

Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 19th July 2017

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Subject: B Positive Pathways – Bradford DfE Innovation Grant

Summary statement:

In January 2017 Bradford was awarded £3.2 million over 2 years from the DfE innovation fund. There are 3 elements to the award.

- 1) Reducing the number of children in care through stronger edge of care work.
- 2) Improving our ability to provide high levels of care within our residential homes through embedding a therapeutic “PACE” approach.
- 3) Setting up two “mockingbird” hubs to improve support to foster carers working with children with more complex needs.
- 4) After consultation with the Children in Care council, the programme was named B Positive Pathways

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Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services

1 SUMMARY

- 1.1 In January 2017, Bradford was awarded £3.2 million over 2 years from the DfE innovation fund. There are 3 elements to the award. Reducing the number of children in care through stronger edge of care work. Improving our ability to provide high levels of care within our residential homes through embedding a therapeutic “PACE” approach. Setting up two “Mockingbird” hubs to provide support to foster carers working with children with more complex needs. After consultation with the Children in Care Council, the programme was named **B Positive Pathways**.

2. BACKGROUND

- 2.1 B Positive Pathways Programme (BPP) is a £3.2m innovation funded project that scales the successful North Yorkshire ‘No Wrong Door’ innovation project to Bradford. No Wrong Door is a different approach to working with adolescents to prevent them entering the care system and to improve their long term outcomes. The model centres on a hub home with wrap around multi agency professionals working together. No Wrong Door has won several awards and has made a significant saving to the public purse in the approach that has been taken. A number of Local Authorities are looking to replicate this approach.
- 2.2 BPP is fully funded in the first two years and by year three we will be aiming to show the significant savings that have been made to ensure that the programme is supported financially for years three and four. There will be a full academic review of the programme to show impact.
- 2.3 BPP has three key elements;
- 1) Hub Home & Specialist Children’s Homes,
 - 2) Mockingbird Fostering Model
 - 3) Pace Model of Care

3. REPORT ISSUES

3.1 B Positive Pathway Hub Home & Specialist Children’s Homes

- 3.2 The BPP service will be based out of a LA children home and will follow both a respite and outreach model. The team will consist of residential staff and outreach workers, supported by dedicated Police Officers, Life coaches (psychologists), Speech & Language therapist and occupational therapists, close links with the Virtual School and Youth Service.
- 3.3 The BPP service will work at the edge of care and respond proactively and innovatively to cases that at the moment quickly escalate to full time care. We envisage that there will be a significant caseload of families and young people accessing this service. We will expect outreach workers to support young people and families in their own homes responding at the time of crisis and to call on the wrap around support to enable families to work through their issues without statutory intervention. The outreach service will be offered 24/7.

- 3.4 Adverts are currently placed externally for all the posts within the BPP programme and for the health posts. The Police Officers have already been recruited.
- 3.5 There will be three specialist homes in Bradford (Newholme, Hollybank Road and Meadowlea) these homes will have a greater level of staffing, will have a reduced number of residents and will call on the specialist roles within the BPP hub. The aim is to return children from external homes to live in this provision and create resilient long term placements.
- 3.6 We will explore recruiting foster carers on casual contracts to work as part of the residential teams. If successful relationships are built there will be the possibility that young people can be fostered from the homes.
- 3.7 We are about to take on the lease of Hollybank Road from Catholic Care where one of the homes will be sited.

3.8 Mockingbird Fostering

- 3.9 Mockingbird is a fostering model first used in America. It uses the concept of a hub carer being at the centre of a constellation of foster families. The hub carer becomes the 'grandparent' figure and provides regular sleep overs to the young people in the constellation and arranges a regular get together of the whole constellation. The hub carer is supported by a liaison worker. A constellation is made up of between 6 – 8 foster families.
- 3.10 The model has been embedded in a number of Local Authorities as part of the first tranche of innovation and has resulted in greater placement stability and outcomes for the young people.
- 3.11 We are currently at the second stage of a six stage process to implement Mockingbird and being supported by the Fostering Network.
- 3.12 We will look to develop two Mockingbird constellations in Bradford and Keighley and will support these arrangements further by linking them to the BPP hub home.

3.13 Model of Care

- 3.14 As a result of an external review of our residential provision in 2015, we developed a model for Looked After children in Bradford:
- 3.15 We aim for the basis of this model PACE to be our approach to working with children who have suffered early trauma and attachment in all placements.
- Attachment (PACE – playfulness, acceptance, curiosity, empathy)
 - Resilience
 - Team Teach
 - Outcome Star
 - Signs of Safety
 - Building life skills for independence

- 3.16 A Workforce Development Plan has been implemented to embed the approaches above within the staff teams. This will provide staff with the skills to fully support children and young people.
- 3.17 Training in the elements of the model is on-going. Most Residential staff have completed Signs of Safety training, PACE training, Outcome Star training and Developing Resilience in Children training. Those who have not, will do so in the near future.
- 3.18 All of the homes have PACE Champions and Signs of Safety Practice Leads. Additionally, some staff have had the opportunity to train in Dyadic Developmental Psychotherapy – level 1 and level 2 – the therapy that incorporates PACE. Approximately 16 of these staff have done ‘training for trainers’ and are training all staff over 6 sessions in Foundations for Attachment, a more in depth attachment based programme informed by PACE.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Evidence suggests that teenagers that enter carer often experience poor outcomes, including disruptions in contact with families and disruptions in education. In addition risks of missing, offending, substance misuse and exploitation can be increased. Children who enter care as teenagers are disproportionately likely to be placed in residential care (as opposed to family settings), including out of authority placements. As well as being exceptionally expensive, out of authority placements can further disrupt family ties and educational outcomes. The DfE innovation Funded B Positive Pathways programme has the potential to contribute to our strategic priorities associated with Better health – Better Lives as well as Great Start – Good Schools by safely, and appropriately, reducing the number of children in care as well as reducing expenditure on high cost residential placements.

5. RECOMMENDATIONS

That the Corporate Parenting Panel notes the content of this report and the creation of B Positive Pathways

6. BACKGROUND DOCUMENTS

None.

7. NOT FOR PUBLICATION DOCUMENTS

None.

8. APPENDICES

None.