 	
2.5	Improve impact /sustainability of Families First transforming and supporting the integration of services around families' needs.	Project PEH07	Chad Thompson	Lisa Bray	Strong performance against Troubled Families targets that maximises payment by results	31/03/21	Update 1 September 2020 2020 <ul style="list-style-type: none"> 20/21 target is 1,017 families to achieve sustained and significant progress outcomes (6 months without regression post family support). A total of 665 families achieving outcomes have been claimed for in the April - September 2020 window A target of 85 each month has been set and we are above projected performance. Total claimed £532,000 (665 x £800) (65%) % of target met Target of 607 families worked with on the programme met (Attached Families to Programme). £2,120.00 allocated funding can be drawn based on 100% performance from MHCLG. Current trajectory of performance predicts that we will achieve 100% by December, 3 months before end of programme. 	
			Chad Thompson	Lisa Bray	An effective plan for implementation and delivery of the TFP 12 month roll over (April 2020- March 2021)	Complete	Update 15 May 2020 <ul style="list-style-type: none"> Completed. Families First PI and trajectory for outcomes submitted to MHCLG and approved. Financial Framework and Outcomes Plan signed off. Data and Performance Team & Internal Audit have an agreed work schedule 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							for the year to ensure claims are submitted to MHCLG	
			Chad Thompson	Lisa Bray	High quality commissioned services delivering on TF principles that result in good outcomes for children and families.	Complete	Update 15 May 2020 <ul style="list-style-type: none"> • Completed • CVS, Police commissioned to deliver Families First objectives for 20/21 Revised KPIs agreed with partners and contract monitoring schedule planned with Families First Practice Lead 	
			Chad Thompson	Lisa Brett	Development programme for Volunteers to support: <ul style="list-style-type: none"> a) isolated and vulnerable mothers and fathers to access services / Befriending b) V Adolescents 	Revised date 31/03/21	Update 15 September 2020 <ul style="list-style-type: none"> • Programme was scoped out and deemed not viable due to current pandemic. The outcome was that due to Covid the Volunteers Programme would be high risk due to the Governments Social distance measures. • Lisa Brett HoS has approved budget to be used to commission the voluntary sector to employ Prevention Key Workers to work in partnership in schools, the post holders will work with families not known to CSC, they will support the TAF and LP and the COVID recovery 	
			Chad Thompson	Lisa Brett	Development of existing and new Toddler Groups to deliver the EYFS as part of the core offer detailed in Project PEH 06 Early Childhood Services (Integrated Services response and supporting delivery of statutory duty)	Revised date 31/01/21	Update September 2020 <ul style="list-style-type: none"> • Core offer developed, commissioned and completed in April. Due to Covid this has been on hold and no toddler groups have met • New agreed timescale to start in January 2021 	
			Chad Thompson	Irfan Alam P&EH Governance Board	Effective Early Help Systems Leadership <ul style="list-style-type: none"> – Governance and Strategic Leadership have shared Values and Vision Shared accountability that provides support and challenge to embed	Revised date 31/10/20	Update 15 September 2020 <ul style="list-style-type: none"> • Early Help systems guide (Transformation Maturity Matrix) to be completed with partners submitted to MHCLG for December. • Prevention & Early Help Partnership meeting will be held on 15th October and EH Systems guide on agenda. 	

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					culture of whole family working / TF principles		<ul style="list-style-type: none"> Review of EH leadership across the partnership, whole family working (Lead Practitioner uptake by partners) and data maturity. Currently at planning stage 	
			Chad Thompson	Lisa Bray / Amandip Johal	A Children's Workforce Development Plan (training and development opportunities for partners)	30/09/20	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> To be developed with partners and aligned with Early Help Systems Guide outcome in October. Amandip Johal (QA HoS) to have oversight to maximise L&D procurement opportunities. Align outcome from WFD Assessment and Early Help Systems Guide Action plan with Bradford Safeguarding Partner Workforce Development programme. 	
2.6			Chad Thompson	Amandip Johal	Dedicated Workforce Development post for Early Help that delivers and co-ordinates training for council teams and partners, (post holder will be part of the Children's Service Centre of Excellence).	30/09/20	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> Delay due to drift in job profiling and grading. Currently awaiting outcome of grading review. Recruited an agency trainer who is currently developing Early Help E-learning modules. 	

3.0 Improving the Integrated Front Door (IFD) Strengthening our partnership working through improved development and changes within the IFD.

Ofsted Recommendations covered in this development area

R1	The prioritisation and timely, proportionate response to contacts, including gaining parental consent
R3	The identification and response to risk, particularly the longer-term impact of domestic abuse and neglect (IFD and wider services response)

Date Ofsted identified Areas for Improvement	Areas for Improvement
September 2018 March 2019 June 2019 October 2019	Improve MASH and Front Door processes, responsibilities and practice including: <ul style="list-style-type: none"> - gaining or dispensing with consent appropriately - what constitutes basic checks and concluding them consistently - improving the initial response to protect vulnerable children including stepping down and closure - collation of information from multiple agencies - Timely completion of child protection enquiries - Making and recording decisions by suitably qualified staff and managers
June 2019	Reduce the number of children being inappropriately referred to social care by other agencies.

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
3.1	Further development of one front door; including Information; Advice and Guidance for Parents and Practitioners to support lower level needs. Work will include the quality and timely collection of information from partners for the statutory process for SEND	Project PEH03	Chad Thompson	Nabeel Husain	Mapped Practice, procedures and policies in Integrated Front Door	31/05/20 and on-going	Update 15 September 2020 <ul style="list-style-type: none"> • Continuing to map out practice, procedures and policies have started and will be shared with Task and Finish Group (including SEND) • Launched, on 1st September, new Early Help & Lead Professional registering Early Help Assessments through the Integrated Front Door. The outcome is to reduce referrals to CSC and build family's resilience. 	
			Chad Thompson	Charlie Lowe	Review and understanding of the current SEND process	Complete	Update 15 July 2020 <ul style="list-style-type: none"> • Completed • SEND process reviewed with Charlie Lowe on process which will now include an option to have an Early Help Assessment at week 8 of the process which can be an alternative to a statutory assessment. Changes and key recommendations have been fed 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							in to IFD Task and Finish Operational Group.	
			Chad Thompson	Nabeel Husain	Communication and engagement plan for partners who contribute to the operational function of the IFD and those who provide information and requests for service	Complete	Update 15 May 2020 <ul style="list-style-type: none"> • Completed • HoS Front Door has communicated an engagement plan with key dates set to engage partners and promoted through Storyboard 	
			Chad Thompson	Chatty Athwal	Creation of a Task and Finish Group for those contribute to the operational function of the IFD to review and revise policies procedures and pathways	Complete	Update 15 May 2020 <ul style="list-style-type: none"> • Completed – first meeting carried out and meets fortnightly linking to MASH Strategic Group 	
			Chad Thompson	Chatty Athwal	Review of the partner agency staff training programme	31/10/20 and ongoing	Update 15 September 2020 <ul style="list-style-type: none"> • Need to assess timescale and options to complete work with partners once new pathways and procedures have been embedded and new delivery model agreed. • IFD Health Check action plan recommendations to include training programme for partners. • Review of roles and responsibilities currently being carried out across the IFD Operation Group 	
			Chad Thompson	Nabeel Husain	Development of the new model of practice for staff in the Integrated Front Door	Revised 31/10/20	Update 15 September 2020 <ul style="list-style-type: none"> • Task and Finish Group have started reviewing policy, procedures and systems. Work stream schedules have been developed to inform model practice. • Early Help Module and Early Help Pathway has gone live from 22nd June 2020. 	
			Chad Thompson	Stu Barratt	Review of the current arrangements for the use of IT systems and intelligence for Early Help and the Integrated Front Door	30/09/20	Update 15 September 2020 <ul style="list-style-type: none"> • E2E Review project report has been developed and new programme Manager appointed to oversee delivery. • Scoping sessions in progress and feeding in to the review of the current 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							arrangements for the use of IT systems and intelligence for Early Help and the Integrated Front Door	
			Chad Thompson	Adam Gowland	Review of existing Information, Advice and Guidance (IAG) offer	Revised 31/10/20	Update 15 September 2020 <ul style="list-style-type: none"> Family Information Service Manager post currently at job evaluation. Stakeholder mapping exercise completed Benchmarked Bradford IAG offer against recognised good practice in other local authorities Outlined IAG vision and steps required in short, medium and long-term to achieve integrated all-age offer in Bradford 	
3.2	Improve the response to CYP that present with the effects of Domestic Abuse	Service IFD/Early Help/ Safeguarding Unit	Nabeel Hussain	Chatty Athwal	Identification, triage and progression of domestic abuse notifications by the IFD, ensuring vulnerable children receive the right support, from the right service at the right time.	Complete	Update 16 September 2020 <ul style="list-style-type: none"> New process has been launched in the IFD. DA referrals are being identified and progressed. Outcome of front door health check was positive and detailed how threshold was generally applied consistently 	
			Nabeel Hussain	Chatty Athwal	Completion of a review of the current arrangements for MARAC meetings to ensure the arrangements are consistent, at the right level and Children's Services are effectively contributing to the multi-agency approach to have clear understanding of roles, responsibility and accountability	25/09/20	Update 16 September 2020 <ul style="list-style-type: none"> The review of MARAC is currently underway. Social Care are represented at meetings although there is a lack of process/consistency. Recommendations and next steps are due to be completed in December 2020. 	
			Amandip Johal	Traci Taylor	Development of a comprehensive, mandatory training programme to ensure all staff (across all relevant services) are trained: <ul style="list-style-type: none"> to an appropriate level that provides the right skills and knowledge about domestic abuse. 	30/09/20	Update 24 September 2020 <p>Not yet started due to capacity issues in WFD; a meeting is planned to look at the scheduling of all development of training.</p>	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
					– to recognise the indicators of domestic abuse, specifically relating to the DASH assessment.			
			Lisa Brett	Ruth Davies	Development of a Domestic Abuse team delivering therapeutic interventions to support children and families who are or have been subject to domestic abuse. The delivery model will offer targeted one to one interventions as well as group based activities.	30.11.2020	<p>September 2020 Funding has been allocated which will:</p> <p>Create more supported housing units for families with children that have to flee to find safety.</p> <p>Increased workers that are working on a whole family basis to provide support to children in a trauma informed way</p> <p>YIDVA&CIDVA Project top up funding</p> <p>Increased Counselling for children. (subject to face to face counselling being reinstated)</p> <p>Increased support for victims and perpetrators</p> <p>Added resource to cope with the higher level of referrals and bring victims into service</p> <p>Additional and new offers to perpetrators.</p> <p>Monitor system change within the projects and so there will be learning around missed opportunities and how that could be used to inform practice</p>	
			Amandip Johal	Amandip Johal	Themed audits undertaken specifically on DA to improve quality of practice and highlight areas of concern across the child's journey when known to CSC	30/09/20	<p>Update 24 September 2020 The parameters of the audit have been discussed and it is proposed to have the audit completed by the end of November 2020; this will then also inform the training that needs to be developed.</p>	

4.0 Improving the quality of Social Care practice. Consistently identifying, assessing and responding to risk.

Ofsted Recommendations covered in this development area	
R2	Clarity about what change is needed by families and by when during pre-proceedings
R4	Social work practice, including the quality of assessments and plans and their implementation
R5	Multi-agency child protection work, including strategy meetings, child protection conferences, core groups and child in need reviews
R6a	Improve the response to children with specific vulnerabilities, including children aged 16 to 17 who present as homeless
R6b	Improve response to children in Private Fostering.
R8	The provision of life-story work for all children in care

Date Ofsted identified Areas for Improvement	Areas for Improvement
September 2018	Improve regularity of Core Groups
March 2019 June 2019	Improve the quality and timeliness of assessments with clearer recording of the rationale for decision-making to address the needs and recognised risk of all the children in a family.
September 2018 March 2019 October 2019	Improve Child Protection processes & practice to ensure all plans are: - robust; focused and specific - include the voice of the child - clear about the support to be offered - include timescales and regularly reviewed - outcomes are being met
September 2018	Public Law Outline (PLO): - must be robust - actions must be specific enough for families to understand what needs to change and by when to prevent escalation - regular reviews of the length of time children are in (PLO)
June 2019 October 2019	Managers must improve the grip and oversight of casework providing critical challenge to improve practice; reduce drift and delay in the identification and response to a child or young persons' needs
September 2018	Ensure arrangements are in place to allow children continued contact with important people in their lives.
September 2018	Improve the number of ICPCs being held within timescale.
March 2019	Social Workers to use direct tools to aid communication with CYP to ascertain their wider lived experience.
October 2019	Reduce the delay in CYP accessing support and interventions (particularly CAMHS, DA services and IFS)
February 2020	Improve social workers' professional curiosity in testing out parental self-reporting
February 2020	Conference minutes must be clear and an accountable record of the information shared, and clear priority actions recorded.
February 2020	Ensure records of visits demonstrate the purpose of a visit and if the child has been seen alone (if appropriate to do so)
September 2018 October 2019	Improve direct practice and recording of work and plans to reflect: - A clear purpose for visits and work with families - the child's voice and views are heard and responded to - children's specific needs are clear children's voice during any visit is recorded
September 2018 June 2019	Work with children and young people should reflect their lived experiences to improve outcomes and not be compromised by their parents and carers behaviour
September 2018	Review and refresh the current CIC processes and practice and include this in the Social Work training programme.
September 2018	Ensure high quality (CIC) assessments and decision making to reduce the number of placement breakdowns.

February 2020	
September 2018 February 2020	Improve the quality of assessments for all child in care reviews; including an assessment of the child's changing needs, family circumstances, and analysis of risk around parenting capacity. To include a sharp focus on the progress of the plan, particularly if permanence has not been achieved.
September 2018	Ensure a consistent approach and support of those leaving care as they move towards independence, including access to their key documents (NI number, health passport, ID etc.; and pathway plans are user friendly and the young person's voice is recorded on their LCS records.
February 2020	Reduce drift and delay and increase timely practice and effective management oversight for children achieving permanence, especially when the plan is adoption or securing permanence for children on section 20.
February 2020	Safely reduce the number of children in care that are subject to statutory processes unnecessarily.
February 2020	Connected Carers must be robustly risk assessed in a timely manner and sharper focus applied to ensuring arrangements are secured through SGOs.

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
4.1	Improve standards and performance of Social Care practice working with children and families known to Children's Social Care	Project SWP01	Caroline Brain	Nabeel Husain Shahnaz Fahria AA Task & Finish Group	Simplified and embedded Allocation of cases process & practice	Complete	Update 14 September 2020 • Simplified process completed. • Training and guidance notes relating to scrutiny & challenge will be transferred onto new project as both relate to the Learning & Development Service where there is currently a lack of capacity.	Green
			Caroline Brain	Nabeel Husain Shahnaz Fahria AA Task & Finish Group	Reviewed, streamline and embedded Child & Family Assessment process & practice.	Complete	Update 14 September 2020 • Child & Family Assessment form has been transferred onto LCS and went live on 14 September.	Green
			Caroline Brain	Mandy Helm Shahnaz Fahria Children in Need Task & Finish Group	Reviewed, up-dated & embedded CIN process & practice	30/09/20	Update 14 September 2020 • New information leaflets for children & families explaining CIN have been produced and handed over to comms service for design and print. • Up-dated policy & procedures, guidance notes on track to be completed 30 th Sept. • Developing and embedding new process for family networking/conference meetings will be transferred over to new project.	Yellow
			Caroline Brain	Amandip Johal	Reviewed, updated & embedded Child Protection process & practice.	Complete	Update 14 September 2020 • Introduced new 12 month review & audit tool that will be implemented by CP Chairs.	Green

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
				Shahnaz Fahria CP Task & Finish Group			<ul style="list-style-type: none"> Developed and implemented process tracker for TM to review CP plans at 12 months. Reviewed roles & functions of Strategy meetings (TOR) and produced process and guidance plan. Reviewed policy & procedures and embedded within Tri-X. This will be an on going process. Developed new information leaflets for children & families explaining CP. Currently with Comms Service for design & print. The design and implementation for training for CP Chairs/IRO/TM in good planning will be transferred across to new project due to lack of capacity within the Learning & Development Service. 	
			Caroline Brain	Richard Fawcett Shahnaz Fahria Children in Care Task & Finish Group	Reviewed, up-dated and embedded Children in Care/Care Leavers process & practice	30/09/20 Changed date to 30/11/2020	Update 14 September 2020 <ul style="list-style-type: none"> There has been a change of Head of Service resulting in some of the tasks not being on track for completion including: <ul style="list-style-type: none"> Reviewing & up-dating policy & procedures Literature for children & families Guidance notes for staff relating to new systems and process. Extended timeline to end of November to allow new HoS to complete outstanding tasks. 	
			Caroline Brain	Mark Trinder	Robust beginning-to-end placement process	30/09/20 Changed timeline to 30/11/2020	Update 14 September 2020 <ul style="list-style-type: none"> New Service Manager appointed (24th Aug) and is in the process of developing new seamless placement request process. Other tasks within this work stream not on track for completion as manager new in post. 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							Extended timeline to end of November to allow new SM to complete outstanding tasks.	
			Caroline Brain	Heads of Service	Governance Process to embed standards of practice	Complete	Update 14 September 2020 <ul style="list-style-type: none"> • Governance process now in place to ensure the new standards are embedded in to daily practice - strategy and planning meetings led by Deputy Director on a quarterly basis. Bi-weekly thematic task & finish groups led by HoS, that incorporate Service Managers & Team Managers. Team Managers have bi-weekly operational team meetings to implement operational delivery. • Annual Social Care Conference on hold until after Covid 19 Lockdown ends. (This is when the new practice standards were going to be launched, and a forum to share best practice) • Production of a bi-weekly newsletter to improve communications and share best practice with 8 editions now circulated to staff. 	
			Caroline Brain	Amandip Johal Traci Taylor Shahnaz Fahria	Monitoring & Review Framework for Social Care Standards & Practice	30/09/20 Changed timeline to 30/11/2020	Update 14 September 2020 <ul style="list-style-type: none"> • Due to lack of capacity within QA service, the written QA framework and action plan has not been completed. • Standards audit tool has been completed and is being implemented by Practice Supervisors who have been trained in its use. • Extended timeline to end of November to allow new HoS to complete outstanding tasks. 	
4.2	Improving our response to pre-proceedings PLO work (Problem solving court team)	Service action	David Stephens	Andrea Walters	Monitoring process agreed to assess the progress and quality of the increased number of pre-proceedings PLO cases agreed at LGP.	Revised 30/11/20	Update 16 September 2020 <p>Report completed analysing all children that have stepped down and exited Pre-proceedings since 1st January for themes and good practice and learning.</p>	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							This is being shared with HoS on 21.9.20 for discussion.	
			David Stephens	Andrea Walters	An effective escalation process developed for all PLO cases that reach 4 months.	Complete	Update 21 July 2020 This is now in place HoS review all PLO cases that reach the 4 month stage	
			David Stephens	Andrea Walters	Introduction of a Court Consultant role to support quality and progression of pre-proceedings cases	Revised 31/11/20	Update 16 September 2020 Court Consultants are now in place in Keighley and West localities. Successful recruitment of two further Court Consultants has taken place and they will commence employment in East and South localities Nov/Dec.	
			David Stephens	Andrea Walters	Programme of thematic audits to measure the quality of pre-proceedings work following the launch of the new practice standards.	Revised 31/11/20	Update 18 September 2020 The thematic audits will be completed during October 2020.	
			David Stephens	Andrea Walters	Establishment of a Public Law task and finish group to explore the quality of practice and evidence ways all public law work can be improved.	ongoing	Update 16 September 2020 The task and finish group is well established and meets fortnightly. Areas of public law work are being systematically reviewed and guidance and templates are being provided to support improvement in practice.	
			David Stephens	Andrea Walters	<ul style="list-style-type: none"> Pilot of assessment plans within care proceedings work Consideration of the use of assessment plans for use during pre-proceedings to enable a focused approach that will evidence clear expectations and targets. 	ongoing	Update 16 September 2020 Pilot of cases now completed and assessment plans will be used for all pre proceedings and care proceedings cases from w/c 21st September	
			David Stephens	Andrea Walters	Review of the PLO letters format, with new guidance to be developed. (To include SMART actions and child impact)	Completed	Update 16 September 2020 Following successful pilot of letter templates these will be implemented for use across the department w/c 21st September	
			David Stephens	Andrea Walters	Introduction of early intervention processes within the Problem Solving Court Team to enable the	ongoing	Update 16 September 2020 This continues to be in place and with the addition of two further social workers	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
					completion of pre-birth assessments involving unborn children to parents who have had a previous child subject to Public Law proceedings		in the PSC team in September the capacity for further assessments has increased.	
			David Stephens	Andrea Walters	Deep dive audits into the quality of PLO work by the Safeguarding, Reviewing & QA Unit.	Revised 30/11/20	Update 18 September 2020 The audit tool is being written and the deep dive audit will commence during November	
			David Stephens	Andrea Walters	Understanding of the key indicators of success through a review of cases where children have exited PLO and their circumstances have improved	Revised 30/11/20	Update 16 September 2020 <ul style="list-style-type: none"> This analysis has been completed and will be shared with HoS w/c 21/09/20. HoS will then review and deliver briefing to locality teams managers by 30/9/20 DS and locality managers consider the key indicators when reviewing PLO cases during monthly PLO tracker meetings 	
			David Stephens	Andrea Walters	Development of a training module to improve, develop and support SW and TM knowledge of PLO pre-proceedings work.	Revised 30/10/20	Update 16 September 2020 Completion of training model on target to be done by 30 September 2020 and will be ready for delivery	
4.3	Establishment of Youth Homeless Project Plan	Project	Caroline Brain	Kirsty Askew/ Emma Collingwood	Phase 3 project to be scoped and agreed	TBD	Update 21 September 2020 Outline plan for this work to be completed during Oct 2020 delayed due to other project work requiring completion	
4.4	Review current systems and processes for preventing homelessness	Project	Caroline Brain	Kirsty Askew/ Emma Collingwood	Phase 3 project to be scoped and agreed	TBD	Update 21 September 2020 See above	
4.5	Identify barriers to maintaining tenancies for care leavers and young people provided with accommodation	Project	Caroline Brain	Kirsty Askew/ Emma Collingwood	Phase 3 project to be scoped and agreed	TBD	Update 21 September 2020 See above	
4.6	Improve notification and recognition of Private Fostering	Project	Caroline Brain	Kirsty Askew/ Emma Collingwood	Phase 3 project to be scoped and agreed	TBD	Update 21 September 2020 See above	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
4.7	Improve compliance with private fostering regulations and ensure that there are good robust assessments in place for each privately fostered child and private foster carer and appropriate good quality support to these placements	Project	Caroline Brain	Kirsty Askew/ Emma Collingwood	Phase 3 project to be scoped and agreed	TBD	Update 21 September 2020 See above	
4.8	Ensure that life story work is available for all our children and young people in care. Establish which other children need life story work	Service	Amandip Johal	Amandip Johal	Establishment of a task and finish group to embed Life Story Work practice across the workforce.	25/06/20	Update 22 September 2020 • A tender has been placed on Yortender to commission a specialist service to complete outstanding life story work for a cohort of children who have been identified as needing this work urgently.	
			Amandip Johal	Amandip Johal	<ul style="list-style-type: none"> Examples of good life story work identified (books, later life letters and memory boxes) and agree what good looks like. Selection of good examples available to workforce to help understand how children and young people's journey can be recorded and shared. 	17/07/20	Update 23 September 2020 Number of examples have been collated and are being reviewed to provide good examples. To be completed by the 30.09.2020.	
			Amandip Johal	Traci Taylor	<ul style="list-style-type: none"> Mandatory E-learning commissioned and updated to reflect Bradford practice; will be clear regarding what life story work is, why it is important and expectation that life story work is completed as part of the child or young person's journey rather than as a single event. Completion of E-learning training by all social workers and community resource workers. Review of E-learning material with identification of any further training requirements. 	01/08/20	Update 23 September 2020 <ul style="list-style-type: none"> E-Learning training has been reviewed and signed off for launching with policy. Podcasts and life stories to be pulled together to help staff to understand the impact of good life story work 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
			Amandip Johal	Deepti Kalam-Hunter	Improved links in with Fostering Services to understand training available to foster carers regarding life story work.	17/07/20	Update 23 September 2020 Manager from Fostering is now part of the working group, ELearning for foster carers has been reviewed and feedback provided to develop further.	
			Amandip Johal	Stu Barratt	Understanding of the capacity and functionality of LCS to store all direct work completed for life story work so that there is always a record on the child's file.	01/08/20	Update 23 September 2020 This remains outstanding.	
			Amandip Johal	Traci Taylor	Development of a practice guide setting out expectations and principles for children and young people to receive life story work in the right circumstances. This will provide clarity regarding the process of gathering the right information about key events in a child's life through a flow chart as well as be clear regarding the role of the IROs to support this piece of work.	01/09/20	Update 23 September 2020 Policy and practice guide has been drafted. Has been shared with all for comments to sign off final version by 30.09.2020.	
4.9	Review the Practice Model and Framework of social care work	Project SWP02	Caroline Brain	Heads of Service	Review of current Social Care practice in Bradford	complete	Update 15 May 2020 • Completed and informing new social care practice and framework.	
			Caroline Brain	Shahnaz Fahria	Research Social Care Practice Methodologies	complete	Update 15 May 2020 • Completed and informing new social care practice and framework.	
			Caroline Brain	Shahnaz Fahria	Options paper relating to methodologies	complete	Update 15 May 2020 • Completed draft options paper submitted to Deputy Director, feedback received which has been incorporated into new draft Social Care Practice Model.	
			Caroline Brain	Phil Hayden Amandip Johal Shahnaz Fahria	New Social Care Practice Model and Framework	30/06/20 Changed timeline to 30/11/2020	Update 14 September 2020 • New detailed Social Care Practice Model completed and submitted to HoS and AD. • Summary Social Care Practice document completed and agreed by HoS & AD on 7 th Sept.	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							<ul style="list-style-type: none"> Document has still to be shared with Safeguarding Board for comment before being submitted to Comms for design and print. 	
			Caroline Brain	Heads of Service Shahnaz Fahria	Assessment templates & relevant documentation in CSC capture new practice model and consistent use of language	complete	Update 15 May 2020 <ul style="list-style-type: none"> Completed – used language from signs of safety 	
			Caroline Brain	Steve Hemming	Marketing materials to promote Practice Model	03/07/20 Revised to 30/11/2020	Update 21 September 2020 <ul style="list-style-type: none"> Practice model recently agreed with this work now to be progressed 	
			Caroline Brain	Irfan Alam through WFD Board	Governance process for Practice Model developed	31/07/20 Revised to 30/11/2020	Update 21 September 2020 <ul style="list-style-type: none"> Practice model recently agreed with this work now to be progressed 	
			Caroline Brain	Amandip Johal	Training Programme on new Practice Model	30/09/20 Revised to 30/11/2020	Update 21 September 2020 <ul style="list-style-type: none"> Practice model recently agreed with this work now to be progressed 	
			Caroline Brain	Amandip Johal	Audit & Review Framework for new Practice Model	31/12/20	Update 21 September 2020 <ul style="list-style-type: none"> Practice model recently agreed with this work now to be progressed 	
4.10	Supporting children and young people on the edge of Care	Project CIC02	Kal Nawaz	Jean Mawdsley	A detailed need and demand appraisal of the Edge of Care response to inform the new operating model	Complete	Update 15 May 2020 <ul style="list-style-type: none"> Completed. Information has been collated to provide an insight into the needs of children and families through a review of requests for service to the Intensive Family Support team (including the Family Group Conferencing team) and the B Positive Pathways (BPP) team and the service responses to help us to identify where there are potential gaps. Additionally, the initial findings within the Sufficiency analysis (part 1), evidences the need to provide appropriate interventions to minimise the need for children to come into care and opportunities to reduce the time in care. 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
			Kal Nawaz	Jean Mawdsley	Assessment of current Intensive Family Support and BPP services	Complete	<p>Update 15 May 2020</p> <ul style="list-style-type: none"> • Completed. Information has been gathered to evidence what the current services consist of and how they are accessed including numbers of staff in the teams, their background and training, the scope of their existing roles and responsibilities, caseloads, the interventions used, costs and impacts 	
			Kal Nawaz	Jean Mawdsley	Outcomes Framework and Core Offer for Edge of Care response agreed across partners.	Revised to 30/09/20	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> • The universal outcomes framework for children and young people aged 0-19 years has been drafted for practitioners to use as a benchmark to support the assessment of the ages and stages of development of children and young people and the parenting capacity of carers. This is to be piloted with Early Help practitioners in October 2020. • A draft strategy has been produced for sign off at the meeting of the Heads of Service on 15/09 which outlines our vision and reinforces the proposed Social Care practice model for Bradford to support children and families by using therapeutic evidence based approaches in order to reduce the numbers of children in care, minimise the duration of time spent in care, support reunification wherever possible and if necessary arrange permanent, stable placements as soon as possible. The draft has been informed by work on the Sufficiency Strategy, the proposed model of Social Care practice in Bradford and the experience of other Local Authorities in delivering 'edge of care' services which may be re-labelled as 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							'BPP Edge of Care' response in Bradford if approved. There may be a potential delay in reaching an agreement across partners about how our response aligns with their services to support CYP. The delay is due to refocus of Health and Education resources as a result of CV19. We do not anticipate that the delay in reaching an agreement in itself will significantly impact on the implementation of our new approach.	
			Kal Nawaz	Mark Trinder	Report on business case for change to create all-age Edge of Care response.	Revised to 15/09/20	Update 15 September 2020 <ul style="list-style-type: none"> All of the information collated above supports the proposal to bring the two current services together to provide one 'BPP Edge of Care' response for children and young people aged 0-19 years with acute needs and their families, as outlined in the draft strategy, which includes details of the core offer for which the budget has now been confirmed for 2 years to end of September 2022. The business case includes a proposed structure, job roles and costings to increase the capacity and skills of the workforce and this is scheduled for sign off at the Heads of Service meeting on 15/09. Emerging HR issues may create potential delay and cost implications. 	
			Kal Nawaz	Mark Trinder	Acquisition of accommodation to support children and young people with acute needs on the Edge of Care.	TBC	Update 15 September 2020 <ul style="list-style-type: none"> Finance and Head of Service (HoS) presented a report for Project Appraisal Group (PAG) to secure initial endorsement of £1 million for B Positive Pathways premises. Executive Committee meeting held on 07/07 approved the allocation 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							<ul style="list-style-type: none"> • Potential premises identified but awaiting further information on costs and timescales to refurbish. 	
			Kal Nawaz	Mark Trinder	Realignment of current Children's Services against agreed Edge of Care offer.	30/12/20	<p>Update 15 September 2020 Some delay due to HR processes</p> <ul style="list-style-type: none"> • Realignment rescheduled for 30/12/20 now rescheduled to be completed by March 2021 pending recruitment to a new Deputy Service Manager post for Residential Services. Post currently out to advert. • Implementation Plan completed for sign off on 15/09 to be revised • Managers briefed on 15/07 • In the interim, whilst our internal services are being reconfigured, we also aim to begin discussions and consultation with partners on how they support the needs of CYP work within our newly reconfigured services. We will also consult with children, young people and families to shape the new offer. 	

5.0 Improving outcomes for Children in Care - Developing and retaining sufficient placements, Foster Care training, and timeliness of access to mental health support; general health support and education for vulnerable children/young people.

Ofsted Recommendations covered in this development area

R7	Sufficiency of local placements to meet the needs of children in care
R9	Completion of mandatory training for all foster carers

Date Ofsted identified Areas for Improvement	Areas for Improvement
September 2018 February 2020	Improve the choice and sufficiency of placements with a range of local carers to enable all children to be in placements that meet their needs, including sibling groups.
September 2018 February 2020	Improve the offer to Bradford's foster carers and ensure effective support and training is accessible and mandatory, where applicable.
September 2018	Review and improve education results for Looked After Children at key stage 2 and 4, including attendance at school.
September 2018	Ensure consistently high quality Personal Education Plans (PEPs) including clear targets for improvement.

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
5.1	Placement Quality and Sufficiency of Provision for children in care	Project CIC01	Kal Nawaz	Meredith Moore	Cohort analysis and review of children and young people in care to reduce care duration, care episodes and care costs. Also develop learning seminars to inform practice.	31/03/20 and ongoing	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> Practice Specialist completed cohort analysis to identify potential to reduce time in care, review costs in relation to 15 highest costing placements and assess appropriateness of interventions. A practice led case review process and recording format agreed so that all cases audited were discussed between the Deputy Director and relevant Head of Service during 1:1, recommendations considered and actions agreed for follow up Process now embedded for Heads of Service to be responsible for reviews. This will be an on-going process. Savings achieved through reviews to be tracked. For example, initial 8 reviews undertaken achieved savings of £11k per week 	

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							<ul style="list-style-type: none"> Lessons learned have been collated and will be shared through staff seminar to be held on 29 Sept 2020 	
			Kal Nawaz	Mark Trinder	Peer review to understand current fostering practice and arrangements	30/04/20	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> Peer Review originally planned to be undertaken by North Yorkshire LA Assistant Director Children's Services delayed by Covid19. No plans to progress in current climate. However, some issues relating to fostering already captured by Local Partnerships review of Placement Co-Ordination and through the Sufficiency Strategy Analysis and Action Plan. Service Manager has started a programme of work to make improvements as reflected in the draft Sufficiency Action Plan 	
			Kal Nawaz	Mark Trinder	Peer review to understand current fostering practice and arrangements	30/06/20	<p>Update 17 September 2020</p> <ul style="list-style-type: none"> Peer Review not undertaken due to Covid19 but themes relating to Fostering Service captured by Placement Co-ordination review and Sufficiency strategy analysis report Part 1 indicating the implications / opportunities for change. Reflected in Sufficiency Strategy Action Plan for implementation. As above 	
			Kal Nawaz	Mark Trinder	Reconfiguration of Placement Co-ordination as outlined in the Business Case	TBC	<p>Update 15 September 2020</p> <ul style="list-style-type: none"> Review by Local Partnerships completed. Combined with the Sufficiency strategy analysis Part 1, information collated from Leeds and sourced from other LAs and intelligence gathered by newly recruited Service Manager has been used to inform the development of the proposed structure, scope, capacity, roles and responsibilities of the 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							Placement Co-Ordination function. Proposal to be shared with Trade Unions on 24/09. Delays due to HR grading capacity	
			Kal Nawaz	Lisa Brett	Options Appraisal for supervised contact to consider the effective use of resources	Revised 30/11/2020	Update 15 September 2020 <ul style="list-style-type: none"> • Delay due to Covid; revised timescale by 1 month • Additional project management capacity accessed at beginning of July 20 to provide business analysis input • Project scoped and planned • All contact fully baseline by end of July 20 • All 4 options reviewed by 04/09/20. • Further work required to detail implications of specific options 	
			Kal Nawaz	Mark Trinder	Business case for Placement Co-ordination to function efficiently and improve placement matching	Revised to 30/09/20	Update 15 September 2020 <ul style="list-style-type: none"> • Local Partnerships completed the review of Placement Co-ordination and provided the report findings including 28 recommendations and an action plan relating to Processes, Procurement and People. • Budget approval confirmed for resourcing Placement Co-ordination • Service Manager for Placement Co-Ordination recruited and in post on 27/07 to lead on re-organisation including relationship with 16 plus Service and Commissioning. 	
			Kal Nawaz	Mark Trinder	Commissioning of placements which is needs led and demand driven.	30/09/20	Update 15 September 2020 <ul style="list-style-type: none"> • Findings of the review by Local Partnerships provided specific recommendations on improvements to Commissioning. To be actioned as part of the re-organisation of Placement Co-ordination. • Sufficiency Strategy outlines action to be progressed to improve commissioning 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							<ul style="list-style-type: none"> Commissioners and Service representatives met to review, negotiate and agree extensions of contracts in context of needs and delivery to date. Discussions also undertaken with Legal on commissioning options Developments to be taken forward as part of the overall review of Children's commissioning 	
			Kal Nawaz	Mark Trinder	Report on options to create sufficiency of local provision to meet the needs of Children in Care and Leaving Care	TBC	Update 15 September 2020 <ul style="list-style-type: none"> Will be informed by the Sufficiency Strategy and review of Commissioning and detailed in the Sufficiency Strategy Action Plan 	
			Kal Nawaz	Mark Trinder	Process in place to assess quality of placement to support the needs of children and young people in all purchased placements	30/09/20	Update 15 September 2020 <ul style="list-style-type: none"> Gaps have been identified by 'Local Partnerships' in their review of Placement Co-Ordination. Information sourced from Leeds City Council and other LAs to identify appropriate model of a Quality Assessment Framework for Bradford Service Manager will build in appropriate allocation of responsibilities to oversee quality assurance as part of re-organisation of Placement Co-ordination. 	
			Kal Nawaz	Ruth Shaw Health Commissioner /Jonathan Cooper Virtual school/ Chris Workman Placement Co-ordination	Children in Care and care leavers in all placements access and benefit from education and health care appropriate to their needs.	30/09/20	Update 15 September 2020 <ul style="list-style-type: none"> Work on IHA and RHA for Health response to children in care detailed in section 1.0 <i>Improving the quality of health services for children in care (CIC) by achieving compliance with statutory timescales</i> This will be informed by discussions and agreement with Placement Co-ordination, the Virtual School and placement providers to ensure Children in Care & Care Leavers in all 	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
							placements access appropriate services. Not yet started.	
5.2	Placement Quality and Sufficiency Strategy (to include Adopter and Fostering recruitment)	Project STRAT 01	Michael Nugent	Michael Nugent	Report on a comprehensive understanding and analysis of current needs and future demand to inform the Sufficiency Strategy	Complete	Update 16th July 2020 <ul style="list-style-type: none"> • First draft completed 27/04/20 • Placement analysis complete 11/05/20 	
					Completion of Strategy to detail the Plan, action and review for: <ul style="list-style-type: none"> • Social Care practice • Placement co-ordination • developing the market and contracting (Commissioning) for: <ul style="list-style-type: none"> – Bradford residential provision – Bradford fostering – Parents / SGOs – IFAs – Other residential • workforce development (CSC and Fostering) • Partners response and accessibility to services for needs (specific and ages and stages) – emotional; mental, social and educational • Permanence – tracking and recruitment • Establish and agree Governance – two fold a) progress of the strategy and review of b) impact 	Revised 30/09/2020	Update 17 September 2020 <ul style="list-style-type: none"> • Strategy and analysis of need and future demand completed with action plan in final draft • On agenda for Children’s Services DMT for sign off early Oct 2020. • Publish Oct 2020 although slight delay the publication of the strategy will not impede the progress of work. 	
5.3	Corporate Parenting Strategy	Project STRAT 01	Michael Nugent	Michael Nugent	Review current work underway and develop strategy and action with effective governance	30/11//20	Update 21 September 2020 <ul style="list-style-type: none"> ▪ Comprehensive engagement with key stakeholders including Members has been undertaken along with detail assessment of needs and demand underway ▪ First draft due early Oct 20 	
5.4	Permanence and Care Leavers Strategy Now incorporated in Sufficiency and Corporate	Project STRAT 01	Michael Nugent	Michael Nugent	Review from Sufficiency assessment and analysis develop strategy and action with agreed governance		See 5.2 and 5.3	

Action No.	What we are doing	How we do it Project / Service action	Responsible Person	Who will lead this	Expected Milestones / Deliverables	When will it be done?	Date & Progress Summary	Current RAG Rating
	Parenting Strategies respectively							

Appendix 1

The following update provides progress against the themes/development areas in the original Improvement Plan with the addition of the new expanded Prevention and Early Help theme.

Theme	Development areas	Progress to March 2020
The Lived Experience Strengthening and developing our working practice with children and young people.	All projects within the four Improvement Programmes contribute to the Lived Experience theme within the Ofsted Improvement Plan	Although there is much progress still to be made there is evidence that: <ul style="list-style-type: none"> • Children and young peoples' needs and wishes are being considered in case work and evidenced through case audits • Children and young people are being consulted on core documents and changes in social care practice through the improvement work plans

Theme	Development areas	Progress to March 2020
Prevention and Early Help Improve arrangements for the earlier identification, assessment and response to children and young people with additional / multiple needs through a partnership response	Promotion of early help and effective engagement of partners in the role of Lead Practitioner and locality services in Family Hubs	We have: <ul style="list-style-type: none"> • Tested and trialled 4 Early Help Coordinators to inform the design model of what is required to support the Lead Practitioner role. Significant reduction in the number of referrals to the front door for those schools we have worked with. Between Sept- Nov 2019, 373 contacts- with NFA outcomes were made by all schools to the Front Door. In the three months following the Early Help Coordinator pilot starting the overall figure had reduced by 31% to 223 • Engaged a number of partners in discussion about taking on the role of Lead Practitioner (Bradford District Care Trust; Schools; Voluntary Community Sector) to support a multi-agency response to families with multiple needs. • Worked with partners to agree the development of the Lead Practitioner role and functions. • Developed the recruitment and support package for Early Help Coordinators (EHC) with agreed training. Appointed 12 EHC with induction commenced • Started to develop a Communications plan to promote the same consistent message of Early Help and Family Hubs.
	Develop and improve the quality and effectiveness of LA Parenting Programmes and Family Support	We have: <ul style="list-style-type: none"> • Implemented a new Practice and Quality Assurance Framework for Parenting Programmes • Developed a competency framework for Parenting Workers to deliver effective practice • Drafted a Practice model for Family Support providing a recognised framework for practice which supports staff to be confident in their work with families. • Engaged with Practitioners to gather feedback on new framework during implementation phase • Started to improve the quality of Family Support practice and outcomes for children by introducing the Quality Assurance measures and audit to review current practice.

Theme	Development areas	Progress to March 2020
	Improving the impact and sustainability of Families First (Troubled Families)	<p>We have:</p> <ul style="list-style-type: none"> • Exceeded the Families First (Troubled Families) Programme forecast for achieving sustained and significant outcomes for families and therefore for income generation through Payment by Results. • Improved performance has been continued to pick up pace throughout the year with 50% of all results claimed during the 5 years of the programme having been claimed in the last 2 quarters of 2019/20. Highlights are: <ul style="list-style-type: none"> – 2,560 claims for positive outcomes for families over a sustained period, including: 447 adults gaining and keeping a job- helping to lift children out of poverty and improve aspiration; – £1,297,600 income generated to support service transformation and early help for families in 12 months; 72% improvement over the previous year; – Improved partnership working, better information sharing, more analytic capacity and improved strategic leadership have contributed to this success – Improving and sustaining the impact of this programme is integral to the Children’s Service Innovation and Improvement Programme – The national Troubled Families Programme is continuing into 2020/21 which provides income for key services to continue as we develop a sustainable approach through an early help offer for children and young people further.

Theme	Development areas	Progress to March 2020
<p>Improving the Front door and MASH arrangements</p> <p>Strengthening our partnership working through improved development and changes within MASH. <i>Reviewing our Early Help Offer (now a separate theme).</i></p>	<p>Improve the functionality and use of case management systems to support effective practice (LCS and EHM).</p> <p>Include a review of all ICT systems used by CSC</p>	<p>We have:</p> <ul style="list-style-type: none"> • Had the End 2 End review scope approved in February 2020 at the ICT Projects board. • Started to develop the Capital Programme components, as agreed in the Programme Brief which was approved at the ICT Project Board in March 2020. • Added all Core Forms for social Care practice to the development and testing plan to improve systems functionality. These include; <ul style="list-style-type: none"> – Children in Need Plan – Child Protection Plan – Initial Child Protection Conference Minutes Form – Permanence Planning Functions • Planned for all forms to be added to the test system in April, subject to Social Care Testers approving systems functionality. • Identified Liquid Logic system development areas to be incorporated into a longer term development plan. • Reviewed the NHS Numbers and identified that there is no business requirement at this stage to conduct further integrations into Liquid Logic. This strand has been closed in the review.

Theme	Development areas	Progress to March 2020
		<ul style="list-style-type: none"> • Collated the business requirements relating to the requirement for a new Auditing database. • Obtained previous costings and business benefits for Liquid Logic hosting solution. • Held meetings with social workers and managers to gather and extrapolate Smart Storage requirements to endorse new working and data storage protocols. • Reviewed mobile working practice across Social Care and shared recommendations with ICT to inform new mobile working arrangements.
	Further development of one front door; including Information; Advice and Guidance for Parents and Practitioners to support lower level needs. Work will include the quality and timely collection of information from partners for the statutory process for SEND	<p>We have:</p> <ul style="list-style-type: none"> • Held two workshops with partner involvement to establish and review gaps analysis in current practice and processes within the Integrated Front Door. • Established a Task and Finish Group to further develop the Integrated Front Door. • Improved understanding of the roles and functions of the Integrated Front Door. • Mapped the current process and model of practice of the Integrated Front Door. • Started to understand the Special Educational Needs and Disability process and develop specific practice through the Integrated Front Door. • Started to gather and understand the role of data and intelligence to understand the needs of families and stakeholders to inform demand and make up of Front Door workforce. • Improved the collection of joint intelligence and effective decision making to support children and families to receive the right support as early as possible.

Theme	Development areas	Progress to March 2020
<p>Improving the quality of Social Work practice.</p> <p>Consistently identifying, assessing and responding to risk.</p>	Improve standards and performance of Social Work practice working with children and families known to Children's Social Care	<p>We Have:</p> <ul style="list-style-type: none"> • Facilitated bi-weekly, thematic task & finish groups, led by Heads of Service to focus on processes and procedures around Allocation & Assessment, Children in Need, Child Protection & Children in Care/Care Leavers. • Established a Court Proceedings Task & Finish group to review systems & process to address issues relating to drift & delay. • Delivered: <ul style="list-style-type: none"> – New up-dated Practice Standards Booklet – Updated Children & Families Single Assessment – Improved Children in Need Plan – Improved Child Protection Plan – Improved Care Plan – Updated Pre-birth Assessment & Consent Form – Updated ICPC Minute Template – Improved Outline Plan

Theme	Development areas	Progress to March 2020
		<ul style="list-style-type: none"> – Completed guidance notes for the Children & Family Single assessment and Pre-birth Assessment which will be embedded within Liquid Logic • All of the above templates are in the process of being input onto Liquid Logic
	Review the Practice Model and Framework of social work	<p>We have:</p> <ul style="list-style-type: none"> • Researched the different social work practice models & frameworks used within outstanding authorities. • Researched the use of Signs of Safety in Bradford Children’s Service. • Drafted an options paper informed by the research outlined above to progress discussion on the future operating model.
	Supporting children and young people on the Edge of Care	<p>We Have:</p> <ul style="list-style-type: none"> • Reviewed scope of project with Heads of Services and Deputy Director and clarified deliverables. • Held a meeting with Intensive Family Support Team (IFS) Manager to initiate work on needs and demand appraisal in absence of robust data. • Commenced work to analyse referrals to IFS and Be Positive Pathways, interventions and impact over past 12 months. • Initiated work with the Head of Service (HoS) and Legal to progress enhanced Special Guardianship Order offer. • Identified property to replace The Willows. HoS authorised Service Manager to progress enquiries to support existing edge of care response through BPP team.

Theme	Development areas	Progress to March 2020
<p>Improving management oversight and quality assurance.</p> <p>Strengthening management grip at all levels.</p>	Workforce Recruitment, Retention and Capability	<p>We have:</p> <ul style="list-style-type: none"> • The core leadership has been strengthened through the recruitment of permanent Heads of Service. • Reviewing of established / non-established posts/staff within Children’s Social Care against the needs and demands of children. There will be a clear plan to remodel social care teams to include Practice Supervisors, Business Support, Community Resource Workers by the end of May 2020 • Reviewed social care tasks that can be transferred into other roles to release capacity within the system. • Established a Staff Task & Finish Group with weekly meetings taking place to review and up-date job profiles, progression pathways and CPD opportunities. <ul style="list-style-type: none"> – Completed the review of job profiles for the following posts: <ul style="list-style-type: none"> – Community Resource Workers – Contact Supervisors – Child Advisors – Created new job profile for Personal Advisor for Care Leavers and submitted to be evaluated.

Theme	Development areas	Progress to March 2020
		<ul style="list-style-type: none"> Reviewed “Bradford’s Offer” to encourage social work practitioners to apply to work for Children’s Services. Drafted a business case outlining a proposal for new “Bradford Offer” incorporating golden hello payment, parking subsidy, relocation allowance & annual social work subscription. Requires consultation and costing
	Provide a clear framework for reporting and statutory returns in Children’s Social Care to support the development of a high performance culture; focusing on self-evaluation and reporting against legal frameworks such as The ILACS and the associated reporting for Annex A.	<p>We have:</p> <ul style="list-style-type: none"> Drafted a comprehensive performance framework and shared with the Performance Team for comment in March 2020. Working towards a Performance and Quality of Services Framework to ensure the Directorate and the wider Council has a full understanding of early help and social care across the continuum of need Embedded Annex A reporting requirements within performance framework with key performance indicators. Drafted Self-Assessment templates and example reporting for services in the Directorate to progress Heads of Service self-evaluation of services in new financial year
	Performance across core indicators to improve practice; reduce drift and delay and work is underway to address this.	<p>We have:</p> <ul style="list-style-type: none"> Improved understanding of the ILACS framework with CSC teams. Improved compliance for audits. Starting to see improving compliance across key performance indicators. Consistency in grading with moderation supporting this. Introduced “lunch and learns” across social care teams Conversations between auditor and social workers reflect good understanding of child’s needs
	Workforce Development Strategy for Social Work and Social Care Leaders	<p>We have:</p> <ul style="list-style-type: none"> Reviewed the policy and research literature that examines workforce issues in social care and allied professions Consulted with workforce development, training and education specialists Surveyed and consulted with the current workforce Prepared a briefing paper that summarises the evidence and recommends a strategic plan designed to achieve excellent working conditions, good support systems, competitive salaries and supportive management. Placed the social care practice model at the centre of the workforce development strategy, Bradford’s offer to employees being the opportunity to do proper social care that makes a difference.

Theme	Development areas	Progress to March 2020
Improving outcomes for Children in Care Developing and retaining sufficient placements, Foster Care training, and	Placement Quality and Sufficiency of Provision for children in care	<p>We have:</p> <ul style="list-style-type: none"> Worked with the work stream group to review data on Children in Care and Leaving Care to identify additional information required to support analysis of needs. Studied examples of best practice from other Local Authorities for Contact service to support internal review of Contacts

Theme	Development areas	Progress to March 2020
<p>timeliness of access to mental health support for vulnerable children/young people.</p>		<ul style="list-style-type: none"> • Agreed the specification of Local Partnerships (LP) to undertake a review Placement Co-ordination by end of April 2020 • Scheduled all stakeholder interviews, initially face to face, now via teleconference. • Collated and shared key documentation with LP on placement procurement process, providers, costs and staff resources • Scheduled process discussions with stakeholders to consider alternative options for Placement Co-ordination.
	<p>Cohort analysis of children and young people in care to reduce care duration; care episodes and care costs.</p> <p>Detailed analysis of all children and young people in care with prioritised targeted action to address conditions; poor outcomes and arrest overspend and high spending on CSC LA budgets.</p>	<p>We have:</p> <ul style="list-style-type: none"> • A clear understanding of our Children in Care population – this has supported the development of a permanence tracker. Each locality Head of Service monitors the permanence tracker for their area. • Plans are in place to reassess and prepare a number of discharge applications • Commenced review of cases (High cost placements) with recommendations for individual children being made. In addition, this work is identifying emerging themes which will be progressed to improve the system: <ol style="list-style-type: none"> 1. Children are being placed out of area because: <ul style="list-style-type: none"> – No viable alternatives or spaces in Bradford – Challenging behaviour that our in-house residential cannot manage – CSE/exploitation issues happening in Bradford 2. Identified that data does not always correlate across the financial systems in place and their improvements are required in the financial monitoring procedures 3. Identified that case work practice has impacted on children and families, including: <ul style="list-style-type: none"> – Drift and delay due to multiple social worker changes – Poor decision making regarding priorities for the child – Lack of therapeutic availability – Lack of family support/relationship building for Children in Care
	<p>Placement Quality and Sufficiency Strategy (to include Adopter and Fostering recruitment).</p>	<p>We have:</p> <ul style="list-style-type: none"> • Reviewed the statutory duty, regional comparative research and revived work on this subject begun in 2019 • Formed a 'Task and Finish' group to examine the precise cost of placements by type and location • Begun a detailed examination of Bradford's population of children in Care, relative to other areas and children as a whole • Begun a review of systems that support the achievement of sufficiency, such as databases of foster carers and placement providers.

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Report of the Strategic Director of Children's Services to the meeting of Children's Services Overview and Scrutiny Committee to be held on 4th November 2020

AI

Subject:

Education Covid Recovery Improvement Programme

Summary statement:

This report provides an update on the work that forms part of the Education Covid Recovery Improvement Programme. It updates the status of work to date along with the approach to be taken for further development.

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Children's Services

1. SUMMARY

1.1 This report provides an update on the work of the Education Covid Recovery Improvement Programme.

2. BACKGROUND

2.1 During the period of school closure from 23rd March 2020 to September 2020, schools were required to ensure that learning opportunities were provided for all children on their roll. This was done in a number of different ways and almost all schools were successful in engaging with the majority of their learners.

2.2 However, it is recognised that the impact of the closure of schools will have undoubtedly had a negative impact on the learning for many children, especially those who come from disadvantaged backgrounds. It should also be noted, that non-disadvantaged children will also have also been negatively impacted by the closures. Therefore, whilst the post Covid funding will naturally focus on the impact for disadvantaged children, aspects of this recovery process will benefit a wider group of children.

2.3 All pupils were supported to return to school for face to face learning from September 2020. However, as we move into the autumn and winter there is an expectation that there will be a further need for distanced learning to continue as schools manage closures of school bubbles or full school closures, where pupils or staff are identified as having symptoms or confirmed cases of coronavirus.

2.4 In June 2020, the Executive agreed for funding to be allocated to support the delivery of several strategies that would help to reduce the medium-term impact of the closures.

2.5 This included the creation of the Education Covid Recovery Improvement Programme. An Interim Programme Manager, Sharon Sanders, was appointed in October 2020 and will be responsible for ensuring the delivery of the Programme. This will include the provision of a robust framework to capture activity and measure progress against identified outcomes.

2.6 The Education Covid Recovery Improvement programme includes the following workstreams:

- Digital Inclusion;
- Extended Summer Tuition Programme – Maths and English Year 11 GCSE;
- Supporting Mental Health for Learning.

2.7 Digital Inclusion

2.7.1 The COVID-19 pandemic has highlighted the need for online access for communication, education and wellbeing in the district, making digital inclusion more imperative both in the response and the recovery for children, young people and families in the District.

2.7.2 In May 2020 the Government announced a national programme to roll out laptops and devices for all children with a social worker and disadvantaged Y10 pupils. This programme also included internet access for those with no wifi access. A process was used by the DfE based on trend data to determine the numbers of laptops or devices to be allocated to each Local Authority.

2.7.3 In the case of Bradford, the total number of laptops or devices allocated was just over 2000 against just over 5000 children, including Care Leavers, who have a social worker. Therefore, it was recognised that there was a gap in the provision of devices to support remote learning for vulnerable children and young people.

2.7.4 The Education Covid Recovery Improvement Programme will be widening the provision of connectivity and digital devices to support learning.

2.7.5 This will include the following:

- Our 2000 younger children under the age of 5 across the district access to an age appropriate device to support children in the Early Years Foundation Stage (EYFS).
- Children who have since been allocated a social worker.
- Post 16 (Years 12 and 13) who need to access a device for college.
- Ongoing support and maintenance of the existing 4G connections provided in the DFE scheme, as well as the provision of additional connections for the extra devices. Ensuring that these are extended to the end of the current academic year in the first instance.

2.7.6 The newly appointed Programme Manager will work with Education Strategic Leads; Social Workers; Early Help and Schools to identify the priority order for allocation. Work will also commence on the identification of suitable devices for the under 5's that will enable them to engage with learning.

2.7.7 To ensure consistency in device provision an assessment of devices issued via the DFE programme will be completed for each year group. This information will enable the most appropriate devices to be procured.

2.7.8 This will also support in the identification of children and young people that will need a change in device as they progress through their school journey. This information will assist in the development of a device refresh schedule, ensuring devices are current and can be reused when no longer required.

2.7.9 Mobile wifi device provision will be reviewed in parallel. This is to ensure allocation is provided and extensions to service provision are made where needed. Ensuring no disruption to teaching and learning.

2.8 Tuition Programme – Mathematics and English

2.8.1 The Opportunity Area, in partnership with Born in Bradford delivered a programme of summer tuition in GCSE mathematics in 2019.

2.8.2 To extend tuition for GCSE Mathematics and English, Bradford Council has committed £400k, in addition to Opportunity Area funding, to improve outcomes at

Key Stage 4. This is a combined investment of £600,000

2.8.3 Mathematics Tuition

The focus of the Maths Tuition Programme is to improve attainment at Grade 4 or above in GCSE in 2021. The intention is for the tutoring sessions to start after October half term and will be for a duration of 20 weeks. Tutoring sessions will take place at weekends.

School selection for participation in the Maths project was based on low attainment in mathematics grade 4+ and with large cohort sizes to ensure maximum impact. Letters have been issued to all 17 schools encouraging them to select students who will achieve at least grade 4 with this intervention. There are between 30 and 55 pupil places available per school making 800 places available in total.

Bradford University is leading on the recruitment of tutors and have received 40 applications to date from year 2 and 3 undergraduates. Most applicants are from Life Sciences and Informatics students and come from a range of communities. Tutors will be paid above the minimum wage, will be trained and also provided with mentor support. All tutors will receive hygiene training from hospital tutors to ensure adherence to Covid guidelines

Venues for tutor sessions have been booked. Most are in libraries where there has been a positive uptake in wanting to offer homework quiet spaces as well as rooms for tutoring. Plans are in place for tutoring to be delivered online if this becomes necessary. An assessment of access to technology will be completed when students are identified and appropriate provision put in place to support any move to remote learning due to Covid.

Evaluation by CAER has been built into the project to enable replication for future years

2.8.4 English Tuition

The Post Covid Education Recovery programme has also committed an equivalent sum of money to provide funding to develop a parallel system to support rapid improvements to prepare students for the Y11 GCSE English language examinations.

Focus will be on examination technique, question analysis and efficient and effective text analysis. Delivery of the English Language tuition project will be by suitably qualified staff who will be trained to deliver a programme to meet specific requirements.

2.9 **Supporting Mental Health for Learning**

2.9.1 It is recognised that many children will have been impacted by the restrictions imposed during the lockdown period and sadly, some children may have experienced the death of family members during Covid-19.

2.9.2 It is well documented that children will often use schools and adults in school as “safe spaces” in which to explore their feelings. Therefore, specialist advice will

need to be in place to support schools directly and indirectly to help children work through feelings. Disadvantaged children and families may need more targeted and specialist support.

- 2.9.3 The aspiration is to provide a comprehensive response to children and young peoples' mental health and emotional wellbeing needs at all levels within schools (whole school, class/form and individual pupils). There is insufficient mental health capacity within the locality, which is evident in the extensive waiting time for existing services.
- 2.9.4 The Education Covid Recovery Improvement programme will establish a team of 5 Education Therapeutic Officers (ETO) to deliver therapeutic interventions to both individuals and small groups, and be based within the Educational Psychology Service.
- 2.9.5 ETO will not replace services already in place. Their focus will be to provide support to families that need specialist and bespoke support . The decision making process for identifying families includes a range indicators (EHCP; Education Psychology) as well as discussions with the family, social worker, health service etc.
- 2.9.6 ETO interviews have been completed with the aim of 9th November start date for the lead practitioner and the 4 others shortly afterwards.
- 2.9.7 A referral process to the ETO team is in final stages of development to support schools in accessing the service.
- 2.9.8 Communication around the ETO service has been shared with schools on BSO and via SENDCo Network and other communications with settings. Expressions of interest have already been received. This includes feedback where staff are experiencing difficulties and so we are looking at whether we can encompass some element of staff support into the project provision.

3. OTHER CONSIDERATIONS

- 3.1 None.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 £1.2 Million additional Capital funding has been committed by the council to support post COVID recovery for the provision of digital devices. In addition, revenue funding of £715k has been identified to provide tuition programmes and the creation of a small team of Education Therapeutic Officers

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 If there are no significant risks arising out of the implementation of the proposed recommendations it should be stated but only on advice of the Assistant Director Finance and Procurement and the City Solicitor.

6. LEGAL APPRAISAL

6.1 All advice to schools given in line with National Government Guidance and the Education Act.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Impacts on all children and young people of statutory school age. Specific focus on supporting vulnerable children to reengage with learning positively.

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

All children have the right to an education.

7.6 TRADE UNION

All establishments of posts have been done via the appropriate engagement with Trade Unions.

7.7 WARD IMPLICATIONS

All wards.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

Children Looked After are a specific cohort that will benefit from this work.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

9.1 Not Applicable.

10. RECOMMENDATIONS

- 10.1 Members of the committee to note the contents of this report and to support the delivery of the Education Covid Recovery Improvement Programme.

11. APPENDICES

- 11.1 Appendix 1: Education Covid Recovery Improvement Programme – Action Plan.

12. BACKGROUND DOCUMENTS

- 12.1 None.

RAG:	
R	Off target
A	Started/ work in progress
G	Completed and signed off
	Not yet started

Progress update 13th October 2020

ACTION AREA		ACTION	OWNER	PROGRESS	R A G	SIGN-OFF
1	Digital Inclusion Workstream.					
1.0	Develop the detailed scope and associated implementation plan detail for this workstream	Review provision of devices and associated usage data under the DFE initial scheme	Programme Manager and Innovation and Improvement Lead	Initial discussions with Innovation lead have taken place and follow on meeting is scheduled in October This discussion will provide valuable insight into the success of various device type utilisation. Supporting the measurement of outcomes and next phase procurement decisions		
		Review device types against DFE updated guidelines	Programme Manager Innovation and Improvement Lead	Ensure recommended devices within DFE are aligned to the first phase delivery for consistency. Follow on meeting October		
		Review Wi-Fi devices and assess utilisation and ongoing support and maintenance for current devices	Programme Manager Innovation and Strategy Lead	This discussion will provide valuable insight into the success of various device type utilisation. Supporting the measurement of outcomes and next phase procurement decisions Meeting in October		

ACTION AREA		ACTION	OWNER	PROGRESS	R A G	SIGN-OFF
1.1	Agree under 5 cohort criteria for provision of devices. Including device type and associated software to be loaded onto the device	To identify the 2000 under 5's who will benefit from a device To confirm the device type and software recommended based on practitioner expertise. This will support procurement requirements	Early Years Lead and Programme Manager	Initial meeting to be scheduled for October		
1.2	Identify new care leavers since initial DFE rollout	To identify the individuals requiring a device. To ensure appropriate device procurement and allocation	Programme Manager Virtual School	Initial meeting held with Virtual School Head and Innovation and Strategy lead in October Follow on meeting to be scheduled		
1.3	Identify Post 16 Care Leavers	To identify the individuals requiring a device and the type of usage needed e.g. college work. To ensure appropriate device procurement and allocation	Programme Manager Virtual School	Initial meeting held with Virtual School Head and Innovation and Strategy lead in October Follow on meeting to be scheduled for October		
2: Extended Summer School – Maths and English						
2.1	Recruitment and training of Tutors	Bradford University to manage the recruitment of undergraduate tutors Training to be provided by Maths Hub	Bradford University	40 applications received to date from Year 3 and 4 undergraduates Interviews to be scheduled for October with Bradford University and Maths Hub		

ACTION AREA		ACTION	OWNER	PROGRESS	R A G	SIGN-OFF
2.2	Venue Booking	Book venues across the District	Bradford University	Venues are booked and are primarily in libraries that are keen to provide homeworking space and tutor room availability		
2.3	School Selection	School selection criteria to be applied and letters issued to those schools	School Standards and Performance Bradford University	School criteria identified as low performing on attainment of grade 4 or above for Maths. This is 17 schools Letters issued to offer 30 – 55 pupil places per school. Bradford University awaiting responses		
2.4	English Tutoring Detailed Scoping	To define the detailed scope of the English Tutoring project. Including the identification of tutors; pupil cohort; school selection; venues and associated timelines	Programme Manager School Standards and Performance	Meeting to be scheduled with School Standards and Performance Team; Opportunity Area Project Lead for October		
3: Supporting Mental Health for Learning						
3.1	Education Therapeutic Officers (ETO) Recruitment	Advertise vacancies for 5 ETO posts to include 1 Lead Practitioner. Interview and appoint for a post October half term start	Integrated Assessment and Psychology Team	ETO interviews have been completed and preferred candidates identified. The appointments are in the process of being finalised, with the aim of 9 th November start date for the lead practitioner and the 4 others shortly		

ACTION AREA		ACTION	OWNER	PROGRESS	R A G	SIGN-OFF
				afterwards.		
3.2	Schools access to ETO provision	Agree a process that supports schools to access ETO provision	Integrated Assessment and Psychology Team	<p>A referral process to the ETO team is in final stages of development to support schools in accessing the service</p> <p>Communication around the ETO service has been shared with schools on BSOL and via Senco Network and other communications with settings.</p> <p>Expressions of interest have already been received. This includes feedback that staff are experiencing difficulties and so we are looking at whether we can encompass some element of staff support into the project provision.</p>		

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Report of the Chief Executive to the meeting of Children's Services Overview & Scrutiny Committee to be held on Wednesday 4 November 2020

AJ

Subject:

**Working Together to Safeguard Children – The Bradford Partnership – Annual
Report 2019/2020**

Summary statement:

**Annual Report of The Bradford Partnership covering Partnership activities to
safeguard children in Bradford District**

Kersten England
Chief Executive

Portfolio:

Report Contact: Lawrence Bone -
Interim Board Manager
Phone: (01274) 435927
E-mail: Lawrence.bone@bradford.gov.uk

Overview & Scrutiny Area:

1. SUMMARY

1.1.1 The Bradford Partnership is the body set up by the three safeguarding partners in the district, the Local Authority, West Yorkshire Police and combined Clinical Commissioning Groups to provide scrutiny to safeguarding activities and responses by all relevant agencies in the Bradford District.

1.1.2 This is the annual report for the year 2019/2020. This report covers a period when the Bradford Safeguarding Children Board (BSCB) ceased to exist and the new partnership arrangements came into force and reflects this transition. The report outlines the work of the safeguarding partners across the Bradford District to promote the safeguarding and welfare of children and young people. The report provides an overview of the issues facing children and young people across the Bradford District including those with specific vulnerabilities. It then reports on the quality of services that are provided by agencies within Bradford and the results of both local and national inspections of services.

1.1.3 It also reports on the work of the Partnership itself and provides an overview report by the Independent Chair and Scrutiny Lead – Jane Booth. In her overview she particularly draws attention to the following:

- The improvement journey that agencies have been working on following a range of inspections which raised significant concerns;
- The impact of instability in the CSC workforce following the inspection in 2018;
- The continuing trend in significant increases in contacts being made with Children's Social Care about vulnerable children together with growing numbers of children needing to be protected by way of a Child Protection Plan or being looked after (formerly referred to as "in care") and that by the year end the need for these services had exceeded both national and statistical neighbour comparisons.
- Multi-agency working practices in respect of service thresholds, consent and information sharing and the need for further development of the Early Help services

1.1.4 She identified key challenges as :

- To ensure core services supporting children, young people and their families complete the improvement journey and are able to demonstrate compliance and quality of service;
- To develop multi-agency working and efficiencies to respond to ever increasing work – loads within a context of austerity and where some elements of service appear to be underfunding by National comparison, e.g. school nursing;
- To embed the new approaches to Early Help, reducing the number who need child protection or to be looked after by the Local Authority;

- To effectively progress the improvements being made in the Child and Adolescent Health services despite what appears to be a significant gap in funding against National averages;
- To develop best practice models to respond to some complex areas of safeguarding such as Child Sexual Exploitation, Child Criminal Exploitation and On-line abuse.

2. BACKGROUND

- 2.1.1 In September 2019 following on from the national changes instigated by the Wood Review the Bradford Safeguarding Children Board (BSCB) ceased to exist and was replaced by a new body, Working Together to Safeguard Children – The Bradford Partnership. This new body is a function of the three safeguarding partners in the district and seeks to provide scrutiny and challenge to partners working with children within the Bradford District.. The new arrangements continued the requirement for an annual report to inform the public and other interested parties about the work across the district to safeguard children and the first annual report for the new arrangements is attached.
- 2.1.2 Previous versions of this report under the BSCB arrangements have been submitted to this committee annually.

3. OTHER CONSIDERATIONS

Nil.

4. FINANCIAL & RESOURCE APPRAISAL

Nil

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

TBP has established governance and risk assessment processes to enable the scrutiny and assessment of partnership safeguarding activity. TBP has clear policies and strategies which have clear roles and responsibilities for identified activities and action plans to support delivery and actions towards the Partnership Strategic goals. Governance is at the highest level within the partner agencies, Chief Executive within the Local Authority, Divisional Commander within the Police and Chief Officer of the Clinical Commissioning Groups via an established Senior Leadership Group. TBP has formal links with the Bradford Safeguarding Adults Board and Community Safety Partnership as well as with the Children’s Service Improvement Board to look at cross cutting safeguarding themes.

6. LEGAL APPRAISAL

The Children and Social Work Act 2017 and revised statutory guidance ‘Working

Together To Safeguard Children' (July 2018) abolished local safeguarding boards and placed responsibility for safeguarding children and promoting their welfare with the three designated safeguarding partners, as set out in the body of this report. The partners are required to publish a report at least every 12 months. The report must set out: -

- What they have done as a result of the arrangements, including on child safeguarding practice reviews and how effective these arrangements have been in practice.
- Evidence of the impact of the work of the partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities
- A record of decisions and actions taken by partners to implement recommendations of any local and national safeguarding practice review, including any resulting improvements and
- Ways in which the partners have sought and used feedback from children and families to inform their work and influence service provision.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Equality assessments – All work of the Partnership are cognisant of equality and diversity issues and the impacts on all parts of the community treated fairly.

Equality objectives – The work of the Partnership contributes to creating a district where everyone feels safe, able to achieve to their fullest extent without fear of abuse or exploitation and where their views are listened to and taken seriously.

7.2 SUSTAINABILITY IMPLICATIONS

Central to ensuring the long-term social, economic and environmental well-being of Bradford District are arrangements for protecting and supporting the most vulnerable in our communities. Over the long term this means every effort is made to reshape behaviours, policy and practices to enhance the lives of children and the most vulnerable. This report reflects the vital work undertaken together to safeguard children through The Bradford Partnership and out into the actions and interventions required by all citizens and organisations. A long term goal is that through early intervention, prevention, public awareness and effective protection measures there is a fundamental reduction in harm and ongoing efforts to minimise the adverse impacts on children, families and our community now and for their future lives. Our aspirations beyond safeguarding, aligned to the Children, Young People and Families Plan, are for a district that cares, is inclusive, healthy and puts child safety and the rights of the child at the heart of all that we do.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

This report highlights the range of continuing community safety risks relating to young people in the Bradford District. The District Community Safety Plan highlights criminal exploitation of children as a key concern and community safety partners work alongside safeguarding professionals in a range of strategic and operational partnerships to help safeguard and support young people away from exploitation. This includes the Missing and Child Exploitation Meeting (MACE) and the Serious and Organised Crime Partnership Silver Group. Alongside this the Safer Communities Board directs the funding into Bradford from the West Yorkshire Violence Reduction Unit. The focus of this work has a strong public health emphasis supporting young people away from damaging life choices often connected to the drugs trade.

7.5 HUMAN RIGHTS ACT

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

7.6 TRADE UNION

No Trade Union implications

7.7 WARD IMPLICATIONS

District report covering all Wards.

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

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

National and local evidence shows that children who are looked after are more likely to become victims of Exploitation and abuse than other groups. This means that in relation to safeguarding and corporate parenting responsibilities, partners have a responsibility to understand the safeguarding risks facing children, and especially in relation to Exploitation, neglect and abuse.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There is no sensitive data included in this report that requires a Privacy Impact Assessment

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

N/A – this report is submitted for information purposes.

10. RECOMMENDATIONS

The Committee is invited to note the contents of this report.

11. APPENDICES

Working Together to Safeguard Children – The Bradford Partnership – Annual Report 2019/2020

12. BACKGROUND DOCUMENTS

- Background documents are documents relating to the subject matter of the report which disclose any facts or matters on which the report or an important part of the report is based, and have been relied on to a material extent in preparing the report. Published works are not included.
- All documents referred to in the report must be listed, including exempt documents.
- All documents used in the compilation of the report but not specifically referred to, must be listed.

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Bradford Safeguarding Children's Board
Annual Report
2019 - 2020



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Following the changes brought about by the Wood Review, on 1st September 2019 the Bradford Safeguarding Children Board was replaced by “Working Together to Safeguard Children – The Bradford Partnership” of which we are the three statutory partners within the Bradford District. A great deal of work was done prior to the change to make the transition as smooth and seamless as possible and we are pleased that the new arrangements are now fully embedded and undertaking the vital task of supporting and challenging agencies in their work to safeguard and protect the children and young people of our District. This report covers the period immediately prior to the changes - April 2019 until September 2019 - and serves as our review of how the new partnership arrangements are working as well as the work undertaken by the safeguarding agencies within Bradford and District during that period. We acknowledge that much remains to be done to ensure that the children of Bradford have the best opportunities to thrive and grow, safe and free from abuse in all its forms, and wish to restate our commitment here to working across agency boundaries to ensure that as far as is possible we achieve that aim.

We welcome continued the work of our Independent Scrutineer, Jane Booth, and the value the accountability she brings. We acknowledge the challenges she has laid out in her statement and we remain committed to improving the work we are already doing in this arena by working together and building on our strengths as a partnership.

Kersten England
Chief Executive
City of Bradford
Metropolitan District Council

Alisa Newman
Divisional Commander
Bradford District
West Yorkshire Police

Helen Hirst
Chief Officer
Bradford District & Craven
Clinical Commissioning Groups

Overview from Independent Chair and Scrutineer – Jane Booth



In April 2019 I took on the role of Independent Chair and Scrutineer of the Bradford Partnership in anticipation of the changes which were subsequently implemented in September 2019. The responsibility for the effective individual functioning of the agencies which make up the new Partnership sits with their internal management but responsibility for their coordinated activity as a Safeguarding Partnership now sits with the Chief Executives of the Local Authority and Clinical Commissioning Groups and the Chief Constable of Police.

The new multi-agency arrangements for safeguarding children were submitted to the DfE on time and the new partnership, The Bradford Partnership – Working Together to Safeguard Children- was established at the end of September 2019. Partners were keen to build on the elements of the former arrangements that had worked well, retained a Partnership Board with wide membership, and continued most of the former sub-groups. Terms of reference and the business plan were reviewed and a high level strategic group was put in place giving direct accountability for strategic direction to the lead agencies. Though not a statutory requirement, it had been decided to appoint an independent chair who would also provide an element of independent scrutiny. This report outlines the work of both the former LSCB and the new partnership. These new arrangements were still bedding in when the Covid 19 outbreak began and the Partnership's activities had to be significantly curtailed to allow partners to move resources to managing the outbreak.

The period covered in this Annual Report therefore reflects a split year in terms of the multi-agency arrangements, the first six months being under the auspices of the Bradford Safeguarding Children Board and the period from September 2019 – April 2020 under the newly established Bradford Partnership.

I write this overview from my perspective as Independent Scrutineer.

Following an adverse Ofsted inspection in 2018, resulting in a judgement of an inadequate children's social care service, much of the strategic effort in 2019-20 has been focussed on improvement – not just of local authority services but across the partnership, in recognition that good support for children and families requires a multi-agency approach. Further independent scrutiny reinforced the need for improvement across the system, with an inspection of the Youth Offending Team identifying the need for improvement and an inspection of health services support for looked after children and those needing protection by the CQC also raising some concerns. Additionally, an inspection of the Youth Offending Team raised a number of concerns.

At the beginning of the year Children's Social Care was operating with many temporary post holders and it was not November 2019 that a permanent Director of Children's Services came into post and not until February 2020 that the majority of middle and senior management posts were filled by permanent appointments. Additionally a significant number of social worker and first line management posts were filled with agency staff. This inevitably impacted on the rate of improvement and stability of the department. However improvement activity had begun to make an impact and this did accelerated in the latter part of the year. However much still remained to be done.

There has been a sharp focus on establishing appropriate standards of practice and achieving routine compliance with statutory requirements and, by the year end, comparative performance (compared against national averages and statistical neighbours) was largely showing good performance . Compliance was largely being sustained but audits were still showing significant need to improve the quality and consistency of practice.

Overview from Independent Chair and Scrutineer (continued) – Jane Booth



Trends identified in 2018-19 largely continued into 2019-20 with significant increases in contacts being made with Children’s Social Care about vulnerable children together with growing numbers of children needing to be protected by way of a Child Protection Plan or being looked after (formerly referred to as “in care”). By the year end the need for these services had exceeded both national and statistical neighbour comparisons.

New concerns about children (contacts and referrals) are dealt with via a multi-agency “front-door” and it soon became clear that there was little consensus about when to make contact and what the threshold was for a service to be offered. In response, in July 2019 the Partnership issued new guidance – The Continuum of Need – with launch events at that time and repeated in September when schools returned from the summer holidays. This work was supported by a series of audits which confirmed Ofsted’s earlier findings about the need to find more effective ways of operating the “front-door”. Two other important issues emerged – the absence of a sufficiently detailed breakdown of outcome of referrals which resulted in many cases being inaccurately described as concluding with “no further action”, and the absence of a robust early help offer.

Additionally some agencies have struggled to embed operation of the Continuum of Need in practice, so many cases are still presented which do not need a social care response or are below the safeguarding threshold and do not have consent for information sharing. Finding solutions to these problems has proved to be complex and agency actions were only just beginning to produce results by the year end.

Some key challenges for the coming year remain:

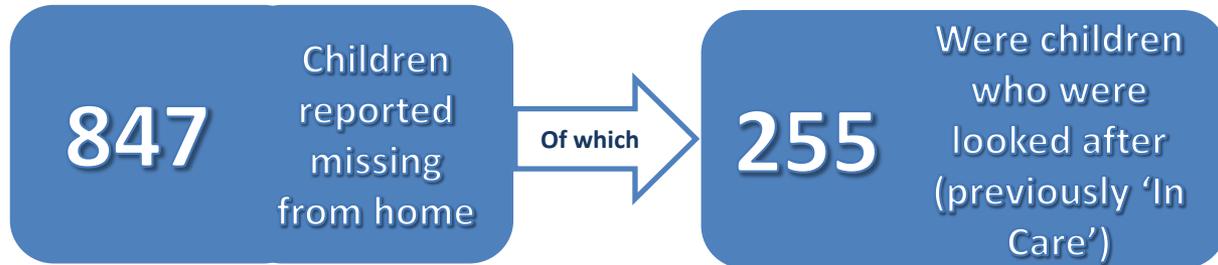
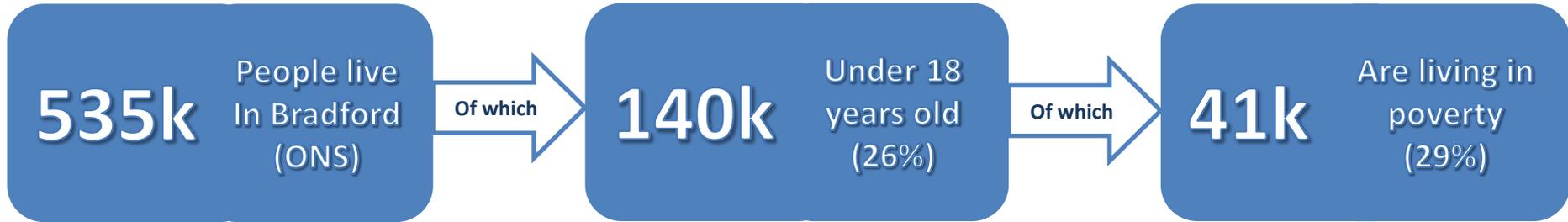
- To ensure core services supporting children, young people and their families complete the improvement journey and are able to demonstrate compliance and quality of service;
- To develop multi-agency working and efficiencies to respond to ever increasing work – loads within a context of austerity and in some agencies underfunding by National comparison, e.g. school nursing;
- To embed the new approaches to Early Help, reducing the number who need child protection or to be looked after by the Local Authority;
- To effectively progress the improvements being made in the Child and Adolescent Mental Health Services despite a significant gap in funding against National averages;
- To develop best practice models to respond to some complex areas of safeguarding such as Child Sexual Exploitation, Child Criminal Exploitation and On-line abuse.

Despite all the challenges there are many positives to celebrate and, in particular, Bradford benefits from a diverse and committed workforce across the agencies. Inevitably a report like this one reports at a point in time and by the date of publication is already out of date. Covid hit us just before the year end and has increased the challenge exponentially – I can only admire the energy and commitment shown right across the agencies to work together and ensure support to children and families has continued. My thanks go to all concerned.

Jane Booth

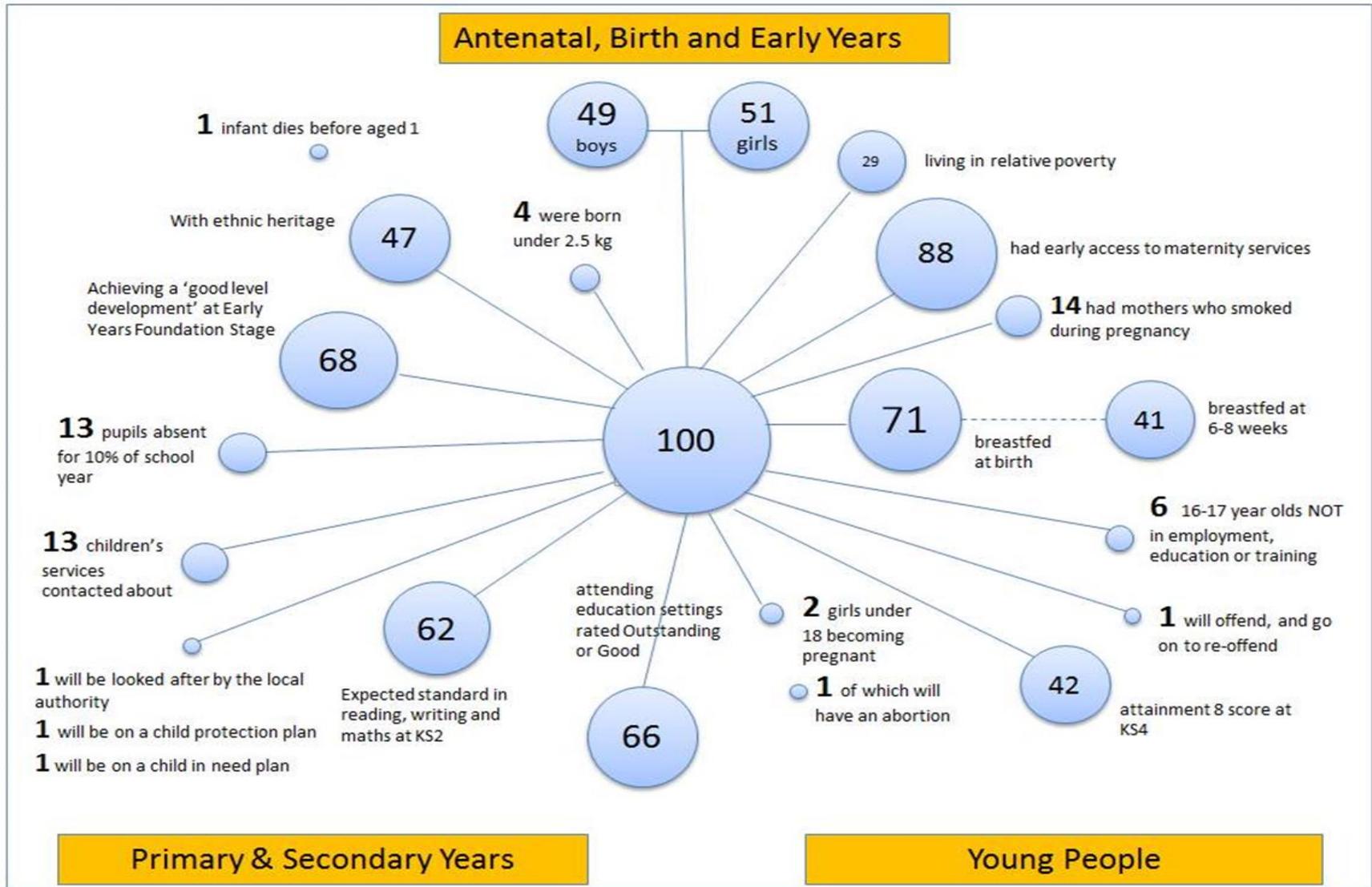
Independent TBP chair

Vulnerable Children in Bradford Data Summary



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If Bradford were a village with 100 children



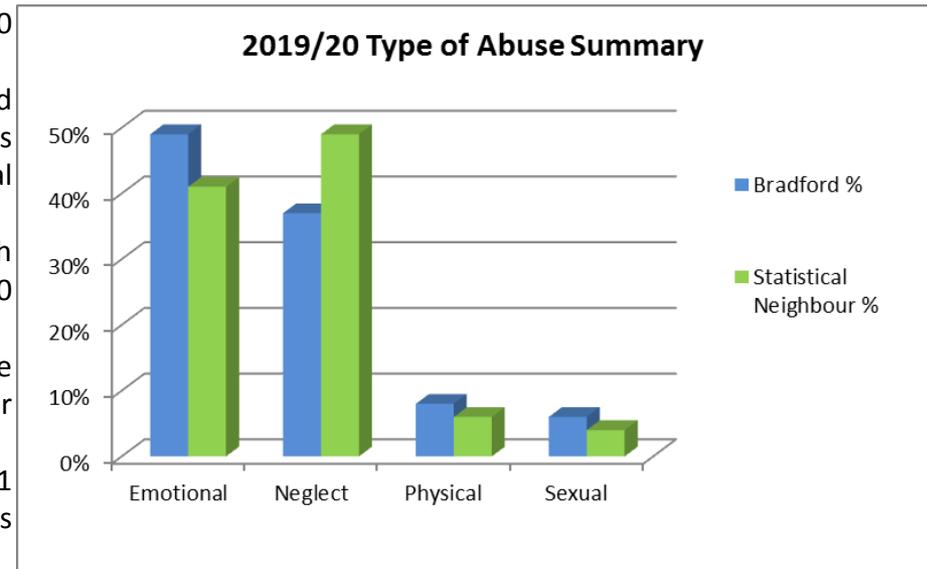


Vulnerable Children in Bradford Data Summary

- Both child and infant mortality are high, with a value of 5.7 and 15.2 respectively, against National figures of 3.9 and 11.2
- Vaccination rates and tooth decay are comparatively high
- 5,315 children were defined as “in need” at 31 March 2020, with 8% of those having a disability
- 847 children reported missing from home in the year to March 2020.
- 255 of children going missing were Children in Care. This figure includes some children for whom the responsible authority is not Bradford Council as they are placed away from their home area.
- 32,038 contacts about children’s welfare were received by Children’s Social Care
- 9,934 of contacts resulted in referrals for a service (1,071 higher than last year). This was a rate of 705 per 10,000 children which was higher than the Statistical Neighbour (SN) rate of 678.
- 92% of referrals went on to further action (90% last year), of which 21% were re-referrals (19% last year)
- 13,982 assessments were completed by Children’s Social Care (increase of 2,805 on last year)
- 75% of assessments met the statutory requirement of authorisation within 45 working days of referral date

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- 4,257 children were the subject of child protection investigations (170 lower than last year). This is a rate of 300 per 10,000 children, significantly higher than the SN rate of 219.
- 31% of child protection investigations resulted in an Initial Child Protection Case Conference (higher than the 27% in the previous year). This is a lower proportion compared to SN and national average of 40%.
- 1,244 children & young people were looked after as of 31 March 2019 (decrease of 81 children). This is a rate of 87 per 10,000 which was lower than SN (86).
- 1,324 children were subject of Initial Child Protection Case Conferences (increase of 146 children). This was a rate of 89 per 10,000 compared to 83 for SN.
- 953 children were subject of a Child Protection Plan as of 31 March 2020 (an increase of 86 children since 31 March 2019). This is a rate of 67 per 10,000 children, higher than the SN rate of 58.



Child Exploitation



CSE Victims

The information in r220 children & young people identified as at risk of CSE were open cases at end March 2020. 30 were considered to be at High Risk, 74 were considered Medium Risk and 116 were Low Risk

CSE Flagged Suspects

Information on CSE flagged suspects has been collated using data recorded by West Yorkshire Police. It includes the suspects of both recent and non-recent offences and/or intelligence. The non-recent offences / intelligence relates to incidents over 12 months old. The data is correct at 31/03/20.

At 31/03/20 there were 179 persons recorded on West Yorkshire Police Systems with a CSE suspect flag, this relates to 45 persons linked to recent offences or intelligence and 134 linked to non-recent offences or intelligence.

While data is now collected for Criminal Exploitation this is not available for this year but will be included in the 2020/21 annual report.

The number of CSE flagged perpetrators (both recent and non-recent offences) were: 15 high risk, 126 medium and 38 low. The number of male perpetrators was 174 which, was significantly higher than the number of females (four) and one perpetrator's gender was not identified.



What do we know about the quality of services supporting children and families in Bradford?

Children's Social Care

As indicated in last year's Annual Report, the Ofsted Inspection published on 29th October 2018 had included a judgement that the Council's Children's Social Care services were failing to adequately meet the needs of children and families in Bradford. Throughout 2019-20 work continued in response to this judgement.

A multi-agency Improvement Board was established to progress the necessary improvements and to monitor progress bi-monthly. In addition a number of monitoring visits have been undertaken by Ofsted looking at specific areas, and those completed before the end of March 2020 indicated that while there were signs of change, the progress of change had been slow prior to the appointment of a permanent senior management team in the latter part of the year, and needed to accelerate. A multi-agency action plan has been in place and progress against this has also been reviewed by the Department for Education.

A focussed data set, the Vital Signs Report, was developed to support performance monitoring and there have been significant improvements in many areas of compliance.

A restructure of Children's Social Care into locality based multi-disciplinary teams has taken place and recruitment to all the senior roles in the organisation is complete with all the posts now filled with permanent staff rather than temporary appointments. Processes related to the Integrated Front Door, Early Help and Child Protection Conferences are also being amended.

A very significant investment in Early Help is underway with the planned creation of Early Help Hubs. This will involve the appointment of twelve Early Help Coordinators, three of who were in place by the year end.

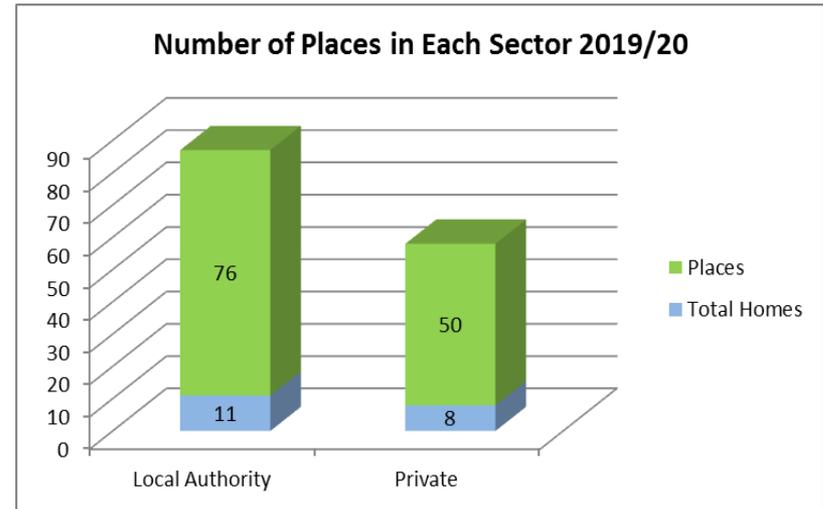
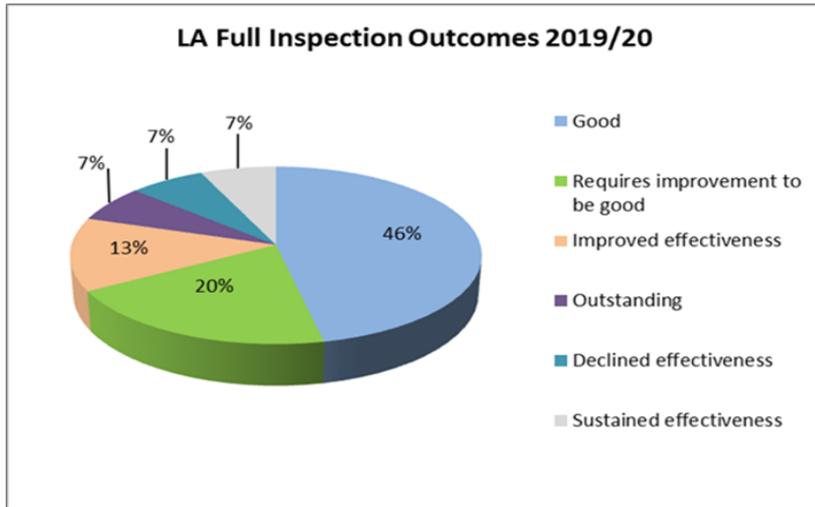
What do we know about the quality of services supporting children and families in Bradford?



Children Homes

There are 11 Children's Homes in the Bradford District run by the Local Authority and eight that are run by the private sector, which provide a total of 126 places for children.

During the financial year of 2019/20, all LA Children's homes were fully inspected by Ofsted, with an additional four interim inspections also taking place. Seven (46%) homes scored a 'Good' overall outcome, followed by three (20%) requiring improvement to be good, and two (13%) having improved effectiveness.



Improvements in over all inspection scores from 2018/19 - 2019/20			
Overall experiences and progress of children and young people	2018/19	2019/20	Change
TBC	1	0	↓ -1
Inadequate	2	0	↓ -2
Declined effectiveness	0	1	↑ 1
Requires improvement to be good	4	3	↓ -1
Sustained effectiveness	0	1	↑ 1
Good	6	7	↑ 1
Outstanding	0	1	↑ 1
Improved effectiveness	0	2	↑ 2
	13	15	

The graph above (right) shows that the 11 LA homes provide a total of 76 places for children (averaging seven places per setting), and that the eight private homes provide a total of 50 places (averaging 6 places per home).

The table to the left compares the 2019-20 LA inspection results for childrens homes to the 2018-19 results, indicating that overall, the scores improved in the Inspection period 2019/2020.

There was a total of 13 inspections across the 11 homes during 2018-19, and 15 inspections in 2019-20.



What do we know about the quality of services supporting children and families in Bradford?

Health Services

As mentioned in the previous report, the Care and Quality Commission (CQC) conducted a Safeguarding and Children Looked After Review in Feb 2019. This was published in June 2019. The review considered the work of Airedale Foundation Trust, Bradford Teaching Hospitals Trust, Bradford District Care Foundation Trust, Locala, Change Grow Live and the Bridge Project. It also reviewed the three District Clinical Commissioning Groups, Airedale Wharfedale and Craven, Bradford City and Bradford District. The focus of the review was on the experience of looked after children and children and their families who receive safeguarding services.

Since then, the CCG and service providers in the district along with Public Health have been working on a comprehensive action plan developed to address the recommendations in the report. There was a recognition in the report that there were many strengths within the collective health services across all the agencies involved, but a total of 59 recommendations were received from the report and a District wide action plan to address these was formulated for progress during 2019/2020. Progress on the action plan has been reported via the Council's Improvement Board. Work that has been undertaken in the last year includes:

- improving communication channels within healthcare services;
- further embedding the Think Family approach to practice;
- utilising a range of screening tools available to identify risks when working with families, young people and pregnant women.

Work is still on-going to complete the action plan in order to achieve the remainder of the recommendations.

The full report can be found at: [Review of health services for Children Looked After and Safeguarding in Bradford](#)



What do we know about the quality of services supporting children and families in Bradford?

Sexual Health Referral Centre

The provision of services for children needing medical assessment related to sexual abuse is now provided from a single West Yorkshire resource . During the course of the year additional resources have been provided to ensure follow-up is available. Further assurance is being sought regarding response to concerns involving Female Genital Mutilation concerns.

Mountain Healthcare, who run the Hazlehurst SARC were inspected by the Care Quality Commission (CQC) in July 2019 and their service met the required standards in the five areas assessed namely;

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive to people's needs?
- Are services well-led?

The full report is below

[Hazlehurst Centre SARC – Mountain Healthcare CQC Inspection](#)



What do we know about the quality of services supporting children and families in Bradford?

Youth Offending Services

The report on an inspection of the Youth Offending Service was published in January 2020. In 8 of the 12 quality assurance standards the service was judged to be inadequate. Section 7 of the report focussed on safeguarding.

- ❖ An improvement plan has been put in place and all staff within the YOT have now undertaken safeguarding refresher training and all administrative staff have completed basic online safeguarding training.
- ❖ A key response has been the establishment of a multi-agency initial planning panel (MIP) has been established between the YOT and partner organisations to safeguard and promote the welfare of children through more effective joint working. The panel screens all children who are known to the YOT and ensures they have a robust plan in place that addresses any identified safeguarding, education, health needs and risks that are identified.
- ❖ Work has been completed with other YOTs in Yorkshire to ensure the MIP model and membership reflects best practice. The MIP allows the YOT and partner organisations to identify any trends in risk and safeguarding that may affect young people in Bradford. These trends are used to shape the practice of frontline staff and the planning of future YOT services, and the findings are also presented at the Bradford District Care Trust Children's Quality and Operational meeting to ensure all organisations can work together to address identified issues and help keep children and young people safe



What do we know about the quality of services supporting children and families in Bradford?

Early Help

During this year the PMAE sub-group of TBP received concerns from agencies regarding their capacity and it's impact on partnership working. Also there were concerns raised regarding the district provision in regard to Early Help provision within the District and how effective this was in early interventions with children and families.

The Partnership highlighted this issue and work commenced by the local authority to review and amend the Early Help provision available to agencies working with families. Discussions have taken place across all relevant agencies and a new Early Help model has been created. TBP have remained involved in the process of review and amendments of these documents prior to their launch in September 2020.



What do we know about the quality of services supporting children and families in Bradford?

Section 175 Schools Safeguarding audit

During the year all schools in the district were asked to undertake a self-assessment of their safeguarding policies, procedures and training via an online assessment tool circulated by the Education Safeguarding Team of the Local Authority. Completion rates increased from 53% 2018/19 to 62% of schools completing the tool in 2019/20. 52% of the district's Academy/Fee/Independent schools have completed the audit, this includes 7 academies who submitted an audit in their own format, these results cannot be incorporated within the themes outlined below. 74% of LA maintained schools completed the audit.

The leadership of safeguarding was ranked highly with an average of 91% of schools rating themselves green for most areas in this section. The data suggests further focus on improving persistent absence and undertaking proactive work around parent and pupil voice for attendance should be a focus over the next academic year, this will be particularly relevant in light of the COVID-19 pandemic and school closures. Schools also articulate that they have robust procedures in respect of recruitment of staff, which is a continued strength from the previous year's audit results.

Further development is required in some areas of staff training and development. 28 schools identified gaps in training for staff in Prevent, FGM, Exploitation and other specific areas of child protection and safeguarding. The Education Safeguarding Team will discuss training requirements with these schools and provide signposting where necessary. They also identified a gap in knowledge for all staff with regard to Early Help. The new Early Help programme focussing on Lead Practitioners should help to address this for these schools.

Risk assessment within school is a reported strength. A small proportion of schools have rated themselves as amber for some measures around site safety. This will be shared with the council's health and safety team to consider a further training and support offer to schools.

35% of schools reported there are some gaps in the safeguarding curriculum, particularly around a bespoke policy for Relationships, Health and Sex Education. The Education Safeguarding Team continue to offer access to training for implementation of the curriculum, in line with the new statutory requirement. The DfE have delayed implementation until the summer term 2021, if schools are not yet ready to begin the delivery of the compulsory elements of the curriculum. The majority of schools reported positively about supporting pupils to be safe online.

Pupils are reported to have a voice in decision making around extra-curricular activities and know how to ask for help if they need it. There is some development for a small proportion of schools around how they collect pupils' views on bullying and safety in school.



What do we know about the quality of services supporting children and families in Bradford?

LADO - Management of Allegations Against Professionals

Having a Local Authority Designated Officer for allegations management in post is a requirement under Working Together 2018, (para. 4, p58). The function of the Designated Officer has been based in the Children's Safeguarding and Reviewing Unit since 2006. The referrals are picked up via the duty LADO system and are managed by the substantive LADO with the Child Protection Co-ordinators as back-up cover.

In the financial year 2019/20 the LADO service dealt with 133 referrals which is a slight fall in comparison to the 146 in 2018/19. There has been also been a very slight decrease in the number of enquiries to the service that did not reach the threshold for a referral. There were 493 such enquires this year a decrease of 1.79% from the last financial year.

It is felt that the slight fall in the number of referrals and enquiries may well be linked to Covid19 lockdown and the changes in the way organisations are functioning. However, the LADO service has continued to operate the same throughout.

In all of these cases work was undertaken and advice offered by the Designated Officer to assist the situation. The largest number of allegations management referrals came from the Children's Social Care and Education. This has been the case for the past 6 years, which is to be expected given the size of the organisations and the numbers of children and staff coming into contact.

The most prevalent category for referral continues to be physical abuse with 77 referrals in the past year which is 57.8% of the total. The next highest category is sexual abuse with 26 referrals or 19.5% of the total. Neglect referrals were 4.5% of the total a decrease from last year's figure of 7%. There has been increase in the respect of emotional abuse to 18 referrals 13.5% of the total.

Bradford LADO has continued to engage with regional and national LADO networks and professionals to ensure consistency of practice.



What do we know about the quality of services supporting children and families in Bradford?

Voluntary Community Sector (VCS)

The voluntary sector continued to support safeguarding through a wide range of input including:

- delivering specialist services to vulnerable and at risk children;
- advocating for children and young people who have been harmed or at risk of harm;
- providing activities that keep young people safe and reduce their risk of exploitation;
- providing activities and support that meets needs of particular communities and young people.

The sector have continued to support and input on changes to prevention and early help and the improvement journey and provided appropriate challenge and support to these processes. As Covid 19, began the VCS mobilised quickly as part of the system wide response, taking action to safeguard children, support families and, where possible and safe, ensure continued provision. Clearly responding to this will be a significant part of the activity for the VCS (and all partners) in 20/21.

The VCS safeguarding steering group continued to ensure the VCS had access to training and information, ensuring Designated Safeguarding Officer training was available and promoting appropriate materials, in particular new national resources for the VCS. A VCS voice is brought to the Partnership and its sub groups and experience from VCS providers has been input into policy development. Safeguarding campaigns and initiatives, including Safeguarding week, were cascaded to the voluntary sector.





What do we know about the quality of services supporting children and families in Bradford?

Child and Adolescent Mental Health Service (CAMHS)

Mental Health Services for Children and Young People in the District are commissioned by the three Clinical Commissioning Groups (CCGs). A comparison of spending and waiting times between April 2018 and March 2019 across England indicated the below for children and young people in the Bradford District.

There are significant challenges nationally with mental health services for children and young people and Bradford District is no exception to this. While Airedale, Wharfedale and Craven CCG and Bradford District CCG are generally in the lower middle of assessed services across England, Bradford City is closer to the bottom 20% in relation to this. In terms of average wait times all three CCGs are above the average for England and lower than the England average for mental health spending per child or young person. TBP are seeking up to date figures for this and will publish in the 2020/21 report.

Clinical Commissioning Group (CCG)	CCG overall score (5 = bottom 20% in England on all indicators; 25 = top 20%)	5 CCG Budget spent on Child and Young Person (CYP) Mental Health (MH)	MH spend per CYP	MH spend (↑) or down (↓) from 2017/18	% of CYP in contact with MH services	Average wait time for MH services (days)	5 CYP whose referral closed before assessment
England		0.92%	59	↑	3.36%	53	34%
Airedale, Wharfedale and Craven CCG	12	0.85%	53	↑	2.34%	67	32%
Bradford City CCG	6	0.77%	43	↓	1.78%	87	45%
Bradford District CCG	11	0.99%	49	↑	2.23%	90	35%

Revised Board Structure from September 2019



Working together to safeguard children THE BRADFORD PARTNERSHIP



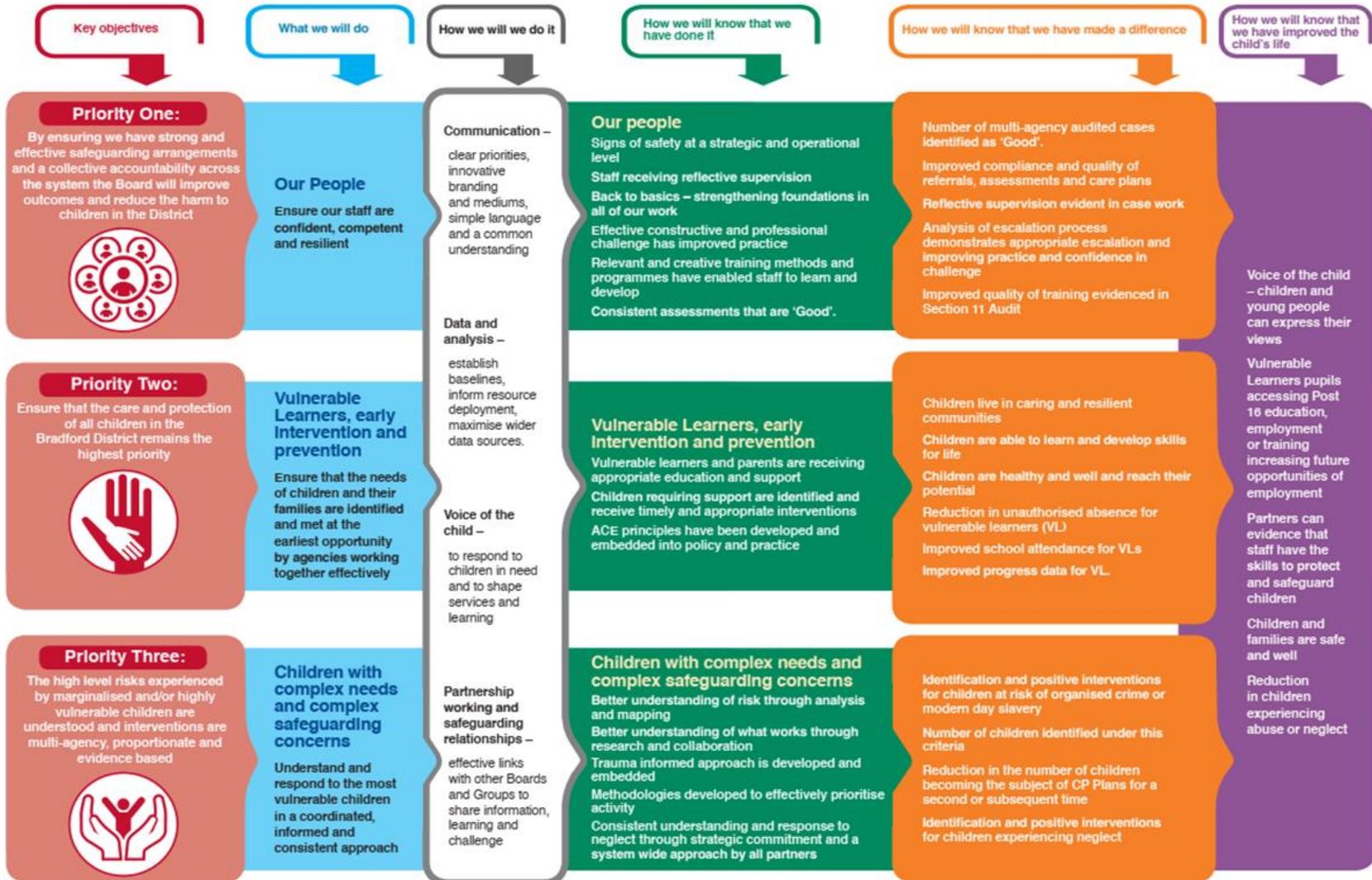


Strategic Plan on a Page

A two-year plan was agreed by the Safeguarding Board to cover the period of transition and into the following year. This is to be reviewed annually and updated as necessary.



Bradford Safeguarding Children Board Strategic Plan 2019-2021





Board Membership

Membership to our Board

- ANHSFT – Airedale NHS Foundation Trust
- BDCFT – Bradford District Care Trust Foundation Trust
- BTHFT – Bradford District Teaching Hospitals
- Cafcass – Children & Family Court Advisory and Support Service
- CCG – Clinical Commissioning Groups
- CSC – Children’s Social Care
- NPS – National Probation Service
- NSPCC – National Society for the Prevention of Cruelty to Children
- VCS – Voluntary Community Sector
- WYCRC – West Yorkshire Community Rehabilitation Company
- WYP – West Yorkshire Police
- YOT – Youth Offending Team

2019-20 Board Attendance

Agency	17/06/2019	25/09/2019	11/12/2019	26/03/2020	%
ANHSFT	Y	Y	Y	Cancelled due to Covid-19	100
BDCT	Y	Y	N		66
BTHFT	Y	Y	Y		100
CAFCASS	Y	N	N		33
CCG	Y	Y	Y		100
CSC	Y	Y	Y		100
Education	Y	N	N		33
NPS	Y	Y	Y		100
NSPCC	Y	N/A	N/A		100
Public Health	N	Y	N		33
VCS	Y	Y	Y		100
WYCRC	N	N	N		0
WYP	Y	Y	Y		100
YOT	Y	N	N	33	

The fourth Board meeting was cancelled due to the Covid-19 Pandemic.





Key Partnership Activities

Working Together

Following changes brought about by government legislation the Bradford Safeguarding Children Board (BSCB) ceased to exist in September 2019 and was replaced by new arrangements – “The Bradford Partnership – Working Together to Safeguard Children”. This report reflects on the activity of the BSCB from April 2019 up to end of August 2019 and the activity of the new partnership arrangements from September 2019 to the end of March 2020.

The Business Units for the TBP and BSAB have been combined as a single Unit which has improved the synergy between the two partnerships and allows a greater consistency of approach, efficiencies of working, sharing of good practice and increased resilience throughout all functions of the Business Unit. While there have been staffing challenges during the year activities up to the Covid-19 lockdown in March 2020 joint work has continued as planned.

As Children’s Services in Bradford remain under an Ofsted Improvement notice, as well as the activities undertaken by the Local Authority to address the issues that were highlighted as requiring improvement, TBP has included work to address issues highlighted in the findings by multi-agency work to support the work of the Children’s Services Improvement Plan. The relationship between the TBP and the Improvement Board involves a degree of mutual challenge.

TBP is active in:

- Providing scrutiny and challenge to partner agencies and the Improvement Board;
- Undertaking work around multi-agency policies and multi-agency training where required through existing sub-groups or focussed task and finish groups;
- Will report progress and assurance into the Improvement Board on a quarterly basis;
- Challenging progress on delivery of the Improvement Board Action Plan through membership of the Improvement Board;
- Acting as a route for communication on progress to enable partners to cascade internally
- Highlighting other concerns, not identified in the Ofsted findings, emerging from TBP QA activity or partnership working
- Providing oversight and scrutiny for long term sustained improvements through the TBP delivery plan and risk register.

This work will continue for the duration of the improvement plan for the authority.



Key Partnership Activities

Learning Improvement and Challenge

Serious Case Reviews and Learning Lesson Reviews - During this period a Serious Case Review (SCR) was completed with another local authority regarding a child who had moved from Bradford to their authority where a serious incident happened. The review is yet to be published but learning themes have already been identified and action progressed. To support the multi-agency responses to these reviews key learning was identified and shared with practitioners within Bradford.

A new 'Central repository for learning' is being developed in 2020/21. This will incorporate all learning outcomes from reviews, audits and analysis, to ensure best practice is shared.

Learning from two case started in the previous year was taken forward in 2019-20

Learning - Child N

A Serious Case Review (SCR) was completed with another local authority regarding a child who had moved from Bradford to another area where a serious incident happened. The review is yet to be published, for legal reasons, but we identified learning themes and action progressed and key learning was identified and shared with practitioners within Bradford. Bradford also participated in a cross border learning event based on this case that allowed professionals from different areas to discuss the issues raised by the case.

Learning was also identified from a Serious Case Review case "Kieran" highlighted to professionals in Bradford and this made available to the public and other professionals via the resources section of the Safer Bradford Website.

[Learning Review for Kieran - click here to view](#)

We completed five rapid reviews of serious incidents involving children within the district. The purpose of the reviews is understand how agencies responded to the children and their families to quickly clarify what if any learning can be identified to improve services to children in the future and identify those cases where a more detailed Practice Review might be required. Areas of learning identified:

- Early identification and responses to neglect - in response to this the Partnership instigated a review of the existing protocols and guidance relating to neglect responses and these were refreshed and re-launched.
- Information sharing and conforming to related protocols - these have been reinforced through training both multi-agency training and individual agency training and communication.

During 2019/20 The Bradford Partnership instigated two Serious Case Reviews. The first of these is a large scale thematic review of agency responses to Child Sexual Exploitation within the Bradford District. This is looking at cases from the past but also is looking at more recent responses to CSE concerns. The report is due to be published in early 2021. The second review resulted from a serious injury to a child and is due to report late in 2020.

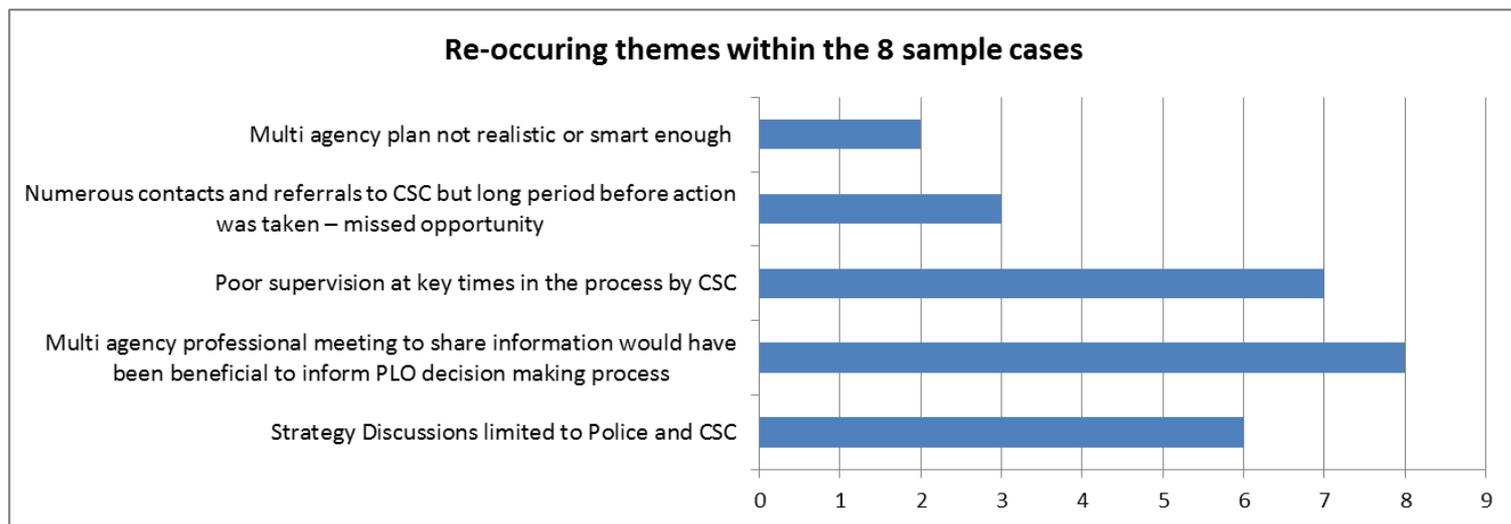


Key Partnership Activities

Learning Improvement and Challenge

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.. The Bradford Section 11 survey was concluded in this year. The results from this review are below. The Performance and Audit Group are looking at an audit process to review and provide professional challenge to the responses provided to the Partnership.

The Performance and Audit sub group of the Partnership has instigated a number of multi-agency challenge panels during this year which seek to examine themes from a multi-agency perspective and identify challenges for agencies to take back to practice. The first of these reviews in May 2019 looked at cases that had progressed from Child in Need through Child Protection to being children looked after by the local authority. The review was in support of work to address some of the key findings of the Ofsted inspection of 2018 and confirmed a number of the findings from that inspection report. The audit identified key findings:



The Partnership was, however, able to confirm that there had been significant changes in the process since the Ofsted visits and the Partnership will consider a further audit of this area in the future to check impact of changes made.



Key Partnership Activities

Learning Improvement and Challenge

In July 2019 a multi-agency Challenge Panel took place to look at the workings of the Integrated Front Door. . A number of key findings were arrived at during this challenge as follows:

- All contacts coming through the Front Door were going through to the MASH unnecessarily taking up resources and time.
- Clear requests for Early Help were still coming to the MASH which could be better dealt with elsewhere.
- There was high volume of DV notifications which did not meet the safeguarding threshold coming into the MASH taking up significant time and resources.
- Many contacts failed to evidence a proper understanding of and compliance with the law around consent to share information.
- The child's voice and lived experience was not being provided consistently at the contact stage. This was only evident in 3 out of 11 of the cases.
- Whilst there was evidence of management oversight and foot-print by Team Managers and Front Door practitioners on files this was not resulting in timely completion. Timescales for completing contacts within one working day only occurred in 2 out of the 11 cases (18%), though this has improved to 57% during the month of August 2019.
- When presenting contact / referral outcomes data there was no way of separating all the contacts regarding advice / information and notifications therefore are distorting the performance figures.

A second Challenge Panel on this theme took place in January 2020. It was noted that there were significant improvements in the workings of the IFD between the two reviews but that further work was required. The following findings were;

Since the first audit in July 2019 there have been some changes implemented at the IFD allowing a more streamlined approach to dealing with contacts to ensure all are not going into the MASH. As part of this a triage system was in place with a Police Officer and Social Worker screening DV notifications.

Management oversight and footprint continued to be evident on case file records and this time it demonstrated impacted on improved timeliness (84% of contacts were dealt with within 24 hours compared to 30% in the first audit).

In 50% of contacts the referrer had sought consent whilst on 2 further occasions consent had been dispensed due to concerns meeting the threshold of significant harm. This was lower than 72% in previous audit.

Increasingly feedback is provided to referrer; this was recorded in 70% of the cases compared to 36% previously.

All the above have been followed up and the year has been characterised by significant change and progress has been kept under review. These positive changes will be reflected in the 2020/21 annual report



Key Partnership Activities

Learning Improvement and Challenge

The Performance and Audit (PMAE) sub group have sought to refresh and expand the data available to them which forms the basis of the performance report to the Board. We are currently looking at including additional data from hospitals and also data held on children with special educational needs. By obtaining further data the group will be able to target further audits across the partnership group.

The PMAE have also provided challenge to the partnership regarding the early help offer across the district which led to a review by the local authority of early help across the district and has facilitated work around refreshed policies and procedures launched in 2020/21.

The Partnership also challenged agencies to show how they were meeting the capacity demands arising from the increases in multi-agency work, specifically around strategy meetings, child protection conferences and core groups. All agencies reported difficulties and some services have made significant changes, for example, the police redesigned their response and significantly increased their compliance with standards. Very significant challenges were reported by the School Nursing Service and further development work is in progress with a likely positive outcome of the implementation of a new School Nursing Safeguarding Pathway in the coming year.



Key Partnership Activities

Other Multi-agency work in 2019/20

Neglect – A multi-agency working group refreshed the strategy and toolkit to assist professionals in the identification and responses to neglect. Training was reviewed to ensure practitioners were up to date on current practice. [Click here to access the Bradford Neglect Strategy](#) or [Bradford Neglect Toolkit](#)

Continuum of Need & Multi-Agency Referral Form (MARF) documents – following a multi-agency consultation process the previous Multi-agency threshold document was replaced with a new Continuum of Need document and a revised MARF. These were subject of launch events through the summer and autumn of 2019. On line surveys were completed with frontline workers to check on awareness and views of the documents. [Click here to access the Bradford Continuum of Need and Risk Assessment Tool](#)

Child Exploitation Protocol and Risk Assessment Tool – Recognising the differing requirements to identify and respond to complex safeguarding matters for young people a new protocol and risk assessment tool was created and launched. This built on the previous work to identify and respond to Child Sexual Exploitation and expand that to cover wider forms of exploitation. This was subject of launch events in late 2019 and is now in use across the district. [Click here to access the Child Exploitation Protocol and Risk Assessment Tool](#)

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Keeping children safe is everyone's responsibility

Continuum of Need and Risk Identification Tool

Practice guidance for improving outcomes for children and young people through the early identification of need, risk and vulnerability

www.bradfordscb.org.uk

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Foreword	p2
Continuum of Need Model	p3
Levels of Vulnerability, Risk & Need	p6
Indicators of Need and Intervention Criteria	p7
Key Guidance – BSCB	p15
Key Guidance – Child Neglect	p16
Key Guidance – Domestic Abuse POA	p17
Key Guidance – Child Exploitation, Radicalisation	p18
Key Guidance – Signs of Safety	p19
Glossary of Terms & Useful Links	p23



Child Death Overview Panel (CDOP)



The Child Death Overview Panel (CDOP) reviews the deaths of all children under 18 years who are resident in the district via a multi-agency panel using standard processes outlined in Working Together 2015. Child Death Review, Statutory and Operational Guidance 2018 outlines the new child death review process and CDOP has been embedded into the new process.

CDOP aims to understand why children die, identify potentially modifiable factors and use the findings to make recommendations across networks and organisations to reduce the risk of similar deaths in the future.

In 2018/19 (1st April 2018 – 31st March 2019) Bradford District CDOP reviewed 50 child deaths; these reviews included 30 deaths that occurred in 2018/19, 19 deaths that occurred in 2017/18, and one death that occurred in 2016/17. Overall, 88% of deaths were reviewed within 12 months.

Of all deaths reviewed in 2018/19 74% were expected with 26% unexpected. Just 18% of all deaths reviewed were considered to have modifiable factors, with 81% not modifiable.

There was an equal split seen in the count of male and female child deaths. Neonatal deaths (deaths within 28 days of life) accounted for the largest proportion of all deaths, 46%, followed by those aged 5 to 13 years of age. South Asian children continue to be over-represented in the % of deaths; mainly due to genetic conditions and accounted for 56% of all child deaths reviewed. Just over a third of deaths occurred in children of white British ethnicity.

Overall infant mortality rates have reduced significantly over the 10 years but are now plateauing in recent years; child mortality has reduced but to a much lesser extent and both remain higher than regional and national rates.

The details for 1st April 2019 – 31st March 2020 are not currently available but will be included in the Annual report in 2020/21



In 2019/20 TBP continued to look at opportunities to work collaboratively across other Boards and Partnerships across the District. In mid March 2020 a joint development day with the BSAB Board took place to look at joint work streams and priorities. The work to take this forward has continued post Covid-19 lockdown, which happened the following week, but has been impacted by the restrictions.

Risk and Vulnerabilities in Complex Safeguarding Group.

The joint Risk and Vulnerabilities in Complex Safeguarding sub group continued to meet. This group acts as a coordinating group to oversee and coordinate activity by partners in response to varied safeguarding themes. These include existing areas such as Child Sexual Exploitation and Missing, Modern Day Slavery, Prevent and also new and emerging threats such as Criminal Exploitation, Organised Crime and County Lives. Senior leaders recognised the impact of these threats is not just on children but vulnerable adults can also be at risk of exploitation. To develop thinking and increase collaborative opportunities the group now includes representation from a number of partners and also across the Childrens and Adult safeguarding Boards as well as the Community Safety Partnership. The group has developed a Strategic Response to this work. During early 2020 a system of assessing children at risk of all form of exploitation, Multi Agency Child Exploitation (MACE) meetings commenced in the district. This utilised the new CE Risk assessment tools and guidance to look at both the high level data about Child Exploitation but also looks at individual case management. These meetings report into the Risk and Vulnerability group.

Pan West Yorkshire activities

The TBP has been an active member of the West Yorkshire wide Risk and Vulnerabilities Group organised by the Police and Crime Commissioner's office. This has looked at coordinated activities and responses to Child Vulnerability across the five Local Authorities in West Yorkshire and enabled the sharing of good practices and ideas across the County.

Collaboration



Communication and Engagement Group

This group is a joint group involving TBP along with colleagues from the Bradford Safeguarding Adults Board and The Community Safety Partnership to look at a coordinated response to safeguarding messages across the three boards. To increase engagement with the public the meeting of the sub-group on 30th October 2019 was held at Toller Lane Youth Café and the public were allowed access to the meeting.

Specific work related to children included the below

Living in Bradford – The Voice of the Child

An engagement event took place at a BD5 school, working with children across year groups from year 2 to year 6. Children took part in activities where they shared their thoughts on ‘What do children growing up in Bradford think about their city’. Children were asked

What do they think when they hear the word Bradford?

What do they think is the best thing about living in Bradford is?

What would they change?

Key themes were captured and presented to The Bradford Partnership as part of their Development Day.

Developing the Bradford Partnership Logo

In partnership with Bradford South Youth service Team, young people from Queensbury Youth Club took part in workshops developing the new logo. The group came up with some key words that they wanted the logo to capture that they felt represented the aims of The Bradford Partnership. The group, using art materials and old vinyl records, produced some logo samples. Final versions of these logo creations were then sent to the design team who produced these as electronic logos. 70 children and young people aged from 5 to 19 years old then took part in choosing which one they liked the most and they felt represented the work of the partnership.

Collaboration



Safeguarding Week

Bradford District Partnerships were proud to work together on their seventh annual multi-agency Safeguarding Week. “Safeguarding - It’s Everybody’s Business” was once again the focus of a fantastic range of learning and development opportunities.

Safeguarding Week 2019 was held in the summer this year between the 24th and 28th June.. There were over 50 organised events being hosted across the District for professionals and 2 City Centre events for the public.

The events were attended by 1200 professionals for across the safeguarding workforce. Some of the highlights were;

Airedale Annual Conference on Complex safeguarding, county lines, forced marriage, cyber crime

Financial Abuse with input from the Gambling project at Citizens Advice Bureau

BRI conference Coercive Control featuring the Bright sky app with one comment being “Bright Sky – Wow”

Sharing Voices with a local school providing healthy relationship workshops to 300 pupils in one day

Launch of two new Real Safeguarding Stories on County Lines and Hate Crime with the support of Bradford Future Leaders, with hot seating actors / participants interaction

Safeguarding Stall in Broadway Shopping centre hosted by Bradford People First

Professor Brid Featherstone presenting a lecture on her recent research “Protecting Children Time for a New Story”

CSE and operational support awareness in City Square, public awareness raising

Local research by health professionals sharing findings and informing practice

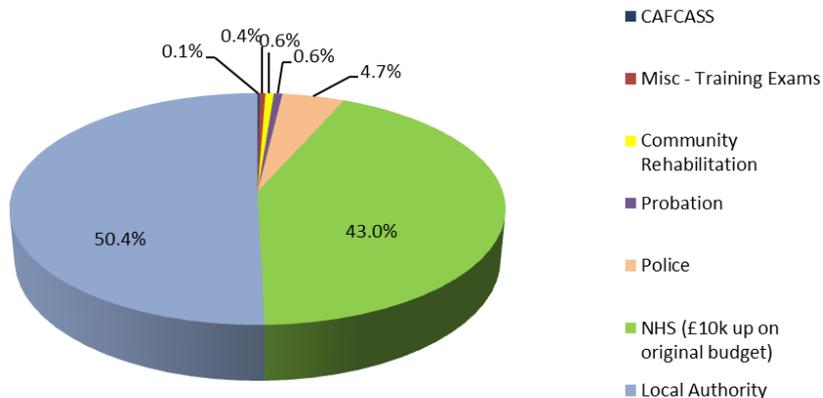
For the first time we also ran a cross board “Safeguarding Awards Ceremony” where 27 individuals and teams from across the district were nominated for outstanding work in Safeguarding. A ceremony was held at Margaret McMillan Towers in Bradford and was attended by over 100 people.



Funding and Expenditure Overview



2019/20 Budget Contribution Summary

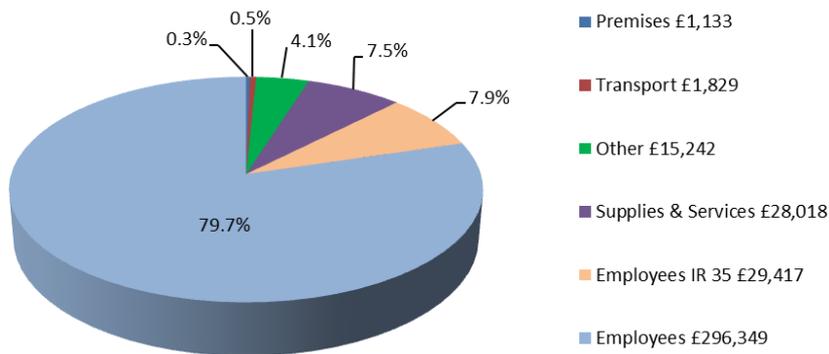


The Joint Business Unit staffing and Operational Budget is provided by a pooled budget totalling **£357,50**.

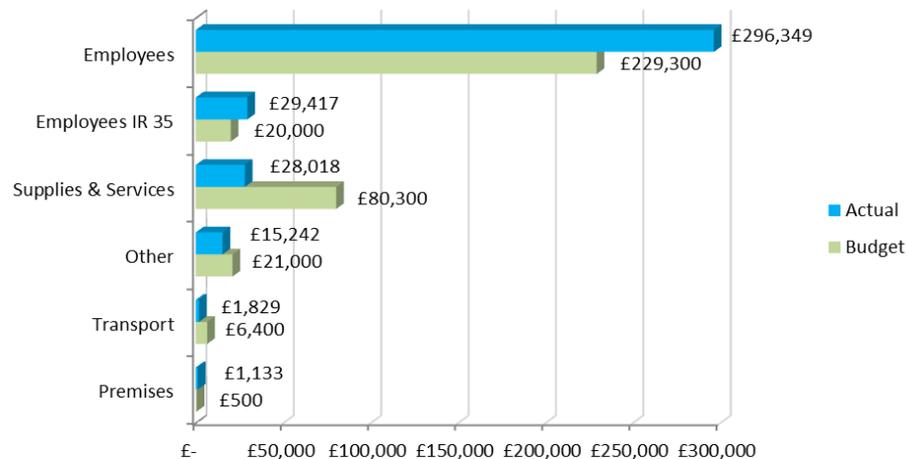
The contributions to the pooled budget for the TBP in 2019-20 are detailed in the graph (left).

The actual income received was £367,970, which was £10,470 above the original budget, which offsets the £14,488 overspend on costs, reducing the net overspend to £4,017.

Expenditure 2019-20



Budget vs Actual 2019-20





Who to Contact

The Safer Bradford website offers information and advice <https://www.saferbradford.co.uk/children/>

What should I do if I think I am being abused or that someone else is being abused?

Ensure the **immediate safety** and welfare of the adult and any other person at risk

999 - If urgent attention is needed for health or safety emergencies

01274 437500 - Multi-agency Integrated Front Door

01274 431010 - Emergency Duty Team (out of hours)

101 If a crime needs to be reported but is not urgent, or

0800 555 111 call Crimestoppers

Preserve any evidence

Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.

You can also contact any of the following for support:

- **NSPCC:** **08088005000**
- **Barnardos:** **01274 545186**
- **Family Action:** **01274 651652**

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Report of the Joint Mental Health Commissioner NHS to the meeting of the Children's Services Overview and Scrutiny Committee

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Subject:

Children's and Young People's Mental Health – Update

Summary statement:

This paper provides update on progress to improve mental health support for children and young people.

Irfan Alam
Deputy Director, Children Services

Report Contact: Sasha Bhat, (joint) Head of
commissioning for mental wellbeing, Council and NHS.
Phone: (01274) 737537
E-mail: sasha.bhat@bradford.nhs.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1. This paper provides the committee with an update on progress made to review and improve mental health support for children and young people since our last report in February 2020.
- 1.2. The committee are asked to note the outcomes of the system wide review and subsequent work undertaken to improve mental health support in Bradford.

2. BACKGROUND

2.1 In October 2019 the Health and Wellbeing Board commissioned the Centre for Mental Health to conduct a full System Review of Children and Young People's Mental Health. The review has now concluded and the report is provided in Appendices 1 and 2.

2.2 As a result of the review, a new system wide Leadership team has established with membership from health and care sector and children and young people (details in Appendix 3) and a new charter developed to oversee the transformation and improvements needed to our mental health services for children and young people.

2.3 The committee will receive a presentation to summarise the key aspects of the review and progress on the system wide work to date.

Progress update on previous report

2.4 System Review

- 2.4.1 The independent system wide review of children and young people's mental health services was conducted by the Centre for Mental Health and commenced in November 2019. A project team was established for the duration of the review and included colleagues from the Centre for Mental Health, the Clinical Commissioning Group, Bradford Council, Bradford District Care Foundation Trust and the Voluntary Sector.
- 2.4.2 The review aimed to provide a full system overview of children and young people's mental health provision in Bradford and Craven highlighting our strengths and weaknesses, assessing local demand, needs and aspirations, and identifying priority areas for improvement.
- 2.4.3 The review methodology included an analysis of strategies, policies and data, the review of good practice examples and a range of stakeholder consultation and engagement opportunities for children and young people, parents and carers, professionals and system leaders. The review was completed in June 2020 and the final report was presented to the sponsors of the review: the Strategic Director Children's Services, Chief Officer of the Clinical Commissioning Group and the Chief Executive of Bradford District Care Foundation Trust.

- 2.4.4 The report was also shared with the Mental Health Partnership Board and has since been published and disseminated widely with stakeholders across Bradford and Craven.
- 2.4.5 Plans are in place to host question and answer sessions for colleagues working within the system to ensure staff at all levels are aware of the findings of the review and to facilitate their involvement in supporting the implementation of the recommendations.
- 2.4.6 The review report makes key recommendations on five areas:
- **Leadership**, commissioning and strategy across our whole system of emotional and mental wellbeing
 - **Understanding the needs**, data and insight to inform our planning and service provision
 - Collaborative **model of support** – implementing the i-Thrive model across the whole pathway from early help to specialist support
 - **Access and navigation** of the whole range of support
 - Investment and **resource prioritisation**.
- 2.4.7 Children and young people’s mental health and wellbeing was selected as one of the system programme priorities by the Health and Care Executive Board.
- 2.4.8 The children and young people’s wellbeing programme now sits under the ‘Act as One’ governance framework and reports directly to Bradford Health and Care Partnership Board. In turn, a Leadership Team has been established with representation from Children’s Social Care, Education, Public Health, Bradford District Care Foundation Trust, Acute Trusts, Clinical Commissioning Group, Voluntary Sector and Young Apprentices representing the views of children and young people. The Leadership Team’s role is to drive forward the changes required together in partnership, improving the experience and outcomes for children and young people accessing mental health support.
- 2.4.9 A programme charter detailing the high level aims of the programme has been agreed and a programme plan is under development. The programme plan will detail the actions required to respond to the findings of the review and what children and young people themselves have told us needs to change.
- 2.5 **The Leadership Team have also continued to deliver on key areas of improvement identified by the interim sub-group established in November 2019.**

The sub-group identified four key areas of immediate action:

- Developing a coherent **pathway** that can be understood by young people, their parents or by professionals.
- To address **the waiting list** for specialist CAMHS treatment.
- Providing **parents** with support and advice
- **Information and communication** across the system and with children, young people and families.

2.6 Pathway development

Consultation with local authority, the Care Trust and Voluntary and community sector (VCS) has concluded with the development of a framework and unified referral form and assessment process for all referrals coming into Children and young people's mental health services. Recruitment is underway for the dedicated Multidisciplinary team (MDT) to process the referrals as part of the multi-disciplinary hub. The expectation is to have part of the team in post for Dec 20. The ambition of the Multi-disciplinary team is to ensure children and young people being referred into mental health services receive the right treatment at the right time. Once the multi-disciplinary team is fully operational there is an expectation that referrals into specialist Children and Adolescent Mental Health services (CAMHS) will reduce as other more suitable support will be made available to those who do not meet specialist CAMHS threshold which will reduce the burden on the specialist CAMHS workforce. The sub-group developed an action plan which further breaks down the above areas into smart actions. This is shared with the committee in APPENDIX 1 and provides a breakdown of the actions and the progress to date on each action.

2.7 Waiting List initiative

- 2.7.1 The CAMHS waiting list initiative is now underway, counsellors who specialise in working with children and young people are supporting the core and therapy waiting lists and YIM workers are supporting the Autism waiting list. Qualitative and quantitative data is being collected as part of this work to support future sustainability by demonstrating impact. This work is also improving understanding between the CAMHS workforce and the wider Youth in Mind partnership who support children and young people's mental health.
- 2.7.2 The waiting list initiative targeted the 160 children and young people on the therapy waiting list. Over 226 hours delivered to 35 unique young people. 13 declined who have been offered the online support. Providers have completed 164 telephone sessions, 29 video call sessions & 18 face to face sessions.
- 2.7.3 Overall, we have seen good improvement in outcome scores.
- 2.7.4 Our next steps are to increase this work to include a step down support offer so children can be discharged from specialist CAMHS support into peer support or buddy counselling. This will continue to free up capacity in specialist CAMHS to address the waiting list. Appendix 4 provides some case studies.
- 2.7.5 A series of learning events are being scheduled between Youth in Mind and CAMHS workforces that will further enhance understanding of the different support available for children and young people. The aim of these events is so the specialist CAMHS teams can increase knowledge on some of the services offering early intervention support that are having an impact on improving the emotional wellbeing of children and young people. Work is also underway to integrate primary and community MH workers from CAMHS in with Youth in Mind workforce as it transpires they both share many similarities in terms of the support they offer.

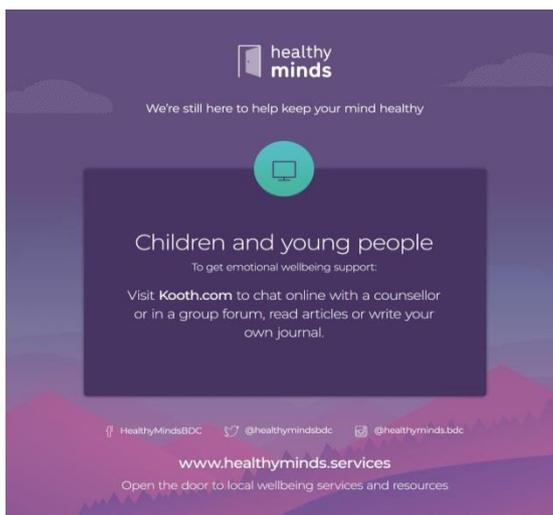
2.8 Parent Support

2.8.1 The Parental support sessions are being co-designed by the Rollercoaster parenting group and a large piece of work is taking place to ensure clear information and communications about the mental health offer is available to parents, children, services and communities. A final area is the development of a coherent communication campaign to promote awareness and understanding of mental health.

2.8.2 Rollercoaster has delivered some initial training and work is underway to map the different offers of support to parents across the district. Significant progress has been made in developing a parent to parent peer support service that will be open 7 days a week across the district. This is a joint programme of support with VCS, Education, SEND, & CCG all coming together to work in partnership. Psycho education training for parents is being piloted as part of the MH trailblazer rollout. This offer will then be bolted onto a new parental engagement programme funded by the opportunity area and rolled out across the education system. Exceed academy seeks to train PIWs (parental inclusion workers) in schools on setting up structured parental support programmes. The peer support service will be one of the programmes that the PIWs will recruit volunteers to support.

2.9 Information and communication

2.9.1 The programme have developed a series of easy to use digital and paper cards with key information (see example below). The digital cards opened up to other digital forms of information held at www.healthyminds.services and at www.kooth.com which sign post people to our doorway to all mental health support services for children, young people and families.



2.9.2 In addition, we produced bespoke information packs of service information.

2.9.3 The youth Apprentices are working with our digital developers to overhaul our website information and hope to complete this in 2020.

2.9.4 We have made the Guideline number a Freephone 0800 access number so children can call from their mobile or a phone without charge.

2.10 Children's Improvement Plan

2.10.1 The mental health leadership team have supported the progress made to the Children's Improvement Plan with considerable development on key areas.

2.11 Workforce Development

2.11.1 Considerable progress has been made in identifying gaps in workforce development. Mental Health First Aid training for all the Youth In Mind workforce (working in schools) has been set up and will be delivered between Nov 20 & Jan 21. This training is also available to all school staff.

2.11.2 MH Champions are still also been trained in schools and this programme is providing up to date information to the CYP MH leadership team on any gaps in support across the district. A training package on psycho education for disordered eating is also being put together for the community MH workers from YIM. It has been identified that some CYP referred into specialist CAMHS with eating disorders are not meeting the threshold. Training the RIC CYP MH workers in MIB in delivering a GSH eating disorders resource is also being planned

2.12 Therapeutic support

2.12.1 A grief and loss pathway has also been set up that includes a training element for (statutory & non statutory) staff working with CYP to access which will aid understanding in dealing with grief and loss. Taking into account cultural competencies additional sessions on working with BAME CYP have also been scheduled and will take place between Oct-Dec 20.

2.13 Special Educational Needs & Disability (SEND)

2.13.1 The CYP mental health commissioning team has been working with the SEND strategic board on co-production and improving communication to avoid duplication. A West Yorkshire Integrated Care System (ICS) funded programme that aims to demystify the autism pathway for CYP and parents is currently being developed and trialled in Bradford. CYP MH apprentices have been supporting the SEND team with updating and developing a website that will be linked to the healthy minds digital doorway.

2.14 Co-production

2.14.1 Six young commissioner apprentices have been recruited to support the ongoing development of CYP MH services that are designed and led by those that access them. A co-production sub group has been set up consisting of young dynamos (BDCFT) youth service groups, North Yorkshire youth parliament and BIB young people. The aim of this group is to coordinate and join up the co-production happening across the system and run targeted campaigns across the year led by young people. The group have already supported the development of an anti-bullying campaign – something the Overview Scrutiny committee committed to supporting in 2018 and have also supported wider recruitment to our mental health school support teams.

3. OTHER CONSIDERATIONS

3.1 The work of the Leadership team is feeding into work undertaken by the Children's Service Improvement Group and forms part of the new system governance under the Health and Care Partnership Board.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The governance structure of this work will sit within Mental Wellbeing Partnership Board and will report to the CCG's Clinical Commissioning Board and to the Health and Care Executive Board where both the Council and CCG's are represented..

6. LEGAL APPRAISAL

6.1 Not applicable

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The work of the sub-group is designed to ensure support is provided to the most vulnerable children and young people.

7.1.2 Co-production and involvement of children, young people and families is embedded in all work-streams with explicit support provided to enable engagement, provide peer support opportunities and apprentice and employment opportunities.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 None

7.4 COMMUNITY SAFETY IMPLICATIONS

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

7.5 HUMAN RIGHTS ACT

7.5.1 None

7.6 TRADE UNION

7.6.1 Not applicable

7.7 WARD IMPLICATIONS

7.7.1 There are no direct implications in respect of any specific Ward.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 Members are requested to review the information presented

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. Options

9.1 There are no options associated with this report. Its contents are for information only.

10. RECOMMENDATIONS

10.1 The committee are asked to note the outcome of the system review and note progress made on improvements and the action plan.

11. APPENDICES

Appendix 1: System Review summary

Appendix 2: System Review – full document

Appendix 3: Leadership, charter and governance

Appendix 4: Waiting list – case studies

12. BACKGROUND DOCUMENTS

None



Bradford and Craven

Independent system-wide review of children
and young people's mental health system





Bradford and Craven: Independent system-wide review of children and young people's mental health system

Executive summary

In December 2019, Centre for Mental Health was commissioned by NHS Bradford District & Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people's mental health services in Bradford and Craven. The review considers the whole pathway including all NHS and Local Authority commissioned mental health and wellbeing support for children and young people aged up to 25 residing within the Bradford district and Craven area.

This report demonstrates an important commitment from Bradford and Craven system to take up the challenge to improve the mental health and wellbeing of its children and young people. The review found numerous examples of good and excellent provision across the children and young people's mental health system. We also identified a number of significant challenges that have resulted in delays or poor access to support. We make recommendations for change in response to these challenges and propose a series of both short- and long-term solutions. We recognise that a huge amount of work is currently under way to address some of the issues identified in this report and therefore we build on some of these promising approaches where relevant.

The review engaged over **450 stakeholders**, including children, young people, parents and carers, and professionals from a diverse range of backgrounds and disciplines. The review was also supported by a multi-agency Project Group of commissioners, advisors and providers covering Bradford district and Craven. We would like to thank all those who shared their views and insight to help inform this review. We have attempted to take into account and reflect all of the information shared with us.

Key findings from data about needs and services

- Children and young people's mental health in Bradford and Craven

a) Current need:

- It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.
- According to the latest NHS Digital prevalence study, around **one in eight** children and young people aged 5-19 have a diagnosable mental health disorder.ⁱ This equates to **15,604 of all children and young people** in Bradford and Craven.

- This report uses the iThrive framework to conceptualise need and support across Bradford and Craven and present our findings.¹

b) Future need and demand:

- **Young and growing population in Bradford city:** The overall child population (0-18) is projected to grow by 5.5% by 2025. The 10-14 age group – a key group for the onset of mental health difficulties – is projected to grow by 10.2% in the next 10 years. Bradford’s child population has a number of factors associated with increased risk of emotional or mental health problems.
- **Move towards 0-25 service models:** The NHS Long Term Plan (2019) sets out a move towards a 0-25 model for children and young people’s mental health services. The Plan has established targets building on the NHS Five Year Forward View policy to ensure there is service reach to 18-25 year olds in the locality.
- **The impact of Covid-19 on CYP mental health:** Children and young people (CYP) with mental health problems may be affected negatively by the impact of increased anxiety and depression around the virus and lockdown measures, including reduced access to support and social isolation. Many young people may develop new problems because of the crisis.

- Getting advice and early stage help

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and Craven that contribute to this ‘getting advice and getting help’ landscape, in line with iThrive model, from whom data was not collected and collated. This includes support delivered by health visitors, children looked after nurses, pastoral support teams, school nurses, nurture groups in schools, school counselling (where this exists), and other voluntary sector providers.

- a) **Youth in Mind (YiM)** is a partnership, funded by the CCG, that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector (VCS) organisations. It was launched in April 2017. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.
- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
 - The most common reason for referral into Youth in Mind services were for ‘self-care issues’ (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
 - Youth in Mind services use Goals Based Outcomes (GBOs) as the programme’s primary outcome measure. Overall, children and young people report improved

¹ The iThrive model conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Brief description [here](#).

outcomes. The service has also developed a system to contribute to national NHS Mental Health Services Data Set (MHSDS) reporting.

b) **Digital support: Kooth.** Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice. The platform became fully operational in Quarter Three of 2019/20 and is therefore still relatively new.

- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
- **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266hrs a month v 264hrs contracted).
- The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts. On average, 93% of children and young people would recommend Kooth to a friend.
- Since the Coronavirus outbreak, Kooth has seen articles, discussion boards and peer to peer support centred around the following:
 - o Issues around school closures & exam cancellations
 - o Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues.

c) **Mental Health Champions in Schools:**

- The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
- The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.
- The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from Child and Adolescent Mental Health Services (CAMHS), School Nurses and various local and national third sector organisations.
- There were **105 schools** involved 18/19 with an overall **target of 200**.

- **Getting help and getting more help: specialist infant, child and adolescent mental health services**

a) **Bradford and District Care NHS Foundation Trust (BDCFT)** is the main provider of both Primary Care Mental Health Workers who liaise with schools and specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned to provide services by the CCG and the council.

Data challenges: In the summer of 2018, BDCFT migrated from RiO to SystemOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. In some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise was undertaken in the summer of 2019.

The Trust has since been reviewing and undertaking data improvement work, taking an iterative approach. This has involved running Rapid Process Improvement

Workshops (RPIWs), provision of reporting to enable identification of data quality issues, and targeted training to mitigate against future data issues. Despite this, there remain ongoing and significant challenges with regards to data collection and quality and this has greatly impacted performance reporting and management. SystemOne requires significant investment to address these challenges and ensure the system is maximised and fit for purpose.

We analysed available data over the last three financial years. Below is a summary of the key findings:

Overall referrals:

- The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS provided by BDCFT **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.
- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years.
- Referrals typically dip during the summer. This is likely due to reduced referrals from schools during the break.
Multiple referrals are sometimes made about the same child. On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. There can be several reasons why there may be multiple referrals relating to an individual child or young person.

- **Where are these referrals coming from?** In the financial year 2019/20, the majority of referrals come from GPs (45% in total) and via school nurses (27.3%). Nearly one in 10 (9.6%) referrals come via hospitals and 6.4% of referrals are made by professionals in social care services.
- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).

- **Where do referrals go?**
- The majority of referrals are assigned to Community CAMHS (55%) and Neurodevelopmental (21%) teams according to data from the last financial year 2019/20.
- As SystemOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.
- There is a downward trend of referrals being assigned into the primary mental health (PMH) and LAAC Pathway. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the

difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.

- **Referral acceptance rate:** Most referrals made to specialist CAMHS are assessed and accepted (68%). The national referral acceptance rate for assessment was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting slightly lower proportion of referrals.
- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold, a rigid eligibility criterion in place in BDCFT, or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- Just over one in four (26%) referrals are refused, while 6% were awaiting a decision at the time of writing.

- **Caseloads:** Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.
- In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on 31 March 2018 to 1,681 per 100,000 on 31 March 2019.² This needs to be further investigated to determine whether this is the result of data cleansing.

- **Caseloads by pathway:** There were **2,680 active caseloads** in the financial year 2019/20.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the Primary Mental Health Workers (PMHW) pathway. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.
- Again, this may also be the result of data cleansing and the reassignment of caseloads.

- **Waiting times:** Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.
- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20, for referral to assessment and for referral to treatment.
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19.³

² This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.

³ NHS Benchmarking Network (2019) 2019 Child and Adolescent Mental Health Services (CAMHS) project.

- While there are currently no national waiting time targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.⁴
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.
- **Waiting times by pathway:** The longest waiting times are experienced by children and young people on the Neurodevelopmental and LAAC pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Children Looked After and Adopted Children waited on average 38 weeks from referral to specialist treatment on the LAAC Pathway, and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.
- **Missed appointments:** A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.
- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- In 2019/20, the cost of 'Did Not Attends' is equivalent to £960,256.⁵
- The cost of cancelled appointments totalled £648,704 in the same year. It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.
- **Outcomes:** BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.
- The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. Work is also being undertaken to develop and collect information on Special Educational Needs and Disabilities (SEND) outcomes which can be monitored alongside this.
- **System-wide outcomes:** BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental

⁴ Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment.

https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

⁵ Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.

health and wellbeing of children and young people in England which will inform the local framework.

- b) **Little Minds Matter:** The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community Fund and delivered by Bradford District Care Foundation Trust as part of Child and Adolescent Mental Health Services. Little Minds Matters is a pilot covering a small number of highly deprived localities within Bradford but with plans to extend. The service works with families, and the professionals that support them, during the 1,001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.

Summary of activities:

- a. **45** families accessing direct clinical support
- b. **138** professional consultations delivered
- c. **330** health and care professionals trained in infant mental health awareness and **46** health and care professionals trained in observing and supporting parent/infant relationships.
- d. An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

- c) **Eating disorder community services for children and young people**

Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.

- According to NHS CAMHS Benchmarking data, there were on average **57 referrals per 100,000** 0-18 population in 2018/19 reported by BDCFT (compared to 91 referrals nationally).
- **98%** referral acceptance rate. This is higher than the national average (87%).

Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.

- There were **20** children and young waiting to start **routine** eating disorder treatment in 2019/20.
- Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
- There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
- 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

- **Getting risk support: Crisis and hospital provision**

- a) **Towerhurst (Safer Space):** This service is commissioned by Bradford District and Craven CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional. A

total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.

- The number of admissions to Towerhurst has been rising since April 2019.

b) Hospital admissions for mental health conditions:

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.ⁱⁱ This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to the national average and to its neighbouring authorities.ⁱⁱⁱ There were 88.3 admissions per 100,000 children and young people nationally and 69.8 per 100,000 in Yorkshire and Humber.^{iv}
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.
- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues, including eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) Mental health inpatient admissions

- There were **12** children and young people admitted to an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
- There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
- Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

- Resource and spending across the CYP mental health system in Bradford and Craven

The below is based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

- a) **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16.

The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.⁶

- b) **Spend per head:** In 2018/19, nationally CCGs spent on average £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
- Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.
- c) **Cost per appointment for specialist mental health support:**
- According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average, £476 in BDCFT compared to £256 for the national average. This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.
 - According to 2018/19 NHS Benchmarking data, the community specialist CAMHS workforce is smaller than average in Bradford and Craven, at 62 per 100,000 CYP population compared to the national average which is 84 per 100,000 population.
- d) Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven.

Investments:

- Significant investment into new initiatives and providers through Youth in Mind and Kooth.
- Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.
- CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
- Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, providing all children and young people voluntary and community sector providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.
- As of January 2020, non-recurrent funding of £167,000 was awarded to BDCFT to manage their waiting list by Bradford District and Craven CCG.
- £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
- Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.

⁶ The Office of the Children's Commissioner for England (2020) The state of children's mental health services. Available here: <https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/> [last accessed 29 June 2020].

- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – covering a 3-year period starting March 2020. This project is bringing together and expanding existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

e) **Divestment:**

During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reduction in counselling provision, school nursing and health visitors, and changes to local authority contributions to the LAAC pathway.

Local authority divestment:

Context: Like all councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the council's spending power is equivalent to half of what it was in 2010. This has meant that the council has had to rethink its spending plans and make tough funding decisions.

- **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
- Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
- In addition, due to an inadequate children's service Ofsted rating in 2018, the Local Authority started to tighten and improve its social care provision for children and young people. This has meant for the School Nursing Service that in order to respond to the increasing enquiries made of the service from Children's Social Care, primarily in relation to safeguarding cases, a further 6 working time equivalent (WTE) School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.
- **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, a local authority decision was made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.
- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and

young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.

- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).
Substance Misuse Service: In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

Savings:

- BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

What stakeholders told us about the CYP mental health system in Bradford and Craven

How we gathered information:

- We designed four separate surveys aimed at broader local providers and practitioners, children and young people (11- 15 and 16-25) and parents and carers and received **423** responses in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews took place with a range of professional stakeholders, children and young people, and parents and carers.
- The below is a thematic summary of what came out of our analysis of the survey and interviews.

1. Access to CYP mental health advice and support

Summary of key quantitative findings:

The following analysis is based upon responses from stakeholders to questions based on a 5-point Likert scale. A thematic summary elaborates further on some of the experiences and perceptions of stakeholders later in the report. This is based on a thematic analysis of interviews and qualitative responses to the survey.

Children and young people:

- There were **148 responses** to the CYP survey from 76 children (aged 11-15) and 72 young people (aged 16- 25).
- **Receiving mental health help:** Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (**57%**) had. Of these children, most had received

help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or Compass Buzz.

- **How helpful they found the help they received:** When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totaled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totaled 27% of responses).
- **How easy is it to receive help:** 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are beginning to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help.
- **Knowledge of where to go for help:** When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty, nearly two-thirds (63%) of children said they would know compared to 60% of young people. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.
- **Where is the best place to receive mental health help:** When young people were asked for the best place to receive help with their mental health, the **GP** was the most common answer (23%), followed by **online** (20%), at **home** (13%) and at a **youth club** (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by from a GP (20%) and youth club (14%). Very few children and young people also said 'school' in response to this question.

Parents/carers:

- There were **130** responses to the parents' and carers' survey.
- The majority of parents and carers who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) have tried unsuccessfully to access support.
- **Accessing mental health support for their child:** Nearly three quarters (74%) of parents and carers who responded to the survey said they overall found it either 'quite difficult' or 'very difficult' to find help for their children when they have mental health problems or distress. Only one in ten (9%) felt that it was easy.
- **70%** of survey respondents felt it was either 'quite difficult' or 'very difficult' to get advice or help when their child is beginning to struggle with their mental health and wellbeing.
- **66%** said they found it 'quite difficult' or 'very difficult' to access support for their child in a crisis. One in ten (10%) felt it was 'quite easy' or 'very easy'.
- **Choice in the type of help their child received:** The majority of parents and carers who responded to the survey (67%) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.
- **Outcomes:** Just under a third of respondents (32%) found the support their children accessed 'helpful' or 'very helpful'. Conversely, a similar proportion (35%) felt that the support available was 'unhelpful' or 'very unhelpful'.

Professionals:

- There were **145** responses to the professional survey.
- The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) who said they work for a local

authority. One in five (21%) worked for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services made up 4%.

- **For emerging mental health problems:** Professionals were asked how easy they thought it was for children (aged 4- 16) to access the help they need when they begin to struggle with their mental health. 61% described this as either 'very difficult' or 'difficult' while 13% felt it was 'quite easy' or 'easy'.
- Professionals were asked the same of 17-25 year olds. Just over half (53%) felt that it was 'very difficult' or 'difficult'.
- **Access to support for mental health problems:** Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need.
- Similarly, 68% felt it was 'very difficult' or 'difficult' for young people aged 17 to 25.
- **Accessing support when in mental health crisis:** 72% thought it was either 'very difficult' or 'difficult' to access help in a crisis for 4-16 year olds.
- 67% of respondents believed that it was either 'very difficult' or 'difficult' for young people aged 17-25 to access crisis mental health support.
- **Parents/carer access to help for infant mental health in Bradford and Craven:**
- The majority of professionals (62%) believe it is 'very difficult' or 'quite difficult' for parents to access infant mental health support.

The following is based on some of the most common themes that emerged from the qualitative responses to the surveys and interviews from all three groups of stakeholders.

2. The primary unmet needs of CYP in Bradford and Craven

- Emotional needs that fall under current clinical thresholds, such as social isolation, emotional distress and the effects of poverty. Professionals described these difficulties contributing factors in later damaging and costly crises
- Common Mental Disorders such as anxiety and depression
- Therapeutic support, integrated across the whole system, for children, young people and families with histories of adverse childhood experiences
- A lack of whole system stepped approach (universal, targeted and specialist) and parenting support.
- Lack of support for Special Educational Needs and Disabilities (SEND) and neurodevelopmental needs – including access to Education, Health and Care Plans (EHP) and effective dual diagnosis and support
- Children and young adults with multiple and complex needs
- Young adult needs – qualitative comments suggested limited support at key times when illness can escalate
- The needs of Black and Minority Ethnic (BAME) children and young people – there is a lack of culturally competent support and barrier of stigma preventing access.

3. Mental health awareness, information, and advice

- Mental health awareness across the system and amongst communities can be patchy, including issues around stigma and poor mental health literacy
- There is a lack of awareness of the local offer and effective signposting

- Targeted information and advice aimed at children and young people, parent/carers and professionals appeared to be lacking. This included resources or materials being available in clear, accessible and child-friendly formats
- Significant difficulties were reported in understanding the local landscape of support, in the availability of services and in accessing what was available. Many professionals, CYP and their families struggled to understand what was available in the local area. Geographical variability was a key theme. A few parents and carers referred to having felt forced to seek private help.

4. Access to mental health support:

- A common theme was that children and young people, parents and professionals found it challenging to access mental health advice
- There was felt to be no clear and understandable overview of what is available in the area and no clear and effective 'front door' to facilitate advice and help
- There is a lack of choice in the type of support and treatment and the way that support was offered (need for flexibility)
- Eligibility thresholds for specialist mental health support were deemed too high by non-specialist professionals working across education, social care, and the voluntary and community sector.
- There was a lack of preventative interventions and early advice and help to de-escalate difficulties which resulted in a system was orientated towards crisis
- A very medicalised model is currently operated which did not dovetail with what young people wanted
- Families struggle to navigate the system and experienced being bounced around between different services.
- Specific groups of children and young people face access barriers such Children Looked After and BAME young people.
- Children and families experience long waiting times for specialist mental health support. These are compounded by the lack of immediacy of advice as well as support and little advice and help while they wait.
- Timely access to mental health support is often undermined by unclear, convoluted, and unresponsive referral systems.

5. Current strengths:

- School-based support being described by parents, professionals and some children and young people as holding promise but being inconsistent. School-based provision of counselling and pastoral support can be effective where available. Some concerns were raised about disinvestment in some school counselling
- There are a range of services and support on offer (although awareness, navigation and access seem to be an issue)
- The VCS offer, including Youth in Mind and Better Start Bradford, is perceived as being helpful
- Crisis provision, including out of hours care (Towerhurst and Youth Cafes) was largely praised in qualitative comments – although quantitative survey responses suggested mixed views in terms of ease of access
- Professionals working across Bradford and Craven were described by stakeholders as dedicated and compassionate
- Many professionals' qualitative comments suggested that for those who accessed specialist CAMHS, care was positive. However, survey responses suggested that young people were more mixed in their reactions to the support they received.

6. General summary of individuals' experiences of the system over the last three years:

- The capacity, competences, and capability of the system to meet demand and manage low level needs vary across the system
- Generally, stakeholders feel there is not enough resource to meet high demand. The reduction in school nursing, health visitor and midwifery provision were highlighted as a particular problem with these services being described as particularly overstretched and having little to no time for universal support
- There was a perceived lack of joined-up or integrated strategy or commissioning across local authority, CCG and VCS partners .This is reflected in services with no shared language or understanding of mental health and wellbeing
- It was felt that governance arrangements at the strategic level could be improved, especially in building better links to Craven structures and North Yorkshire County Council, and in ensuring that CYP and parents/carers routinely form part of governance, strategic problem solving and review of mechanisms
- A 'blame culture' across the system has led to mistrust between some organisations and services, which has stifled whole-system problem solving and undermined partnership working.

Areas that require further exploration:

This report describes the findings from Centre for Mental Health's system-wide review of children's and young people's services in Bradford and Craven. We are grateful for the commitment and vigour of staff who have shared their wide range of experience, knowledge, and honest reflections with us. This has helped us establish a comprehensive view of the current system and the services within.

Our primary conclusion is that there is currently a valuable opportunity for leaders to create a coherent, system-wide vision for services that work together to:

- Understand the population and its needs
- Provide efficient and effective services to meet those needs
- Demonstrate consistent, measurable, and positive outcomes for improved mental health
- Give good value for money.

The vision should result in a system which inspires staff and offers a range of services easy enough for children, young people, and their families to understand, navigate and trust. It must be underpinned by outcomes data, financial information, consistent contracting arrangements, and evidence of local need; specifically:

- 1) Recognising that data collection requires rapid improvement
 - The transfer of data-management from RIO to SystmOne limits the accuracy and usefulness of the data gathered in 2018/19
 - There is a need to improve use of SystmOne and the training staff receive
 - Sparse outcomes data is gathered for children and young people
 - Outcomes metrics for services vary widely and do not contribute to a common health goal

These factors thwart the calculation of a realistic and statistically comparable baseline of local need and the progress toward positive outcomes, whilst also limiting the ability of leaders to communicate a shared system-wide vision. They also limit our ability to gain an accurate understanding of demand and capacity across the system.

- 2) Financial data is held in a variety of different places with inconsistent formatting and recording. Comparable data is needed to calculate any value-for-money, cost-per-intervention or return on investment values. A common dataset which details each service within the system, the component funding streams and basic information such as client numbers would increase the transparency of information and its usefulness in determining long-term investments.
- 3) Aligning contracts to an agreed set of shared outcomes and system-wide goals, by any commissioning party, would unify providers' efforts and increase the ease with which different interventions can be measured. This is currently not in place.
- 4) A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities. This can begin with the commitment to understand how these factors may impact on the identification of need and the offer of support.

Inevitably, system-wide change can only come through system-wide leadership. Commitment to the joint goal of optimising children’s health through the shared vision of a coherent system is the requirement needed to make this recommendation a reality.

Summary observations based on key lines of enquiry

<p>1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?</p>	<ul style="list-style-type: none"> - Overall, population growth has likely significantly contributed to increased demand for help - Nationally, there is greater awareness and focus on CYP mental health which means that more CYP and families will come into contact with services - Impact of factors such as austerity (child poverty) and rising numbers of CYP entering care or known to children’s services (edge of care) - Data from Youth in Mind and Kooth suggests increased demand for early and low-level mental health support - Specialist CAMHS has seen no increase in demand based on the data. However, the data suggests that they are managing complex cases and are working with these children and young people for a longer period of time - There may also be potential bottlenecks that need further exploration within the LAAC and Neurodevelopmental Pathways - Data improvements across the system are required to understand current /unmet need and project future demand.
<p>2. What do we know about the efficiencies, savings and investments that have been applied to children and young people’s mental health support over the last three years and their impact?</p>	<ul style="list-style-type: none"> - Future in Mind transformation initiatives have boosted and added capacity to the system - Investments in advice and early support provision, such as Youth in Mind, crisis cafes and Kooth are reporting good outcomes. - Investment in outcome measures and digital infrastructure for the VCS has yielded positive measurable outcomes (for example, data collection and reporting through the MYMUP Digital platform). - However, evidence suggest that some of this spending replaced existing allocations – rather than going towards new services expansion of services. For example, the allocation of funding to Buddies, the primary mental health workers, and the counselling provision were cited as examples of this. - According to specialist CYP mental health spending data gathered by the Children’s Commissioner for England, spend per head is lower in Bradford and Craven than the national average and has reduced. We should be seeing incremental year on year increases but the overall trend seems to be the opposite. - Over the last two years, there have been significant local authority reduction in spend which is impacting the system. This is the result of significant funding pressures within Bradford Council and the allocation of resource to address the recommendations from the last Ofsted inspection in 2018. This includes reduced counselling, school nursing and health visiting services. This has reduced capacity within low level/universal provision and therefore these services are referring on to CAMHS.

<p>3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?</p>	<ul style="list-style-type: none"> - For many of the CYP mental health services commissioned, there were no clearly defined baselines or targets set on the numbers of cases/activities expected from services. This presents challenges in drawing conclusions about how effectively the system is managing demand. - We have used the Kurtz formula to determine the levels of current need at different levels of care. However, gaps in information, particularly around the wider preventative and early support means that we are unable to provide a complete picture of unmet need. This includes data on the numbers of children and young people receiving support in educational settings (such as school counselling), early years and parenting provision. Understanding, developing and collecting centralised data on the contribution of this level of provision should be a priority for any future commissioning activity. - Currently, access to specialist mental health support is the most common challenge referenced by all stakeholders engaged as part of the review. Non-clinical professionals were often able to identify need but struggled to effectively respond or signpost CYP for further help due to a lack of understanding of what support is available. The Healthy Minds platform is seeking to address this. - For specialist CAMHS, CYP face long waiting times. - Qualitative and hospital data suggests that the system is too crisis driven and CYP needs worsen as a result. There is a need for wider upstream support. <ul style="list-style-type: none"> - In terms of the workforce, professionals note that there is a need to build capacity and skills of non-specialist workers to enable them to better manage and signpost effectively.
<p>4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?</p>	<ul style="list-style-type: none"> - There is no system in place to draw together whole system data (school nursing, school counselling, other) and info on outcomes - Current data is not used as well as it could be to monitor whole system activity - Evidence gathered on outcomes via the engagement phase illustrates a mixed picture on CYP mental health outcomes - When they are able to access low level help or advice, CYP and families report positive outcomes. This is also true of Specialist CAMHS. For example, see Goals Based Outcomes data from Youth in Mind and Little Minds Matter - MYMUP has developed a system that allows all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set - The development of a local SEND dashboard will also help the system improve its understanding of outcomes for this group of CYP.
<p>5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?</p>	<ul style="list-style-type: none"> - Bradford and Craven offers a wide range of high-quality support and services. - The most useful Benchmarking information is available via NHS CAMHS Benchmarking Network and Public Health England's Fingertips tool. We have drawn on this data where relevant. However, unlike in children's social care, determining a statistical neighbour for children's mental health can prove difficult due to fragmented commissioning and incompatible datasets. Once data issues for specialist CAMHS and other services are addressed and become more reliable, research can be undertaken to explore this. - Data from CAMHS Benchmarking suggests that referrals to specialist CAMHS are significantly lower than the national average and caseloads appear to be reducing while nationally they are rising. - However, data on the costs of a contact appointment appear to be higher than the national average (£256 national v £476 in Bradford and Craven). This

	<p>may be a sign of complexity in the cases BDCFT sees, requiring more specialist input and clinician time.</p> <ul style="list-style-type: none"> - According to our analysis of need using the Kurtz formula, it appears that there is a significantly higher than expected number of children and young people accessing crisis provision, particularly in relation to hospital admissions for mental health related issues.
<p>6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?</p>	<ul style="list-style-type: none"> - Overall, stakeholders report positive experiences when they are able to access advice or help. - However, navigating the system appears to be a significant weakness, experienced by CYP, families and professionals. This results in huge delays and an escalation in young people's needs during this time. - Timely help was a central theme, including the early identification of need through to access to specialist support and long waiting times, particularly for those with multiple or complex needs, such as Children Looked After and Adopted Children and those with neurodevelopmental difficulties. - Children and young people from Black and Minority Ethnic (BAME) backgrounds face additional barriers in getting the support they need. Fewer BAME young people said they knew where to seek help compared to their white counterparts. They were also least likely to want to access support at home. Professionals also noted there were limited culturally informed specialist mental health services. - The experiences of children, young people, families and professionals vary across geographies with rurality in Craven contributing to slightly different needs and challenges.

Our recommendations

1. Leadership, commissioning, and strategy:

- i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
 - o This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
 - o This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.
- ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.
- iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

- i. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.
- ii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.
- iii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure
- iv. Performance management arrangements should link directly to the achievement of the strategy.
- v. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

- Develop a logic model for change⁷ setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.
- Agree a set of baseline targets and desired outcomes when commissioning a new model.
- Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.
- To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a

⁷ The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: <https://www.annafreud.org/media/5593/logic-model-310517.pdf>

multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

- Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
- Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
- Prioritise and invest in SystemOne improvement work to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
- Use the whole system data that is routinely and regularly collected to review progress.
- The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

- i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
- ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
- iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
- iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attends and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.^v
- v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

- i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
- ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
- iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
- iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and

- young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.
- v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.
 - vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

- An all-age crisis helpline.
- Key worker doorstep visits to families to be able to pick up and address needs.
- Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.
- One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17. This includes Skype, Google Classrooms, Hangouts and telephone calls, and these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.
- Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.
- Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.
- Support and frequent visits to a large number of young people who are care leavers aged 16-24 and living in their own tenancies.
- Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.
- Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.
- Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Girdlington Centre and Youth Service working with community organisations.

i NHS Digital. 2018. Mental Health of Children and Young People in England, 2017. Available: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

ii Public Health England. 2020. Fingertips tool: Child and Maternal Health. Available: <https://fingertips.phe.org.uk/profile/child-health-profiles>

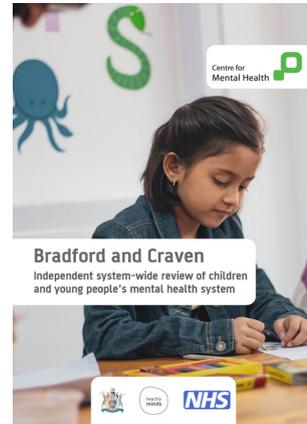
iii Ibid

iv Ibid

v Mental Health Foundation. 2009. Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England. Available: https://www.mentalhealth.org.uk/sites/default/files/CAPA_PDF.pdf

Bradford and Craven: Independent system-wide review of children and young people's mental health system

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Bradford and Craven

Independent system-wide review of children
and young people's mental health system





Bradford and Craven: Independent system-wide review of children and young people’s mental health system

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1. Executive summary

In December 2019, Centre for Mental Health was commissioned by NHS Bradford District & Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people’s mental health services in Bradford and Craven. The review considers the whole pathway including all NHS and Local Authority commissioned mental health and wellbeing support for children and young people aged up to 25 residing within the Bradford district and Craven area.

This report demonstrates an important commitment from Bradford and Craven system to take up the challenge to improve the mental health and wellbeing of its children and young people. The review found numerous examples of good and excellent provision across the children and young people’s mental health system. We also identified a number of significant challenges that have resulted in delays or poor access to support. We make recommendations for change in response to these challenges and propose a series of both short- and long-term solutions. We recognise that a huge amount of work is currently under

way to address some of the issues identified in this report and therefore we build on some of these promising approaches where relevant.

The review engaged over **450 stakeholders**, including children, young people, parents and carers, and professionals from a diverse range of backgrounds and disciplines. The review was also supported by a multi-agency Project Group of commissioners, advisors and providers covering Bradford district and Craven. We would like to thank all those who shared their views and insight to help inform this review. We have attempted to take into account and reflect all of the information shared with us.

Key findings from data about needs and services

- Children and young people's mental health in Bradford and Craven

a) Current need:

- It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.
- According to the latest NHS Digital prevalence study, around **one in eight** children and young people aged 5-19 have a diagnosable mental health disorder.¹ This equates to **15,604 of all children and young people** in Bradford and Craven.
- This report uses the iThrive framework to conceptualise need and support across Bradford and Craven and present our findings.¹

b) Future need and demand:

- **Young and growing population in Bradford city:** The overall child population (0-18) is projected to grow by 5.5% by 2025. The 10-14 age group – a key group for the onset of mental health difficulties – is projected to grow by 10.2% in the next 10 years. Bradford's child population has a number of factors associated with increased risk of emotional or mental health problems.
- **Move towards 0-25 service models:** The NHS Long Term Plan (2019) sets out a move towards a 0-25 model for children and young people's mental health services. The Plan has established targets building on the NHS Five Year Forward View policy to ensure there is service reach to 18-25 year olds in the locality.
- **The impact of Covid-19 on CYP mental health:** Children and young people (CYP) with mental health problems may be affected negatively by the impact of increased anxiety and depression around the virus and lockdown measures, including reduced access to support and social isolation. Many young people may develop new problems because of the crisis.

- Getting advice and early stage help

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and

¹ The iThrive model conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Brief description [here](#).

Craven that contribute to this 'getting advice and getting help' landscape, in line with iThrive model, from whom data was not collected and collated. This includes support delivered by health visitors, children looked after nurses, pastoral support teams, school nurses, nurture groups in schools, school counselling (where this exists), and other voluntary sector providers.

- a) **Youth in Mind (YiM)** is a partnership, funded by the CCG, that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector (VCS) organisations. It was launched in April 2017. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.
- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
 - The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
 - Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. Overall, children and young people report improved outcomes. The service has also developed a system to contribute to national NHS Mental Health Services Data Set (MHSDS) reporting.
- b) **Digital support: Kooth.** Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice. The platform became fully operational in Quarter Three of 2019/20 and is therefore still relatively new.
- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
 - **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266hrs a month v 264hrs contracted).
 - The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts. On average, 93% of children and young people would recommend Kooth to a friend.
 - Since the Coronavirus outbreak, Kooth has seen articles, discussion boards and peer to peer support centred around the following:
 - Issues around school closures & exam cancellations
 - Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues.
- c) **Mental Health Champions in Schools:**
- The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
 - The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.

- The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from Child and Adolescent Mental Health Services (CAMHS), School Nurses and various local and national third sector organisations.
 - There were **105 schools** involved 18/19 with an overall **target of 200**.
- **Getting help and getting more help: specialist infant, child and adolescent mental health services**
- a) **Bradford and District Care NHS Foundation Trust (BDCFT)** is the main provider of both Primary Care Mental Health Workers who liaise with schools and specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned to provide services by the CCG and the council.
- Data challenges:** In the summer of 2018, BDCFT migrated from RiO to SystemOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. In some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise was undertaken in the summer of 2019.
- The Trust has since been reviewing and undertaking data improvement work, taking an iterative approach. This has involved running Rapid Process Improvement Workshops (RPIWs), provision of reporting to enable identification of data quality issues, and targeted training to mitigate against future data issues.
- Despite this, there remain ongoing and significant challenges with regards to data collection and quality and this has greatly impacted performance reporting and management. SystemOne requires significant investment to address these challenges and ensure the system is maximised and fit for purpose.

We analysed available data over the last three financial years. Below is a summary of the key findings:

Overall referrals:

- The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS provided by BDCFT **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.
 - The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years.
 - Referrals typically dip during the summer. This is likely due to reduced referrals from schools during the break.
- Multiple referrals are sometimes made about the same child. On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. There can be several reasons why there may be multiple referrals relating to an individual child or young person.
- **Where are these referrals coming from?** In the financial year 2019/20, the majority of referrals come from GPs (45% in total) and via school nurses (27.3%). Nearly one in 10 (9.6%) referrals come via hospitals and 6.4% of referrals are made by professionals in social care services.

- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).
- **Where do referrals go?**
- The majority of referrals are assigned to Community CAMHS (55%) and Neurodevelopmental (21%) teams according to data from the last financial year 2019/20.
- As SystmOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.
- There is a downward trend of referrals being assigned into the primary mental health (PMH) and LAAC Pathway. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.
- **Referral acceptance rate:** Most referrals made to specialist CAMHS are assessed and accepted (68%). The national referral acceptance rate for assessment was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting slightly lower proportion of referrals.
- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold, a rigid eligibility criterion in place in BDCFT, or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- Just over one in four (26%) referrals are refused, while 6% were awaiting a decision at the time of writing.
- **Caseloads:** Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.
- In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on 31 March 2018 to 1,681 per 100,000 on 31 March 2019.² This needs to be further investigated to determine whether this is the result of data cleansing.

² This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.

- **Caseloads by pathway:** There were **2,680 active caseloads** in the financial year 2019/20.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the Primary Mental Health Workers (PMHW) pathway. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.
- Again, this may also be the result of data cleansing and the reassignment of caseloads.

- **Waiting times:** Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.
- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20, for referral to assessment and for referral to treatment.
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19.³
- While there are currently no national waiting time targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.⁴
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.

- **Waiting times by pathway:** The longest waiting times are experienced by children and young people on the Neurodevelopmental and LAAC pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Children Looked After and Adopted Children waited on average 38 weeks from referral to specialist treatment on the LAAC Pathway, and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.

- **Missed appointments:** A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.

³ NHS Benchmarking Network (2019) 2019 Child and Adolescent Mental Health Services (CAMHS) project.

⁴ Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment.

https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- In 2019/20, the cost of 'Did Not Attends' is equivalent to £960,256.⁵
- The cost of cancelled appointments totalled £648,704 in the same year. It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.
- **Outcomes:** BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.
- The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. Work is also being undertaken to develop and collect information on Special Educational Needs and Disabilities (SEND) outcomes which can be monitored alongside this.
- **System-wide outcomes:** BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental health and wellbeing of children and young people in England which will inform the local framework.

b) **Little Minds Matter:** The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community Fund and delivered by Bradford District Care Foundation Trust as part of Child and Adolescent Mental Health Services. Little Minds Matters is a pilot covering a small number of highly deprived localities within Bradford but with plans to extend. The service works with families, and the professionals that support them, during the 1,001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.

Summary of activities:

- a. **45** families accessing direct clinical support
- b. **138** professional consultations delivered
- c. **330** health and care professionals trained in infant mental health awareness and **46** health and care professionals trained in observing and supporting parent/infant relationships.
- d. An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

c) **Eating disorder community services for children and young people**

Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.

- According to NHS CAMHS Benchmarking data, there were on average **57 referrals per 100,000** 0-18 population in 2018/19 reported by BDCFT (compared to 91 referrals nationally).
- **98%** referral acceptance rate. This is higher than the national average (87%).

⁵ Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.

Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.

- There were **20** children and young people waiting to start **routine** eating disorder treatment in 2019/20.
- Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
- There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
- 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

- **Getting risk support: Crisis and hospital provision**

a) **Towerhurst (Safer Space):** This service is commissioned by Bradford District and Craven CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional. A total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.

- The number of admissions to Towerhurst has been rising since April 2019.

b) **Hospital admissions for mental health conditions:**

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.² This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to the national average and to its neighbouring authorities.³ There were 88.3 admissions per 100,000 children and young people nationally and 69.8 per 100,000 in Yorkshire and Humber.⁴
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.

- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues, including eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) **Mental health inpatient admissions**

- There were **12** children and young people admitted to an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
- There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
- Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

- **Resource and spending across the CYP mental health system in Bradford and Craven**

The below is based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

a) **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16.

The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.⁶

b) **Spend per head:** In 2018/19, nationally CCGs spent on average £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).

- Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.

c) **Cost per appointment for specialist mental health support:**

- According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average, £476 in BDCFT compared to £256 for the national average. This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.
- According to 2018/19 NHS Benchmarking data, the community specialist CAMHS workforce is smaller than average in Bradford and Craven, at 62 per 100,000 CYP population compared to the national average which is 84 per 100,000 population.

d) Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven.

Investments:

- Significant investment into new initiatives and providers through Youth in Mind and Kooth.
- Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.

⁶ The Office of the Children's Commissioner for England (2020) The state of children's mental health services. Available here: <https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/> [last accessed 29 June 2020].

- CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
- Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, providing all children and young people voluntary and community sector providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.
- As of January 2020, non-recurrent funding of £167,000 was awarded to BDCFT to manage their waiting list by Bradford District and Craven CCG.
- £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
- Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.
- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – covering a 3-year period starting March 2020. This project is bringing together and expanding existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

e) **Divestment:**

During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reduction in counselling provision, school nursing and health visitors, and changes to local authority contributions to the LAAC pathway.

Local authority divestment:

Context: Like all councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the council's spending power is equivalent to half of what it was in 2010. This has meant that the council has had to rethink its spending plans and make tough funding decisions.

- **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
- Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
- In addition, due to an inadequate children's service Ofsted rating in 2018, the Local Authority started to tighten and improve its social care provision for children and young people. This has meant for the School Nursing Service that in

order to respond to the increasing enquiries made of the service from Children's Social Care, primarily in relation to safeguarding cases, a further 6 working time equivalent (WTE) School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.

- **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, a local authority decision was made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.
- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.
- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).
- **Substance Misuse Service:** In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

Savings:

- BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

2. What stakeholders told us about the CYP mental health system in Bradford and Craven

How we gathered information:

- We designed four separate surveys aimed at broader local providers and practitioners, children and young people (11- 15 and 16-25) and parents and carers and received **423** responses in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews took place with a range of professional stakeholders, children and young people, and parents and carers.
- The below is a thematic summary of what came out of our analysis of the survey and interviews.

1. Access to CYP mental health advice and support

Summary of key quantitative findings:

The following analysis is based upon responses from stakeholders to questions based on a 5-point Likert scale. A thematic summary elaborates further on some of the experiences and perceptions of stakeholders later in the report. This is based on a thematic analysis of interviews and qualitative responses to the survey.

Children and young people:

- There were **148 responses** to the CYP survey from 76 children (aged 11-15) and 72 young people (aged 16- 25).
- **Receiving mental health help:** Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (**57%**) had. Of these children, most had received help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or Compass Buzz.
- **How helpful they found the help they received:** When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totaled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totaled 27% of responses).
- **How easy is it to receive help:** 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are beginning to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help.
- **Knowledge of where to go for help:** When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty, nearly two-thirds (63%) of children said they would know compared to 60% of young people. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.
- **Where is the best place to receive mental health help:** When young people were asked for the best place to receive help with their mental health, the **GP** was the most common answer (23%), followed by **online** (20%), at **home** (13%) and at a **youth club** (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by

from a GP (20%) and youth club (14%). Very few children and young people also said 'school' in response to this question.

Parents/carers:

- There were **130** responses to the parents' and carers' survey.
- The majority of parents and carers who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) have tried unsuccessfully to access support.
- **Accessing mental health support for their child:** Nearly three quarters (74%) of parents and carers who responded to the survey said they overall found it either 'quite difficult' or 'very difficult' to find help for their children when they have mental health problems or distress. Only one in ten (9%) felt that it was easy.
- **70%** of survey respondents felt it was either 'quite difficult' or 'very difficult' to get advice or help when their child is beginning to struggle with their mental health and wellbeing.
- **66%** said they found it 'quite difficult' or 'very difficult' to access support for their child in a crisis. One in ten (10%) felt it was 'quite easy' or 'very easy'.
- **Choice in the type of help their child received:** The majority of parents and carers who responded to the survey (67%) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.
- **Outcomes:** Just under a third of respondents (32%) found the support their children accessed 'helpful' or 'very helpful'. Conversely, a similar proportion (35%) felt that the support available was 'unhelpful' or 'very unhelpful'.

Professionals:

- There were **145** responses to the professional survey.
- The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) who said they work for a local authority. One in five (21%) worked for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services made up 4%.
- **For emerging mental health problems:** Professionals were asked how easy they thought it was for children (aged 4- 16) to access the help they need when they begin to struggle with their mental health. 61% described this as either 'very difficult' or 'difficult' while 13% felt it was 'quite easy' or 'easy'.
- Professionals were asked the same of 17-25 year olds. Just over half (53%) felt that it was 'very difficult' or 'difficult'.
- **Access to support for mental health problems:** Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need.
- Similarly, 68% felt it was 'very difficult' or 'difficult' for young people aged 17 to 25.
- **Accessing support when in mental health crisis:** 72% thought it was either 'very difficult' or 'difficult' to access help in a crisis for 4-16 year olds.
- 67% of respondents believed that it was either 'very difficult' or 'difficult' for young people aged 17-25 to access crisis mental health support.
- **Parents/carer access to help for infant mental health in Bradford and Craven:**

- The majority of professionals (62%) believe it is 'very difficult' or 'quite difficult' for parents to access infant mental health support.

The following is based on some of the most common themes that emerged from the qualitative responses to the surveys and interviews from all three groups of stakeholders.

2. The primary unmet needs of CYP in Bradford and Craven

- Emotional needs that fall under current clinical thresholds, such as social isolation, emotional distress and the effects of poverty. Professionals described these difficulties contributing factors in later damaging and costly crises
- Common Mental Disorders such as anxiety and depression
- Therapeutic support, integrated across the whole system, for children, young people and families with histories of adverse childhood experiences
- A lack of whole system stepped approach (universal, targeted and specialist) and parenting support.
- Lack of support for Special Educational Needs and Disabilities (SEND) and neurodevelopmental needs – including access to Education, Health and Care Plans (EHP) and effective dual diagnosis and support
- Children and young adults with multiple and complex needs
- Young adult needs – qualitative comments suggested limited support at key times when illness can escalate
- The needs of Black and Minority Ethnic (BAME) children and young people – there is a lack of culturally competent support and barrier of stigma preventing access.

3. Mental health awareness, information, and advice

- Mental health awareness across the system and amongst communities can be patchy, including issues around stigma and poor mental health literacy
- There is a lack of awareness of the local offer and effective signposting
- Targeted information and advice aimed at children and young people, parent/carers and professionals appeared to be lacking. This included resources or materials being available in clear, accessible and child-friendly formats
- Significant difficulties were reported in understanding the local landscape of support, in the availability of services and in accessing what was available. Many professionals, CYP and their families struggled to understand what was available in the local area. Geographical variability was a key theme. A few parents and carers referred to having felt forced to seek private help.

4. Access to mental health support:

- A common theme was that children and young people, parents and professionals found it challenging to access mental health advice
- There was felt to be no clear and understandable overview of what is available in the area and no clear and effective 'front door' to facilitate advice and help
- There is a lack of choice in the type of support and treatment and the way that support was offered (need for flexibility)
- Eligibility thresholds for specialist mental health support were deemed too high by non-specialist professionals working across education, social care, and the voluntary and community sector.
- There was a lack of preventative interventions and early advice and help to de-escalate difficulties which resulted in a system was orientated towards crisis
- A very medicalised model is currently operated which did not dovetail with what young people wanted

- Families struggle to navigate the system and experienced being bounced around between different services.
- Specific groups of children and young people face access barriers such as Children Looked After and BAME young people.
- Children and families experience long waiting times for specialist mental health support. These are compounded by the lack of immediacy of advice as well as support and little advice and help while they wait.
- Timely access to mental health support is often undermined by unclear, convoluted, and unresponsive referral systems.

5. Current strengths:

- School-based support being described by parents, professionals and some children and young people as holding promise but being inconsistent. School-based provision of counselling and pastoral support can be effective where available. Some concerns were raised about disinvestment in some school counselling
- There are a range of services and support on offer (although awareness, navigation and access seem to be an issue)
- The VCS offer, including Youth in Mind and Better Start Bradford, is perceived as being helpful
- Crisis provision, including out of hours care (Towerhurst and Youth Cafes) was largely praised in qualitative comments – although quantitative survey responses suggested mixed views in terms of ease of access
- Professionals working across Bradford and Craven were described by stakeholders as dedicated and compassionate
- Many professionals' qualitative comments suggested that for those who accessed specialist CAMHS, care was positive. However, survey responses suggested that young people were more mixed in their reactions to the support they received.

6. General summary of individuals' experiences of the system over the last three years:

- The capacity, competences, and capability of the system to meet demand and manage low level needs vary across the system
- Generally, stakeholders feel there is not enough resource to meet high demand. The reduction in school nursing, health visitor and midwifery provision were highlighted as a particular problem with these services being described as particularly overstretched and having little to no time for universal support
- There was a perceived lack of joined-up or integrated strategy or commissioning across local authority, CCG and VCS partners .This is reflected in services with no shared language or understanding of mental health and wellbeing
- It was felt that governance arrangements at the strategic level could be improved, especially in building better links to Craven structures and North Yorkshire County Council, and in ensuring that CYP and parents/carers routinely form part of governance, strategic problem solving and review of mechanisms
- A 'blame culture' across the system has led to mistrust between some organisations and services, which has stifled whole-system problem solving and undermined partnership working.

Areas that require further exploration:

This report describes the findings from Centre for Mental Health's system-wide review of children's and young people's services in Bradford and Craven. We are grateful for the commitment and vigour of staff who have shared their wide range of experience, knowledge, and honest reflections with us. This has helped us establish a comprehensive view of the current system and the services within.

Our primary conclusion is that there is currently a valuable opportunity for leaders to create a coherent, system-wide vision for services that work together to:

- Understand the population and its needs
- Provide efficient and effective services to meet those needs
- Demonstrate consistent, measurable, and positive outcomes for improved mental health
- Give good value for money.

The vision should result in a system which inspires staff and offers a range of services easy enough for children, young people, and their families to understand, navigate and trust. It must be underpinned by outcomes data, financial information, consistent contracting arrangements, and evidence of local need; specifically:

- 1) Recognising that data collection requires rapid improvement
 - The transfer of data-management from RIO to SystemOne limits the accuracy and usefulness of the data gathered in 2018/19
 - There is a need to improve use of SystemOne and the training staff receive
 - Sparse outcomes data is gathered for children and young people
 - Outcomes metrics for services vary widely and do not contribute to a common health goal

These factors thwart the calculation of a realistic and statistically comparable baseline of local need and the progress toward positive outcomes, whilst also limiting the ability of leaders to communicate a shared system-wide vision. They also limit our ability to gain an accurate understanding of demand and capacity across the system.

- 2) Financial data is held in a variety of different places with inconsistent formatting and recording. Comparable data is needed to calculate any value-for-money, cost-per-intervention or return on investment values. A common dataset which details each service within the system, the component funding streams and basic information such as client numbers would increase the transparency of information and its usefulness in determining long-term investments.
- 3) Aligning contracts to an agreed set of shared outcomes and system-wide goals, by any commissioning party, would unify providers' efforts and increase the ease with which different interventions can be measured. This is currently not in place.
- 4) A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities. This can begin with the commitment to understand how these factors may impact on the identification of need and the offer of support.

Inevitably, system-wide change can only come through system-wide leadership. Commitment to the joint goal of optimising children’s health through the shared vision of a coherent system is the requirement needed to make this recommendation a reality.

3. Summary observations based on key lines of enquiry

<p>1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?</p>	<ul style="list-style-type: none"> - Overall, population growth has likely significantly contributed to increased demand for help - Nationally, there is greater awareness and focus on CYP mental health which means that more CYP and families will come into contact with services - Impact of factors such as austerity (child poverty) and rising numbers of CYP entering care or known to children’s services (edge of care) - Data from Youth in Mind and Kooth suggests increased demand for early and low-level mental health support - Specialist CAMHS has seen no increase in demand based on the data. However, the data suggests that they are managing complex cases and are working with these children and young people for a longer period of time - There may also be potential bottlenecks that need further exploration within the LAAC and Neurodevelopmental Pathways - Data improvements across the system are required to understand current /unmet need and project future demand.
<p>2. What do we know about the efficiencies, savings and investments that have been applied to children and young people’s mental health support over the last three years and their impact?</p>	<ul style="list-style-type: none"> - Future in Mind transformation initiatives have boosted and added capacity to the system - Investments in advice and early support provision, such as Youth in Mind, crisis cafes and Kooth are reporting good outcomes. - Investment in outcome measures and digital infrastructure for the VCS has yielded positive measurable outcomes (for example, data collection and reporting through the MYMUP Digital platform). - However, evidence suggest that some of this spending replaced existing allocations – rather than going towards new services expansion of services. For example, the allocation of funding to Buddies, the primary mental health workers, and the counselling provision were cited as examples of this. - According to specialist CYP mental health spending data gathered by the Children’s Commissioner for England, spend per head is lower in Bradford and Craven than the national average and has reduced. We should be seeing incremental year on year increases but the overall trend seems to be the opposite. - Over the last two years, there have been significant local authority reduction in spend which is impacting the system. This is the result of significant funding pressures within Bradford Council and the allocation of resource to address the recommendations from the last Ofsted inspection in 2018. This includes reduced counselling, school nursing and health visiting services. This has reduced capacity within low level/universal provision and therefore these services are referring on to CAMHS.

<p>3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?</p>	<ul style="list-style-type: none"> - For many of the CYP mental health services commissioned, there were no clearly defined baselines or targets set on the numbers of cases/activities expected from services. This presents challenges in drawing conclusions about how effectively the system is managing demand. - We have used the Kurtz formula to determine the levels of current need at different levels of care. However, gaps in information, particularly around the wider preventative and early support means that we are unable to provide a complete picture of unmet need. This includes data on the numbers of children and young people receiving support in educational settings (such as school counselling), early years and parenting provision. Understanding, developing and collecting centralised data on the contribution of this level of provision should be a priority for any future commissioning activity. - Currently, access to specialist mental health support is the most common challenge referenced by all stakeholders engaged as part of the review. Non-clinical professionals were often able to identify need but struggled to effectively respond or signpost CYP for further help due to a lack of understanding of what support is available. The Healthy Minds platform is seeking to address this. - For specialist CAMHS, CYP face long waiting times. - Qualitative and hospital data suggests that the system is too crisis driven and CYP needs worsen as a result. There is a need for wider upstream support. <ul style="list-style-type: none"> - In terms of the workforce, professionals note that there is a need to build capacity and skills of non-specialist workers to enable them to better manage and signpost effectively.
<p>4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?</p>	<ul style="list-style-type: none"> - There is no system in place to draw together whole system data (school nursing, school counselling, other) and info on outcomes - Current data is not used as well as it could be to monitor whole system activity - Evidence gathered on outcomes via the engagement phase illustrates a mixed picture on CYP mental health outcomes - When they are able to access low level help or advice, CYP and families report positive outcomes. This is also true of Specialist CAMHS. For example, see Goals Based Outcomes data from Youth in Mind and Little Minds Matter - MYMUP has developed a system that allows all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set - The development of a local SEND dashboard will also help the system improve its understanding of outcomes for this group of CYP.
<p>5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?</p>	<ul style="list-style-type: none"> - Bradford and Craven offers a wide range of high-quality support and services. - The most useful Benchmarking information is available via NHS CAMHS Benchmarking Network and Public Health England's Fingertips tool. We have drawn on this data where relevant. However, unlike in children's social care, determining a statistical neighbour for children's mental health can prove difficult due to fragmented commissioning and incompatible datasets. Once data issues for specialist CAMHS and other services are addressed and become more reliable, research can be undertaken to explore this. - Data from CAMHS Benchmarking suggests that referrals to specialist CAMHS are significantly lower than the national average and caseloads appear to be reducing while nationally they are rising.

	<ul style="list-style-type: none"> - However, data on the costs of a contact appointment appear to be higher than the national average (£256 national v £476 in Bradford and Craven). This may be a sign of complexity in the cases BDCFT sees, requiring more specialist input and clinician time. - According to our analysis of need using the Kurtz formula, it appears that there is a significantly higher than expected number of children and young people accessing crisis provision, particularly in relation to hospital admissions for mental health related issues.
<p>6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?</p>	<ul style="list-style-type: none"> - Overall, stakeholders report positive experiences when they are able to access advice or help. - However, navigating the system appears to be a significant weakness, experienced by CYP, families and professionals. This results in huge delays and an escalation in young people's needs during this time. - Timely help was a central theme, including the early identification of need through to access to specialist support and long waiting times, particularly for those with multiple or complex needs, such as Children Looked After and Adopted Children and those with neurodevelopmental difficulties. - Children and young people from Black and Minority Ethnic (BAME) backgrounds face additional barriers in getting the support they need. Fewer BAME young people said they knew where to seek help compared to their white counterparts. They were also least likely to want to access support at home. Professionals also noted there were limited culturally informed specialist mental health services. - The experiences of children, young people, families and professionals vary across geographies with rurality in Craven contributing to slightly different needs and challenges.

4. Our recommendations

1. Leadership, commissioning, and strategy:

- i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
 - o This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
 - o This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.
- ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.
- iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

- i. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.
- ii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.
- iii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure
- iv. Performance management arrangements should link directly to the achievement of the strategy.
- v. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

- Develop a logic model for change⁷ setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.
- Agree a set of baseline targets and desired outcomes when commissioning a new model.
- Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.
- To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a

⁷ The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: <https://www.annafreud.org/media/5593/logic-model-310517.pdf>

multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

- Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
- Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
- Prioritise and invest in SystemOne improvement work to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
- Use the whole system data that is routinely and regularly collected to review progress.
- The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

- i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
- ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
- iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
- iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attend and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.⁵
- v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

- i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
- ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
- iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
- iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and

- young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.
- v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.
 - vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

- An all-age crisis helpline.
- Key worker doorstep visits to families to be able to pick up and address needs.
- Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.
- One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17. This includes Skype, Google Classrooms, Hangouts and telephone calls, and these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.
- Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.
- Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.
- Support and frequent visits to a large number of young people who are care leavers aged 16-24 and living in their own tenancies.
- Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.
- Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.
- Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Gillington Centre and Youth Service working with community organisations.

1. Introduction

In November 2019, Centre for Mental Health were commissioned by NHS Bradford District and Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people's mental health services in Bradford and Craven, and to make recommendations for change to the challenges experienced across the system.

The review considers the whole pathway including all NHS and local authority commissioned mental health and wellbeing support for children and young people aged up to 25 years resident within the Bradford District and Craven CCG areas.

Key lines of enquiry

1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?
2. What do we know about the efficiencies, savings and investments that have been applied to children and young people's mental health support over the last three years and their impact?
3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?
4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?
5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?
6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?

Why the review was commissioned:

Children and young people's mental health services in Bradford and Craven have recently come under significant strain with reports of long waiting times, rising demand for support, funding pressures and changes to services. This includes services provided by the voluntary sector, schools and the local authority as well as by the NHS. However, there are some services that deliver good outcomes for children and young people and we want to build on them.

Several new and short-term initiatives have been introduced to address the lengthy waits and improve awareness of the children and young people's mental health offer across the system.

The nature of the demographic makeup of Bradford and Craven has been dynamic with a very diverse population base. It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.

In Bradford, approximately 30% of the population is aged under 20, making Bradford one of the youngest cities in the country. The number of children and young people (CYP) has grown year on year to nearly 102,300 in 2018. This population is also fast growing, and services must prepare to deal with new and changing demand. This review will consider these pressures and will inform longer-term plans to improve care and support for children, young people, and their families.

Our methodology: The review was conducted between December 2019 and May 2020 and was carried out in two key phases.

Phase one: Desk-based review and analysis

- This phase was conducted between December 2019 and February 2020.
- It involved a strategy and policy review, local and national data analysis, review of local data from providers and commissioner and national data, including national benchmarking data
- Interim findings shared with Mental Wellbeing Partnership Board in February 2020.

Phase two: Engagement phase

- This phase was undertaken between March and April 2020
- We designed four separate surveys aimed at broader local providers and practitioners, children, and young people (11-15 and 16-25) and parents and carers, with 423 respondents in total. The survey opened Monday 23rd March and closed on Monday 27th April 2020. They surveys were hosted on SurveyMonkey and were disseminated widely via social media, newsletters and via emails to CYP mental health teams across Bradford and Craven
- 37 interviews took place with a range of professional stakeholders, children and young people, and parents and carers
- A thematic qualitative analysis was completed by a team of researchers and the key themes have been summarised and incorporated into our findings.

Phase three: Report development:

- The information we gathered has been analysed by a team of researchers who have ensured there is coherence in our findings. We pay close attention to the voices of children of young people and their families and practitioner insights into key issues.
- We have drawn on these insights and existing external evidence to formulate a set of recommendations for short to long term change.

2. Children and young people’s mental health in Bradford and Craven

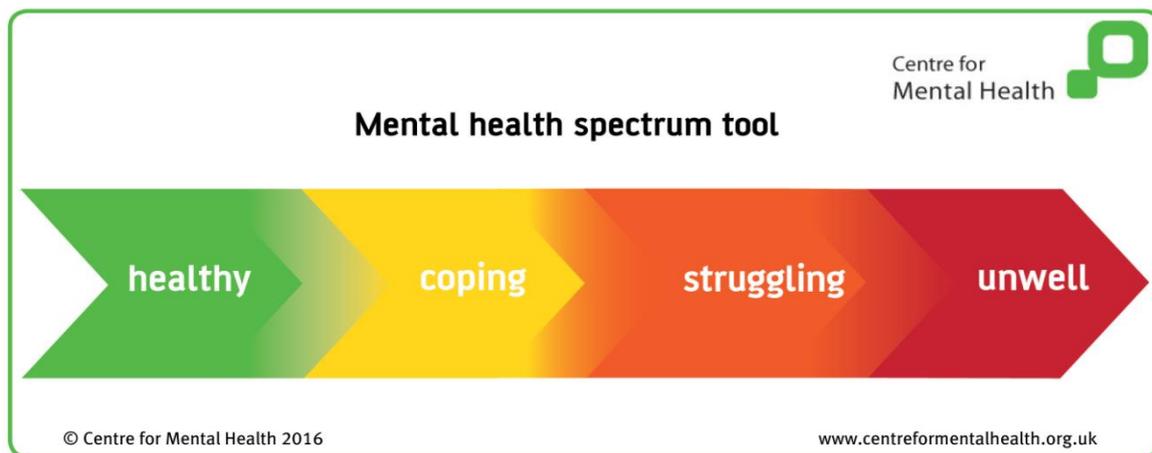
Bradford district’s population is a young one, with the fourth highest proportion of under 16 year olds in England⁶ with some risk factors which increase the likelihood of poor mental health. Around a quarter (23.7%) of the population are young people under 16 – equivalent to 126,200 children and young people.

The overall child population increased by 10.5% between 2002 and 2012 and is projected to grow by a further 5.5% by 2025. This population growth is likely to be concentrated in the most deprived areas of the city where birth rates are currently highest. The 10-14 age group – a key group for the onset of mental health difficulties – is projected to grow by 10.2% in the next 10 years.

What do we mean by good mental health and wellbeing?

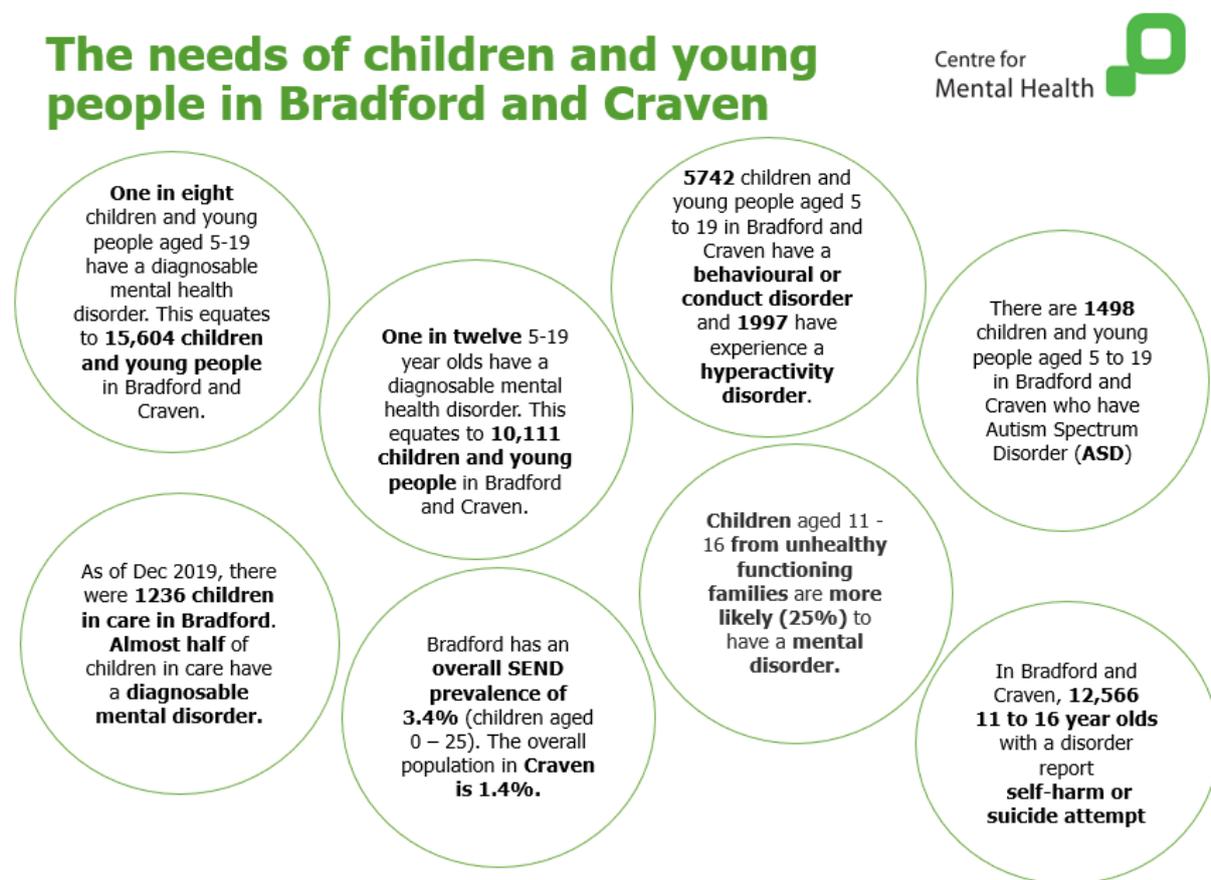
Good mental health is best thought about in terms of a spectrum (see Figure 1). It is not just about being free from illness. It is ‘a state of complete physical, mental and social wellbeing...in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’⁷. It involves social, emotional and mental wellbeing and recognises that children often communicate distress or developmental problems through their behaviour. Good mental health is also ‘the foundation of healthy development and mental health problems at this life stage and can have adverse and long-lasting effects’.⁸

Figure 1: The spectrum of mental health need



The below diagram illustrates the varying needs of needs of children and young people in Bradford and Craven based upon the latest prevalence data.

Figure 2: The needs of children and young people in Bradford and Craven



The mental health of 16 to 24 year olds

The adult psychiatric morbidity survey for England looks at the scale of mental ill health in all those aged 16 and over. According to the latest survey conducted in 2014, common mental health issues such as depression and anxiety are on the increase amongst 16 to 24-year olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993.⁹ There are a number of factors which may have contributed to this including greater mental health awareness, improved access to information and services, and the impact of the recession between 2008 and 2011.¹⁰ Worryingly, the study also finds that mental health issues are on the rise among young adult women in the UK, with those in the 16-24 age group experiencing the highest rates of common mental health problems of all age categories.¹¹

Analysis of GP Survey data suggests that young patients were more likely to say they had a mental health need at their last GP appointment (45.1% of 16-24 year olds compared with 40.8% of those aged 25+).¹²

– Risk factors in children and young people’s mental health

There are groups of children and young people who are at greater risk of developing mental health problems due to a mixture of environmental, social and genetic factors.¹³ The NHS

Digital study finds the prevalence of mental ill health is higher amongst vulnerable groups of children and young people. For example:

- LGBT+ young people were more likely to have a diagnosable mental health problem (34.9% compared to 13.2%)
- Mental health problems were more common in children living in lower income households (9% compared to 4.1%)
- Children living with a parent with poor mental health are the most at-risk group
- Over a third of 5-19 year olds with a mental health problem (35.6%) were also recognised as having special educational needs
- School exclusions were more common in children with a mental health problem (6.8%) than those without (0.5%)

The evidence base also points to a range of other risk factors, including poor housing, being in or leaving care, having caring responsibilities or experiencing bereavement.¹⁴¹⁵ It is important that services, including education, recognise and respond effectively to young people who present with multiple or complex needs.

Bradford's child population experience several factors associated with increased risk of emotional or mental health difficulties. The most significant of these is the high number of children living in poverty and disadvantaged circumstances.

The ethnic and cultural diversity of Bradford district is an asset to the region. However, it also brings challenges, as being from a black and minority ethnic (BAME) group is a risk factor for poor mental health. According to the latest Census (2011) over one-quarter of the population is Asian, while black, mixed races, and other races make up less than 1% of the population, respectively. The city has one of the highest percentages of South Asians in the country.

The effects of racism, alienation, language barriers, cultural differences and limited understanding of how these communities experience services - and the impact this has on their mental health - cannot be underestimated. Mental health and wellbeing may be understood differently by different communities, and therefore approaches to improving provision must be tailored to each group.¹⁶

A Youth engagement exercise conducted in 2018 to inform a Joint Strategic Needs Assessment on mental wellbeing in Bradford also pointed to significant societal barriers that children and young people were acutely aware of and said they had experienced. This includes islamophobia, racism, sexism, harassment, abuse, poor housing, poverty and class status, and the impact these have on their overall health and wellbeing.

Known risk factors facing CYP in Bradford and Craven:

- **Children in care or on the edge of care:** Like many other places in the country, Bradford has seen a rise in numbers of children in care over the last three years.
- The number of children in care at the end of February 2020 was 1,246.
- As of the end of February 2020, there were 962 children subject to a Child Protection Plan. The rate has increased by 38% since the initial inspection in October 2018.
- **Child poverty:** Data suggests that children and young people growing up in poverty are four times more likely to have a mental illness than children in the best-off households.¹⁷

- Bradford District is ranked fifth most income deprived and sixth most employment-deprived local authority in England. 13% of the District's households are in fuel poverty, 29% of children are living below the poverty line, and 28% of households find it difficult or very difficult to cope on their incomes.¹⁸
- **Adverse Childhood Experiences:** 1 in 3 adult mental health conditions relate directly to adverse childhood experiences (ACEs) according to YoungMinds.¹⁹
- A recent Joint Strategic Needs Assessment was undertaken exploring the prevalence and impact of ACEs. It found that Bradford's high level of deprivation puts its population at increased risk of ACEs.
- The report also identified a range of factors that contribute to poor mental health outcomes including the impact of physical and emotional abuse, neglect, bullying and parental divorce.

– **How are CYP mental health needs being met in Bradford and Craven?**

Kurtz (1996) provided the following formula to estimate how many children and young people sit within each tier of need²⁰. Ideally, these figures need adjustment to take into account lower levels of deprivation across most of Bradford. Applying these figures to current Bradford and Craven child and youth populations aged 5-19 years, we would expect to see roughly the following number of children in each level of need using the iThrive framework:

Level of need based on iThrive model	The national prevalence rate of 12.8%	Estimated service need in Bradford and Craven (number of children and young people)
Getting risk support	0.11	137
Getting more help	2.65	3,308
Getting help	10.04	12,533
Getting advice	15	18,725
Resilient children	All children	124,832

Using the Kurtz formula, services across Bradford and Craven could come together to determine the levels of identified and unmet need.

– **Future trends**

Analysis of the Health Survey for England by the Royal College of Paediatrics and Child Health suggests there has been an increase self- or parental-reported mental health problems between 1995 and 2014²¹. Projections based on the current trends suggest that mental health problems will increase in England by 63% by 2030 unless action is taken.²²

– **The impact of Covid-19 on children and young people’s mental health**

Children and young people with mental health problems may be affected negatively by the impact of increased anxiety around the virus, reduced access to support, and social isolation. Many young people may develop new problems as a result of the crisis and lockdown.

The NSPCC has also reported a sharp rise in calls to Childline since the outbreak. In the majority of these sessions, children spoke about their mental health, including struggles with increased feelings of depression and anxiety, more frequent panic attacks, having difficulties sleeping and feeling lonely or isolated.²³ Emerging evidence is beginning to show this impact, for example, a recent survey from YoungMinds highlights that 83% of surveyed children and young people with pre-existing mental health problems believe their problems have worsened.²⁴

There are numerous of studies underway to comprehensively capture and understand children and young people’s experiences at this time.

3. The policy landscape (local and national)

Over the last decade there has been unprecedented policy attention focused on children and young people's mental health. This followed longstanding and unaddressed concerns over the complexity of the CYP mental health system, the lack of timely and accessible help for children and young people in mental health difficulty, children being turned away from support services, a systematic tendency to wait until children had escalated into crisis, the particular lack of appropriate service design and comprehensive support for vulnerable children, unhelpful thresholds for accessing help when children were in need, and variability in provision between regions and local areas.²⁵

Across the country, children and young people's mental health services have been struggling to keep up with demand as services remain fragmented, overstretched and underfunded. Subsequently, there have been a range of new policy initiatives aimed at transforming children and young people's mental health provision with an increasing focus in prevention and promotion.

- **Local**

NHS Bradford District & Craven CCG, City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust have been working together to deliver on the ambitions set out in these documents.

This includes the development and delivery of a Future in Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, which has clearly articulated the local offer and progress made. This plan covers the whole spectrum of services for children and young people's mental health and wellbeing, from health promotion and prevention work to support and interventions for CYP who have existing or emerging mental health problems, as well as transitions between services.

Children and young people's mental health is also outlined as a priority within an overarching all-age strategy for mental wellbeing in Bradford and Craven (2016-21).

In addition, key documents produced by the local authority include a number of commitments to children and young people's mental health, including Joint Needs Assessments on Special Educational Needs and Disabilities and Adverse Childhood Experiences, which recognise the importance of mental health promotion and coordinated support.

Bradford and Craven has recently been successful in applying to be a part of Wave 1 and 2 of the trailblazer programme to test the proposals set out in the 2017 Green Paper for Transforming Children and Young People's Mental Health. There will be the development of new Mental Health Support Teams (MHSTs) and a roll out a training scheme for a designated senior lead for mental health in schools involved in the programme.

- **National**

National policy is the primary driver for developing local approaches to enhance the emotional health, psychological wellbeing and mental health of children and young people. There are four key national policy documents which outline the objectives, expected trajectories and funding available across the children and young people's mental health

system. We have drawn on these as part of our review and have ensured our recommendations align with the national direction.

- Future in Mind (2015)
- NHS Five Year Forward View for Mental Health (2016)
- Transforming Children and Young People’s Mental Health green paper (2017)
- NHS Long Term Plan and ambition to move towards a comprehensive 0-25 model (2019).

A summary of the recent and current policy documents and targets for commissioners is available via this attachment:



Summary of recent
mental health policy r

4. Provision in Bradford and Craven: What the data tells us

Data limitations:

We have received a significant amount of data from Bradford District Care NHS Foundation Trust, Bradford and Craven CCG, Bradford Council and from commissioned services, such as Youth in Mind. We are very grateful for the transparency, trust and support provided to our team in analysing this data. Most of the information has been helpful in informing the review and provides a good understanding of the current offer in Bradford and Craven.

However, there remain significant challenges with data that has been previously flagged by Centre for Mental Health, including at a recent Mental Wellbeing Partnership Board in February 2020. Currently data is poor on this whole systems activity. It should be noted that data collection and reporting on children and young people’s mental health is a challenge across the country and work has been underway to address this nationally. Despite this, Bradford and Craven could significantly improve their local position on data.

The gaps in data impact our ability to draw clear conclusions and comprehensively address the agreed key lines of enquiry. We have identified where there are gaps and anomalies in the relevant parts in this section.

A note on data pertaining to young adults (18 to 25-year olds): We understand that the commissioned CYP mental health services in Bradford and Craven are not currently offered to 18-25 year olds and therefore the below data does not reflect their usage of support and services.

2a. Getting advice and getting early stage help

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and Craven that contribute to this ‘getting advice and getting help’ landscape from whom data was not collected and reviewed. This includes support delivered by health visitors, children looked after nurses, parenting provision, pastoral support team, school nurses, nurture

groups in schools, school counselling (where this exists) and other voluntary sector providers.

- **Youth in Mind:**

Youth in Mind is a partnership that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector organisations. It was launched in April 2017 and covers both Bradford and Craven. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.

The Youth in Mind model consists of Health, the Youth Service and voluntary partners working together to create an integrated model that helps young people to build resilience and be less isolated, more connected, safer and in control. Youth in Mind (YIM) uses a range of ways to engage young people including drop-ins, one to one work through Buddies, WRAP group work led by Barnardo's, MYMUP's digital self-help tool, evidenced based peer support groups and longer term volunteer mentoring delivered by Yorkshire Mentoring. Additionally, support in a crisis is provided through the Safer Space at Towerhurst. Sharing Voices Bradford (SVB) are embedded within the YIM partnership as one of the key agencies to provide frontline support and raise awareness of mental health amongst young BAME communities.

Summary:

- Referral pathways into Youth in Mind services were co-developed with a range of professionals including school based, early help gateway and across the VCS, for young people with lower level needs.
- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
- The majority of referrals come via education services (39%), school nursing services (15%), CAMHS waiting list (11%), GP (10%) and self-referrals (6%).
- The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
- There is fairly even usage of Youth in Mind services by gender.
- Half of service users identify as White while nearly one in five (18%) came from an Asian background. Data on ethnicity was not captured for just over a quarter of users (26%).
- Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. The average initial score for GBOs completed during Quarter 4 of 2019/20 was 3.04, the average final score was 5.63, giving an average improvement of 2.58. Goals based outcomes have a reliable change of index of 2.45, so this highlights the effectiveness of the interventions delivered by the Youth in Mind partnership.

Fig 2 Youth in Mind - Source of Referrals 2019/20

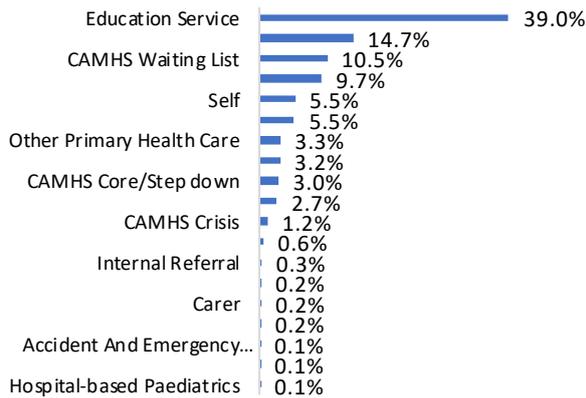


Fig 3 - Youth in Mind use by ethnicity 2019/20

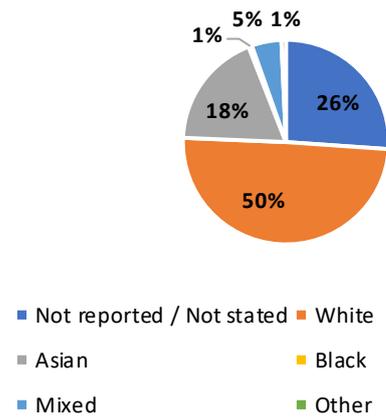


Fig 4 - Youth in Mind usage by gender 2019/20

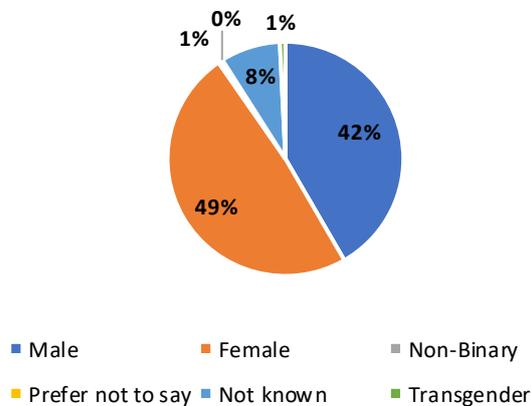
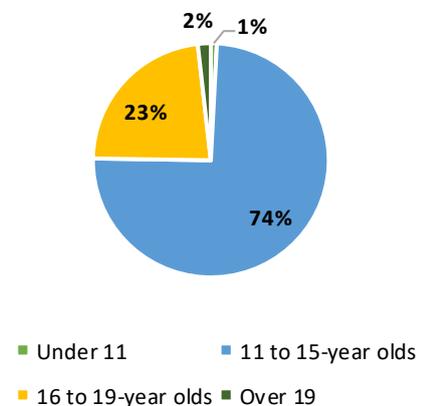


Fig 5 - Youth in Mind usage by age 2019/20



• **Kooth:**

Xenzone were commissioned by Bradford District and Craven CCG in Spring 2019 to deliver a new online platform called Kooth. Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice.

The platform became fully operation in Quarter Three of 2019/20 and is therefore still relatively new.

Summary:

- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
- **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266 hours a month v 264 hours contracted).

- The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts.
- The services is mostly used by CYP who identify as female (67%), male (27%), gender fluid (4%) and agender (2%).
- Kooth is primarily used by 10-18 year olds with nearly 69% of users being between 12 and 15 years old.
- Since the Coronavirus outbreak, children and young people using Kooth have accessed articles, discussion boards and peer to peer support centred around the following:
 - a. Issues around school closures & exam cancellations
 - b. Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues

Table 2: Summary of Quarter 3 and Quarter 4 (2019/20) performance

	Q3	Q4	Total/Average
New Registrations	831	943	1774
Total Logins	3200	5058	8258
Unique Young People	831	1013	1844
% of Young People Returning	85%	83%	84%
% of logins out of office hours (9am-5pm Monday- Friday)	69%	70%	70%
BAME	33%	29%	31%
% of Young People who would recommend Kooth to a friend	94%	91%	93%
Worker Hours Utilised (counselling messaging and moderation)	733	861	1594

Figure 6: Kooth, number of unique service user logins in Q3-4 2019/20

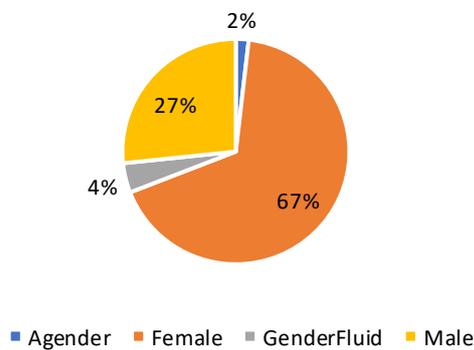
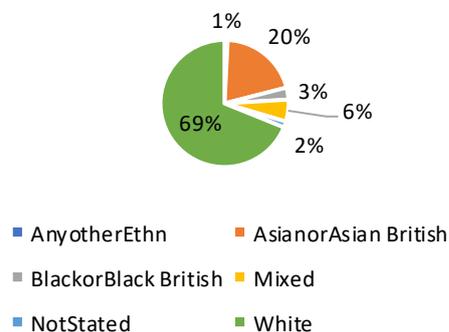


Figure 7: Kooth, ethnic breakdown of new registration average in Q3-4 2019/20



- **Mental Health Champions in Schools:**

- c. The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
- d. The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.
- e. The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from CAMHS, School Nursing and various local and national third sector organisations.
- f. There were **105 schools** involved 18/19 with an overall **target of 200**.

2b. Getting help and getting more help: specialist infant, child, and adolescent mental health services

Bradford and District Care NHS Foundation Trust (BDCFT) is the main provider of specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned by both the CCG and the council as their main provider of children's services.

Primary Care Mental Health Workers offer support for mild to moderate emotional wellbeing and mental health problems of children/young people alongside their parents/carers either in clinics and/or community settings such as GP practices, schools or, where appropriate, the home environment. The services provide multi-disciplinary community-based assessment and treatment for children, adolescents, families and carers.

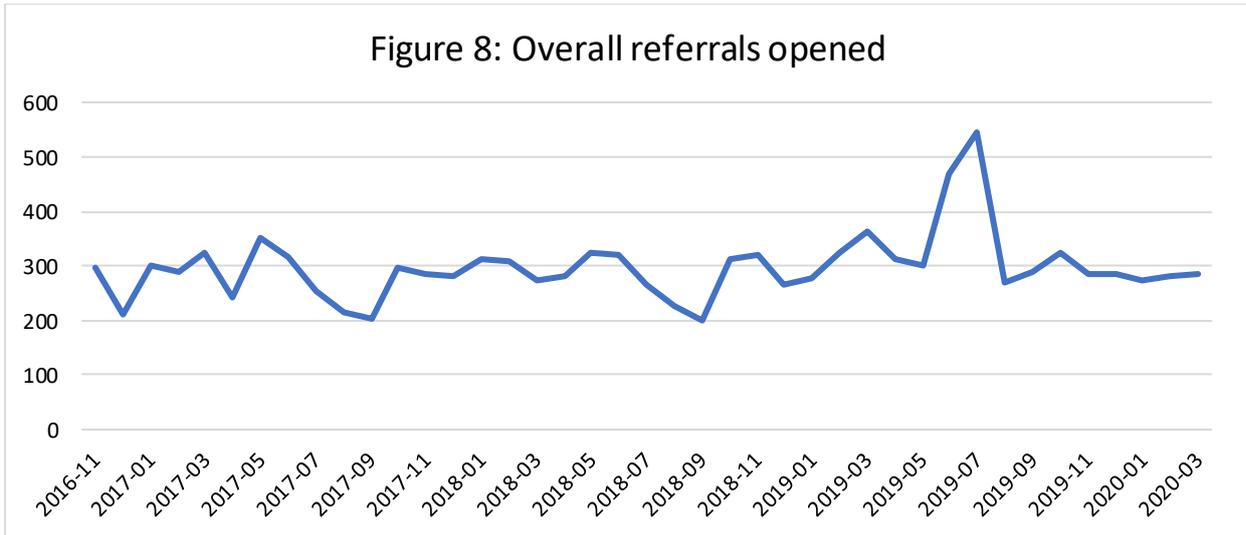
BDCFT also provides targeted services including specialist pathways for Children Looked After and Adopted Children (LAAC) and children and young people with neurodevelopmental needs. The Trust also provides a dedicated service for under 7s, a community-based eating disorder service and crisis support offered by Intensive Home Treatment Team.

Data caveat: In the summer of 2018, BDCFT migrated from RiO to SystmOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. Furthermore, in some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise of was undertaken in the summer of 2019 and the Trust has since then reviewing and updating its records at various intervals.

BDCFT notes: 'Regarding discrepancies between historical data and local reporting, there needs to be an acceptance that during 2018/19 BDCFT undertook a clinical system change and data capture was impacted whilst staff familiarity increased, and new processes were embedded. As a result, the data may not fully reflect Service Delivery. Significant work is ongoing to improve the accuracy and completeness of records.'

a) Overall referrals

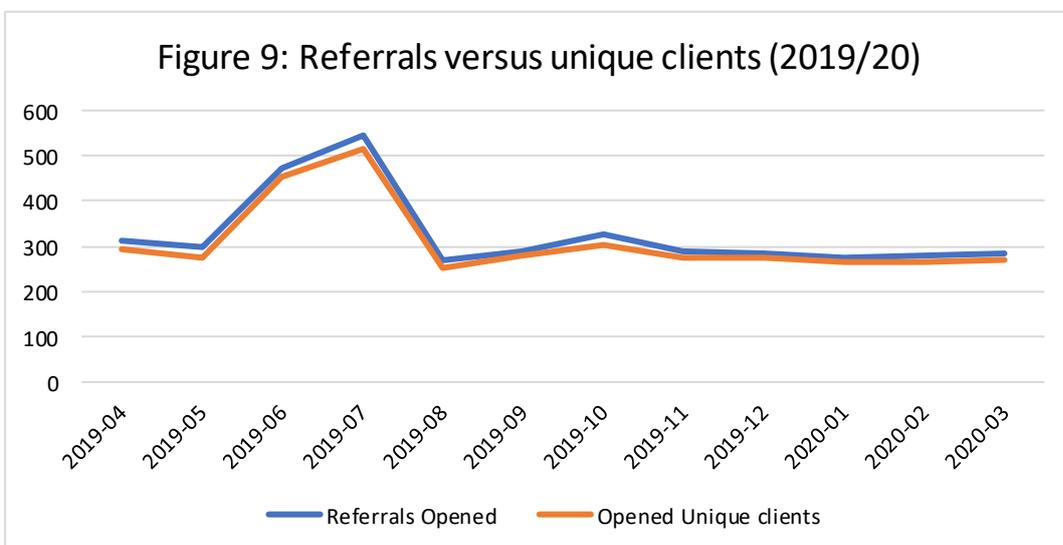
The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.



- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years according to Figure 4.
- Referrals typically dip during the summer season. This is likely due to reduced referrals from schools during the break.
- According to BDCFT, the increase in June-July 2019 was due to a data cleansing exercise which was undertaken by the CAMHS service.

b) Referrals versus unique clients

Multiple referrals are sometimes made about the same child. There can be several reasons to explain this. For example, it can be an indication of poor information-sharing by referrers or CYP seeking help from multiple sources. In some instances, it may be a sign of complexity in the case in which a young person may be referred to different services within Specialist CAMHS or for multiple reasons.



- On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. This does tend to fluctuate markedly between 1 in 50 and almost 1 in 10.

- Furthermore, the Trust notes that SystmOne does not enable accurate identification of re-referrals, as it is not possible to fully differentiate between re-referrals and internal referrals.

c) Where are these referrals coming from?

- Referrals to CAMHS are accepted from a variety of health professionals including GPs and hospital doctors (if urgent assessment is required) as well as from school nurses and health visitors.
- The majority of referrals came from GPs (45% in total) and via School Nurses (27.3%) in 2019/20.
- Nearly one in 10 (9.6%) referrals come through via hospitals and 6.4% referrals are made by professionals in social care services.
- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).

Table 3: Source of referral

Source of referral: 2019/20	
General Medical Practitioner	39.2%
School Nurse	27.3%
Hospital	9.6%
Social Care	6.4%
Community-based Paediatrics	5.9%
GP (National code: 3)	5.8%
Self-referral	2.6%
CAMHS (child and adolescent mental health teams)	0.9%
Education Services	0.9%
Carer/Relative	0.6%

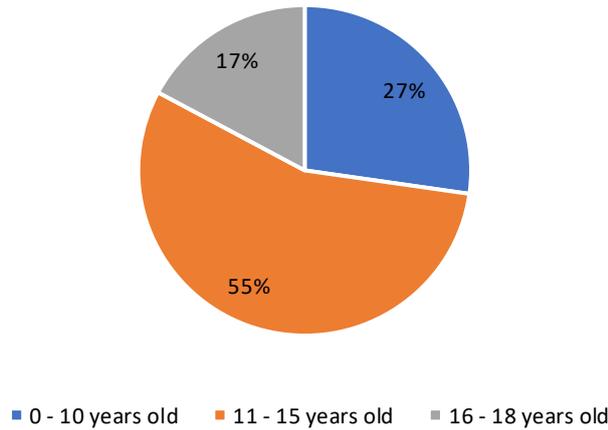
d) Who is being referred for help?

We examined and analysed demographic data to explore referral patterns for different groups of children and young people.

– Referrals by age

- In the financial year 2019/20, just over a quarter (27%) of referrals relate to 0-10 year olds
- Over half (55%) related to 11-15 year olds (secondary school-aged children)
- 17% of referrals relate to 16 and 17 year olds.

Figure 10: Referrals by age (2019/20)



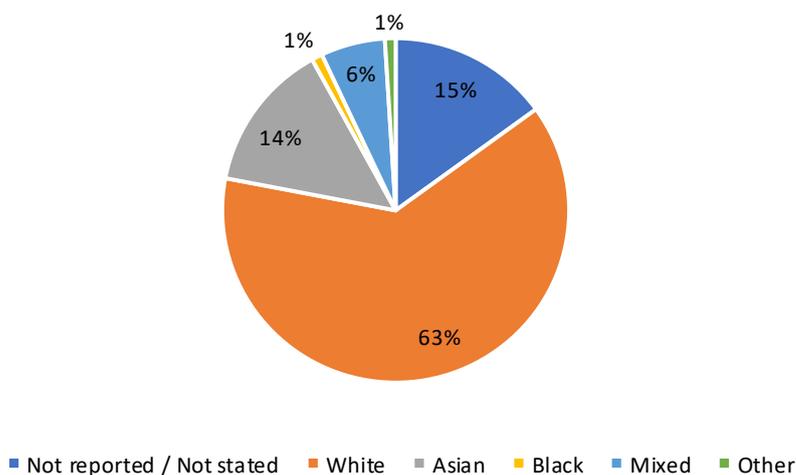
– **Referrals by ethnicity**

- Data on referrals and ethnicity shows that the majority (63%) of children and young people referred to specialist CAMHS come from a White background.
- 14% of young people referred come from an Asian background whereas 6% identify as being of Mixed background.
- Only 1% come from a Black background and 1% also identify as other.

BDCFT notes that there are several issues which impact ethnicity recording and reporting:

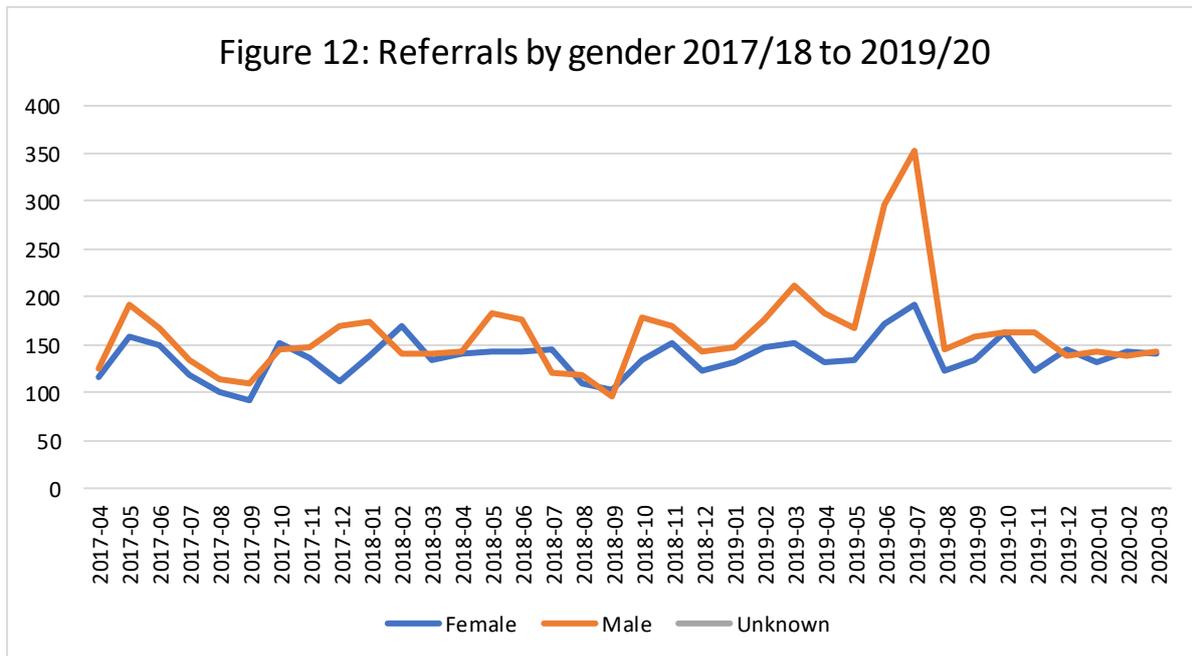
- Read codes are used to capture ethnicity, and analysis is impacted by the range of read code options which are available to the end user.
- Reporting is limited to data that has been entered/updated within the Trust. Ethnicity is generally recorded within Primary Care. Developments will be undertaken throughout 2020/21 which will look to address ethnicity reporting limitations.

Figure 11: Referrals by ethnicity (2019/20)



– **Referrals by gender**

- Overall, there are slightly more referrals of boys than of girls.
- The significant rise in referrals of boys in the summer of 2019 is a result of the data cleansing exercise involving cases later assigned to the neurodevelopmental pathway.



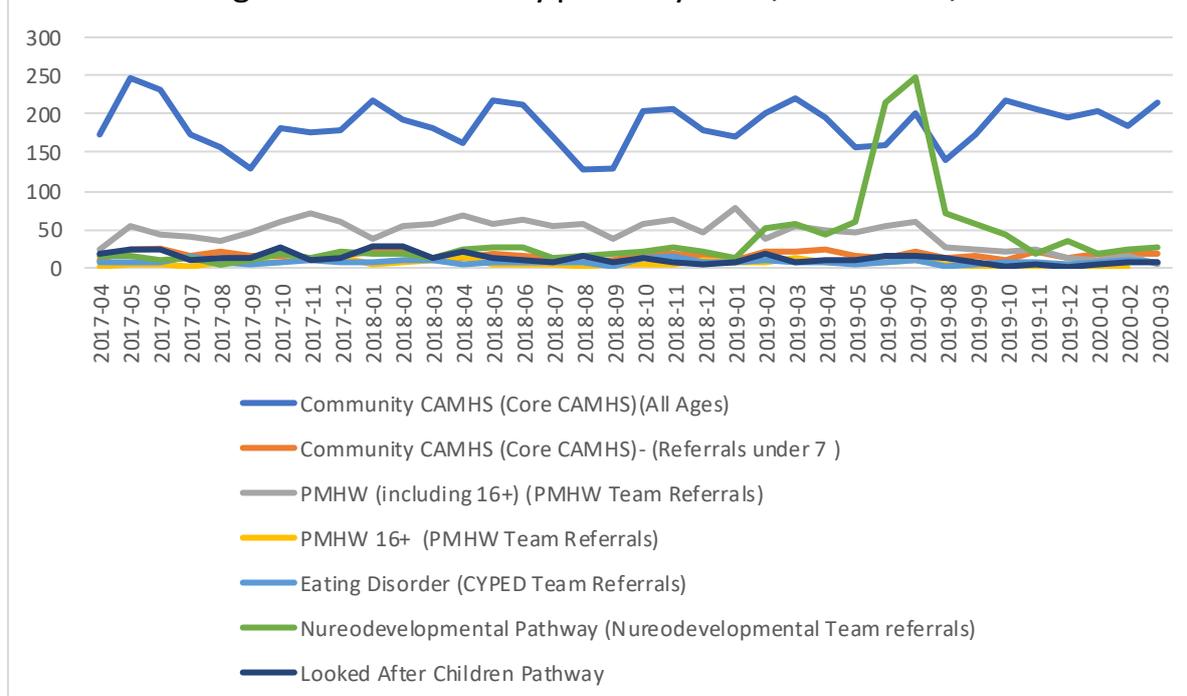
e) Referrals by pathway

As SystemOne does not currently capture information on ‘presenting need’ outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.

Pathway split has been possible for these services as each has a distinct team within SystemOne.

Overall referrals across the various pathways remain stable, except for the Neurodevelopmental and Community CAMHS pathways. Again, this is likely due to ongoing data cleansing work.

Figure 13: Referrals by pathway 2017/18 to 2019/20

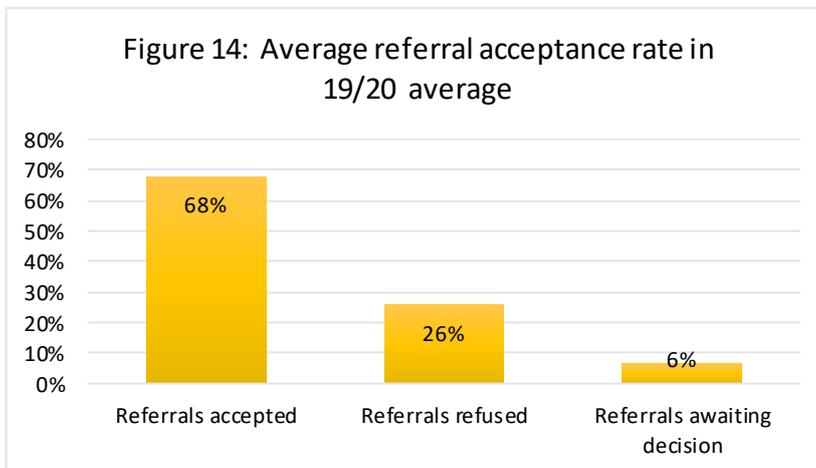


- The majority of referrals are assigned to the Community CAMHS, PMHW and Neurodevelopmental teams.
- The Primary Mental Health Workers (PMHW) Pathway (including 16+) has been showing a downward trend since about spring 2018. It is not known whether this is a result of reduced demand for this service or a re-categorisation of the children referred.
- The Looked After Children’s Pathway is relatively stable; however, referrals have been reducing since September 2019. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.
- BDCFT note that the Neurodevelopmental increase is due to a data cleaning process undertaken which resulted in referrals being redirected into the neurodevelopmental pathway where there was no other CAMHS need.
- Younger Years does not have its own pathway, therefore as a proxy BDCFT have provided referrals aged 0-6 who have had a referral to Core CAMHS.
- As indicated earlier, the Trust have explained that data categories’ irregularities are a result of clinical system change where the previous clinical system had a different configuration option to SystmOne. As the requested data period spanned over the usage of both clinical systems, data has been coded using different option lists.

f) Referral acceptance rate

- Most referrals made to specialist CAMHS are assessed and accepted (68%).
- The national referral acceptance rate was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting a slightly lower proportion of referrals.

- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold or a rigid eligibility criterion in place in BDCFT or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- However, just over one in four (26%) referrals are refused, while 6% had been waiting a decision at the time of writing.



g) Caseloads

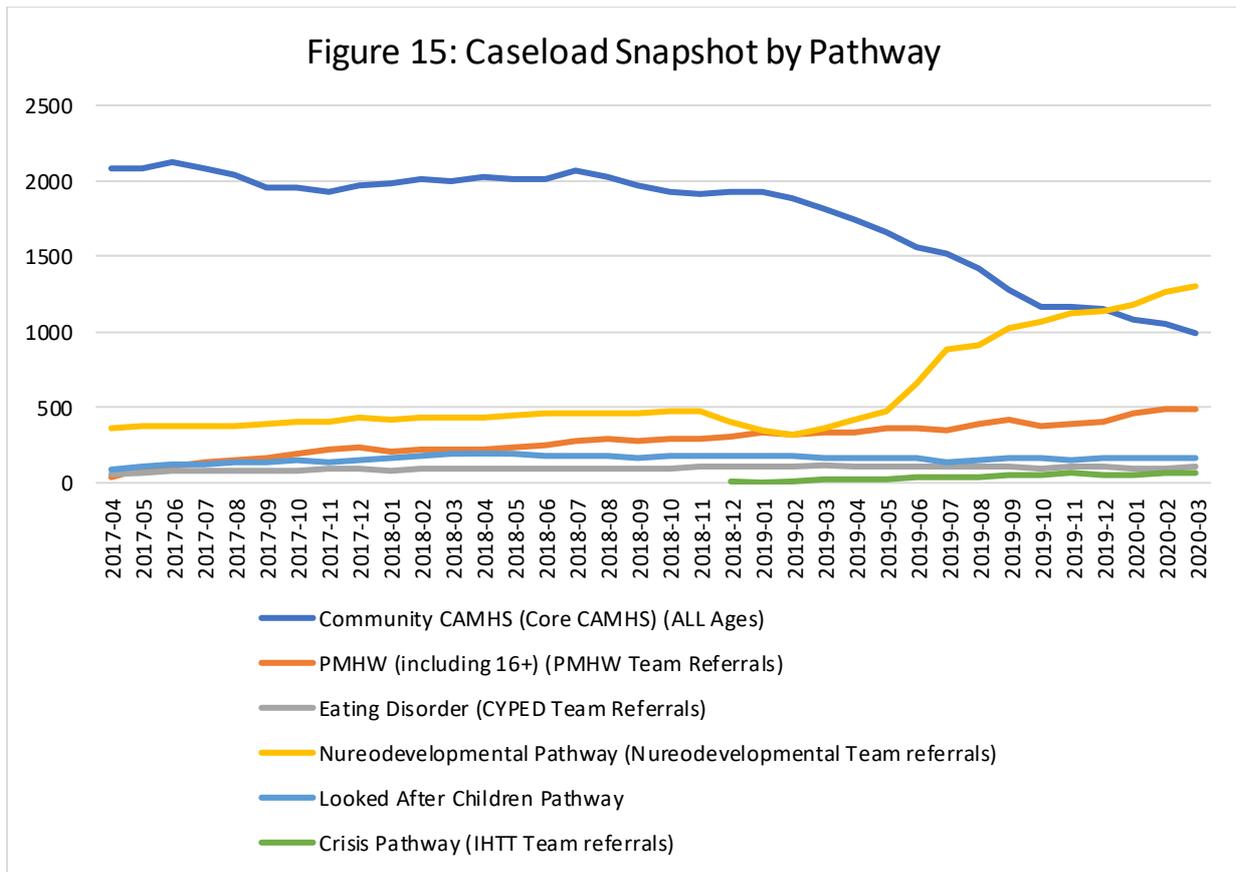
Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.

In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on the 31st March 2018 to 1,681 per 100,000 31st March 2019.⁸

– Caseloads by pathways

- There were **2,680 active caseloads** in the financial year 2019/20.
- There is no way to robustly breakdown caseload by presenting need as this is not routinely collected within SystemOne. Work is ongoing to introduce data items to enable reporting by presenting need. Reason for referral data has been provided.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the PMHW pathway as shown below. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.

⁸ This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.



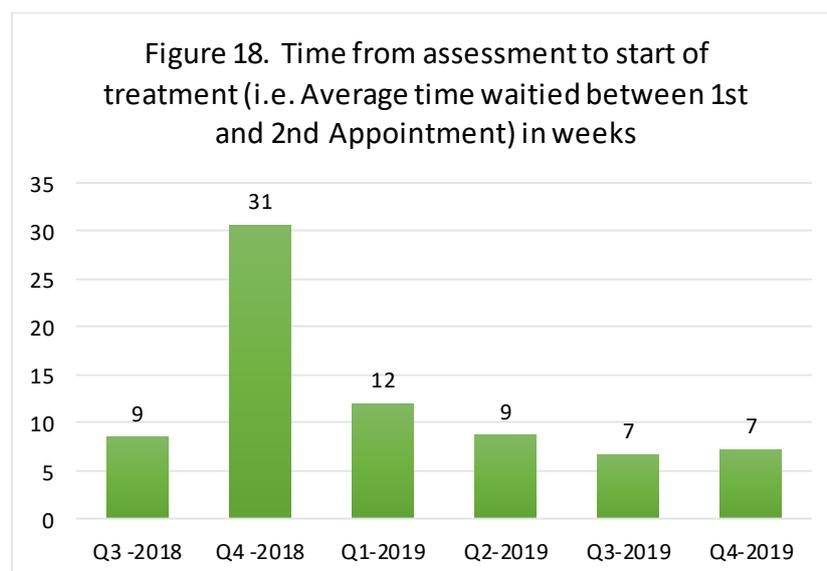
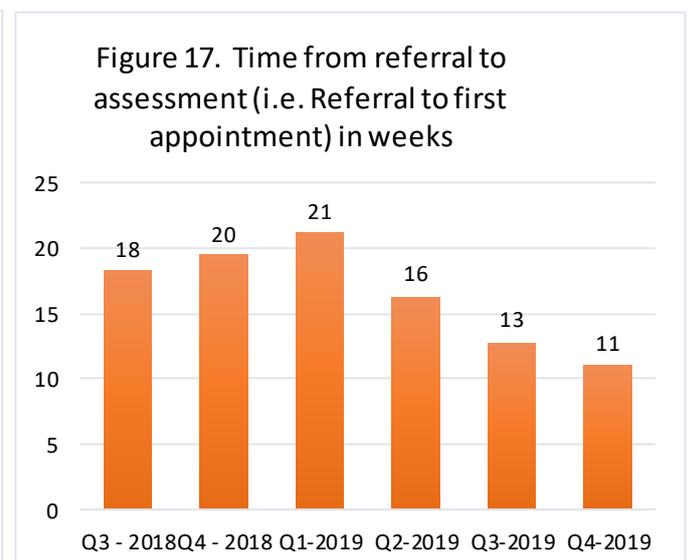
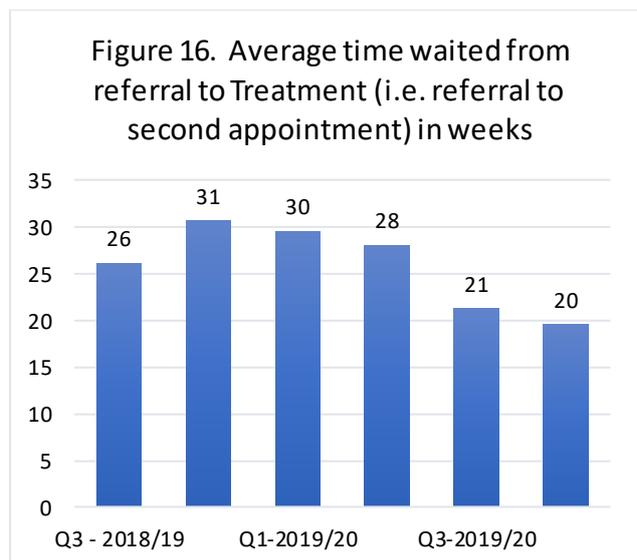
h) Waiting times

Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.

BDCFT currently submits waiting time data in accordance with NHS Digital’s Mental Health Services Data Set (MHSDS) which gathers national data on the time between referral and second contact for children and young people accessing secondary mental health, learning disabilities and autism services.²⁶

- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20 for referral to assessment and for referral to treatment (See Figure 10).
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19 (NHS CAMHS Benchmarking, 2019).

- While there are currently no national waiting times targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.⁹
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.
- The Trust undertook a Rapid Process Improvement Workshop in March 2020 with the aim of ensuring new clients are seen with 15 working days. The actions implemented during and following the improvement week will have a positive impact on future access times.



⁹ Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

Waiting times by pathway:

- The longest waiting times are experienced by children and young people on the Neurodevelopmental and Looked after and adopted children (LAAC) pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Looked After and Adopted Children waited, on average, 38 weeks from referral to specialist treatment on the LAAC Pathway and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.

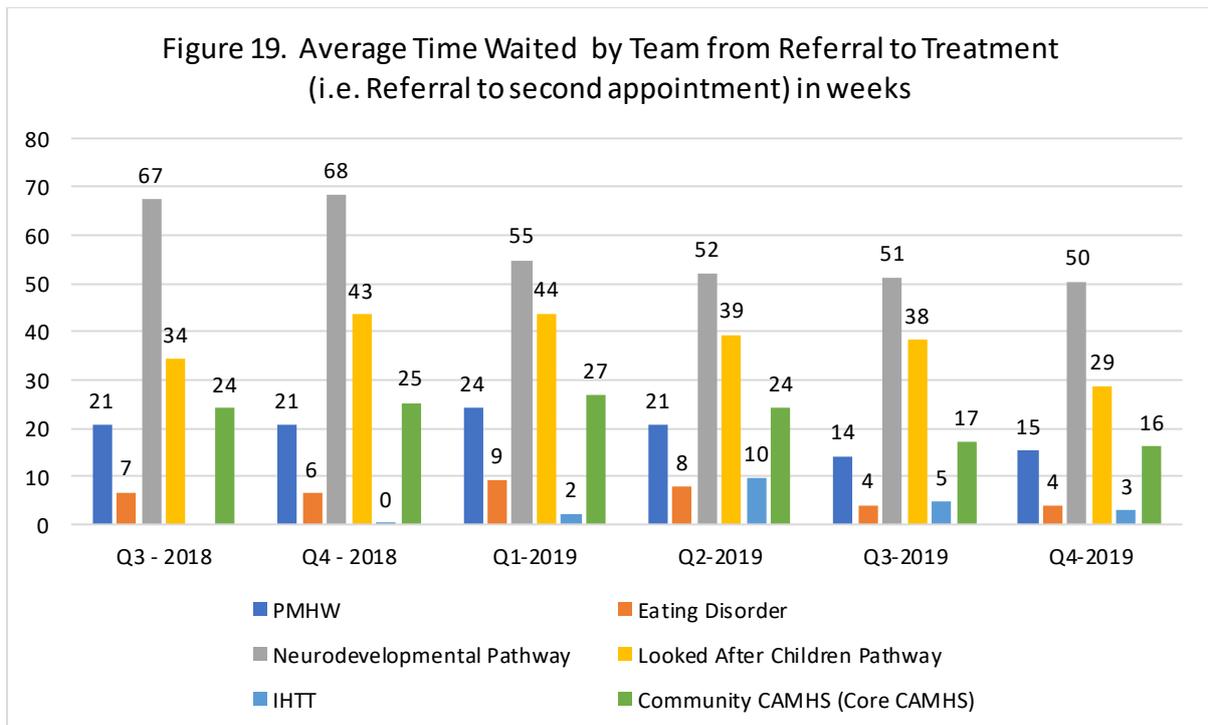
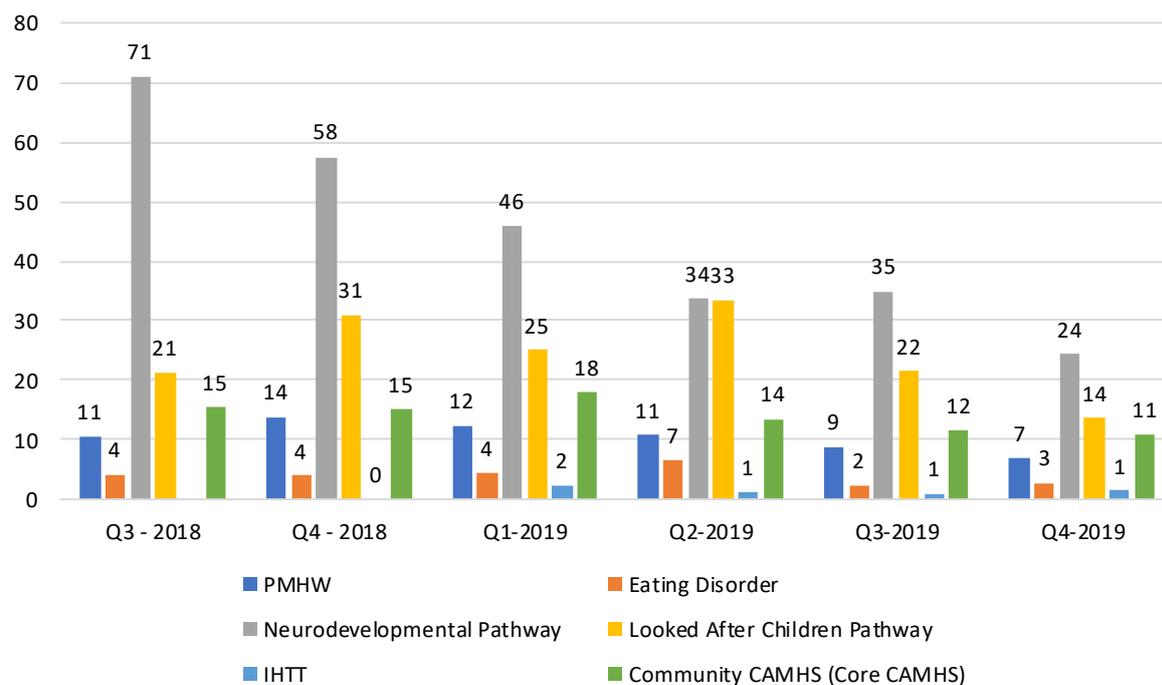


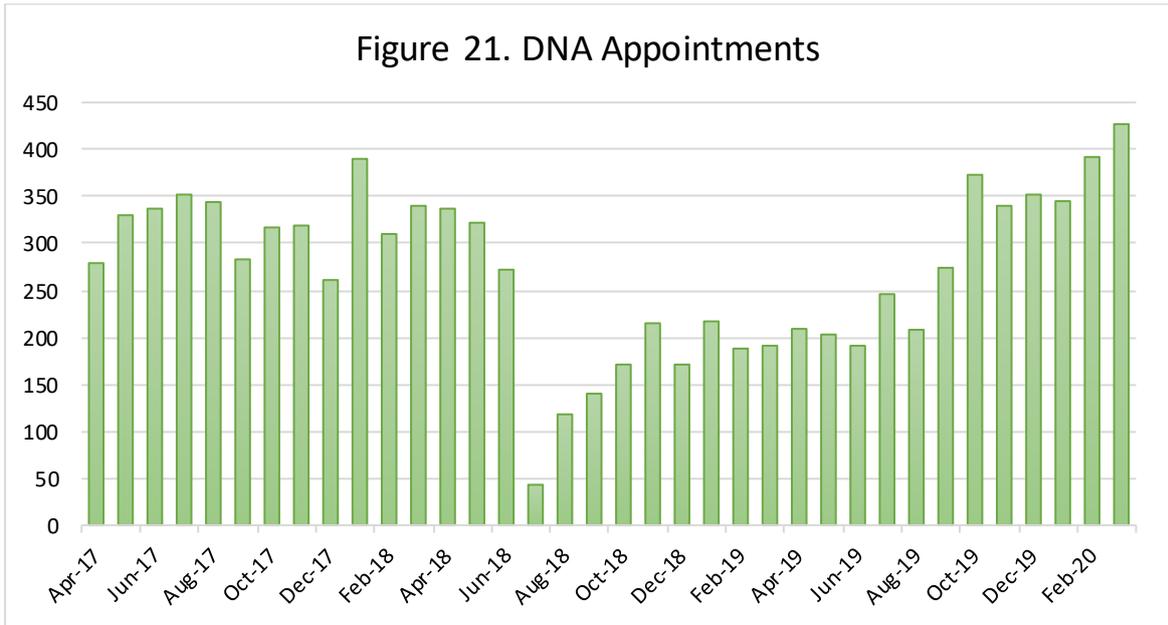
Figure 20. Average Time Waited by Team from Referral to Assessment (i.e. referral to first Appointment) in weeks by Pathway



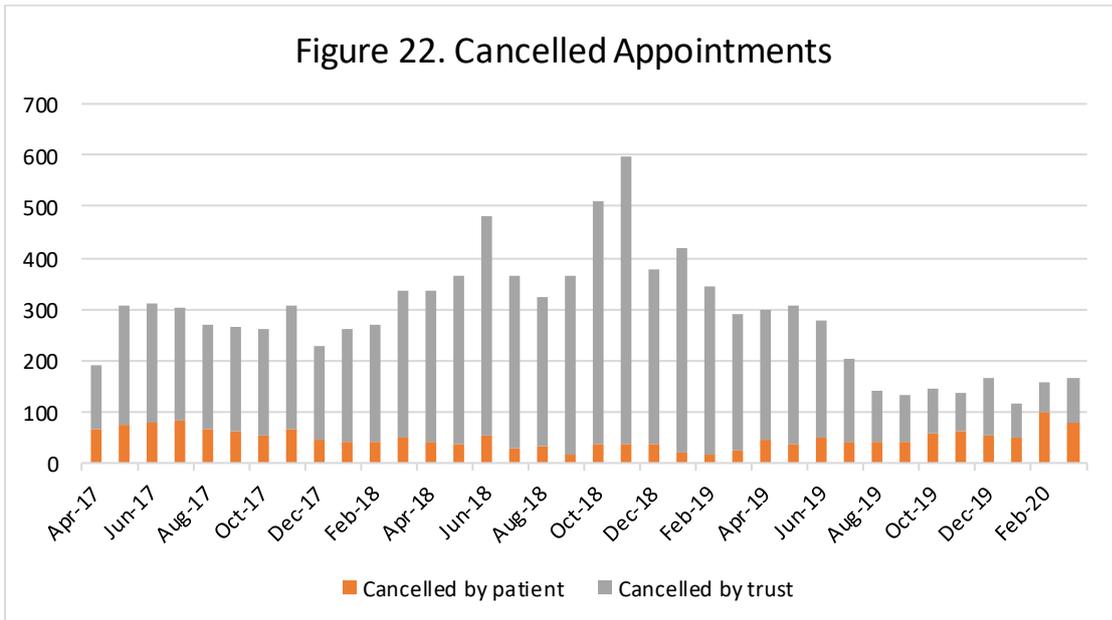
i) Missed appointments

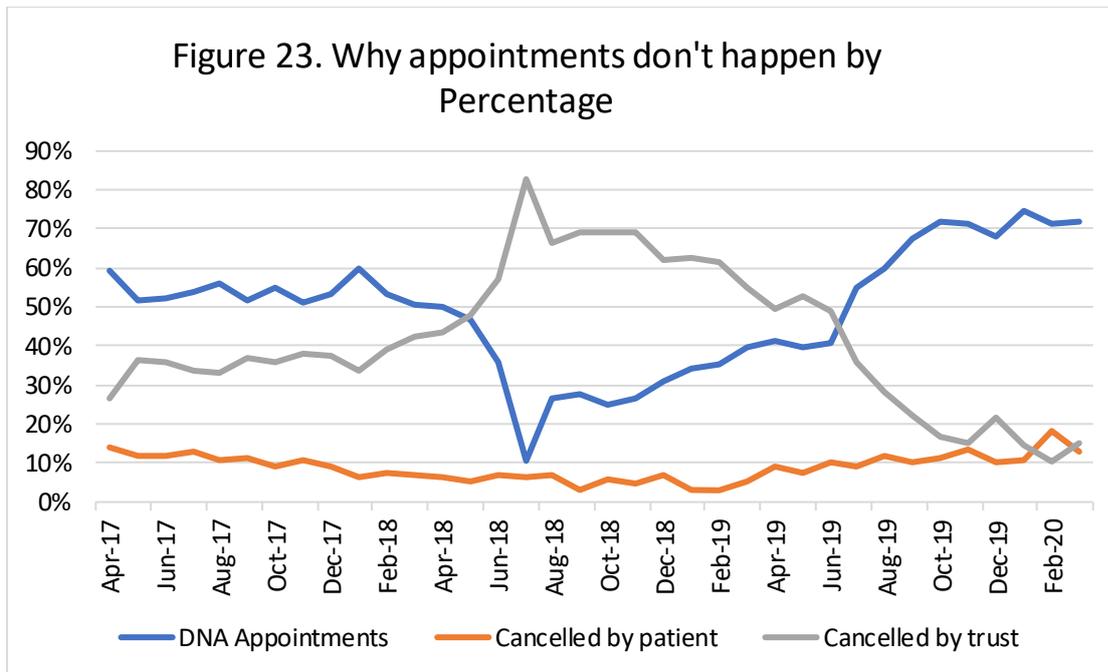
- A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.
- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- We see a significant rise in DNAs from Q2 of 2019/20. Cancellations rates also come down during the same period. This may be due to better recording of DNAs that were previously recorded as cancellations. BDCFT notes that an element of this relates to data recording issues and familiarity with the new clinical system and outcoming of information. This is under continual review as part of CAMHS improvement plan.
- In 2019/20, the cost of 'Did Not Attends' amounted to roughly £960,256. The cost of cancelled appointments totalled £648,704 in the same year.¹⁰
- It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.

¹⁰ Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.



- In regard to Cancelled by Trust, the Trust note this includes both cancellations made by clinicians but also includes cancellations as a result of clinical system changes e.g. cancelling of rotas. There is no way to differentiate between an actual cancellation and those which are a result of routine system administration.





- We also analysed the proportion of missed appointments each month based on the caseloads open to BDCFT.
- Over time, between 1 in 6 and 1 in 4 patients miss an appointment per month because of cancellations and DNAs respectively. Children and young people who fail to attend their mental health appointments present both a clinical and a safeguarding risk.

j) Outcomes

BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.

The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. The 20/21 CQUIN CCG7a which extends the focus on the recording of outcome measures and evaluation of wider interventions. As part of the CAMHS improvement plan this will be reportable from Q4 (however this is based upon return to normal working following COVID-19).

System-wide outcomes: BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental health and wellbeing of children and young people in England which will inform the local framework.

k) Little Minds Matter

The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community fund and delivered by Bradford District Care Trust as part of Child and Adolescent Mental Health Services. Better Start Bradford was awarded £49 million to work with families in four wards in Bradford as part of a ten-year national programme funding by the National Lottery.

The service work with families and the professionals that support them during the 1001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.

Little Minds Matter provides four key functions, including direct clinical work, consultation, training, and community engagement.

Summary of activities:

- **45** families accessing direct clinical support
- **138** professional consultations delivered
- **330** health and care professionals trained in infant mental health awareness
- **46** health and care professionals trained in observing and supporting parent/infant relationships.

Reported outcomes:

- Feedback from full day training – 90% found it 'very useful' or 'useful' to their professional roles
- Feedback from telephone support, advice and guidance – 100% found it 'helpful' or 'very helpful'
- Statistically significant achievement of goals: an evaluation of completed pre and post goals data (n=7 families) suggests that they were significantly closer to their goals by the end of treatment (mean=6.1, SD=1.2) than at the start of treatment (mean=2.1, SD=0.74); $t(12) = 7.3, p = 0.0001$.

An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

Eating disorder community services for children and young people

Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.

- **57 referrals per 100,000** 0-18 population in 2018/19 (91 national average).
- **98%** referral acceptance rate. This is higher than the national average (87%).

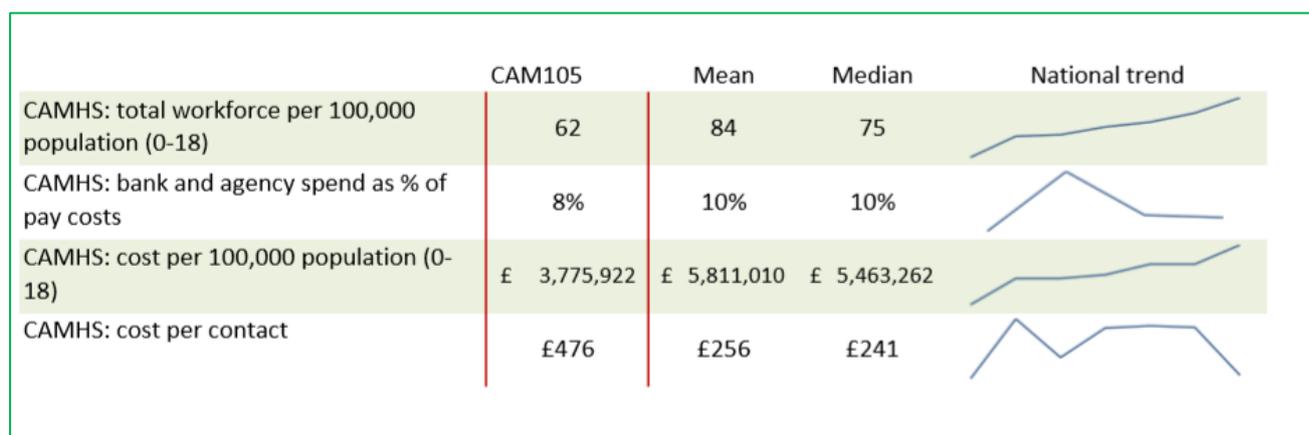
Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.

- There were **20** children and young people waiting to start **routine** eating disorder treatment in 2019/20.
- Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
- There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
- 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

I) BDCFT workforce and finance

According to NHS Benchmarking data, the community CAMHS workforce per 100,000 population is smaller in Bradford and Craven (62) than the national average (84).

Figure 18: Community CAMHS workforce per 100,000 population (0-18)



Source: NHS CAMHS Benchmarking 2018-19

- In the financial year 2018/19, the BDCFT CAMHS workforce employed 62 WTE per 100,000 population which is lower than average number of WTE nationally (84).
- The latest data submitted by BDCFT in May shows that there were 113.29 WTE staff in post. This is substantially higher than what was submitted to NHS CAMHS Benchmarking and therefore requires further investigation to understand these differences.
- As of March 2020, there were no vacant roles available across specialist CAMHS. In fact, there were 14.60 WTE more contracted staff members than budgeted for.

- Distribution of caseloads across pathways and cost

Aug 2019	EIP	Eating Disorders	Targeted services	Core Key Working Team	Neurodevelopmental	Younger Years
No. of young People	32	115	167	1415	977	70
Team cost	£73,598	£539,472	£612,263	£1,020,249	£723,621	£212,248
Cost per young person	£2,300	£4,691	£3,666	£721	£741	£3,032

- The volume and cost of caseloads vary across the pathways offered by BDCFT based on team cost based on a snapshot data from August 2019.
- The cost per young person was the highest (£4691) for those receiving community-based eating disorder support.
- This was followed by the cost of target services, such as those for children looked after and adopted children, and young people in contact with the justice system (£3666).

- These higher costs can be attributed to the level of specialism required by the workforce to respond to the risks and complexity involved in eating disorder and targeted mental health support.

2c. Getting risk support: Crisis and hospital provision

- a) Towerhurst (Safer Space):** This service is commissioned by Bradford District CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional.
- A total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.
 - The number of admissions to Towerhurst has been rising since April 2019.

Figure 24: Towerhurst usage (number of admissions + number of new users)

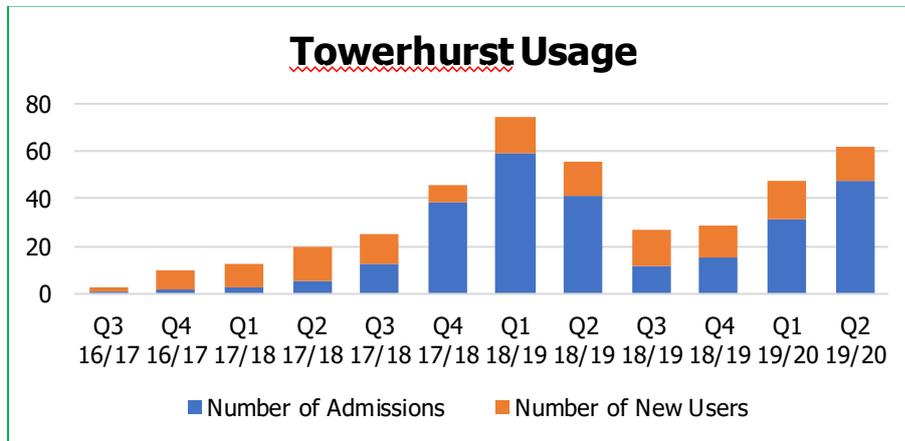
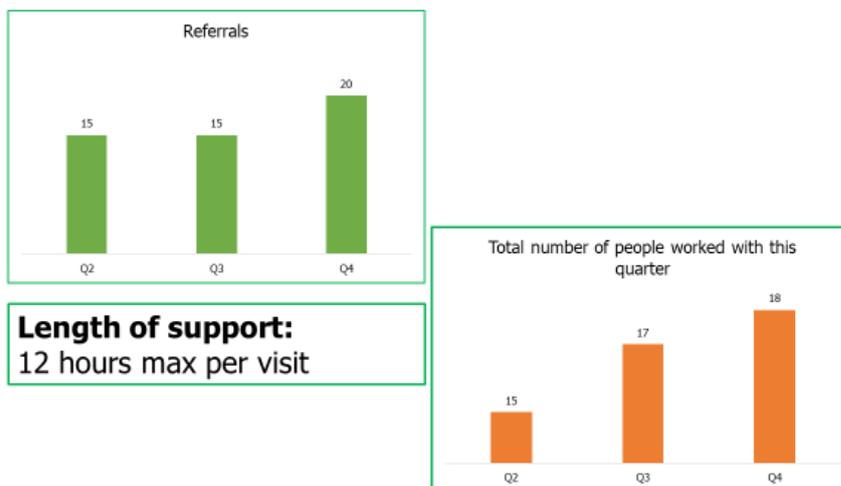


Figure 25: Towerhurst referrals and number of CYP worked with Q2 to Q4 2018/19.



b) Hospital admissions for mental health conditions:

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.²⁷ This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to its neighbouring authorities in Yorkshire and Humber.²⁸
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.
- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues including, eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) Mental health inpatient admissions

- There were **12** children and young people admitted an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
- There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
- Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

5. What stakeholders are telling us

Phase two of the review involved engagement with various stakeholders who either work or come into contact with the mental health system in Bradford and Craven.

- Survey aimed at practitioners, children and young people and parents and carers, **423** respondents in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews with a range of professional stakeholders, children and young people, and parents and carers.
- Due to the Coronavirus outbreak, we were unable to deliver face to face interviews or workshops as initially planned.

Children and young people

CYP survey and interview data analysis

Two surveys were designed to ensure they were age-appropriate and could reflect the different cognitive abilities of children (11-15 years) and young people (16-25 years). Below, 11-15 year olds are referred to as children, and 16-25 year olds as young people. 76 children and 72 young people completed the surveys. Additionally, we conducted three in-depth interviews with young people. The latter included young people with SEND needs and looked after children.

Demographic information on the sample

There was a fairly balanced gender mix for children taking the survey: 55% were female and 45% were male. There was generally an even spread of young people between 12-15 years, but only 3% of respondents were 11. The majority of the sample (77%) was white. Other groups in the sample were Asian (3%), mixed (3%) and black (1%).

The sample of young people (16-25) was predominantly female (85%). Most of the sample was 16-18 years old (68%). This sample had good representation of BAME young people: Asian (31%), mixed (3%), black (1%) or other ethnic minorities (4%); and so almost 40% of the total sample were from BAME backgrounds. The data was analysed to look for differences in responses by gender and by ethnicity. Any important patterns are described below.

Children and young people's experiences of mental health support in Bradford and Craven

- **Knowledge of where to go for help**

When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty; nearly two-thirds (63%) of children said they would know and 60% of young people also agreed. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.

Most children who knew where to go to for help, said it would be to their teacher/school or parents. For young people who said they knew where to go for help, the most common

unprompted answers for this would be: School/teacher, GP/doctor and 'first response'. For both children and young people, going to CAMHS for help with mental health was the least common response.

All children were asked to choose from a range of options who they would most likely go to for help with a mental health difficulty, or if they felt very worried or upset. The choices, ordered from most to least popular were: Parent, friend, teacher, then youth worker. The GP, social media/helpline, school nurse, pastor/priest were less popular answers. This was consistent across white and BAME children.

When young people were asked for the best place to receive help with their mental health, the GP was the most common answer (23%), followed by online (20%), at home (13%) and at a youth club (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by from a GP (20%) and youth club (14%).

- **Receiving help**

Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (57%) had. Of these children, most had received help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or compass buzz. By contrast, only one third of BAME children had received help from someone who is not a family/friend, though the small sample size (BAME children, N=12) limits the strength of this finding. Young people were asked whether they had accessed mental health services before and 67% had. This was slightly higher, at 71%, for BAME young people (BAME young people, N=28).

When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totalled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totalled 27% of responses).

Children were asked how easy is it for children and young people to receive help when they are worried or upset, or when they have a mental health difficulty. Their average response to both questions was neutral – that is in neither difficult nor easy. Young people were more opinionated in their answers, 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are *beginning* to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help. When children and young people are seeking help for their *mental health problems and distress*, 58% said it was either 'very difficult' or 'quite difficult'. Again, just 7% of young people described it as 'very easy' to get help with mental health problems and distress. This indicates that it is harder to get help when you have mental health problems and distress, than when young people are beginning to struggle with mental health.

- **Receiving help from Youth in Mind**

Youth in Mind was described in a positive light by young people who had been there. They valued the '*very understanding and approachable*' staff members. They felt they could easily

talk to them about their feelings and didn't feel judged or like the staff were telling them what to do. Another strength of Youth in Mind was young people take part in activities and games with the staff, which enabled them to bond and build trust. Therefore, wellbeing and mental health conversations took part as part of a fun safe activity, rather than being a formal, and potentially intimidating, talk with a medical professional about 'what is wrong with you'.

- **Receiving help from CAMHS**

Some young people provided negative feedback on CAMHS, specifically that the environment does not make them feel comfortable and welcome:

'The CAMHS space is so depressing. You go there and you feel like you've got a terminal illness and it's the end of the world and they don't give you much hope either. I couldn't go after a few sessions. It's far and so they need to make it more easy to get to and it wouldn't and shouldn't be difficult to have a good nice inviting space that's aimed at young people.' – Young person

Another young person stated that although support from CAMHS was good when they got it, their first impression of CAMHS had been poor:

'When I first saw them I dreaded talking to them, I was terrified ... [the staff] appeared old, very drab and plain, they didn't look like they wanted to be there'. – Young person

This young person elaborated that this made them feel it would be difficult to gel with the staff at CAMHS, which was in total contrast to their experience of Youth In Mind, where the staff are perceived as very down to earth and relatable.

'I am comfortable to talk to them, it's easy to talk to them about my problems, they are relatable, they listen and they don't try and give you advice unless you want them to.' – Young person

A small number of respondents shared their perception that doctors just want to give you medication, rather than actually talk to you and help you:

'Young people need a trusted grown up to talk to, like a youth leader or teacher at school. They help more than doctors do because doctors just want to give tablets too much.' – Young person

'I saw a psychiatrist at CAMHS. In my personal opinion she did not help me that well since all she did was give me medication.' – Young person

- **Choice over getting help**

Respondents were asked how much choice children and young people with a mental health difficulty have over the type of help they get. The average response from children was neutral – neither 'no choice' nor 'a lot of choice.' For young people, the most common answer was 'a bit of choice' (36%). 12% of surveyed young people felt they had no choice over the kind of support they can get.

A young person described that in Bradford and Craven the options for young people are either NHS talking therapies or attending youth groups in specific areas like sport, which is not right for everyone. To promote choice, there need to be more types of therapy available, like play and music therapy, and a wider range of youth groups in case CYP are not interested in sport.

One young person commented that where you go to school dictates how much choice you have over the support you can receive. They felt fortunate to have Time to Talk at their school, which had connected them with a worker they really trusted and supported them through difficult family circumstances. This young person said this is not offered in all schools, which puts their friends in other schools who want to reach out for help at a disadvantage. This was particularly unfortunate for young people with parents who have stigmatizing attitudes towards mental health. They added that parents may need educating about mental health in BAME communities, where stigma against mental illness is generally higher; mental health can be perceived as 'not a real thing, which white people made up'. The young person suggested BAME parents could be educated by mental health workers who are people of colour, who may be more likely to be listened to than white practitioners.

- **Main sources of worry and upset for children and young people**

Both children and young people thought school and bullying are the main things that can make them feel worried, upset or distressed. Children and young people also mentioned social media, exams, pressure (including peer pressure), problems with family or friends, stress and mental health concerns. Below are some illustrative quotes of these themes to capture their voices:

'The stress of school and the grades that we are supposed to achieve impacts mental health a lot. The peer pressure ... to look and act a certain way can affect self-esteem.' – Young person

'My family, my dad has bad mental health – this affects my family and we don't have a lot of money.' – Young person

'Everyone's different but school, not fitting in, insecurities, change, family issues [cause worry and upset]' – Young person

'Keeping up with school – especially how school pushes stuff onto us, i.e. to revise, 'If you don't revise, you won't get good grades'. Family problems, being overwhelmed with things.' – Young person

'Anxiety, stress, my disability.' – Young person

'Being yelled at, taunted in front of others at a school setting, being made to feel different from others, not being shown the light at the end of the tunnel, being treated like they are 'crazy'.' – Young person

'Issues at home, which hardly any kid would speak about. Homework is one of the most stressful things.' – Young person

- **Views from surveyed young person:**

'From personal experience, it's to do with school, pressure from school, it's relationships inside and outside of school, it's family pressure, it's social media pressure, it's abuse they [young people] could be facing from someone in the family or outside, it's what's happening in the world. For some people it might be that they are from a low income household, those factors such as poor health, nutrition and not having their own space, or facing bullying, or neglect, can also lead to mental health problems, or feeling worried/distressed or upset too, which will result in not so good grades, and then the pressure from home and school continues.'

- **What helps children and young people to feel better?**

When asked what helps children and young people to feel better when they are worried or upset, children most commonly answered 'talking to someone', or being listened to. Other important ways were time with friends, or keeping yourself distracted or busy with activities you enjoy, including listening to music, playing computer games and creative activities like painting.

Quotes from surveyed children:

'Talking to someone they [children] can trust but not everyone trusts people so they might keep it bottled up'

'Knowing that somebody is there for them'

'Distractions (mainly a friend to speak to whilst doing another activity)'

- **Young people's views on what support should be like**

Young people were asked what would help them to feel better when worried or distressed, and what this support would look and feel like. The findings below are based on qualitative answers from the 16-25 year old surveys (n= 72) and 3 in-depth interviews with young people. The latter included young people with SEND needs and children looked after.

- **Feeling listened to and understood**

Talking to a trusted person and to someone *'who understands what you are feeling'* were the most popular responses to this on the survey. Young people wanted to *'know they have someone by their side'* and *'to feel like someone is there to listen, to understand and care'*. This should be from *'someone I feel comfortable with'*. One young person said this should be from someone who has been in their situation, if possible. Young people would feel reassured to *'know they aren't alone ... and that there is always a positive side and things can change and get better if they have the support that they need.'*

Young people reported it is important not to feel judged or dismissed by adults. This theme also emerged from the in-depth interviews. There was a sense that adults (including parents) can dismiss what young people feel as a phase they are going through, or that young people's feelings are not taken seriously because they are seen to *'lack life experience'*. Young people wanted to feel on the same level as the adult there are talking to. Their awareness of a power dynamic could make some young people feel less likely to open up about their thoughts and feelings.

'Young people who struggle with mental health ... should have a person they can speak to over the phone, message face to face [they] shouldn't feel like a 'counsellor' they should just feel like someone they can speak openly to. They should be listened to without getting disregarded.'

'Someone to talk to would be the most important thing or somewhere to go. Advice can help, but it's hard to process what's going on sometimes in your head. [It's important for young people to] feel unjudged and like they have a friend.'

Research literature has found many positive outcomes of vulnerable children having a caring and supportive relationship with a trusted adult, which can:

- Help young people build confidence, develop resilience and self-esteem;
- Offset emotionally neglectful, traumatic and abusive relationships that young people might have experienced;
- Help young people to expect more positive relationships with others;
- Model alternative ways of interacting, solving problems and coping.²⁹

- **Consistent responsive help**

Young people felt that it is important to have regular and consistent contact with the same person. This means that the young person does not have to repeat their story and answer lots of questions repeatedly. It also help build trust with the adult. *'I would like to see children get help through a one to one basis, whether that's online or by person, to help the child feel like they have that one person they can go to'*. Another young person commented that young people should be able to *'change the worker they are with if they don't gel with them'*.

Young people want to be able to have direct communication with the worker, so they can get *'advice and help when it is required'* through email, telephone or online, so they are not left without support between appointments. There was a sense that a worker who knows a young person well will be better able to help them: *'Help should be somebody monitoring them and actually taking action if they have a problem e.g if a child is being bullied it often isn't dealt with enough or properly in schools'*.

A few young people commented that what they tell the professional should be confidential, including from their parents, especially in situations of domestic violence or parents having stigmatizing attitudes towards mental health.

- **Speedy access to support**

Young people emphasized the need for much quicker support for mental health issues, and it was common for them to express frustration at long waiting times. This was exemplified by comments like:

'I'd like ... to be able to get help immediately – being able to talk to someone when in distress'

[Young people] *'need help straight away – not having to wait for a referral to go through'*

'I need help for PTSD but am not getting it.'

'People are waiting months and months and the poor families have nowhere to turn.'

Another young person said that while they were on a waiting list, they had completely forgotten they were on it. He described feeling *'ghosted by CAMHS'*, which suggests that he felt invisible and unimportant. In contrast, one young person praised Bradford youth service: *'once you're with the youth service they don't just drop you, like CAMHS does'*. It should be noted this young person had not actually been to CAMHS, as they felt too put off by their friends' experiences of long wait times and feeling that the service didn't want to help them.

Therefore, young people value a service/worker's stickability. This means being persistent, reliable and consistent in a relationship over time, which helps a young person recognise that the worker is on their side, is not put off by any challenging behaviour and is not looking for any payback.³⁰ The same young person suggested the quality of a service should be rated by the quality of their support, rather than the quantity of people they support: *'it should be a journey – if you fall down they help you and stick by you'*.

Young people emphasized that help needs to be accessible much more quickly, and that during long waiting times mental health issues can worsen: *'A quicker access route is needed – Phone calls, online help, easy access without having to wait. During that wait things could get much worse'*. Young people should be *'able to access professional support quickly and not be added to a waiting list for 18 months. The help would allow them to get back to normal as fast as possible or at least have assistance on how to manage and cope with their mental health issues.'* Another young person stated that *'I would like to see them [young people] supported knowing that there is someone there especially if they are on a waiting list. To have someone check in and just have an understanding conversation.'*

- **Flexibility and youth-friendly spaces**

As friends were one of the most popular places for young people looking for advice or support, they valued having a good space to be with them: *'Friends can help a lot as they know what it's like [to be worried and upset], so it would be good if there were spaces and places to go where you could meet people your own age and then know there is more support available if you need it.'* This could be at a youth club or a safe youth space where young people can express their feelings. A variety of support would ideally be on offer, such as social support (with group and one-to-one options), talking/music/play therapies, and creative activities.

Easy accessibility to mental health and wellbeing support was also important, which should be available in *'places young people go to: schools, college, faith centres, youth/community centres, cafes so ... they don't have to go out their way to access help'*. Another young person emphasised that a holistic approach to wellbeing should be taken; they should receive help for their mental health, *'Everywhere. E.g. therapy, nature walks, art and [have] ideas online'*. Another young person said, *'It depends on where the young person feels most safe' so that they will feel comfortable opening up* – so having a range of places you could get help at would be helpful.

When accessing help for their mental health, one young person said, *'Most importantly it wouldn't feel like something that's above them [young people] - something that feels*

"normal" and "acceptable" and okay to do.' This would be the ideal situation, but young people were well aware of stigma against mental health, so for activities such as counselling, it ought to be delivered so that '[other] people don't know what they're doing there.' For example, one young person really valued using Time To Talk services at their school but needed to pretend to go to the dentist each time she left lessons, to avoid being teased by her peers.

Parents and carers

Parent/carer engagement in children and young people's mental health is important as they play a key role in identifying mental health difficulties, seeking support, and managing their child's needs at home. Many parents and carers often feel that they are not involved in their child's mental health care, with only 34% feeling confident in knowing where to find opportunities to get involved according to a national survey conducted by YoungMinds.³¹

Parents and carers were invited to take part in a survey which ran for the same period as the CYP and professional surveys. We also arranged interviews with a smaller number of parents/carers with the help of participation colleagues working for the Youth in Mind service and Bradford Council.

- There were **130** responses to the parents and carers survey.
- Centre for Mental Health conducted **three** in-depth interviews with parents of children and young people with identified mental health needs.

Demographic information:

The profile of the respondents to the parent and carer survey was as follows:

Gender:

- Male: 14%
- Female: 85%
- Prefer not to say: 1%

Ethnicity:

- White: 86%
- Asian: 7%
- Mixed: 3%
- Black: 1.5%
- Prefer not to say: 1.5%
- Other: 1%

The majority of parents and carers (67%) who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) said they have tried to access support but have not received the help they need.

Have you accessed mental health services for your child/young person before?

- a. Yes, I have: 67%
- b. I have not: 20%
- c. I have tried to access mental health services for my child/young person before, but they have not received support yet: 12%
- d. I'm not sure: 1%

1. The needs of children and young people in Bradford and Craven

• Neurodevelopmental and SEND needs

Several parents/carers noted significant challenges in finding help for children and young people with suspected neurodevelopmental needs such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Many of these parents sought support from specialist CAMHS and reported unsatisfactory experiences including delays in assessment and access to help or being told they do not meet the criteria for services.

'They get turned down for consultation at CAMHS if they already have a diagnosis, in my example Autism. We are told that they do not meet the criteria. Even after they have attempted to hurt themselves and others. And when they have significant emotional distress. The service offered in Bradford is appalling and so inadequate it is beyond laughable.' – Parent

'We have a child who is being assessed for ADHD, months and months passed before we were seen, then only half the work was completed in the appointment, so we were due to be sent out the remainder of the work. This had to be chased up by us, and we were told our worker was off ill so there was no plan for us to be dealt with, and no knowledge of when our worker would be back...' – Parent

Some parents and carers also described the challenges they face in getting their child an Education, Health and Care Plan (EHC Plan). These parents/carers felt that being approved for this plan will help their child access the mental health care they are entitled to.

'Referral to CAMHS takes a long time. It is difficult to get an EHCP for your child and if you do apply, they stop your application at the Panel. No one knows what they are doing in both services and the therapies offered are not engaging with young people.' – Parent

'Parents and carers being able to gain access to services at timely intervals for their child and not have to 'fight' services for every outcome for their child. i.e. EHCPs for children.' – Parent

• The impact of social media

Two of the parents interviewed described their growing concern about the impact of digital and social media on their child's mental health. This included concerns about the time spent online but also the risks their child may encounter, such as cyberbullying.

'Online has a big impact, all their content comes from the online world and means that they do not leave the house' – Parent

• School-related pressures

The three parents interviewed as part of the review identified a number of school-related pressures which they felt were detrimental to their child's mental health and wellbeing.

'There is a lot of school pressure, for example, exam pressure (GCSEs in particular) these have the potential to affect them rest of their life.' – Parent

'Anxiety and other mental health problems are made worse. This is down to specific teachers' lack of awareness' – Parent

One parent also highlighted behavioural difficulties in school as an area of unmet need. They felt that many children and young people did not receive the right type of therapeutic help to help manage their behaviour and that this sometimes fuelled feelings of anxiety in these children.

- **The impact of physical conditions on mental health**

One parent noted that children and young people with physical and mental conditions do not always have their needs recognised or met. This was because they felt that the most prominent health need tended to dominate that young person's needs. In this instance, the child had been struggling with a longstanding bowel condition that the parent had suspected linked to anxiety and childhood trauma.

2. Strengths in Bradford and Craven provision

- **Positive experience and relationship with professionals**

The biggest strength in Bradford and Craven provision noted by parents and carers were their experiences with practitioners working in the mental health system. Parents described them as caring, dedicated, and compassionate workers who had built a trusting relationship with children and parents alike.

'Once you finally access the specialist teams at CAMHS they are brilliant. Access to a team of psychiatry, art therapy, OT worked together has transformed my child's experience. If only she'd been able to get to this sooner.' – Parent

'To be quite honest the only strengths come from a portion of the workforce who are very caring and dedicated to their jobs. However, this is counter balanced by a section that are very judgemental and have absolutely no positive impact on the people they are supposed to be helping.' – Parent

'The willingness and enthusiasm to help from the staff even if they struggle themselves to get answers from their line managers.' – Parent

- **School-based emotional and mental health support**

School based support, where available, was mostly described as effective by parents and carers as it offers young people a range of help including counselling, peer to peer support and youth work.

'Some schools/SENCOs are proactive, supportive and simply 'angels' who genuinely care for the child and its future.' – Parent

Some parents found the youth worker roles in schools particularly helpful:

'Support offered by schools is key as they know the child as an individual, they work with youth workers who can offer support in the local area and work better with the local GPs.' – Parent

'For children with simpler issues or just needing a little extra help at certain times/events, the youth support service in schools is easily accessible. My daughter was able to access some counselling in

school funded by school however, the NHS provision/system should not have to be bailed out by schools and charities.' – Parent

Effective support in primary schools was also cited by some parents and carers:

'My younger daughter's primary school have been very supportive. Early help have been good.' - Parent

'Support is better in Primary schools.' - Parent

- **There are a range of support options available in Bradford and Craven, including a good VCS offer**

Many parents and carers felt that were a good range emotional and mental health support available for children and young people across Bradford and Craven. This included a perceived diverse range of effective voluntary and community sector organisations

'Bradford has a lot of different organisations that could be accessed.' - Parent

'There are a number of charities able to offer high quality therapeutic work with children and young people by highly trained therapist. They just need more funding to be able to provide more and reduce their waiting lists.' - Parent

- **Good experience of crisis care provision**

Crisis care support was described as positive and child friendly where parents and carers had experience of using these services.

'Crisis support is good. The high-level support by Tower Hurst, Sharing Voices and the cafe on north parade.' - Parent

- **Growing digital support**

Parents were aware of a growing digital mental health provision in Bradford and Craven and seems to be a good resource according to some survey respondents:

'Kooth seems to be a good resource for younger young people to engage with.' – Parent

3. The main challenges and gaps

- **Poor access to help and support**

The biggest difficulty identified by parents and carers is helping their child get the help they need; this was primarily due to inadequate or very limited access to mental health support. This primarily ranged from access to GP mental health care, specialist CAMHS and school-based mental health support based on the qualitative responses and interviews.

Nearly three quarters (**74%**) of parents and carers who responded to the survey said they overall found it either quite difficult or very difficult to find help for their children when they have mental health problems or distress. Only one in ten (**9%**) felt that it was easy.

In terms of access to support for their child/young person who is in mental health crisis, **66%** parents said it was quite or very difficult. One in ten (**10%**) felt it was quite or very easy.

Some of the reasons cited by respondents included a perceived gatekeeping of specialist mental health services:

'Almost impossible to access help, gatekeepers fob you off with parenting classes! Support is very limited and generally accessed through attending general hospital during crisis. Help is short lived then on, once child has calmed.' - Parent

'Do not know where to go. GP gatekeeper and do not have much knowledge on what is out there.' - Parent

- **Poor information about what services are available and poor signposting contribute to delays**

There is a sense from parents and carers that the professionals they come into contact with are not always aware of the services and local offer resulting in poor signposting and delays to help. Some families also find themselves being referred between several organisations before they get the right type of support for their child or young person.

'Doctors don't seem to know where to recommend you next when you've seen them. There isn't easy access to further help for children or guidance for parents, sadly.' - Parent

'They are passed from pillar to post as no one wants to take the responsibility for the referral. You have to see your child suffer and no-one will help' - Parent

'No one wants to talk about, run through what the issue is and offer advice. I have had to ensure all resolutions on my own through my own energy, research, time & effort.' - Parent

- **Lack of early identification and early intervention**

The lack of early identification of mental health problems and early help was described as a huge gap by many parents and carers. **70%** of survey respondents felt it was either quite difficult or very difficult to get advice or help when their child is beginning to struggle with their mental health and wellbeing.

Parents and carers felt that they often had to wait until their child's needs reached crisis support in order to qualify and be referred for support.

'It seems that a child has to reach crisis point before they get the help they need, no early intervention. Numerous parents have told me they have cried out for help but got nowhere.' - Parent

'More support before my child became more serious[ly] ill. It is quicker response when they became serious[ly] ill. Quicker response at the beginning stages.' - Parent

- **Barriers to support faced by specific communities and the impact of racism**

Around a third of the Bradford District population come from a Black and Minority Ethnic (BAME) background.³² Children and young people from BAME communities may face experience racism and discrimination which can both negatively impact their mental health and their access to services. A couple of parents and carers who responded to the survey identified racism as a specific issue in terms of their child's access to help.

'No-one listens to your concerns. It's really difficult to get someone to take note and refer your child to the appropriate agencies. A lot cherry picking going on. There's too much systematic racism towards black and Asian children.' – Parent

One parent felt that racism is overlooked by mental health services as a factor that directly affects their child's mental health.

'...The staff are really knowledgeable and skilled but also seem to forget to be human and remember each child is different and they have wider needs that have an impact on their mental health. Racism is a big issue for how my child experiences life and the impact on their mental ill health and the staff don't seem to recognise this or know how to support and don't see it as their role so discharge. It's very disheartening' – Parent

- **Long waiting times for specialist CAMHS**

Many parents and carers expressed their frustration about the lengthy waits for specialist mental health provision in Bradford and Craven.

'The waiting lists are so long by the time you get the support your situation has got worse and now need more complex help' - Parent

'The wait for initial assessment with no advice or access to other support. The wait from initial assessment to getting a CAMHS worker and the lack of support in between with no advice on what to do or what to look for when child was having suicidal thoughts.' - Parent

Several parents and carers stated that they had to pay for private mental health care for their child due to significantly long waiting times.

'Long waiting lists ended up paying private for help. I had to get a bank loan to do this' – Parent

'It's upsetting, my daughter had a break down all we [received] was a phone call. I had to pay for support and that was limited due to financial implications. My daughter is still struggling and there is nothing we can do' – Parent

Some parents felt that pressurised into going private:

'Doctors slow to refer to CAMHS as believe it to be overwhelmed. Try to persuade parents that private route only option.' - Parent

'Being told very long waiting lists and pressure to pay for private counselling instead' – Parent

- **Limited choice in the type of support their child gets**

The majority of parents and carers who responded to the survey (**67%**) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.

- **Lack of dedicated support and advice for parents and carers**

Parents of children and young people with identified mental health problems require help and advice to ensure they respond appropriately. However, many respondents to the survey struggled to access this type of support or felt that it was lacking.

'No support for parents, service is slow in seeing young people and offers no support to the rest of the family.' – Parent

'Maybe parents and carers could be offered more support. I was always present when my daughter had meetings perhaps some time when parents could talk about problems, they face would be useful.' – Parent

- Stigma

One parent expressed their worry about the stigma associated with mental ill-health and whether they might be blamed if they sought support.

'Worried about stigma, worried it will be on their child's records for life, worried others might think it was my fault.' – Parent

- **Limited school-based mental health support**

Parents and carers described patchy mental health support across schools in Bradford and Craven. School nurses were noted as an effective but limited resource by parents and carers.

'School nurses too stretched across too many schools' – Parent

Some schools do not have a good understanding of mental health problems which can make it challenging for school staff to spot the signs of emerging difficulties and provide the right support. For example, some schools may apply punitive measures to manage behaviour, such as through exclusions, instead of offering a therapeutic response, according to respondents.

'Think school have a lack of understanding of children with mental health problems. GPs just seem to pass the buck when I've spoken to them.' – Parent

'School impose behaviour policy and exclude instead of helping.' – Parent

- **Perceived lack of knowledge of specific conditions by professionals, such as neurodevelopmental disorders**

A small number of respondents to the parents and carers survey felt that the mental health professionals they encounter lacked a clear and comprehensive understanding of the different types of difficulties young people presented with. This included conditions such as autism, dyspraxia, mutism, and Obsessive-Compulsive Disorder (OCD).

'Lack of understanding and knowledge of specific conditions such as autism, dyspraxia, selective mutism, OCD.' – Parent

'No one understands autism who are working with these children except CAMHS I suppose but they are useless.' – Parent

- **Lack of age-appropriate support**

Some parents felt that there is insufficient support available for older adolescents who may be transitioning between child and adult mental health services.

'Not enough services for the appropriate age as well. Teenagers seem to be treated as either 'children' or 'adults' when they aren't really either.' – Parent

Another parent raised concerns about access to support by young people aged 16 and 17 as they are expected to navigate between child and adult mental health services. Parental input and support can be difficult due to the age of consent for this group.

- **Lack of CAMHS capacity and resources**

Several parents and carers noted that they felt that specialist CAMHS were overstretched and underfunded. This often was cited as a reason for the reported lengthy waits and inadequate access to support.

'CAMHS are under a lot of strain. Their workload is terrible. They are good people trying to do their best but they don't have the resources. They care and I feel this leaves them feeling stressed.' – Parent

'CAMHS - underfunded and only seem to support those with a clear diagnosis. Parents and carers have to 'fight' for every service they receive and for every outcome which will help our children.' – Parent

'Lack of resources - seems a child has to be in crisis/meet a very high threshold before they can access support.' – Parent

Some survey respondents also noted high staff turnover within some services which also adds to the delay and can make it difficult for children and families to build a therapeutic relationship with a practitioner.

'A huge shortage of professionals.' – Parent

'The primary mental health worker role at CAMHS is useless. We've had 3 because of staff illness etc and none of them have had the skills or knowledge to help. It's just been a layer between the family and the professionals who can actually develop a therapeutic relationship and put things in place. Having PMHWs meant information was lost, referrals not made quickly enough, and added another person for a very anxious child to deal with.' – Parent

- **Mental health support offers a mixed picture of outcomes**

As part of the survey, parents and carers were asked for their views about how helpful they found the support available for children and young people who have mental health problems and distress.

The responses show a mixed picture with just over a third of respondents (35%) reporting that they found the support their children accessed 'very unhelpful' or 'unhelpful'. Conversely, a similar proportion (32%) felt that the support available was in fact helpful or very helpful. Just under a third (29%) felt neutral or in between about the helpfulness of services.

Only one parent gave their reasoning which was for why they found the help available unhelpful:

'I have had some years of help for which I am very grateful, but none of it has been very effective, except for the personal interaction with some staff who have allowed me to download issues and

concerns and listened and been supportive in their responses. Also, I have had excellent medical support from them in diagnosis of my child's problems and support of medication regimes.' – Parent

4. Suggested improvements

Parents and carers made a number of suggestions on how mental health support could be improved from children, young people and their families. Below are the key and most common suggestions they made.

- **Children and young people require easy and swift access to mental health help**

Many parents and carers felt there was a great need for more easy and quick access to mental health support for their children. They believed that this would help prevent the escalation of their difficulties.

'Access to immediate help, counselling so they feel accepted & understood rather than labelled.' – Parent

- **Effective early intervention support**

Respondents also felt that early intervention support should be prioritised, including in schools and the community.

'Proactive support from school and earlier intervention. Things seem to need to reach crisis point before an agency will intervene despite me, a parent, trying to access help and talk to numerous professionals for weeks.' – Parent

'It's good that Sharing Voices can go in to schools but there needs to be more happening in communities that are about engagement and inclusion activities to make kids stronger and better to cope with the bullying and racism and their self-esteem and health issues.' – Parent

- **Mental health and wellbeing should be prioritised and embedded within the school and college community**

Parents wanted to see a greater promotion of mental health, including through improved mental health literacy amongst pupils and school staff. Some parents also believed that schools could offer pupils a safe space to access confidential support. Peer to peer support for pupils and parents alike was also seen as a potentially beneficial approach that schools could help facilitate. Ultimately, parents wanted to see funding going towards provision in schools to ensure a whole school approach to mental health and wellbeing can be achieved.

'Start in schools, teachers should know who to go to for advice for children, children and young people should also know who their first point of call is, services should recognise if they're the right kind of support and, if not, be able to point people in the right direction.' – Parent

- **Mental health support in Bradford and Craven should be provided in a more integrated way**

Parents and carers wanted to see more integrated support across the health, children's services, education, VCS, adult services, justice, and other key agencies.

'I would like a central, responsive portal specially for young people and children, with joined up support so school and medical professionals are working together - it all just feels like you are just

lucky if you can get some support and you have to take what you can get, but if that "seam" of support dries up, you then have to go and look again yourself for more help - there is no follow up to make sure care and support continues for as long as the young person needs it.' – Parent

- **Equip parents and carers with the support and information they need**

'The parents coping with these children are on the edge themselves with no support. Specialised, individualised mental health support is needed urgently and just doesn't seem to exist. Parents should be able to self-refer to CAMHS or a social worker, instead the child has to see more people which is difficult for them to then be told they can't refer.' – Parent

- **Tailored or dedicated support for young people preparing for the transition between child and adult mental health services**

'A service that will help my son transition into adulthood. He will be 18 this year and have been told he will not be eligible for adult mental health services. I feel we will be back to square one with no support at all.' – Parent

- **Services should provide flexible and outreach mental health support where appropriate**

'Help needs to be delivered in a familiar and safe environment (home/school etc) try and remove clinical settings to enable the child or YP to focus on the issue rather than exacerbating any problem with additional worry about being in a clinical setting.' – Parent

'Different ways to engage with children rather than traditional patient/therapist room. Art classes, sport and focus on the child's interests to engage.' – Parent

- **Low level/non-clinical mental health support should be prioritised**

This may include universal or targeted services, such as counselling, youth work interventions or open access provision.

'I would like to see them receiving warm empathetic support, counselling that is humanistic. My concern is the labelling of their problems and the danger of them pathologising these. There also needs to be more awareness around parental alienation.' – Parent

'More youth provisions and open access sessions.' – Parent

- **Improved GP awareness and provision could offer some mental health support while children and families are waiting for specialist CAMHS**

'All GPs should be able to offer some young people's wellbeing sessions with specialist workers so that a child can access medical/ psychological support when they need it rather than be put on a wait list. This would release much more time at the serious level because far fewer children would escalate and reach a crisis point. It would also help the young people to see that most of what they are feeling is perfectly normal for their stage of development and will pass as puberty passes.' – Parent

- **Key or specialist workers for children with multiple or complex needs**

'One to one support from a dedicated key worker. Someone they know and trust. Maybe text or online support. There needs to be more from the point of diagnosis. Autism is a lifelong condition and we have specialists in other medical conditions so why not ASD?' – Parent

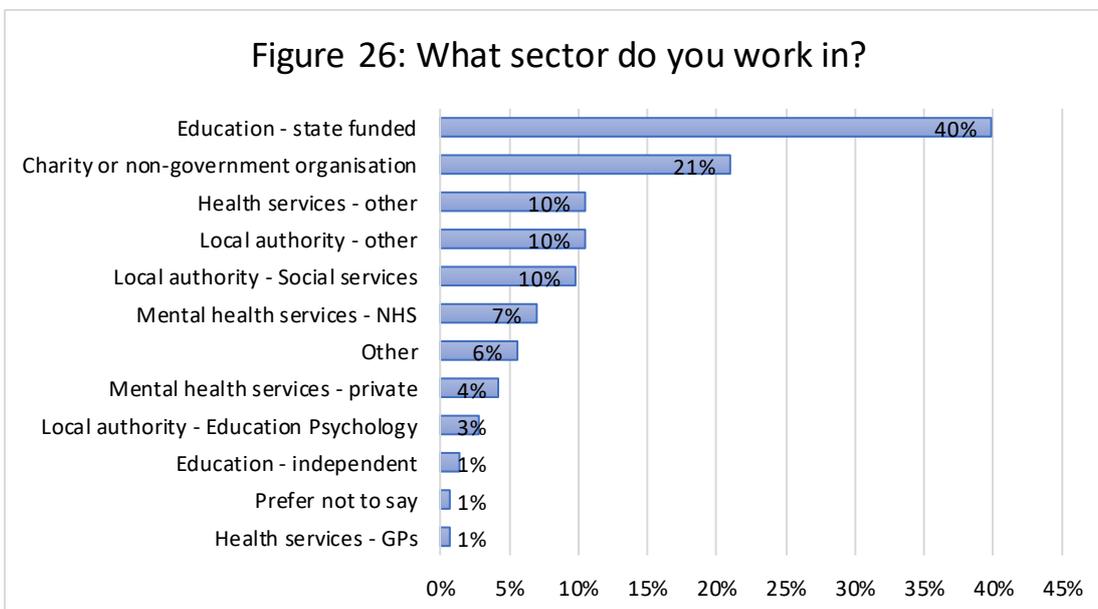
- **A wellbeing college for children and young people in Bradford and Craven**

'The wellbeing collage is a great idea for adults - something like this where a child/parent can self-refer or a parent can access for advice/support for their child would be great.' – Parent

Professional stakeholders

Bradford and Craven has a diverse workforce providing information, advice and support to children, young people, and families in need of mental health help.

- Interviews: **26** With a range of professionals working in Bradford and Craven, including clinicians, voluntary sector leaders and practitioners, local authority practitioners, education professionals,
- Survey respondents: **145** responses.



NB: professionals were asked to tick as many as appropriate

The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) saying they work for a local authority. One in five (21%) work for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services totalled 4%. Around 1% of respondents worked within General Practice.

1. The needs of children and young people in Bradford and Craven

The key presenting issues and areas of unmet needs:

As part of our survey and interviews, we asked professionals what the most commonly unmet needs of children and young people in Bradford and Craven were. Below is a summary of the most common responses.

- **Subthreshold emotional needs**

Many professionals noted that there was not a clear enough understanding or support available for children and young people with subthreshold needs. This included support for issues such as low mood, relationship difficulties, or feelings of isolation and loneliness.

'at that low level I am thinking of people who might be in school or are not in school or who are isolated, there might have been a bereavement, there may be family break-up. They don't meet the threshold for diagnosis – self harm or bullying. Things that don't meet the CAMHS service criteria but which impact on their wellbeing.'

'CAMHS are inundated with ASD and ADHD assessments and the lower level mental health issues such as low mood, depression etc get left behind until the situation gets so bad they then become crisis'

Some practitioners also noted that there are geographical differences associated with need and that the needs of children and young people in Craven is not consistently represented in the data.

'Craven has a lot of differences from Bradford i.e. rurality. Isolation and lack of life experience. There is high functioning anxiety etc rather than deprivation etc.' – Non-Specialist

- **Parenting support, capacity building and whole family working**

There is a lack of whole system parenting support and evidence-based parenting interventions reported. This means lack of early cost-effective NICE guidance compliant support means that children with simpler mental health difficulties are being left until matters escalate potentially logging up more expensive specialist CAMHS resources.

'I get a lot of referrals for what you could describe [as] behavioural problems and parenting. I am not so involved with the younger age referrals. I am getting these from social care usually.'

'So little family support, parenting support, living in challenging environment'

- **Self-harm and suicide**

Children and young people who experience self-harm and suicidal ideation do not always have consistent and timely access to support. Some professionals noted that young people would often go to Accident and Emergency to source this type of support.

'CYP-teenagers with more significant anxiety, self-harm and suicidal intentions not getting immediate support unless they present at A&E. In addition this is the first year (in 18 years of practice) where I have attended a critical incident for suicide of a 9 year old hanging.' – Non-specialist

- **Social and emotional learning and competences among children and young people and families**

Several professionals who were engaged as part of the review believed that awareness raising and resilience building across educational settings in Bradford and Craven were either lacking or inconsistent. This also includes the adoption and implementation of a whole school approach to mental health and wellbeing which would see mental health incorporated within the curriculum and wider school culture.

'Raising awareness and understanding of mental health issues, including reducing stigma towards those experiencing difficulties.' - Specialist

'Lessons delivered in school from an early age around mental health issues, social and emotional wellbeing would give young people more of an understanding and how they may be able to deal with any issues they have themselves.' - Specialist

- **Adverse Childhood Experiences**

It is evident that there is greater awareness of ACEs across Bradford and Craven. Professionals also consistently referenced the prevalence of Adverse Childhood Experience (ACEs) on children and young people's mental health and the lack of coordinated responses to tackling them.

'ACEs are becoming more talked about, which is good, but there is a gap in supporting parents to understand their own (ACEs) and parenting courses. Schools TRY to bridge that gap, but these are often once a child starts experiencing bad outcomes and don't start early enough. Parenting courses are a gap.' – Non-Specialist

'Biggest gap is for children who have attachment difficulties and conduct disorders as a consequence of home environment. Support is limited and they find it difficult to engage in the support on offer. Most deprived backgrounds don't access support in the same ways and don't see access early enough.' – Specialist

'Tackle wider determinants of mental ill health having interventions for young people experiencing adverse childhood experiences' – Non-Specialist

- **Effects of poverty**

The effects of poverty and austerity on the Bradford and Craven community were noted by a number of professionals as a cause of concern and one that may be contributing to rising demand amongst some communities.

'Families living in poverty puts a lot of pressure on the parents which then transfers to the CYP' - Strategic Lead

'Poverty and diversity go hand in hand; specialist school nursing provision shows significantly higher levels of children with complex needs which adds a layer of challenge in delivering services. Within CAMHS there is a tiny pool of staff who have expertise in LD and mental health, due to commissioning practices.' – Specialist

- **Anger and behaviour as a form of communication of psychological distress**

Responses to behaviour was identified as an area of unmet need by a broad range of professionals. Many felt that professionals and families lacked an understanding of how to identify and respond to persistent poor behaviour. There is a poor understanding of drivers of poor behaviour which may be mental health related, particularly within educational settings.

'Children's behaviour is largely misunderstood and help is not sought on time.'

'...behaviour isn't about a child wanting to be difficult, behaviour is about a child expressing their need.'

'There has been improved awareness recently. In terms of SEN, social and emotional mental health needs are more recognised and seen as a valid area of need. But behaviour is not being seen as a symptom of an unmet need rather than its own problem.' – Non-Specialist

'There are gaps in provision around school refusal and lack of attendance. Social and school anxiety disorders not seen as clinically significant and not receiving psychological support.' – Specialist

- **SEND support**

Professionals identified several issues relating to unmet special educational needs and disabilities (SEND). Unmet SEND support was often described as a factor negatively impacting on children and young people's mental health, particularly where there were unmet Social, Emotional and Mental Health (SEMH) needs identified.

'[In] children with disabilities SEND mental health is exacerbated due to lack of support'

'Children may be on the SEND register for SEMH reasons but I feel that this is an area of SEND that is least supported and trained for.'

'Autism assessments show significant unmet needs.' – Strategic Lead

'Children who have Asperger's or high functioning autism. They lack the access to support from social care or CAMHS because they are subthreshold and don't have a learning disability as such. There's a lack of expertise around their autism.' – Specialist

- **Perinatal and parent infant mental health support**

The perinatal mental health service is small in context of birth rate, deprivation, and unmet needs, with significant funding gap in terms of being able to provide gold standard perinatal care.

'There is a service but it only supports the top of the pyramid (only 3-5% with some kind of support get any support from the service), [it] focuses on the most severe. There is also a mother and baby scheme (Better Start Bradford) but lottery funded and only covers three parts of the district. This is not sustainable and there isn't full coverage. It is a large pilot.' – Strategic Lead

This needs to be seen in the context of nationally driven developments. The Specialist Mother and Baby Mental Health service (SMABS) team is following the national trajectory for growth and is supposed to support the most severe, it is a specialist service. It should also be noted that Better Start Bradford is also part of a national scheme to provide support to the most deprived area of Bradford.

- **Dedicated support for infants**

Professionals noted that infant provision is not universally available across Bradford and Craven and currently presents a gap in provision that is likely to lead to unmet need for infants.

'There is no infant service. I work in CAMHS and the service we have is a better start service so only for a select few people and not commissioned to reach the whole population'

'So, there isn't a service infrastructure for services at the infant age. That's very much an unmet need. Most services are targeted towards parents with poor MH rather than infants with attachment difficulties. So, the only ones that cover that are the perinatal mental health services – so services that might support the parent not the infant.'

The traditional CAMHS services starts from the age of 3 upwards – and even then 3-6 is very limited at that age range.

2. Strengths in Bradford and Craven provision

Professionals who shared their views identified a number of strengths in the current provision of CYP mental health support. This includes:

- There is a consensus that mental health support in Bradford and Craven is generally good when you can access
- Pathways are clearer within crisis care: *'Clear pathway for PTSD, self-harm (but there are waiting times). Pathways are clearer where the severity of need is higher.'* - Specialist
- Early years support good but limited: *'Early years – Little Minds Matter, a good parent/infant model run by the trust but is small and doesn't cover whole of Bradford. Working with early years models but limited pot of money so tough decisions about where to invest.'*
- Partnership working is effective in some areas: *'A positive is that there have been more meaningful partnerships between statutory services and the VCS recently. For example through Youth in Mind. This may have happened because of financial restraints on the LA/NHS but is still to be welcomed.'* - Non specialist (VCS)
- One specialist interviewed felt there was a positive coming together as a system and a willingness to see different roles a part of a whole system pathway. For example, the role of the VCS was cited as being valuable in helping to manage waiting times. One practitioner noted that the local area was ready to create a system where all children and young people did not come CAMHS – but had access to better support earlier. This has however been hindered by concerns around funding.
- Some practitioners can see increasing and more varied services – particularly voluntary and community sector and Youth in Mind work. There are also a number of promising pilots underway (although pilots result in patchy and uncoordinated provision).
- Most practitioners see a real potential in expanding work in schools – but this could be further enhanced by incorporating access to trained professionals, upskilling and advice as part of the offer to schools.
- Many felt that a real asset was the dedicated and passionate workforce in Bradford
- Once a young person accessed specialist CAMHS, provision was generally good – but it was exceptionally difficult to access.
- *'Strengths – relationships are such that there is a real willingness and commitment to look at different ways of working. But remodelling, redesigning [is] a definite challenge.'*
– Strategic Lead

3. The main challenges and gaps

CYP access to mental health help

As part of our survey, professionals were also asked about their views on how easily accessible mental health support is for children and young people in Bradford and Craven. This includes access to a broad range of services including GPs, specialist CAMHS, VCS support and school-based mental health.

- **Access for CYP with emerging mental health problems:**

Professionals were asked how easy they thought children (aged 4-16) receive the help they need when they begin to struggle with their mental health. **61%** described this as either 'very difficult' or 'difficult' while **13%** felt it was 'quite easy' or 'easy'.

They were asked the same of 17-25 year olds. Just over half (**53%**) felt that it was 'very difficult' or 'difficult' while slightly more professionals felt that it was easier for young adults (16%).

- **Access support for CYP with recognised mental health problems:**

Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need. Only 5.5% thought that it was either 'very easy' or 'quite easy'. The remaining were neutral. Similarly, 68% felt it was 'very difficult' or 'difficult' for young people aged 17-25 and only 7% thought it was somewhat easy.

Some of the challenges cited by professionals included long waiting times (often with multiple waiting periods), poor triaging of cases and an overall unsatisfactory referral experiences and processes. One specialist practitioner noted:

'Those children have nowhere to go, as they don't have a diagnosis but can't access specialism. 18 months to 2 years for autism and learning disabilities.' – Specialist

Some practitioners highlighted specific issues that limited access to CYP mental health provision in the Craven area.

'Would want to see more therapeutic services offered across Craven. And not expecting families to travel over an hour for support for specialist services.' – Specialist

'Some of the Bradford initiatives such as Buddying, WRAP courses didn't get filtered through to Craven. Craven a bit forgotten, perhaps.' – Non-Specialist

- **Access support for when CYP are in mental health crisis:**

Professionals were also asked about how easy they thought it was for children and young people in Bradford and Craven to access mental health crisis care. 72% thought it was either 'very difficult' or 'difficult' to access this help for 4 to 16-year olds, whereas 11% thought it was easy.

Respondents felt that it was slightly easier for young people aged 17 to 25 to access crisis mental health support, with 67% of respondents believing that it is either 'very difficult' or 'difficult'. 12% felt that access was 'quite easy' or 'very easy'.

'Crisis support – harder to filter through to Craven.' Non-Specialist

- **Parents/carer access to help for infant mental health in Bradford and Craven:**

The majority of professionals (**62%**) felt that it is 'very difficult' or 'quite difficult' for parents to access infant mental health support. Around a third (31%) felt neutral and around 8% believed it was either 'very easy' or 'quite easy'.

- **Summary of common challenges and gaps in relation to CYP access to mental health help**

Respondents identified a range of common challenges and gaps that impacted children and young people's access to mental health support across all levels of need. This includes:

- No clear front door for help which contributes to delays
- There is a lack of whole system integration and planning, including strategy, commissioning, and communication.
- There is a postcode lottery across the area and lack of consistency even within a single service provision
- There are ongoing gaps in the CYP mental health system that influences access, such as:
 - Not enough prevention or early intervention supporting emotional/psychological sub threshold needs
 - Subsequent orientation toward and preoccupation with crisis response and management
 - Poor transitional provision between child and adult services
 - System and services not culturally competent
 - Disinvestment across the system have influenced wider mental health support, particularly local authority support
- General challenges associated with the style and delivery of specialist mental health support, such as:
 - Non outreaching, engaging and CYP friendly style of service
 - Non person-centred and providing time-limited support
 - There is a lack of immediate, accessible advice and support
- The value of the VCS in terms of mental health support is underestimated
- Stigma, for CYP and their families, relating to mental health impeded engagement.

4. Capacity and demand across the CYP mental health system:

There is a perception that there is not enough resource to meet high and increasing demand. Many professionals felt that there has been prolonged and significant under-funding of the children and young people's mental health system.

'There used to be something called BAS (Bradford Autism Support) but there is a gap there now.' – Specialist

'Looking at relative spend on mental health services, more [is being] spent on adults, leaving not a lot for children. This is evident in key performance measures in CAMHS: LAC very poor, has been for some time. Simply not capacity in the system' – Strategic Lead

'Craven isn't as well-resourced and is a huge geographical area. Every service travels so much but is expected to travel and still deliver the same amount of support. There is not a lot of transport on offer.' - Specialist

- **The impact of school nursing service divestment**

A couple of years ago it was decided that school nurses ought to do the referring to CAMHS, because GPs do not have the time to have the proper conversation with the children and young people. According to professionals, school nurses were like care navigators for children and young people and went to consultation sessions to discuss children needing support. This worked well. However, in recent years, the level of support offered by them has reduced due to the reduction in the numbers of school nurses in recent years. One interviewee noted that:

'There is a gap in school nurses. Only 12 nurses across [the] whole of Bradford. There have been massive cuts to school nurses and health visitors. i.e. nurses covering 2-3 secondary schools each when each school needs some pastoral support. But there is a strategic will to push this.' – Strategic Lead

- **High thresholds**

Many professionals who shared their views described rising and high thresholds and involve a range of exclusion criteria. This has been described as a 'defensive' system where demand is currently exceeding capacity.

"Quite a lot of activity feels like (and is described as) being focused on almost stopping CYP getting help – and that's not to say that staff aren't working hard and that there's not lots going on but the system is focused on that type of defensive activity" – Non-specialist

Bradford has a very high threshold and there's a very high level of need in Bradford. Cos there's a lots of Physical health needs and emotional need; and it seems to be very difficult to get a EHCP" – Specialist

- **Workforce challenges**

Some professionals suggested there were workforce gaps and challenges which impacted staff's ability to effectively triage and manage cases. There was a perception that caseloads are too high and that staff feel they often lack the time and are carrying a high level of risk.

"The authority is stretched at the moment, there isn't a full capacity of staff to meet the need required and there's a massive turnover of staff." – Specialist

"Workers being overloaded with cases therefore frequency of sessions not regular enough to make sustainable change." – Non-specialist

"Specialist support having waiting lists that make the service feel inaccessible and they are carrying a lot more risk as well." - Specialist

An interviewee raised concerns about the lack of staff specialising in treatment for children and young people with complex needs, such as those with special educational needs (SEN) and trauma.

'There is a very small amount of staff who can do the really complex cases – SEN and trauma and parenting problems – not enough resource for workers in this important area.' – Specialist working in statutory services

One professional felt that there was not sufficient representation and diversity within the mental health workforce in Bradford and Craven.

"Lack of representation of protected characteristics groups within mental health field. They do not fully reflect & mirror the communities they deliver services too."- Specialist

5. Competences and capability

- **General whole system lack of common understanding of CYP mental health**

Professionals who were interviewed as part of the review described a lack of common language and understanding of CYP mental health across the system.

'Not a good understanding of mental health problems or off the therapies that can help, and what therapies are available to children.' – Specialist

- **A lack of whole system training**

Several professionals who took part in the review felt that the training offer across the CYP mental health system was both inconsistent and inadequate. This has resulted in insufficient upskilling and capacity building of particularly those working outside of specialist CAMHS.

There were also references to the need for improved training in specific areas, such as in trauma-based responses. One practitioner suggested there was a need for an ongoing offer of training across a range of topics.

'Regular ongoing in-depth training around specific issues - self harm, dealing with adolescents with mental health issues, anxiety, working with young people around anger and emotions' – Non-specialist

- **Building and strengthening capacity of non-clinical staff**

Many professionals felt that the capacity across the CYP mental health system could be boosted by improving the competences and capabilities of non-clinical staff. Staff working in schools and colleges were especially identified as requiring more support to help build their skills and better integrate them into the system. One interviewee felt that the roll out of mental health support teams (MHSTs) presents an opportunity to address this. Other professionals noted:

'Schools need some support to be equipped to make the right referrals or be taken seriously by the agency receiving referrals.' - Specialist

'For teachers - not receiving appropriate training to spot the signs of anxiety or other mental health issues. In addition, training to then deal with these signs.' - Specialist

'Moving towards an idea where an education professional's opinion is taken seriously will need more training and skill building for professionals.' – Non-Specialist (education)

6. Governance

Professionals expressed some concerns about strategic and commissioning decision-making in Bradford and Craven. It was noted that there has been a lot of work to better streamline and integrated decision-making.

'It is getting there. Before they had a MH partnership board which was focused on adults. Future in Mind was a lot more operational. There's now a dedicated children's mental health partnership board which look beyond the spending of Future in Mind monies and looks more at children's mental health more widely.' – Strategic Lead

On Mental Wellbeing Partnership Board *'CEO of care trust chairs the board which is a bit of a conflict.'* – Strategic Lead

A couple of professionals interviewed highlighted that governance arrangements were not as effective as they could be in terms of strategic planning in the Craven area.

'Governance is where there is the most disconnect. North Yorkshire is complex when it comes to feeding into health-led areas of governance. There are multiple STPs and CCGs, which is complex. The Craven CYP partnership looks into North Yorks perspective but isn't locked into and doesn't feed into the wider Bradford CCG governance work. It is quite complex trying to feed into health-led governance from North Yorks routes.' – Strategic Lead

'The rurality of craven presents its own challenge. There is an assumption that rural cyp might use more online stuff, e.g. Kooth. But this is not clear from the Kooth figures. In Craven, you have to work much harder to bring people together (both system stakeholders and families). There is a commissioning disconnect between County Council and NHS authorities. They have to work harder to bring about coordinated commissioning. Some services experience high staff turnover. Craven is a rural area where it's hard to attract new workers. They are normally drawn from Harrogate or Bradford.' – Strategic Lead

'Feels that individual governance within care trust etc. is putting children's mh at the forefront. Not sure how robust the children's arrangements have been. Thinks they ask questions, demand information, but haven't been fully engaged in a 'ward to board' type of approach.' - Specialist

7. Outcome tracking

The mental health system in Bradford and Craven is overall is weak on outcomes and in capturing what is the ultimate benefit of these services. Across the system, there are a range of tools used:

- Friends and family test
- Compliments and complaints
- STAR measure
- Goal-based outcomes
- Pre and Post measures such as Strengths and Difficulties Questionnaire (SDQ).

'There is far too much of a preoccupation with waiting lists. We do not catch the outcomes of NHS services well and sometimes we are making decisions based on the data we have, rather than what is real or actual. There is a big lack of data on the VCS sector.' - Specialist

One interviewee noted they need to be much more ambitious and aspirational in regard to the outcomes they are measuring. They say obsessing over measuring how quickly we can get someone to the top of the waiting list is very limiting. In other places they are aiming to have no child in inpatient care, which is much more ambitious and really focusing on a preventative approach to mental health problems. They think that they should try and reduce the demand for CAMHS and have a far stronger non specialist approach in universal services children and young people use.

'The aim would be that there is no waiting list for CAMHS and that CAMHS actually shrinks because not many children and young people need it anymore. Because they have been helped much sooner and prevented from getting on mental illness in the first place.' - Strategic lead

'As system tracking outcomes is something we are not good at. It is inconsistent. We have narrative and anecdotal but in terms of hard facts on child recovery we don't have this as a system. We are playing in the dark a little bit. The system needs to agree a core set of common measures that we use and use robustly.' – Specialist

'There is not enough time to celebrate good practice.' - Specialist

- **Proposed solutions for outcomes tracking:**

Most professionals wanted outcomes to be tracked through systematic and regular tracking of CYP/parent/carer and professional feedback and experiences. They would like results from this tracking to inform whole system planning and problem solving.

One professional felt that hospitals should be set and need to meet targets for providing CYP support.

"They only act when they have targets on them e.g. 4 hours to get to A&E. [There] needs to be a target for all CYP on the waiting list for mental health and ASD support." – Non-specialist

8. Key changes seen in the last three years:

- **Some increases in provision**

Several professionals noted that there were some hopeful investments made over the last three years that has increased provision, including the development of new services such as Youth in Mind and Kooth.

'Buddies had received 1684 in 2020: 'We are not tinkering around the edges here; this isn't a service that is taking 50-60 referrals. We are outstripping the number of services to specialist services.' – Non-specialist

Some of these initiatives were welcome but had to be driven by a pilot or short-term funding, such as Little Minds Matter project, which may not be sustainable in the long-term.

Recent approaches to eating disorder care and crisis provision through Safer Spaces were also welcomed changes by professionals. Professionals also saw a lot of potential in evolving school and college-based mental health support.

- **Improved partnership working**

Partnership and multi-agency working have improved over the last three years according to some professionals consulted.

'Links with Community services, such as Youth Service, it works as a model.' – Non-specialist

- **A decline in/or reduced services**

A significant number of professionals felt that the one of the biggest changes to occur over the last three years was the reduction in services for children and young people. This was largely the result of chronic funding challenges experienced across key agencies, particularly in relation to the local authority budget. This reduction in services was also cited as a factor in the increased and long waiting times for support from specialist mental health services.

"We are trying to manage increased demand for services after 10 years of austerity and service cuts." – Strategic Lead

Reduced support for children looked after and care leavers:

Professionals cited particular challenges around the support available to children looked after, adopted children and care leavers. Services aimed at this group have been struggling to manage demand effectively due to frequent changes of social workers, conflicting demands due to the prioritisation of Ofsted improvement and rising numbers of children coming into contact with social care services according to professionals. Two professionals noted:

'Have seen reductions elsewhere in the system which impacts CAMHS. Used to have more LA social workers collocated alongside CAMHS. Losing relationships with local authority which affects capacity to deliver. Both to provide but to work across organisations.'

'Looked After Children services were more integrated in the past. Social care pulled staff out of team due to resource. This has impacted the services due to loss of ability to discuss / peer support. Shared responsibility on risk has been lost as a result. New process now for consultation.'
– Specialist

9. Suggested improvements

Professionals shared a range of solutions to help improve outcomes for children and young people cross the system.

Most commonly referred to suggestions:

- a) A more whole-system collaborative, consultative and upskilling model of working supporting broader professionals, CYP and families. Support should be delivered out of multiple community portals/hubs
- b) Accessible location and improved style of help was considered crucial. This involved:
 - Personalised/face to face/holistic/user shaped help
 - Located in familiar and accessible places and at accessible times for CYP/families (outreaching)
 - Providing immediate advice and support with signposting on where necessary
 - A non-medicalised model and approach
 - All age-model
- c) Immediate/timely, accessible and locally provided advice and support offering a menu of options (including face to face, digital) – with support offered while they wait should they need more help
- d) A more joined up whole-system approach, including on strategy development
- e) Improved prevention and early intervention provision
- f) Improved roadmap for support with better strategic communication and transparency
- g) Support needed via schools with more training of staff, more support for whole school approaches, more counselling. Play therapy and support for children with SEND, behavioural and complex needs support to be available as part of this

- A need was identified for better communication and joint working between schools and CAMHS/others
 - A need was identified for more effective curriculum supporting social and emotional competences in CYP (through PSHE)
- h) Improved investment in the whole system (rather than just piecemeal commissioning)
- i) Parenting support and family interventions need to be more widely available.

Least commonly referred to suggestions:

- j) Improved whole system joined up commissioning and coordination of activity to create a series of whole system pathways
- k) More direct access to trained and expert assessment, advice and help for those with sub threshold and psychological difficulties to improve and support de-escalation. This expertise should be more closely and systematically integrated with front line support (and not based in a clinic)
- l) Improved and more expert triage through a single point of access and clearer front door
- m) More proactive crisis/out of hours support for CYP and families
- n) Improved confidence and competences among workers to help them effectively talk about mental health issues and to develop a shared language across the whole system
- o) Greater promotion and awareness raising of mental health and wellbeing.

6. Resource and spending across the CYP mental health system in Bradford and Craven

There is currently no central system for recording and tracking investments and spend across the CYP mental health system in Bradford and Craven. This presents a huge challenge in understanding where resource is required and in making decisions about future investments and efficiencies. The transparency and status of the budgets held by the local authority, CCG, and wider partners (such as schools) should become a critical consideration for partners in light of future demand and further public sector spending pressures.

The importance of clear joint local agreements about a commissioning approach, commissioning priorities, outcomes measurement and the management of low volume, high cost episodes and joint funding became increasingly clear to us.

The below is based on what information we were able to source based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

- **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16. The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.¹¹
- **Spend per head:** In 2018/19 CCGs nationally spent, on average, £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
 - Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.
- **Cost per appointment:** According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average (£476 in Bradford compared to £256 for the national average). This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.

Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven. This information was provided by Bradford District and Craven CCG and City of Bradford Metropolitan District Council.

Investments:

- Significant investment into new initiatives by the CCG and providers through Youth in Mind and Kooth.
- Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.
- CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
- Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 in 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, establishing all

¹¹ <https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/>

children and young people VCS providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.

- Non-recurrent funding of £167,000 to BDCFT to manage their waiting list.
- £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
- Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.
- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – cover 3-year period starting March 2020. This project brings together and has expanded existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

- **Divestment:**

During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reductions to counselling provision, school nursing and health visitors and changes to local authority contributions to the LAAC pathway.

Local authority divestment:

Context: Like all Councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the Council's spending power is equivalent to half of what it was in 2010. This has meant that the Council has had to rethink its spending plans and make tough funding decisions.

- **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
- Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
- In addition, due to an inadequate Children's service Ofsted rating in 2018, the local authority started to tighten and improve its social care provision for children and young people. This has meant that in the School Nursing Service, in order to respond to the increasing enquiries made of the service from Children's Social Care (primarily in relation to safeguarding cases), a further 6 WTE School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.
- **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, there was also a Local Authority decision made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based

on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.

- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.
- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).
- **Substance Misuse Service:** In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

- **Savings:**

BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

7. Recommendations

1. Leadership, commissioning, and strategy:

- i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
 - o This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
 - o This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.
- ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.
- iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

- vi. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.
- vii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.
- viii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure
- ix. Performance management arrangements should link directly to the achievement of the strategy.
- x. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

- i. Develop a logic model for change¹² setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.
- ii. Agree a set of baseline targets and desired outcomes when commissioning a new model.
- iii. Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.
- iv. To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

¹² The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: <https://www.annafreud.org/media/5593/logic-model-310517.pdf>

- v. Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
- vi. Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
- vii. Prioritise and invest in SystemOne work improvement to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- viii. Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
- ix. Use the whole system data that is routinely and regularly collected to review progress.
 - x. The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

- i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
- ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
- iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
- iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attend and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.³³
- v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

- i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
- ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
- iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
- iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.
- v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.
- vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

All-age crisis helpline.

Key worker doorstep visits to families to be able to pick up and address needs.

Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.

One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17, this includes Skype, Google Classrooms, Hangouts and telephone calls, these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.

Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.

Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.

Support and frequent visits to a large number of young people who are care leavers aged 16-24 who are living in their own tenancies.

Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.

Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.

Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Girlington Centre and Youth Service working with community organisations.

Examples of new or alternative models of CYP MH support:



Examples of new and good practice models

8. References:

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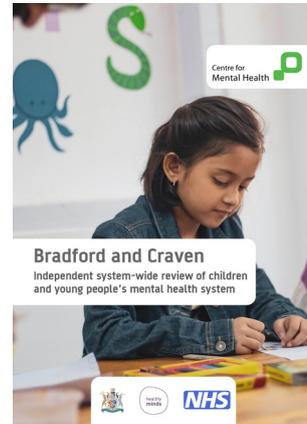
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Bradford and Craven: Independent system-wide review of children and young people's mental health system

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Mental Health Partnership

Children and young people

Governance and roles

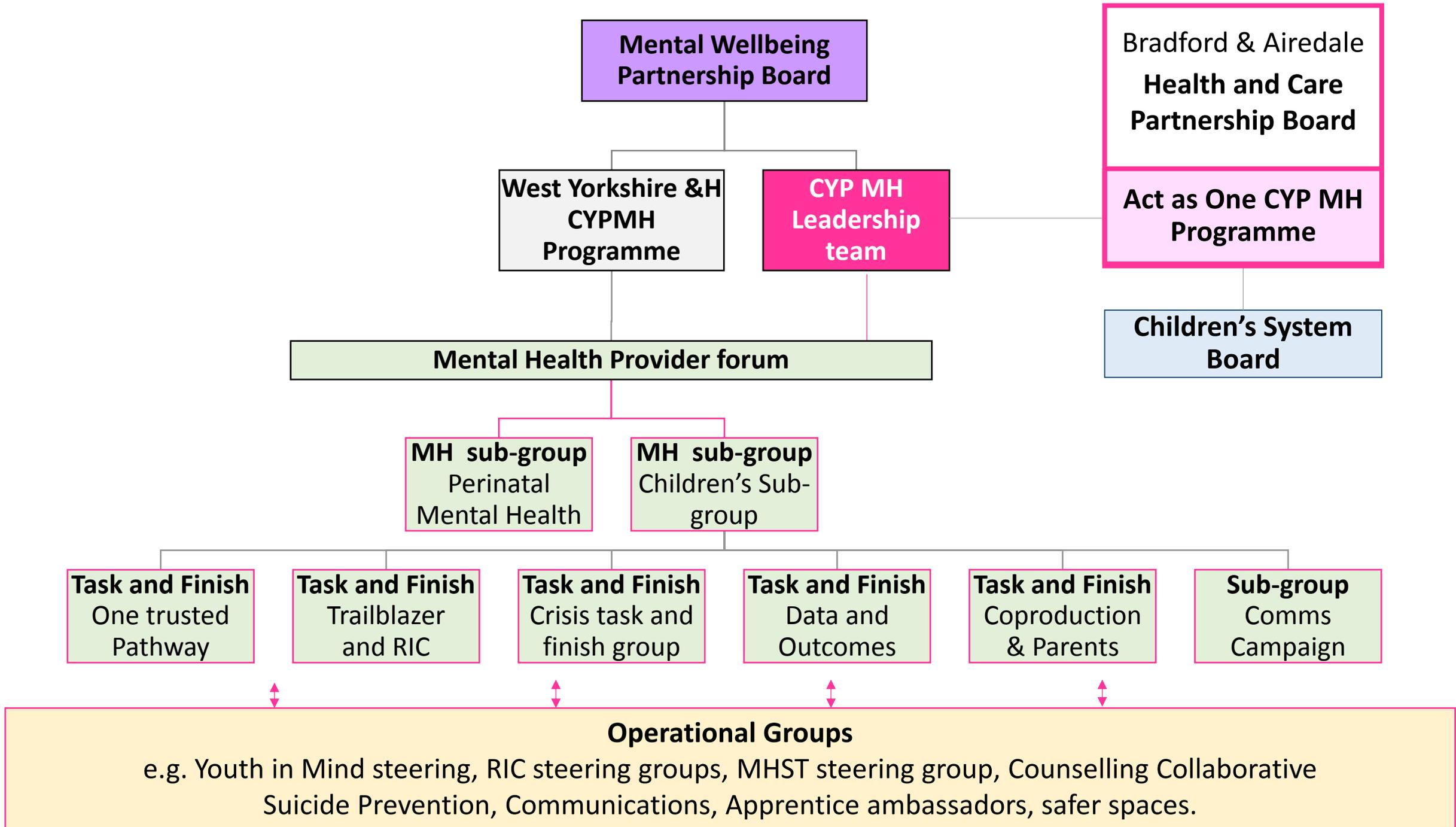


Programme Charter: C&YP Mental Health Programme

Our vision: <i>Brighter futures for children and young people to thrive and achieve their potential.</i>		Overall aim: To work as a whole system to promote, protect and improve children and young people’s mental wellbeing to enable them to thrive and lead full, happy and healthy lives. Promoting resilience, prevention and early intervention We will work together with schools, communities and universal services to promote good mental wellbeing, building knowledge and skills around emotional resilience and self-care. We will take early action to prevent mental health problems from developing and support children and young people as soon as any problems arise. Improving access to effective support: a system without tiers Children, young people, parents and carers will be able to access a range of mental health support via a new, easy to navigate, single multi-disciplinary pathway. We will ensure children and young people have access to the right support at the right time, and they have choice and control over how, where and when that support is provided. We will reduce waiting times for services and offer alternative provision for those who are waiting to prevent the escalation of needs wherever possible. We will have a robust, multi-disciplinary crisis response offer for those who need it and a coordinated care and support response for children, young people and families following a crisis. Care for children in vulnerable situations There will be a clear joined up approach for those children, young people and families who need further support, may have a greater risk of developing mental health problems or may find it more difficult to access help. We will ensure services provided are evidence based and coordinated, so people do not fall between gaps in provision. Leadership, accountability and transparency in commissioning and delivery of services We will establish governance and programme structures to facilitate a system wide coordinated approach to improving children and young people’s mental health, a collaborative approach to commissioning, accountability and effective decision making supported by clear data, insight and outcome measures. The voice of children, young people and families will be heard throughout our governance and decision making structures, supporting effective solutions to the problems identified, led by the young apprentices. Developing the workforce We will develop and maintain a skilled, confident, integrated workforce across our partnership that can provide a diverse range of high quality, evidence based services centred on the needs and aspirations of children and young people.		
Context: Mental health problems often develop early. According to the NHS Long Term Plan, between the ages of 5–15 one in every nine children has a mental disorder. Half of all mental health problems are established by the age of 14 and three quarters established by 24 years of age. Bradford’s district’s population is a young one, with the fourth highest proportion of under 16 year olds in England, with a number of local risk factors that increase the likelihood of poor mental health. In addition, the overall child population is set to increase by a further 5.5% by 2025. The 10-14 age group, a key age group for the onset of mental health difficulties, is projected to grow by 10.2% in the next 10 years. Problem statement: Children, young people and families in Bradford and Craven find it difficult to get help at an early stage if they are experiencing mental health issues. Accessing help when children and young people are experiencing mental distress is also reported to be difficult. Children, young people, families and professionals have told us that there is insufficient early intervention and prevention approaches for children and young people locally, and a lack of consistent school based support, which often leads to our specialist services and crisis support being the default offer. Additionally, children and young people often face delays and long waiting times to access the support they need.				
In Scope	Out of Scope			
<ul style="list-style-type: none"> ▪ Early mental health intervention ▪ Social care, education and health ▪ Children in vulnerable situations ▪ Specialist mental health ▪ Crisis support including A&E/Hospital ▪ Age 0-25 ▪ Perinatal Mental Health 	<ul style="list-style-type: none"> ▪ Autism assessment ▪ Tier 4 level CYPMH 			
Quality Impact		Measurements		
For CYP and families: Open access, flexible support without barriers Choice of approaches and promote control We are outcomes focussed based on CYP self-defined needs Our services and support provide hope, encouragement and good health For staff We support our workforce to feel confident, skilled and empowered to deliver high quality evidence based care that is safe, flexible and responsive to needs.		Description of Measure School readiness (attendance, attainment) Exclusions, detention/isolation/restriction/NEET/YOT/EHCPs School survey, resilience, physical activity Children living in poverty, care leavers, children in care, placement stability. BAME CAMHS referral, access and waiting Self-harm presentations and admissions , A&E conveyance Prescribing/SMI/ED, Hate crime index, domestic abuse Crisis services – safer spaces, First Response, s136 Community / parental engagement	Baseline System wide baseline measures to be established across CCG, LA, Social Care, Public Health, BDCFT	Target by: To be scoped and target date to be confirmed

Mental Health Governance

Governance level	Role	Membership type	SRO / Lead	Members	
Partnership Board	<ul style="list-style-type: none"> Setting strategic direction Understanding need Accountability and risk Decision making and resource allocation 	Director and exec level, SRO	<p>Helen Hirst (WY) Therese Patten (Place)</p> <p>Admin: Sheron Jarret</p> <p>Board support: Ash Alom/Gordon Todd</p>	<p>BDCFT – CEO/COO BDCFT – SRO - CYP, WY ICS / CCG (Director/AD) BTHFT AD LA – AD PH – Consultant GP / Primary care CP/PC VCS Mental health provider chair Apprentice/Lived experience</p>	<p>Therese Patten / Patrick Scott David Sims Helen Hirst / Ali Jan, tba Sarah Turner Irfan Alam, Jane Wood Duncan Cooper Angela Moulson Helen Davey tba</p>
Leadership team	<ul style="list-style-type: none"> Programme management and support Transformation programmes (CYP, Crisis, Community) Assurance Reporting 	Clinical, senior and associate director/managerial leads	<p>David Sims (CYP)</p> <p>Admin (Catherine Smith/officers)</p>	<p>CYP leadership team</p> <p>David Sims, Irfan Alam, Helen Ioannou, Ali Jan Haider, Sasha Bhat, Mark Hindmarsh, Joanne Tooby, Duncan Cooper, Kay Rushworth Krystal Hemingway, (KH), Apprentices x 3, Dawn Lee</p> <p>Sub-group chaired by KH</p>	<p>All age leadership team</p> <p>Angela Moulson, Kelly Barker, Nadia Khan, Duncan Cooper, David Armitage, Helen Davey, VCS+ vacancy x2, Ishtiaq Ahmed, Gordon Todd, Lucy Clews, Kris Farnell, Louise Atherton</p>
Provider Forum	<ul style="list-style-type: none"> Operational steer Information sharing, insight and intelligence Co-production 	Provider and programme management	<p>Kelly Barker (BDCFT) Helen Davey (VCS) Nadia Khan (Care) Richard Fawcett (CYP)</p>	<p>Co-chaired by Kelly Barker and Helen Davey</p> <p>All provider members Counselling Collab, BAME Collab, OPMH and Perinatal MH group</p>	
Operational delivery	<ul style="list-style-type: none"> Operational delivery Task and finish 	Delivery and programme lead	<p>Provider led</p> <p>Admin (Providers)</p>	BDCFT and providers	



Covid19



Outbreak Control Board

Public Service Executive

Health & Care Silver

Bronze work streams

* Includes mental wellbeing partnership and community partnerships

Wellbeing Board

Executive Board

Health & Care Partnerships *

System Enabling Strategies

System Committees

ICP Development

System Programmes

- Ageing Well
- Heart Disease
- Respiratory
- Diabetes
- Access to Care
- CYP MH
- Better Births

- Workforce
- Digital
- Estates
- Population Health
- Communications
- Engaging People
- Living Well
- Prevention & Early Help

- Finance & Performance
- Quality
- Clinical Forum
- Strategy

- Leadership
- Governance & Decision making
- Resourcing and supporting our partnership

Wellbeing Board

Infrastructure Support

Public Service Executive Group

Strategic Partnerships

Childrens System Board

Cultural Place Partnership

Economic Partnership

Health & Care Executive Board

Safer Communities Partnership

Stronger Communities Partnership

Sustainable Development Partnership

Social, economic, and environmental wellbeing of the population

Scientific Advisory Group

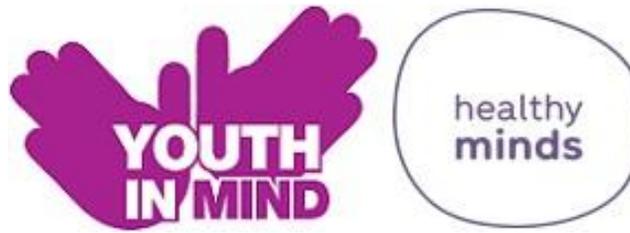
Shared Comms and Engagement

community voice and influence

Equalities

partnership secretariat/ support

- Themes across all partnerships**
- Reducing inequalities
 - Prevention & Early Help
 - Asset based community development approach



CAMHS Wait List Narrative Report: 2020-2021 Quarter 2

Aire, Wharfe & Craven Counselling | Bradford Youth Service | Relate Pennine, Keighley & Craven | Step2

1. Progress

Over 226 hours delivered to 34 unique young people.
Providers have completed 164 telephone sessions, 29 video call sessions & 18 face to face sessions. Total sessions = 211
29 initial RCAD/SDQs were completed (70% of new referrals)
12 follow up RCAD/SDQs were completed (86% of 14 cases that were moved on)
Average impact score for RCAD & SDQ demonstrates improvement

AWC		Relate PKC	
KPIs	Progress YTD	KPIs	Progress YTD
Deliver 150 hours of counselling sessions	54	Deliver 100 hours of counselling sessions	11
Complete six sessions per YP	5YP/38 session = 7.6 pp	Complete six sessions with each YP	3YPx10 sessions = 3.3
Complete initial RCADS with 90% of referrals	21 ref/8 RCADS = 38%	Complete initial RCADS with 90% of referrals	10 ref/3 RCADS = 30%
90% of closed cases have follow up RCADS	3 closed/1RCADS = 33%	90% of closed cases have follow up RCADS	1 closed/1 follow up = 100%
50% of YP to identify improvement	Did not report on this	50% of YP to identify improvement	Did not report on this
Step2		Bradford Youth Service	
KPIs	Progress YTD	KPIs	Progress YTD
Deliver 100 hours of counselling sessions	99	Support 24 YP in the 6-month pilot period	18/24
Complete six sessions with each YP	29YP/83 session = 2.9 pp	Provide 144 sessions to 24 YP	126/144
Complete initial RCADS with 90% of referrals	30 ref/21 RCADS = 70%	Complete SDQ with 90% of referrals	100%
90% of closed cases have follow up RCADS	3 closed/3RCADS = 100%	90% of closed cases have a follow up SDQ	100%
50% of YP to identify improvement	Did not report on this	50% of YP to identify improvement	87%

2. Significant achievements

Overall Offer

- The providers have delivered 226 hours this quarter, that's a 40% increase on Q1 and indicative that the work being done to address blockages to appropriate referrals and issues with referrals being made without client knowledge (leading to very high rate of YP declining referrals) has been effective. Additionally, they have supported 60% more unique clients (from 21 in Q1 to 34 in Q2).
- Telephone sessions have gone up by 73% from 95 in Q1 to 164 in Q2. The total number of contacts has gone up by 47% from 143 in Q1 to 211 in Q2.

Counselling Offer

- Having a lead provider whose role it is to liaise with CAMHS, take all referrals and pass them out to the other providers as and when appointments become available has been hugely successful and this is demonstrated in the figures for Q2. A lot of work is still to do around this, particularly around the appropriateness of referrals and the referring of YP who are already receiving other therapeutic support, but things have improved vastly this quarter compared to Q1.
- While AWC and Relate PKC did not complete any follow up RCADs this quarter, the 2 follow ups completed by Step2 demonstrated an average improvement of 22 points (from 86 ave initial score to 108 follow up).

Buddy Offer (Youth Work)

- The service is flexible and the Youth Worker is able to adapt to the needs of the young people referred – this is reflected in the low drop-out/high engagement rate and high follow up SDQ scores
- The Youth Worker has developed a range of tools and resources to work with specific young people with ASD and this is improving her practice month on month
- The “Buddy 6 Autism Peer Group” has been a huge success of the project; it was set up by the Youth Worker and provides a stepping stone into other provision and wider support structures as and when young people are ready. It acts as a really supportive progression step for young people to attend after their six 1-1 sessions are complete.
- 100% of clients had an initial SDQ and 90% had a follow up. 10% dropped out of the programme. 100% of young people who completed support did a follow up SDQ
- Overall improvement to both strengths and difficulties scores across clients; improvement of 4.3 for difficulties (from 17.3 to 13).
- Three individuals (1/3 of clients) demonstrated significant improvements in their difficulties scores; one reduced by 12 points, one by 11 points and one by 8 points. A further 3 clients improved their difficulties scores by 5 points.

3. Difficulties and challenges

Being unable to offer face to face has been problematic for some clients across all providers.

Counselling Offer

- Ongoing issues with inappropriate referrals/high levels of non-engagement or disengagement

- Of the referrals received, many are already working with other services, leading issues with cross referring.
- Some young people require face to face service due to not having anywhere private to speak on the phone; this had led to one referral being declined.
- Some YP not engaging because the referrals were for YP who had been waiting for such a long time to access a service that when they were contacted many were not in a state of readiness to engage; their initial presenting issues were from many months ago when they first joined CAMHS' wait list, many couldn't even remember or didn't know why they had been referred. Step2 have worked with CAMHS on this and they are now prioritising YP who have recently come into the service and who are ready to engage in therapeutic work in the moment.
- Some YP agree to the service and then stop after one or two sessions; Step2 have set up meeting with CAMHS to explore and try to make sense of why this might be happening
- There have been delays in YP being offered and appointment after Relate PKC and AWC have received referrals. Step2 working with Relate PKC and AWC to share good practice ideas around initial contact with YP and a smooth assessment process to try and make this more efficient

Buddy Offer (Youth Work)

- Not being able to work as freely as needed (face to face) has been a barrier to some young people engaging
- High anxiety levels from young people and families in regards to COVID and lockdown has proved difficult as compounds issues around ASD

4. Client feedback

One young boy stated "I feel more in control of my anger and sadness. I feel more in control of my emotions. It's made me feel more confident. I'm hanging around with my family more"

"Thank you for your support, we didn't know what was happening and you have helped get things clear for us."

'thanks to your team for seeing some of the mum's I work with, they have given you very positive feedback, so many of them had such difficult lives'

5. Changes

Please list any changes to staffing levels, spend on projects or services, partnerships or anything that impact on the delivery of service as per your agreement (this may include vacancies, underspend, partnership arrangements, premises etc.).

Moved to having Step2 as lead provider so all referrals and liaison with CAMHS is through one named contact.

6. Case Studies

1.

CONTEXT OF THE WORK for example, was it one to one or group work, what length of time, who referred the young person?
1:1 Counselling, 15yr old male Referred to Step 2 by CAMHS Offered up to 10 sessions. 6 session taken. Sessions delivered via video call
WHAT THE CHALLENGE/ISSUE WAS think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved
Anxiety, anger, sadness
HOW YOU APPROACHED/DEALT WITH THIS think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.
YP was offered 6 sessions of person centred therapy. He responded positively to the counsellor being within his frame of reference and was empowered by being encouraged and able to set his own pace and focus for the work.
WHAT WAS THE OUTCOME? Think about what has changed and how things have improved. What are the next steps for the YP?
Since his CAMHS referral he was feeling more settled and felt clear about the areas of his life that he wished to focus on and those he didn't. YP focused and reflected on how he manages his often-overwhelming emotions; namely anger and sadness. This reflective process helped YP to increase his self-awareness and build his confidence. He was able to identify other sources of support that he found valuable and reflect on his experience of these. At the end of the work Jordan reported feeling more in control of his emotions and that his family relationships felt less strained.
YP/PARENT FEEDBACK ON EXPERIENCE Please let us know about any feedback received by the YP/Parent about the support
'I feel more in control of my anger and sadness. I feel more in control of my emotions. It's made me feel more confident. I'm hanging around with my family more'

2.

CONTEXT OF THE WORK for example, was it one to one or group work, what length of time, who referred the young person?
One to one work 8 weeks.
WHAT THE CHALLENGE/ISSUE WAS think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved
I have been working with young person A since July 2020 and have seen them develop into a more confident, resilient young person. A was on the waiting list for a diagnosis for Autism, but during the first phone-call to arrange a home visit, I realised that A had never had any type of 1-1 support. Young person's mother had mentioned that it was very difficult to engage with A, as she usually doesn't like meeting new people. One of her mother's concerns were that A was not like her other children, and therefore had difficulty understanding her – this was followed by being worried about A's social life and how she would as she got older. On the first phone-call, I tried to get as much information about A's personal likes, dislikes and interests so that I could try and find something we could have in common as from the previous group of young people I have worked with – I have found that this works best. Quite quickly, I found that young person A enjoyed cartoons, fashion-designing games and playing on her own.
HOW YOU APPROACHED/DEALT WITH THIS think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.
At the first home-visit, I could see that A was incredibly nervous. She found it very difficult to engage with any type of eye contact and spoke quietly and often didn't respond while I was trying to make conversation. During the initial visit she did not know how to respond verbally, so just smiled a lot; I decided we would play a few games that would allow us to get to know each other. The game was a lot of fun as we had 2 cards each, and depending on which card you showed – you either had to tell the other person a fact about you, or ask the other person a question. Each time, A would pick asking me a question. This was reassuring for me as it showed she had interest in my support, and wanted to get to know her Youth worker. A also showed great interest in my phone and asked some questions about social media. This was a great ice-breaker, as then we discussed social media and how popular it is. I also asked A what she would prefer to do next week and she asked if we could take a walk down to the local park. The following home-visit was a huge success; we went to the local park and sat on the swings. This is where we saw other young girls in the park who I engaged in conversation about COVID PPE asking whether they had enough hand sanitizers etc. A took this opportunity to ask one of the girls if she wanted to play on the swings. Although A hesitated and looked at me the whole time for reassurance, she had challenged herself and got involved. A showed that she is often lonely, whether that is in School or in her Local area, but that she wanted to make friends so I tried to introduce her to a situation where she could try and socialise with other young people her age. We also discussed friendships and A mentioned she had one friend on her street who was a few years younger than her. I used this opportunity to inform A about a small Youth session that was starting the upcoming week, I asked A if she would like to attend. I told her she didn't have to make a decision straight away and that she could take a few days to decide. I informed her that the group was focused on building confidence, improving self-esteem, building resilience and making good, healthy friendships. A came to the session and it was a success; we had great, flowing conversation and A responded to everything really well.
WHAT WAS THE OUTCOME? Think about what has changed and how things have improved. What are the next steps for the YP?
After the home-visit, quite quickly A texted me off her mother's phone letting me know she would like to attend the session, but would want with her when meeting new staff and new young people. When meeting before the group, A mentioned she had butterflies and asked if that was normal. I reassured her that this was a massive step and of course butterflies came with new situations. A asked if I could stay for a little while and I told her I was happy to do so. Both new staff were so friendly with A that

she was constantly smiling. Both staff encouraged A to have conversations with other young people there. Gradually, A was so distracted by everything else that was going on, she no longer needed support from me. I took this time to do some other work but saw that A was having a great time. This was a really successful day.

Towards the end of the session, I came back to join the group and A asked if she could come again next week. Both staff members were happy with A and expressed that she was a good addition to the group. A then showed me all the things she had been doing during the session, e.g. decorating her own wellness box, her own mask, her own sand-bottle and all the new games she had learnt.

For the next 3 weeks, I supported A in attending the Hub group where she has improved her confidence massively. She has learnt new skills and made new friends. She is still looking forward to attending all future sessions and will be actively involved with the Youth Service.

A and I still have weekly calls just to check in and see how she has been doing and I have delivered a few activity packs off to her which she has been doing and sending me photos of. This support has been such a positive for A and has benefitted her massively. I hope to continue doing good work with A

3.

CONTEXT OF THE WORK for example, was it one to one or group work, what length of time, who referred the young person?
One to one work for 6 weeks.
WHAT THE CHALLENGE/ISSUE WAS think about the reason for referral, presenting issues, YP's goals/aims as well the goals/aims of others involved
Not attending school, High level of anxiety, Little routine in his life
HOW YOU APPROACHED/DEALT WITH THIS think about relationship-building, signposting, multi-agency work and work with family/friends and other agencies, use of MYMUP, evidence-based approaches such as solution-focussed, task-centred etc.
Weekly meetings: First meeting the young person would not come out of the house. Second visit he sat and spoke to me in the garden Third, forth and fifth visit we went for a walk around the local area. Sixth visit garden visit and ending.
WHAT WAS THE OUTCOME? Think about what has changed and how things have improved. What are the next steps for the YP?
Young person is now more connected to family. Young person is now getting support from specialist services. Young person is now back in school for an hour a day.
YP/PARENT FEEDBACK ON EXPERIENCE Please let us know about any feedback received by the YP/Parent about the support
Thank you for being patience and helping x understand the wider system and helping him to understand he has choices.



Report of the Director of Children's Services to the meeting of Children's Services Overview and Scrutiny to be held on Wednesday 4th November 2020

AL

Subject: Sickness Absence and Recruitment in Children's Social Care

Summary statement:

This report provides an overview of sickness absence and reasons for this in the period April 2019 to August 2020 with predominant focus on the social work employee group. The report also provides an overview of recruitment activity and plans.

Mark Douglas
Executive Director Childrens Service

Portfolio:
Children's Services

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E-mail: Richard.fawcett@bradford.gov.uk
[Tel – 01274 436041](tel:01274436041)

Overview & Scrutiny Area:
Children's Services

1. **SUMMARY**

- 1.1 This report provides members with an overview of sickness absence in Children’s Social Care, with a particular focus on social workers.
- 1.2 The purpose is to present data on the situation, discuss reasons for the sickness absence and actions that can be taken to help solve this ongoing problem.
- 1.3 The report also provides information on current and planned recruitment activity.

2. **BACKGROUND**

- 2.1 Members have expressed concern about the continued sickness absence in Children’s Services, in particular in Children’s Social Care and the social work employee base.
- 2.2 Data is provided on this in the monthly Vital Signs report, below Table A shows the information provided in that report for August 2020:

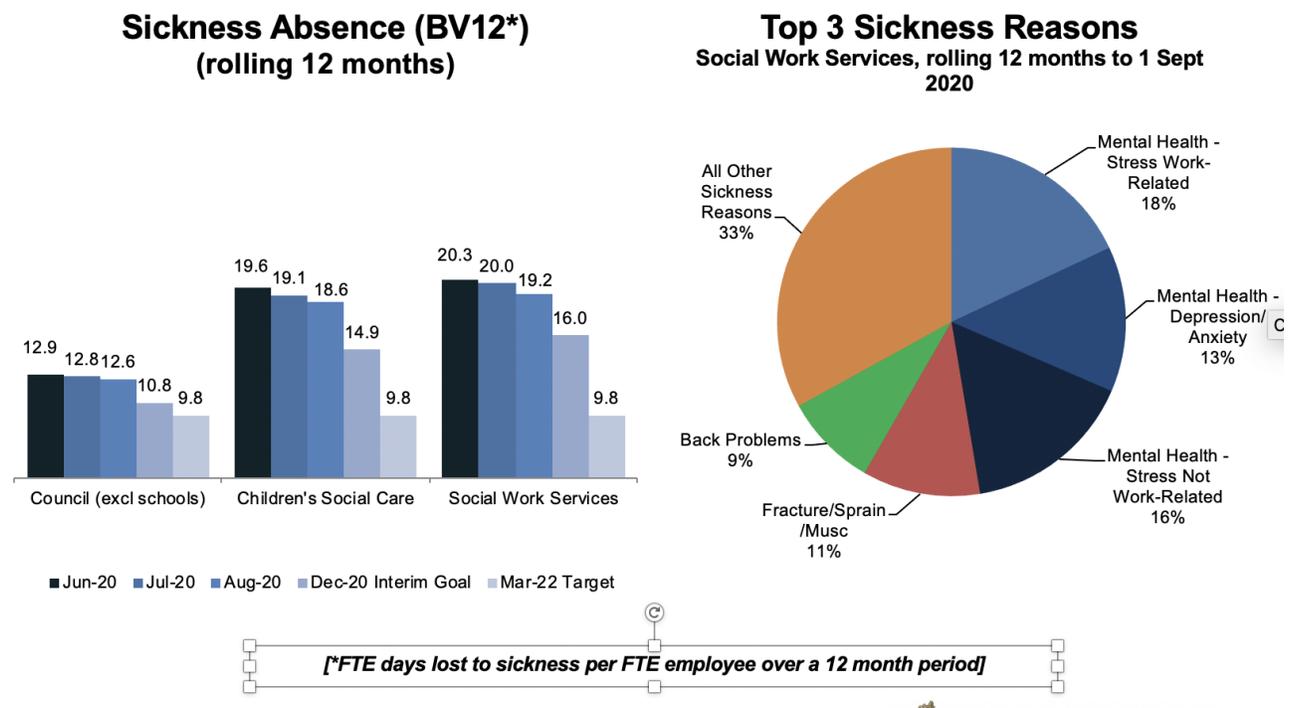


TABLE A

- 2.3 For this report, further detailed analysis has been conducted on the available data from both HR and the Performance Team to present Members with a more detailed view of this situation.
- 2.4 The timeframe for data to be considered was set at April 2019 given the current locality model came into existence then and runs to the end September 2020. (There are some variances to this due to structural changes or reporting issues, these will be highlighted where necessary).

2.5 Table B below shows the main absence trends in this time period across all social work teams:

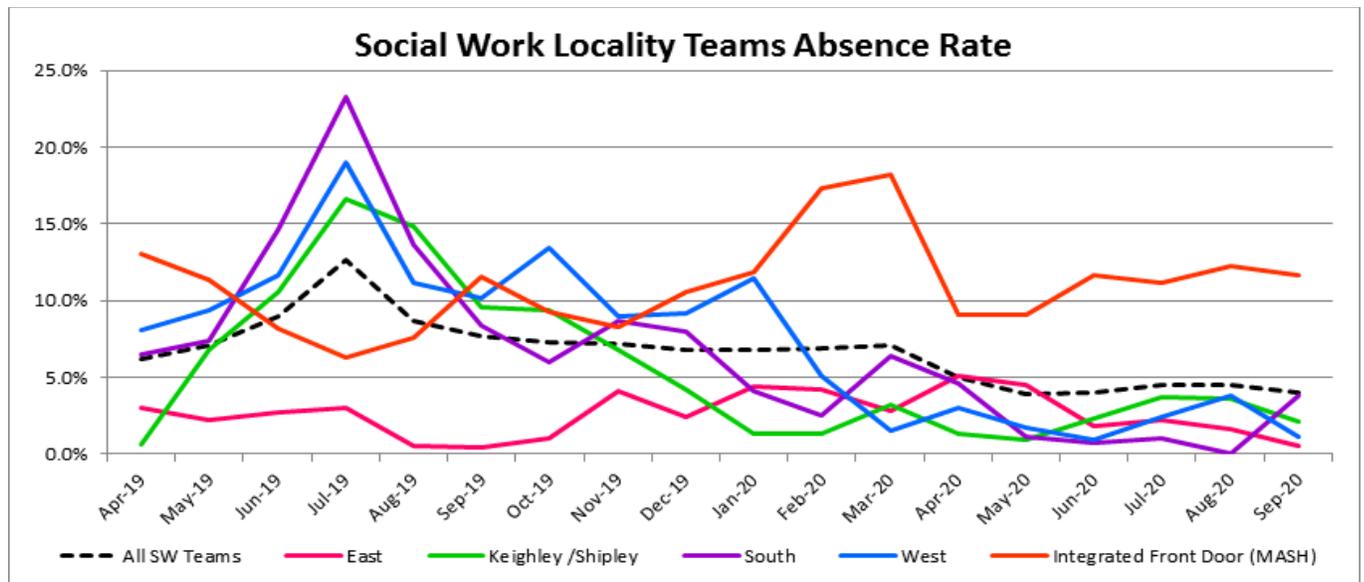


TABLE B

2.6 To clarify, Table B shows days in the month that were recorded as sickness expressed as a percentage of the total days in that month.

2.7 There were clearly spikes in May/June/July 2019 in three locality teams at the same time. This was the first three months of the new locality model coming into place and as with any restructure, there is usually a settling in period. The East team was the exception to this and has never gone above 5% absence for this whole period being reviewed. Evidence shows that this team had a more consistent headcount and the same Service Manager employed throughout this period. Continuity of workforce and management is an essential element to good performance and stability. Also training has been delivered by HR to ensure all managers are clear on how to record sickness in the MSS system.

2.8 Noticeably, the locality team sickness spikes have *significantly* dropped and especially since the start of lockdown. A key factor here is the recruitment of permanent Heads of Service and other management roles which has provided stability and consistency.

2.9 The exception to this pattern is the Integrated Front Door (IFD) which has been running at over 10% nearly every month since December 2019. Review of workload in the IFD shows the following:

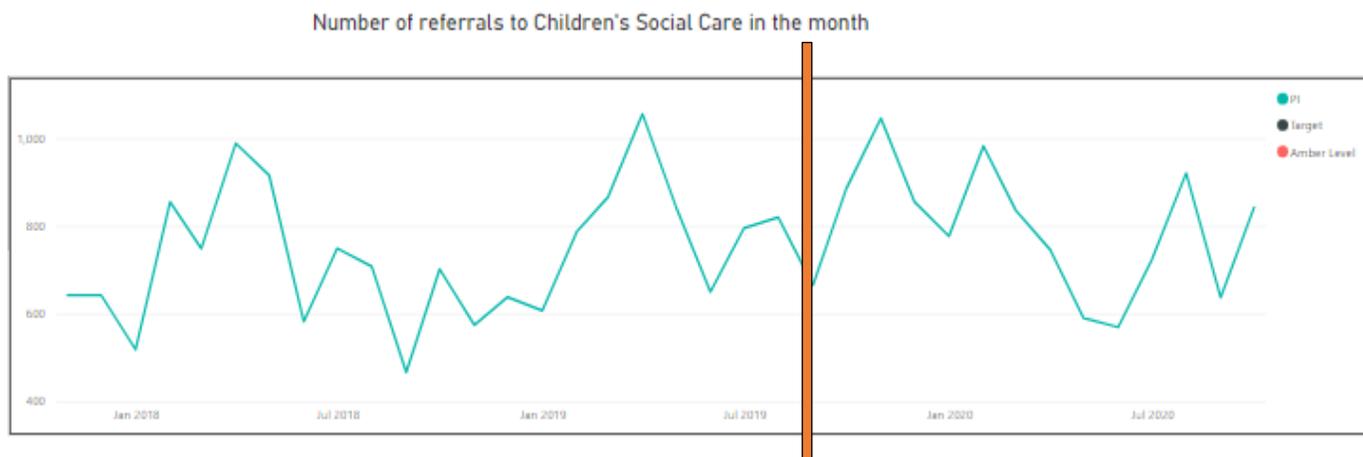


TABLE C

- 2.10 Reviewing the data from January 2020 (orange line denotes in Table C above) when there is a spike in referrals to the service, this also broadly correlates with the increase in sickness and trends seen in Table B above.
- 2.11 Factors that drive sickness in the workforce are numerous and varied. The Council captures this in the SAP HR system. Of the 5938 days lost to sickness in this period of review, the top 5 sickness reasons were:

<i>Sickness Reason</i>	<i>Days lost April 2019-Aug 2020</i>
Stress – work related	1449
Stress – non work related	906
Cold, flu, viral	606
Anxiety/Depression	567
Pregnancy related	496

TABLE D

- 2.12 The five factors listed in Table D account for 68% of all sickness recorded, with 'work related stress' accounting for 24% of absence rising to 34% if 'Anxiety/Depression' is also considered. Caution should be exercised when considering 'anxiety/depression' as this could be caused by a number of factors, not purely work.
- 2.13 Social workers tend to report higher levels of work-related stress than any other profession (Collins, 2009; Johnson et al 2005). There are many research studies and articles on 'burnout' in the profession. There is a growing body of literature that explores how stress impacts on judgement and performance in general. Sound judgement and utilising best evidence and data is a fundamental part of the role of a social worker.
- 2.14 Organisational factors contribute significantly to stress and/or burnout. According to the Health and Safety Executive (HSE), the causes of 'work-related stress' are broken into six main areas:

- Demand: Feeling able to cope with your workload
- Control: Having a say about the way in which you carry out your work
- Support: Feeling supported by managers and colleagues
- Relationships: Working in an environment free from bullying or intimidation
- Role: Having clarity over your role
- Change: Receiving sufficient information to manage necessary organisational change

2.15 Considering the impact of caseloads on individuals is also key and is the ‘demand’ factor mentioned above. How individuals handle the volume of work is hugely varied and closely related to personal levels of resilience. There are examples of individuals who have persistently high case allocation and have then had long periods of ‘stress- related’ sickness and/or resigned from the Council. Yet, similarly there are examples of individuals who continually work with high workloads but do not feel stress in the same way. Understanding individuals and their drivers, stressors and motivators is essential in a social care context. This can be built into the recruitment process.

2.16 Given team stability and the chance to distribute work across team members is a key component to managing stress and burnout, it is important to highlight the following ongoing work with regards to recruitment:

- Following appointment of the permanent Deputy Director a number of permanent Heads of Service have been appointed this year.
- Therefore, all established senior leadership posts are now filled by a permanent post-holder which provides much-needed stability of leadership. This was reflected in a positive way by staff in a recent focus group.
- Subsequently, permanent appointments have been made to vacant Service Manager posts and thus all posts are now filled on a permanent basis again providing stability and consistency for teams and services which is, in part, borne out in the changes shown in table B.
- We have continued a programme of rolling recruitment for Team Manager and Social Worker posts.
- In addition, we have increased the number of Practice Supervisor and Children’s Resource Worker posts and have filled a number of these with further recruitment planned. Both of these posts are critical to staff retention because both can make a strong contribution to the “quality of life” of our social work staff in terms of the support they can offer in different ways.
- Similarly, we have now agreed to the expansion of our business support resource which our social workers tell us is an important part of their wellbeing and workload management.

2.17 We are currently developing a new Workforce Strategy that is underpinned by a planned expansion of our Workforce Development Team and clear statements around our Practice Frameworks and Ethos.

2.18 Recruitment of new staff is key to our strategy. The very latest research tells us that the vast majority of social workers would not consider moving to an inadequate local authority. See Table E below:

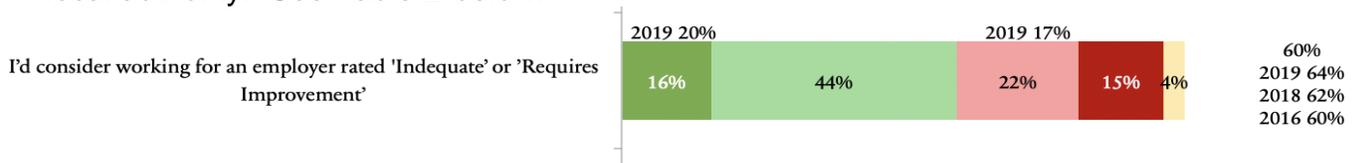


TABLE E (source: Community Care - Job Seeker Survey 2020. N = 2420)

2.19 Table E demonstrates that there are potentially significant challenges for Bradford in recruiting permanent staff and our offer must be highly competitive and compelling if we want to attract people to us from other local authorities. Although financial rewards are important, what social workers and other staff tell us is that “quality of life” issues such as feeling safe, supported and valued is equal value to them and the creation of a stable, supportive environment with manageable workloads, coupled with a competitive financial package is the key to future recruitment and retention. The factors identified in relation to sickness in paragraph 2.14 are equally applicable to retention and recruitment. What tempts social workers to move job is outlined in Table F below, meaningful insight and issues that we must address and factor into our future plans:

What tempts social workers to move jobs?

Top 5 temptations to move jobs	Top 5 most important benefits	Top 5 details in job advertisements
<ul style="list-style-type: none"> Better work/life balance Better salary Better career development opportunities New challenges and experiences Flexible working 	<ul style="list-style-type: none"> Flexible working (i.e. job sharing or compressed hours) Being able to work from home/remotely occasionally Free parking Generous pension scheme Holiday entitlement 	<ul style="list-style-type: none"> Salary Job description Management approach (culture, supervision frequency) Information on team working with Caseloads

TABLE F (source: Community Care - Job Seeker Survey 2020. N = 2420)

2.19 Recruitment remains a challenge and we continue to have too many vacant social worker posts that are filled by agency workers, particularly at Level 3. This is particularly the case within our Assessment and Intervention Teams where the bulk of our child in need and child protection work is held - arguably one of the most difficult areas of work. This presents challenges in relation to the additional costs associated with this and also with the potential inconsistency and instability caused by temporary staff. The presence of a high number of agency staff can also cause tensions with the permanent workforce due to the disparity in pay and some staff have left us in order to seek employment via agency due to the significantly higher salaries on offer.

2.20 Nonetheless we do continue to appoint permanent people and in the past five months have appointed the following permanent roles:

Newly-qualified social workers	34
Experienced social workers	10
Practice Supervisors	34
Team Managers	15
Service Managers	3
Children's Resource Workers	62
Supervising Social Workers (Fostering)	4
Advanced Practitioners	5

2.21 In addition we have also appointed permanently to a number of other vacancies, for example, Family Finding Social Workers and Social Workers in the Problem Solving Court Team. We have also created and recruited to four Court Consultant roles to support staff in the localities who are undertaking court work, which many find difficult at the start of their careers.

2.22 The number of vacant posts is reducing. At management and senior level we are now more stable than we have been for some time. We now only have three permanent vacant Team Manager posts across our 25 Assessment and Intervention Teams.

2.23 However in respect of child protection social workers we continue to have a high number of vacancies and this is the biggest area of challenge. To put this into context, this is not just a Bradford issue, this is a national issue.

2.22 The new Workforce Strategy will clearly set out our vision for the services we deliver to children and states clearly that we can only achieve this by:

- Nurturing social work practice which is steeped in building effective relationships with children their families
- Creating safety where this is needed and supporting families to be ambitious for their children
- Creating a culture of high support and high challenge for our workforce whilst respectful and restorative in our approach
- Creating safe and reflective spaces for our practitioners to receive the highest standards of support
- Providing coaching and mentoring to all our staff
- Supporting career development and CPD opportunities

2.23 Therefore, recent developments to our staff supervision and appraisal policy, the development of staff forums, the employment of an increased number of senior staff in supporting/coaching roles and the ability of staff to begin to shape policy are all key elements of the strategy. We have recently determined our future model for social work practice and will continue to use the Signs of Safety approach which the majority of social workers are now familiar with and feel comfortable with.

2.24 Similarly the expansion of our Workforce Development Unit will enable us to nurture and develop our staff whether they are newly qualified or experienced.

3. OTHER CONSIDERATIONS

3.1 Recruitment, retention, sickness management are key areas of our Improvement Plan. Our improvement in practice is reliant on a skilled, stable and resilient workforce.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The impact of an 'Inadequate' Ofsted judgement has impacted the workforce and driven agency usage which has had a financial impact on the Council. Work is currently underway to correct this position and stabilise the workforce.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

6. LEGAL APPRAISAL

N/A

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Ethnicity %						
Region/Local Authority - BRADFORD	White (%)	Mixed Race (%)	Asian or Asian British (%)	Black or Black British (%)	Any Other Ethnicity (%)	Refused or Information Not Available (%)
Sep-16						
Sep-17	57.4	x	24.9	4.1	x	9.0
Sep-18	55.7	3.4	27.9	4.2	1.0	7.8
Sep-19	56.7	5.1	33.1	4.2	0.9	

Previous Department of Education Annual Returns provide a useful snapshot of the good mix of ethnicity in our social work workforce. Gender data also shows that we consistently employ a split of 85% female to 15% male social workers. This gender mix is consistent with the UK demographics for the social work workforce.

7.2 SUSTAINABILITY IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

Contact the Safer Communities Delivery Co-ordinator on (01274) 431364 for further guidance.

7.5 HUMAN RIGHTS ACT

Refer to the guidance contained in: 'Deciding Rights - Applying the Human Rights Act to Good Practice in Local Authority Decision-Making' published by the Local Government Association (<https://www.local.gov.uk>).

Consult the lawyer who normally offers advice in relation to the matters covered in the report.

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

N/A

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Refer to the guidance contained in the Report Guide.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Undertake a Privacy Impact Assessment to determine whether you need to deal with data protection and information security matters arising from the proposal/decision.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. **OPTIONS**

Close monitoring of sickness to continue and future update to be scheduled for this Committee at a timeframe to be confirmed by Members.

10. **RECOMMENDATIONS**

The views of the Committee are invited around the content of this report and a timeframe around frequency of updates on this matter to be determined.

11. **APPENDICES**

N/A

12. **BACKGROUND DOCUMENTS**

N/A



Report of the Chair of the Children's Services Overview and Scrutiny Committee to be held on Wednesday 4 November 2020

AM

Subject:

Children's Services Overview and Scrutiny Committee – Work Programme 2020/21

Summary statement:

This report includes the Children's Services Overview and Scrutiny Committee work programme for 2020/21.

Cllr Mike Gibbons
Chair – Children's Services Overview and
Scrutiny Committee

Report Contact: Mustansir Butt
Overview and Scrutiny Lead
Phone: (01274) 432574
E-mail: mustansir.butt@bradford.gov.uk

Portfolio:

**Children and Families
Healthy People and Places**

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 This report includes the Children's Services Overview and Scrutiny Committee work programme for 2020/21, which is attached as appendix 1 to this report.
- 1.2 Also attached as appendix to this report is a list of unscheduled topics for 2020/21.

2. BACKGROUND

- 2.1 The Council constitution requires all Overview and Scrutiny Committees to produce a work programme.

3. OTHER CONSIDERATIONS

- 3.1 The Children's Services Overview and Scrutiny Committee has the responsibility for "the strategies, plans, policies, functions and services directly relevant to the corporate priority about services to children and young people." (Council Constitution, Part 2, 6.3.1).
- 3.2 Best practice published by the Centre for Public Scrutiny suggests that "work programming should be a continuous process". It is important to review work programmes, so that important or urgent issues that arise during the year are able to be scrutinised. Furthermore, at a time of limited resources, it should also be possible to remove areas of work which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by members of the committee throughout the municipal year.
- 3.3 The work programme as agreed by the Committee will form the basis for the Committee's work during the year, but will be amended as issues arise during the year.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 None.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 None.

6. LEGAL APPRAISAL

- 6.2 None.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Community Cohesion and Equalities related issues are part of the work remit for this Committee.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

None.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

Work of this Overview and Scrutiny Committee has ward implications, but this depends on that nature of the topic.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

This will be a key area of work for the Committee.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 The Committee may choose to add to or amend the topics included in the 2020-21 work programme for the committee.

- 9.2 Members may wish to consider any detailed scrutiny reviews that it may wish to conduct.

10. RECOMMENDATIONS

- 10.1 That members consider and comment on the areas of work included in the work programme.
- 10.2 That members consider any detailed scrutiny reviews that they may wish to conduct.

11. APPENDICES

Appendix One – 2020-21 Work Programme for the Children’s Services Overview and Scrutiny Committee.

Appendix Two – Unscheduled Topics.

12. BACKGROUND DOCUMENTS

Council Constitution.
2019-20 Children’s Services Overview and Scrutiny Committee Work Programme.

Democratic Services - Overview and Scrutiny

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 1st July 2020 at Remote Virtual Meeting.			
Report deadline 18/06/2020.			
1) COVID19 and how the pandemic has affected Children's Services across the	Verbal disucssion	Mark Douglas/Marium Haque/Irfan Alam/Jenny Cryer.	Discussions with the Children's Services Overview and Scrutiny Chair and Deputy Chair.
2) Resolution Tracking.	Monitoring the progress made against the recommendations of Children's Services Overview and Scrutiny Committee.	Mustansir Butt	Re-scheduled from cancelled meeting on Wednesday 15 April 2020.
3) Draft 2020-21 Children's Services Overview and Scrutiny Work Programme.	Discussing and agreeing the 2020-21 Children's Services Overview & Scrutiny Work Programme.	Mustansir Butt.	
Wednesday, 5th August 2020 at Remote Virtual Meeting.			
Chair's briefing 16/07/2020. Report deadline 23/07/2020.			
1) Ofsted inspection of LACS - Improvement Plan	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
2) Care Quality Commission review in relation to CAMHS.	The Committee will receive a report detailing the outcome of the Care Quality Commission review in relation children who are looked after and safeguarding.	Mark Douglas/Irfan Alam.	Recommendationl from Corporate parenting on 15 April 2019.
3) Pupil Place Planning.		Emma Hamer/Phil Hayden.	Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 2nd September 2020 at Remote Virtual Meeting.			
Chair's briefing 13/08/2020. Report deadline 20/08/2020.			
1) Ofsted inspection of LACS - Improvement Plan	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	To also include Ofsted visit letters from October 2019 and February 2020.
2) Young Carers.	Report to focus specifically on the progress being made against key performance indicators and the new model for providing support to young people.	Cath Dew.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019. Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
3) SEND.	Progress against the SEND Action Plan be presented in six months, which also specifically focuses on areas of risk and the approaches being used to address them.	Jane Hall.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 29 January 2020.
4) Schools opening in September 2020.	Detailed information about how and the contingency plans in place that will allow education to take place/continue whether there is/is not a further/extended local lockdown	Mariam Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 5 August 2020.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 7th October 2020 at Remote Virtual Meeting.			
Chair's briefing 17/09/2020. Report deadline 24/09/2020.			
1) Ofsted Inpsection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	detailed information on domestic abuse services in relation to Children's Services and the reasons for and actions being taken to reduce sickness absence in Children's Social Care - Children's Services Overview & Scrutiny recommendation from Wednesday 2 September 2020.
2) Re-opening of Schools following COVID19.	That a detailed report be presented to the Committee at its meeting in October 2020, which sets out the use of £1.2m additional funding allocated to support the post COVID19 recovery in schools.	Marium Haque.	Children's Servces Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 4th November 2020 at Remote Virtual Meeting.			
Chair's briefing 15/10/2020. Report deadline 22/10/2020.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 4th November 2020 at Remote Virtual Meeting.			
Chair's briefing 15/10/2020. Report deadline 22/10/2020.			
3) Bradford Safeguarding Children Board - Annual report	The Committee will receive a report monitoring progress of the new contract, including details of action taken to address any issues of	Lawrence Bone/Jane Booth.	Children's Service's Overview & Scrutiny recommendation on 13 December 2019 - to schedule for February 2020. Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
4) Children's and Young Peoples Mental Health.	That a progress report be presented to the Committee at the earliest opportunity that includes the Action Plan developed by the Children and Young People's Mental Health Sub-group and issues of concern raised regarding System One.	Irfan Alam/Sasha Bhatt.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 5 August 2020.
5) Sickness absence in Children's Services.		Claire Thrapleton.	Children's Services Overview & Scrutiny Committee recommendation.
6) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 2nd December 2020 at Remote Virtual Meeting.			
Chair's briefing 12/11/2020. Report deadline 19/11/2020.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Family Hubs, Prevention and Early Help Intervention.	That the Committee receives a report in December 2019 and requests the attendance of officers from the Hubs to explain how the Hub Model was working and operating.	Mark Douglas.	Children's Services Overview and Scrutiny recommendation from Wednesday 4 September 2019.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 2nd December 2020 at Remote Virtual Meeting.			
Chair's briefing 12/11/2020. Report deadline 19/11/2020.			
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 6th January 2021 at Remote Virtual Meeting.			
Chair's briefing 10/12/2020. Report deadline 17/12/2020.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Educational Standards - Early Years to Key Stage 4.	Future reports to contain details of key areas of improvement and actions being taken to continue to address them, focusing on the approaches being taken to improve Bradford Council's ranking in this area.	Marium Haque.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 15 January 2020.
4) Opportunity Area.	For the more up-to-date information relating to the Bradford Opportunity Area to be circulated to members within three months. Also for a progress against the programme to be presented to the Committee specifically focusing on outcomes for children, in	Kathryn Loftus/Lee Turner.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 15 January 2020.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 6th January 2021 at Remote Virtual Meeting.			
Chair's briefing 10/12/2020. Report deadline 17/12/2020.			
5) Young Carers - Interim Report. Overview &	To include: success rate in getting Young Carers back to school following the Covid restrictions; (b) The success of the re-launch of the E-learning system; (c) The numbers of children who have become Young Carers as a result of COVID19 and how they are being supported.	(a) The	Cath Dew. Children's Services Scrutiny Committee recommendation from Wednesday 2 September 2020.
6) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 3rd February 2021 at Remote Virtual Meeting.			
Chair's briefing 06/01/2021. Report deadline 14/01/2021.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Post 16 Education.	Report to focus on: the effectiveness of the approaches being used to encourage Young People to take up apprenticeships, on a ward-by-ward basis: a breakdown of employment figures across the District: The plan to improve level 2 and level 3 attainment:	Jenny Cryer.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 29 January 2020.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 3rd February 2021 at Remote Virtual Meeting.			
Chair's briefing 06/01/2021. Report deadline 14/01/2021.			
4) Child Exploitation.	Further progress to be presented in 12 months, with a focus on the outcomes from the Pilot Projects. For officers to further explore opportunities from Government funding streams to enable service provision in this area and to report	Mark Douglas/Irfan Alam/Mark Griffen.	
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 3rd March 2021 at Remote Virtual Meeting.			
Chair's briefing 11/02/2021. Report deadline 18/02/2021.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 7th April 2021 at Remote Virtual Meeting.			
Chair's briefing 18/03/2021. Report deadline 25/03/2021.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda	Description	Report	Comments
Wednesday, 7th April 2021 at Remote Virtual Meeting.			
Chair's briefing 18/03/2021. Report deadline 25/03/2021.			
3) Resolution Tracking.	Monitoring the progress made against the recommendations of Children's Services Overview and Scrutiny Committee.	Mustansir Butt.	
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Democratic Services - Overview and Scrutiny

Scrutiny Committees Forward Plan

Unscheduled Items

Childrens Services O&S Committee

Agenda item	Item description	Author	Comments
1	Performance Outturn report	Phil Witcherley.	
2	Schools Forum.	Andrew Redding.	Monthly Electronic briefing to members.
3	Child Adult Mental Health Services, (CAMHS).	Mark Douglas/Irfan Alam/Ali Jan Haider.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019.
4	Children's Services Overview and Scrutiny - Programme of Scrutiny Reviews.	Mustansir Butt.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019.
	<p>That a programme of Scrutiny Reviews be undertaken across key areas within Children's Services which include:</p> <p>(a) Alternative School Provision, (including Home Schooled Children).</p> <p>(b) Looked after Children.</p> <p>©Children's Homes.</p> <p>(d)Fostering.</p> <p>€Children's Mental Health.</p> <p>(f)Recruitment and retention of Social Workers.</p> <p>(g)SEND, (Special Educational Needs and Disabilities).</p> <p>(h)YOT, (Youth Offending Team).</p>		
5	Child Friendly City.	Sue Woolmore.	Stuart Smith suggested the report be presented to Children's Services Overview and Scrutiny, rather than the Improvement Board.Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
6	Informal information gathering sessions relating to the Alternative School Provision Scrutiny Review.	Mustansir Butt.	
7	School Organisation including school expansion programme, educational capital funding and academy converstaions.	Marium Haque.	Children's Services Overview and Scrutiny recommendation from Wednesday 5 August 2020.

Childrens Services O&S Committee

Agenda item	Item description	Author	Comments	
8	This Committee requests that the Children's Services Overview &Scrutiny Committee considers aspects of the Impower Contract that relate specifically to Children's Services.	Mark Douglas/Chris Chapman/Parveen Akhtar.	Recommendation from Corporate Overview & Scrutiny Committee on Thursday 23 July 2020.	
9	Young Carers.	That an Annual Report on Young Carers be presented to the Committee in June 2021, which would include the full year activity.	Cath Dew.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
10	Sepecial Educational Needs and Disability Reforms, (SEND).	Jane Hall.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.	
11	Commissioned Servcies for Chidlren's.	Richard ForsythJenny Cryer.		