

Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held on Wednesday, 15 December 2021 at 4.30 pm in Council Chamber, City Hall - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Alipoor Choudhry Humphreys Jamil Mohammed	Winnard Pollard	Stubbs	Sajawal

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Firth H Khan Mir Wood	K Green Felstead	Knox	

VOTING CO-OPTED MEMBERS:

Joyce Simpson
Fauzia Raza

Church Representative (CE)
Parent Governor Representative

NON VOTING CO-OPTED MEMBERS

Tom Bright
Dr Samina Karim

Teachers Secondary School Representative
Children's Social Care Representative

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.
- Anyone wishing to speak to any of the business items on the agenda must register to speak by emailing Mustansir Butt (mustansir.butt@bradford.gov.uk) by midday on Monday 13 December 2021.

On the day of the meeting you are expected to wear a suitable face covering (unless you are medically exempt) and adhere to social distancing. Staff will be at hand to advise accordingly.

From:

Parveen Akhtar
City Solicitor

To:

Agenda Contact: Fatima Butt / Jill Bell

Phone: 01274 432227/434580

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

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

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 6 October and 22 September 2021 be signed as a correct record (previously circulated).

(Jill Bell – 01274 434580)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Jill Bell - 01274 434580)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

To consider referrals have been made to this Committee up to and including the date of publication of this agenda.

The Committee is asked to note the 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.

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. ANNUAL REPORT FOR CHILDREN LOOKED AFTER AND CARE LEAVERS APRIL 2020 - MARCH 2021

1 - 34

The report of the Designated Team for Looked After Children - Bradford District and Craven Clinical Commissioning Group (CCG) (**Document “M”**) provides a summary statement on the first annual report for Children Looked After and Care Leavers to include background, content – successes and challenges - and future focus.

Recommended -

(1) Members are asked to consider the information provided within the report.

(2) Members are welcome to ask a question or raise a comment at the meeting to gain clarity or for assurance.

(Dr Kate Ward - 07985378532)

7. PROTECTING VULNERABLE CHILDREN & ADULTS AT RISK OF EXPLOITATION 35 - 122

The report of the Chief Executive (**Document “N”**) provides an update on the contemporary strategic response to all forms of exploitation of children and adults at risk of exploitation and how partners from The Bradford Partnership – Working together to safeguard children and the Bradford Safeguarding Adults Board work to drive continuous improvement and to hold agencies to account for their work on this subject. This report also outlines the challenges presented to the partnership following the global pandemic – Covid 19 and the current update on progress made to the Child Sexual Exploitation (CSE) Thematic Review recommendations published on July 27, 2021.

Appendix D – Is exempt under paragraph 7 (Crime Prevention) Schedule 12 of the Local Government Act 1972

Recommended -

- (1) The Children`s Services Overview and Scrutiny Committee is invited to note the report**
- (2) The Children`s Services Overview and Scrutiny Committee commit to working closely with partners to Continue to raise awareness of exploitation of both adult and children**
- (3) The Children`s Services Overview and Scrutiny Committee commit to working closely with partners to deliver on the actions within the developmental action plan and progressing the extensive wider work presently on going in Bradford.**
- (4) A further report to be presented in 12 months**

(Darren Minton/Jane Booth – 01274 434361)

8. OFSTED MONITORING VISIT CHILDREN'S SERVICES IMPROVEMENT PLAN 123 - 140

The Strategic Director of Children's Services will present a report (**Document “O”**) following Ofsted's Inspection of Children's Social Care Services from the 17 to 28 September 2018, the sixth of a series of Monitoring Visits took place on the 7 to 8 September 2021.

The focus of the Monitoring Visit was around Children in Care and Residential Services.

The findings were published by Ofsted on 22 October 2021.

The report includes as an appendix the Children's Services Improvement Plan.

Recommended

The Committee is asked to note the contents of the letter from Ofsted.

(Mariam Haque - 01274 431266)

9. YOUTH JUSTICE SERVICE

141 -
150

This report of the Strategic Director of Children's Services (**Document "P"**) provides an update on highlights from the Youth Justice Service since the HMIP Inspection during September & October 2019. Including focus on areas of progress, action in the next period and areas of concern and potential concern.

Recommended -

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

(Sarah Griffin – 01274 43436098 / Mob 07973814052)

10. CHILDREN'S SERVICES OVERVIEW & SCRUTINY COMMITTEE-WORK PROGRAMME 2021-22

151 -
168

The of the Chair of the Children's Services Overview & Scrutiny Committee (**Document "Q"**) includes the Children's Services Overview and Scrutiny Committee work programme for 2021/22.

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.**
- (3) That members comment and approve the amended Terms of Reference for the Elective Home Education Scrutiny Review.**

(Mustansir Butt – 01274 432574)

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Report on the Designated Team for Looked After Children - Bradford District and Craven Clinical Commissioning Group (CCG) – First Annual Report for Children Looked After and Care Leavers April 2020 – March 2021. To present at Bradford Metropolitan District Council Children's Services Overview & Scrutiny - Wednesday 15 December 2021.

M

Subject: Annual Report for Children Looked After and Care Leavers April 2020 – March 2021.

Summary statement: This paper provides a summary statement on the first annual report for Children Looked After and Care Leavers to include background, content – successes and challenges - and future focus.

Michelle Turner
Strategic Director of Quality and Nursing.
Report Contact: Dr Kate Ward – Interim Designated Doctor for Children Looked After and Care Leavers.

Portfolio: Children and Families

Phone: 07985378532
E-mail: Kate.Ward@bradford.nhs.uk

1. SUMMARY

This report is the first of its kind to be written by the Designated Team for Children Looked After (CLA) and outlines activity during the period March 2020- March 2021; the report evidences the successes in delivery of a high-quality service to Children Looked After and the challenges of provision of care, in meeting statutory timescales and of capacity limitations within the context of the year-on-year growth of children becoming looked after across the Bradford District.

This report provides a baseline overview of the progress made via the provision of a new clinical model and is the foundation to produce an annual yearly report.

The role of the Designated Team within the CCG is a strategic one, separate from any responsibilities for individual children and young people who are Looked After or Care leavers. The explicit independent nature of the Designated team allows for the freedom of advice, influence, and provision of guidance to be shared with service planners and commissioners.

2. BACKGROUND

Providing support for children in care is a statutory requirement with responsibilities for organisations outlined in 'Promoting the health and well-being of looked-after children' (2015).

Local challenges have included:

- The increasing number and complexities of children coming into care and the demand this brings to the resources across the system.
- Health service delivery is fragmented across a range of health providers e.g., Bradford District Care NHS Foundation Trust, Bradford Teaching Hospital Foundation Trust, Airedale NHS Foundation Trust, General Practitioners.
- The impact of the reduction in face-to-face working during the COVID-19 pandemic restrictions

This Annual Report covers the time of April 2020 – March 2021. This period has seen high levels of activity following the review of Children Looked After which led to a systems approach to develop new, innovative, and cost-effective methods to maximise capacity, reduce backlog of waiting times, meet statutory timescales and ensure provision of high-quality care for this group of vulnerable and complex children and young people.

Local Solutions

A clear need for the 'Health' system to refocus was evident requiring a new clinical approach given the **rising numbers** and **complexities** of Children Looked After across Bradford district. A new clinical model was developed collectively and implemented in April 2021 through provision of specialist GPs undertaking initial health assessments within Bradford

District Care NHS Foundation Trust (BDCFT), rapid development of enhanced data collection systems against which progress can be tracked.

The model has also supported improvements to the statutory timescales for the completion of Initial Health Assessments, Improvement in the coordination of health services for Children Looked After across the system, and the growing ability to ensure children, young people, parents, and carers across “place” were able to navigate an improved service.

A systems delivery group is in operation to ensure robust implementation and identify and review any challenges which may arise which will be reported through the system governance processes.

A collaborative approach has allowed flexibility in designing the new model, greater system understanding and more targeted system responses to challenges that are identified.

3. OTHER CONSIDERATIONS

Brief Examples of Achievements:

- Commencement of weekly triage meeting attended by system partners (Designated Doctor Children Looked After, Named Nurse Children Looked After, and administration support from Children looked after health team and managers from Children’s Social Care). The purpose is to allow for timely discussion between health and social care on operational issues such as provision of health assessment for children, young people placed out of area and consent issues.
- The issue of receiving timely consent for a child to be seen for their initial health assessment has been an ongoing issue. However, there is a continual willingness in the system to continue to make strides to resolve this. For example, consent is now an agenda item on the weekly triage meeting held between health and Children’s Social Care. The triage meeting has elevated the development of trusting relationships with increased positive outcomes for system/ process improvement.
- Capacity is continuously monitored in line with ‘The Intercollegiate Document’ for Children Looked After (2020). From this it was recognised that the Designated Doctor hours for Children Looked After was not in line with the recommendations. Therefore, as a CCG commissioned role, funding and recruitment were prioritised, and the post has been successfully filled with a starting date of January 2022.
- The new model and development of Bradford District Care NHS Foundation Trust (BDCFT) data collection processes have evidenced that the focus on reducing the backlog of Initial health Assessments is steadily continuing with an increase in the numbers of children receiving their review in a timelier way.
- The monthly data set developed by colleagues within BDCFT Bradford is scrutinised to avoid drift and actions developed via operational group and highlights reported to System Quality Committee.

The Annual Report was written in the context of the commitment of the CCG and system partners to improving health outcomes for Children Looked After and Care Leavers. It was recognised that no single agency could solve the issues within the system and across the partnership there has been a willingness to sustain a consistency in the quality of the service delivered and to ensure that children within the Bradford area receive what they need at the time they need it.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report has been written by the Designated Team for Children Looked After within the CCG. The main theme and trend for the successful and continuous sustainability of the new clinical model and the progress made to reduce statutory waiting times is the ability within the entire system to respond in a timely way to the year-on-year growth of children who are becoming looked after. This is including the evidenced increase in the number of children with severe and enduring complexity requiring crisis and/or longer-term specialist support. This has led to a system wide focus and discussion about the adequacy of placement provision within the Bradford area.

The complexity of Children looked After has increased nationally; this is a significant problem in Bradford and includes:

- Lack or delay in immunisations, severely limited dental care capacity, higher incidence of learning, emotional, behavioural issues due to the trauma experienced in the lives of our children and young people resulting in an increase of Adverse Childhood Experiences and mental health issues.

The need to have initially focused on the reduction in waiting times for a child to receive an Initial health Assessment has proved successful. This has been due to the major investment by both the nursing staff of BDCFT and the GP's/paediatricians including "catch up" sessions over weekends. This will have the inevitable consequence of adding strain to the work loads of these professionals for example, a reduction in the amount of Review health assessments possibly being undertaken by the nursing staff due to their commitment to support the statutory compliance with the Initial health assessment. The need for robust narrative and supportive mitigations is highly developed within the health system.

5. OTHER IMPLICATIONS

The success of the new clinical model has evidenced the need to continue to drive forward the Children Looked After and Care Leavers health service provision to include work across the health system. The Designated Team for CLA will work with the CCG to take the lead on supporting, encouraging, and influencing other areas of the Children Looked After agenda that would improve the practice and service given to children. For example, continuing to have dialogue with health providers within the acute sector regarding the lack of provision for the role of Named Doctor for Children Looked After which is a key requirement within the Intercollegiate document.

The Annual Report also evidences the need to improve the number of hours of Designated Nurse for Children Looked After resource as currently this provision falls outside of the

recommendations within the Intercollegiate Document.

Page 23 of The Annual Report clearly sets out Key Priorities for 2021- 2022. The report will assist in providing benchmarks to identify areas of need and to assist in the robust management of any actions needed to improve performance and outcomes such as timely and effective initial health assessment and adoption medicals.

6. RECOMMENDATIONS

- Members are asked to consider the information provided within the report.
- Members are welcome to ask a question or raise a comment at the meeting to gain clarity or for assurance.

7. References:

Department for Education (2015). **Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.** [online] London: HM Government.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Royal College of Nursing (2020). **Looked after Children: roles and competencies of healthcare staff.** [online] London: RCN. Available from:
<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

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Children Looked After and Care Leavers Annual Report 2020-2021

Authors: Designated Team for Children Looked After
Dr Kate Ward Interim Designated Doctor Children Looked After
Jude MacDonald Designated Nurse Safeguarding and Looked After Children
Helen Hyde Deputy Designated Nurse Safeguarding Children

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1. FOREWORD

This is the first annual Children Looked After and Care Leavers Annual Report provided by Bradford District and Craven Clinical Commissioning Group, written in response to the statutory guidance *‘Promoting the health and well-being of looked-after children’* (2015).

It covers the period from 1st April 2020 to 31st March 2021; some data for March- April included as transition period began. The CLA Annual Report forms part of Bradford District and Craven CCG’s assurance arrangements, in relation to Children Looked After and wider Safeguarding Children arrangements.

Under the Children Act 1989, a **child is looked after** by a local authority if he or she falls into one of the following:

- is provided with accommodation for a continuous period of more than 24 hours (Children Act 1989, Section 20 and 21),
- is subject to a care order (Children Act 1989, Part IV), or
- is subject to a placement order.

Wherever possible, the Local Authority will work in partnership with parents to ensure that children and young people who become CLA retain strong links with their families and many eventually return home.

A child will cease being Looked After by the Local Authority when they are adopted, return home or reach the age of 18 years.

Care leavers are those children who have previously been Looked After by the Local Authority and are now being supported to live independently. Following the publication of the Children and Social Care Act (2017), Local Authority responsibility for Care Leavers changed from 18-21 years to an age range of 18-25 years, enabling care leavers to request support up to the age of 25 years, regardless of whether or not they are in education.

2. STATEMENT OF INTENT

NHS Bradford District and Craven Clinical Commissioning Group and our system partners are committed to improving health outcomes for Children Looked After and Care Leavers.

We will achieve this by ensuring we commission and provide high quality responsive services. NHS Bradford District and Craven will continue to work closely with its providers; (Bradford District Care NHS Foundation Trust, Bradford Teaching Hospital NHS Foundation Trust and Airedale NHS Foundation Trust), Bradford City of Bradford Metropolitan District Council, North Yorkshire County Council, service users and other key partners to ensure that Children Looked After and Care Leavers have timely access to high quality health care, as and when they need it.

We will ensure robust management of any actions needed to improve performance and outcomes such as continual review of clinician time in order to fulfil our duties in a timely and effective manner especially for those children requiring an initial health assessment and adoption medical.

3. THE NATIONAL CONTEXT

In England the number of Children Looked After has increased every year since 2008. Many of the national data measures have followed that of our local area (see appendix 1 for national data).

When a child first enters the care system their primary need is identified. There are a range of reasons why a child is looked after; nationally figures have remained broadly stable over the past 3 years.

There has been a noticeable change in the legal status of CLA in recent years. Both the number and proportion of CLA under a care order have increased, while the number and proportion looked after under a voluntary agreement (under section 20 of the Children Act 1989) have decreased.

By March 2020 47,540 children were recorded as having a primary need from '**abuse or neglect**' which is the most frequently identified reason for needing to enter the care system and has been steadily rising over a number of years.

11,220 children were in need due to 'family dysfunction' and 5,950 were identified as being in need due to the 'family being in acute stress'

These children and young people experience unmet health needs such as missed immunisations, neglected dental care and missed health appointments.

They also experience a higher incidence of learning and developmental problems, emotional, behavioural and mental health problems. Most have experienced high numbers of Adverse Childhood Experiences (ACEs) which are becoming better understood as having detrimental effects on a child's long term ability to thrive and achieve successful adulthood.

Children who are looked after are 3-4 times more likely to have Special Educational Needs by 16 years of age (end of key stage 4) than all children.

Children in care show significantly higher rates of mental health disorders – 45% rising to 72% for those in residential care, compared with 10% of the general population aged 5-15 years.

There is local evidence of CLA and care leavers having higher rates of teenage pregnancy than the general population.

4. THE LOCAL CONTEXT

Bradford is the fifth largest local authority in England in terms of population size after Birmingham, Leeds, Sheffield and Manchester. The District's population is a young one, with the fourth highest proportion of under 16 - year - olds in England, with children and young people under 20 years making up almost 30% of the population. Approximately 56.7% of school children are from ethnic minority groups. The health and well-being of children in Bradford is generally worse compared with the England average, with higher levels of obesity, teenage pregnancy and accidental injury. Infant mortality rates in Bradford are also significantly higher than the comparative value for England. Childhood vaccination coverage is a particular area of strong performance, and the number of children in care receiving immunisations is significantly higher than the England average.

Craven lies within North Yorkshire Local Authority. By comparison with Bradford, it has an ageing population. Although health inequality is less pronounced in Craven, compared with Bradford, a significant number of children grow up in poverty.

Clinical acute and community paediatric services to children looked after are provided by paediatricians within Bradford Teaching Hospital NHS Foundation Trust and Airedale NHS Foundation Trust.

Health visitor and School nursing services are provided by Bradford District Care NHS Foundation Trust. CAMHS services, the CLA specialist nursing team and as of May 2021 CLA specialist GPs are also provided by Bradford District Care NHS Foundation Trust.

The number of children under 18 years looked after in Bradford recorded in the Government statistics (Statistics: looked-after children. GOV.UK 2019-2020) was 1,245. This is an equivalent of 87/100,000 children, and although this is above the national figure for England of 67/100,000, it was well below the figures for other local authorities (e.g. Blackpool 233/100,000, Middlesbrough 189/100,000, Stoke-on-Trent 159/100,000 and Blackburn with Darwen 106/100,000 children.)

The current figure for children looked after in Bradford in March 2021 was 1348. Many of these children have additional needs, have experienced abuse and neglect and therefore enter care with multiple and complex health and care needs.

There has been a growing need to ensure that these complex health and care needs are understood more globally via a systems approach to how Bradford addresses the needs of children and looked people looked after in their care. The use of a systems approach not only ensures that the child has access to timely services but that there is also clearer understanding of any risks/gaps, overall system capacity and how these can be addressed.

5. GOVERNANCE AND ACCOUNTABILITY FOR LAC HEALTH SERVICES IN BRADFORD.

The CLA team interface closely with safeguarding children and governance arrangements and are therefore aligned.

Provision for the Designated Doctor role has previously been provided by BTHFT and ANHSFT and included in block contract payments for 1.5 and 1 PA respectively. Currently the post is unfilled following the resignation of the two Designated Doctors, and there is interim cover of 3 PAs per week. Funding has been approved to recruit a Designated Dr CLA for 6 sessions a week which is in line with recommendations in the ICD (NMC. 2020)) to lead on development and delivery of the new clinical model. Interviews are set for October 2021.

There is a whole time Designated Nurse with responsibilities for both Safeguarding and Children Looked After. Due to the statutory guidance and the numbers of children looked after in Bradford, part of the coming years priorities will include a review of the need for a full time Designated Nurse for Children looked after

The Designated Professionals CLA, as clinical experts and strategic leaders are a vital source of advice to the CCG and to partners. They are part of the CCG's Safeguarding

team, along with the Designated Professionals for Safeguarding Adults and Children and the Named GPs for Safeguarding Adults and Children.

The Designated Professionals report regularly to the Strategic Director of Quality and Caldecott Guardian of the CCG.

The Designated Doctor and Designated Nurse have accessed safeguarding children and CLA supervision and have also provided formal and ad hoc supervision to members of the wider CLA, care leavers and YOT multi-agency system in respect of health needs, health outcomes signposting to health services and escalating individual cases.

The Designated Nurse attends the following:

- Bradford Safeguarding Partnership Board
- Children in Care and Care Leavers Strategic Group
- Regional Designated Professionals meetings for children in care
- ICS network for Designated Professionals Children in Care
- Corporate Parenting Panel

The interim Designated Doctor currently attends the following:

- Regional Designated Professionals meetings for children in care
- National Network of Designated Healthcare Professionals (NNDHP)
- Bradford Health steering group (multidisciplinary)
- CLA Delivery Group – a task and finish health group to initiate and embed the new system of delivering health care to Children Looked After

The meetings attended by the Designated Professionals will be reviewed once funding for the Designated Doctor post has been appointed to. The Designated Professionals are of the opinion that there should be Designated Professional representation at the Health and Well-being Board.

6. DATA FOR CHILDREN IN CARE BRADFORD APRIL 2020-MARCH 2021

- The number of children starting to be looked after has increased by **7.12%**
- Between April 2020 and March 2021 a total of 509 children became looked after.
- Between April 2020 and March 2021 407 children and young people were discharged from care.
- The total number of children in care in April 2020 was 1252 and in March 2021 there were 1348 children in care in Bradford District.
- This represented an increase of **8.15%**

Date	Admission into Care	Discharge from Care	Total Number of Children in Care
April 2020	29	23	1252
May 2020	35	29	1258
June 2020	68	33	1293
July 2020	78	28	1343
August 2020	44	25	1342

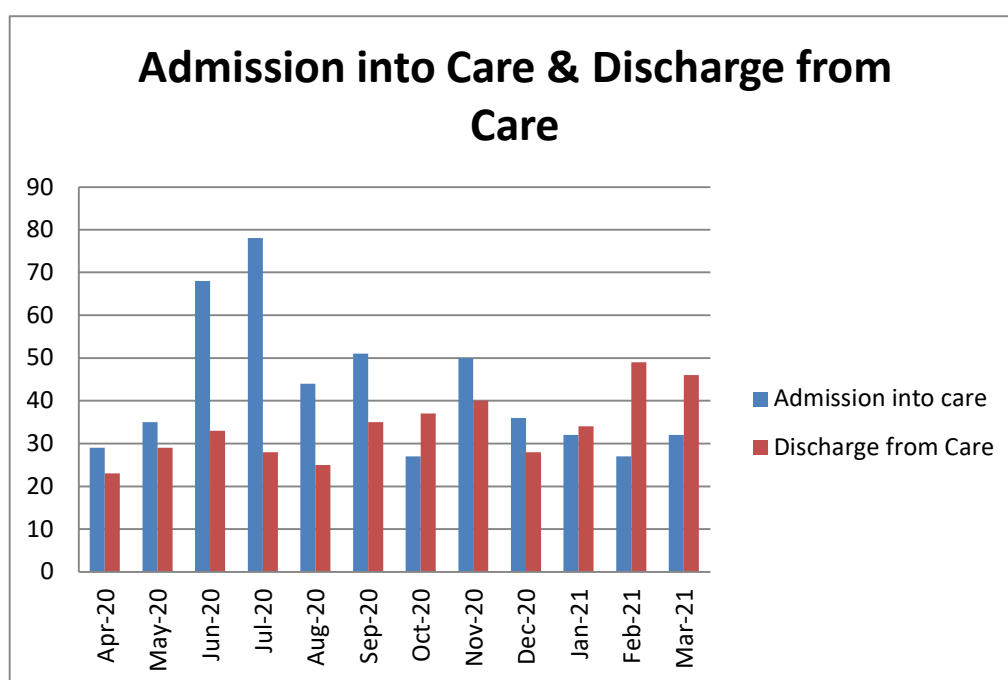
September 2020	51	35	1378
October 2020	27	37	1368
November 2020	50	40	1378
December 2020	36	28	1386
January 2021	32	34	1384
February 2021	27	49	1362
March 2021	32	46	1348

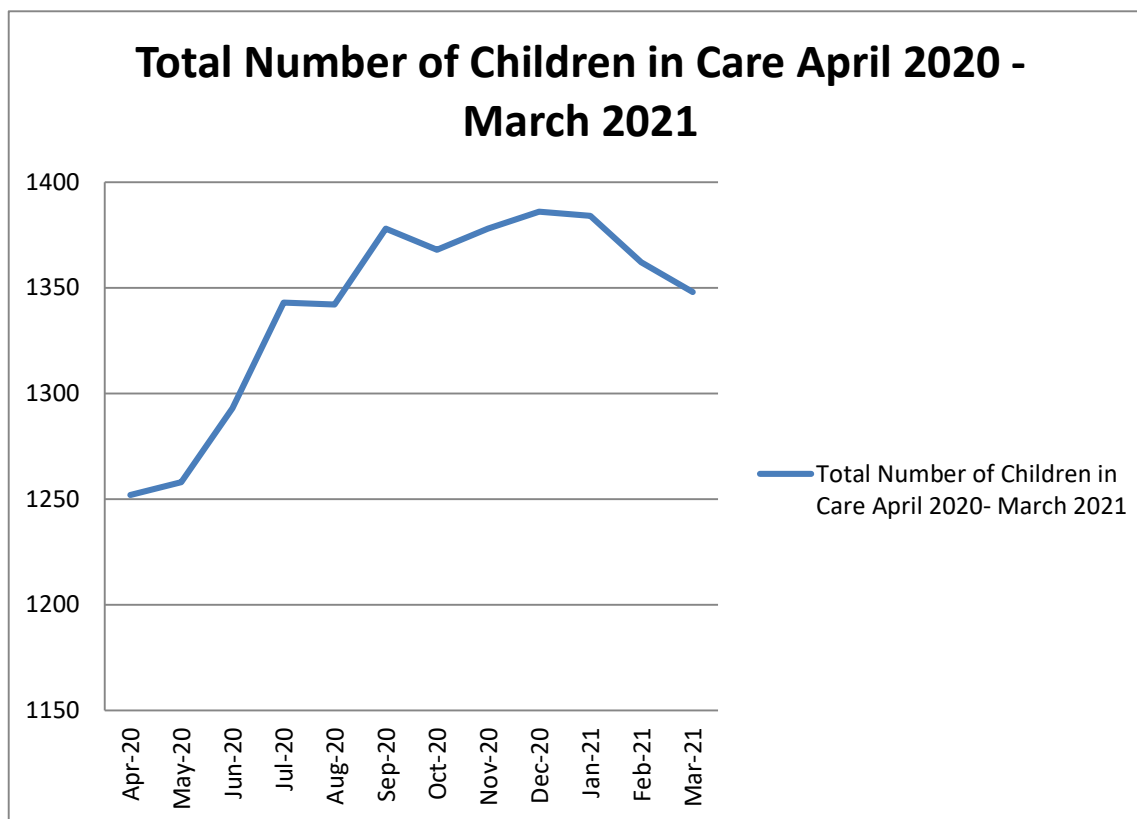
Care Leavers

232 - aged 16-17 years (included in numbers above)
 397- aged 18-20 years
 75 - aged 21+ years who continued to receive a service

Unaccompanied Asylum Seekers (UASC)

15 - UASC aged 16-17 years
 19 - UASC aged 18+





CRAVEN NORTH YORKSHIRE

Limited figures are currently available for children registered as LAC in the Craven Area of North Yorkshire:

There are a total of 42 - 0-18 year old children registered as LAC in the Craven Area.

However, it is important to note that the arrangements for health in the Craven Area are complex as the Bentham GP Practice does not fall within the Bradford District and Craven Clinical Commissioning Group: it falls within the Morecambe Bay CCG. Since provision of health services to children looked after are determined by the Commissioning arrangements of their registered GP, children registered with the Bentham Medical Practice are served by the Morecambe Bay CCG CLA service.

7. NEED FOR CHANGE

The CQC undertook a review of safeguarding children and services for looked after children in Bradford during the week of 25 February 2019; published on 3rd June 2019 it enabled the health system to refocus on ensuring better outcomes for children. It focused on the quality of health services for CLA and evaluated the experiences and outcome for children, young people and their families who received health services within CBMDC and was conducted under Section 48 of the Health and Social Care Act 2008. The inspectors noted the increasing numbers of CLA but at the same time noted the lack of corresponding health resource. Their report concluded that:

- *There are too many looked after children in Bradford who are experiencing lengthy waits to receive medical examinations when they enter care.*
- *There has been significant increases in the numbers of children and young people entering care yet, despite this, there has been no increase in the LAC health nursing service to account for the increasing numbers of looked after children.*

- *LAC specialist nurse team caseloads have significantly increased over the last 12 months, with average caseloads being higher than levels proposed by current intercollegiate guidance.*
- *The capacity of the LAC specialist CAMHS team is under considerable strain and some young people are waiting over a year for specific therapeutic support.*
- *Review of was required of the capacity of the current Designated and Named professional network and address any gaps in the strategic capacity to ensure the sustainability of local arrangements and to drive forward and implement improvements and transformations.*
- *The CQC praised the LAC colleagues by expressing that the voices, wishes and lived experiences of looked after children were consistently captured and documented.....the use of 'signs of safety' is embedded in health review documentation and is helping to provide a balanced, accurate and holistic picture of the child's protective factors and risks.....The child-centred approach promotes and encourages continued engagement with health services*

All of the above were considered as part of the service review and included in the CLAS action plan

8. HEALTH ASSESSMENT CHILDREN LOOKED AFTER APRIL 2020- MARCH 2021

The Initial Health Assessment (IHA) is a holistic health and well-being assessment, to identify these unmet health needs, to agree a health action plan to address them and then to involve the right services to implement the plan. The health assessment needs to happen in a timely way (statutory requirement is 20 working days), to identify these needs and to involve primary and, secondary care, other health therapy services and to advise education. The IHA normally takes 1-2 hours to complete with a further 1-2 hours to write up the mandated paperwork and to prepare the care plan. These children also need 6-12 monthly Review Health Appointments (RHA) to ensure the health recommendations are implemented and to identify any ongoing concerns.

The statutory requirements include:

- All CLA should receive an Initial Health Assessment (IHA) within 20 working days of the child becoming looked after. This includes booking and completing assessment as well as completion of the health action plan (IHA).
- Children under 5 years receive a Review Health Assessment (RHA) every 6 months.
- Children and Young People over 5 years will receive review health assessments (RHA) every 12 months.

The operational protocol (until April 2021) included the following;

The Local Authority will notify new CLA to the CLA Health Team, this should include obtaining parental consent.

Health information should follow the child e.g. immunisation history, birth/medical history, family and social history including information on substance misuse, mental health or physical health issues, school/nursery, dentist and GP summary record.

Initial Health Assessments were undertaken by Consultant Paediatricians in the provider hospitals (Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust)

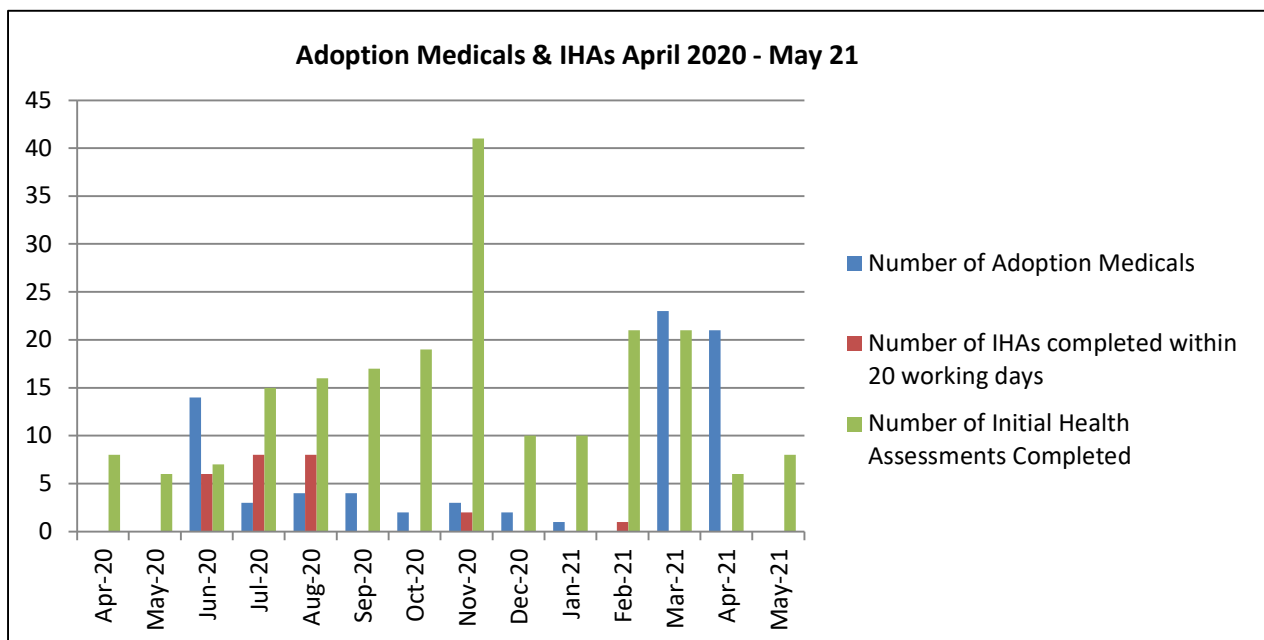
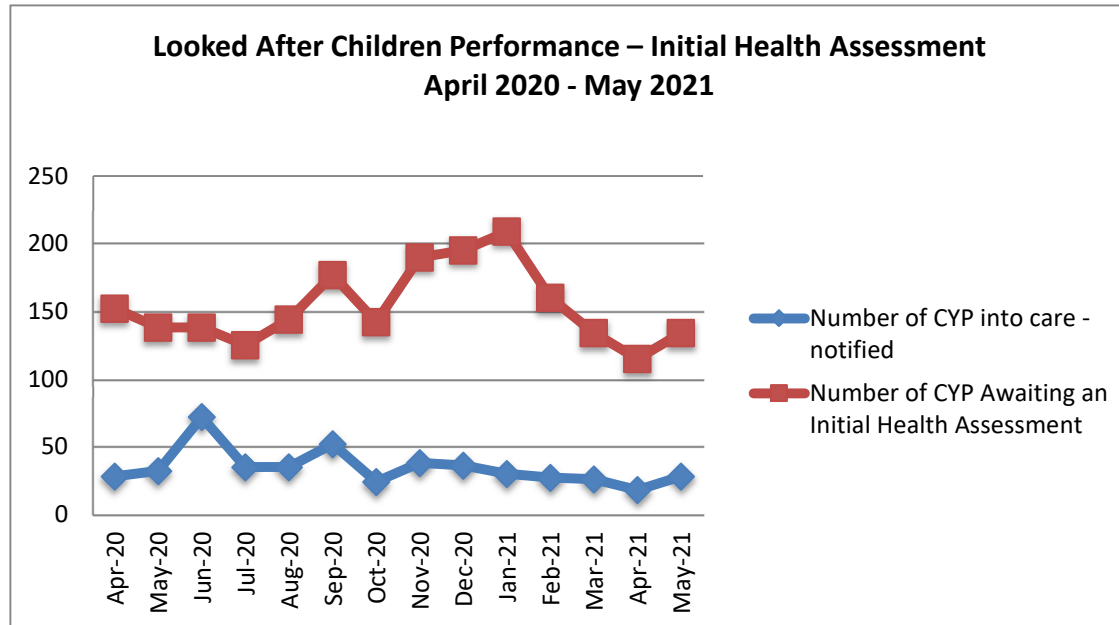
Review Health Assessments (RHAs) are undertaken by the Children Looked After Nursing Team. (BDCFT)

1114 young people had a health assessment between 01.04.20 - 31.03.21.

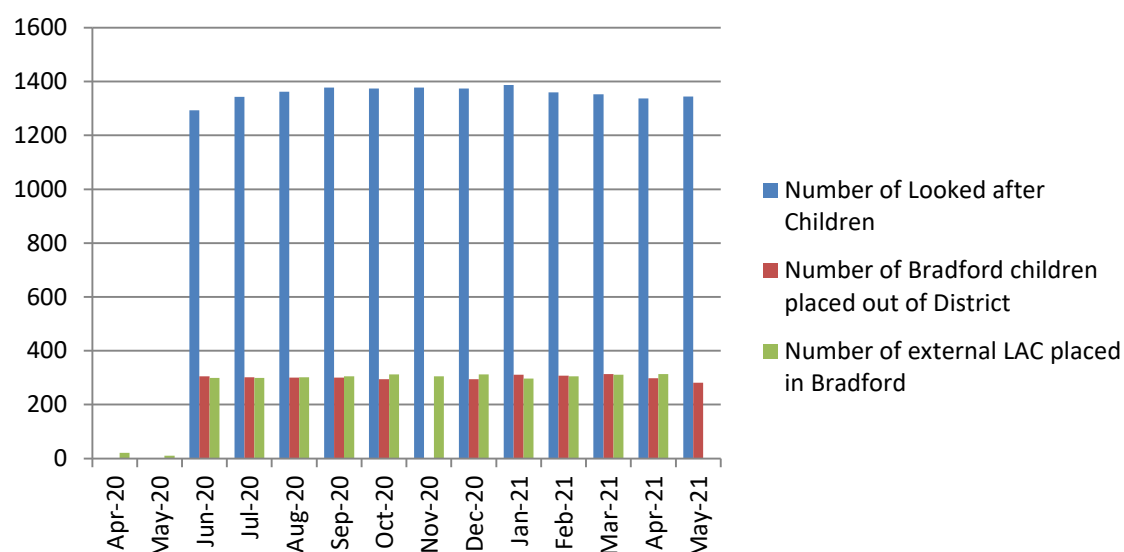
1282 health assessments completed in total:

- **128** Initial Health Assessment
- **349** Review Health Assessment
- **100** Adoption Medicals

Looked After Children Performance – Initial Health Assessment April 2020

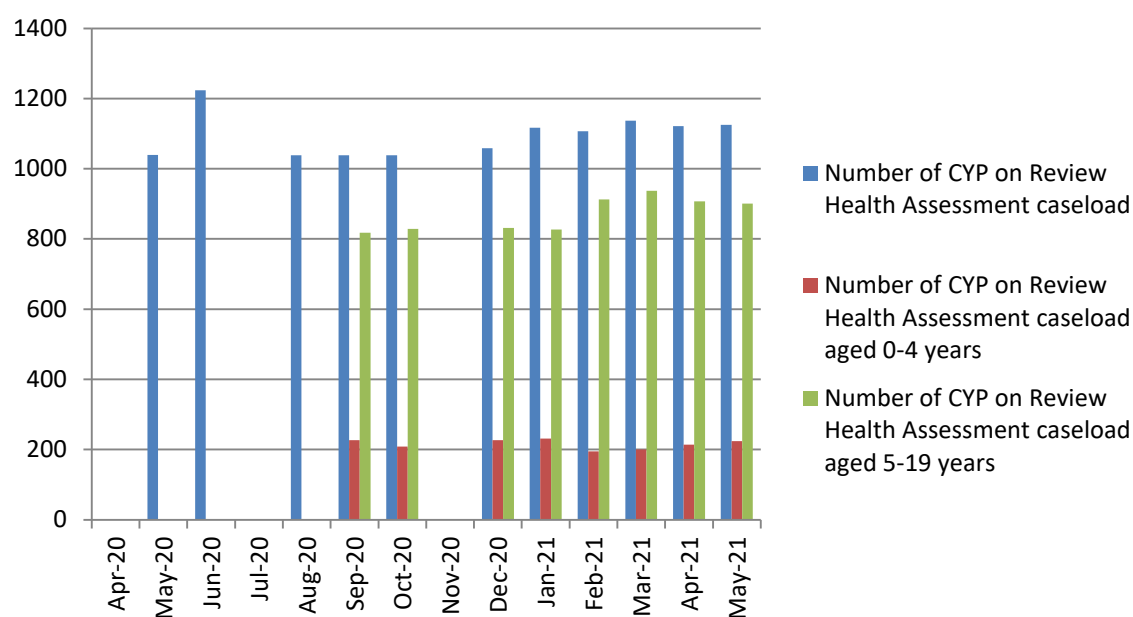


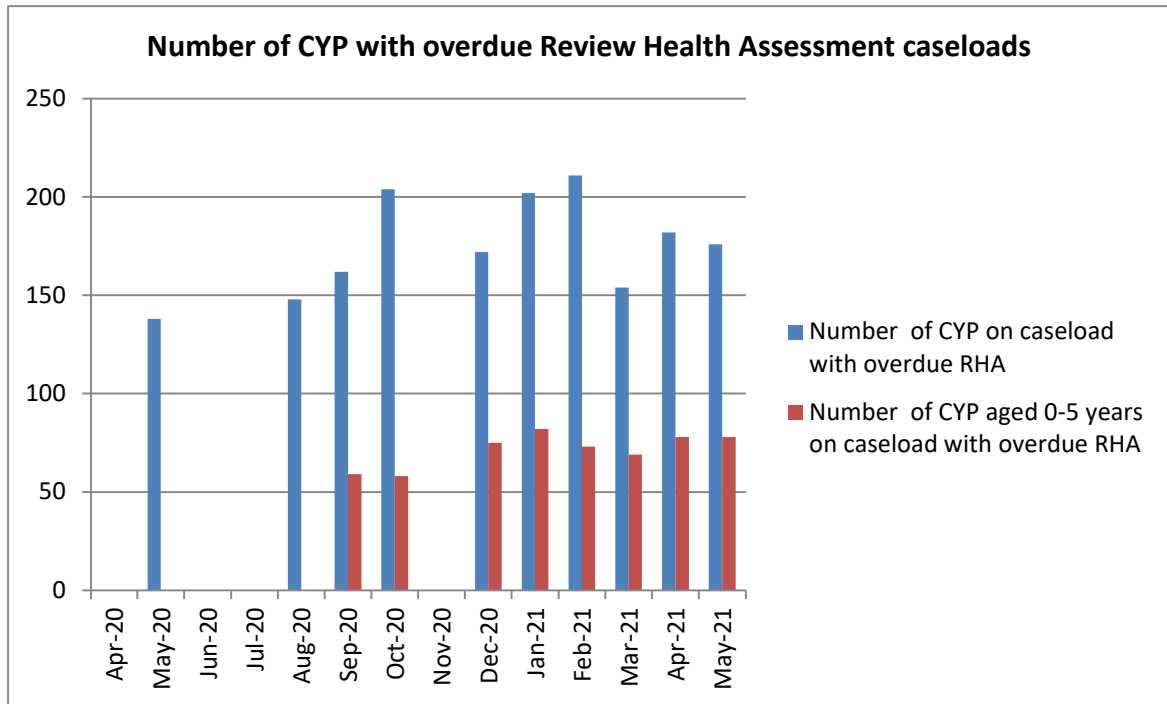
Looked After Children Figures



Additional data is included in appendix 2

Number of CYP on Review Health Assessment caseloads





The performance in terms of timeliness and completion of health assessments requires improvement.

The numbers of new into care continue to increase in 2020/2021 despite Covid 19. Prior to Covid 19 meetings were held with Children's Social Care to look at streamlining the consent process.

IHAs were put on hold at the start of Covid 19, this led to a spike in April 2020 and virtual clinics were offered.

Throughout the period IHAs were not completed within 20 working days. In May 2020 the average waiting time was 88 days. Paediatricians devised a triage flow chart which nurses used to prioritise new into care.

The figure for children and young people on review health assessment caseload was impacted by the increasing number of CYP being made children looked after and the number of IHAs which were completed 6 or 12 months earlier. The number of children and young people on caseload with overdue RHAs was impacted on by the increasing number of children 'becoming children looked after, long-term sickness and staffing levels.

The average waiting time from a child/young person being made looked after increased steadily throughout 2020-2021 and reached a peak of 147 days in March 2021. This fell to 109 days with the implementation of the new system, though in April 2021 zero IHAs were implemented within the 20 days statutory timetable.

System wide discussions continue in relation to the length of time children and young people are waiting for an initial health assessment

A system waiting list initiative, booking and facilitation of appointments went live on 26 March 2021. 23 appointments were offered and 23 CYP attended. All initial health assessments are now being conducted face to face.

Nurses are undertaking RHAs on all children and young people from the date of their Covid Part 1 IHA as a number of these CYP were not seen face to face. This is to minimise any associated risk.

The number of RHAs continues to be impacted on by the number of CYP becoming looked after, nurses prioritising IHAs, nurse caseload sizes, sickness. There was one WTE vacant caseload in March 2021.

Historically nurses have worked beyond capacity as the data was collected. Despite this there were still 182 (16%) CYP with an overdue RHA. The increasing pressures have been raised with BDCFT, the CCG and the partnership. It is noted that the average caseload for nurses CLA team in Bradford District and Craven CCG is 180, compared with recommended caseload of no more than 100 in the intercollegiate guidelines and caseloads of 80 children in some adjacent CCG. This is coupled with a significant level of complexity in children looked after in Bradford.

9. MEETING STATUTORY GUIDANCE AROUND ACCESS TO INITIAL HEALTH ASSESSMENT AND ADOPTION MEDICALS –

The fact that health agencies have been unable to meet statutory guidance in respect of the timeliness of health assessments for children who are looked after. This has been highlighted as a risk on the CCG risk register, noting the negative impact on health outcomes for CLA, the risk of reputational damage to our district's health organisations in not meeting timescales and resulting in potential missed opportunities in care arrangements for CLA. This has been the result of a number of factors including an increase in the number of CLA by City of Bradford Metropolitan District Council (CBMDC), gaps in NHS service provider provision and CCG commissioning arrangements.

By the end of 2020 some children across Bradford and Craven were waiting over 6 months for an IHA. Statutory guidance advises that LAs and CCGs should cooperate to make adoption agencies and panels secure access to timely medical advice and comprehensive information about a child's health so as to avoid unnecessary delays which impact on permanency and placing of children and young people.

National guidance advises that the organising CCG is responsible for commissioning the child's statutory health assessment(s) and that the NHS has a major role in ensuring the timely and effective delivery of health services to CLA.

The existing CLA Health Service has developed over time and has been influenced by a number of factors:

- In the 2006/2018 budget proposal the council advised that they would reduce the CLA numbers in 2 years through improvements to the Early Help Offer and introduction of the Signs of Safety partnership approach to working with families.
- However, in the 2018/20 budget proposals it was indicated that there was an intention to reduce Early Help Offer and at that time the CCGs advised that this would have a direct impact on the most vulnerable sections of local communities, particularly children and family.

The CCGs have expressed their concern around the reduction in qualified health visitors and school nurse capacity across the district and the potential for negative impact on

access to support for the most vulnerable children and their families in the area; commissioning of 0-19 services is not the responsibility of the CCG

It was acknowledged by the CCG there have been increased pressures on the children looked after team in CAMHS and used Future in Mind funding to support the team; further review of this service is required

An LA decision in early 2018 for co-located CAMHS staff in social care to move to the 'Through Care' team within the LA. Financial reductions in school nursing and subsequent impact on service capacity has affected capacity to deliver timely work with families.

A contract for CAMHS substance misuse ended in November 2019 following Best Practice Guidance and because no individuals were being prescribed opioid substitutes.

The Bridge Project commissioned by Bradford Council provides a comprehensive drug and alcohol service for young people aged up to 21 across the district of Bradford.

CAMHS Self-Harm Policy (2018) proposed a change to the pathway so that young people can be triaged by an appropriate mental health professional in Emergency Departments

Baseline Review of Health Support for CLAs

A system wide baseline review of health services provided to children who are looked after was completed in July 2019 and a number of recommendations for change to existing services were identified including a need to address the gap in respect of the employment of Named Doctors in provider organisations. An action plan for change was developed and a multiagency steering group established to support delivery of the action plan.

As a result of the baseline review of health services a revised and improved pathway for health services for CLA and those awaiting adoption for Bradford and Airedale to reduce duplication of health assessments and releasing capacity for paediatricians was developed.

The CLA health services are commissioned as part of block contracts with ANHSFT, BDCFT and BTHFT. The service specification for the BDCFT CLA nursing team was developed and implemented a number of years ago had not been reviewed to update and align to current provision, measurable performance and quality outcome. There is not a service specification for either of the Acute Trusts for health services to CLA, adoption and foster care.

Historically the service has been supported by a small number of paediatricians who have worked over and above their job plans providing additional clinic slots at weekends and out of hours to meet statutory timescales and to address requests for urgent adoption medicals. As individuals have moved on or changed their working patterns and this additional capacity has been removed from the system there has been a negative impact on the service. It was recommended that the Acute Hospital Community Paediatric services should consider whether the funding available via the block contracts had been fully utilised to provide appropriate levels of clinic slots.

It was determined that the provision available for the undertaking of IHAs required increases to capacity to meet intercollegiate guidance. Interim steps were taken to improve the efficiency of the system included:

- NY and BDMC improve their process for alerting the CLA nursing service of the need for an IHA.
- Additional funding for a Band 4 nursery nurse to support the IHA process, this funding was made recurrent from 2020
- A paediatrician vacancy that had not been filled utilised the funding to appoint a locum to support the IHA process.
- non-recurrent funding was identified to extend support of the IHA process whilst the business case was in development.
- Providers developed processes for recharging for IHAs and adoption medicals undertaken for children placed in Bradford from out of area; it is unclear how far this has been progressed
- BDCFT implemented a system for recharging for review health assessments undertaken for children placed in Bradford from out of area
- The BDCFT CLA nursing team worked with CBMDC Children's Social Care Service to ensure paperwork is fully completed prior to being sent in for an IHA thereby reducing the workload of the nursing team and preventing the delay of assessments due to the lack of parental consent form; challenges persist and are included in monthly data compliance Resource was identified to increase nursing establishment by 4 additional Band 6 CLA nurses
- Funding underspend from a safeguarding children's session was used from 1.11.2019 to increase capacity for IHAs whilst the business case was in development

Initial Health Assessment

Statutory guidance states that IHAs should be undertaken by a registered medical practitioner with appropriate training. In some areas of the country the role had advanced nurse practitioner in the IHA process is being explored. The intercollegiate guidelines suggest that for clinicians completing IHAs the minimum requirement includes:-

- Administration session per clinic up to 4 CLA for health assessment per clinic with 42 clinics schedules per annum

Historically the amount of administration time specifically allocated to paediatricians for completing IHA reports has varied between paediatricians across Airedale and Bradford.

It is recognised that face to face element of IHAs for asylum seekers or non-English speaking children takes twice the time of a routine IHA.

Two options were developed with regard to increasing capacity for completing IHAs. BDCFT had agreed to support two nurses to undertake advanced clinical practitioner training which would allow them to undertake IHAs. However it became apparent that the skills the ACP training provided would not be directly relevant to the CLA clinic setting and once trained the ACPs could not sustain competency and therefore nurses withdrew from the course. There were no current national job descriptions for ACP roles in CLA and no clinical supervision available locally.

A small number of GPs were identified who were willing to undertake training to allow them to undertake IHAs. Work was undertaken with paediatricians to clarify the competences required by GPs undertaking IHAs and the sourcing of relevant training and supervision. It was suggested that GPs could be funded at a sessional rate though

it was noted that payment at GPwSI (GP with special interest) rate is proportionally more expensive than standard GP sessional rates due to the provision of their own indemnity. The action of contracting with one of the provider Trusts was explored.

Adoption Work

One Adoption had coordinated adoption panels on behalf of the Local Authorities against West Yorkshire. Adoption medicals were requested by the Local Authority via the paediatric medical secretaries and carried out by consultant paediatricians. There were concerns about local capacity to deliver adoption medicals within timescales required to meet Court dates. Guidance suggests that this work should be undertaken by paediatricians and locally. Paediatricians who also work with potential adopters and attend panel had seen an increase in their workload. Measures taken to address these:-

- Lack of prioritisation and booking adoption medicals as Court dates were arranged to reduced capacity in the adoption medical process to support requests for an urgent adoption medical where the Court requests an urgent review. Systems discussions commenced around redesigning the pathways for access to adoption medical
- Work also commenced to understand whether the process of carrying out adoption medicals on sibling groups was appropriate where some of the children were unlikely to have a permanency placement plan

There has been no change in paediatrician provision for adoption medical, advice to adoption panel (including completion of adult health forms) and attendance at adoption panel.

However, a new single point of access for all adoption requests has been implemented with a single email address shared by both Acute Trusts. Requests for adoption medicals are no longer received by a phone. The single email address is manned daily on a rotational basis by one of three adoption administrators and the requester is provided with the next available slot for a medical either Bradford or Airedale.

A health assessment will only be arranged on receipt of all completed forms and consent.

Further work needs to be completed to ensure integration with the CLA administration to avoid duplication of health assessments and to ensure no delay in initial health assessment.

Further data and audit is required to assess the adequacy of medical capacity and to address the issue of requests for “urgent” adoption health assessments.

Medical Adviser to Fostering Panel

This role includes responding to queries from members of the foster panel regarding the suitability of applicants to be foster carers or special guardians or the implications of health issues for caring for children. The potential foster carer medical is completed by the applicant's GP (funded by the CCG) and returned to CBMDC who forward it to provider paediatricians who assess the potential foster carer's medical. The paediatricians suggested that this is a function that could be undertaken by a GP with appropriate training to free up resources for IHAs. Training has been provided locally by the Designated Doctor has been agreed that completion of adult health forms and advice

to panel regarding the suitability of foster carers, family members and others to provide care for children looked after will be taken over by the Specialist GP.

Appropriate training has been provided and once the necessary administrative arrangements are in place paediatricians will cease completing medical advice to fostering panel and the new arrangements will commence.

Designated Doctor for Children Looked After

The Designated Doctor for children looked after should focus efforts through 4 key commissioning themes:

- To plan and inform – strategic commissioning development
- To design and delivery – preventing and tackling health inequalities
- To facilitate and drive – the development of health and care systems
- To buy and report – effectively managing resources

Review of Designated Doctor provision has acknowledged the challenges placed on previous post-holders to complete initial health assessments on children entering care rather than being able to focus on the necessary strategic component of the role which is key to the success of the new model.

A current lack of time allocated as a Designated Doctor role is negatively affecting the Designated Doctors to effectively contribute to service planning interagency working and training.

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Bradford District is an area of high levels of deprivation; many of the children coming into care have experienced long histories of abuse and neglect presenting with such complex needs often requiring multiple interventions and a large invest of professional time to make any impact. It is with these needs in mind that the options have been revised to reflect the discussion.

The preferred option of recruiting 6 PAs Designated Doctor which would fully meet recommended guidance allowing full discharge of statutory strategic function has been agreed; recruitment expected Oct 2021

Named Doctor for Children Looked After

There are currently no Named Doctors for Children Looked After within provider trusts. It was concluded that the role could be made more attractive if linked with vacant community paediatrician PAs and include:-

- Together with designated professionals support all activities necessary to ensure that the organisation meets its responsibilities for looked after children and young people and care leavers
- Advise colleagues, local children's care, social care and other statutory and voluntary agencies on health matters with regards to children looked after
- Work with and liaise closely with other specialist services such as CAMHS, Specialist GPs, sexual health and services for disabled children

- Support and advise the Board of the Health Care Organisation about looked after children and young people and care leavers
- Contribute to the planning and strategic organisation and provider services for looked after children
- Ensure advice is available to other professionals and services across the organisation on day to day issues about children looked after and their families
- Provide advice and signposting to other professionals about legal processes, key research and policy documents.

With the system in place the previous Designated Doctors were effectively fulfilling both the Designated and Named Doctor roles; this can cause a potential conflict of interest.

It should be noted that the Named and Designated professional are distinct roles and as such should ideally be separate post-holders to avoid potential conflict of interest.

Named Doctor role is the responsibility of provider Trusts; Bradford currently have no provision for these posts. For the new clinical model to be sustainable, to be of the required standard and to full statutory duties it is vital to consider the role of Named Doctor for children in care as a measure to assure and improve quality within the system.

The new clinical model will see increased activity in BDCFT who host GPs acting as medical advisers for children looked after, who are responsible for undertaking initial health assessments and provide advice to fostering panel. Further consideration of these posts will be required once the recruitment for Designated Doctor has been completed.

The recommended job plan time for the Named Doctor role is as follows:

Minimum of 1 programmed activity (equivalent to 4hours/week) for Named Doctor role per 400 children looked after this would include training, audit and supervision.

This would equate to at least 12hours (3 PAs) a week across provider Trusts.

A system wide discussion commenced to agree an approach to implementation of Intercollegiate Guidance.

Children Looked After Nursing Team

The CLA nursing team offer support to the IHA and adoption medical processes and are also responsible for carrying out statutory health reviews of each CLA.

- Once every 6 months before a child's 5th birthday
- At least once every 12 months after the child's 5th birthday

At the Intercollegiate Guidelines for CLA nurses recommend:

- A minimum 1.0 WTE children looked after specialist nurse per 100 children looked after
- Consideration should be given to the complexity of caseload geography, population and size of the catchment areas served when considering the required number of children looked after specialist nurses/children looked after

Due to the increasing numbers of CLA requiring support from the CLA nursing team they are obliged to support the support they have been able to provide across wider CLA

health service, this had resulted in some elements of the CLA nurse role not being completed such as attendance at IRO meetings, work with foster carers and training.

Increasing numbers of CLA also resulted in an increase in the workload of the BDCFT administrative staff supporting the wider CLA team. At the time of the report on 31st March 2021, CLA nursing team staffing was:

- 6.44 WTE nursing staff

Additional CLA nursing team staffing required to meet Intercollegiate Guidelines is WTE nursing staff; 7.56

The Service has requested expansion to 14 WTE to reflect complexity of caseload and to meet predicted CLA increases.

This will include a skill-mix including Band 6 and Band 5 nurses, and Band 4 nurses to work alongside CLA nurses

Recruitment has taken place and capacity continues to be reviewed

In addition additional administrative support was requested to provide support across the provider Trusts.

1.0 E Band 3 Admin
1.0 WTE Band 4 Admin
0.5 WTE Data Analyst

In the meantime CLA Band 6 nurses are no longer needed to support paediatric clinics, releasing them to undertake review health assessments and other specific nursing tasks. The newly introduced Band 4 nursery nurse role, as part of a review of the skill mix within the team is to work alongside the paediatricians. This is deemed to have improved the quality of service provided and positively supports the onward referral to relevant services, saving paediatrician time. This was funded by the CCG.

Improved data collection to enable real time discussion around capacity versus demand has been undertaken but it was acknowledged that this required dedicated time to ensure that data is available in a timely fashion and analysed and reports produced.

10. PROGRESS IN IMPLEMENTATION OF NEW CLINICAL MODEL FOR CLA – APRIL 2021

Issues and Opportunities

The multiagency CLA steering group was established and has met weekly with senior manager level representation from ANHSFT, BDCFT, BTHFT and the CCG. The group has also engaged relevant clinical professionals to informed discussions and the Interim Designated Doctor. The groups developed a model which would address the statutory requirements, reduce the waiting lists and use innovative approaches to meet demand in the district?

A delivery plan and timeline for the implementation to meet the start date of the new system model to meet a start date of 01.04.2021.

Delivery Plan

Theme:

- Implement new clinical model – 31.03.2021
- Recruitment and training of Specialist GP – 31.03.2021
- Increase use of integrated – board to inform service planning – 28.02.2021
- Continuous quality improvement – on-going
- Ensure all consent/data sharing issue regarding children entering care are resolved – 28.02.2021

Achievements:

- Presentation of the potential financial impact of the proposed model to systems finance and performance committee – 21.01.2021 - undertaking to provide a response within 2 weeks
- Secured agreement from BDCFT to employ the Specialist GPs
- Development of a local training plan to support Specialist GPs to undertake IHAs
- Develop a trajectory for addressing the backlog of IHAs

Further to this, following the resignation of the two existing Designated Doctors an interim appointment for 3 months (later extended to 6 months) was made to provide strategic leadership and to help develop the new clinical model and a sustainable system model for Designated Doctor and Named Doctor.

A new integrated clinical model for children looked after was implemented in April 2021.

Four out of five Specialist GPs have joined the team. One GP works with homeless individuals and unaccompanied asylum seekers in every day practice and another is trained in substance misuse. This enhances the skill set of the children looked after team.

A revised trajectory has been produced with the intention of clearing the backlog of Initial Health Assessments by September 2021.

- Four GPs are employed by BDCFTA fifth Specialist GP will be recruited

Training has been provided to Specialist GPs in:

- Legal processes and terminology
- Consent and confidentiality
- Health assessment of children looked after
- Permanency
- Care leavers/unaccompanied asylum seekers
- Adverse childhood experiences, brain development and trauma
- Practical aspects of health assessment and child development

All of the appointed GPs have attended Initial Health Assessments with paediatricians.

Initial health assessments are now carried out by Specialist GPs, CLA and paediatricians with specialist nursery nurse support, following allocation from the triage meeting.

Triage Meeting

A weekly triage meeting has been set-up, currently attended by Designated Doctor CLA, Named Nurse CLA, and admin support from CLA health team and managers from CSC.

- When a child becomes looked after the local authority notifies the CLA health team
- The social worker completes the placement plan form on LCS which includes the health consent within the form. The complete placement plan form complete with signed consent is then scanned and emailed to the LAC health team business support email address
- A list of children received into care is prepared weekly for discussion at the triage meeting
- At the triage meeting background information as to why the child is now in care and past medical history is shared in order to allocate to an appropriate GP or paediatrician for initial health assessment
- Shared information will include any known plans for permanency which should help to plan future adoption medicals. However the plan is that all children who become looked after will receive an initial health assessment within the statutory 20 days
- Children placed out of area, children moving into the area and homeless/unaccompanied asylum seekers and children subject to YOT procedures will also be discussed at triage meeting
- It is agreed that CAMHS managers will attend the triage meeting once monthly to discuss any children looked after with specific or complex mental health needs which cannot be addressed through current pathways
- Triage meetings allow timely discussion between health and social care on operational issues such as provision of health assessment for children and young people placed out of area.

11. PRIORITIES FOR THE YEAR 2021-2022

1a New Clinical Model:

- Embedding the new clinical model for health of children looked after
 - Ensuring collection of data to evaluate the system and to assess capacity to meet statutory requirements regarding health of children looked after
 - On-going training for professionals providing health care to children looked after
 - Ongoing and continued measures to demonstrate improvements to quality, e.g. use of audit.
 - To ensure that children and young people remain the focus of improvement and to demonstrate their views and wishes around service development.
 - Continued exploration with system colleagues regarding a single point of health access for children looked after.
-
1. Progression of recruitment and appointment of Designated Doctor CIC and offer support to the progression of appointments of Named Doctor in the provider Trusts.
 2. Review and Evaluate the capacity of the Designated Nurse role as currently this is a combined Safeguarding and CIC post which does not afford sufficient oversight of CIC.
 3. Evaluation and review of health provision for children placed out of area with system colleagues.
 4. To continue to review the processes for adoption medicals and completion and return of adult health forms.
 5. To build stronger relationships to gain a system understanding of the needs of Unaccompanied Asylum seeking children and young people.
 6. Completion, review and action planning of benchmarking document to provide assurance.
 7. To continue to raise discussions across the system regarding the mental health needs, trauma based therapy and CAMHS provision for children looked after.
 8. To continue to raise discussions across the system regarding SEND provision of CIC.
 9. Continue to highlight blocks that affect the smooth process for children through the system and escalate issues that need system support.

Appendix 1

National Context

At 31st March 2020 the number of children looked after by local authorities in England increased by 2% to 80,080 from 78,140 in 2019. This is an equivalent of 67 per 100,000 children, up from 65 in the last year.

The number of children starting to be looked after decreased to 30,970 in March 2020 from March 2019 – down 3%.

The number of children ceasing to be looked after in the year ending March 2020 was 29,590, similar to the previous year.

The number of children looked after who were adopted in the year ending March 2020 was 3,440 – down 4% on the previous year. This continues to fall since a peak of 5,360 adoptions in 2015.

The broad characteristics of children looked after in the year ending March 2020 remained similar to previous years – 56% male, 44% female.

The largest age group (39%) of looked after children were aged 10-15 years; 24% were aged 16 years and over, 18% were aged 5-9 years, 14% were aged 1-4 years and 5% were aged under one year.

The majority of looked after children are of white ethnicity (74%), 10% were of mixed ethnicity, 4% were of Asian or Asian British ethnicity, and 7% were of Black or Black British ethnicity. Other ethnic groups were 4%.

At 31st March, there were 5,000 unaccompanied asylum seeking children, down 3% on the peak of 5,140 UASC in March 2019. UASC are a distinct group of CLA and currently represent around 6% of all CLA.

UASC are generally male – 90% - and older – 86% are aged 16 and over which is up from 85% in 2019 and 81% in 2018.

UASC are children who have applied for asylum in their own right and are separated from both parents and/or any other responsible adult. Local authorities have a legal duty to provide accommodation for these children.

At 31st March 2020, children looked after:

- **under a care order** – a court order placing a child in the care or supervision of a local authority - 77% - up from 75% in 2019.
- **under a voluntary agreement** – this allows the local authority to provide accommodation for a child where there is parental consent, or when no-one with parental responsibility is in place – 17%, down from 18% in 2019.
- **under a placement order** – a court order allowing a local authority to place a child for adoption – 6% - down from 7% in 2019.

Detained for child protection or under youth justice statuses – each less than 0.5%

Appendix 2

	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	April 21	May 21
Number of CYP into care – notified	28	32	72	35	35	52	24	38	36	30	27	26	18	28
Number of CYP Awaiting an Initial Health Assessment	152	138	138	125	144	177	142	190	195	209	160	134	115	134
Number of CYP with consent											84	53	57	53
Number of CYP without consent											75	81	58	81
Number of Adoption Medicals			14	3	4	4	2	3	2	1	0	23	21	0
Number of Looked after Children			1293	1343	1362	1378	1374	1378	1374	1387	1360	1352	1337	1344
Number of Bradford children placed out of District			305	302	300	300	295		295	311	307	313	298	282
Number of external LAC placed in Bradford	21	10	299	299	302	305	312	305	312	297	305	311	313	
Number of IHAs due within 20 working days			52	50	51	34	27	21	30	38	28	30	0	22
Number of IHAs completed within 20 working days	0	0	6	8	8	0	0	2	0	0	1	0	0	0
Number of Initial Health Assessments Completed	8	6	7	15	14	15	18	41	11	11	23	21	6	8
Average Time from CYP becoming LAC to IHA completion (working days)	105	88	45		60	151	135		152	170	126	147	109	
Children Looked After and Nursery Nurse Attendance	100 %	100 %	100%	100 %	100%	100%	100%	100%	100%	100%	57%	100%	100%	100%

Review Looked after Children Performance – Review Health Assessments

	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	April 21	May 21
Number of CYP on Review Health		1039	1223		1038	1038	1038		1058	1117	1107	1137	1121	1125

Assessment caseload														
Number & % of CYP on caseload with overdue RHA		138/13%			148/14%	16216%	20420%		17216%	20218%	21119%	15414%	182/16%	176/16%
Number of CYP on Review Health Assessment caseload aged 0-4 years						227	209		227	231	195	200	214	224
Number and % of CYP aged 0-4 years on caseload with overdue RHA						5927%	5828%		7533%	8235%	7337%	5930%	78/36%	78/35%
Number of CYP on Review Health Assessment caseload aged 5-19 years						818	829		831	827	912	937	907	901
Number and % of CYP aged 5-19 years on caseload with overdue RHA						12315%	14618%		9712%	12015%	13815%	9510%	10411%	98/11%
Number of Review Health Assessment due		70			84	99	110		106	122	84	83	66	84
Number and % of RHAs completed within timescales		16/23%			3036%	1919%	1816%		2625%	2722%	1821%	1923%	16/24%	20/24%
Number of Review Health Assessment Completed						44	72		54	55	46	97	65	52
Number of RHAs with SDQ requested													26	20
Number of RHAs with SDQ returned													10	5
% of RHAs with SDQ returned													38	25%
Review Health Assessment completed – face to face										39	31	81	61	49
Review Health Assessment completed – none face to face (including video)										16	15	16	4	3

Number of children with an EHCP														319
Number of children without an EHCP														1025
Number of children with an EHCP at Initial Assessment														1
Number of children with an EHCP at Review Assessment														

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Report of the Chief Executive Office to the meeting of the Children`s Overview and Scrutiny to be held on 15th of December 2021

N

Subject: Protecting Vulnerable Children & Adults at Risk of Exploitation

Summary statement:

This report provides an update on the contemporary strategic response to all forms of exploitation of children and adults at risk of exploitation and how partners from The Bradford Partnership – Working together to safeguard children and the Bradford Safeguarding Adults Board work to drive continuous improvement and to hold agencies to account for their work on this subject. This report also outlines the challenges presented to the partnership following the global pandemic – Covid 19 and the current update on progress made to the Child Sexual Exploitation (CSE) Thematic Review recommendations published on July 27, 2021.

Appendix D – Is exempt under paragraph 7 (Crime Prevention) Schedule 12 of the Local Government Act 1972

EQUALITY & DIVERSITY:

The exploitation of both adults and children is a crime committed by perpetrators from all different backgrounds, age, gender, and ethnicity but are primarily committed by males. Victims of exploitation also come from different backgrounds, ages, gender, and ethnicity. Nevertheless, local experience and national research indicate recognised victims of exploitation do not necessarily reflect gender, ethnicity and other characteristics.

Kersten England
Chief Executive
Report Contact: Darren Minton / Jane Booth
Phone: (01274) 434361
E-mail: darren.minton@bradford.gov.uk

Portfolio: Children and Families,
Overview & Scrutiny Area:
Children's Services

1. SUMMARY

- 1.1 This is the annual update report provides an update on the contemporary strategic response to all forms of exploitation of children and adults at risk of exploitation and how partners from The Bradford Partnership – Working together to safeguard children (TBP) and the Bradford Safeguarding Adults Board (BSAB) work to drive continuous improvement and to hold agencies to account for their work on this subject. This report also outlines the challenges presented to the partnership following the global pandemic – Covid 19 and the current update on progress made to the Child Sexual Exploitation (CSE) Thematic Review recommendations which were published on July 27, 2021
- 1.2 Partners are continuing to work together to protect vulnerable children and adults at risk through increased collaborative work between the Bradford Safeguarding Adults Board, The Bradford Partnership, and the Community Safety Partnership on the issue of exploitation. This has been achieved through continued awareness and understanding, which has enabled professionals to recognise and respond to at an earlier stage
- 1.3 The All-Age Exploitation (AAE) sub-group has replaced the Risk and Vulnerability Sub Group. The AAE sub-group has a greater focus on the district's strategic response to those suffering from and experiencing exploitation, whether as an adult or a child. Superintendent Richard Padwell, who has recently joined the district, is the chair of this sub-group. There is a cross-section of representation from the Community Safety Partnership, Domestic and Sexual Violence Board, Adult Safeguarding Board, and TBP.
- 1.4 In February of this year, The Bradford Partnership, in conjunction with West Yorkshire Police, held a virtual conference on Criminal Exploitation. The conference had over 300 delegates attending.
- 1.5 The impact of the global pandemic Covid -19 changed the nature of vulnerability and has seen different methodologies being used by perpetrators to facilitate their continued offending behaviour. The Police and other law enforcement agencies have adapted their tactics to counter the threat they pose.
- 1.6 Building upon the existing structured response to exploitation, the Council's additional financial investment in services will develop an enhanced specialist multi-agency exploitation hub.
- 1.7 The CSE Thematic review, which was published on July 27, 2021, had 30 recommendations. A specific multi-agency monitoring group with external support has been established to ensure the developmental action plan recommendations and actions are progressed and completed.
- 1.8 TBP have produced their annual partnership reports covering the period of April 2020 to March 2021. (Appendix A)

2. BACKGROUND

- 2.1 National research indicates a relatively small but significant number of young people and adults in the UK are victims of one or more forms of exploitation. They may be exploited sexually, financially, or exploited criminally through selling drugs, money laundering, weapons storage, or the `cuckooing` of property (e.g., illicit drugs, drugs cultivation), or perpetrators may exploit them through the use of their labour and other forms of labour.
- 2.2 Exploitation negatively impacts young people's and adults at risk health, family relationships and community environments, and the safety of online social media platforms. These negative impacts can often challenge professionals. They can manifest into episodes of missing, disengagement from education, distrust of professionals, poor or deteriorating mental health, and fractured communities.
- 2.3 Nationally and locally safeguarding partners are addressing the issues of exploitation and how to respond best to support their workforce in mounting a response to this range of significantly complex issues and their cause(s)
- 2.4 The exploitation of children and adults in the United Kingdom is not a new phenomenon. Still, globalisation, advances in the use of technology, and change in socioeconomic contexts are shifting the form and function exploitation takes, bringing new policy and practice challenges to keeping young people and adults at risk safe.
- 2.5 Locally, the ability of partners and services to identify exploitation has improved, so too has the understanding of its nature and challenges to designing and providing an effective response.
- 2.6 **Governance**
- 2.7 The Bradford District has continued to develop opportunities to increase collaboration between Bradford Safeguarding Adults Board (BSAB), The Bradford Partnership (TBP), and the Community Safety Partnership (CSP). Across each of the three boards, the sub-groups structures manage core functions as well as board-specific objectives. Some of these core functions create an obvious opportunity for a more consistent and collaborative approach, consider cross-cutting themes, and presents opportunities for shared learning.
- 2.8 Irrespective of the global pandemic Covid -19, identifying, understanding the harm caused by exploitation and serious violence is of the utmost importance to the Bradford Partnerships
- 2.9 The assessment of serious violence and exploitation, particularly against or perpetrated by our young people, has been under constant assessment linked to serious organised crime, domestic abuse, and sexual abuse
- 2.10 **All Age Exploitation Sub Group (AAE)**

Partnership work continues to develop around those at risk of exploitation s in particularly through the tri board partnership All-Age Exploitation sub-group, which has representation from colleagues from both children and adults social care,

Police, colleagues from the health economy, including public health and the voluntary care sector. The All-Age Exploitation sub-group is chaired by a senior police officer, Superintendent Richard Padwell. The AAE sub-group has a greater focus on the district's strategic response to those suffering from and experiencing exploitation and recognises that those who are exploited often span an age range that sits across both Children and Adults.

- 2.11 The AAE reports directly to both TBP & BSAB (BSAB) and has strategic lead for the district's child exploitation action plan and reviewing the Child Exploitation Protocol annually. The CE Protocol and risk assessment tool are utilised by professionals in their day-to-day assessment of risks faced by children and young people. In addition, the AAE is looking to understand and address transitions from adolescents to adulthood as a multi-agency partnership and has gained external support and guidance from the National Working Group – NWG to achieve this. Transitions will remain a priority for this group in 2022.
- 2.12 On September 10, 2021 – The AAE sub group hosted a large multi-agency partnership assessment event held at Bradford City FC. The purpose of the event was to better understand the threat, harm, and risk in Bradford, what works well and what areas where the collective partnership response can be enhanced, and to understand the changing nature of vulnerability.
- 2.13 The partnership event was attended by over 100 frontline practitioners' adult social care, children social care, health economy, housing providers, public health, Police, VCS, faith groups, education, amongst many others, and included individuals with lived experiences. The event was supported by the Centre of Expertise for Child Sexual Abuse, a team of partnership analysts, including the senior West Yorkshire Police analyst for exploitation, and the National Vulnerability Knowledge Practice Programme.
- 2.14 The findings from the event will form the foundations for a Bradford District Partnership Exploitation Strategy.
- 2.15 In Bradford, there is a strong strategic partnership for serious organised crime, which supports mapping the size and scale of organised crime groups, including exploitation. From this partner can identify young people who can be seen as being vulnerable to violence and exploitation and plan using the Programme Precision 4 P plan
 - Pursue
 - Protect
 - Prevent
 - Prepare



- 2.16 The Programme Precision is the initiative's name involving West Yorkshire Police, local partners, and the public to work together to tackle serious and organised crime in the county. Serious and organised crime covers a range of crimes, including drugs, firearms, child sexual exploitation, cybercrime, modern slavery, gangs, and county lines affecting both adults, children, and communities.
- 2.17 The Programme Precision steering group is chaired by Bradford's Chief Executive Kersten England.
- 2.18 The Bradford District has joint control strategies at strategic, tactical, and operational levels. This is reflected in the different strands and interventions operating within the field of serious organised crime
- 2.18 **Assessments & Response**
- Within Bradford, there is a clear focus on partnership working to reduce the risks of all forms of exploitation.
- 2.19 In respect of children and young people, where any practitioner is concerned or receives information that a child or young person is at risk of exploitation, a multi-agency referral (MARF) is submitted along with a child exploitation assessment form
- 2.20 The Integrated Front Door (IFD) specialist team will take the lead and review the risk assessment. This is done daily and is referred to as a DRAM – daily risk assessment meeting. The completed risk assessment is presented at the daily risk assessment meeting by the allocated social worker
- 2.21 The DRAM is chaired by the IFD team manager for child exploitation and missing and attended by all partners located within the exploitation safeguarding hub, including Police, health, children social care, and colleagues from the voluntary care sector. This meeting is held to consider vulnerabilities and safety plans for children and young people at risk of harm and oversees the mapping of

interventions to support and reduce their vulnerability. Interventions and associations are scoped through regular mapping to support interventions and disruption. Following a recent Ofsted monitoring visit noted the practice improvements in the context of exploitation

"The complex (exploitation) safeguarding hub provides an authoritative and confident response for children at risk of exploitation. The hub's thorough screening of contacts and referrals about children, the specialist advice and consultation provided across the service, and regular assessment meetings have strengthened practice in this area"

The role of the multi-agency staff in the exploitation hub is to offer a 'complimentary' service to children in receipt of statutory social work interventions. The workers will provide a co-working role to ensure exploited children receive a 'better than good enough' response. By only offering a statutory service, the partnerships run the risk of measuring the outcomes against minimum standards. The partners recognise that minimum standards do not achieve sustainable change for victims of trauma.

- 2.22 Where an individual is identified as a high risk of CSE, a joint investigation team (JIT) consisting of Police and Social Care Workers is allocated to that child or young person. The JIT team will work alongside other practitioners to build a relationship to allow the child or young person to feel comfortable making a disclosure should they be a victim of exploitation.
- 2.23 The Bradford District Multi-Agency Child Exploitation (MACE) meeting is held every six weeks and is co-chaired by the strategic leads for Social Care and West Yorkshire Police. Senior managers from the Health Economy, Education, and VCS are also present. The meeting provides additional support and oversight of those cases where there is no reduction in risk. Leaders can 'unblock' resource issues to ensure that those at risk have access to timely support. The meeting is split into two parts to consider local issues, demographics, and data alongside specific cases. Each month the team manager for the exploitation hub will provide a highlight and analysis report
- 2.24 Missing episodes can often be a key sign when a person is subject to exploitation. The number of children reported as missing within the Bradford district has reduced significantly since the introduction of the Philomena Protocol. The protocol is designed to specifically support, understand, and respond to children in residential care who go missing. The protocol ensures every child placed in a residential provision has their own personalised missing trigger plan irrespective of whether they have the propensity to go missing or not. The plan is agreed upon with the Social Worker, Residential Provider, and West Yorkshire Police.
- 2.25 The district has four Police Community Support Officers who are jointly funded by the local authority who are responsible for attending to incidents of missing from a care home provision and working with the children and young person(s) to reduce missing episodes. The function is supported by a dedicated missing person coordinator, a Detective Constable who reviews all missing episodes for both adults and children. The reduction in missing incidents has been significant and has had a direct impact on reducing the threat of exploitation

- 2018 – 3653 Missing Incidents – 48.3% being children in care
- 2019 – 2973 Missing Incidents – 45.3% being children in care
- 2020 - 1671 Missing Incidents – 38% being children in care

A total reduction of 1892 missing incidents reported to Police.

- 2.26 During the pandemic and this year, the number of missing incidents has continued to reduce; while it is accepted that certain legal restrictions associated with the pandemic may have contributed to the reduction, the partnership would like to highlight effective and innovative partnership working has maintained that reduction through the focus on the Philomena Protocol which has without a doubt delivered improved practice notifications.
- 2.27 The impact has changed the nature of vulnerability in many ways for both adults, children, and communities. Covid 19 has increased the numbers of those living in relative poverty and dried up many grey market employment options. This, in turn, has driven more people to turn to other ways to earn money.
- 2.28 Unlike many other local authority areas, Bradford District, has retained a strong locality-based Youth Service. Bradford's large youth population means that partnerships have prioritised young people, and during the pandemic, Youth Workers' practice changed to become more detached and street-based in its approach. The deployment method has enabled youth work practitioners to develop strong links to the communities/neighbourhoods in which they operate.
- 2.29 The past twelve months have seen changes to the organised crime' business model' with examples of exploited young people involved in County Lines activity who have previously been placed on trains to travel to 'cuckooed' addresses now being transported by road vehicles, often by their perpetrator /associates
- 2.30 At this time, those particularly vulnerable may accept help from those who seek to exploit them. We can assume that the greatest opportunity for abuse, particularly during the last 12 months during the Covid 19 crisis, has been financial exploitation for adults at risk.
- 2.31 Bradford District has an established multi-agency safeguarding hub (MASH) dedicated to those adults at risk of abuse or neglect. Oversight and coordination are undertaken by adult social care and police colleagues of Section 42 enquiries; this includes those who may be exploited.
- 2.32 The Care Act 2014 (Section 42) requires that each local authority make inquiries or cause others to do so if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and, if so, by whom.
- 2.33 The Bradford District has a close working relationship with the West Yorkshire Financial Exploitation and Abuse Team (WYFEAT) and has supported several investigations of financial exploitation. The WYFEAT team is a multi-agency task force consisting of social workers, financial investigators, Police, and social workers and operates as part of Trading Standards.

2.34 Breaking the Cycles – Criminal Exploitation

Breaking the Cycle has been funded by the West Yorkshire Violence Reduction Unit (VRU) to intensively work with young people involved with serious organised violence and those who are criminally exploited. The overall aim is one of harm reduction, protection, and breaking the cycle of criminality. Work often starts on the street, as mentioned in paragraph 2.27. Work is undertaken with young people on a 1 to 1 basis and with their wider peer group.

- 2.35 This project has continued to grow in response to need, with workers now picking up cases direct from the Accident and Emergency Departments (AED) alongside the usual referral routes. This team are also working with our new asylum-seeking families and new arrivals to the city, enabling safety work to be started and integrated into a broader range of support offered to a vulnerable group of people
- 2.36 Breaking the Cycle team has seen over 90% of those referred to the service engaging positively.

2.37 The Youth Service

The Youth Service ensures that young people accessing all provisions are given support and information around safety and exploitation. Open access sessions and detached youth work sessions take the messages to a broad range of young people and ensure that there is consistency and responsiveness to the work undertaken in the area of exploitation and safeguarding.

- 2.38 Each of our area Youth Work teams remain committed to empowering young people to support them in making safe choices and considering safety when out with friends, in public spaces, or traveling around. Our area teams work 1-1 with young people. They have supported several young women regarding CSE, particularly in some of our new communities where there are cultural differences around what is acceptable and what constitutes a healthy relationship.
- 2.39 Our "Youth in Mind" work gives 1-1 support to young people with poor mental health and for those in mental distress, and our LGBTQ project has and continues to ensure young people are given keep safe messages and can take actions to keep themselves safe from exploitation and harm. Our workaround identity and acceptance are key to this.
- 2.40 Within our areas, we also will run, in response to need specific pieces of work – an example of which is our "Girl on the Street" project. Delivered in the Great Horton area, this project is focused on positive action by girls and young women to tackle and not tolerate verbal and physical abuse and sexual innuendos, which were being directed towards girls and young women just going about their daily business. This work has empowered young people of both genders to better understand sexual exploitation, forced or arranged marriages, - forced or coerced criminality, and domestic servitude. It has created a safe space, educated and raised awareness of the stages of child sexual exploitation, enabling young women to identify earlier the signs of concern and know what can be done about this, and support them in feeling safer. These young women are now developing a group of Young Women Safeguarding Ambassadors to stand against any form of exploitation.

- 2.41 The Youth Service has also been working with national organisations, including the BBC Childline, the NSPCC, and Missing People UK, to develop the "Is this, ok?" app developed in a partnership project Bradford and Waltham Forrest and piloted in Bradford. This app provides a safe space that is chatbot enabled and linked to telephone support services and provides a free, confidential chat service for 13–18-year-olds where concerns can be "checked out." The initial six months pilot proved the need for such a service, and further funding has been agreed to support this being rolled out to other local authority areas.

2.42 Turnaround – Sexual Exploitation

Turnaround is a partnership between Barnardo's and Bradford Metropolitan District Council, West Yorkshire Police, Bradford Early Years Grant, and Bradford & Airedale Teaching Primary Care Trust.

Turnaround provides a specialist service to young people which aims to increase self-esteem and fosters confidence, skills, and knowledge about reducing the risks of sexual exploitation.

- 2.43 The children and young people who are identified as 'significant or moderate risk' of sexual exploitation are referred to Turnaround to prevent their risk from escalating and to support them from exiting and recovery from child sexual exploitation
- 2.44 The current referral rate to the Turnaround project is eight children per fortnight. Using trauma-informed, strength-based; relational; and psycho-educative practice models, the experienced and highly skilled workers work directly with the young people to reduce risk and vulnerability.

2.45 Trusted Relationships

Trusted relationships offer 1 to 1 support to Young People aged 10-14 years who have been identified as at risk of exploitation. The project works with Young People on a tailored plan to address their needs and issues, including activities and opportunities in safe, accessible locations.

- 2.46 The project has reported an increased number of referrals and has started to deliver group work with another Trusted Relationships provider addressing the common themes of risks of online exploitation. The project reports that young people are still heavily using online platforms for social interaction with peers. Attached in Appendix B are some case studies of the work being undertaken

2.47 Cyber Crime Unit

The Bradford Police Cyber Crime Unit has continued to raise awareness of the dangers of online grooming & exploitation. This has been an area of concern nationally during the lockdowns where more and more people were accessing social media online. The team has continued its significant contribution within the educational sector and targeting establishments that have key connections to early intervention, safeguarding, and other vulnerabilities. However, due to Covid, the Cyber team has embraced social platforms themselves to deliver training and awareness sessions.

2.48 Other interventions developed / embedded during the last 12 months include

- The NHS, Emergency Department colleagues have a process framework for those young people and children attending accident and emergency departments (AED). For children who are flagged at risk of criminal and sexual exploitation, child protection plans, or children looked after, a notification is sent to appropriate services working with that young person or child, including to the Police where there is evidence of a crime and criminal activity.
- All Paediatric triage in AED is reviewed for intelligence regarding who attended with the child, their names, and their relationship. AED staff are trained to ensure this information is captured and recorded. In all cases where exploitation is suspected, this is reviewed by the Safeguarding Team, and additional safeguarding measures are tasked and/or implemented.
- The Trust Safeguarding Team reviews the AED attendance of young people and children, noting attendance history, the number, types, and nature of injuries. Where appropriate, the Safeguarding Team will make a referral to the Exploitation Team.
- The Bradford Royal Infirmary has a Plastic Surgery speciality, and as such, does see patients from out of the area attending following the violence. This information is always captured, reviewed, and shared with the admitting hospital to ensure continued safeguarding measures.
- On April 21, the hospital trust has launched the "Navigator Role" in conjunction with the work being undertaken with the Breaking the Cycle project. The data captured from the AED will identify ward areas and hotspots of concern, thereby enabling partnership resources to be deployed proactively to reduce and prevent young people from being subject to or involved in serious violence. Through this interaction, work will also focus on building emotional intelligence and resilience to take positive steps to ensure they do not become involved in serious violence.

2.49 Education

The local authority Educational Safeguarding Team has been proactive throughout the pandemic. As with most local authorities, Bradford has seen an increase in the number of children open to Children's Social Care seeking elective home education (EHE).

- 2.50 The Education Safeguarding Team has robust procedures in place for the response to EHE where there is a concern that education provision is not suitable for the child's age, ability, and aptitude. All notifications of an intention to EHE are cross-referenced with CSC records to identify any related to vulnerable children. Any such children or young people known to CSC are specifically reviewed to encourage parents to consider attendance at school.

- 2.51 The Education Safeguarding Team provides additional support and advice for schools. The district has additional processes in place for welfare checks for any children that do not return. This may be a joint visit between Police and Children's Social Care.
- 2.52 Officers work closely with other agencies with an established relationship with the family. They have supported Children's Social care colleagues to prevent children subject to Child in Need and Child Protection intervention.
- 2.53 The Bradford district has 16 Safer School Police Officers. These officers are fully trained in recognising and identifying children and young people who may risk exploitation and other contextual safeguarding issues.
- 2.54 The Bradford Partnership under the stewardship of the Independent Scrutineer has undertaken the monitoring of services response through weekly meetings. EHE has been a key feature of these meetings.
- 2.55 Bradford Youth Justice Service uses a multi-agency approach to identify and address a lack of education and NEET status by highlighting gaps and then communicating directly with Educational Safeguarding Officers to help reengage young people into mainstream education or other relevant provision. In aiming to address issues of truancy and exclusion, the Youth Justice Service is linked in through the Multi-agency Initial Planning panels, where every young person's case is reviewed upon entry to the Youth Justice Service. This ensures key information sharing is completed while identifying additional supporting provisions; this aids case managers in understanding offending patterns, complete informed risk assessment, and strengthen education links.
- 2.56 The Safer School Police Officers work with schools to do joint visits for those who do not return without explanation.
- 2.57 The district has several outreaches and funded projects locally on intervention and education. For example: -
- The Community Cougars Foundation (CCF) in Keighley delivers sports sessions alongside education awareness on exploitation and other related subjects. As schools and venues re-open, the CCF project will deliver these projects back to the school.
 - Working with a local Imam who facilitated workshops with over 900 children a week attending.
 - 'Out-loud Project' - Delivering one to one and group support for children & young people who are at risk of exploitation through gangs in the south of the city
- 2.58 The Bradford Partnership, in conjunction with Ineqe, launched the Safer Schools APP in September the Safer Schools APP is an award-winning educational approach to digital safeguarding. It currently provides local authority schools through the sponsorship of the local authority insurer Zurich Municipal for staff, parents, carers, and pupils to have

- Access to credible, contemporary relevant information
 - Age-appropriate resources
 - CPD courses for school staff, including Governors
 - Customised communications through push notifications
 - Advice, guidance & signposting to seek help
 - Artificial Intelligence Prompts
- 2.59 The Bradford Partnership is in the process of making the APP available to all schools across the Bradford district via the Safer Bradford Website. The APP will complement and enhance the suite of safeguarding tools available for staff.
- 2.60 Within a week of the launch, 30 schools had signed up to receive the APP
- 2.61 **Enforcement / Pursue**
- POLIT**
- The Bradford Police Online Investigation Team (POLIT) is the district's specialist response to subjects who view and/ or distribute indecent images of children or groom, incite, and/or facilitate sexual activity with children through the internet.
- 2.62 The POLIT team is a relatively new arm of the response to exploitation but reinforces the changing nature of the crime committed by perpetrators.
- 2.63 POLIT detectives have responsibility for reactive referrals from the community, the National Crime Agency (NCA), and other law enforcement agencies worldwide. Their works also contain referrals from worldwide social media groups, e.g., Facebook, regarding users sharing indecent images of children, alongside national operations targeting known organised crime groups and paedophiles.
- 2.64 On average monthly, the team are receiving
- 15 referrals from West Yorkshire Abuse Images hub with search warrants to execute.
 - 2 Live Internet Vigilante Predator Groups cases
 - 4 Referrals from the Regional & Organised Crime Unit
- 2.65 In addition to this, the team of 7 has 152 live investigations. Investigations are complex and time-consuming. The Unit has seen a substantial rise in the number of investigations during the past 12 months, with more offending behaviour committed while at home.
- 2.66 During September, made 17 arrests for offences. Police colleagues believe the demand to be high for the next 12 months

Appendix C – Highlights two recent cases of work undertaken by the Unit.

2.67 **Disruptions Officer**

The Bradford District has an experienced and skilled officer whose sole responsibility is dedicated to pro-active multi-agency disruption work. Examples of the recent work being undertaken include

- Tackling 'gaming' centres – where intelligence and information suggest are being used for exploitation or gang-related activity.
- Utilising enforcement powers in conjunction with the West Yorkshire Fire Service to close premises in cases where no substantial criminal offences are identified.
- Joint operations with HMRC at Shisha Bars.
- Joint patrols on identified hot spots and locations
- Disruption and detailed patrols on public transport, including work with British Transport Police on local train networks – Overt and Covert Tactics used to identify vulnerable young people or adults at risk and identify/prevent offending behaviour.
- Previous operations have included multi-agency work with hoteliers.

2.68 Partnership Intelligence Portal

The Bradford Partnership is promoting the internet-based Police Partnership Intelligence Portal (PIP). Partners are now using it to gather a better intelligence picture surrounding organised crime, including modern-day slavery and exploitation. This allows key strategic partners to submit intelligence to a central police tirage team. It is automatically emailed to the Intelligence Management Unit (IMU) at West Yorkshire Police on submission. This is a 24/7 unit that triages all intelligence submissions for the entire force.

2.69 West Yorkshire Risk & Vulnerability Strategic Group

The West Yorkshire Risk & Vulnerability Strategic Group, in partnership with the Police and partners were successful in their bid to receive support from the Tackling Child Exploitation (TCE) Project. This will assist partners in Bradford to support strategies that target and disrupt perpetrators of exploitation. The TCE project will be presenting its report in November 2021.

2.70 Operation Dalesway

West Yorkshire Police and the Local Authority continue to work together to report non-recent allegations of exploitation. Operation Dalesway is the Police operational name for such investigations. The specialist team was established in 2014 and had responsibility for the coordination, response, and oversight of non-recent investigations.

In partnership with local authorities and other organisations, West Yorkshire Police has developed a great deal of experience in investigating CSE and has brought a number of successful and highly publicised prosecutions in recent years, for Bradford these include

- Two men sentenced in 2013 for a total of 36 years in prison
- Twelve men sentenced in February 2016 to a total of 140 years in jail following an investigation in Bradford and Keighley.
- An investigation in Bradford which saw nine men jailed for a combined 132 years in 2019

- 2.71 Currently, the team has ten live investigations at various stages of progress. Police forces across the Yorkshire and Humber region have noted a reduction in the number of non-recent cases on child sexual exploitation. The reducing number of non-recent cases is comparable with other regional local authority areas.

2.72 Additional Developments

In April 2021, the Council made a significant investment into exploitation following a review of existing services. It is important to acknowledge that the review was planned and undertaken by the new leadership team as part of the Council's improvement plan. A commitment to annually fund just under 1 million pounds was made to further develop a 'Multi-agency Exploitation Hub.'

- 2.73 The Hub will feature specialist practitioners from Social Care, Education, Health, West Yorkshire Police, the Youth Service, voluntary sector organisations, Missing officers, and Business support. There will be an equal focus on perpetrator disruption and securing convictions alongside supporting victims and children.
- 2.74 Some key appointments have already been made, including a specialist health practitioner, an education safeguarding officer, and a dedicated disruptions officer.
- 2.75 The Bradford Partnerships are committed to raising the profile of exploitation, and the efforts to do this have recently been featured in a national article. 'Working in child exploitation is not just a job for me; it's about changing the lives of young people' | Community Care. This has, in turn, resulted in interest from other local authorities who consider Bradford's responses as a blueprint for good practice in their areas. Partnership colleagues have held several meetings with other Local Authorities to share best practices and embed learning on 'what works' in other places.
- 2.76 A significant focus is placed on supporting children with low or emerging needs to ensure early interventions are delivered, preventing an escalation of concerns. In addition to this, specialist services can focus their attention on the low number of children who are at significant risk so that the support they receive is intensive and impactful. The Team Manager in the Exploitation Hub reviews the cohorts of children weekly to prevent drift and delay.
- 2.77 There is national recognition of the gap in service provision for exploited children transitioning into adulthood. In response to this, a new flag called '18 and still vulnerable' has been developed, of which nine young people are presently identified. These young people must fit the criteria of either being a care leaver or having additional vulnerabilities. The circumstances for these young adults are reviewed, and universal safety plans are agreed with the RAM and MACE process described above.
- 2.78 There are ambitions to extend the criteria for young adults, and this concept is being explored within the All-Age Exploitation Group, which reports to the Bradford Partnership.
- 2.79 West Yorkshire Police state that the intelligence picture around Criminal

Exploitation, particularly "County Lines," has significantly increased across the force. "County Lines" is a form of Child Criminal Exploitation. It is a term used to describe the activities of gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other forms of "deal line". These gangs are likely to exploit children and vulnerable adults to move (and store) the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons. County Lines & Criminal Exploitation As the focus on this area is a priority. Police colleagues anticipate that the numbers of victims and perpetrators will increase.

- 2.80 Police improvements in crime recording has seen the numbers of recorded offences increased.
- 2.81 The pervasive nature of internet capable devices and their ease of use for criminal purposes ensure that future threats around online CSE continue to evolve. The technology available to law enforcement will also lead to increased demand for the West Yorkshire Police Force. ICACCOPs is an online web interface and will enable Forces to further respond to and tackle, online child sexual abuse.

2.82 Training

The TBP and the Learning & Improvement task and finish group set up to look at opportunities for child exploitation training sessions across the district has continued its work. A series of sessions covering different aspects of the exploitation plan have been identified. The first session w focused on county lines; the second session concentrated on procedures and processes used in assessing cases within the exploitation hub. The sessions were launched earlier in the year. The feedback on the county lines sessions run by the Breaking the Cycles Team was extremely positive, and further sessions are being planned.

Other sessions being planned include: -

- Modern-Day Slavery
 - Adverse Childhood Experiences
 - Disclosures
 - Child Medical Procedures
 - Harmful Sexual Behaviour
- 2.83 The Bradford Partnership have commissioned from the NSPCC a series of training courses for frontline professionals responding to Harmful Sexual Behaviour displayed by children and young people
- 2.84 The sessions commenced in April 2021 and will run for 12 months. The commissioned service from NSPCC allows for the facility of a trainer the trainer. This has been made available to colleagues within the educational safeguarding team who can share the learning with designated safeguarding leads and deputies across the Bradford District.
- 2.85 The Bradford Partnership is hosting a series of Exploitation Masterclasses in November and early December on exploitation and will be delivered by a specialist

an external trainer – Sarah Henry. These sessions will be for frontline practitioners who are dealing with those at risk of exploitation. The sessions will include the findings from the recent publication of the Child Exploitation Thematic Review

- 2.86 The Bradford Teaching Hospital Foundation Trust Safeguarding team are part of the multi-agency training offer and teach on courses including to frontline practitioners who come into direct contact with children who may have additional vulnerabilities or disabilities
- 2.87 The Bradford Partnership are reviewing the current child exploitation protocol via one of the sub groups to ensure disabilities is referenced within the screening tool.

2.88 Child Sexual Exploitation (CSE) Thematic Review 2021

The CSE thematic review was published in July 2021, and the subsequent findings and recommendations have previously been reported to the Council committee.

- 2.89 The Partnership and its member agencies have accepted the findings of the review and are working to ensure the recommendations are carried out. A copy of the current developmental action plan is attached. It will be updated monthly, and actions may be amended and or added as required. The Chair and Independent Scrutineer have set a deadline for completing the action plan by the end of December 2021, which is challenging. Extension of current targets for completion will only be accepted on evidence of justifiable delay.
- 2.90 A further review of actions is planned for late October to consider the evidence of outcome/impact and check necessary changes have been embedded in practice.

Appendix D – Updated CSE Thematic Action plan

2.91 The Bradford Partnership and Bradford Safeguarding Adults Annual Partnership Reports

The Bradford Partnership have published the annual report which sets the activity been undertaken during the period of April 2020 through to March 2021 to promote the welfare of children and young people in the Bradford District. This includes improving outcomes for children and young people, statutory case review activity, delivery of safeguarding training, quality assurance and performance, the strategic vision, and what partners have achieved during that period. The annual report also recognises some of the opportunities, emerging challenges, and risks.

- 2.92 The report can be found in **Appendix A** respectively.

3. OTHER CONSIDERATIONS

There are no other considerations

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial implications.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

6. LEGAL APPRAISAL

- 6.1 In relation to the protection of children and vulnerable adults, the report engages a number of legislative areas, including the Children Act 1989, Children Act 2004, Children and Families Act 2014, Children and Social Work Act 2017 and Working Together Guidance 2018, Care Act 2014, Modern Day Slavery Act 2015, Forced Marriage (Civil protection) Act 2007, Mental Capacity Act 2005, Equality Act 2010, and Safeguarding Vulnerable Groups Act 2006. Some legislative provisions will have been amended temporarily under the Corona Virus Act 2020.
- 6.2 This report is, of necessity, a very high-level description of key activities undertaken by the Council in order to protect the members of the local population who are at risk of unlawful exploitation due to their vulnerability. The statutory safeguarding duties of the Council under both the Care Act and the Children Act are of pre-eminent significance and involve complex co-operative activities with both local and national partners. Effectively discharging these duties requires their integration into all the other activities undertaken by the Council. For this reason, any list of specific statutory provisions must be qualified by the need to consider the practical effect of each and specifically whether it may lead to or facilitate unlawful exploitation.
- 6.3 The exchange of information with other statutory or involved agencies to facilitate measures to combat exploitation is a permitted form of data processing but requires the Council to undertake risk-assessments to ensure that the correct level and detail of information is communicated.
- 6.4 The new child safeguarding partnership arrangements were created by the Children and Social Work Act 2017. Statutory Guidance 'Working Together to Safeguard Children 2018' requires the Safeguarding Partners to publish a report at least every 12 months setting out what they have done as a result of the arrangements, including on safeguarding practice reviews and how effective the arrangements are in practice. The report should also include evidence of the impact of the work of the partners and agencies including training, on outcomes for children and families from early help to looked after children and care leavers and also an analysis of any areas where there has been little or no evidence of progress on agreed priorities.
- 6.5 The Bradford Safeguarding Adults Board is required to publish both an annual strategic plan and an annual report into its activities. The annual report is annexed to this report; and, as is required under Schedule 2 of the Care Act 2014, it describes:
- what it has done during the year to achieve its objective and implement its strategy, what each member has done during the year to implement strategy the findings of the safeguarding adult reviews (SARS) arranged by it

which have concluded during the year, the SARs arranged by it under that section which are on going at the end of the year, what it has done during the year to implement the findings of SARs arranged by it, and where it decided during the year not implement a finding of a SAR, the reasons for that decision.

7. OTHER IMPLICATIONS

There are no other implications

7.1 SUSTAINABILITY IMPLICATIONS

None

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.3 COMMUNITY SAFETY IMPLICATIONS

Exploitation of Children and Vulnerable Adults is a criminal offence. The consequences of exploitation can be long-standing for the victim and there is growing research evidence that victims of CE are themselves over-represented among young people coming to the attention of police services as potential offenders. In addition, Exploitation has lasting consequences for families of victims and perpetrators and has potential implications for community relations.

- 7.31 The Community Safety Partnership (CSP) currently oversees the commissioning of funding from the passporting of Police and Crime Commissioner (now under the mayor's office) funding against key priorities, including CSE and now wider exploitation.

7.4 HUMAN RIGHTS ACT

Exploitation is a wide concept; and there is no direct provision that deals with it in the Human Rights Act. The abusive or criminal exploitation of vulnerable people, whether they are adults or children, will inevitably breach specific human rights. Where the Council becomes aware of this it will have a duty, as a public body, to take all proportionate steps to prevent such abuse and to enable all persons to effectively assert their human rights. The arrangements made by the Local Authority and partners are intended to both prevent the human rights of children, young people and adults being breached and to enable those right to be effectively asserted.

7.5 TRADE UNION

None

7.6 WARD IMPLICATIONS

- 7.61 It is recommended that each Area Committee receives an update report regarding criminal and sexual exploitation in the next 6 months.

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

None

7.8 IMPLICATIONS FOR CORPORATE PARENTING

- 7.81 National and local evidence shows that children who are looked after by the local authority are more likely to become victims of Child Exploitation 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 Child Exploitation.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

- 7.91 The nature of Sexual and Criminal Exploitation work requires partners to manage confidential matters and data under GDPR regulations in accordance with individual agency guidelines. There is no sensitive data included in this report that requires a Privacy Impact Assessment

8. NOT FOR PUBLICATION DOCUMENTS

- 8.1 **Appendix D** – Child Sexual Exploitation Thematic Review Updated Action Plan - Is exempt under paragraph 7 (Crime Prevention) Schedule 12 of the Local Government Act 1972

9. OPTIONS

None

10. RECOMMENDATIONS

- 10.1 The Children's Services Overview and Scrutiny Committee is invited to note the report
- 10.2 The Children's Services Overview and Scrutiny Committee commit to working closely with partners to Continue to raise awareness of exploitation of both adult and children
- 10.3 The Children's Services Overview and Scrutiny Committee commit to working closely with partners to deliver on the actions within the developmental action plan and progressing the extensive wider work presently on going in Bradford.
- 10.4 A further report to be presented in 12 months

11. APPENDICES

Appendix A – The Bradford Partnership Working together to safeguard children annual

report 2020/21

Appendix B – Trusted relationships – Case Studies

Appendix C – Police Online Investigations Team Case Studies

Appendix D – Child Sexual Exploitation Thematic Review Updated Action Plan (Not for publication)

12. BACKGROUND DOCUMENTS

Working Together to Safeguarding Children 2018 - [Working Together 2018](#)

The Care Act 2014 - [Care Act 2014](#)

West Yorkshire Police and Crime Plan - [West Yorkshire Police and Crime Plan](#)

Serious and Organised Crime Strategy 2018 - [Serious and Organised Crime Strategy 2018](#)

West Yorkshire Police Serious and Organised Crime Strategy - [West Yorkshire Police - Precision](#)

Children's Society Counting Lives Report: responding to children who are criminally exploited - [Children's Society – Counting Lives Report](#).



The Bradford Safeguarding Partnership – Working together to safeguard children (TBP)

Annual Report 2020-21



Partners Foreword

Welcome to the annual report of Bradford Partnership (TBP) – Working together to safeguarding children. This unique report covers April 2020 through to March 2021, which saw unprecedented challenges for our partners due to the global pandemic – Covid 19. Added into this was the continued improvement journey of our Children's Services being closely monitored by Ofsted.

The report is an honest reflection on that period. You will read about many key achievements, child safeguarding practice reviews, and acknowledging the challenges and emerging risks partners face.

Our Partnership board and agencies worked tirelessly to ensure business continued during the pandemic. In late Spring, meetings moved to virtual meetings for the remainder of 2020/21. The Bradford Partnership held weekly Covid meetings to see how the partnership could support those partnership resources directly dealing with this unprecedented period.

You will also see acknowledgement that the partnership continues to challenge itself, and with partners continue our improvement journey, something collectively we will always strive to do

Partners Foreword

It is clear that some safeguarding threats persist, and as a partnership, we are determined to reduce the impact of these threats in a sustainable way. The pandemic has allowed us to consider how effective engagement with our communities can help us achieve these and other key safeguarding areas.

We must as a partnership continues to improve our engagement with communities, children, young people, and their families if we are to achieve our goals. This is fundamental to our success. Finally, we would like to acknowledge and thank every individual involved in safeguarding across the Bradford District for their commitment, hard work, support, and resilience.

Kersten England	Dan Greenwood	Helen Hirst
Chief Executive	District Commander	Chief Officer
City Of Bradford	Bradford District	Bradford District
Metropolitan District Council	West Yorkshire Police	Clinical Commissioning Group

Independent Chair & Scrutineer Foreword

This report is very different from the 2019- 20 Annual Report in a number of ways. That report (which was the report of the Independent Chair) covered a period of transition from the Bradford Safeguarding Children Board to The Bradford Partnership which replaced it in accordance with Working Together 2018. Current arrangements no longer involve a body which acts independently and the new Partnership is the responsibility of, and in the direct ownership of the three statutory partners – the Local Authority, the CCG and the Police and as a result this is their report, not mine.

I write this response in my capacity of Scrutineer and it is intended to support partners by providing my independent perspective on the work of the partners to safeguard children during 2020-21 and to highlight continuing challenges where appropriate.

The contents of the report have been determined by the lead agencies and they, together with other relevant partners have set out their strategic vision, outcomes and priorities, have provided information about their arrangements, information about partners achievements, new opportunities, challenges and emerging risks and reported on learning from reviews and analysis of performance.

The multi-agency arrangements for managing concerns continued to develop in 2020-21 with significant changes in the operation of the Integrated Front Door (the first point of contact when there is a concern re vulnerable children). The issue of agencies' understanding of the thresholds for service, issues re engaging families via consent, and low referrals for early help, (all also identified in the previous year) remained areas of concern in 2020-21 despite a clear focus and considerable work to promote improvement. However, though still showing insufficient progress in these areas at the year end, future reports will evidence much more progress in 2021-22.

The context within which safeguarding services are provided to support children and families continues to be challenging, and the pandemic added a further layer of challenge during 2020-21. Partners are to be commended on the way they came together to provide the best response they could. They were clearly sighted on vulnerable children, tracked those who did not take up the opportunity to be in school, achieved commendable levels of direct contact with children subject of a child protection plan or looked after by the Local Authority and, ensured food was taken out to those who would have had free school meals (many schools played a very significant part in this via doorstep deliveries).

Independent Chair & Scrutineer Foreword

Throughout the period Local Authority Children's Social Care continued to be monitored by Ofsted and, while some improvements were noted, the speed of recovery was considered to be too slow. Recruitment continued throughout but high levels of agency staff continued to be required. New standards of practice had been introduced and both supervision and quality assurance activities improved but Ofsted continued to report inconsistent quality of practice.

Both the partnership and the Improvement Board have been monitoring performance on a regular basis and, as Scrutineer, I have also been provided with more frequent reports in respect of some key practice areas. Some of the data is set out by partners in this report and shows continuing high rates of reported concerns for children, and high rates of children looked after by the Local Authority and of children subject of a child protection plan. Not all the data which is monitored can be set out in the report but the following are worth noting. At the end of 2020-21:

- Early Help referrals were still low despite investment, the launch of an expanded service, and changes in responses in the IFD;
- Too many contacts re concern for children were subject of no further action due lack of consent or not reaching the necessary threshold;
- Numbers of children being electively educated at home had increased dramatically;
- Timeliness of receipt of a service from the Child and Adolescent Mental Health Service had seen very significant improvement (concerns remaining about waiting times for Autistic Spectrum/ADHD).
- The increased demand arising from high levels of child protection referrals was a challenge for all agencies and exposed some significant deficits in capacity, particularly acute in the 0-19 service which provides school nurses and health visitors.

Independent Chair & Scrutineer Foreword

Although not published in 2020-21, (published in July 2021) a thematic review in respect of child sexual exploitation was underway and partners were responding to emerging learning during its progress. Additionally, understanding of child criminal exploitation was also developing. In response, the effectiveness and configuration of the service was reviewed and partners agreed to make a significant investment in services which will lead to the creation of a multi-agency exploitation hub based on research about effective practice.

Notwithstanding all the challenges, what I have seen is a sincere commitment to working together, and a willingness be creative in addressing the need for change among senior managers. On the front-line I have seen practitioners going above and beyond expectations to protect some of our most vulnerable children and families and to them I send my thanks

Jane Booth

Independent Chair and Scrutineer

The Bradford Partnership – Working Together to Protect Children

Role of the Independent Chair & Scrutineer?

To chair
programmed
meetings of TBP
& extraordinary
meetings as
required

To attend the
Strategic
Leadership Group
meetings and act
as a constructive
critical friend

Meet with the
Director of
Children Services
or representatives
as required.

Ensure the partnership
monitors and develops
a safeguarding
partnership business
plan which maintains a
clear multi agency
focus on outcomes for
vulnerable children .

Be a key driver to
promoting
reflection and
continuous
improvement
across the
partnership

To liaise with the
Lead Member for
Children & Families
Services, Health and
Wellbeing Board and
the Overview and
Scrutiny committee
as required

Ensure that the partnership
works effectively, with good
collaboration between its
members, encouraging and
supporting the
development of partnership
working between partner
agencies, including its Sub
Groups.

Provide assurance
that TBP operates
independently of its
member agencies
and that any conflicts
of interest are
appropriately
managed.

Reviewing audits
and performance
data

Promote an
awareness of
Safeguarding
Children
throughout
Bradford District

Introduction to the Annual Report

This report lays out the strategic vision, outcomes and a reminder of our priorities.

It gives information on internal structures and governance to hold partners to account

There is information on the work our statutory & strategic partners and we have achieved but also recognising some of the opportunities, emerging challenges, and risks

Also included is information on Local Safeguarding Child Practice Reviews (LSCPRs) and some of the performance data we have collected throughout 2020/21

About TBP

The Bradford Partnership has an Independent Chair & Scrutineer and consists of three key partner agencies who have a shared statutory responsibility for safeguarding children.

TBP is a key statutory mechanism for agreeing how the relevant agencies will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

[Working Together to Safeguard Children: July 2018](#)
– Requires Multi-Agency Safeguarding arrangements for the work of each Local Safeguarding Children Partnership.

About The Bradford Partnership (TBP)

By law, the partnership must have three members which are: Bradford Local Authority, West Yorkshire Police & the NHS Bradford District & Craven Clinical Commissioning Group (CCG).

The statutory partners lead working with Relevant Agencies (schools and all other agencies) to safeguard and promote the welfare of children .

Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute

The safeguarding arrangements are published along with annual report detailing how effective our work has been.

The arrangements are subject to independent scrutiny .

Commission Local Child Safeguarding Practice Reviews (LCSPRs) for any cases which meet the criteria for these.

Our Shared Vision & Principles

Our Vision

“The Bradford Partnership will work to ensure that children are safe and receive a quality service”

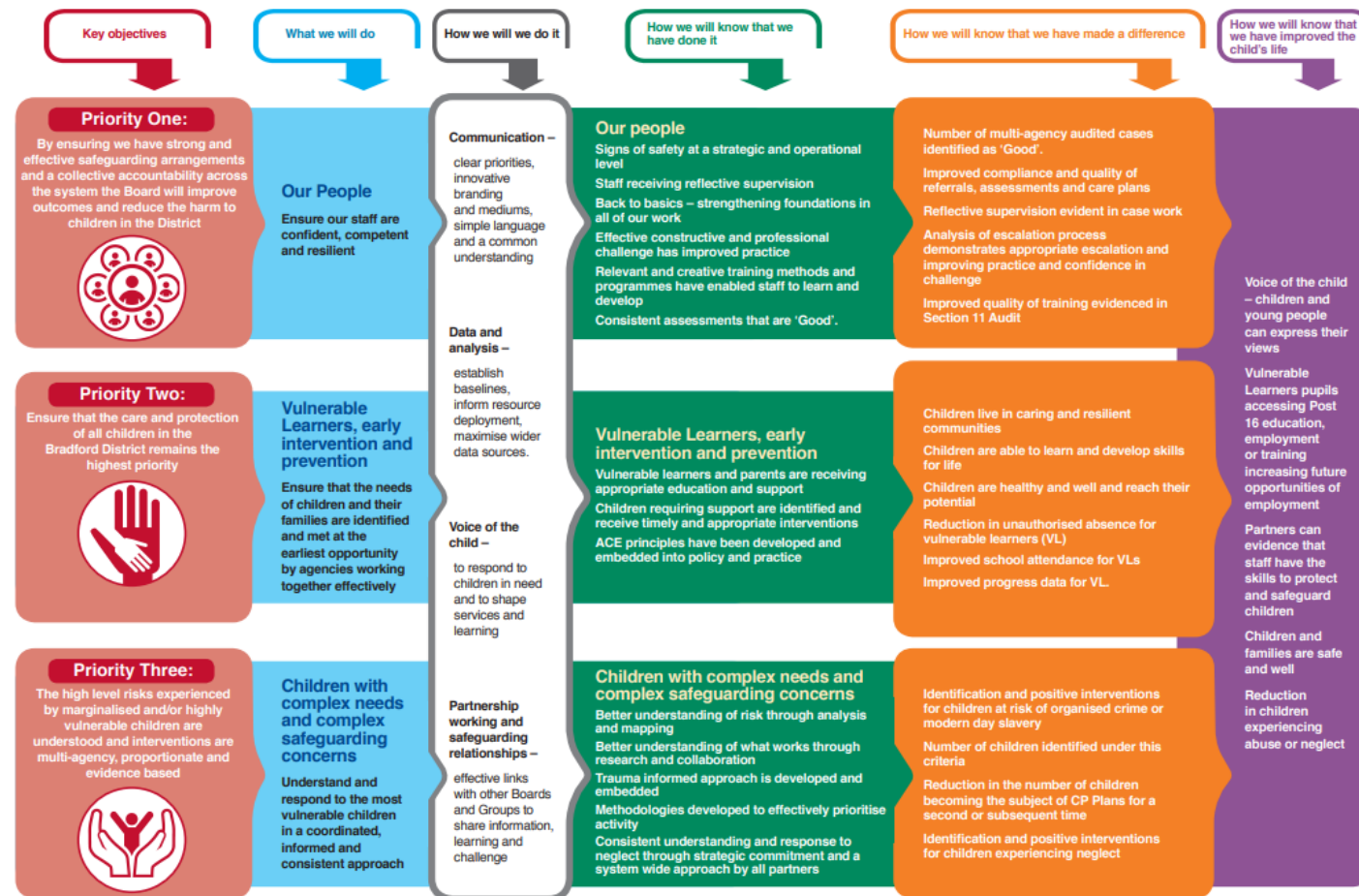
Our Principles

- The child is always at the centre
- There will be clear governance and accountability, clearly defined roles and responsibilities
- There will be transparent, open and honest communication between all
- We will foster continual improvement which includes learning from others
- We will enable early support at the right time to build independence and self reliance



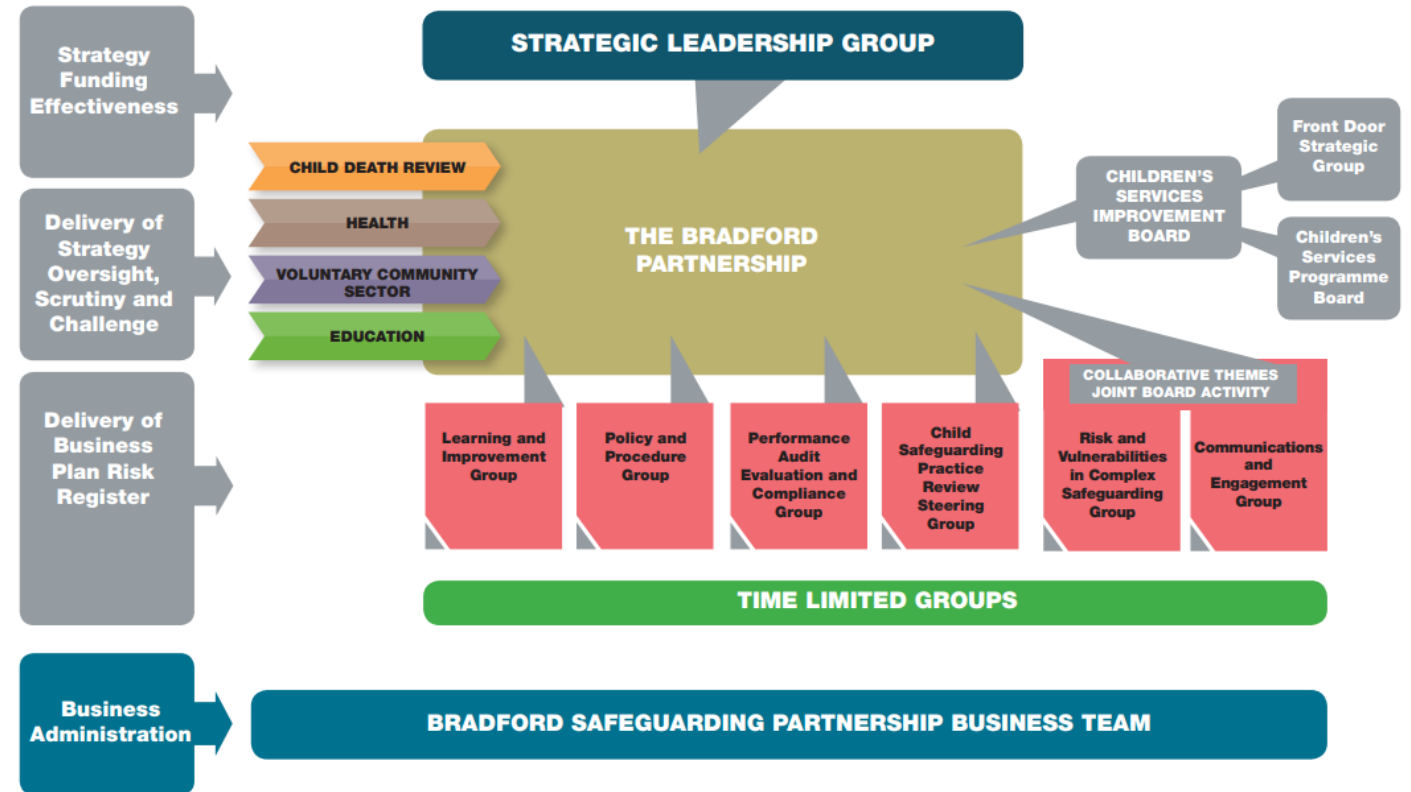
TBP Strategic Plan 2019/2021

Strategic Plan on a page 2019 /
2021



The Bradford Partnership Structure

Working together to safeguard children THE BRADFORD PARTNERSHIP



* The TBP are in process of developing a partnership Executive Group that will sit between the sub groups and the main partnership structure for 2021 / 22

Partnership Membership

- 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

Agency	24/06/20	30/09/20	16/12/20	24/03/21	%
ANHSFT	Y	N	Y	Y	75
BDCT	Y	Y	Y	Y	100
BTHFT	Y	Y	Y	Y	100
CCG	Y	Y	Y	Y	100
CSC	Y	Y	Y	Y	100
Education	Y	N	N	N	25
NPS	Y	N	Y	N	50
Public Health	N	Y	N	N	25
VCS	Y	Y	Y	Y	100
WYCRC	N	N	N	Y	25
WYP	Y	Y	Y	Y	100
YOT	N	N	Y	Y	50

How does TBP link to other boards

TBP links with other statutory and relevant boards / partnerships

Where appropriate TBP Independent chair and Scrutineer will agree to, attend meetings with other board chairs to ensure continuity, joint working and shared resources

Other TBP links

- Bradford Wellbeing Board
- Bradford Health & Social Care Overview & Scrutiny Committee
- The Bradford Safeguarding Adults Board
- Bradford Community Safety Partnership
- Bradford Domestic & Sexual Violence board
- Children's System Board

Children Social Care

The new integrated front door (IFD) , the service which receives contacts and referrals to children`s social care, went live at the height of the first wave of the pandemic in June 20

The service at that time had been operating with a very high level of demand with a dispersed workforce. The IFD continued to be embedded and had to adapt very quickly to the new demands. Practice improvements were evident in more timely triaging of contacts, clear management oversight, effective use of information & risk analysis.

The new IFD arrangements put Early Help, interventions, and multi agency information sharing on a priority footing and closed several gaps on how services were delivered previously.

Strategy discussions are well attended, and timely. Effective safety plans are developed to ensure children`s immediate safety. Our social workers speak to children as part of the process, to have an understanding what life is like for them. This supports appropriate early decision-making.

Children Social Care

Significant effort has been made to recruit and retain more managers, practice supervisors and experienced social workers . This has continued to be a challenge throughout the past year.

The issue of parental consent raised in the Ofsted inspection is now better understood.

Despite Covid, work continued on the implementation of improvements required by Ofsted. Council teams and partners were able to implement new and flexible ways of working to ensure vulnerable children are kept safe . This included conducting high quality 'virtual' visits as well as doorstep visits. There is an acknowledgement that the pace of improvement has been slow.

A key piece of work completed was the introduction of new practice standards. The standards were developed in conjunction with staff and form the basis on how we approach our work.



Children Social Care

Despite the changes to working practices due to the Pandemic CSC managed to support all our children across residential homes

Provide short breaks across residential respite units

Provide supervised family time across our contact services

Care for all our children in their fostering placements

There were a few challenges around IT – e.g. Ensuring that staff had all the relevant equipment in order to complete various tasks . This issue has been monitored closely through the Improvement board

Children Social Care

The Improvement plan in response to the Ofsted Inspection did see some delays due to recruitment of permanent senior leaders.

The number of children in care remained higher despite efforts to safely reduce the numbers.

External placements were used, with several children being placed outside the area

Disabled children receive a child centred social work support which is making a positive difference for them. Transition planning for older children is promoted early and is appropriately focused on their identified needs.

The complex safeguarding hub provides an authoritative and confident response to children who are at risk of exploitation. The hub's thorough screening of contacts and referrals about children, the specialist advice and consultation provided across the service and regular risk assessment meetings have strengthened practice . Further development of the hub will continue in 2022.

West Yorkshire Police

West Yorkshire Police continues to be committed to active membership of The Bradford Partnership. During the past year, we have been represented at the board level by Temporary Superintendent Steve Greenbank, Chief Inspector Karen Lindsay, and Superintendent Richard Padwell & Chief Inspector Dan Ware. West Yorkshire Police is represented at all the key subgroups to the partnership board, where we continue to engage with all our partners on the board's priorities.

Alongside other agencies, the Bradford District police represent a bridge across from adult safeguarding into other vital areas of public protection, including domestic abuse and child safeguarding.

Our work on the pernicious issue of county lines drug dealing sees both children and vulnerable adults being exploited by the same offenders. We will continue to work across all partnerships to protect victims while targeting offenders.

We also recognise the challenges for both victims and perpetrators in accessing services between the ages of 16-25 as they transition from childhood to adulthood. "Policing has a crucial role to play in the identification, support, and safeguarding of adults who are at risk of harm. Perpetrators sometimes target those with specific vulnerabilities, such as mental health or isolation, believing that there is less chance of being caught.

I joined the senior leadership team at Bradford in January 2021 and am fully committed to working in partnership with the Bradford Partnership to keep Bradford residents, families, and communities safe and feeling safe. I welcome the challenge from partners and communities in holding me to account and will similarly hold partners to account for service delivery. I am proud to chair the All Age Exploitation Sub Group on behalf of the partnership."

Superintendent Richard Padwell – West Yorkshire Police Bradford District



West Yorkshire Police – Key Achievements

Through collaborative work with Bradford District Care Trust and the Local Authority created and developed Mental Health (MH) triage car . Initially introduced as a pilot to address issues of the Section 136 detentions .

The triage car has a MH nurse/Social Worker working alongside a Police Officer and attend incidents where there is a MH element and MH assessment is needed, thereby reducing unnecessary S136 detentions and improving the outcome for the subject.

MH training to over 200 new Police Officers

Supt Richard Padwell is the chair of the tri board sub-group – All Age Exploitation . This sub-group is working towards a partnership assessment of exploitation covering the threat, harm and risk across the Bradford District.

The number of missing adults & children at risk through the pro-active use of the *Herbert Protocol & *Philomena Protocol has reduced significantly.

2000 less incidents of missing children and adults

* Herbert Protocol & Philomena Protocol are early intervention and risk reduction schemes to help find vulnerable people who are at risk of going missing.



West Yorkshire Police – Key Achievements

Share a key role in the IFD

Operation Encompass is an initiative enhances communication between the police and schools where a child is at risk from domestic abuse · The purpose of the information sharing is to ensure schools have more information to support safeguarding of children. By knowing that the child has had this experience, the school is in a better position to understand and be supportive of the child's needs and possible behaviours

Operation Encompass complements existing safeguarding procedures and is now embedded in Bradford District

A senior police officer also co-chairs the MACE meetings with a senior colleague from Children Social Care

The number of recorded serious sexual offences in 2020 reduced by 228 offences. 1769 recorded in 2019 compared to 1541 recorded in 2020

The reduction in serious sexual offences is believed to have been linked with the national lockdown restrictions

There has been a slight improvement in the detection rate for serious sexual offences from 6.56% (116) in 2019 to 8.70% (134) in 2020



West Yorkshire Police – Key Achievements

We are committed to preventing people from becoming victims of crime, especially the young and the vulnerable. We also ensure that where crimes do occur, that victims and witnesses receive the best possible service and the best possible outcome.

Protecting the vulnerable remains our top priority . We have continued our focus on investigations into non recent offences of child exploitation through Operation Dalesway. We have seen a number of preparators brought to justice as a consequence . We still have a number of on-going investigations.

Bradford District Cyber Crime Team and have developed new educational & preventative material to help reducing harm and risk to the vulnerable . The team continue to promote early intervention with primary school children.

During Safer Internet Day in February 2020 the Cyber Crime Team hosted a full week of activities all centred on E-Safeguarding supporting the international event .

Our ambition is that all members of West Yorkshire Police, deliver an outstanding service, so that we can achieve the aspirations set out in the West Yorkshire Policing Strategy 2020-2025 and deliver our overall vision of '**Keeping West Yorkshire Safe and Feeling Safe**'.

Bradford District & Craven Clinical Commissioning Group (CCG)

Overall responsibility and accountability for safeguarding sit with the accountable officer, Helen Hirst.

The CCG children safeguarding team provide advice and support to colleagues. Still, as a commissioning organisation, they also ensure that compliance and quality are closely scrutinised, supported, and, where appropriate, challenged. The team also supports the safeguarding response and recovery plans for those organisations falling short of these essential standards and their statutory partners within children's social care.

CCG provides significant leadership by chairing several subgroups within the governance of the partnership structure.

As statutory partners of The Bradford Partnership, the CCG maintained a presence at partnership meetings, significantly contributing to the delivery of the assurance processes of TBP. The CCG fully met the duty to participate in and oversee the health contributions to Local Child Safeguarding Practice Reviews.

The CCGs' child safeguarding team continues to work cohesively and in collaboration with other partner agencies and has a shared commitment to safeguard those at risk of harm and abuse in Bradford. On 1 April 2020, the 3 NHS Clinical Commissioning Groups (CCGs) for Bradford District merged, forming the Bradford District & Craven Clinical Commissioning Group



Bradford District & Craven Clinical Commissioning Group (CCG)

Active senior leadership provided through The Bradford Partnership, Children's Improvement board and System Quality board

Led the health response in collaboration with partners to support Directorate of Education

Held weekly/bi weekly/ monthly meetings for senior leads providing essential data and assurance that vulnerable children and young people are receiving timely support including missing children, children not in education amongst others

Development of new clinical model for Children Looked after and reduction in waiting lists for health assessments.


Investment and recruit of key safeguarding posts within the CCG and also the funding of a Designated Doctor for children in care recurrently

Bradford District & Craven Clinical Commissioning Group (CCG) – Key Achievements

Have been responsive & worked in partnership across health and social care system to support partners and seek assurance that safeguarding children remained a priority during the pandemic.

In response to the Covid 19 pandemic and remote working safeguarding training was developed, delivered and maintained throughout to CCG staff via virtual training platforms

Developing and circulating safeguarding communications & information guidance to Primary Care staff on virtual examination , domestic abuse , Mental Capacity Act & vaccination aide-memoire to support practice




Bradford District & Craven Clinical Commissioning Group (CCG) – Key Achievements

As a consequence of the pandemic the CCG adapted safeguarding & quality systems to monitor providers & how well they are doing in protecting people from abuse & neglect

Strengthened relationships within the CCG and multi agency partnership to ensure safeguarding children is at the centre of decision making , including service changes as a result of the pandemic

The Personalised Commissioning Team have made timely applications for community deprivation of liberty cases to the Court of Protection to ensure actions and restrictions are proportionate and necessary.



Bradford District Care Foundation Trust (BDCFT)

All safeguarding mandatory training is above the threshold of 80%

Audit work has continued to evaluate learning & improve the quality of safeguarding practice together with updating policy and guidance

Providing valuable contributions to TBP & Subgroups as an active member
Providing valuable contributions to TBP & Subgroups as an active member

Bradford District Care Foundation Trust (BDCFT)

Children's Covid Integrated Visiting Team

A co-located and integrated team was established at Westbourne Green Health Centre (BDCFT), which brought together BDCFT Community Children's staff and Social Care colleagues, meaning we could focus on our most vulnerable children, even when there was suspected or actual Covid within the household. Joint visits and assessments were completed using PPE, 'clean' nurse, transport, decontamination, and de-brief after the visit. Social Workers and Nurses, i.e., Health Visitors, School Nurses, Children in Care Nurses, School Nursing, Special Needs Nurses, Staff Nurses, and Nursery Nurses completed visits.

0-19 Service (Health Visiting & School Nursing)

Both of these services have been significantly challenged in terms of staffing resources and capacity. Both services have recently activated their Business Continuity Plans due to substantially reduced staffing, specifically at the Specialist Community Public Health Nurse level, meaning that core mandated universal contacts have been impacted.

Entering the first lockdown period, services mitigated risk wherever possible by adhering to the NHS England National Community Guidance to stratify and prioritise caseloads while also offering a 'virtual' offer using telephone and video-enabled technology. Both services have worked hard to ensure that where face-to-face visits are needed, these occur using appropriate PPE, secure covid practices, and the Children's Covid Integrated Visiting Team. As the year has progressed, face-to-face contacts have resumed.

A full review of the School Nursing Service has been completed with Public Health Commissioners; service re-design is underway, which will focus on enhancing the core School Nursing offer.

The Health Visiting Service realigned to a tiered model, focusing on safeguarding, early help, and universal caseloads.

Bradford District Care Foundation Trust (BDCFT)

Children in Care Nursing Team

The Children in Care Team has expanded using non-recurrent monies to ensure that all children new into care are allocated a named Children in Care Nurse. The team is now skill mixed with specialist nurses, Staff Nurses, Nursery Nurses, and Admin. The additional nursing resource into the team is assisting with reducing nursing caseload sizes.

Throughout the last year and in response to Covid, the caseload has also been stratified, ensuring that the focus has remained on the most vulnerable children / young people who have needed support. Face-to-face visiting has been vital throughout the pandemic in this service.

The focus remains on completing Initial and Review Health Assessments promptly and working with Social Care to ensure that 'consent' for health assessments is received promptly.

School Nursing Special Needs

This service has worked exceptionally closely with education colleagues and the leaders of the Special Schools during the Covid period and continues to do so. Caseloads were stratified according to need and welfare calls made to families to ensure consistent support throughout lockdown.

Close working in relation to covid secure environments in schools, school bubbles, PPE has been vital in ensuring that as many children as possible can attend school safely.

Vaccination & Immunisation Team

During the period of lockdowns, the school-aged vaccination and immunisation service was redeployed to help support with covid visits and administration of the covid vaccine within the Bradford vaccine hubs. Like all other teams across the country, Covid impacted directly on the immunisation schedule for children, resulting in a backlog of immunisations. The team has worked exceptionally hard to catch up on their various immunisation campaigns meaning that the children of Bradford have received the routine offer of vaccinations.

Bradford Teaching Hospitals Foundation Trust (BTHFT)

Despite the significant impact and challenge on services Covid 19 presented, BTHFT maintained a safeguarding service throughout.

Recruitment of a Mental Health Specialist Practitioner to work across age groups

A pilot project of an enhanced care support worker to work with patients with additional needs such as , learning disabilities , cognitive impairment or mental health diagnosis. This project has allowed for early recognition of concerns and a timelier response.

The Safeguarding team assisted in the development of a multi-agency pathway designed to manage children and young people in crisis who need to the support of CAMHS and Children Social Care

Violence Reduction Unit in the Emergency Department (ED)- Following a successful pilot scheme a new Navigator role has been identified to start in ED in April 2021 to target those YP and adults who are victims of violence to engage in work with Breaking the Cycle.



Bradford Teaching Hospitals Foundation Trust (BTHFT)

The team were honoured to be a Nursing Times Award Finalist for our collaborative work with Children's Acute Mental Health Partnership (ChAMHP) right care, right place, right time.

The Trust continues to champion and support the ongoing work across the district to support those young people at risk of Child Exploitation (CE). The Trust has adopted the new risk terminology and continues to flag all those children assessed as significant risk for Child Sexual Exploitation (CSE) and in the later part of the year has also started to flag those at risk of Child Criminal Exploitation (CCE).

The Trust has also commenced flagging children with learning difficulties following a recommendation from the CSC CLAS inspection in February 2019.

The Safeguarding Children Team have a robust work plan and audit strategy that is regularly reviewed and updated in line with highlighted and emerging risks and themes. This provides assurance to the Trust and enhancing children's care and safety. The work plan includes appropriate areas for development and is informed by Trust and district activity and local and national learning from serious case reviews and inspections.



Bradford Teaching Hospitals Foundation Trust (BTHFT)

'ICON Lite' was launched in the reporting period to help parents care for a "crying" baby and help reduce the risk of injury to a baby when parents cannot cope.

VCS service for children on the wards continued and Youth workers continued to support children on the ward engaging them in activities and providing support. To children, families and staff.

Due to Covid virtual clinics have taken place to ensure that children were still able to access support and care. The Trust has moved with the changing government guidelines and adapted clinical areas to ensure that some face-to-face contacts can be conducted and are working to return to a higher proportion of face-to-face clinics.

Lack of community services has had a huge impact in terms of access to support groups, early help and intervention that would/could have taken place pre Covid. There has been a significant increase in families attending the ED department to access support and healthcare due to difficulties in being able to physically see other health practitioners in the community.



Children & Adolescent Mental Health Services (CAMHS)

The independent review by the Centre for Mental Health was completed in June 2020.

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.

The report was shared with the Mental Health Partnership Board and has since been published and disseminated widely with stakeholders across Bradford and Craven.

Pathway development - Consultation with the 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.

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



Children & Adolescent Mental Health Services (CAMHS)

Waiting List initiative -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 Youth in Mind (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.

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.

The programme have developed a series of easy to use digital and paper cards with key information 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.

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

Therapeutic support - 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

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



Youth Justice Service – Key achievements

Bradford & District YJS is made up of representatives from key agencies including the Police , Probation Service, Children`s Social Care, Bradford District Care Trust and Education – (formerly known as the Youth Offending Team)

The Youth Justice Board (YJB) stated “the YJS had made significant improvements since the priority support was put in place in 2019”

Recruitment of additional specialist resources which has enhanced the understanding of our young people, drive continued improvement and quality

A monthly quality audit is now in place

The number of young people in custody reduced during this period , however it is recognised the impact of Covid 19 restrictions and closure of courts will have impacted on this.

We are leading a West Yorkshire Pathfinder funded by the YJB which aims to look at consistent and effective practice for diversion and prevention.

Voluntary Care Sector (VCS)

Key Achievements

Covid dominated the work of the VCS in 2021/21 . Voluntary organisations were key to the initial and longer-term responses. As with other partner agencies had to quickly adapt the way of working and operational delivery to meet the challenges of Covid with new and emerging needs , together with the need to work collaboratively

Partnerships – The VCS worked co-operatively with a range of partners in new ways. VCS and faith organisations were active in a wide range of activity including

Food provision supply, Mental health support ,Information sharing & increased partnership working

Active member of the TBP and various sub-groups and contributing intelligence , research and data . Provided communications for organisations , partners and individuals with informed solutions

System navigation – Enabled children, young people and families navigate the system to offer support and continuity . Particularly focussing on smooth transitions between children and adult services

Voluntary Care Sector (VCS) Key Achievements

Neighbourhood activity – Emergence of mutual support groups and increased activity from existing ones .

Proactive – Seeking out unseen children, anticipating needs and planning ahead. We ensured face to face meetings/ doorstep support continued for the most vulnerable . In some cases, being the only source of contact with individuals and families.

Leadership – Lead on key projects such as No Child Cold and ensured frontline VCS were offered vaccines, participation in key command groups

Although Covid still dominates the work of the VCS . The VCS have contributed to other vital activity such as ;-

- Promoting national VCS safeguarding resources
- Managing and facilitating online training & support groups
- Contribution to the development of ACES / trauma informed approaches
- Supporting the introduction of lead practitioner approaches .

Local Safeguarding Children Practice Review (LSPCR)

Learning Improvement

The Bradford Partnership has responsibilities under Working Together to Safeguard Children 2018 to undertake reviews of serious incidents involving children within the district. The guidance identifies the kind of cases that must be reviewed as;

- Serious child safeguarding cases in which:
- abuse or neglect of a child is known or suspected and
- the child has died or been seriously harmed

Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social, or behavioural development. It should also cover the impairment of physical health. When making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred.

The review is intended to identify single or multi-agency learning in the case and look at ways that this can be put into agency practice.

Under the guidance, the statutory partners have fifteen working days to undertake an initial "Rapid Review" of the circumstances of the case and decide whether there is a need for a more detailed "Local Child Safeguarding Practice Review" to gather the learning of the case.

Local Safeguarding Children Practice Review (LSPCR)

During 2019/20 TBP undertook a total of seven Rapid Reviews of cases. Of these the partnership made the decision that two of these required a more detailed review. Additionally the partnership identified opportunities for practitioner learning in different forms for two more cases. These were run as virtual events during 2021 due to Covid-19 restrictions but were widely praised as of value to those workers who attended. One of these was an appreciative enquiry event which involved workers and managers who had been involved in the case and sought to collectively look at what worked well in the case and what could have worked better. The second involved a series of learning presentations linked to the case that was open to workers from Bradford District as well as those from other local authorities across the region.

Local Safeguarding Children Practice Review (LSPCR)

- During this period two of the new cases moved forward to a Local Child Safeguarding Practice Review. This involves the appointment of an independent reviewer who will examine the information from all agencies and seek to identify areas of learning displayed by both good practice and where practice was less good within agencies and between agencies. They will seek to look at the way agencies both worked together and individually and provide recommendations for improvements. One of the reviews for “Grace” is due for publication in Autumn 2021 while another has identified an author and will commence in September 2021.
- In addition a case that commenced in 2019 and had been delayed by the pandemic restrictions for a case, “Emily”, was published early in 2021 and is available on the Safer Bradford website [Learning Review for “Emily” – click here to view](#). TBP also provided a “7 Minute Briefing” document to allow for briefing of staff across the partnership regarding the learning from the case [7 Minute Briefing – “Emily” – click here to view](#).
- Bradford partners also assisted Camden with a review into one of their cases which had some links to Bradford although no significant learning for agencies locally.
- In 2020/21 work continued into the CSE Thematic Review, which again was delayed due to Covid-19 restrictions. This was published in July 2021 and responses in relation to this will be reported on more thoroughly in next years’ report.

Learning / Training

The Bradford Partnership hosted a virtual conference in February 2021 focusing on tackling the criminal exploitation of children.

The event was brought together by TBP with the West Yorkshire Violence Reduction Unit , Bradford Council, West Yorkshire Police and other key partners.

The event had a range of nationally recognised speakers including those with lived experiences and was attended by over 200 delegates and marked the start of TBP contemporary response to exploitation.

“We all know that Child Criminal Exploitation (CCE) is not something that any one agency can deal with in isolation, it needs to be a collective partnership response”

West Yorkshire Police & Crime Commissioner (PCC) Mark Burns- Williamson OBE

Learning / Training

Whilst the last 12 months has been particularly challenging for a TBP training offer, a number of other forms of training has taken place on a variety of different subjects these included :-

- Virtual training
- Professional practice sessions
- Appreciative inquiry
- How to deliver effective virtual training

Single agency training on all areas of safeguarding continued throughout the period of this report



Other Partnership Achievements

Our work with the West Yorkshire Violence Reduction Unit has helped us refine data & better understand the threat of serious violence & exploitation, this enables partners to intervene earlier

Bradford District have retained a strong locality based youth service.

Youth work practitioners develop strong links to communities and neighbourhoods

Bradford's Breaking the Cycle is an exemplar of good practice. It stands strong in providing an intensive, intelligence led , and where required an invasive intervention service to young people who are risk of serious violence and exploitation (See case studies)

Did we make a difference ? – Case Study 1 – Child A

Child A was referred to services due to concerns regarding criminal & sexual exploitation. Child A was associating with older boys, who offered him rewards for stealing car parts and bikes, even acts of arson

1 to 1 support was provided focusing on the child's interests/hobbies . Sessions were focused on football in the park.

Child A always had a say on what work was been undertaken. Child A`s mother was always kept in the loop

What was the outcome ?

Child A was given sessions on fire safety , shared lived experiences with professional footballers and the consequences of committing crimes.

Child A at the time was in the transitional period from primary to secondary school .

He wrote letters to those he had offended against and has been an active member of a local sports club

Direct feedback – “I can use my new skills in other parts of my life”

Did we make a difference ? – Case Study – Child B

Child B was referred to services due to concerns of sexual abuse and vulnerability to exploitation

Child B had numerous missing episodes, instances of self harm and eating disorders.

1 to 1 support provided during Covid
Twice weekly sessions including contact via social media. Additional support provided by Barnados.

Therapeutic art and structured exploitation session completed
Additional support for Child B's carer

What was the outcome ?

Child B is now engaging with additional support . Missing episodes have stopped. Child B is now in college

Child B is have on going support and has placement support via Positive Pathways to support her return to mothers care.

Direct feedback – Child B – Felt listened to, heard and protected by the workers.
Child B can now identify trusted adults

TBP Dashboard & Intelligence

TBP, through the Performance Management, Audit, and Evaluation (PMAE) sub-group, collates data and monitoring information regarding the extent to which children and young people who are subject to interventions achieve positive outcomes. Amongst the focused areas, the PMAE sub-group monitors the progress of priority issues as set out in the board business plan.

The following slides are an indication of some of the areas monitored by this sub-group. The sub-group meets quarterly and is chaired by the independent scrutineer Jane Booth.



Children's Social Care Contacts

Why is this important?

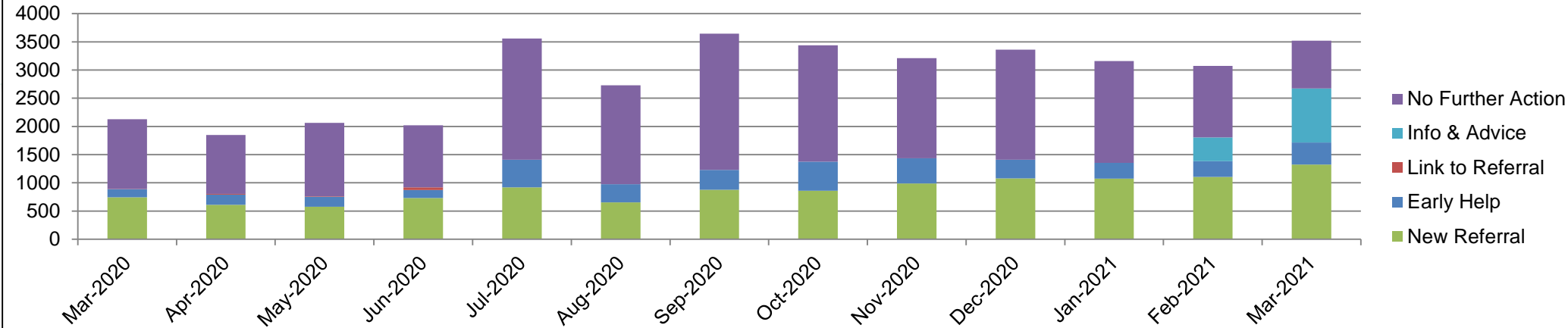
An effective service should be working with partners to limit the number of contacts that do not lead to a referral to ensure that demand is managed and dealt with appropriately.

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

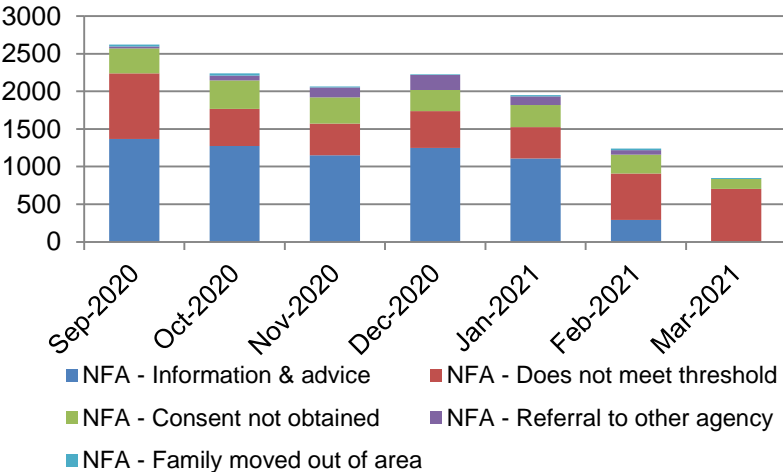
- The number of contacts received into the Integrated Front Door has significantly risen over the course of the year. In March 2021, a total of 3836 contacts were made to Children's Services. This is the highest monthly number of contacts received since September 2020. The rise in contacts is believed to be linked to schools returning during the Covid19 Pandemic. This has in turn resulted in a higher number of cases being progressed for a Social Work Assessment.
- Reassuringly, the number of cases referred to Early Help has increased and there is further work planned in this area to ensure children and families receive early, targeted and timely support. We continue to utilise our Early Help Coordinators in the locality Hubs who offer support to universal professionals identified as 'Lead Practitioners'. This ensures early help assessments are completed in the community to support families who have low or emerging vulnerabilities.
- Overall, the 12 month rolling average data details how the number of children and families accessing early help support has increased whilst the number in need of a statutory service has remained fairly stable. This offers some assurances about consistent threshold application for children in need of protection. Due to a new way of reporting, the number of contacts with an outcome of NFA has significantly reduced since February 2021.

TBP Dashboard & Intelligence

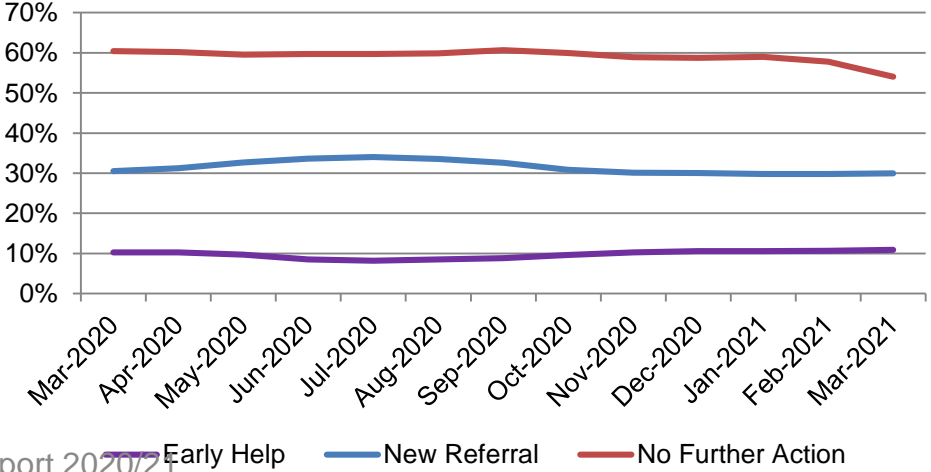
IFD Contact Outcomes



Breakdown of Contacts resulting in No Further Action



Contact Outcomes - Rolling 12 month averages



Early Help

Why is this important?

We aim to increase the number of children receiving early help. Early help prevents the needs to statutory interventions and ensure children and families receive support at the right time

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

Last month there was a reduction in the number of children receiving early help.

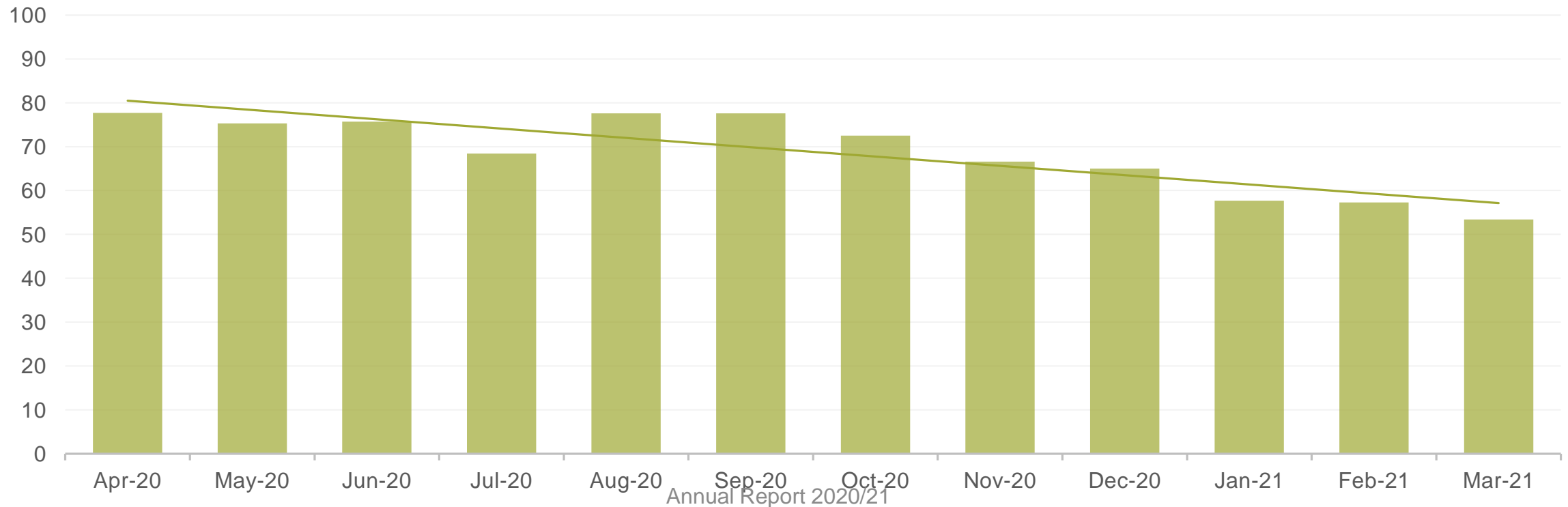
We are currently carrying out a targeted piece of work with the Integrated Front Door to ensure the pathway is robust. We want to ensure that all children are being considered for Early Help during the triage stages whether this be for Parenting, Family Support or with the support of a Lead Practitioner.

We have also reviewed and refined our step-down process. We strongly believe that once this process is embedded that it will be a more efficient and effective process to step down cases. This process is in the last stages of testing, we expect that it will be live within the next month.

We will further develop relationships with teams in localities to ensure pathways are robust and relevant cases are considered for Early Help. Locality allocation meetings are strengthened, with a more joined up working approach, by promoting more case discussions between the managers from locality teams and Early Help managers.

Early Help

Rate of children receiving Early Help support, per 10,000 population
(Multi-agency)



Children's Social Care Referrals

Why is this important?

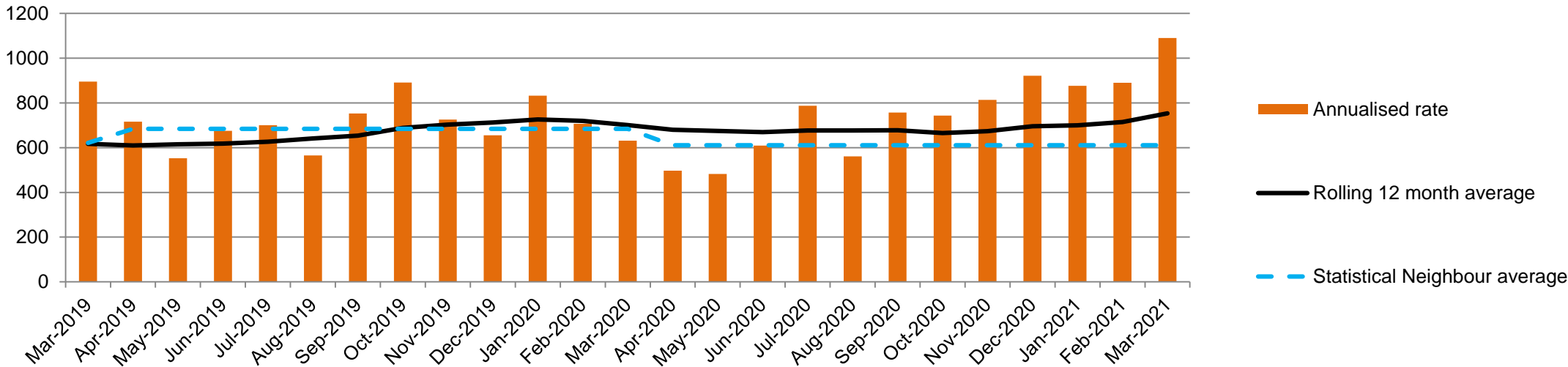
An effective service works across all partners to make sure that the right contacts come through the front door and contact centre that result in a referral.

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

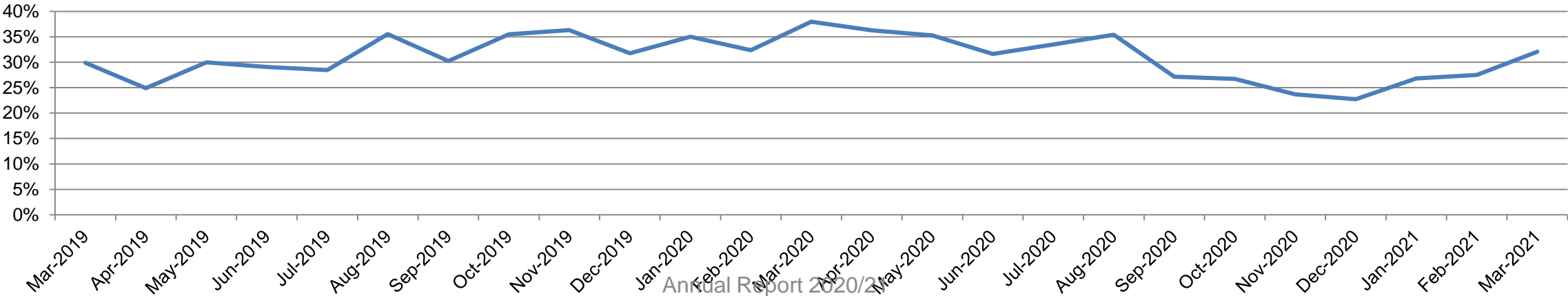
- The data for March shows that the referral rate in Bradford is higher than that of our statistical neighbours. Whilst this may raise some concern, it should be treated with caution, Bradford has received the highest number of contacts in comparison to all its statistical neighbours. In addition to this, some authorities who have a lower referral rate do have a higher *re-referral* rate than Bradford. There are a number of reasons why Bradford may be receiving more contacts than its statistical neighbours, these include geographical size, higher number of 0-16 population and factors such as the levels of deprivation across the district.
- Bradford applies a local measure to look at re-referrals which is 'a referral being received within 12 months of a previous referral being **closed**.' This measure is more helpful to us in assessing the quality of our work. A high % would indicate that our intervention has not been effective leading to a re-referral. However this does mean that there is no direct comparator data. Bradford's local re-referral data shows that re-referrals did reduce but have slowly started to rise since December 2020. The locality Heads of Service are reviewing re-referrals within their management meetings to identify any learning or themes arising.
- Locality Service Managers will identify and track cases that have been re-referred to ensure learning is promoted across teams. Our audit activity across the department also helps us understand if we could have done anything differently to prevent a child from being re-referred into the service.

Children's Social Care Referrals

Referral rates per 10,000 (annualised) against Statistical Neighbour average



Repeat referrals in month
(within 12 months of a previous referral closing)



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 it shows the length of time that the child has been at risk whilst in receipt of a multi-agency intervention.

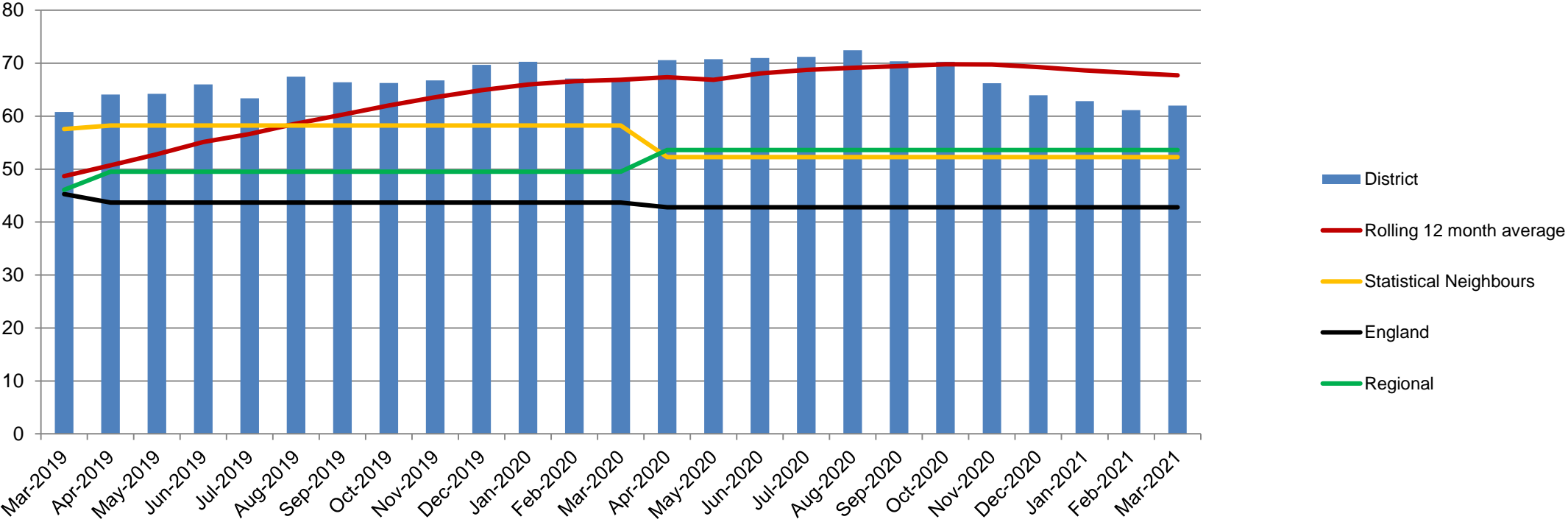
What is the current trend and what are we doing about this?

- The number of children subject to a child protection plan was 858 at the end of March 2021. Whilst we have experienced an overall reduction there has been a recent increase in the number of children subject to plans with 917 children now subject to a Child Protection Plan as of 20.04.2021. The overall reduction relates to a number of factors including children no longer needing the protection of a CP Plan, children entering the care system and a specific focus on children who have been subject to a plan for a longer period of time.
- Our rate of children subject to plans remains above our statistical neighbours at 62 per 10 000 children compared to 53.6 per 10 000 for the region. Audit activity completed has noted that we continue to apply consistent thresholds.
- At the end of March 2021, we had 189 children subject to a CP plan for 1-2 years; this has remained static. We had 16 children who have been subject to a plan for over two years; this is a slight increase relating to 6 families with one family consisting of 5 children.

Rate of Children Subject to Child Protection Plan

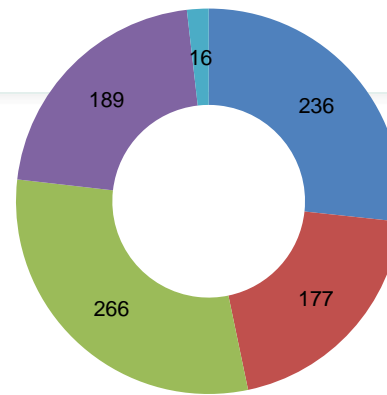


Rate of children who are subject to a child protection plan, per 10,000 child population, relative to national and regional averages



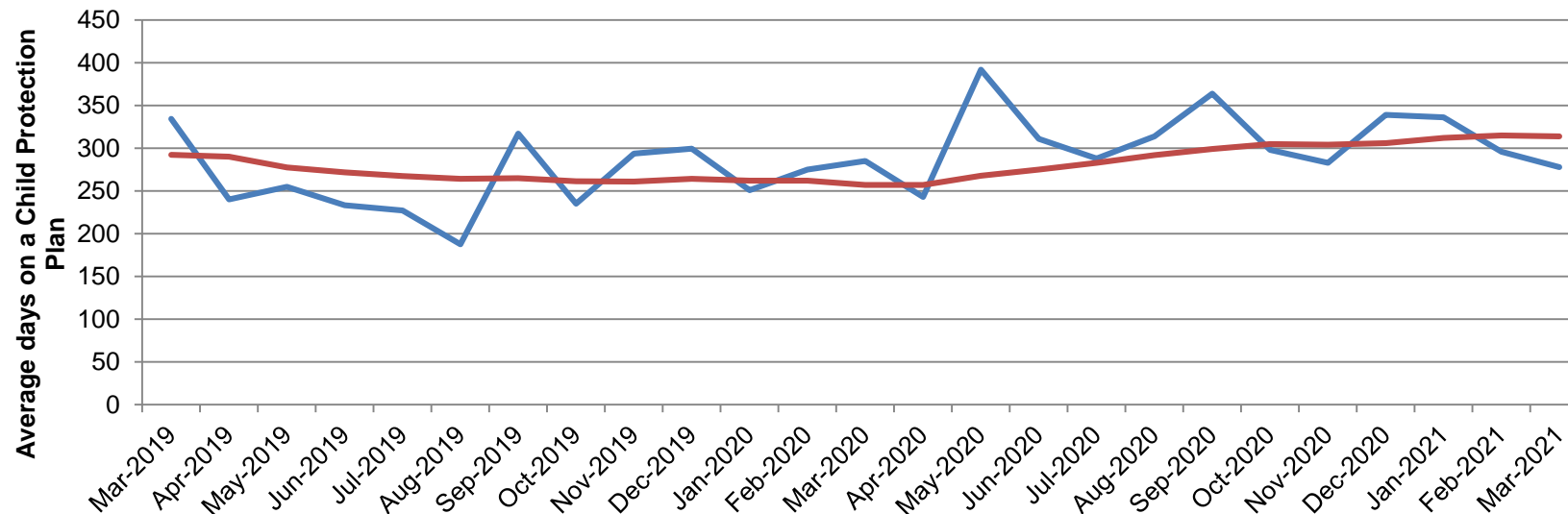
Length of time on Child Protection Plans

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

The impact of Covid 19

COVID-19 has had a significant impact on the work of TBP from 23rd March 2020. As a consequence of responding to this crisis, services, resources, functions, plans, and programmes have been re-prioritised as our partners have responded to a rapidly changing and fluid situation that has included the regular provision of new guidance and legislation. Staff and volunteers have been doing an incredible job in challenging circumstances, working tirelessly through complex and challenging situations. In doing so, they have created new ways of working and gone above and beyond to ensure vital services keep running and that children and their families receive the help and support they need. It is recognised that this work will continue in this way for some considerable time.



Independent Chair of the Improvement Board

“The Partnership continues to be galvanised by the pandemic, with an increased meeting cycle and monitoring of the impact on demand for family support and child safeguarding arrangements. In addition, the Partnership has overseen challenging and sensitive case reviews providing recommendations and actions that it will track into the future. I am also very pleased and grateful for the joint scrutiny activities and progress monitoring that the Improvement Board and Safeguarding Partnership have undertaken jointly”

Stuart Smith – Independent Chair of the Improvement

Website

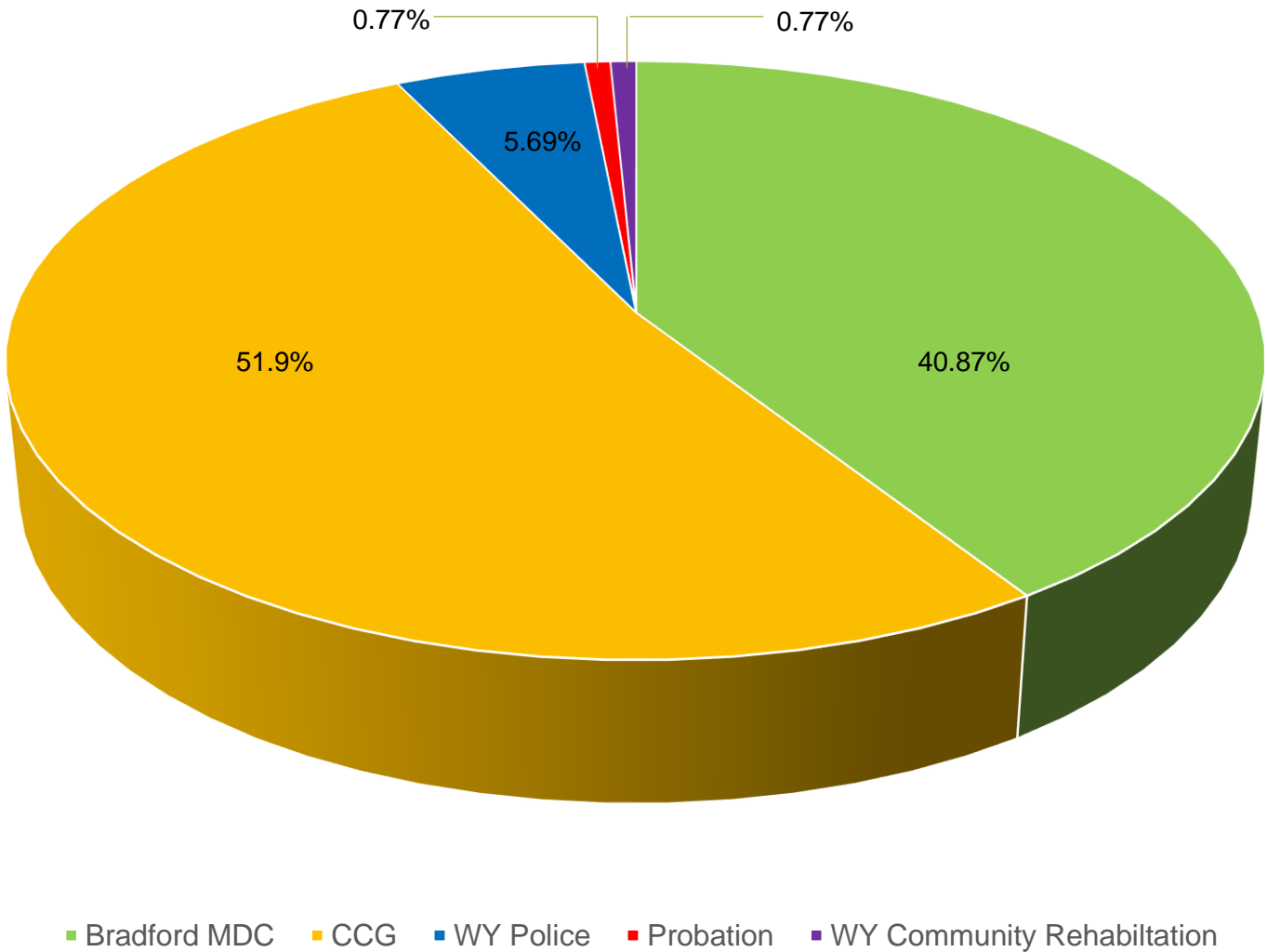
Since January 2021 **The total number of visits to the site**

- 23,264 users
- 33,493 sessions (equivalent to visits)
- 82,869 pageviews (total number of times that pages on the website were viewed)

Funding

Outturn 2020/21
Budget £310,514
Final Costs £305,090
Overspend £5,424

Contributions



Challenges & Emerging Risks

- Multi agency training offer has been limited during this period – This is an essential is for development, investment, and resource.
- The unknown volume of safeguarding risks & issues due to the impact of Covid 19 together protracted periods of lockdown will have on all partners & subsequent demand on staff while services recover.
- The abolishment of the CCG and move to the new integrated Care System (ICS).
- The management of caseloads for social workers safely – aligned geographically with the appropriate skill level for the allocated caseworker. Social care case is not yet of a consistently high standard.
- The recruitment and retention of experienced & specialist professionals, including social workers and detective constables.
- The growth in the youth and transient population.
- Increase in the number of unaccompanied migrant children as a result of international matters.
- The increase in online/cyber crime and perpetrator modus operandi.



TBP wishes to thank

The Independent Chair and Scrutineer and 'Safeguarding Partners' want to express their gratitude to the whole of the children's` workforce for their contribution and continued commitment to safeguarding children and young people in Bradford

Finding Help

If you or someone you know has experienced abuse, help is available:

- [Childline](#) can be called on 0800 1111
- [Help for Adult Victims of Child Abuse \(HAVOCA\)](#) offers online support
- [Mind](#) can be called on 0300 123 3393 or emailed at info@mind.org.uk
- [National Association for People Abused in Childhood \(NAPAC\)](#) can be called on 0808 801 0331
- [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) can be called on 0808 800 5000 or emailed at help@nspcc.org.uk
- [Rape Crisis](#) can be called on 0808 802 9999
- [Samaritans](#) can be called on 116 123 or emailed at jo@samaritans.org
- [The Survivors Trust](#) can be called on 08088 010 818
- [Victim Support](#) can be called on 0808 16 89 111
- The National Male Survivor Helpline can be called on 0808 800 5005 or emailed at support@safeline.org.uk

Contact details

The Safer Bradford website offers information and advice .

Please click on the link to access [Safer Bradford](#)

What should I do if I think I am being abused or I have concerns regarding someone else ?

- Ensure the immediate safety and welfare of the person at risk
- Call 999 – If urgent attention is needed
- Call 01274 437600 – Multi agency Integrated Front Door
- Call 01274 431010 – Emergency Duty Team (out of hours)
- Call 101 – If a crime needs to be reported but is not urgent, or
- Call 0800 555 111 call Crimestoppers

Additional click [Report a concern](#)

Preserve any evidence

If you can , accurately record the incident, any actions or decisions. Make sure you sign it and add the date and time

Appendix B – Trusted Relationships – Case Studies

Trusted Relationships – One to one support
Name of young person: B
<p>Context of the work and the key issues <i>A summary of the key issues for the Young Person and the reason for referral</i></p> <p>B was referred to Trusted Relationships for 1:1 support in June 2020 after concerns were highlighted by residential staff relating to B...</p> <ul style="list-style-type: none"> - Speaking inappropriately to unknown older males via social media. - Sending indecent images to older males via social media. - Using sexual language and sexual gestures towards staff and young people - Exposing herself in public places as well as within the residential unit - making allegations of a sexual nature about residential and school staff <p>B is a child looked after by Bradford Local Authority, B has been exposed to early trauma through severe neglect which has impacted their ability to form positive and lasting relationships.</p> <p>B could be described as having no sense of personal boundaries, both physically and psychologically with other people, B has SEMH needs and a learning delay which makes B extremely vulnerable to the risk of exploitation.</p> <p>Your approach <i>What did you do to build relationship and address the issues listed above? Think about how you worked with other to create solutions (family, other agencies etc.)</i></p> <p>Due to the Covid crisis the Trusted Relationships Group Work Programme (TRGW) has had the privilege of supporting the TR1:1 programme by taking referrals. When B's referral arrived with me the country was in lockdown and so initial contact was carried out via TR activity and information packs, which were posted out to young people and explored through telephone sessions. B's residential keyworker supported telephone sessions and worked with me to gain a better understanding of CE and the support that B would gain.</p> <p>B enjoyed initial pack activities but it was apparent that B struggled to communicate and engage via phonecalls, so face-to-face sessions were organised at B's educational provision.</p> <p>Support got off to a bumpy start as I was (quite literally) bombarded with: 'f**k you!... 'what do you want you f**king b**ch?' from B, for many (many) school visits. What struck me about this 13yr old was that there really was no one in their life that wasn't paid to be there (professional overload) and sadly B had a really good grasp of this. I kept going (as we all do) because I understood their communication was a response to the neglect, trauma and abuse they'd suffered, as well as a form of personal protection (or invisible armour) as they continued their turbulent journey through the care system.</p> <p>I can honestly say that I'd never quite experienced the level of resistance that this young person thrust my way, but we stuck it out and moved through 2020's chaos together.</p> <p>Slowly I discovered that B had a love of horses (albeit that they had never shaped anything around this), and so not to miss a chance TR pulled together horse riding groups whenever an ease of lockdown rules allowed.</p> <p>On our journeys to riding sessions B and I would have the opportunity to talk through themes such as:</p> <p>App's games and sharing:</p> <p>Online safety & communication</p>

Online support and information
Healthy / unhealthy relationships
Friends, Frenemies and Fakers
What is grooming?
Consent,
Identity and sexuality etc.

On our way home from riding sessions we would think about things like:

Growing confidence,
Why I'm important and why my feelings matter
Self-esteem,
Feelings and what we do with them,
Using personal power positively,
Rights & responsibilities, (and consequences) as B had become involved with YOT after damaging staff cars and attacking a number of residential care staff.
Turbulent behaviours were an ongoing feature of B's life away from TR and riding, but when B was with horses it seemed to be a space that gave B permission to rethink and reshape how they saw themselves. So we kept going and kept strengthening B's outlook.
When horse riding wasn't an option I popped into the residential unit for chats and checks.

What was the outcome?

What has changed and how things have improved for the young person. What might the next steps be for the young person to continue on a positive journey?

B remains a young person with many complex needs and ongoing vulnerabilities. B will need the team around them to provide a safety net for many years to come, however there was certainly a shift in behaviour from 'turbulent and disruptive' to 'settled and engaged'.

I referred B to the Youth Buddies Service where they formed a positive relationship with Youth Workers and enjoyed youth provision activities.

The riding school were utterly amazing and saw B's potential as B braved all aspects of the great British weather to show commitment to lessons and a love of horses.

I coordinated the opportunity for B to join the 'Changing Lives Through Horses' educational provision at the riding school where B would be able to achieve a certificate in equine care and stable management as part of their education plan.

B attended one day per week and began to make friends with the other young people and volunteers on the yard. B's confidence and self-esteem soared – it was lovely to see B enjoying, learning and making new friends. B had always struggled to make and maintain friendships and so this was an amazing achievement for them. Unfortunately, in June 2021 B's residential home was closed with immediate effect, this displaced B until a new placement could be found. Within 2 weeks B moved to a placement in Stratford-Upon-Avon. It was worrying to think of B leaving the stability that had been created behind, however arriving in Stratford B was able to assert how much horses were now part of their identity and so B trotted off (with the support of new placement staff) to find a stables that she could volunteer her time at and begin riding again.

I feel very proud the way B transferred these skills into a new setting as indeed B has already made new friends. I'm hopeful that B will find horses and show people the skills and strength developed in this activity wherever they may go in future.

Direct feedback

Please record any direct feedback received such as quotes, compliments or complaints about the work with this individual

B said:

'Thank you for bringing me out to do activities... thank you for taking me to do horse riding and everything... I don't know where I'm going but they better always have horses'.

'I feel like horses are my life... they are who I am, they are part of me (my identity), and I always want to have horses in my life. When I am older I will have a farm, it will be peaceful and it will be full of animals. It will be like a rescue centre and I'll have the skills and I'll know how to look after them all.'

Appendix C – Police Online Investigations Team Case Studies

West Yorkshire Police – Bradford District

Police Online Investigations.

Case A

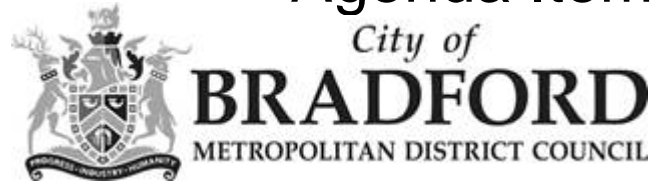
A suspect was arrested travelling out of the West Yorkshire area in order to meet what he believed to be a female. The male had arranged to sexually assault the female's children. He was intercepted close to the arranged meeting point in possession of Viagra, Sex toys and sweets for the children. PC Adam Flaxington was in charge of the investigation. After a week's trial, the suspect was found guilty on 13 counts of offences of Arrange / Facilitate a child sex offence and is to be sentenced 11th November 2021.

Case B

A report was received by the mother of the victim that a male had been speaking with her daughter online and had been asked by the male suspect to sexual assault her 7-year-old sister and live stream so he could see the offence taking place.

The victim was a 13-year-old autistic female. Work took place in conjunction with other forces where the victim lived to identify the offender.

The offender was identified as a registered sex offender living in another area. Due to the offences taking place when he was in the Bradford area he was arrested and dealt with by Bradford Police. A number of devices were seized and were positive for Indecent images of Children. The suspect was interviewed and admitted up to speaking with up to another 50 children. He was charged and remanded at Court and has since pled guilty to 8 offences. Other work is ongoing into identifying the further victims.



Report of the Strategic Director Children's Services to the meeting of Children's Overview and Scrutiny Committee to be held on 15 December 2021

Subject:

O

Ofsted Monitoring Visit

Summary statement:

Following Ofsted's Inspection of Children's Social Care Services from the 17 to 28 September 2018, the sixth of a series of Monitoring Visits took place on the 7 to 8 September 2021.

The focus of the Monitoring Visit was around Children in Care and Residential Services.

The findings were published by Ofsted on 22 October 2021.

EQUALITY & DIVERSITY:

There are no direct implications for equality and diversity arising from this report. The Council has a duty to ensure that its services comply with the public sector equality duty.

Marium Haque
Strategic Director Children's Services

Portfolio:

Children & Families

Report Contact: Marium Haque
Phone: (01274) 431266
E-mail: marium.haque@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 Following Ofsted's Inspection of Children's Social Care Services from the 17 to 28 September 2018, the sixth of a series of Monitoring Visits took place on the 7 to 8 September 2021.

2. BACKGROUND

- 2.1 The monitoring visit took place on the 7th & 8th September and is the 6th monitoring visit since the full ILACS inspection in 2018. This monitoring visit reviewed the progress made in strengthening practice for Children in Care. The previous monitoring visit that looked at Children in Care took place in February 2020.
- 2.3 The focus was on the areas identified in the 2018 ILACS Inspection as well as the concerns that had been identified from the inspections of some of the children's homes. The following areas were considered within the scope of this monitoring visit:
- Permanence planning & decision-making for children in care;
 - Placement stability & sufficiency of placements for children;
 - Placement decision-making & the commissioning arrangements;
 - Unregulated and unregistered placements.

3. OTHER CONSIDERATIONS

3.1 Headline Findings

- 3.1.1 The monitoring visit was undertaken within the context that prior to the monitoring visit, a Commissioner had been appointed by the DfE due to a number of concerns that had recently been identified.
- 3.1.2 The monitoring visit acknowledged that whilst there are still significant areas of concern, actions that have been taken since the previous monitoring visit in February 2020 have recently started to show improvements in some areas. Improvements were noted in:
- The quality and frequency of children's review meetings.
 - Life story work which is taking place with more children.
 - Supporting children to achieve timely permanence through adoption.
 - Permanence tracking is now in place and better embedded.
 - The virtual school are persistent advocates for children's education.
 - The introduction of court consultants is beginning to improve drift and delay.
- 3.1.3 The monitoring visit highlighted several areas where practice still need to improve. These areas are:
- Urgently improve the standard of care provided in residential services.
 - Improve the quality and effectiveness of commissioning of placements.
 - Strengthen the effectiveness of corporate parenting.

- Improve the consistency of practice in care and planning & managers' oversight and practice with children living at home under the jurisdiction of the court.
- Further stabilise the workforce and reduce social workers' workloads.
- Strengthen the participation, voice and influence of children & young people in helping to make improvements to the service.

3.2 **Next Steps**

3.2.1 The monitoring visit identified that the action plan was overly long and complex, and therefore this made it difficult to focus on priority areas to enable change to take place. We have acknowledged this point and work has already taken place, led by Children's Services, but with a cross Council approach and support, to put together a new focused Outcomes Improvement Plan.

3.2.2 The Outcomes Improvement Plan is designed to focus on 7 priority outcome areas where our ambition is to demonstrate change within a 3-6 month period. The 7 priority outcomes are:

1. Children & young people recognise Bradford Council as good Corporate Parents.
2. Caseloads across all social work teams, including fostering, are safe & manageable.
3. We will have a sufficient fostering workforce to look after children & young people in Bradford.
4. Fewer children will be coming into care as our Edge of Care strategy is effective.
5. The implementation of our workforce plan will lead to the increased retention of ASYEs, and provide progression opportunities for all social workers.
6. The Sufficiency Strategy is fit for purpose, iterative and responsive to the changing demographic of children in our care.
7. Leaders (all of the Children's Directorate Management Team) have greater understanding of the quality of social work practice.

3.2.3 The Outcomes Improvement Plan has been shared with Heads of Service across Children's Services and work is now underway to ensure that actions under each of the 7 priority outcomes are able to be delivered within the 3-6 month period.

3.2.4 Whilst the Outcomes Improvement Plan is rightly led and driven by Children's Services, there is cross Council support and direct input to enable many of the priority outcomes to be achieved.

3.2.5 It is also recognised that the engagement and activity of our key partners, particularly Health Services, the Police and Schools, will be critical to the success of this Plan. Discussions have begun with key partners to facilitate their support and engagement on the delivery of this work.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 As cited in the enclosed letter, there are likely to be some resource implications in view of the of additional social work capacity created within the service.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 The Children's Services Improvement Board continues to monitor progress and will ensure that effective responses are made to all Ofsted's recommendations and DfE required improvements. The Children's Services Improvement Board focuses on outcomes for children and provides the drive and focus to ensure that necessary improvements are achieved and evidenced.

6. LEGAL APPRAISAL

- 6.1 The inspection in September 2018 was undertaken under the new Framework, Evaluation Criteria and Inspector Guidance for the Inspections of Local Authority Children's Services (ILACS). This contains provisions regarding actions to be taken after an inadequate inspection report. These include monitoring by Ofsted including an action planning visit, quarterly monitoring visits and a re-inspection, and also an action plan prepared by the local authority within 70 days of receiving the report. The recent Ofsted monitoring visit was undertaken pursuant to this framework.
- 6.2 On 4 December 2018, following the Secretary of State's decision to take a non-statutory approach in Bradford's case, the DfE issued an Improvement notice to the council, requiring the council to take a number of actions to address all areas of improvement identified in the Ofsted report. The notice also provides for DfE reviews of progress against the improvement agenda.
- 6.3 Following notification to the council on 26 July 2021, the Improvement Notice was escalated by the Secretary of State for Education to a Statutory Direction on 15 September 2021. This directed the council to ensure all its children's social care functions are performed to an adequate standard and appointed an Independent Commissioner for Children's Services. The Commissioner's terms of reference include issuing instructions to the council to secure immediate improvements, identifying improvement requirements and support needed, assessing the council's capacity and capability to improve itself in a reasonable timeframe and to sustain long term improvement and advising on alternative delivery and governance arrangements outside the operational control of the council. The Commissioner is required to report by 14 January 2022.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.3 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.4 HUMAN RIGHTS ACT

The quality of children's social work services can have implications for a number of rights protected by the Act including the right to respect for private and family life.

7.5 TRADE UNION

Consultation with the Trade Unions continues around workforce and budgets. Caseloads continue to be monitored by Management.

7.6 WARD IMPLICATIONS

The Improvement Notice and Improvement Plan affect all Wards, due to the Inadequate Judgement.

7.7 IMPLICATIONS FOR CORPORATE PARENTING

In addition to the improvements identified, further areas of improvement are also necessary within our children in care and care leavers services.

7.8 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None; both the Notice to Improve and Ofsted report have been published on their respective websites and are therefore in the public domain.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 Not applicable.

9. OPTIONS

9.1 Not applicable.

10. RECOMMENDATIONS

10.1 The Committee is asked to note the contents of the letter from Ofsted.

11. APPENDICES

11.1 Appendix 1: Children's Services Improvement Plan.

12. BACKGROUND DOCUMENTS

12.1 None.

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Children’s Services Improvement Plan

Lead author	Chris Chapman
Revised	October 2021
Progress update	n/a

Introduction

In Bradford, we have high aspirations and ambitions for all our children and young people, especially for those whom we have Corporate Parenting responsibilities. We have made some progress and improvements across a number of areas, but we know that progress is still too slow and that we need to accelerate our improvement journey with a clear focus on what we want to deliver next.

This Action Plan sets out the 7 Outcomes that we aim to achieve over the next 3-6 months. In developing this plan, we have listened to the views of Children and Young People, looked at what our data tells us, listened to the views of Ofsted / DfE and identified where we need to drive forward change to rapidly improve the outcomes for our children and young people. We want our planning to be outcome focussed so that we can be clear about the difference we want to see.

We have deliberately not set a specific outcome for “voice of the child”. This is because we believe that their voice will run through every outcome and will be considered as part of every action. As this is an Action Plan about improving outcomes and experiences for children and young people, their voices and views are integral to the success of this plan.

We want staff from senior leaders, middle and frontline managers, to frontline staff to consider how they can support and contribute to some or all of the Outcomes contained in this Action Plan. This is a high level action plan and we want lead officers to create, with their teams, a more detailed action plan which is informed by frontline managers and staff and delivers rapid results.

This is an action plan for the District and, like the original Improvement Plan, will need to be shared and owned across the Council and partners if it is to be truly successful. Critically, the success of many of these outcomes is reliant on the active involvement, commitment and support, including resources, from partner agencies. We need partners to be with us on our improvement journey and see that it is part of their own improvement journey.

We want all children and young people in Bradford to have the best chances to thrive and be successful, and wherever possible to be with their families. Where children and young people are looked after by the Council, we want to be great parents to our children. We want to make sure they have supportive and nurturing experiences and help when they need it most.

Governance of the Plan

Governance will be through Childrens Services DMT, through a brief highlight report, and impacts reported to Childrens Improvement Board.

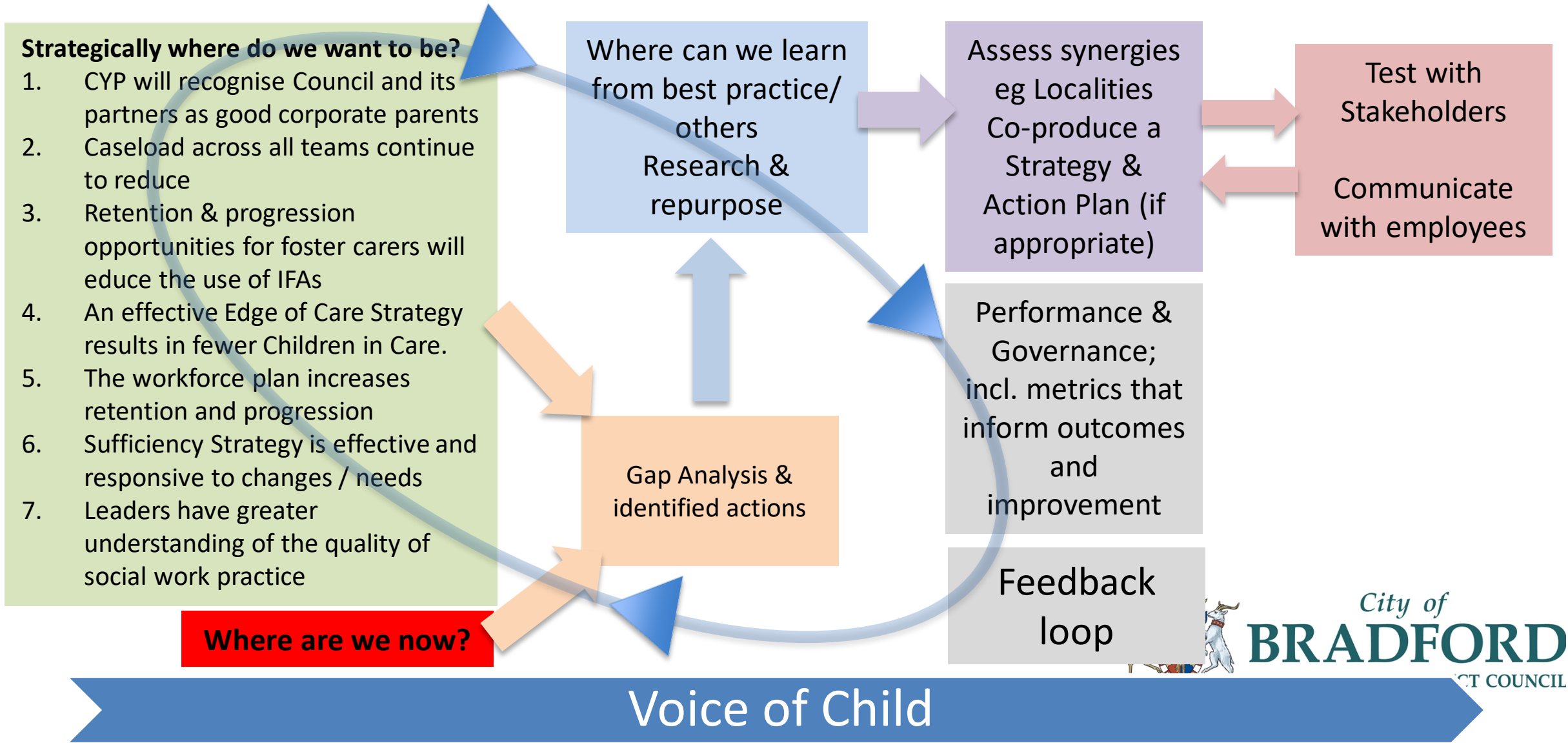
Central Transformation team will provide PMO support and direct support to the action plan as required.

The diagram below illustrates the generic process considerations that will underpin the action plan deliverables.

In summary Leads will consider:

1. Where we want to be from a strategic perspective (identified within plan headings)
2. Where we are now
3. The ‘Gap’ between current position and aspiration, and identification of actions to address
4. In closing the gap lead officers will consider best practice and lessons learnt from other organisations
5. Synergies will be considered against other programmes, for example Locality Working, importantly any strategy and actions will be co-produced with partners
6. Strategies and actions plans will be tested with stakeholder and communicated with Employees
7. Performance and governance processes will be introduced and performance metrics reviewed to ensure the action plan is delivering the intended outcomes.
8. A feedback loop will ensure that action plans are responsive and iterative to requirements
9. Finally, the Voice of the Child informs all stages and actions

Childrens Improvement Plan



1. Children and young people will recognise Bradford Council and its partners as good corporate Parents

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer	Timescales
To develop and implement a corporate parenting strategy which will;	The strategy consists of stakeholder analysis and is co- produced with partners ensuring there is a shared responsibility and vision.	HoS - Safeguarding, QA and Workforce	January 2022
Ensure the voice of the child is reflected throughout the strategy.	The Strategy is shaped by C/YP views, wishes and feelings which are captured in a range of engagement mechanisms/ forums.	HoS - Safeguarding, QA and Workforce	January 2022
Ensure the strategy is understood by children and young people and is accessible.	To work in collaboration with our marketing and communications team to ensure appropriate and accessible language is used.	HoS - Safeguarding, QA and Workforce	January 2022
	To assess and develop different methods to communicate with young people e.g. using IT platforms.	HoS - Safeguarding, QA and Workforce	January 2022
	Deliver Corporate Parent training events to CYP, Senior Managers across BMDC, Elected Members and Partner agencies.	HoS - Safeguarding, QA and Workforce (with AD)	April 2022 (start January 2022)
Co-produced in partnership to ensure improvements are recognised, embedded and implemented.	Corporate parenting board to engage in the development of the strategy with key stakeholders.	HoS - Safeguarding, QA and Workforce	January 2022
Engage with partners and all directorates across the council and secure their commitment to becoming a good corporate parent.	Key stakeholder agencies will oversee the development and implementation of the corporate parent strategy as well as; <ul style="list-style-type: none"> Identify champions at a directorate level Identification of training and learning needs 	HoS - Safeguarding, QA and Workforce	January 2022

Risks to Implementation:

- Poor and/or outdated analysis of data
- Lack of partnership commitment, particularly at senior leadership level
- Lack of senior partnership representation on the Corporate Parenting Board
- Lack of meaningful engagement and co-production with C&YP who do not feel the Strategy is by them, about them and for them.

Impact – What difference will this make:

- Children and young people to thrive and reach their full potential.
- Children and young people will feel safer, healthier and will enjoy stability in their home lives, relationships, education and work.
- Children and young people shape future services and feel that they are heard and valued.

Headline KPI's

- School attendance
- % annual health assessments
- % PEPs
- SDQs

Additional KPI's

- Short term stability
- Long term stability
- 3 or more school moves
- Care Leavers in suitable accommodation
- In touch with care leavers
- Permanence plans
- % of senior staff receiving training on corporate parenting
- % Care leavers supported by advocacy
- % CiC participating in their review
- % PEPs where the child's views are recorded

2. Caseloads across all social work teams, including fostering, continue to be safe and manageable

DMT Lead: David Johnston, Deputy Director, Childrens Social Care

Action	Milestones for Achievement	Lead officer	Timescales
To review the Practice Supervisor role and incorporate case holding as an interim measure where necessary, on an individual team basis.	Practice Supervisors are supportive of the interim allocation of a protected caseload, where necessary.	HR Specialist	November 2021
	Regular reviews are built in to determine if caseloads can be safely reduced or removed for practice supervisors over time.		
Staff report a “sense of community” and belonging to the wider CYPS and Council	To capture positive feedback within the regular engagement sessions, team meetings and away days.	Executive Support / HR Specialist	January 2022
	Staff teams returning back to offices and increased face to face contact.		January 2022
Implement workforce recruitment plan so that we can: <ul style="list-style-type: none">Release agency workers as caseloads reduce.Release fixed term teams as permanent staff are appointedExtend Fixed-term teams to the end of March. Consider / research retention options & plans	Reduced numbers of single agency workers and proportionately increased numbers of permanent staff and fixed-term teams.	HR Specialist	March 2022
	Increased stability in caseload allocation due to reduced reliance on single agency workers		
Assess the span of control of all Team Managers & Service managers to ensure it is fit for purpose.	The span of control of managers is appropriate and ensures adequate management capacity.	HR Specialist	March 2022

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> Financial support to enable the interim position of fixed-term teams and agency workers is not in place to help reduce caseloads HR support and processes lead to delays in progressing restructuring of the Fostering Service Strategic Contracts process leads to delays in recruiting agency to fill vacant posts IT is not provided to new staff (both permanent and agency) in a timely way Practice Supervisors do not have their concerns adequately addressed regarding the interim allocation of a protected caseload 	<p>Headline KPI's</p> <ul style="list-style-type: none"> Maximum number of cases held % children visited on time – CPP, CIN and CiC % Case summaries up to date 	<p>Additional KPI's</p> <ul style="list-style-type: none"> % caseworker with more than their target caseload (possibly broken down by caseworker type) % of children who have more than 3 Social Workers in the first 12 months of coming into care % permanent staff % Sickness Absence % children seen as part of their assessment % Plans up to date
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> Reduced caseloads will improve the quality of practice and achieve better outcomes for children and families. Reduce the number of changes of Social Worker for CYP, to help build trusted relationships. Improved morale and retention rates enabling the service to provide high quality interventions and support to children, young people and families. 		

3. We will have a sufficient fostering workforce to look after children and young people in Bradford.

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer	Timescales
Develop and implement a framework to incorporate a “level 4” option for foster carers Assess mockingbird design, structure and function (commissioning) – fostering.	Progression framework communicated and understood by foster carers.	Service Manager, Fostering	November 2021
	Timelines for progression training are produced.	Service Manager, Fostering	November 2021
	Level 3 & 4 foster carers have clarity on the support via the mockingbird model. <i>(Level 4 has to be developed)</i>	Service Manager, Fostering	November 2021
	Clarity from HR regarding level 4 carers and their employment status.	HoS, Fostering, Placements and Residential	November 2021
Finalise and approve the implementation of; <ul style="list-style-type: none">Review fostering and residential structures and staffingfostering fees and allowances policySGO policy.Commission residential capacity and review current Statements of Purpose	Refresh policy is communicated to all stakeholders.	Service Manager, Fostering	November 2021
	Communication to foster carers on the timeframe for implementation of the recommendations	HoS, Locality	January 2022
	Fostering and residential staffing is for purpose including skill and knowledge	HR Specialist	January 2022
	Explore joint commissioning of specialist residential provision with Health Colleagues	Commissioning Manager	January 2022
To develop and streamline the process of the recruitment and approval of foster carers.	Monthly performance reports to track and monitor new interests stage 1 through to stage 3 approvals.	HoS and Service Manager, Fostering, Placements and Residential	February 2022
	To develop effective monitoring and reporting mechanisms.		
To complete a demand and need analysis.	To have a proposed structure based on the findings of the analysis.	HoS and Service Manager, Fostering, Placements and Residential	March 2022
To recruit to a pool of emergency foster carers.	Agree a payment structure for the carers.		March 2022
Risks to Implementation: <ul style="list-style-type: none">Further delay or lack of decision to implement the recommendations in the “Money Matters” paperLack of support from Corporate Communications team to support key messages to foster carersLack of financial commitment to support the development of a “level 4” option for foster carersLack of clarity regarding the employment status of level 4 foster carers		KPI's <ul style="list-style-type: none">Long term stabilityUnplanned placement movesNumber of foster carers recruitedNumber of foster carers lost.	
Impact – What difference will this make: <ul style="list-style-type: none">Increased confidence and resilience within our foster carers.Improved retention and progression rates for foster carers who feel valued and safe.Increased recruitment rates due to level of support offered to foster carers			

4. Fewer children will be coming into care as our Edge of Care strategy is effective

DMT Lead: Philip Segurola, Assistant Director, Safeguarding & Review, Commissioning & Provider Services and David Johnston, Deputy Director, Childrens Social Care

Action	Milestones for Achievement	Lead officer	Timescales
To develop and re-establish Prevention and Early Help partnership and governance.	To ensure data across partner agencies is captured, especially from health to inform the local preventative model.	Data and Performance Manager	November 2021
	Statutory partners will identify director level officers to lead across the prevention and early help partnership board.	HoS, Early Help	December 2021
	Universal providers are clear about their role as part of a tiered approach to supporting families (level 1 & 2 or Universal & Universal Plus).	HoS, Early Help	January 2022
	The board will have developed a strategic response to level 1 and 2 of the continuum of need.	HoS, Early Help	January 2022
	Early Help clearly enhances the support provided by universal providers.	HoS, Early Help	March 2022
Develop and implement with partners an Edge of Care strategy.	We will have an effective monitoring and performance framework for the Edge of Care across partner agencies.	Data and Performance Manager	November 2021
	We will have appropriate data sharing protocols in place with partner agencies.	Data and Performance Manager	December 2021
	Bringing together Family Group Conferencing and Intensive Family Support under the management of BPP. To provide a more joined up service, avoid duplication and mobilise these services at the earliest possible opportunity.	HoS, Fostering, Placements and Residential	January 2022
	Edge of Care aligns with statutory social work at CIN/CP and the remit is understood by social work practitioners and wider partners.	HoS, Fostering, Placements and Residential	March 2022

Risks to Implementation:

- Lack of partnership engagement and commitment to delivering the edge of care strategy
- Lack of engagement and commitment from key universal services, particularly schools, in supporting the early preventative model of locality working

Impact – What difference will this make:

- More Children will remain at home safely, and where children do need to be brought into care with the provision of appropriate service, we will be able to return them back home safely
- More children will remain at home safely, and where children do need to be brought into care with the provision of appropriate service we will be able to return them back home safely.
- Reducing the need for children to enter care by strengthening the early help offer and improving the quality of front line practice in supporting families.
- Improved relationships and family networks building resilient communities.
- Reduce pressures on social work services through improved early help and community support.

Headline KPI's

- Numbers referred to Edge of Care
- Numbers of families receiving EH
- Partners leading EH assessments

Additional KPI's

- % of children who come in to care within 12 months
- Numbers of children coming in to care
- Number of children returned home.
- FGC – number of referrals and number held
- Families accessing parenting programmes

5. The Implementation of a workforce plan that will lead to the increased retention of ASYEs, and provide progression opportunities for all social workers

DMT Lead: Marium Haque, Acting Strategic Director, Children's Services

Action	Milestones for Achievement	Lead officer	Timescales
Implement a consistent approach to individual personal and professional supervision.	Supervision, CPD, performance objectives and audit outcomes (best practice and learning) are aligned.	Principle Social Worker	December 2021
Succession: Implement succession planning with locality social work teams	Launch session and build plan with HoS, SM and TM's - run every six months and capture data, movements and training needs that are identified as a result which will feed back into the L&D plan	HR Specialist	December 2021
Recruitment: Develop and implement a week long induction programme for all staff new to Bradford focussing initially on L3 social workers.	Induction will cover both corporate and service based elements. No case work will be allocated during this time. Other areas covered will include: health safety and wellbeing, governance, recruitment, procurement and IT, navigating systems and processes.	HR Specialist	January 2022
Implement 'always on' strategy to attract and hire quality social workers at all levels but in particular L3 social workers and ASYEs	Launch new brand work, microsite and video interviews to drive attraction alongside enhanced candidate experience at every stage of the process and into induction/ on-boarding. Data will show increased applications and hires as a result.	HR Specialist	March 2022
	ASYE intakes will move to 2 x annual intakes rather than current monthly model and the training offer will be enhanced (leading to the creation of an academy in the future)	HR Specialist	March 2022
Retention: Reduce the level of attrition across social work roles in all areas of the service	Embed 'stay interviews' discussions with staff to ensure we are aware of any issues to avoid attrition	HR Specialist	January 2022
	Cascade comms on flexible working and employee wellbeing offers to ensure staff are aware of the offer and able to access where needed	HR Specialist	January 2022
	Scope the use of group supervision and clinical supervision to enhance practice and well being	Principle Social Worker	March 2022

Risks to Implementation: <ul style="list-style-type: none"> Insufficient applications and recruitment of both newly qualified and qualified social workers (and associated support roles) Inability to reduce attrition across the locality teams Slow and inadequate processes and systems e.g. cumbersome application process, lack of timely response and poor candidate experience in a candidate driven, talent short market Slow process in the provision of issuing contracts for permanent appointments or staff who have been promoted Insufficient salary benchmark data to ensure competitiveness and/or market supplements for hard to recruit roles 	Headline KPI's <ul style="list-style-type: none"> Number of starters and leavers Number/ percentages of personal supervision Progression between levels 	Additional KPI's <ul style="list-style-type: none"> % cases supervised Budget monitoring Number of adverts, time between application and interview Social work survey
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Impact – What difference will this make:

- A stable workforce that ensures adequate resource levels to meet the demands of the service and provide good quality, consistent care to children, young people and their families
- Reduced overspend on agency allowing budgets to come back in line with plans
- Bradford will become a 'destination employer' for social workers at all levels with robust inductions, relevant IT kit and systems, career pathways and restorative practice approach
- Staff will be engaged and have clear career pathways linked to succession plans that mitigate the risk of under resource and skills gaps
- Staff will recommend Bradford as a good employer to other social workers
- Supervision will contribute to improved quality of practice and staff wellbeing and retention

6. The Sufficiency Strategy is fit for purpose, iterative and responsive to the changing demographic of C&YP in our care

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer	Timescales
Baseline data required, with trends to inform resource planning. * Children looked after. * Profile of CLA coming into care, * CLA placements in Fostering and * CLA with Disabilities	Data is provided and updated every 6 months	Data and Performance Manager	October 2021
External providers to run the additional homes.	Market testing of Homes providers to deliver specialist residential medium term placements	Commissioning Manager	November 2021
Create new 5 small bedroom homes for CLA and consider options for delivery in the medium term to include:	Identify properties	Finance, FM and HoS, F, PC and Residential	December 2021
Partners, particularly Health, to commit to supporting more children to remain in District via increased specialist health provision to support children's homes.	Agreement in place to support children receiving appropriate health provision to sustain children in placement.	HoS, F, PC and Residential and Commissioning Manager	January 2022
Approach to commissioning external and internal placements to be reviewed and revised.	Commissioning strategy is developed which impacts, delivers and supports external and internal placement commissioning	Commissioning Manager	March 2022
Internal expansion of the current residential estate (including the new Ofsted regulations for multi-home registrations)	Recruit RM's and staffing	HoS, F, PC and Residential and Service Manager	April 2022

Risks to Implementation:

- Poor data analysis does not provide useful or accurate projection of needs of the CLA population
- Lack of partnership financial commitment to support more children to remain in the District
- Lack of suitable homes being made available for rent or purchase
- Lack of financial capital and revenue commitment to purchasing and resourcing/staffing additional homes
- Slow HR processes to support additional staffing to be put in place

Impact – What difference will this make:

- Appropriate placements which meet the level of need and avoid early placement breakdown causing further distress for children and young people.
- Stable placements reducing the number of times children/ young people are moving to new placements.
- Building positive and stable relationships enabling children and young people to reach their full potential.
- Children and young people have improved mental health and well-being

Headline KPI's

- % children placed out of District
- % children placed with foster carers

Additional KPI's

- Short term placement stability
- % children placed externally
- % children placed in residential
- % children placed with parents
- % children placed with Family and Friends

7. Leaders (all of DMT) have greater understanding of the quality of social work practice

DMT Lead: Marium Haque, Acting Strategic Director, Children's Services

Action	Milestones for Achievement	Lead officer	Timescales
DMT ensure they are visible and accessible leaders	Full staff briefings are held on a monthly basis with an agenda that is representative of all areas across C&YP Services.	Executive Support	October 2021
	DMT identify learning points and celebrate good practice communicating this via staff briefings and in regular communications.		
	Staff feedback is positive about the visibility of leaders.		
Dip-sampling of casefiles undertaken by the Deputy Director of Children's Social Care are discussed at DMT	DMT members are trained on the auditing framework used for Casefile Audits	Deputy Director	December 2021
	Deputy Director of Children's Social Care's dip sampling report is a monthly agenda item on DMT		
	Continuous learning and development culture embedded by ensuring all learning is incorporated within all team meetings and other communication platforms to ensure we are closing the loop.		
Monthly performance monitoring becomes a focussed "deep dive" where DMT have good understanding of the progress and risks in identified areas each month.	Performance monitoring identifies 3 areas each month (2 of poor performance and 1 of good performance), and enables DMT to understand what is/isn't working well and why, and what needs to be done to improve performance	Data and Performance Manager	December 2021
	Deep dive areas includes a specific focus on C&YP with mental health needs, disabilities, children missing, and placement with parents		
	Data intelligence is produced to enhance understanding in relation to trends, emerging needs and risks.		
Regulation 44 reports provide a themed analysis on the quality of care across all Children's Homes.	Regulation 44 reporting format enables the easy extraction of issues & improvements.	HoS - Safeguarding, QA and Workforce	December 2021
	DMT will have full oversight of the risks and concerns provided by quarterly reports and ensure the relevant actions and resources are taken to mitigate future risks.		
	DMT have clarity on the mitigations and actions being taken to improve identified areas.		
The impact and quality of care planning is highlighted within reports that DMT receive	All reports to DMT on CSC practice contain reference to the impact of care planning, including permanence planning, IRO decision-making and PLO	HoS - Safeguarding, QA and Workforce	December 2021
Develop feedback from C&YP and parents to share with DMT for discussion to shape future provision, services.	Listening events and social media platforms capture the voices of parents and C&YP	Comms Manager and Participation Officer	January 2022
	DMT receive quarterly reports on the Voice of the Child & parents views with recommendations for DMT's consideration		

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> ▪ Poor quality regulation 44 reports that do not adequately inform DMT of themes ▪ Lack of time for DMT members to undertake a monthly audit ▪ Poor communication with staff on audit actions, sharing of learning and celebrating good practice ▪ Lack of infrastructure to enable the gathering of the voices of C&YP and their parents ▪ DMT meetings do not provide adequate time and planning to enable meaningful discussion and decision-making to take place 	<p>Headline KPI's</p> <ul style="list-style-type: none"> ▪ Number of cases audited ▪ % of audits where case files are good or outstanding 	<p>Additional KPI's</p> <ul style="list-style-type: none"> ▪ % children seen by alone during an IRO visit
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> ▪ Improved grip and oversight by leaders and managers ensuring good quality and timely services are delivered to children and families. ▪ Improved visibility and communication up and down the organisation ensuring the workforce feel engaged, heard and listened to creating a sense of community and belonging. ▪ Enhanced data intelligence informing the future direction of the service and mitigating any potential risks in a timely manner. ▪ Children, young people and families influence and shape future services 		



Report of the Strategic Director of Children's Services to the meeting of Children's Overview and Scrutiny Committee to be held on 15th December 2021

Subject:

P

Youth Justice Service

Summary statement:

This report will provide and update on highlights from the Youth Justice Service since the HMIP Inspection during September & October 2019. Including focus on areas of progress, action in the next period and areas of concern and potential concern.

Marium Haque
Interim Strategic Director of Children's
Services

Portfolio:
Children & Families

Report Contact: Sarah Griffin
Phone: (01274) 436098 / Mob 07973814052
E-mail: sarah.griffin@bradford.gov.uk

Overview & Scrutiny Area:
Children & Families

1. SUMMARY

- 1.1 This report will provide an update in highlights of the improvement journey of the Youth Justice Service in Bradford post inspection to date.

2. BACKGROUND –

- 2.1 The Youth Justice Service works with young people aged 10-18 that get into trouble with the law. We look into the background of a young person and try to help them stay away from crime. We are part of the local council and are separate from the police and the courts. We work with other statutory and non-statutory partners including police, health, education, children's social care, probation, youth service and voluntary organisations. We are jointly funded by the Youth Justice Board and the Local Authority and sit within Children's directorate. We are inspected under the HMIP Inspectorate (Her Majesty's Inspectorate of Probation).
- 2.2 A Full Joint HMIP Inspection took place September – October 2019, published January 2020.
- 2.3 The rating of Requires Improvement was given and references made to concerns in Leadership and Governance, Quality and Safeguarding including that of the public, our 3 Key Performance Indicators (Data) and an inability to provide and analyse data to adequately know our cohort and develop our services around need.

Leadership and Governance

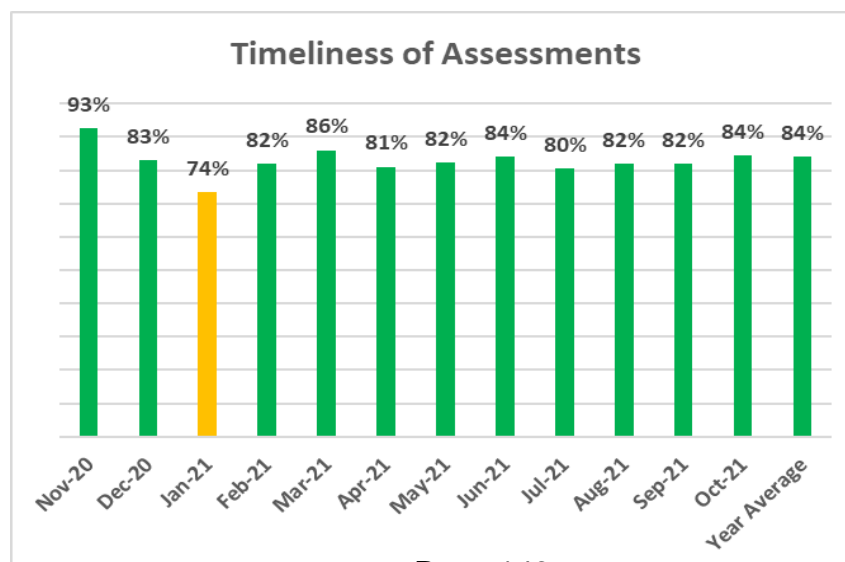
- Following inspection, the Youth Justice Board (YJB) moved us to Priority 2 status. This year our YJB Priority Status has been de-escalated from 2 down to 1 due to the improvements and progress made.
- A Partnership Improvement Plan, shared and agreed with all statutory and non-statutory partners.
- We have a new permanent Head of Service Lisa Brett and Permanent Service Manager Sarah Griffin.
- The Youth Justice Strategic Management Board membership is now stable and consists of members with appropriate strategic leadership knowledge and ability and our Board Induction Process has started with plans to delivered on a regular basis. The Deputy Director for Children Social Care is the chair of board.
- The Youth Justice plan for 2021 is approved and submitted to the YJB, this outlines key priorities.
- We have rebranded and are now known as Bradford Youth Justice Services (YJS), helping to make Bradford a safer place to live. Our logo designed by one of our young people that will be part of the rebranding.
- As Service Manager there are regular one to ones with Cllr Jabar as lead for Youth Justice within the council.
- We have communication, Vision and Mission Strategy that has been coproduced with partners.
- We hold a number of key meetings to ensure communication including quarterly staff briefings, monthly staff listening groups, monthly performance meetings.
- Attendance at 6 weekly West Yorkshire Service Manager and 6 monthly North East and Yorkshire Service Manager meetings. This enables sharing and reflecting on

good practice and joint projects, national and local guidance and issues alongside regular updates from partners such as the Violence Reduction Unit.

- We have a number of additional significant posts to aid our improvement journey, drive quality and help manage risks. These include;
 - FT Data analytics officer – permanent
 - FT Advance Practitioner – permanent
 - 3 FT Advance Practitioners – Temporary until 31st March 2022
 - FT YJS Quality Assurance Officer – Temporary until May 2022 based within Quality Assurance and Safeguarding Department.

Quality, Risks & Safeguarding

- We have undertaken work to improve quality and safeguarding – including a revised Audit Process we aim to audit 15-20% of cases per month. A report on the initial finding has now been produced and shared with the teams and the board.
- Advance Practitioners are coaching and mentoring all case holding staff and working closely with the management team developing practice across all areas within the service. This includes 6 guides that have been approved and uploaded to Tri-x. Advance Practitioners are undertaking 1:1 and group reflective practice sessions and feeding into Principle Social Worker for a service wide understanding of the impact of this.
- We have introduced a new Multi-Agency Initial Planning Panel (MIPP) which ensure all cases post court are screened by a multi-agency team, this is chaired by senior manager or team manager at YJS and includes Education, Health (Nurses, SALT, CAMHS), Parenting, Victim workers, Police and Children's Social Care.
- We have an OOC panel (Out of Court Disposals) which is multi-agency and considers and agrees appropriateness of disposals.
- We received the Kite mark in September 2020 for quality of the work we do with our Referral Order Volunteers. This is a 2-year award. The People Can panel identified that Bradford Youth Justice Services successfully achieved the quality standards listed within the kite mark application.
- Timeliness of Assessments has much improved, now up to expected standards and sits on above 80% range, whereas in comparison September 2019 this was at 34%.



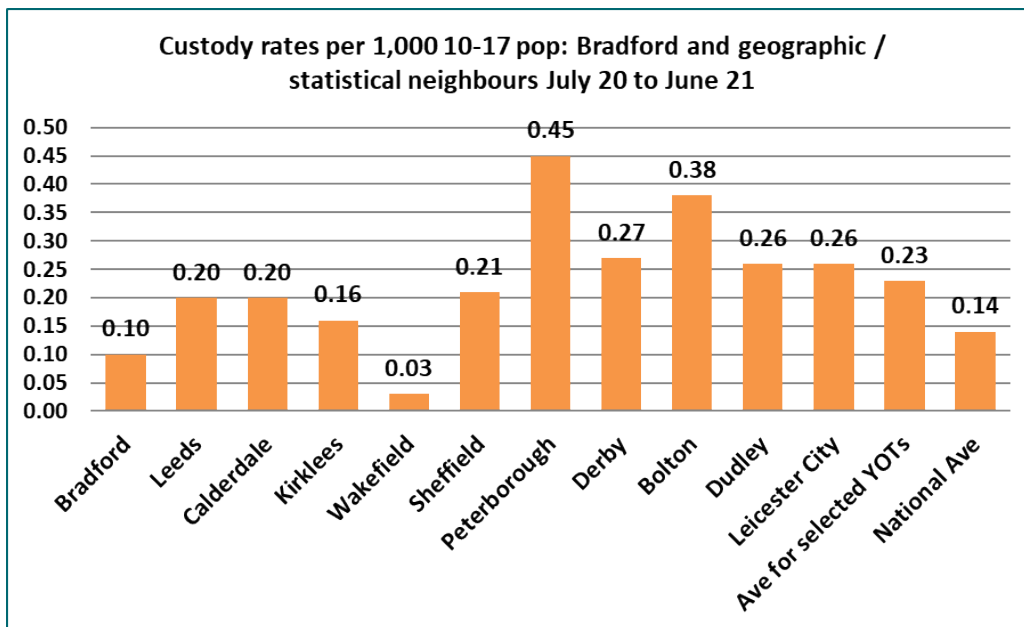
- We have revised our risk policy to ensure this is robust and covers safeguarding at all stages and undertaken service wide training to embed.
- 94 % of our staff have completed compulsory safeguarding training.
- Training has been delivered on child friendly planning, risk of harm and analysis of assessments, as well as various other identified general learning.
- Supervision is regularly at 100% and we have a supervision policy and standardised template to ensure consistency of supervision. The monthly audit process will help ensure the supervision we deliver is of sufficient quality and reflection.
- We have worked continuously to improve the interventions we use with young people using our Speech and Language Therapists (SALT). SALT have been able to help us review our resources / leaflets / letters to check the understand-ability for young people.
- We have worked to improve our relationship with workforce development. We have a pilot training and development project which includes 2 staff undertaking the Foundation Degree in Youth Justice and we are committed to ensure all our management team gains the Leadership and Management (Youth Justice) certificate as a minimum.
- We are working with Workforce Development to produce a Training offer and Plan bespoke to YJS.

Data and performance Indicators

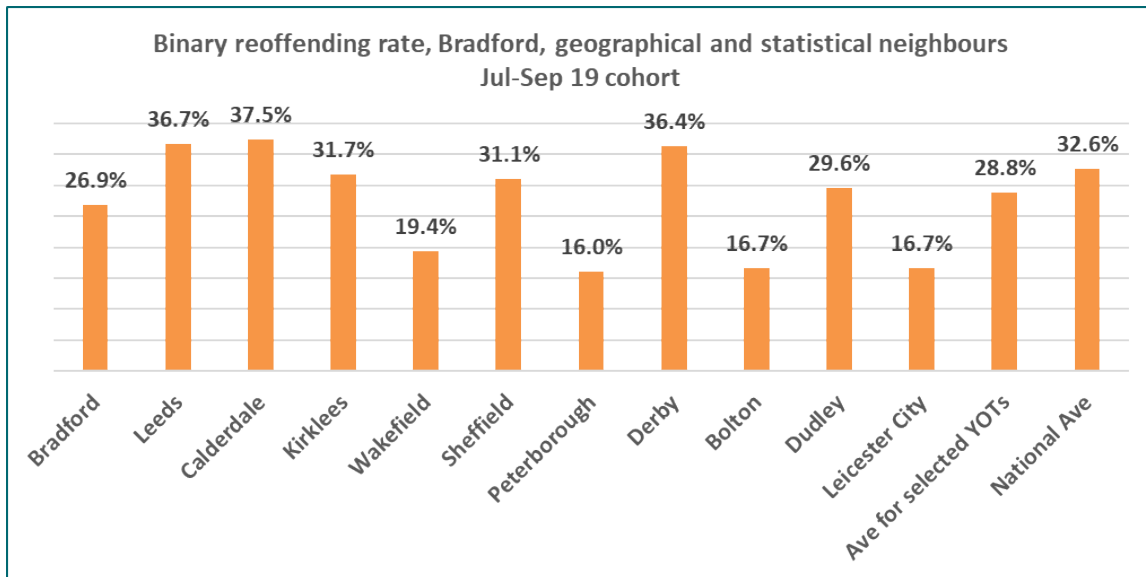
- We have undertaken a number of data exercises to help us start to better understand our Cohort of young people with a quarterly Vital Signs report to the Management Board. These include exploring: Children in Care, SEND & Violence against the Person.
- The Vital Signs report has been developed and addresses and monitors Key performance indicators, the profile and needs of our young people; YJS management and workforce and Service Effectiveness. We are now also looking at more specific deep dive reports for example at the June 2021 Management Board a Deep Dive into Violence Against the Person was presented.
- We are more confident our data is representative of our current cohort of young people. We have worked particularly hard with partners to ensure our data around SEND and Education is accurate and impacting on the interventions we deliver.
- We are now able to use our data to purchase new programmes of work and are currently delivering specific offence focused work on Burglary, Behind the Blade (knife crime) and Managing Anger. We will be rolling out a new programme around Anti-Social Behaviour in the near future. These programmes will produce impact data after a period of time.
- We have used our data to identify as expected high levels of trauma and adverse childhood experiences and are currently undergoing a whole service move to a

trauma recovery model which will ensure our practice and approach works to achieve best outcomes with young people with experiences of trauma. This project is ongoing and will be evaluated as part of the model. As part of this project we have secured some psychology resource.

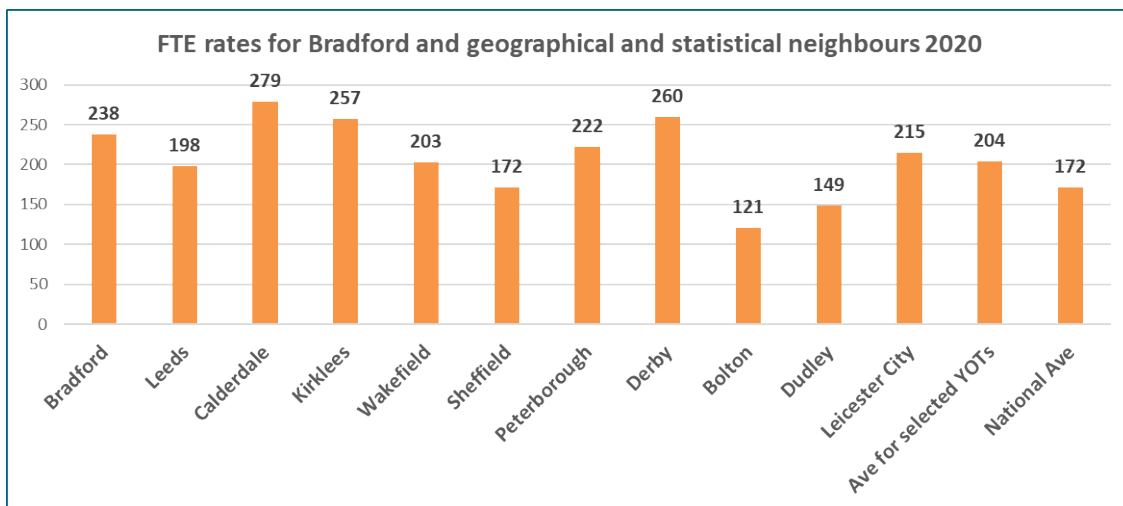
- We have recently took on the lead authority for a YJB pathfinder pilot for West Yorkshire to look at OOC policy and practice which is hoped to help reduce further our First Time Entrants (FTE's) and divert young people away from the criminal justice system.
- We are participating in a Ministry of Justice (MOJ) pilot Chance to Change - Case managers report that young people's engagement is very good, parents are happy and appreciative their child has been given the opportunity to make positive changes in their life, learn from their mistake and make amends both to the victim and the community by doing reparation without getting a criminal record.
- Our custody figures are decreasing significantly – Bradford has the 2nd lowest rate in our comparator group compared to 2nd highest four quarters ago and our rate is now below our comparator average. The caveat with this is there may be some impact of Court Closure during initial lockdown on the reduction and we will need to continue to monitor this.



- National Reoffending data has an 18-month lag due to how it is tracked and reported. Nationally, it is showing our reoffending is reducing and our rate is lower than the comparator group. However, we are currently inputting data into a new YJB toolkit to help provide more current data underpinning local re-offending data, however the limited data in 2020-21 due to Covid is showing limited trends. Once the data input starts to show us trends we will be looking to set up a task and finish group for Re-offending to review our approach and themes. We also now report on this in monthly performance meetings with the management team which feeds into senior leadership oversight.

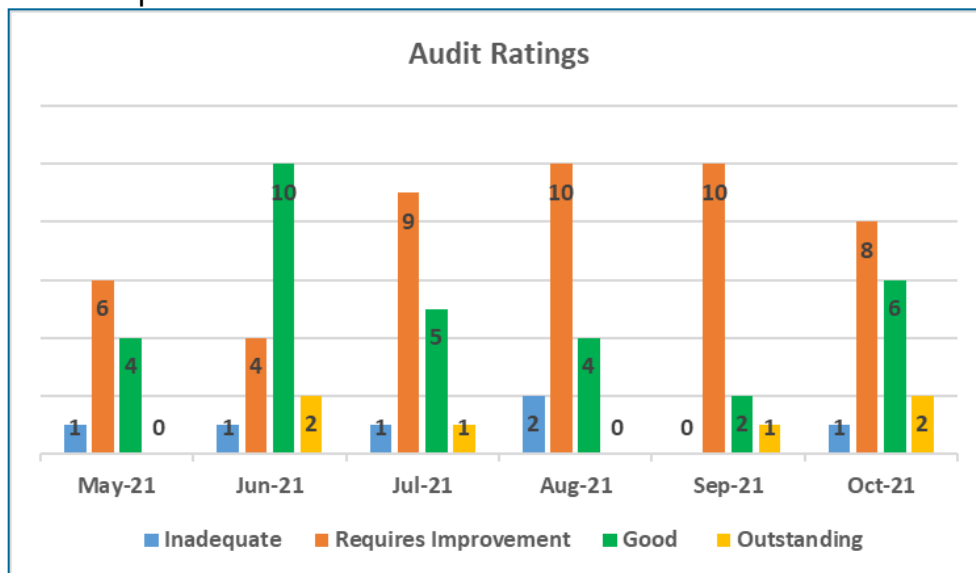


- First Time Entrants (FTE's)- The latest available published data from the YJB is 2020. The direction of travel is a reduction of 28.7% on the previous year in terms of peer comparison the latest rate shows us as the fourth highest in the comparator group down from the highest previously. There were 148 first-time entrants (FTEs) in Bradford in 2020 giving a rate of 238 per 100,000 10-18 population compared to 204 (FTEs) to the youth justice system in Bradford in 2019, a rate of 327 per 100,000 10-18 population therefore a reduction of 56 young people.



- ASB (Anti-social Behaviour) – we sit on regular partnership meetings and will be looking at how we work to improve rates and continue to work in partnership to reduce the impact of this part of this is the resources we have purchased recently and looking to roll out in 2022 and current exploration around work streams to ensure prevention is a specific role within a team.
- We receive and utilise data from the police such as the quarterly Performance report from the Local Criminal Justice Board (LCJB) this includes rich police outcomes data and report on knife crime. Similarly, from health and SALT data is being shared and used to consider resources and which we hope to try introduce into our Vital Signs report in the future.

- Our first monthly Quality Assurance Audit report complied independently by the Quality Assurance Team was released in September 2021 looking over the initial 5 months of this process which will help us to identify further learning and development. We have since held a 2nd benchmarking session and have further sessions planned.



- Specialist Taskforce in Alternative Provision - As part of the government's 'Beating Crime Plan, the government announced £45 million would be invested in specialist support in both mainstream schools and alternative provision in serious violence hotspot areas in England. In a programme led by the Department of Education (DfE), multi-agency specialist taskforces will be co-located in education settings to support children who are deemed vulnerable to exclusion, becoming NEET (not in education, training or employment) or exploited and involved in the criminal justice system – we have recently seconded a YJS worker into one of the positions to help deliver on this project.

Next Steps

- We still need to improve our participation with young people and families to understand their experiences of our service. We are looking at how we collect and gain meaningful feedback.
- We need to start to address any themes that arise from the audit feedback and from this clear action planning.
- We need to continue to use our data to drive the service and impact
- We need to consider continued Thematic Inspection reports within the service.
- Embed the pathfinder model to focus on prevention
- Continue to improve quality and embed the audit process.

3. OTHER CONSIDERATIONS

There are no other considerations.

4. FINANCIAL & RESOURCE APPRAISAL

N/A

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 Risks if the YJB Effective Practice Grant, Community Safety Partnership funding or Local Authority budget is reduced. This is an annual issue, however, has not had an impact recently, there has been no indication of any imminent changes.

6. LEGAL APPRAISAL

N/A

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

N/A

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.3 COMMUNITY SAFETY IMPLICATIONS

Not Applicable for this update although the Inspection rating and service improvements impacts on Community safety across the district.

7.4 HUMAN RIGHTS ACT

N/A

7.5 TRADE UNION

N/A

7.6 WARD IMPLICATIONS

The Inspection Judgement affects all Wards.

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

N/A.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

All improvements across Children's and the YJS will strengthen the Council's ability to discharge its Corporate Parenting responsibilities.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None, the HMIP report is in the public domain.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

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

11. APPENDICES

None.

12. BACKGROUND DOCUMENTS

None.

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Report of the Chair of the Children's Services Overview and Scrutiny Committee to be held on Wednesday 15 December 2021

Subject:

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Children's Services Overview and Scrutiny Committee – Work Programme 2021/22

Summary statement:

This report includes the Children's Services Overview and Scrutiny Committee work programme for 2021/22.

EQUALITY & DIVERSITY

Community Cohesion and Equalities related issues are part of the work remit for this Committee.

Cllr Geoff Winnard
Chair – Children's Services Overview and Scrutiny Committee

Portfolio:

Children and Families

Report Contact: Mustansir Butt
Overview and Scrutiny Lead
Phone: (01274) 432574
E-mail: mustansir.butt@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 This report includes the Children's Services Overview and Scrutiny Committee work programme for 2021/22, 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 2021/22.

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.
- 3.4 This Committee has agreed to undertake a programme of detailed scrutiny reviews, with the Committee already having started the Elective Home Education Scrutiny Review; the amended Terms of Reference for this scrutiny review are attached as Appendix 3 for member's consideration. The other scrutiny reviews include:
 - Looked after Children.
 - Children's Homes.
 - Fostering.
 - Children's Mental Health.
 - Recruitment and retention of Social Workers.
 - SEND, (Special Educational Needs and Disabilities).
 - YOT, (Youth Offending Team).

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 None.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 None.

6. LEGAL APPRAISAL

6.1 None.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.3 COMMUNITY SAFETY IMPLICATIONS

None.

7.4 HUMAN RIGHTS ACT

None.

7.5 TRADE UNION

None.

7.6 WARD IMPLICATIONS

Work of this Overview and Scrutiny Committee has ward implications, but this depends on that nature of the topic.

7.7 IMPLICATIONS FOR CORPORATE PARENTING

This will be a key area of work for the Committee.

7.8 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 2021-22 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.
- 10.3 That members comment and approve the amended Terms of Reference for the Elective Home Education Scrutiny Review.

11. APPENDICES

Appendix One – 2021-22 Work Programme for the Children’s Services Overview and Scrutiny Committee.

Appendix Two – Unscheduled Topics.

Appendix Three – Amended Elective Home Education Scrutiny Review Terms of Reference.

12. BACKGROUND DOCUMENTS

Council Constitution.
2020-21 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 Items	Description	Report Author	Comments
Thursday, 29th July 2021 at City Hall, Bradford.			
Chair's briefing 30/06/21. Report deadline 15/07/21.			
1) Ofsted inspection of LACS - Improvement		Mark Douglas/Irfan Alam/Stuart Smith.	
2) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt	Also including Resolution Tracking.
Wednesday, 22nd September 2021 at City Hall, Bradford.			
Chair's briefing 01/09/21. Report deadline 09/09/21.			
1) Ofsted inspection of LACS - Improvement.	To also include Vital Signs, as recommended by the Committee on Thursday 29 July 2021.	Mark Douglas/Irfan Alam.	
2) Workforce development aspect of the Children's Services Improvement Programme.		Mark Douglas/Irfan Alam/Claire Threpleton.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 11 March 2021. Deferred from Children's Services Overview & Scrutiny Committee from Wednesday 7 April 2021.
3) School organisation including, school expansion programme, education capital funding and academy conversations.	That a report be presented to the Committee in 12 months, which also includes a breakdown of capital and ethnic mix of schools.	Marium Haque.	Children's Services Overview and Scrutiny recommendation from Wednesday 5 August 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 October 2021 at City Hall, Bradford.			
1) Child Sexual Exploitation Child Thematic Safeguarding Practice Review.		Lawrence Bone/Jane Booth/Darren Minton.	Children's Services Overview & Scrutiny Committee recommendation from Thursday 29 July 2021.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda Items	Description	Report Author	Comments
Wednesday, 6th October 2021 at City Hall, Bradford.			
2) Valley View Home Closure/Bradfords Care Homes.		Mark Douglas/Irfan Alam.	Children's Services Overview & Scrutiny Committee recommendation from Thursady 29 July 2021.
3) Work Planning.	There is a need to regularlry review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 13th October 2021 at Remote Virtual Meeting.			
1) Scrutiny Review - Alternative School Provision.	Interim report back.	Mustansir Butt.	
Wednesday, 17th November 2021 at City Hall, Bradford.			
Chair's briefing 28/10/21. Report deadline 04/11/21.			
1) Troubled Families Programme.		Chad Thompson.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021. Deferred from Wednesday 7 April 2021 meeting.
2) Mental Health issues relating to Children's Social Care.		Sasha Bhatt/Ali Jan Haider/Joanne Toobey	Councillor request. Was due to be considered at the meeting on Wednesday 20 October 2021, but postponed due to Officer request.
3) Work Planning.	There is a need to regularlry review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 15th December 2021 at City Hall, Bradford.			
Chair's briefing 25/11/21. Report deadline 02/12/21.			
1) Improvement Plan.		Marium Haque.	Children's Services Overview & Scrutiny Committee Recommendation from Wednesday 22 September 2021.
2) Exploitation Annual Report.	To focus on the Work undertaken to date and progress against the review recommendations. To also include Bradford Partneship Annual Report.	Darren Minton/Jane Booth.	Children's Services Overview & Scrutiny Committee Recommendation from Wednesday 6 October 2021.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda Items	Description	Report Author	Comments
Wednesday, 15th December 2021 at City Hall, Bradford.			
Chair's briefing 25/11/21. Report deadline 02/12/21.			
3) Annual Report for Looked After Children.		Michelle Holgate/David Johnston.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 22 September 2021.
4) Youth Offending Team.		Lisa Brett/Sarah Griffin.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021. Deferred from Wednesday 7 April 2021 meeting.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 19th January 2022 at City Hall, Bradford.			
Chair's briefing 23/12/21. Report deadline 06/01/22.			
1) Sufficiency Strategy, to also include In-house Fostering Service and Adoptions.		David Johnston.	Children's Services Overview & Scrutiny Recommendation from Wednesday 6 October 2021. In-House Fostering report was deferred from meeting in November 2021.
2) Residential Children's Homes & Related Issues.	To focus on the actions being taken to improve the Children's Residential Homes, be presented to this Committee. Also the findings from the external review of the quality of provision across each of the Children's homes.	David Johnston.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 October 2021.
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.

Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda Items	Description	Report Author	Comments
Wednesday, 19th January 2022 at City Hall, Bradford.			
Chair's briefing 23/12/21. Report deadline 06/01/22.			
4) Corporate Parenting Strategy.		David Johnston.	Children's Services Overview & Scrutiny Committee request from Wednesday 6 October 2021.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 9th February 2022 at City Hall, Bradford.			
Chair's briefing 19/01/22. Report deadline 27/01/22.			
1) Audit findings relating to the quality of Social Work Practice.		David Johnston.	Children's Services Overview & Scrutiny Recommendation from Wednesday 11 March 2021.
2) Raising Attainment Strategy.	That the Raising Attainment Strategy to be presented to this Committee in the New Year.	Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
3) Workforce Development - Children's Services.	Committee requested that a more detailed report be presented, which also specifically focuses on the activities being undertaken and the progress being made on increasing and reducing the number of agency workers.	Claire Threpalton/ David Johnston.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 22 September 2021.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Wednesday, 23rd March 2022 at City Hall, Bradford.			
Chair's briefing 03/03/22. Report deadline 10/03/22.			
1) Ofsted inspection of LACS - Improvement Plan.		Marium Haque.	
2) Special Educational Needs and Disability Reforms.	That a further report be presented to the Committee in January 2021 also focusing on compliance.	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 Items	Description	Report Author	Comments
Wednesday, 23rd March 2022 at City Hall, Bradford.			
Chair's briefing 03/03/22. Report deadline 10/03/22.			
3) Young Carers.	Specifically focusing on performance targets and standards.	Cath Dew.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 11 March 2021.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

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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.	An update on the work of the Schools Forum.	Andrew Redding.	Monthly Electronic briefing to members.
3 Child Friendly City.	The Committee will receive a report detailing the progress towards Bradford becoming a "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.
4 Informal information gathering sessions relating to the Alternative School Provision Scrutiny Review.		Mustansir Butt.	
5 Children's Services Overview and Scrutiny - Programme of Scrutiny Reviews.	<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>	Mustansir Butt.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019.
6 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
7	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.
8	Special Educational Needs and Disability Reforms, (SEND).	Jane Hall.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
9	Opportunity Area.	Kathryn Loftus/Lee Turner.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 15 January 2020.
10	Impower.	Mark Douglas/Joanne Hyde.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
11	Early Help and Prevention Service.	Lisa Brett.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
12	That the Committee keeps an overview of the Council's plans for remote learning taking place across the District and requests that officers present new information when it is available to the Committee.	Marium Haque/Sharon Sanders.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021.
13	School Expansion.	Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 22 September 2021.
14	Better Start Bradford		Children's Services Overview & Scrutiny Committee recommendation from Thursday 29 July 2021.
15	Young Carers.	Cath Dew.	Briefing to be circulated to members.

Childrens Services O&S Committee

Agenda item	Item description	Author	Comments
16 Improvement Plan.	That an informal remote session be arranged with the Commissioner at a date to be arranged and for this Committee to discuss the remit of the work to be undertaken and any key findings to date.	Steve Walker.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 22 September 2021.
17 Informal session with Children's Services Commissioner.	This Committee requests that an informal and remote session be arranged with the Commissioner and members of this Committee at a date and time to be decided, to discuss the remit of the work to be undertaken and any key findings to date.		Children's Services Overview & Scrutiny Committee recommendation from Wednesday 22 September 2021.

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**City of Bradford Metropolitan District Council
Children's Services Overview and Scrutiny Committee**

Elective Home Education - Scrutiny Review

Terms of Reference

See Part 3E paragraphs 2.1 to 2.11 of the Constitution of the Council.

Background

At its meeting on Wednesday 9 October 2019, Children's Services Overview and Scrutiny Committee agreed to undertake a programme of scrutiny reviews relating to Children's Services.

One of the agreed scrutiny reviews relates to including Elective Home Education.

Protecting Children's legal right to Education was discussed at the Council meeting on Tuesday 15 October 2019 and the comments and views raised by members will be taken into consideration during the course of this Scrutiny Review.

Context

Elective Home Education

Despite the term 'compulsory school age', education does not have to be undertaken through attendance at school, even though parents usually request a state-funded school place and the local authority is obliged to find one - or make alternative arrangements for education of your child. Parents not the state are responsible for ensuring that children of compulsory school age are properly educated.

Elective home education is a term used to describe a choice by parents to provide education for their children at home or in some other way they desire, instead of sending them to school full-time. This is different to education provided by a local authority other than at a school, for example for children who are too ill to attend school.

There is no legislation that deals with home education as a specific approach. However, Section 7 of the Education Act 1996 provides that:

The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable -

(a) to his age, ability and aptitude, and

(b) to any special educational needs he may have, either by regular attendance at school or otherwise.

Elective home education is a form of 'education otherwise than at school' and this piece of legislation is the basis for the obligations of parents. It is also the starting point for local authorities' involvement.

Key Lines of Enquiry

The key lines of enquiry for this scrutiny review are to:

- Explore the proportion of home schooled children who are home schooled, because the child has not been allocated the preferred school place;
- Explore the approach where parents consider that their child will receive a better education at home, rather than school;
- Explore the proportion of children, which have been moved on by the school, into “Elective Home Education”;
Review the safeguarding of children, who are outside the normal school system;
- Explore and consider the impact of COVID19 on school lockdown, as parents also choose to home educate their children.
- Evaluate the arrangements in place to support parents whose children are undertaking Elective Home Education.
- Considering the Special Education needs requirements of children in Elective Home Education.

Methodology

The committee will receive and consider a variety of evidence/information provided by a range of interested parties. The Committee may adopt one or more of the following methods to collect evidence/information:

- relevant documents;
- relevant data;
- written submissions from, or meetings with interested parties;
- interview key and relevant personnel;
- undertake relevant visits.

Indicative list of interested parties

An indicative list of interested parties is provided below. This is not definitive or exclusive and can be developed as the scrutiny progresses.

Organisation / Department	Contact
Bradford Council Executive Portfolio Holder.	Cllr Imran Khan.
Bradford Council.	Marium Haque – Children’s Services. Sue Lowndes – Children’s Services. Danielle Wilson – Children’s Services. Rachel Phillips – Children’s Services. Joanne Gleeson – Legal. Darren Minto – Safeguarding. Jane Booth – Safeguarding.
Local/Regional/National Organisations.	Police. Parents. Bristol Council.

Indicative Timetable

Date	Milestone
Wednesday 15 January 2020.	DRAFT Terms of Reference to be presented to the Children's Services Overview and Scrutiny Committee – for discussion and approval.
Wednesday 12 February 2020, Committee room 1, City Hall, 4.30pm.	Information gathering session – Setting the scene: Mark Douglas; Mariam Haque; Mark Griffen; Legal.
Wednesday 18 March 2020, Committee room 1, City Hall, 5.00pm – was cancelled due to the first COVID19 pandemic lockdown.	Information gathering session – safeguarding of children, who are outside the normal school system and engagement with Schools.
Tuesday 24 February 2021, Remote Virtual Session, 4.40pm.	Information gathering session – Setting the scene, (Mark Douglas, Mariam Haque, Sue Lowndes, Danielle Wilson and Rachel Phillips – Children's Services).
Wednesday 31 March 2021, Remote Virtual Session, 4.30pm.	Information gathering session – Safeguarding.
TBC	Information gathering session – Parents.
TBC	Information gathering session – Legal.
TBC.	Draft Scrutiny Review findings and recommendations to be presented to the Children's Services Overview and Scrutiny Committee.

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