

# Minutes of a meeting of the Corporate Parenting Panel held on Wednesday, 8 February 2023 in Committee Room 1 - City Hall, Bradford

Commenced 4.36 pm  
Concluded 6.14 pm

## Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Duffy Thirkill	Pollard	Knox

## NON VOTING CO-OPTED MEMBERS

Claire Smith  
Jude MacDonald  
Sue Lowndes

West Yorkshire Police  
Bradford District Clinical Commissioning Group  
Bradford Education

## ALSO PRESENT

Phil Briggs Bradford Youth Justice Service  
Su Booth Governance Officer, BC Corporate Resources  
Jonathan Cooper Head, Virtual School (HT/VS)  
Ali Jan Haider Bradford District and Craven Integrated Health and Care Partnership  
Andrea Haley Bradford District Care Trust  
Amandip Johal Bradford Council Interim Assistant Director Safeguarding and Review, Commissioning & Provider Services (iAD/SRCP)  
David Johnson Bradford Council Interim Deputy Director, Children’s Social Services (iDD/CSS)  
Dr Catherine Murray Consultant Paediatrician and Designated Doctor for Children Looked After  
Helen Osman Helen Osman Governance Services (Clerk)

Apologies: Councillor Margaret Alipoor

## Councillor Duffy in the Chair

## SUMMARY OF ACTIONS

Summary of outstanding actions arising from this and previous meetings				
Action No.	From (meeting of)	Action	Person	Timing
1	19-10-2022	iAD/SRCP to advise the Panel on the date of publication of the savings policy for young people in care.	A Johal	31-10-2022
(1)(i)	08-02-2023	iAD/SRCP to ensure that the savings policy is on the Executive Committee Forward Plan	A Johal	17-02-2023
(1)(ii)	08-02-2023	iAD/SRCP to circulate the savings policy to panel members.	A Johal	17-02-2023
2	19-10-2022	LCS to provide to the Panel the <u>timeline</u> of steps towards completion of the entitlements document for young people in care.	L Kay	31-10-2022
2(i)	08-02-2023	iAD/SRCP to circulate to panel members an <u>update</u> on steps towards completion of the entitlements document for young people in care.	A Johal	17-02-2023
4(i)	08-02-2023	Chair to keep the Panel informed of plans to hold a cross-agency event to develop the Corporate Parenting Strategy.	S Duffy	29-03-2023
5 (i)	07-12-2022	LA to re-circulate e-mail to young people regarding the Care Leavers Days.	L Kaye	31-12-2022
5 (ii)	07-12-2022	LA to include on the agenda for the next Panel meeting with Young People a demonstration of the entitlements flowchart on the website.	A Johal	28-02-2023
5 (iii)	08-02-2023	LA to demonstrate the entitlements flowchart on the website to the Corporate Parenting Panel.	A Johal	31-03-2023
5 (iv)	07-12-2022	Virtual School to organise an annual session involving universities, colleges, Skills House, employers etc to talk to young people age 15+ about their ambitions; options such as jobs, college and university; and the support available (eg bursaries and other funding).	J Cooper	2022-23
5(vi)	08-02-2023	iAD/SRCP to circulate the report of the National Implementation Advisor on Care Leavers (Mark Rydell) to the Panel.	A Johal	24-02-2023
Take-away themes	07-12-2022	<ol style="list-style-type: none"> <li>1) Ensure all YP know about their 25 hours entitlement and the availability of additional tutoring.</li> <li>2) Establish the proportion of Bradford's young people in care that achieve the grade 5 "good pass" threshold in English and Maths GCSEs. Narrow the gap between this proportion and the proportion of non-looked after children who achieve this standard nationally (40.1% in 2021).</li> <li>3) Minimise the need for children to switch schools when they move house and, where a change in school is unavoidable, make the change at the start of the school year. Mid-term changes of school should be avoided at all costs.</li> </ol>	J Cooper	16-03-2023
6	19-10-2022	Young people to be asked at their next meeting with the Panel for feedback on the additional activities	A Johal	07-12-2022

		they would like to promote their physical and emotional health.		
7	19-10-2022	Panel members and officers to consider how to develop the Panel's relationships with young people in its care.	All	07-12-2022
7(i)	08-02-2023	iDD/CSS to arrange training/Q&A for panel members on engaging effectively with young people.	D Johnson	31-03-2023
7(ii)	08-02-2023	Police and health colleagues to consider how to ensure that the role of their agencies as corporate parent is reflected in their own strategies and systems	J MacDonald C Smith	31-03-2023
8	19-10-2022	Chair to liaise with iAD/SRCP to identify major issues expected to arise in each Theme and advise the Lead Panel Members accordingly.	Cllr Duffy	18-11-2022
9	08-02-2023	Governance Officer to resolve the issue of the CPP agenda and papers not reaching all regular attendees.	Su Booth	Ongoing
10	08-02-2023	Dr Murray and iAD/SRCP to identify solution to issue of non-attendance at Initial Health Assessments and report to Panel.	Dr Murray A Johal	August 2023
11	08-02-2023	HT/VS to liaise with P Briggs, Bradford Youth Justice Service, on barriers to CLA returning to education	J Cooper	31-03-2023
11	08-02-2023	iAD/SRCP to circulate to the Panel the Terms of Reference for the national Leaving Care programme in which she had been invited to participate.	A Johal	28-02-2023
12	08-02-2023	iAD/SRCP to report on the progress of the national Leaving Care programme in which she had been invited to participate.	A Johal	August 2023
13	08-02-2023	iAD/SRCP to facilitate contact between a young person who spoke to the Panel of difficulties securing employment due to a criminal record and P Briggs, BYJS.	A Johal	28-02-2023
14	08-02-2023	iAD/SRCP to provide assurances that the Council has a single system that records all CLA with disabilities and complex health needs who are placed in residential special schools registered as children's homes.	A Johal	28-02-2023
15	08-02-2023	Jude MacDonald, Dr Murray and Amandip Johal to meet to review the recommendations and actions arising from Phase 2 of the work of the National Panel on the care of young people with disabilities and complex needs residing in special schools registered as children's homes and report to next ordinary Panel meeting on the development of a cross-agency strategy.	J MacDonald C Murray A Johal	Date of next ordinary meeting tba

#### 40. DISCLOSURES OF INTEREST

No declarations of interest were received.

#### 41. MINUTES

**Resolved –**

**That the minutes of the meetings held on 19 October and 7 December 2022 be signed as a correct record.**

**42. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

No requests to inspect reports or background papers were received.

**43. WEST YORKSHIRE DIVERSION PATHFINDER - BRADFORD PILOT**

The Programme Lead for the Child First West Yorkshire Diversion Pathfinder – Youth Justice Board gave Members a presentation informing members of the initiative to create a diversionary model to divert children away from the criminal justice service.

Phil Briggs, Team Leader, Bradford Youth Justice Service (BYJS), said that research demonstrated that children who were taken to court for serious or multiple offences resulting in a criminal record had less positive outcomes than those who were diverted away from the courts. Using Outcome 22<sup>[1]</sup>, Chance To Change, the Child First West Yorkshire Diversion Pathfinder initiative enabled children and young people who engaged with the process to avoid a criminal record for low level offences, often committed through accident or poor judgement, and be supported to learn from what they had done and make amends. The process was not a soft option: it included opportunities for restorative justice in all its forms and every effort was made to consult the victim, where the offence had a victim.

The Chance to Change model, which was being piloted in Bradford with the aim of rolling it out across West Yorkshire, recognised that children and young people might make more than one mistake. It also recognised the particular vulnerability of Children Looked After (CLA) in light of the trauma they might have experienced and that, if they had been placed out of area, they might have no support in the Bradford area. Each case was considered independently on its merits and on Child First principles. Children were triaged to determine the best route to support their individual needs: in the case of CLA, this included working with the agencies that were supporting the child and identifying a single lead practitioner. Effective liaison with all agencies involved with the child, and discussion with the child in question, were critical elements of the diversion model: this was not something that YJS could do on its own.

The Chance to Change model was currently in the Quality Assurance phase of its pilot, in which young people, carers and residential homes were being asked for feedback on their experiences. The Panel was interested to hear that one care home had said that an incident between two staff members had been stopped by the intervention of a young person who had a history of challenging and violent behaviour: the young person had said that they did not think that the staff were making good choices.

Referring to the presentation, **members asked** about the reference at the bottom of the first substantive page to addressing disproportionality. BYJS explained that, in a number of areas across the country, some communities of children – including CLA – were over-represented in the criminal justice system. As found in the Lammy review<sup>[2]</sup>, some communities lacked trust in the police and authority figures or would not engage with them. A person who did not admit to the offence could not be given an out of court disposal. Chance to Change could work with children and young people to develop trust and help them to understand and engage with the process so that they could be diverted away from the courts.

**Replying to questions**, BYJS confirmed that all who were involved in the process of a child or young person reaching court had been briefed on the diversion pathway with the aim of interception:

- the decision to refer a child who did not admit to an offence to BYJS was made by the individual police officer;
- all custody staff had been briefed on the diversionary model and were issued with regular reminders;
- where a child or young person slipped through the net the YJS followed the matter up with the officer concerned to check that they understood the system;
- Youth Justice Court officers had been briefed;
- BYJS worked closely with the Crown Prosecution Service (CPS), so they too understood the system; and
- A common IT platform had been launched in the January 2023 to support the interception of children and young people before they reached court.

Noting that a number of types of case were considered sensitive and required inspector-level sign-off, **members queried** the reference to “*possibly politically sensitive offences that may have gained media attention*”: members hoped that political sensitivity or media attention would not influence how cases were managed. BYJS agreed: the requirement for inspector-level sign-off for such cases was intended to address the fact that this was a new model and ensure that the process was robust in every aspect.

**Asked** whether a CPS lawyer would consider whether the Chance To Change process had been followed, BYJS said that the Head of CPS had been briefed and had notified CPS staff. BYJS was preparing a briefing paper for CPS staff and had offered to provide training.

ADS said that the DfE position was that children in the youth justice system were entitled to an education and a fresh start. HT/VS agreed that a swift return to education was critical for CLA, though the barriers were many – he would discuss this with BYJS outside the meeting.

**Action: HT/VS**

iAD/SRCP said that she had been invited to participate in a national leaving care programme and was ensuring that Youth Justice and the police had also been invited. Members agreed that this programme needed to be aligned with the Chance To Change initiative and welcomed her offer to report on it at a future meeting. They asked that she circulate the Terms of Reference for the programme.

**Action: iAD/SRCP**

**Asked** whether there were any particular considerations that affected how Chance to Change worked for CLA, BYJS said that CLA tended to suffer from different levels of stress from other young people. The decision-making panel considered the extent of any trauma in the background of the child to help it to understand the child's behaviour. It also took account of the skills and learning styles of the child. Compliance was managed slightly differently for CLA than for other children and young people: while CLA needed to abide by the Chance to Change requirements, this would take account of the context from which the child came.

**Asked** whether the police were able to check with social care at the initial point of contact whether a child was a CLA, WYP said that this would form part of a project on which she would shortly embark to look at the criminalisation of CLA. She reminded members that, whereas most parents would not call the police if their child caused damage to their property, a child in care might well be arrested.

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**Asked** how the various projects relating to the criminal justice system and CLA related to each other, iAD/SRCP said that the national programme in which she had been asked to participate would focus on upstream preventative work, including preventative mechanisms to support children who were struggling. BYJS said that he worked closely with the manager of the police officers who were linked to Bradford's care homes to ensure that they were aware of Chance to Change and that their knowledge of CLA was fed into the triaging system.

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**Asked** whether the Chance to Change programme complemented the national leaving care programme, iAD/SRCP said that the YJS would be part of the working group, which would also include education, health and the police.

**Asked** whether this meant that Chance to Change would be part of the national leaving care programme, she said that it did.

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**Replying to questions**, BYJS said that the Chance To Change programme was open to children and young people between the ages of ten and seventeen.

The Chair thanked BYJS for this helpful report and discussion. At a consultation meeting between the Panel and young people in the summer of 2021, a young man had said that, despite having good qualifications, he was unable to secure employment because he had fallen in with the wrong crowd during a period of stress and confusion when he had entered care and had a criminal record. The

Chair had discussed this with BYJS and was pleased with the progress that had been made: **she asked** whether there was scope to provide feedback to the young man who had raised the issue. BYJS said that he would be happy to contact the young man in question to provide this feedback and offer advice and support: iAD/SRCP would facilitate contact.

**Action: iAD/SRCP**

**Resolved -**

**That the report be noted.**

**Action: Programme Lead - Child First West Yorkshire Diversion Pathfinder**

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<sup>[1]</sup> Outcome 22: See National Police Chiefs' Council (NPCC) Briefing note (v1 March 2019):

- Outcome Type 22: Diversionary, educational or intervention activity, resulting from the crime report, has been undertaken and it is not in the public interest to take any further action.
- Detail required for Outcome 22: Decision making should be clearly documented as to what education and diversionary activity has been put in place to address the suspects offending behaviour and why the OIC believes this is a more effective outcome than out of court disposals or charge.

<sup>[2]</sup> The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System, September 2017

#### **44. ANNUAL REPORT FOR CHILDREN LOOKED AFTER AND CARE LEAVERS APRIL 2021 - MARCH 2022**

The report of the Director of Quality and Nursing West Yorkshire Integrated Care Board (Bradford) (**Document "D"**) was submitted to the Panel and was taken as read.

Dr Murray, Consultant Paediatrician and Designated Doctor for Children Looked After, said that many Children Looked After (CLA) entered care with multiple and complex health and care needs. The number of children entering care continued to increase more rapidly in Bradford than in its statistical neighbours, causing significant issues for the provision of care.

The remit of the West Yorkshire Integrated Care Board in relation to CLA health included carrying out Initial Health Assessments and reviews, completing adult fostering forms and providing adoption medical examinations. Initial Health Assessments comprised the majority of the work and were intended to identify any health needs that had not been diagnosed prior to the young person entering care.

Initial Health Assessments must be carried out by a registered medical practitioner, traditionally a paediatrician. Appointments lasted for one hour and were followed up by conversations with social workers and a substantial amount of paperwork. As the number of children entering care increased, the NHS faced significant challenges in managing the load. To address this, from March 2022 a cohort of General Practitioners had been trained up to undertake Initial Health Assessments. The model was working well. Weekly meetings were held with the nursing team to triage every child entering care, RAG<sup>[1]</sup> rate their needs and determine who should see them.

In common with their counterparts elsewhere in the UK, the service was not

meeting the statutory 20-day timeframe for conducting Initial Health Assessments. However, through the increased capacity provided by training GPs to undertake the assessments, it was improving.

A major concern was that 42% of children missed their appointments for Initial Health Assessments, which then had to be re-arranged. The service was working with iAD/SRCP to identify and address the reasons for this.

### Discussion

**Replying to questions**, health colleagues present said that the children and young people who missed appointments for Initial Health Assessments tended to be those placed at home with their parents and older young people who simply did not choose to attend. A process was in place to remind young people, their carers and social workers of appointments, but a cohort still did not attend.

**Asked** whether failure to attend an Initial Health Assessment blocked other services for the young person, Dr Murray confirmed that it did: referrals could not be made and screening could not be arranged until the Initial Health Assessment had been completed.

**Asked** whether social workers and doctors made the importance and benefits of the Initial Health Assessment sufficiently clear to young people and their families, iDD/CSS said that there were a number of reasons why a child might be placed with their parents: for example, this might be done for a trial period following a period in care, or the courts might place the child back in their home when the local authority requested a supervision order. A child should not be placed with the parents unless it had been confirmed that the parents would take responsibility for matters such as attendance at health appointments.

**Asked** whether social workers accompanied the young person and their carer to appointments where the young person was placed at home with their parents, Dr Murray said that social workers did not usually attend Initial Health Assessments. The service was seeking to understand the reasons for this and to encourage social workers to attend for at least part of the appointments. The Panel recognised the wide-ranging pressures on the time of social workers but considered that they had a critical role to play in ensuring that children and young people placed with parents did in fact attend their Initial Health Assessments.

**The Panel asked** that Dr Murray and iAD/SRCP identify a solution to this issue and report back to the Panel by August 2023.

### **Action: Dr Murray, iAD/SRCP**

Referring to page 38 of the agenda paper, members noted that the average number of working days for an Initial Health Assessment to be undertaken was sixty-six at the end of March 2022, compared with the twenty working days specified in the statutory guidance. **Replying to questions**, Dr Murray confirmed that the time to completion of an Initial Health Assessment had increased since March 2022 due to the increased number of children entering care and staffing pressures: this was a major concern. Efforts were being made to recruit and short term work arounds were being used, but capacity to meet the demand was a real issue.

**Asked** about trends in the number of children and young people entering care, iDD/CSS said that an increase had been seen across Bradford in the number of contacts and a reduction in the number of referrals to the Front Door in two of the four areas. If current trends continued, a small reduction could be expected in the



number of children entering the system and a small increase in the number of care leavers.

**Resolved –**

**That Members consider the information provided and the report be noted.**

**Action: Director of Quality and Nursing West Yorkshire Integrated Care Board (Bradford)**

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RAG rating: Red, Amber, Green ratings - a visual representation of progress

**45. NATIONAL REVIEW - SAFEGUARDING CHILDREN WITH DISABILITIES AND COMPLEX HEALTH NEEDS PLACED IN RESIDENTIAL SETTINGS**

The report of the Strategic Director, Children's Services (**Document "E"**) was submitted to the Panel to inform Members in relation to the review undertaken by The National Safeguarding Panel following the very serious abuse and neglect suffered by a number of children with disabilities and complex needs whilst living in three private residential settings and the actions to be taken by every Director of Children's Services.

iAD/SRCP referred to the national review into how and why a significant number of children with disabilities and complex needs came to suffer serious abuse and neglect whilst living in three privately provided residential settings in the Doncaster area. In Phase 1 of its work, the panel undertaking the national review had asked every Director of Children's Services to provide urgent assurances in relation to the progress, care and safety of children with disabilities and complex health needs who are placed in residential special schools registered as children's homes. The agenda paper set out the information that Bradford had sent to the National Panel on the three children who fell into this category in Bradford. The information had been gathered from conversations with Independent Review Officers (IROs) and social workers to ensure that the young people in questions were happy in their settings, that their voices were heard, their needs met and any concerns addressed. A response was awaited from the National Panel before any further action was taken.

Noting that the agenda paper indicated that it had been necessary to consult three separate systems to identify the three children in Bradford who had disabilities and complex health needs and who had been placed in residential special schools registered as children's homes, **members asked** why it had not been possible to identify all such children through a single check. iAD/SRCP said that this was a consequence of how establishments were recorded on the Council's system. This had been picked up and addressed through the placement team. **Asked** whether there was a single system that drew together all establishments, iAD/SRCP said that there was but that the team had cross-

referenced it with other systems to ensure that all children had been identified and, though this cross-checking, had identified gaps. **Asked** what action had been taken to plug these gaps, iAD/SRCP said that they had stemmed from how the educational element of the homes' provision had been recorded. Panel members observed that the IRO would know the educational provision offered by the home and so, presumably, had failed to record it on the system. iAD/SRCP said that the IRO would not be expected to record this information: that was the responsibility of the placement team.

**Members asked** why a child with a disability, who lived in a home that addressed that disability, was not recorded on the same system as other children with disabilities living in homes that addressed their disability. It did not inspire confidence that the Council had to interrogate three different systems to identify three such children. iAD/SRCP undertook to provide the panel with the details. The Panel asked that, instead, she provide an assurance that the Council had a single system that recorded every child with disabilities and complex health needs who was placed in a residential special school registered as a children's home.

**Action: iAD/SRCP**

**Asked** whether it was the case that Bradford was only able to identify the three children with disabilities and complex health needs who were placed in residential special schools registered as children's homes because it had been asked to do so in the wake of the Doncaster case, iAD/SRCP said that every child was reviewed every six months. **Asked** how, in that case, it had been necessary to use three systems to identify these children, iAD/SRCP said that this had related to the records of their homes, which had not affected the fact that their health and educational needs were being met. IRO knew about the educational provision of each child's home but it was not the responsibility of the IRO to record that information on the system.

Jude MacDonald (Bradford District and Craven Integrated Health and Care Partnership) offered the help of the Partnership in the health aspects of actions arising from the work of the National Panel. The health needs in care homes were significant.

Members observed that the agenda paper represented the response of a single agency to the National Panel Phase report. iAD/SRCP undertook to broaden it out to form a broader cross-agency strategy, reflecting the discussions to be held at the meeting referred to at paragraph 41 above. The Panel agreed that, in the first instance, Jude MacDonald, Dr Murray and Amandip Johal should meet following completion of Phase 2 of the work of the National Panel at the end of March 2023 to review its recommendations and actions and the contributions that they and other CPP members could make. They would report back to the next ordinary meeting of the Panel.

**Action: J MacDonald, C Murray, A Johal**

Referring to Finding 6<sup>[1]</sup> on page 122 of the document pack for this meeting, **members asked** how homes could be held to account and weaknesses resolved if the record-keeping was inadequate or misleading. iAD/SRCP said that the IRO would review the child's care plans and arrangements and would meet the agencies involved with the child. Those agencies also needed to work

consistently together outside the IRO meetings so that emerging issues could be identified and dealt with at an early stage.

**Asked** whether the Virtual School would have an insight into such issues, HT/VS said that the VS would be involved through the child's Individual Education Plan.

**Asked** whether Joint Panels would be involved, iAD/SRCP said that they would.

**Resolved –**

**That the report be noted.**

***Action: Strategic Director, Children's Services***

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<sup>1</sup> Finding 6: The settings demonstrated significant weaknesses in their compliance with statutory reporting requirements under the Children's Homes (England) Regulations 2015. Inaccurate and inconsistent record keeping and statutory reporting by the settings meant that OFSTED and the placing local authorities often had a false picture of the care, safety and progress of the children.

Chair

**Note: These minutes are subject to approval as a correct record at the next meeting of the Corporate Parenting Panel.**

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER