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**Service Director – Legal, Governance and
Commissioning**

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Friday 9 November 2018

Notice of Meeting

Dear Member

Corporate Parenting Board

The **Corporate Parenting Board** will meet in the **Meeting Room 1 - Town Hall, Huddersfield** at **10.30 am** on **Monday 19 November 2018**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Parenting Board members are:-

Member

Councillor Viv Kendrick (Chair) Children

Councillor Karen Allison

Councillor Fazila Loonat

Councillor John Lawson

Councillor Donna Bellamy

Councillor Cahal Burke

Jo-Anne Sanders

Martin Green

Janet Tolley

Tom Brailsford

Elaine McShane

Steve Comb

Melanie Tiernan

Ophelia Rix

Sanna Mahmood

Gill Addy

Barry Lockwood

Keith Fielding

Colleen Callaghan

Chair of Children's Scrutiny Panel

Service Director for Learning and Early Support

Head of Localities Offer (Children and Families)

Virtual School Headteacher

Head of Joint Commissioning

Service Director, Family Support and Child Protection

Head of Corporate Parenting

Service Manager, Family Support and Child Protection

Head of Safeguarding and Quality Assurance

Looked after Children and Leaving Care

Designated Nurse for Looked after Children/Care Leavers

Kirklees Fostering Network

Kirklees Fostering Network

Kirklees Fostering Network

Agenda

Reports or Explanatory Notes Attached

Pages

1: Introductions and Apologies

The Chair will welcome everyone to the meeting and announce any apologies received.

2: Minutes of previous meeting

1 - 12

To approve the Minutes of the meeting of the Committee held on the 24 September 2018.

3: Interests

13 - 14

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Public Question Time

The Board will hear any questions from the general public.

7: Ofsted and Improvement Board update (10.30am)

The Board will consider a verbal update on key issues from Ofsted and the Improvement Board.

Contact: Steve Comb, Head of Corporate Parenting

8: Performance Monitoring update (10.35am)

15 - 32

The Board will consider a summary report giving key highlights on performance monitoring data for the Children's Service and the Head Teachers report on the educational outcomes for looked after children.

Contact: Steve Comb, Head of Corporate Parenting
Janet Tolley, Virtual School Head Teacher

9: Annual Report on the health of looked after children (10.50 am)

33 - 68

The Board will consider an Annual Report on the health of looked after children

Contact: Gill Addy, Designated Nurse for Looked after Children and Care Leavers

10: CAMHS Local Transformation Plan 2018 (11.05 am)

69 - 234

The Board will consider a report on the CAMHS Local Transformation Plan 2018.

Contact: Tom Brailsford, Head of Joint Commissioning (Children)

- 11: CSE and Missing Provision - overview from April to October 2018 (11.20 am)** 235 - 244
- The Board will consider a report on the CSE and Missing Provision for April to October 2018.
- Contact: Ophelia Rix, Head of Safeguarding and Quality Assurance
-
- 12: Recruitment and Retention of Foster Carers (11.40 am)** 245 - 250
- The Board will consider a report on the Recruitment and Retention of Foster Carers.
- Contact: Andy Quinlan, Service Manager (Fostering)
-
- 13: Annual report on Complaints and Compliments for Children in Care (11.50 am)** 251 - 274
- The Board will consider an Annual Report on Complaints and Compliments for Children in Care.
- Contact: Yasmin Mughal, Complaints and Represent Manager
-
- 14: Update report from CICC and CL Forum and the Pledge (12 noon)** 275 - 284
- The Board will consider an update report from the Children in Care Council and Care Leavers Forum and consider the Pledge.
- Contact: Sanna Mahmood, Care Leavers Advocate
Melanie Tiernan, Service Manager (Children and Families)
Colin
-
- 15: Updates from Board Members on interaction with Services (12.15 pm)**
- The Board will consider verbal updates from Board Members on interaction with Services
- Contact: Helen Kilroy, Principal Governance and Democratic Engagement Officer
-

16: Corporate Parenting Board Agenda Plan

285 -
292

The Panel will consider the agenda plan for the Corporate Parenting Board for the 2018/19 municipal year.

Contact: Helen Kilroy, Principal Governance & Democratic Engagement Officer

17: Dates of Future Meetings

To note future meeting dates of the Board during the 2018/19 municipal year:

- Monday 21st January 2019, 10.30 am
 - Monday 11th March 2019, 10.30 am
 - Monday 15th April 2019, 10.30 am
-

Contact officer: Helen Kilroy – Tel. 01484 221000

KIRKLEES COUNCIL

CORPORATE PARENTING BOARD

Monday 24th September 2018

Present: Councillor Viv Kendrick (Chair)
Councillors Lawson, Allison, Bellamy
Jo-Anne Sanders, Service Director, Learning and Early Support
Steve Comb, Interim Head of Corporate Parenting
Melanie Tiernan, Service Manager (Children and Families)
Martin Green, Head of Localities Offer (Children and Families)
Janet Tolley, Virtual School Head Teacher
Sanna Mahmood, Looked after Children and Leaving Care
Ophelia Rix, Head of Safeguarding and Quality Assurance
Keith Fielding, Kirklees Fostering Network
Colleen Callaghan, Kirklees Fostering Network

In attendance: Richard Smith, Youth Offending Team Service Manager
Julie Bragg, Service Manager (Children & Families)
Andy Quinlan, Acting Service Manager (Fostering)
Sara Miles, Service Manager (Children and Families)

Apologies: E Mc Shane, T Brailsford and G Addy

1 Introductions and Apologies

Apologies for absence were received on behalf of Elaine Mc Shane, Tom Brailsford and Gill Addy.

The Chair welcomed Keith Fielding and Colleen Callaghan from the Kirklees Fostering Network to the Board and noted that they would attend future meetings as a Board member.

2 Minutes of previous meeting

The Board considered the minutes of the meeting held on 9th July 2018.

RESOLVED –

1. That the minutes of the meeting held on 9th July 2018 be approved as a correct record.

3 Interests

No interests were declared.

4 Admission of the public

All items were considered in public session.

5 Deputations/Petitions
No deputations or petitions were received.

6 Public Question Time
No questions were asked.

7 Review of Membership and Terms of Reference of Corporate Parenting Board

The Board considered revised Terms of Reference and the change to the Membership of the Board.

The Board agreed to invite the Chair of the Children's Scrutiny Panel, or his/her nominee, to become a Member of the Board and attend future meetings.

RESOLVED –

1. The Board agreed to amend the Membership of the Board to add the Chair of the Children's Scrutiny Panel, or his/her nominee, to the Board as an ex-officio Member and approved the revised terms of reference for the 2018/19 municipal year.

8. Ofsted and Improvement Board update

The Board considered a verbal update on Ofsted and the Improvement Board presented by Steve Comb, Head of Corporate Parenting.

Steve Comb advised the Board that Ofsted had given positive feedback relating to the outcomes for Copthorne Children's Home.

The Board was advised that the next Ofsted monitoring visit to Kirklees Children's Services would take place in December 2018 and that the focus was expected to be on the front door, but noted that this could change. Steve Comb further explained that there would be a full inspection of the Children's Services at some point in the new year.

RESOLVED –

1. That the verbal update on key issues from Ofsted and the Improvement Board be noted.
2. The Board agreed to continue to receive regular updates at each meeting.

9. Performance Monitoring Update

The Board considered a verbal update on key highlights on Performance Monitoring data for the Children's Service presented by Steve Comb, Head of Corporate Parenting and Janet Tolley, Virtual Head Teacher.

Steve Comb and Janet Tolley highlighted the following key issues:-

- **Initial PEP completion** – there had been educational challenges in terms of meeting initial PEP completion dates in the required timescales. Janet Tolley advised the Panel that officers were continuing to work with social work teams to improve PEP. This included weekly updates to Social Work

managers and regular chase up emails and phone calls to Social Workers where there was missing information. The Board was informed that this was a priority for the Virtual School;

- **Child in care moving school** - The Virtual School were working to improve communication when a child moved school to ensure a smoother transition and had agreed that the team would now have an education planning PEP in these cases. The Board was advised that it was essential that considerations and agreement were given to the education provision as a central part of any placement move decision;
- **Children in Care** – good work was going on to support the child to remain with their family or get back to their family as soon as possible to retain the family dynamic;
- The Board was advised that when the State made a decision to remove a child from its home, officers had to be sure it was the right decision as outcomes for children in care were not always positive.

The Board agreed that they were concerned with regard to children with multiple placements who might have to move school more often and the negative impact this had on the child or young person.

Janet Tolley advised the Board that if a School wanted to permanently exclude a child the Virtual School would get involved. The Board was informed that there had been no exclusions for children in care since the Virtual Head Teacher had been in post. The Chair of the Board expressed an interest in visiting Carr Manor School in North East Leeds who had a policy of non-exclusion.

Keith Fielding from the Kirklees Fostering Network advised that negotiations could be carried out with young people to get them back into school and improving attendance, for example agreeing an arrangement with the young person to attend school for 6 half days rather than full time to ensure that they were still engaging with the school on a daily basis.

Janet Tolley advised the Board of a pilot being carried out to mentor and provide role modelling for young people in care who were experiencing difficulties in attending school. The Board agreed to consider updates on the pilot in the future.

Colleen Callaghan from the Kirklees Fostering Network advised the Board that it was very important for children to be able to stay at their current school so that they could maintain their peer friendships and that conversations would take place with Foster Carers to endeavour to ensure this could happen where possible. The Board was informed that where a foster carer did not have a car to get a child to school, an option could be to car share with other foster carers.

RESOLVED –

1. That the verbal updates on Performance within Children’s Services be noted.
2. The Board agreed to consider future updates on the pilot being carried out to mentor and provide role modelling for young people in placements and children’s homes, who were experiencing difficulties in attending school.

10 Overview of number of children in care

The Board considered a report giving an overview of the number of children in care, their placement location and age presented by Julie Bragg, Service Manager for Looked after Children and Leaving Care.

Julie Bragg advised that where children had been placed in care out of Kirklees, their cases would be reviewed to decide on the best approach for that child. Julie Bragg further explained that if children had settled in an area outside Kirklees and made friends and networks it was important that they be allowed to stay in that area. The Board was advised that each child needed to be looked at and supported on their own merits, individual needs and circumstances.

RESOLVED –

1. The Board noted the overview report on the number of children in care and thanked Julie Bragg for her contributions.

11 Draft Refreshed foster carer handbook

The Board considered the Draft Foster Carer's Handbook presented by Andy Quinlan, Acting Service Manager for Fostering.

Andy Quinlan advised the Panel that the Handbook was still in draft and would be finalised shortly, but that the main changes were around CSE and radicalisation. The Board was advised that an electronic version of the revised handbook would be available so that updates could easily be made. Andy Quinlan further explained that when changes were made to the revised Handbook, a note would be sent out via a newsletter advising of any key changes.

The Board agreed that the Foster Carer Handbook should be reviewed annually and that comments should be sought from the Kirklees Fostering Network and Foster Carers.

Andy Quinlan advised the Board that he would be attending the Foster Carers Business Meeting shortly with Steve Comb and would go through the draft Handbook and seek feedback and comments and that these would be included in the revised version of the handbook.

The Board noted that the final version of the handbook was expected to be available electronically and circulated within approximately 4 weeks.

The Board noted that the Handbook was a work in progress and that it was important to keep listening to those caring for children and make changes and improvements as required.

Keith Fielding advised that it would be useful to have more detailed financial information in the handbook, for example a maximum figure for what should be spent on a prom outfit to help foster carers.

Janet Tolley suggested that information on what funding foster carers were entitled to claim for should be explained within the handbook.

The Board agreed to send any further comments on the draft handbook to Andy Quinan by the 5th October, to allow any changes to be incorporated in the final version.

The Board agreed that the revised draft of the Foster Carer Handbook should be shared via email with the representatives from the Kirklees Fostering Network and all foster carers for comments, before it was finalised.

RESOLVED –

1. The Board noted the draft foster carer handbook and thanked Andy Quinan for attending the meeting.
2. The Board agreed that all the comments and feedback from Members of the Board should be taken into account in updating the draft Foster Carer Handbook.
3. The Board agreed that the revised draft of the Foster Carer Handbook should be shared via email with the representatives from the Kirklees Fostering Network and all foster carers for comments before it was finalised.
4. The Board agreed that the comments and feedback from the Foster Carers Business Meeting on the draft Foster Carers Handbook should be included in the revised handbook.
5. The Board agreed to send any further comments on the draft Foster Carer Handbook direct to Andy Quinan by the 5th October.
6. The Board agreed that the Foster Carer Handbook should be reviewed annually and that comments should be sought from the Kirklees Fostering Network and Foster Carers.

12 Children's Rights – Annual Report

The Board considered an annual report on Children's Rights covering period 1st April 2017 to 31st March 2018 presented by Melanie Tiernan, Service Manager (Children and Families) and Sara Miles, Service Manager (Children and Families).

The Board was advised that the Children's Rights Team shared the views and opinions of looked after children with Children's Social Work Services to ensure that the voice of the child was heard and taken into account in respect of Local Authority policy development and service delivery.

Melanie Tiernan advised the Board of key highlights from the report which included:-

- Every child or young person had the right to an independent advocate;
- The most common issues raised by children and young people were regarding placement planning issues;
- Positive outcomes for looked after children and young people included additional contact with family being agreed, clarity about contact arrangements being reached; the views of the child or young person being taken into consideration about what they wanted from their long term placement; and attending school trips or holiday activities;

Melanie Tiernan advised the Board that one of the key Ofsted findings was around sufficiency and one of the key areas for development was to work with Senior Managers to ensure that the voice of the child was included in sufficiency planning.

The Board was informed that advocacy for child protection conferences had been increased and that student social work placements would be offered within the team to lead on gaining the voice of the child within the child protection process.

In response to a question from the Board regarding what feedback and response had been received from young people, Melanie Tiernan advised that the Service had started to make an offer to young people that they could be entered into a prize draw to win a £25 voucher to try and encourage more written feedback. The Board was informed that a record was kept of both verbal and written feedback from young people. Melanie Tiernan further explained that the service was looking to send a feedback form to young people to be completed a few months after the advocacy. The Board noted that monitoring would be undertaken to check if young people were happy with their outcome and if the advocacy had worked for them.

Ophelia Rix advised the Board that a task and finish group had been set up to look at the variable ways to capture the voice and views of young people and the wider family network and what learning was from this. The Board agreed to consider an update giving feedback on this work at a future meeting – date to be determined.

Colleen Callaghan advised the Board that copies of letters sent to Children were also being sent to foster carers, so carers could help and prompt the children.

RESOLVED -

1. The Board noted the Annual Report on Children's Rights and thanked Melanie Tiernan and Sara Miles for their contributions.
2. The Board agreed to consider a report in January 2019 giving feedback on the learning being undertaken on capturing the voice and views of young people and the wider family network.

13 Independent visitors scheme (Annual Report)

The Board considered an Annual Report of the Independent Visitors Scheme during the period 1st April 2017 to 31st March 2018 presented by Melanie Tiernan.

The Board was informed that the Kirklees Independent Visitors Scheme, also known as Care2Listen, was a Local Authority funded scheme which sat within the Looked after Children Independent Service.

Melanie Tiernan advised the Board that the number of children and young people accessing the service had increased during the reporting period of April 2017 to March 2018 with 44 being matched with an Independent Visitor.

The Board was informed that officers were looking at the current scheme and how it should be taken forward, including the 16+ offer.

In response to a question from the Board regarding publicity of the Scheme, Melanie Tiernan advised that the Scheme had been promoted via social media and Facebook. Colleen Callaghan suggested that the Scheme be promoted via Social Workers as the children in her foster care had accessed the Scheme in the past. A number of Board Members advised that they were not aware of the Scheme and agreed that it should be brought to the attention of all Councillors and the Improvement Board to raise awareness and help with promotion of the scheme to reach a wider audience.

Councillor Kendrick agreed to visit Melanie Tiernan's Team in Family Support and Child Protection in the near future.

RESOLVED –

1. The Board noted the Annual Report on the Independent Visitors Scheme and thanked Melanie Tiernan and Sara Miles for their contributions.
2. The Board agreed that the Independent Visitors Scheme should be further promoted to reach a wider audience, including the Improvement Board, elected Members and via social media.
3. The Chair of the Board agreed to visit Melanie Tiernan's Team in Family Support and Child Protection in the near future – date to be determined.

14 Annual Report on Youth Offending Team and their work with children in Care

The Board considered a report regarding the improvement in outcomes for Looked after Children (LAC) subject to an intervention by the Youth Offending Team (YOT), presented by Richard Smith, Youth Offending Team Service Manager.

Richard Smith outlined the different youth offending categories, which were explained within the report. Richard Smith highlighted a number of key areas, as outlined below:-

- YOT were aware that outcomes for LAC were significantly worse than the general YOT population, and the aim was to bring outcomes for LAC more in line with the general population;
- There had been an improvement in the percentage of 10-17 year old LAC who were convicted of an offence, though far less dramatic;
- In 2010 almost 13% of Kirklees LAC were convicted of an offence compared with a national average of under 5%, by 2016 the Kirklees figure was just over 6% compared with a national average of 5%;
- Over the past 4 to 5 years the YOT's Restorative Justice Team had been working with Children's homes to encourage the use of restorative practice to deal with minor offences that occurred within the homes by giving the young person an opportunity to make amends for their offence, for example redecorating or repairing damage they have done, rather than going through the criminal justice system thereby reducing the number of young people criminalised for relatively minor offences.

In response to a question from the Board relating to what action taken by the YOT had made the biggest difference, Richard Smith advised that the YOT now took on responsibility for all LAC with Court Orders and had YOT Social Workers who had a real understanding of LAC behaviour and had built up relationships with young people in Children's Homes and with foster carers in Kirklees which had led to better engagement with young people. Richard Smith further explained that YOT were taking a different approach with young people and that it was about being more flexible in meeting the needs of the young person, whilst at the same time putting appropriate boundaries in place to ensure enforcement.

In response to a question from the Board relating to which Local Authority took responsibility for a young person with a YOT order living outside of Kirklees, Richard Smith explained that the other Local Authority would take on supervision of the young person, but that Kirklees YOT would retain ownership of the Court Order which had been served in Kirklees and vice versa.

The Board agreed to consider comparable data and trends of how many children with a Youth Offending Order were in foster placements and Children's homes within Kirklees. The Board also agreed to consider regular updates from the Youth Offending Team.

RESOLVED –

1. The Board noted the Annual Report on the Youth Offending Team (YOT) and their work with children in care and thanked Richard Smith for his contributions.
2. The Board agreed to consider a report at the November meeting giving comparable data and trends on how many children with a Youth Offending Order were in foster placements and Children's homes within Kirklees.
3. The Board agreed to consider regular updates from the Youth Offending Team – dates to be determined.

15 Care Leavers Local Offer Action Plan

The Board considered a report providing a progress update on the development of the Kirklees Local Offer and extending Personal Advisor support to care leavers to the age of 25 presented by Julie Bragg, Service Manager for Looked after children and leaving care.

The Board noted that they were consulted on the Action Plan and proposed draft of the Local Offer was considered by the Board in July 2018. Board Members had agreed to forward comments on the Local Offer to Julie Bragg following the meeting. Julie Bragg advised the Board that the Action Plan and proposed draft of the Local Offer for Care Leavers was considered at a meeting with partner agencies on the 28th August 2018. The meeting was attended by a mix of partners, some of which were already providing services at No 11. The main purpose of the meeting was for partners to discuss their role in the Local Offer in relation to enhancing the service provision for Care Leavers. Julie Bragg further explained that the partners had been asked to provide feedback on the proposed draft offer.

The Board was informed that one of the Care Experienced Apprentices was currently looking at the design of the offer in consultation with other young people.

Julie Bragg informed the Board that officers were planning to launch the Local Offer towards the end of November. The Board noted that further considerations were being given as to whether the Local Offer had the correct name or whether an alternative name would be chosen. The Board agreed to receive details of the launch date in November.

The Board was informed that officers had started looking for suitable premises within North Kirklees for a drop in facility similar to No 11 in Huddersfield.

Cllr Kendrick advised the Board that she had received feedback from Care Leavers that as soon as they were no longer in care they could not use their KAL cards. The Board was informed that care leavers could not afford to pay to use the KAL facilities. Cllr Kendrick further explained that the young people had advised that using the KAL facilities helped to make them feel better and enabled them to make friends and socialise. The Board agreed that the ability for young people in care to use leisure facilities was good for their general physical and emotional wellbeing. Colleen Callaghan advised the Board that it was good to encourage exercise to help the health and wellbeing of looked after children and that Bradford had a Foster Carer Card, which enabled young people in care to use a number of facilities, including free use of the local swimming pool.

The Board agreed to further explore if care leavers could access leisure facilities at a reduced rate.

RESOLVED –

1. The Board noted the Care Leavers Local Offer Action Plan and thanked Julie Bragg for her contributions.
2. The Board agreed to receive details of the launch of the Care Leavers Local Offer in November.
3. The Board agreed that it should further explore if Care leavers could access leisure facilities at a reduced rate.

16 Updates from Board Members on interaction with Services

The Board considered verbal updates from Board Members on interaction with Services.

Councillor Kendrick gave a summary of events and meetings she had recently attended, as follows:-

- Ofsted Monitoring visit;
- Hive Youth Zone in Birkenhead where a lot of work and intervention had been undertaken with the Youth Offending Team and young people;
- Met with Apprentices and care leavers;
- Children's Scrutiny Panel meetings - positive feedback had been received from the Panel Members on the current engagement with scrutiny and standard of reports;

- Interviews for the new Director of Children's Services – Mel Meggs had been appointed, start date to be confirmed;
- Corporate Parenting training on the 13th September 2018;
- Attended a wide range of meetings and briefings within Children's Services including the Improvement Board and the Kirklees Safeguarding Children's Board;
- Key Cities Youth Conference on the 25th July at the John Smith's Stadium where young people had put forward strong views;
- Homestart AGM where some young mums had talked about what life in care had been like for them and what had happened in their lives, some of whom had become peer mentors and gone on to University.

Colleen Callaghan advised the Board that the Kirklees Fostering Network was very pleased to be on the Membership of the Corporate Parenting Board. Colleen Callaghan advised that the Kirklees Fostering Network had recently attended the following events:-

- Houses of Parliament to promote longer nursery hours for children;
- Campaigned for better support and options for foster carers and met with some MPs;
- Presented at the Fostering Network meeting in London.

RESOLVED –

1. That the verbal updates from Board Members on interaction with Services be noted.

15 Corporate Parenting Board Agenda Plan for 2017/18 and looking forward to 2018/19

The Board considered the Agenda Plan for the remainder of the 2018/19 Municipal year.

The Board agreed to consider future reports on the following issues:

- Head Teachers Report on the educational outcomes for looked after children – 19th November 2018
- Kirklees Fostering Network – achievements, current priorities and future aspirations – date to be determined;
- Marketing Plan for Recruitment of Foster Carers – January 2019.

RESOLVED -

1. That the Agenda Plan for the Corporate Parenting Board during 2018/19 be noted.
2. That the additional agenda items be added to the agenda plan for the 2018/19 municipal year and amendments be made as agreed.
3. That the Governance Officer be authorised to liaise with officers on agreed actions.

16 Dates of Future Meetings

That the Board noted the future meeting dates of the Board during the 2018/19 municipal year:

- Monday 21st January 2019, 10.30 am
- Monday 11th March 2019, 10.30 am
- Monday 15th April 2019, 10.30 am

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KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC

DECLARATION

CORPORATE PARENTING BOARD

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed:

Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Name of meeting: Corporate Parenting Board
Date: 19th November 2018
Title of report: Children in Care Services Performance Highlights
 (September 2018)

Purpose of report

This report outlines key performance data and highlights for children in care and care leavers up to September 30th 2018.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	Not applicable – for information
Date signed off by <u>Strategic Director</u> & name	Elaine McShane for Sal Tariq – 7.11.18
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Not applicable
Cabinet member portfolio	Cllr V Kendrick (Children)

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

1. Summary

The key performance data and highlights for children in care and care leavers up to September 30th 2018 is as follows:-

Number of children in care

The number of children in care has continued to decline with a reduction of 21 since October 2017, the current number of children in care being 631 at the end of September 2018.

Decision making for looked after children

The Legal Gateway Permanence Panel continues to support consistency in regards to decision making in relation to children becoming looked after, planning in relation to long term placement moves for children and young people is considered at the permanence panel. A weekly External Placement Review Panel is now in place, to provide better oversight of children who are not placed in council provision. An External Placement Review of all children who are placed out of Local Authority to consider their care planning and explore options of returning to the local area if this is in line with meeting the children and young person's needs. We have reviewed all children in care who were placed at home on interim or full care orders as a legal status (Placed with Parents), this has led to a reduction in those numbers.

Placement Stability and support

For Placement Stability the placement support team are very active and we have implemented innovative solutions to support our children in several placements. When a foster carer or placement gives 28 day notice, the Team Manager will coordinate a meeting within 5 working days to look at what can be provided to avoid placement breakdown and to maintain the current placement.

We have reinstated Placement Stability Meetings to identify when and what support placements require. We will also use lessons learned to inform practice. We aim to recruit more local foster carers to provide more local placement options.

Placement Support Team are increasingly focussing their work on some of our most trouble and young people to help build resilience in placements. We continue to maintain over 95% of children and young people being reviewed within statutory timescales. August saw a decrease to 94.4%. The use of the weekly reports continue to support the link between performance and improving outcomes for children and young people. The Performance Intelligence Unit continues to provide weekly reporting for managers to enable them to identify those reviews due and those out of timescale.

Initial health assessments for children in care

Kirklees rolling 12-month data for Sept 18 shows 92.1% completed in timescales. Locala monthly data at source reports that 100% were completed in timescales with no breaches. The difference in recording may be due to a minor delay in the information being uploaded to the Kirklees IT system from health. There is a 100% completion rate for quarter 2.

Review health assessments for children in care

Kirklees rolling 12-month data for Sept 18 for developmental assessments i.e. children under 5 years old stands at 86.5% and annual assessments i.e. children over 5 years old was 90.3%. Locala monthly data at source records that 95% of both developmental and annual assessments were completed in timescales. The reasons for breach were: 1x carer holiday, 1x child moved back into Kirklees at point of

assessment date, therefore earlier arrangements for another authority to do cancelled and then completed by Kirklees nurses.

Early permanence placements

We continue to consider early permanence placements for children with a plan for adoption and have made some improvements in this area in terms of timescales for children.

One Adoption West Yorkshire

Managers from One Adoption West Yorkshire have attended the Corporate Parenting Board in July 18 and will attend again in January 2019.

Senior Managers from One Adoption meet with relevant senior managers within the council on a regular basis. We have implemented a new arrangement for Agency Decision Maker, bringing us in line with our colleagues in Leeds and the remaining three local authorities in West Yorkshire, to ensure continuity and consistency for care proceedings dealt with in the Leeds Court Centre.

Child permanence reports

We have established weekly clinics to support children's social workers who are undertaking child permanence reports, sibling assessments and considering whether a plan for adoption is appropriate. This is a joint initiative between the Assessment & Intervention Service and One Adoption and will be supported by regular training and workshops.

Children with a plan for adoption

One Adoption social workers continue to attend legal gateway on a weekly basis in order to track children with a plan for adoption and to ensure a family finder is allocated.

We have a structured Agency Decision Making process in relation to adoption planning. This includes legal and medical advice as well as advice from One Adoption West Yorkshire.

Early Permanence Planning

There is now a fully agreed and operational flow chart which outlines the process involved for all workers from the two agencies and clarifies roles and responsibilities.

Adoption Support Fund

There has been an increase in successful applications for Kirklees children that resulted in an increase of support, training and therapeutic input. If an adoption placement ceases then One Adoption have a 'disruption review' and their new procedure is on our procedures website. There will be work with Kirklees staff as to the implementation of this process.

The initial Personal Education Plan (PEP)

Completion rate has increased. This is positive as all initial PEP's have been completed within 10 days of notification to the Virtual School since 01/09/2018.

Attendance of children in care

This has improved and the number of persistent absentee pupils has decreased slightly. This is a very positive impact as at this time of the year one or two days absence can have a large impact on the overall percentage.

Pupils not in full-time education

We continue to maintain a strong focus on pupils not in full-time educational provision. Wherever possible we look to ensure a return to full time education as soon as possible but these situations are often very complex. The number of young people not in full-time education has decreased, we have 3 young people not on a school roll for exceptional reasons and they have a personalised package of education in place. We continue to work with social work teams to improve both PEP and initial PEP completion. This includes weekly updates to Social Work managers and regular chase up emails and phone calls to Social Workers where there is missing information. This is a concern for us and the implementation of Liquid Logic has contributed to a decline in performance within timescale. We are working together across services to try to resolve these issues.

Looked after Children involved in the criminal justice system

For the 1st Quarter of this year (Apr to June) the percentage of LAC offending was 2.13%, a very slight reduction on the same period last year of 2.32%. The 2nd Quarter (July – Sept 18) again gives a figure of 2.13% of LAC offending, this indicates that the 2018/19 LAC offending rate is similar to that in 2017/18. The number of children in care involved in the criminal justice system is below regional average.

Contact with care leavers

We are maintaining a high percentage of care leavers we are in touch with. In some situations, however, young people are not wanting to keep contact with their Personal Advisor, the team work innovatively to keep in touch.

Number of young people in suitable accommodation

Following a steady rise in the number of young people in suitable accommodation over 2018, we saw a small drop in Sept 18, although it remains above July performance. We continue to maintain strong links with Kirklees Neighbourhood Housing and the Housing Panel is enabling us to ensure that suitable accommodation is available in a timelier manner when young people are moving to their own accommodation. We have recently made some strong links with private housing providers and are considering how collectively we can improve our skills for independence training.

We now have life skills and pre-tenancy training in place and held weekly at “No.11” and where possible link young people with tenancy support when housed in KNH tenancies.

Personal Advisors for Care leavers

We have now 6 new personal advisors in post. Kirklees Commitment to Care Leavers is in the final stages of development, as part of this discussions are taking place with Kirklees housing, private sector providers and third sector providers. This will improve availability, choice and options for young people leaving care. We are planning to launch in the next two months.

Performance on Employment, Education and Training (EET)

Our performance in relation to Employment, Education and Training (EET) indicator is not improving. We have established a multi-agency group to improve opportunities in partnership working who first meet on 23 October 2018. However, we currently remain 4.6% below our Statistical Neighbours & England 2017 averages, both which are 50%.

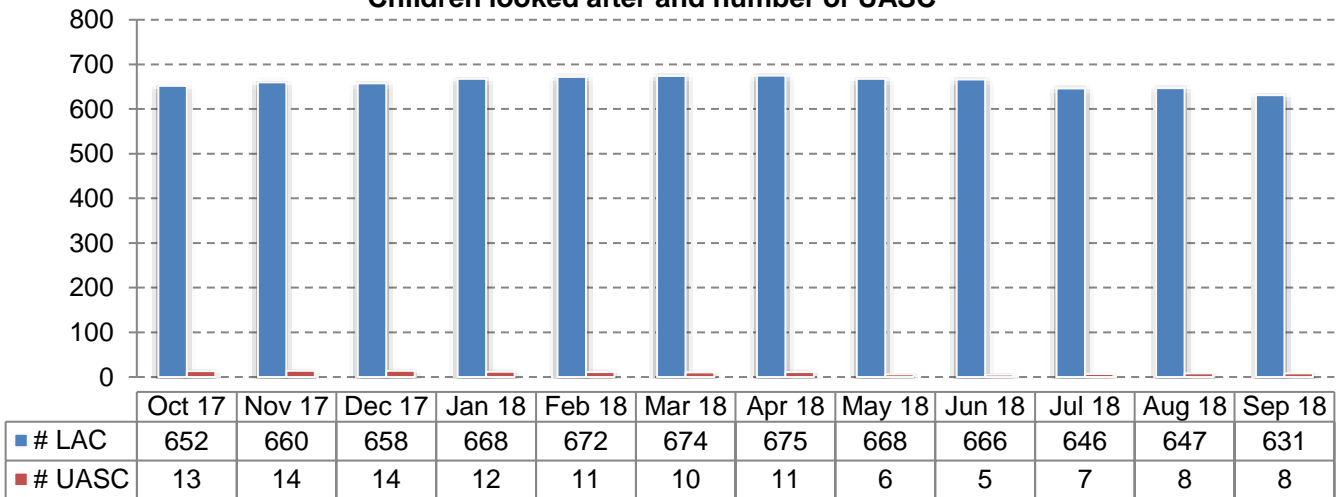
Number of young people with a pathway plan

The number of young people with a pathway plan in place has been over 81.7% since March 18 and we have improved to reach 88.2% in Sept 18. We have recruited the new Personal Advisers, has improved Pathway Planning. We continue to work with the Personal Advisors to ensure pathway plans are completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans, the involvement of young people and ensuring we capture their wishes and feelings.

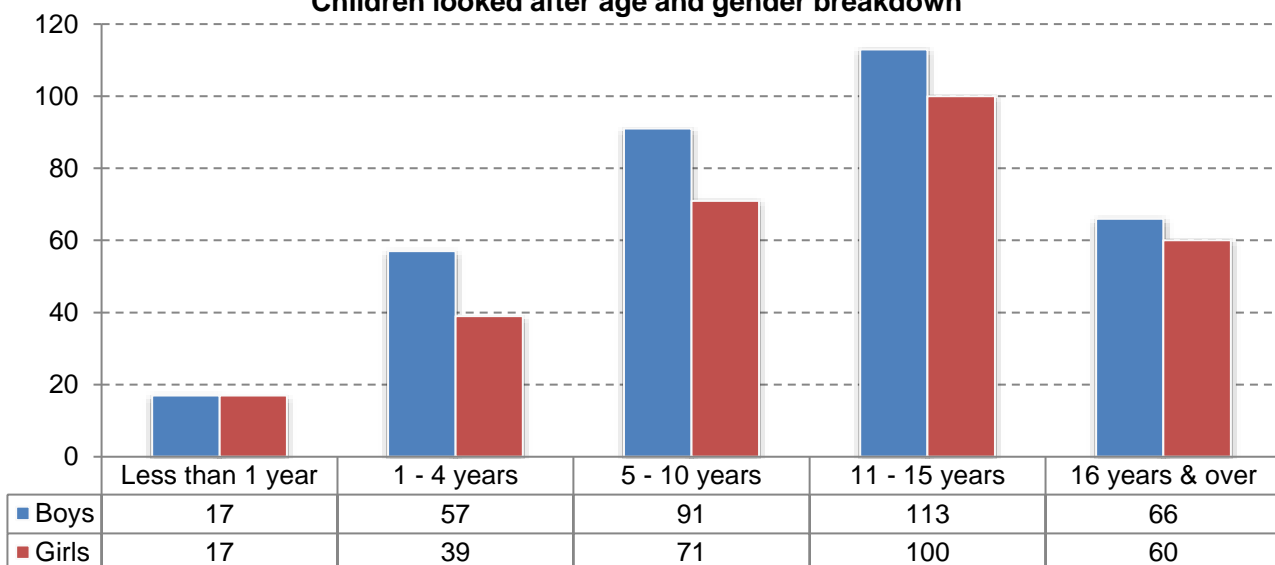
The Councils five Ofsted Registered Childrens Homes have all been inspected unannounced by Ofsted within this financial year, four are graded as Good and one Outstanding.

This graph shows the number of looked after children (excluding any looked after children receiving only S20 short term breaks) alongside the number of unaccompanied asylum seeking children (UASC).

Children looked after and number of UASC



Children looked after age and gender breakdown



Children Placed Outside of Kirklees

	31 Jul 2018		31 Aug 2018		30 Sep 2018	
	Number	%	Number	%	Number	%
Placed outside Kirklees and over 20 miles from home address	110	17.0%	112	17.3%	107	16.6%

2. **Information required to take a decision**

Not applicable

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

Not applicable

3.2 **Economic Resilience (ER)**

Not applicable

3.3 **Improving Outcomes for Children**

Oversight and monitoring of children in care performance data to continue at future Corporate Parenting Boards to monitor progress, as requested by the Chair.

3.4 **Reducing demand of services**

Not applicable

3.5 **Other (eg Legal/Financial or Human Resources)**

Not applicable

4. **Consultees and their opinions**

Not applicable

5. **Next steps**

Managers to lead the focus on areas of performance with staff, in areas where outcome data is not what we expect it to be.

6. **Officer recommendations and reasons**

That the report and key highlights on performance within Children in Care Services be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Steve Comb, 01484 221000
steve.comb@kirklees.gov.uk

Janet Tolley, 01484 221000
janet.tolley@kirklees.gov.uk

9. **Background Papers and History of Decisions**

Monthly performance information is used to inform the narrative for this report

10. **Service Director responsible**

Jo-Anne Sanders, Service Director (Learning and Early Support)

Elaine McShane, Service Director (Family Support and Child Protection)

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**Promoting the Educational Achievement of
Children and Young People
Final Draft Headteacher Report
(Awaiting SFR validated data)**

**2017-18 outcomes
Self-evaluation 2017-18
Improvement Priorities 2018-19**

Janet Tolley
Virtual School Headteacher

Lorraine Absolon and Louise Hallas
Virtual School Team Manager

Jaskaran Kaur
Data Manager

Last updated 17.10.18

Kirklees Virtual School – Position Statement September 2018

The role of the Virtual School is clearly defined in *Promoting the education of looked after children and previously looked after children statutory guidance for local authorities February 2018*.

Kirklees Virtual School currently works with all young people in the care of Kirklees from the age of 3 through to age 18 when they become care leavers. This is delivered by an EYFS / primary team and a secondary / Post 16 team. The work with Year 13 has been implemented in September 2018 for the first time, taking through the Year 12 cohort from 2017-18.

Context 2017-18

On 25 November 2016 Kirklees was subject to an inspection by Ofsted using the Single Inspection Framework and was judged to be inadequate. There were positive comments about the work of the Virtual School, recognising that young people were well supported to meet their educational needs. There was a clear message that the Virtual School was well lead and well managed and focusing on the right areas to improve both the attainment and progress of our children and young people in care in Kirklees. During the time following this inspection there was a time of turbulence and whilst we recognise that there now exists much greater stability in leadership and staffing we recognise that we are still on an improvement journey. We recognise that a legacy exists for our young people that will continue to have an impact moving forwards and we will continue to try to address impacts on education.

The instability experienced by our children and young people in care in terms of placement and educational stability, and changes in social workers, has impacted on our ability to work to ensure good educational progress for all our young people, though we have strived to do so. This has resulted in the headline educational outcomes for our children and young people in care that are in line, or slightly below the national outcomes for LAC and we appreciate that there is still work to be done. Whilst we can clearly explain the reasons why this is the case we will continue to put interventions in place to give children and young people in care the best educational opportunities possible.

Self-evaluation 2017-18

The Virtual School Team support and challenge schools and other professionals to enrich the learning experience of our children and young people in care by striving to close the achievement gap through targeted support and intervention when needed. These key areas of work include:-

- Being proactive in supporting Social Workers with school applications (where a school move is unavoidable) and supporting the transition into the new educational placement.
- Leading and coordinating all initial Personal Education Plan (PEP) meetings when a young person comes into care – or has turned 3 – to ensure that as much support is in place as soon as possible within their school or educational placement.
- Allocating all young people to an Achievement Coordinator or Teacher, who will be responsible for monitoring and tracking their cohort.
- Reviewing attainment and progress data on a termly basis to identify level of need and intervention and using this data to plan our support.

- Attending PEP Review Meetings according to need and liaising closely with Social Workers and Designated Teachers in these cases.
- Providing advice and guidance to Designated Teachers and coordinating individualised targets and support for our young people to accelerate their progress in education. These are funded through Pupil Premium Plus and their impact are reviewed as part of the PEP process.
- Commissioning work across services to prioritise work for our young people with the Educational Psychology Service, Special Educational Needs and Disabilities Assessment and Commissioning Team (SENDACT) and the Early Years Outcomes Team.
- Strengthening partnership working with senior managers in Social Care to ensure that education is central to any decision taken about our children and young people in care.
- Closely monitoring attendance and establishing plans to improve engagement
- Offering support, guidance and training to Foster Carers, Head Teachers, Designated Teachers, Social Workers and Independent Reviewing Officer's to enable them to work together to put education at the centre of all work with our young people.

Kirklees Virtual School – self-evaluation of 2017-18 priorities

The Virtual School continues to grow and develop using a process of self-evaluation and reflection to identify the key priorities to move forwards.

There is an ongoing pressure within our work to balance the immediate need to be reactive to situations for our children and young people in care, with the balance of a more planned and proactive approach.

Strategic priorities – Virtual School (Taken from the 2016-17 Head Teacher Report)

RAG rating:

Achieved	Ongoing	Not achieved
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We identified the following priorities for development for 2017-18:

- 1) Review and streamline the Virtual School data collection, analysis, monitoring and evaluation of impact - links to our intervention criteria:
 - To focus clearly on where we have most impact
 - To use this to refocus the deployment of the team to have most impact on outcomes
 - To identify target groups in a more proactive way, to start to redress the balance between reactive and proactive work

This will focus on the use of:

- prior attainment to target groups of pupils
- the attainment and progress across all key stages
- the reduction of the number of PA pupils
- the number of pupils receiving less than full time education
- the completion of initial PEPs

- 2) “Sharpen” the knowledge and understanding within the team to enable a greater challenge to schools, focusing on improving achievement:

- Training to develop clarity around how schools are reporting pupil attainment and progress, and changes and developments around the school curriculum and assessment
- Training about the support you would expect to see in schools to raise achievement, giving greater clarity to – what should we challenge / question?

This will focus on the appropriate curriculum pathways through to age 18.

- 3) Post 16 implementation planning

- Ongoing monitoring of the Year 12 and 13 cohorts as for 2016-17
- Work with Year 11 for Post 16 transition and settling in to placements – expect around a 30% change
- All young people should be attending a provision
- All young people should have a PEP this term

This should enable all pupils to progress post 18 on an appropriate pathway and improve over time the Education, Employment and Training (EET) figures to 25.

Strategic priorities – cross service

To work with colleagues in Social Care to:

Robustly address the high rate of care leavers who are not in EET (Ofsted point 24)

- To address large numbers of care leavers who are NEET, drawing in schools, colleges
- 55% of care leavers (currently 45%) will be in EET in line with the national average by December 2017
- The Virtual School will offer support to young people aged 16-18 to access employment and training by September 2017

To work together across services to increase the stability for our Young People (YP):

- Strategic work to reduce the number of school, placement and Social Worker changes. We will work closely across service to ensure that school moves are only considered when absolutely essential and that we start from the premise that a young person should remain in their current school.
- Commissioning and funding out of area placements where education needs are complex. We have agreed a process for all educational placement changes and need to ensure that educational provision is considered at the earliest stage in planning and is integral to all decisions taken.
- To reduce the number of pupils spending a period of time not in full time education by ensuring that moves are planned and pupils are able to move immediately into their new educational setting without spending time out of education.

Role of the VS for adopted children – awaiting statutory guidance

- Working strategically with the Regional Adoption Group
- Ensuring the Virtual School has sufficient resources to address this work

Kirklees Virtual School – Evidence of impact 2017-18

- Early Years Foundation Stage (EYFS) cohort tracking data is in place for the first time to enable prioritisation of resources.
- 93% of all children and young people in care accessing free early education are placed with a provider judged 'Good' or 'Outstanding'.
- All children and young people in care have a PEP from aged 3 until the end of Year 12; these are needs assessed and of good quality – signed off by the Virtual School Headteacher to ensure this quality and consistency.
- All young people in care in Year 12 have a PEP for the first time – valued as many are asking for this to continue post 18.
- The percentage of KS1 pupils reaching expected or higher standard for Reading, Writing and Maths (RWM) combined is above the national average for children and young people in care in 2018 (compared to national for 2017) and is in line or slightly below for other key indicators.
- The monitoring of attendance by the Virtual School is strong and concerns are addressed promptly. Overall attendance was 92.52% for 2017-18 (92.97% in 2016-17) and the number of PA (with attendance less than 90%) students was reduced from 72 in 2016-17 to 62 in 2017-18 (despite an issue with PA pupils in Year 11).
- There has been no permanent exclusion of a child and young person in care for a number of years. This is testament to the collaborative approach to supporting those with challenging behaviour and the access to effective support services that ensure those pupils at risk of exclusion receive appropriate intervention.
- The electronic PEP system enables the Virtual School to monitor the completion and quality of PEPs and allows for systematic application, authorisation and monitoring of Pupil Premium Plus funding for individual pupils. All Designated Teachers (DTs), Social Workers and Independent Reviewing Officers have access to this system and can contribute to the PEP process. This process is used to challenge schools to support pupils' individual needs and is currently quality assured by the Virtual School Headteacher who signs off all PEPs. All previous targets have to be reviewed in terms of impact before further targets are set.
- The Virtual School Team Manager oversees school changes and makes sure the new school is 'good' and will meet the curriculum needs for the young person. In July 2018, 79.73% of children and young people in care were attending good or outstanding schools. We have a clear understanding of the 20.27% who are attending education provisions judged as requires improvement / inadequate at the last Ofsted visit.
- The LAC Education Panel, attended by the Virtual School, SENDACT and a Service Manager from the Looked After Children's and Care Leavers Service, meets every 3 weeks to monitor and to discuss strategies for those pupils receiving under 25 hours of education. This has reduced the number of pupils spending a period of time not in full time education to 46 in 2017-18 from 67 in 2016-17. Any particular complex educational issues for our children and young people in care are also raised with the Panel.
- We work closely with other agencies at all times and this can be clearly evidenced in the PEPs.
- We have commissioned multi-agency support working across the Education Psychology Service, and the Children's Emotional Wellbeing Service (ChEWS) and have additional capacity in SENDACT. Impact clearly evidenced in appendices.
- The DTs and support staff received extensive attachment training in the education provision through the EP Services, who offer follow up bespoke whole school sessions. The feedback has been very positive.

Kirklees Virtual School – Key Challenges 2017-18

- Organisational change and the impact on partnership working has continued to be a challenge in 2017-18. However, this started to improve during the year following the Partnership with Leeds City Council and the recruitment of managers, leading to more stability in the workforce.
- Development of the Virtual School to ensure that all children and young people in care requiring intervention were identified and appropriate support and challenge offered.
- An increase in cohort over the years, from 455 in July 2016, 481 in July 2017, to 508 in July 2018 (including Year 12 pupils).
- Stability of cohort – 99 pupils into care and 77 pupils leaving care
- Placement stability and the impact on school moves (8.4% of Looked After Children with 3 or more placement moves in 12 months – July 2018)
- School stability – 87 school moves outside of the natural transition process from Reception to Year 11
- The impact of instability on school attendance. There has been a reduction in the number of Persistent Absent students, however this is still a concern in Years 9, 10 and 11 – 56/62 are secondary pupils with 43/62 in Years 10 and 11.
- Care Leavers in Employment, Education and Training aged 19 to 21 years-old – 45.6% in July 2018
- PEP completion in 6 monthly timescale – 91.6% in July 2018
- Initial PEP completion in 20 working days – 41.3% in July 2018
- KS2 Reading and Grammar, Punctuation, Spelling (GPS) from the outcomes in 2015, 2016 and 2017 and the number of pupils disapplied, e.g. those exempt from accessing the National Curriculum due to special circumstances, or not sitting the SAT's.
- The variation in the ability and context of the cohort. For example, the 2017 and 2018 GCSE results appear to have fallen, however, this is better than expected in terms of prior attainment, the number of pupils with Education Health Care Plan's (EHCP) and the number of school moves.
- In the academic year 2017-18 there were 46 pupils spending a period of time not in full time education (compared to 67 in 2016-17). These pupils were supported individually to return to a full time provision that meets their needs.

Priorities for 2018-19

We have identified the following priorities for 2018-19 and these are detailed in the appendices below:

- Ensuring all children and young people in care are in an education provision that is right for them
- Ensuring all children and young people in care have a high quality PEP, completed within timescales, that meets their needs

Further information is available in the following documents:-

- Partnership Plan to implement the new statutory guidance
- Kirklees Virtual School Priorities

1. Ensuring all children and young people in care are in an education provision that is right for them



In order to assess whether a young person is in the right provision we will need to ensure:

- Progress and attainment are at least in line with expectations (P1a)
- Attendance is good and exclusions are low (P1b) (*Ref Partnership Action Plan 1c*)
- Reduced timetables are only used in exceptional circumstances (P1c)
- Pupil Premium Plus (PP+) is used appropriately (P1d)
- There is a suitable pathway in place to ensure aspirational outcomes (P1e)
- Additional needs are identified and appropriate support secured (P1f) (*Ref Partnership Action Plan 1b*)

Where the agreed professional view is that a provision is not the right place for a young person we will need to ensure:

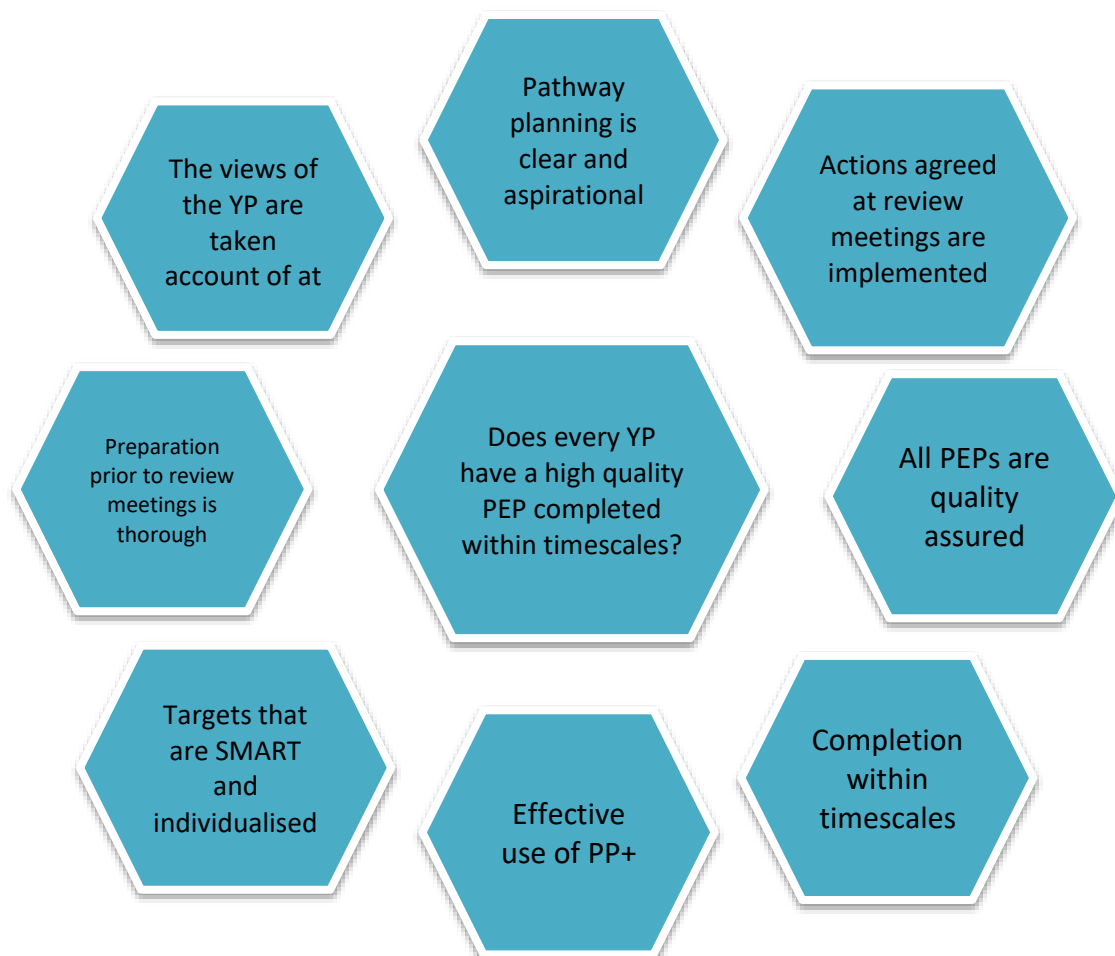
- Changes in provision are monitored and achieved without drift and delay (P1g) (*Ref Partnership Action Plan 1a*)

Measuring Virtual School Impact

- All young people have an identified provision
- Reduction in the number of persistent absentees
- Reduction in the number of fixed term exclusions
- No permanent exclusions
- All learners making good academic progress
- Reduction in the number of learners with a less than full time offer
- PEP targets are effective with appropriate funding requests
- Increased Y12 participation
- Minimal drift and delay in securing provision where change is necessary

2. Ensuring all children and young people in care have a high quality PEP completed within timescales that meets their needs

Key focus areas



In order to assess whether a PEP is of high quality we will need to ensure:

- Initial PEPs are completed within 10 working days and PEP reviews within 6 months (P2a) (*Ref Partnership Action Plan 2a and 2b*)
- Pupil Premium Plus (PP+) is used appropriately (P2b) (*Ref P1d*)
- Targets agreed at review meetings are relevant, achievable, measurable and regularly reviewed (P2c)
- In preparation for a PEP meeting all relevant information is available in ePEP and key issues / concerns are identified (P2d)
- Young people are consulted and invited to contribute to their PEP; their views are considered and taken into account (P2e)
- There is a clear progression pathway identified, taking account of the young persons' ability, hopes and aspirations (P2f)
- Any agreed actions are followed up and reviewed at subsequent meetings (P2g)
- All PEPs are quality assured and where necessary appropriate challenge is made and / or action is taken (P2h)

Measuring Virtual School Impact

- A higher completion rate of Initial PEP's and PEP reviews within timescales
- Clear evidence that PP+ is used effectively
- Targets have clearly identified outcome / improvements and are RAG rated before new targets are set
- PEP's are submitted for sign off at the meeting as a result of good preparation
- Pupil views are clearly considered and taken into account during the PEP meeting
- There is a clear progression pathway identified, taking account of the young persons' ability, hopes and aspirations in all PEPs
- Agreed actions are clearly followed up and reviewed at subsequent PEP meetings
- All PEPs are quality assured and where necessary appropriate challenge is made and / or action is taken
- More PEPs signed off within 5 days of the meeting
- All PEP's have all appropriate sections completed

Name of meeting: Corporate Parenting Board
Date: 19th November 2018
Title of report: Kirklees Looked After Children – Annual Health Report April 2017 – March 2018

Purpose of report

The Looked after Children (LAC) Health Report, outlines the work that has taken place over the last year and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

The report provides a comprehensive picture of the work undertaken by the core LAC health team and the supporting provider agencies, that have worked together to ensure the health needs of looked after children and care leavers have been addressed.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance IT and Transactional Services? Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Elaine McShane (for Sal Tariq) – 21.9.18
Cabinet member portfolio	Cllr Viv Kendrick

Electoral wards affected: Kirklees

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

The LAC Health Report provides general demographical information about the looked after children (LAC) and Care Leaver cohort and how it affects the work of the health team and their partner agencies.

The report is divided into sections to provide a clear outline of the different aspects of the work carried out.

Included is information related to the adoption and fostering process as undertaken by the Designated Doctor for Looked after Children.

The Key Performance Indicators (KPI's) as set by the Joint Health and Local Authority Commissioner, are presented along with a number of aspects that were chosen to be addressed throughout the year. Additional improvements to the service are explained and how gaps in service have been rectified.

Involvement of the team in the Children's Services Ofsted Improvement Plan are noted and an outline is provided of the Care Quality Commission (CQC) inspection which took place in January 2018 for Safeguarding and LAC health.

A number of priority tasks have been chosen to focus on during the forthcoming year, based on identified gaps in service, in addition to the KPI's.

2. **Information required to take a decision**

No decisions are required. The report is for information which may lead to discussion about the LAC health team and the service they provide.

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

There will be no impact.

3.2 **Economic Resilience (ER)**

There will be no impact

3.3 **Improving Outcomes for Children**

The service provided by the LAC health team, ensures that the Clinical Commissioning Groups are fulfilling their statutory responsibilities to the Council, in meeting the health needs of looked after children and care leavers and offering support to staff, carers and others who are involved in the care of the individual children and young people.

3.4 **Reducing demand of services**

There will be no impact

3.5 **Other (eg Legal/Financial or Human Resources)**

There will be no impact

4. **Consultees and their opinions**

Not applicable.

5. **Next steps**
The health team will continue to meet their obligation to provide health support to looked after children. It is anticipated that an Annual Report will be produced for the period 1st April 2018 to 31st March 2019
6. **Officer recommendations and reasons**
That the report be noted.
7. **Cabinet portfolio holder's recommendations**
Not Applicable
8. **Contact officer**
Author. Gill Addy Designated Nurse Looked after children and Care Leavers (01484 221000)
9. **Background Papers and History of Decisions**
Not Applicable
10. **Service Director responsible**
Elaine McShane, Service Director (Family Support and Child Protection)

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Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Kirklees Looked After Children Annual Health Report April 2017 – March 2018

Gill Addy & Dr Gill Parry

Designated Nurse & Designated Doctor Looked After Children &
Care Leavers

September 2018

EXECUTIVE SUMMARY

The Looked after Children (LAC) Health Report, outlines the work that has taken place over the last year and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

The main body of the report is based on the local activity of looked after children, during the time frame 1st April 2017 – 31st March 2018.

Dark blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2016 to 31st March 2017, ('Statistical First release' DfE 2017), therefore its alignment for comparison cannot be exact.

Following on from the high numbers of children entering care up to March 2017, the numbers have shown a steady decline. A small number of unaccompanied asylum seeking children (UASC) have become looked after, but many of the UASC already in the system have reached 18 years old and are now part of the care leaver's service, where they continue to access support.

The ethnicity and gender of the children has remained similar to previous years regarding numbers. There was a slight increase in the number of children under 4 years old coming into care and a slight decrease in those aged 5 years and older.

The majority of children in care in Kirklees are placed with foster carers (72%), as opposed to residential, with parents or semi/independent living. Just over half were accommodated within Kirklees and of those placed outside the boundary, the majority are placed within 20 miles of their home address.

The make-up of the LAC health team has largely remained unchanged, except that the seconded LAC nurse's post became permanent. This has allowed further impetus for the team to carry out additional health assessments with children accommodated outside the Kirklees boundary, as opposed to requesting other local authorities (LA) to carry them out. This has improved timeliness and quality and had positive financial implications. The team has also been able to develop resources, work more closely with social care colleagues and offer more support to carers.

The Key Performance Indicators have presented another successful year, through the efforts of the wider team including Kirklees & Calderdale NHS Foundation Trust, Locala Community Partnerships and the Local Authority.

The Initial and Review Health assessments were completed on average 98% & 95% respectively in timescales and rated higher than the National average. The assessments completed by others on our behalf within timescales, improved by ten per-cent to 71% on average over the year.

All the data for dental registration, dental attendance and immunisation uptake is higher than the National average.

The collaborative work with sexual health, substance misuse outreach and the emotional health and well-being team has continued and will develop further as part of the LA Local Care Offer to LAC & Care Leavers.

The regional adoption agency is now established and the Designated Doctor LAC, continues to carry out adult and child medical reports.

The Strength & Difficulty Questionnaire (SDQ) process, continues to provide a robust formula for ensuring alerts are made about children, who may be struggling with their emotional health. A downturn in the number of questionnaires returned earlier in the year, has been reversed due to a number of actions that were implemented, returning them by July 18 to 86%.

In January 2018 a Safeguarding & LAC CQC inspection took place and a good rating was received. The wider team has worked to implement a few recommendations for practice improvements (See 2.17). The team also received a commendation from the Government Commissioner for Ofsted, whom praised the work of the wider health team as part of the Children's Services Improvement journey.

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1 - Introduction

1.1 Purpose of the report

This document provides North Kirklees Clinical Commissioning Group (CCG) and Greater Huddersfield CCG, with an annual report representing the work undertaken by the Looked after Children Health Team, in conjunction with other agencies. It provides assurance of compliance with their LAC statutory duties and those responsibilities specified under section 10 (co-operation to improve wellbeing) and section 11 (arrangements to safeguard and promote welfare), of the Children Act 2004, with regard to improving the health and wellbeing of Looked after Children.

The report outlines how the key performance indicators and priorities for LAC were actioned, as set by the CCG's Governing Body for the period 2017/18.

The report will highlight challenges, experiences and identified gaps, with planned actions to improve the service.

National data will be presented from the most recent Government publication '*Children looked after in England (including adoption) year ending 31st March 2017 (DfE 2017)*' and is therefore set within a different timeframe to the local evidence.

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>

The term 'child' & 'young person' will be used interchangeably depending on the context of the information.

1.2 Background

'Looked after Child' (LAC) is a generic term introduced in the Children Act 1989, to describe children and young people subject to Care Orders (placed into care of local authorities (LA) by order of a court) and children accommodated under Section 20 (voluntary) of the Children Act 1989. Children and young people who are looked after may live within foster homes, residential placements, with their parents or with family members who are approved as foster carers.

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (chap.3 sec.104), states that all young people remanded in custody are regarded as LAC. Further guidance is available through the, '*Application of the Care Planning and Placement and Case Review (England) Regulations 2010 to looked-after children in contact with Youth Justice Services*' (DfE 2014).

Evidence from research shows, that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.

(*Statutory Guidance on 'Promoting the Health and Well-being of Looked after Children, DfE, DH, 2015*).

1.3 The Looked after Children Health Team

Designated Doctor / Consultant Paediatrician / Medical Advisor Looked after Children – Part-time (PT).

Medical Advisor / Paediatrician – PT

Designated Nurse – Whole-time (WTE)

Specialist Nurse for Looked after Children, Complex Needs and Disabilities – (WTE)

Specialist Nurse for Looked after Children and Care Leavers – (PT)

Specialist Nurse for looked after children, health visitor with an interest in unaccompanied asylum seeking children – (PT).

Administration support is provided from the Local Authority, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the NHS Community health provider (Locala).

The Paediatricians are employed by CHFT and are based in a clinic setting.

The looked after children nurses, are employed by the local NHS community health provider, 'Locala, Community Partnerships' and are co-located with the Looked after Children and Care Leavers Service, within the Local Authority.

2 – Kirklees Looked after Children Health Service 1st April 2017 – 31st March 2018

2.1 Numbers of looked after children

The numbers of looked after children slowly started to decrease throughout 2017, from the March 17 high of just over 700. The lowest number was in mid-December at 651. Since that time the figures have slightly increased back to the June 17 level of 671.

Timeline March 2007 – March 2018

Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
399	448	510	563	597	645	650	604	620	652	703	671

The National picture shows there to be 72,670 LAC in England (31.3.17). This has increased steadily over the last nine years, and by 3% since 2016.

Unaccompanied asylum seeking children (UASC) - Kirklees at 31.3.18

In Kirklees there has been a steady flow of male, older teenagers becoming looked after by the local authority over the last couple of years. A number of them have now become care leavers as they have reached 18 years old.

	Number at 31.3.18
LAC	11
Care Leaver	9

Unaccompanied asylum seeking children - Nationally at 31.3.17

The numbers of UASC have increased by 6% Nationally compared to the previous year, from 4300 in 2016 to 4560 at 31.3.17.

Historically there have been more male than female UASC, but from 2016 to 2017 there were a greater number of females noted, although at 31.3.17 they only account for 8% of the UASC population.

78% of UASC were age 16 or over.

Their primary need for being looked after was absent parenting (89%), abuse and neglect (5%), family in acute stress (3%) and family dysfunction (2%).

As a result of the National Transfer Scheme, more children have been distributed across other local authorities, reducing the concentrations in numbers seen in 2016 where they made their entry into the country.

2.2 Ethnicity, Gender and Age Profile

Ethnicity	March 16	March 17	March 18	National % at 31.3.17
White British	71.6%	71.2%	73.3%	75%
Mixed Heritage	15.3%	15.5%	15.9%	9%
Asian/British	8.5%	8.4%	7.3%	5%
Black/British	2.4%	2.9%	1.5%	7%

Other ethnic minority groups	1.7%	1.9%	2.1%	3% (possibly due to increase in UASC)
Gender				
Male	54%	52%	54.6%	56%
Female	46%	48%	45.4%	44%

Age profile Kirklees

Age	31.3.16	31.3.17	31.3.18
Under 1	7%	7.3%	8%
1-4	13.7%	12.4%	13.2%
5-9	20.8%	23.3%	22%
10+	58.6%	57%	56.7%

Age profile nationally

There was little change in 2017 from the previous year, although a slight increase was seen in children under 1 years old, which matches the local picture.

2.3 Kirklees placements at 31.3.18

Type of Placement	Number	%	National % at 31.3.17
Foster care	486	72.1%	74%
Residential	111	16.5%	11%
Placed for adoption	19	2.8%	3%
Placed with parents	51	7.6%	6%
Independent living/other	7	1%	No data

In March 2018, 54% of Kirklees looked after children were accommodated in the Kirklees boundary. Of the children accommodated outside the Kirklees boundary 17.7% were placed more than 20 miles from their home address. This is higher than statistical neighbours at 11.5% and the figure for England at 14%.

Some children and young people are purposely placed out of area for a number of reasons, including safeguarding and complex needs.

Kirklees looked after children accommodated in other local authorities

The significant increase in the numbers of looked after children during 2016-17 placed greater demands on the LAC health team, as well as on the Locala provider services. The provision of the additional LAC nurse in 2017 made a significant difference to the ability of the team to manage the core work and to enable improvements to be made to the service as a whole.

The opportunity to carry out a greater number of our health assessments with children placed outside the Kirklees boundary, but within reasonable travelling distance, allowed for improved quality and an assurance that they would be completed in timescales. Therefore the slight increase in numbers placed outside the boundary has not affected the team to any degree.

It is clear regarding health assessments with those placed outside of Kirklees, that we are able to provide a more positive picture in this annual report than was portrayed last year. *“The necessity to request other authorities to complete Kirklees assessments has affected the statutory time targets and quality of the assessments” (LAC Annual Report 2016-17).*

The process for requesting the accommodating area to complete the assessments starts approximately eight weeks prior to the assessment being due, with a telephone contact to the LAC health team to check capacity. If agreed the paperwork is sent and followed up after 4 weeks to ensure compliance. If a team is unable to complete the assessment, a request is made to the local GP surgery, but this causes delays. There is a National payment tariff system that is used to pay other authorities. The cost is currently £440 for an Initial Health Assessment (IHA) and £257 for a Review Health Assessment (RHA).

Many LAC health teams in other authorities have issues related to completing the other authorities' assessments. The most common reason is capacity.

The Kirklees nurses now carry out most of the Manchester RHA's, as this was an area of concern in the past, but Lancashire and Wales remain problematic. Issues are unmanned telephones with no voicemail, no secure email therefore slowing down the process by using the post and many teams not being proactive in ensuring the assessments are processed i.e. distribution to the correct personnel.

GP's have a reluctance to release assessments without the guarantee of payment first. However the London Boroughs have improved their return rates with good quality assessments.

There remains a problem with the quality of GP completed assessments and a number are returned for amending or agreed that we will amend on their behalf.

Southern Health Foundation Trust in Hampshire, have informed us for a second year that they are unable to complete any other authorities assessments.

Looked after children from other local authorities residing in Kirklees

There is a statutory requirement for local authorities to inform other authorities when a looked after child becomes resident in their area. The responsibility for the child remains with the 'Home' area. It can be difficult to ascertain the exact number resident in Kirklees, as it relies on a robust method of information sharing. Non-compliance can result in safeguarding issues and an inaccessibility to access services.

Kirklees LA circulate a monthly report of all notifications received of LAC from other authorities living in Kirklees. A local offer is made including information about the health services offered to LAC, in line with the Association of Directors of Children's Services notification of arrangements.

A recent provider meeting has been set up in Kirklees to include all the local authority and private children's homes, to improve communication and working together.

A process has been developed locally, to notify other authority LAC health teams throughout the United Kingdom, that a child has become resident in their area. The purpose is to ensure they are aware at the earliest convenience and bridge any gaps in communication.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs have access to a Specialist Looked after Children's Nurse, who completes the majority of the 'Review Health Assessments' and works in partnership with the paediatricians to complete the 'Initial Health Assessments'.

Many of these children see several consultants, so in order to reduce the number of professionals they see; the nurse may liaise with agencies in order to support a collaborative care approach.

Some children are placed out of Kirklees in specialist provisions to meet their complex needs. Special arrangements may be required to ensure their health assessments take place.

	2015	2016	2017	2018
Number of children with a disability classification at 31.3.18	39	43	50	46

2.5 Initial Health Assessment (IHA) process

The statutory guidance '*Promoting the health and well-being of looked after children*', (DfE, DH 2015), requires that all children coming into care receive a medically led Initial Health Assessment. This assessment should be completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care Review 2010) of a child becoming looked after and the recommendations from the assessment should be available at the child's first Looked after Review, by way of the Health Recommendation Plan (HRP).

Initial Health Assessments – (Data from health provider Locala reporting sources)

	2013-14	2014-15	2015-16	2016-17	2017-18
No. of IHA clinics held	98	90	126	131	129
No. of IHAs completed including other local authorities (OLA) looked after children	165	238	254	302 Kirklees + 6 OLA	198 Kirklees + 3 OLA
Percentage completed in timescale (average over year)	87%	98%	98%	98.25%	98%
Number of pre-adoption medicals	-	-	59	58	57
Number of child adoption medical reports	-	-	135	162	142
Number of adult medical reports	No data	No data	No data	No data	380
Number of meetings with adopters	No data	No data	No data	No data	27

Monthly breach reports from Locala help to identify any trends associated with late assessments. There have been just 4 late assessments in the last 12 months compared to 7 in the previous year. The reasons were; Client missing, parents attending Court, late notification from social care and client absconded from clinic.

A common issue that regularly challenges the low breach rate, is social care staff not prioritising the actions required to initiate the process that informs the health team that a child is new into care. The wider health team are tenacious in their approach to recognise issues at the earliest point. Actions taken to raise awareness have included; attendance at social care team meetings, email reminders and face to face discussions.

2.6 Review Health Assessment (RHA) Process

Children under 5 years of age have a 'developmental' RHA on a six monthly basis and children between 5 and up to 18 years old, receive an 'annual' RHA. The assessments follow on from the child's initial assessment in terms of timing and are completed by an appropriately qualified health professional.

Total number of RHAs completed

	2015-16	2016-17	2017-18
Total RHAs including OLA	616	676	730

RHA's completed in Kirklees

95% of all RHAs carried out in Kirklees were completed within timescales using monthly Locala data. **97%** of all RHAs carried out in Kirklees were completed within timescales using the local authority (LA), 12 month rolling data programme.

There has been a focus over recent years to reconcile the data between the LA and Locala and this has now been successful. Any small discrepancies has been identified as being due to the timing of downloading of the information and the transfer of the information from one data system to another.

	Kirklees Locala monthly data	Kirklees LA rolling 12 month data	Nationally
Developmental under 5yrs old	95%	96.8%	82%
Annual over 5yrs old	94.5%	97.6%	89%

Young people who refuse their assessment tend to be older. A number of attempts will be made to encourage engagement, but if there is a total refusal a virtual assessment will be completed. This entails gathering information from health records, carers, social workers and others in order to provide a snapshot of any health matters to support future interventions. Any serious concerns would be actioned in collaboration with social care. A future action is to provide the young person with a crib sheet of useful information that would have been shared at the assessment e.g. support agencies.

RHA's with children accommodated outside of the Kirklees area

Prior to May 2017, the majority of RHA's required to be completed on children who were accommodated outside the Kirklees boundary, were requested by us of other authorities. The main drawbacks to this were the risk of late assessments, financial implications and the poor quality of some returned assessments. 119 RHAs were requested between April 2016 to March 2017 and only 61% were completed in timescales.

A business plan was submitted to the commissioners in 2016/17 and an additional 30 hours LAC nurse time was contracted for a 12 month period from May 2017. This was to meet the demands on the team and to carry out an increased number of RHA's with children accommodated outside Kirklees.

As a result of this action, there has been a reduction from 119 to 77 requests, being made to other authorities and a ten per-cent improvement on their timely return rates (71%) in the last year. There has been a substantial reduction in the administration work required and due to Kirklees nurses completing many of the assessments, the quality has improved.

The LAC nurses have specifically targeted authorities who were known to return the RHAs late and have opted to complete these ourselves where ever possible. The successful outcomes seen from the additional nursing hours, has prompted the role to be extended for the foreseeable future.

Breaches in timescales

RHA's 'accommodated in Kirklees'

The 2016-17 annual report showed 71 RHA timescale breaches, this has reduced to 28 in the last year.

The most common reason is 'refusal by the young person', but this has reduced from 15 cases to 6. Contact with carer remains the second most common issue, but this has reduced from 11 to 4.

The additional LAC nurse is regarded as one reason for this positive trend, providing the opportunity to govern more of the assessments.

Reason	Number
Refused	16
Carer/parent cancelled	5
Unable to contact carer or not at home	4
Holiday / college commitments	3
Placement move	2
Client in hospital	2
Admin error	2
Client ill	1
Client missing	1
Respite break & carer wanted to be present	1
No reason	1

RHA's 'accommodated out of Kirklees'

The 2016-17 annual report showed 33 RHA timescale breaches, this has reduced to 17 this year.

The most common reason recorded remains as last year as, 'no reason given'.

The removal of the need to administer 'service level agreements' between authorities, has made a significant positive impact on the problems faced in previous years, mainly related to process and administration holdups.

Reason	Number
Late by other authority – no reason given	9
General delays by other authority	4
Client in custody	1
Staff sickness	1
Holiday issue	1
Workload	1

2.7 Dental

Dental Registration

Locals collate dental information from the LAC health assessments. The data is broken down into children under 5 years (excluding babies under 18 months) and children over 5 years old. This provides an opportunity to action issues that are appearing within the different age groups and are highlighted on monthly reports to the Designated Nurse.

Reasons for non-registration are some dentists do not register babies under 18 months old, or until their teeth appear and young people over 16 may refuse to attend.

At the initial health assessment there is an expectation on the carer that they will register the child in their care as soon as possible within 3 months and earlier if possible.

Local Data	31.03.15	31.03.16	31.3.17	31.3.18	
Registered with a Dentist up to age 5 Omitting u18 months old	93% (all ages)	97% (85.5% if include u18months)	97% (82% if include u18months)	97% (76% if include u18months)	No National data for registration

Registered with a Dentist age 5+		97.25%	97.5%	96%	
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The data showed that for children under 5 years old, for 8 months of the year, 100% registration was achieved and for children over 5 years old this percentage was achieved for 3 months of the year.

Dental Attendance (LA data)

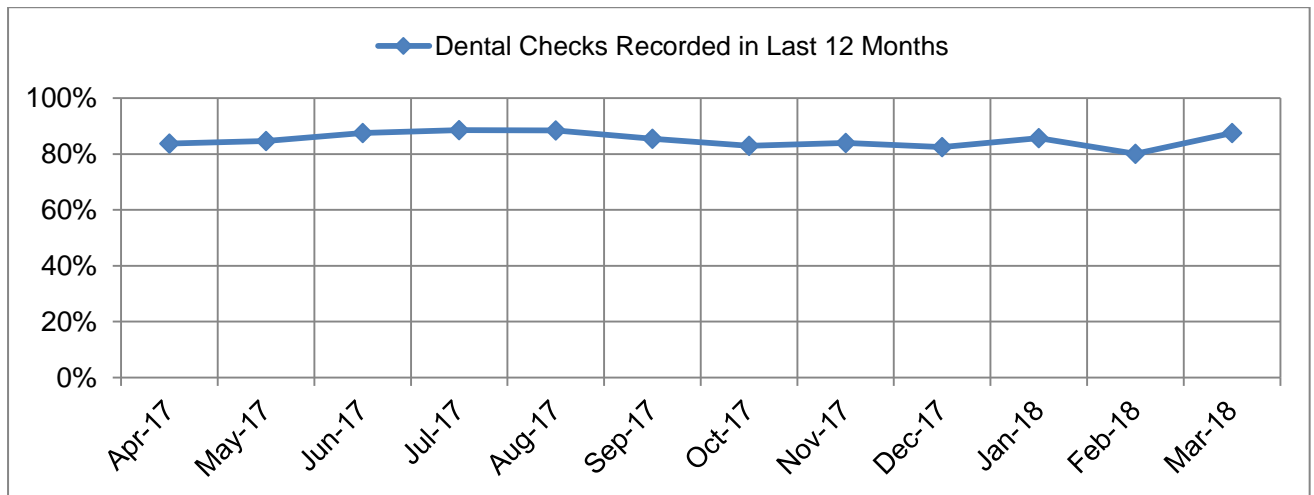
The collection of accurate dental ‘attendance’ data is challenging, relying on individuals informing the LAC health team of the visit. It is collected at the review health assessments, but this can be annually for over 5 year olds.

Various steps have been introduced to gather missing dental attendance data through; monthly data sheets followed up by direct contact with the carer, Locala alerts following health assessments and a ‘refuses to attend’ tab has been added to the IT system. In addition a questionnaire used to gather client opinion included a request for the last dental date and was provided in 63 % of the returned forms. The request has now been added to the strength & difficulties questionnaires (SDQs) letter which are sent out annually (see later).

It should be noted that the figures are likely to be higher, as we cannot be aware of all live attendances. Also children who have come into care in the last 12 months and who attended the dentist prior to coming into care are not included in the LA data, therefore it is likely that more children are actually compliant.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dental Checks Recorded in Last 12 Months	83.7%	84.7%	87.5%	88.6%	88.4%	85.4%	82.9%	84.0%	82.4%	85.6%	80.0%	87.5%

The dip in February 18 was due to a shortage of administration support at that time.



Nationally – 83% had their teeth checked by a dentist. (75% for age 16+)

2.8 Immunisations

The data is separated into children under and over 5 years old, to allow issues to be addressed with individuals within age groups.

It could be suggested that the higher rate of compliance for under 5 year olds is related to the more pro-active response by health practitioners with parents of children at a young age and that older children, may refuse or be complacent, which is recognised nationally.

	31.03.15	31.03.16	31.03.17	31.3.18	National % 2016-17
Up to date with Immunisations at developmental health assessment (under 5 years old)	93%	98.75%	98.5%	98%	84% all ages
Up to date with immunisations at annual health assessment (over 5 years old)	93%	92.75%	89.25%	91%	75% for those aged 16+

What does the Kirklees data show about immunisation compliance?

The data shows that in Kirklees compliance is very good for all age groups, compared to the National average.

The data shows that in total for the year, at the time of the child's review health assessment (RHA), 38 children (3 under five years old, 35 over 5 years old) were not up to date. (657 RHA's were carried out, (including 77 on our behalf by other authorities)

Parents of three over 5 year olds and one child under five years old, refused the measles, mumps & rubella vaccination for their child.

Of the 38 older children originally with outstanding immunisations, 74% (n28) were aged 16 to 18.

According to Kirklees health records, 7 of the original 35 over 5 year olds and all the under 5's are up to date as at 31.3.18. One of the unaccompanied asylum seeker young people has reached eighteen years old and is up to date with his limited schedule.

Of the 38 older children with missing immunisations, 16 of these were accommodated outside Kirklees. This can mean that we are unaware if they have had any recent immunisations until the next health assessment. Therefore the compliance is likely to be higher than documented.

Types of missing immunisations age 5-18

Type	Measles/Mumps/Rubella (MMR)	Diphtheria/Tetanus/Polio (DTP)	Meningitis (MenACWY)	Human Papilloma Virus (HPV)
Number	4	13	22	3

The most common outstanding immunisation was the MenACWY booster. 18 of those 22 young people were of an age that they had missed the opportunity to have this in school. This could be a barrier to compliance, as additional support may be required to access via the GP surgery. A possible solution would be to target those individuals through their personal advisors, immunisation team and/or carers, given the potential deadly consequences of contracting meningitis.

The DTP is also offered to 'older' children in school, therefore the opportunity if missed at the time, requires additional effort to maintain compliance.

2.9 Substance Misuse

The collection of looked after children substance misuse data is governed by a DfE annual directive, underpinned by strategic guidance; Every Child matters: Change for Children – young people and Drugs 2005 and Promoting the health and well-being of looked after children 2015. (DfE 2018)

The guidance for the national return of data, has strict criteria. This relates to illegal and legal substances, dependant on age, regular excessive or dependant use leading to social, psychological, physical or legal problems.

Of the 500 eligible Kirklees looked after children who have had a health assessment year-ending March 18, twenty-one (4.2%) were identified as having a dependant 'substance misuse problem'. Over 60% had or were receiving support and a small number refused stating for example; that they had already received support or did not wish to engage. The ages ranged from 15 to almost 18 years old.

A priority for the coming year is to identify those young people who are refusing support, in order to understand their individual reasons and liaise with other agencies to look at alternative engagement routes.

National data for 2016-17 highlights that the number of looked after children identified as having a substance-misuse problem has remained at 4% since 2015. Almost half (49%) received an intervention and it was slightly more common in older males than females.

Kirklees Substance Misuse Support Services

'The Base' is the substance misuse service commissioned in Kirklees for young people. A dedicated worker is employed to focus on vulnerable cohorts, including looked after children and care leavers.

The continued multi-disciplinary approach introduced in September 2016 between the LAC nurses, substance misuse and sexual health outreach, has provided a monthly opportunity to discuss young people and meet up in the LA children's homes. The number of referrals for LAC affected by substance misuse according to The Base data, has risen from 16 from 2016-17 to 22 in the last year.

Referral outcomes April 17 – March 18

	Single intervention	Multiple intervention	Awaiting assessments	Structured treatment	Declined
Number	6	2	2	8	4

Single and multi-agency drop-ins/group work and staff training have been delivered in residential homes, including Harmony House, Ruby Lodge and Copthorne Gardens. Regular support is provided to Healds Road, Netheredge and Westfields. A drop in session is due to start at Swan Lane semi-independent living.

The outreach worker attends the new No11 drop in for young people and staff, to access support & information. Six weekly workshops covering CSE, Hidden Harm and substance misuse are also planned for June 18.

2.10 Sexual Health

In October 2017 a new sexual health outreach and prevention service was established locally. The aim was to target vulnerable groups including LAC and care leavers. A weekly clinic provides

prevention work, 1:1, screening and treatment in conjunction with the substance misuse outreach worker.

An educational programme is held weekly covering sexually transmitted diseases, consent, delay, abusive relationships and contraception. Pop-up clinics are also run in residential homes and out of education premises.

The team have provided C-card and Chlamydia training in 2017 to 18 Personal Advisors and the LAC nurses. This has upskilled the workforce for use in the community and the No.11 drop in where pregnancy tests, chlamydia tests and condoms can be accessed. A link has been made with the pharmacy locally to No.11 for further support and advice.

A total of 28 identified looked after children have accessed the service with referral rising throughout the year.

2.11 Emotional and Mental Health

Looked after children, have consistently been found to have much higher rates of mental health difficulties than their peers (almost 50% have a diagnosable mental health disorder, DfE 2015).

The Strengths and Difficulties questionnaire (SDQ) is a clinically validated screening tool, used to indicate the level of emotional difficulties in children from the age of 4 to 17 and is a statutory requirement for LAC. It provides an estimate of the prevalence of mental health conditions and has shown to increase the detection rate of socio-emotional difficulties. Satisfactory emotional and mental health is indicated by a low score.

A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more identifies a 'cause for concern'.

A number of steps have been introduced to utilise the SDQ more efficiently and effectively. This has ensured that the results informed the actions to improve the mental health support to individuals. This work has continued to develop dovetailing into the emotional wellbeing/LAC service, which was introduced as part of the National, but locally led 'Transformation Plan'.

As part of the 'plan', a child and adolescent mental health service (CAMHS) Well-being Team for vulnerable children was set up in January 17. The team comprises of a clinical psychologist, child psychotherapist, mental health worker and recently a care leaver specialist nurse, to support transition to adult services. This sits with the Placement Support Team in the LA. If a child is accommodated outside Kirklees, services may need commissioning.

SDQ process

An SDQ is sent out to all carers of LAC aged 4-17 annually. The voluntary provision of SDQ's to children over 11 years old has continued. The resulting scores for both carer and child are disseminated to the social worker, independent reviewing officer and carer. This provides insight into the child's views in comparison to the carer and can depict where support should be directed. A teacher version is available to allow for a triangulation of information and future plans are to introduce the teacher version for all high scores.

High scores (17+ cause for concern)

If the score is of concern, the social worker is provided with the contact details of the emotional well-being team, this will enable a referral to be made for a consultation if necessary. The supervising social worker for the carer is copied in, to encourage a wider discussion.

A month later an update is requested from the social worker, as to what support is ongoing or has been planned and documented in the child's record. In addition, the social work team managers are

copied into a monthly list of all returned scores, so they can discuss high scores in supervision with their team members.

Information available at: <http://www.sdqinfo.com/>

Average SDQ score from carer questionnaires

	2012	2013	2014	2015	2016	2017	2018
Kirklees	13.5	12.7	12.8	13.1	13	13.5	13.9
England	13.9	14.0	13.9	13.9	14	14.1	Not available

Discussions with the emotional well-being team suggest that the use of the SDQ is subjective and could be argued is a crude measure. It does not factor in the beginning and ending of interventions and some children’s emotional health can get worse before it gets better. Interventions related to mental health can take a long time in comparison to physical issues. The scores should not be compared with those of their peers who have not been in care. However the tool is used successfully to alert services to children who have emotional and behavioural issues and ensure that actions are taken to offer support.

283 SDQ carer forms were returned (**69.4%**). A number of actions were introduced to improve the returns rate.

- The letter to carers has been strengthened to promote a responsibility for timely returns.
- The LAC nurses are targeting health assessments for ‘children placed with parents’ as this is an area recognised as limited compliance.
- Any assessments completed by LAC nurses for children with other carers, where the questionnaires are outstanding, will be completed at the assessment and returned electronically to improve timeliness.
- A request has been made to all IROs and LAC social workers to emphasise with carers their duty to complete and return of the forms.
- Hybrid mail distribution has been stopped as unreliable for this purpose.

(Update at 31.7.18 – The returns have increased to 86%)

(76% of children nationally have an up to date SDQ at 31st March17)

In addition **100** SDQ child/young people forms were returned, which are used to compare the views of the child with that of their carer.

The SDQ forms are labour intensively manually scored. It is hoped the new IT system ‘Liquidlogic’ may be able to score them automatically in the future.

SDQ scores

Score	Carer 2017	Carer 2018	National Carer 2016-17	Child 2017	Child 2018
0-13 (satisfactory)	51%	50.1%	49%	61.4%	56% =n
14-16 (borderline)	12%	13.2%	12%	12%	15% =n
17+ (concern)	37%	36.6%	38%	26%	29% =n

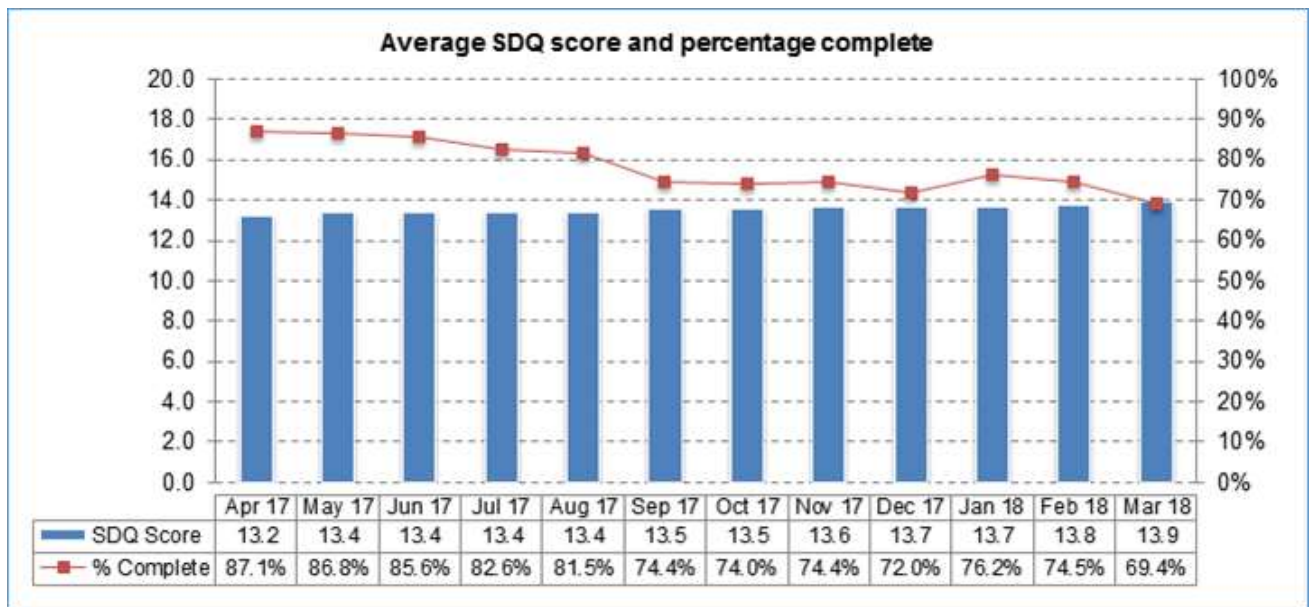
The table above shows that at 31st March 2018 there were more children than carers, who felt their emotional health was satisfactory (score 0-13) i.e. 56% against 50.1% respectively.

From the child's perspective they felt their own serious mental health score (17+) was lower than the opinion of their carer's, i.e. 29% against 36.6% respectively.

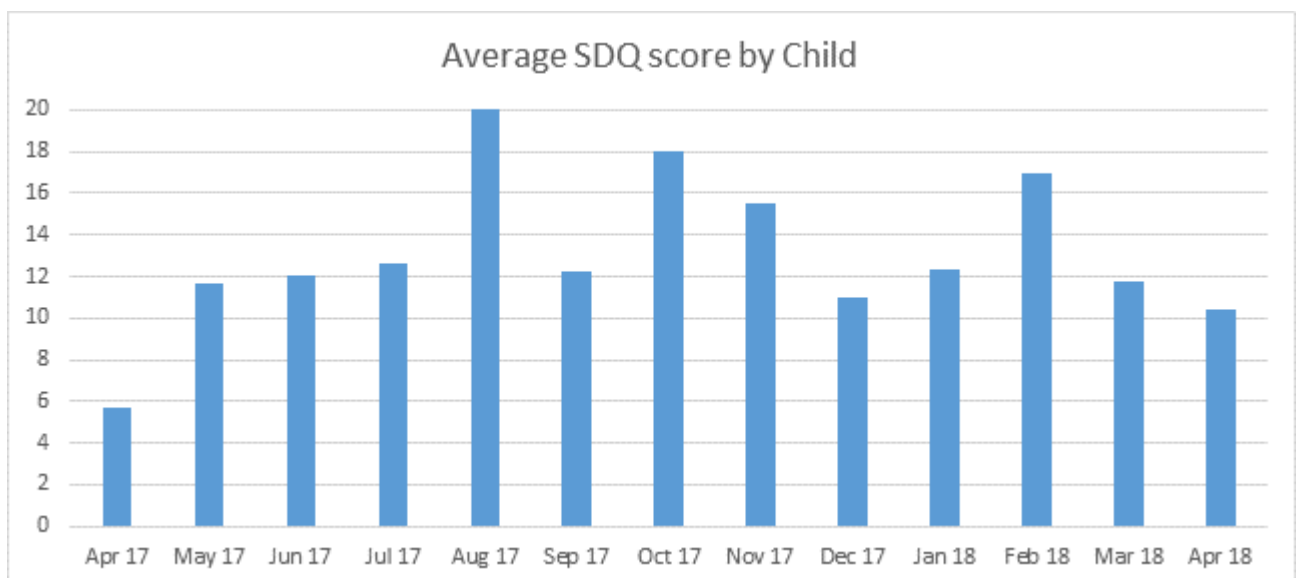
This evidence follows a similar pattern to last year.

29 children did report that they were struggling significantly with their emotional well-being. The process that follows these high scores, should ensure that all these children are offered a service.

'Carer' perspective of the child's emotional well-being



'Child/Young Person' perspective



An observation from the child/young person version, is that peaks in the scores regarding 'cause for concern 17+' bracket, this correlates with the school holidays in August, October and February, although Christmas is average. The carer's scores are relatively stable.

2.12 Care Leavers

Care Leavers have the opportunity of accessing the Specialist Nurse for Care Leavers, either by self-referral, referral from the Looked after Children and Care Leavers Service, Children's Rights or via any social work team within Children and Adult Services.

To ensure the needs of Looked after Children and Care Leavers are met, the LAC Nurses work in a flexible way, having appointments at times and in places to suit the young people's wishes.

There is good liaison between the personal advisors (PAs), social workers and nurses, with monthly attendance by the nurses at the PA meetings, to share reports and proposals to benefit the health care needs of care leavers. This includes an opportunity to refer to the teenage pregnancy data sheet for updates. Being co-located ensures that face to face consultations can take place, resulting in quick responses for health queries and signposting.

In conjunction with the Children's Rights Service, a letter for care leavers is provided to show their health history. Following on from a CQC recommendation, a person centred letter has been re-developed with help from care leavers, containing their personal health history and essential local support information. At the final health assessment, they are asked if they would like a standard format or a customised version. This information is stored in the health record and adhered to when the letter is produced. A version aimed at carers of, and children with disabilities has also been developed.

A number of care leavers offered their views on the new format:

1. "Keep contact numbers in".
2. "It's not overcrowded with information".
3. "Immunisation key needs to be at the front"
4. "Needs child friendly front cover". Update July 18 – this has now been developed by Care Leavers.
5. "Needs domestic violence support numbers"
6. "We like this form, it doesn't hold too much information and we feel it is an appropriate form".
7. "We love all the contact numbers".

The LAC nurses provide a drop-in service at No.11 on a weekly basis for advice and support for children/young people and staff.

The LAC nurses are part of a vulnerable children team with the youth offending team, pupil referral service and family nurse partnership (FNP). This provides an opportunity to share information and allow the most pertinent health professional to take a lead role.

(FNP is an intensive home visiting programme offered to first time young mothers, providing good parenting skills working with the strengths of the clients, encouraging them to fulfil their aspirations for their baby and themselves. LAC and care leavers are given priority for this service).

Plans are underway to work in conjunction with the care leaver mental health specialist nurse to introduce a screening tool, for those recognised as still at risk from poor mental health as they leave care. This will feed into an overall plan to improve the mental health support provided to care leavers.

2.13 Adoption and Fostering - Designated Doctor

The Regional Adoption Agency OneAdoption West Yorkshire is now fully established. The service is hosted by Leeds on behalf of the five Local Authorities.

The Agency Medical Advisers for the five Children's' Social Care Departments are now working more closely together. The Medical Advisers are aiming for consistently good practice and also to use a standardised format for reports. This will not mean any significant changes to practices already adopted in Kirklees.

All adults applying to become adopters, foster carers or connected carers have a medical report prepared by the Medical Advisor which is based on a report compiled by the applicants' GP. Some applicants have significant and complex health problems and the medical adviser may need to liaise further with the GP or hospital specialists to obtain a clearer picture of the applicant's health and the implications of this for the task of adoption or fostering. This work can be extremely challenging and time consuming.

Once approved, foster carer medical reports have to be reviewed every three years by the medical advisor and an updated medical report is provided to the local authority fostering service. Prospective adopters have updated reports every 2 years.

Number of adult medical reports for fostering and Special Guardianship Orders.

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>
308	318	318	286	348	337

Number of adult medical reports for OneAdoption West Yorkshire

Jan- March 2018

43

Since starting writing adult health reports for OneAdoption West Yorkshire in January 2018, we are now able to separate the numbers of reports for adoption from those requested by Children's Social Care for fostering and special guardianship orders. Numbers for previous years also included adoption, so it looks likely that the overall total will significantly increase in the future.

Children who are being considered for adoption have a detailed adoption medical report following a thorough medical and developmental assessment. The report gives information about the child's physical and emotional health and developmental progress. The report also includes information about the pregnancy and birth and about the health of the birth family (this information is shared with consent).

Number of Adoption Medical Reports

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>
163	138	117	135	168	142

The Medical Adviser who sees the child and completes the report then meets the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. The information is often complex as children frequently have backgrounds of neglect, abuse, domestic violence and parents who have used drugs or excess alcohol or who have learning difficulties or mental health

problems. These meetings have been standard in Kirklees and some local areas for several years but have only just been introduced in others.

Number of meetings with prospective adopters

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>
44	43	36	43	45	27

Medical advisers continue to attend adoption panels regularly. This means reading all the paperwork and being a full member of the panel in addition to giving medical advice. One of the medical Advisers from Calderdale or Kirklees has attended all OneAdoption West Yorkshire panels held in Huddersfield. Medical Advisers from other areas cover the other panels.

A LAC nurse is representative on 4 fostering panels per year, to provide an alternative health perspective.

2.14 Training

The LAC health team provide training for social workers and health students/professionals who are associated with the care of looked after children and young people.

Each School Nursing and Health Visiting Team have been visited during the year, to advise, liaise and share good practice. New ideas have been shared and issues resolved.

Formal mandatory training sessions are delivered to foster carers covering health matters, at three half-day sessions per year.

2.15 Remand

There have been a small number of young people remanded to custody and therefore became LAC under the 'Legal Aid, Sentencing and Punishment of Offenders Act 2012'.

In 2015 the requirement for a statutory health assessment was dis-applied from the 'Care Planning, Placement and Case Review (England) Regulations 2010'.

A copy of the Comprehensive Health Assessment Tool (CHAT) which is used in youth custody, is requested from the secure estate, upon sentencing or release. This provides a brief overview of the health of the young person as they entered custody and for the time of their remand. Further intervention on release from custody would be provided by the LAC health team or another appropriate health practitioner e.g. youth offending nurses, if the young person remained a looked after child.

2.16 Ofsted and CQC

Ofsted 2016-18

Children's social care was inspected by Ofsted in 2016 and continues to be monitored as part of a significant Improvement Plan. The health team continue to be part of the monitoring process due to their collaborative model of working. It was recognised that LAC and care leavers were well supported with regard to their health. A recent follow up of LAC services by the Government Commissioner praised the health team and suggested that "this was the best report she had heard from a LAC Health Team in any authority and added that the enthusiasm and commitment to get things done was very impressive".

Care Quality Commission (CQC) 2018

Safeguarding and Looked after children services in Kirklees were inspected in January 2018. The report was positive and a few recommendations were made to improve practice. These were; to strengthen the assessment of the emotional health and well-being of LAC within the IHA, develop a more patient centred care leaver letter, ensure the strategic roles for LAC comply with the intercollegiate guidance for LAC and the position of the Royal college of Nursing and to work together to strengthen the arrangements for obtaining GP health information, to inform health assessments.

3 - Audit project

In order to establish a picture of the health needs of looked after children as they enter care and the effect that the initial health assessment process can have on addressing their health issues, an audit project was undertaken by a LAC paediatrician.

A manual audit was carried out to identify the health needs of one hundred children (50% male & female), who were brought into care between April 2016 and November 2017. The purpose was to use their Initial health assessment (IHA) to gather information related to identified and unmet health needs.

The results were compared to an audit the previous year, involving a similar number from a cohort in 2013-14.

The main points identified were as follows:

	2017-18	2013-14
Health need prior to IHA	106 pre-recognised conditions related to 48 children. Common issues of vision, speech & language & emotional behavioural difficulties. No ADHD diagnosis.	150 pre-recognised conditions
Review / follow up needed	5 of the 48 children required a re-referral.	11 required a re-referral
New health need identified at IHA	25 new conditions. Including 1 heart murmur, 6 vision, 3 hearing problems & 6 missed immunisations	104 new conditions recognised
New health referral needed	6%	No separate data, but the new conditions above would prompt a referral
Registered with GP at IHA	98%	93%
Registered with dentist at IHA	66%	63%
Immunisations up to date at IHA	82%	69%

In summary

The people in attendance at the IHA comprised of; birth parents (50%), social worker (72%) and foster carers (46%), (some children are placed with family, therefore no foster carer involved).

The quality of the data in the assessment is informed by those present. Parents provide past information and carers the current situation.

The 2% who were not registered with a GP is likely due to the movements of children to a new area and new born babies.

The low number registered with a dentist is due to placement moves and difficulty accessing registration, especially for infants under 1 year. A monthly review of those not registered takes place as explained in section 2.7.

The immunisation status of children has improved dramatically since 2014, possibly due to improved information to social workers. See section 2.8 for ongoing data.

The hand written assessment forms have now been replaced with electronic versions which has improved presentation and clarity. The manual collection of the last two audits has been onerous and work is underway to collect the data electronically through SystmOne IT. The benefit will be to identify specific health conditions, using a larger cohort.

4 – Additional activities / Practice Improvements during the year

- The implementation of an NHS directive shared with us by Sefton LAC health team, allowed the process of service level agreements to cease. This significantly improved the process for requesting health assessments for children residing in other authorities on many levels.
- Weekly Skype calls were introduced, to offer an opportunity for the LAC nurses to feel supported during agile working, both on a personal level and related to working commitments.
- Following reports that carers were not receiving copies of the child's health assessment plan, a copy is now sent directly from the health team, to be kept in the child's fostering records.
- A process was developed to notify other local authorities when a looked after child is moving into their area, where the intention is that the placement is likely to be for an adoption, therefore on a more permanent arrangement with the likelihood of the medical records being amended.
- Following a request from foster carers, a resource 'Coping with Crying' has been devised by our health visitor LAC nurse and is used in training and the foster carer newsletter.
- The increased use of the CorumBAAF health assessment form by other authorities, prompted an electronic copy to be put on SystmOne. This will prevent colleagues having to complete these by hand.
- An unaccompanied asylum seeker child resource pack has been developed to support young people attending the drop in and assessment clinic.
- The monthly missing dental attendance spreadsheet is used to target carers for the information. Advancements have included requesting if carers would email their response using unique identifiers to save on time and postage.
- Improvements made to the health assessment to include prompts related to historic and current risk taking behaviour, including child sexual exploitation & missing episodes.
- The low response rate for completed SDQs from carers of children, who are 'looked after', but live with parents, has been addressed by the LAC nurses targeting the assessments and completing the SDQs at the visit.
- Substance misuse information collected during the RHA, has been made easier to document accurately through alterations to the template.

5 – Priorities for Looked After Children 2017 / 18

- 1) To continue to monitor and aim to meet the KPIs set by the CCG's.

See Section 2.

- 2) Develop 'We value your opinion' questionnaires for 4-10 year olds and Care Leavers.

Following the use of the questionnaires during 2016-17 for children aged 11-17, it was decided to repeat the process, rather than develop new versions for different age groups. The purpose was to allow for a longer 2 year comparison and to decide if this was a good method of evaluating children's views. It also showed if the questions asked, provided answers that were useful in improving the service. The questions focused on the LAC health assessment, the SDQ, communication methods, attendance at other health services and dental attendance.

The most useful information was the date of the last dental attendance (63% reply rate), which supported our constant challenge as explained in section 2.7, in gaining the date for the performance figures. To ensure the dental information was not lost since the pilot finished, an additional slip has been attached to the SDQ form itself, which has remained a good method of distribution.

Consultation with a representative care-leaver, provided further evidence that extended use of the Locala mobile APP, would be preferential for children and young people to gain their opinion, rather than the paper format.

The table below outlines the results. The full evaluation is in the appendix.

Summary of the results

Question	Summary of responses 2016-17	2017-18
Do you think the LAC review health assessment (RHA) is helpful?	72% felt that the LAC health assessment is helpful or quite helpful	59% felt that the LAC health assessment is helpful or quite helpful
What would you change about the RHA?	63% said there was nothing they would change about the assessment. Other comments were: to reduce the number of people present, only have one if needed, "Don't know why I am different to my friends as they don't have one".	Most who answered the question said there was nothing they would change, but many abstained. Comments that were made included 'done to' instead of 'with'. 'It should be optional'
Is the 'young person' SDQ a good way of finding out how young people feel?	73% agreed the young person SDQ was a good/partly good way of finding out how young people feel.	51% said the young person SDQ was a good/partly good way of finding out how they are feeling
Is there a better way of letting others know how you feel?	There was a varied response. 27% would talk to social workers, health staff,	There was an overwhelming number preferred face to face communication with a number of

	<p>counsellors, school staff, and other workers. 21% said that they would confide in parents, carers, friends & family. 12% suggested texting & electronic devices 1 stated "Don't do anything at all, don't want any support at all want to live a normal life, like normal people. Please don't contact me thanks"</p>	<p>people. Health workers were most prominent, followed by family, friends, teachers, carers and social workers.</p>
<p>Have you been to any other health appointments in the last year? What was your experience?</p>	<p>The general over view was positive with regards to clinics, A&E, hospitals and GPs. There was criticism at a hospital that the staff were moody and a couple commented about waiting times.</p>	<p>The open question format did not provide a clear picture. Carers tended to complete it. Clinics, hospitals, podiatry had very good comments. 4 children said the waiting time was too long. 2 said it was none of our business! 1 child said "Please don't send me anymore of these. Lots of love/hate"</p>

3) Develop Intercollegiate LAC training slides for use in GP surgeries.

This priority is to be developed in 2018-19

4) To investigate the potential for local CAMHS to provide LAC health team with information to inform the IHA & RHA process, in parallel with the development of a process to request GP surgeries not using SystmOne, to also share relevant health information.

A discussion was held with a CAMHS link manager and consent to share information was recognised as an obstacle. Following the development of the vulnerable children CAMHS Well-being Team, a robust support service is now in place to support communication with CAMHS.

The request for GPs to inform the health assessments has been strengthened. A request is made to GP surgeries using alternative IT systems to SystmOne, for information to inform the health assessments. The duty and responsibilities have been outlined following a recommendation from the recent CQC inspection. The Designated Nurse for safeguarding will be notified of surgeries who do not engage with the request.

Annual data reconciliation will be made between the LAC health team and the non-SystmOne user surgeries, to check the data held about the LAC status of children in their practice is accurate. This is in addition to the regular Locala practitioner/GP links meetings.

5) To enable the CCG to give assurance that where it has become apparent to the LAC health team, that there is a persistent none notification of placement / changes/ cease to be looked after by a placing LA, a system is in place to manage and escalate the issue through a notification to the said authority.

There has been no clear evidence that there has been a persistent problem in any one area. Non-notifications were noted from Newark, Ayrshire and Barnsley. In each case direct contact was made and the issue resolved.

The extent of the problem is largely unknown, as until we are made aware that for example a LAC assessment is required or there are safeguarding concerns brought to our attention by acute or community services, we can be unaware. There needs to be a more robust health notification system, especially where children displaying risk taking behaviours are concerned, as they come to the attention of the local police, emergency services, sexual health and substance misuse services.

In Kirklees we have a system of notifying other LAC health teams of all children who move into and out of other authorities, in addition to the local authority exchange system. A process should be developed to inform the other LA of any high risk individuals, who have relocated to their area and may need additional targeted support.

6 - Priorities 2018-19

- 1) To continue to monitor and aim to meet the KPIs set by the CCG's.
- 2) To identify young people who have disclosed having a dependent substance misuse habit at their review health assessment and who refuse support. To work in collaboration with others to find an alternative engagement route.
- 3) To trial the use of the Ages and Stages questionnaires (ASQ) for use with babies and young children under 4 years old, to monitor emotional well-being, prior to the use of the Strengths and difficulties questionnaires at age 4
- 4) To develop Intercollegiate LAC training slides for use in General Practice and Dental surgeries.
- 5) To develop a process to collect information about the health needs of looked after children as they enter care, any that require a re-referral and any new health issues that are identified during the Initial Health assessment.

7 - References

DfE, DH (2015) Promoting the health and well-being of looked after children

DfE (2018) Children looked after by local authorities in England. Guide to the SSDA903 collection 1 April 2017 to 31 March 2018

8 – Appendix

Looked after children (LAC) - Evaluation of the ‘We value your opinion’ questionnaire. Pilot project to gather the views of children and young people aged 11-17

Legislation underpinning the project

The Children Act 2004, Working together to safeguard Children (2010, 2015, 2018), Promoting the health and well-being of looked after children (2015)

Background

The pilot questionnaire from the LAC health team was multi-purpose.

- To gather the views of young people about the statutory LAC health assessments
- To gather the views of young people about the voluntary ‘self’ strengths & difficulties questionnaires (SDQs), that have been sent out in addition to the statutory ‘carer’ SDQs
- To ask young people how they prefer to let others know how they are feeling
- To gather the views about the experiences they had when attending any other health appointments in the community or hospitals etc. and to follow up any issues and to inform other agencies of positive or negative feedback.
- In light of the difficulty in obtaining dental attendance information, which is a statutory requirement for LAC, a request was also made for their last dental attendance.
- Opportunity was given for any other comments to be made.
- To develop future questionnaires covering children aged 4-10 and care leavers 18+

Process

The questions were developed by the LAC nurses, using careful language to minimise misunderstandings and to allow for easy interpretation. Due to initial time and resource constraints in starting the project, it was anticipated that the opinion of young people from the LAC & care leaver’s service would be gathered later, to improve the initial template. The reasonable return rate in the first quarter of the year encouraged the team to plan a 12 month timeframe. This would then include the views of all eligible LAC to be approached.

A method of distribution was required that had no or limited financial cost; that could be easily administered using current resources and could have a projected reasonable response and return rate. It was also important to include all eligible LAC accommodated in and outside Kirklees.

A tried and tested freepost mailing system already used to distribute SDQ’s, was chosen to include the questionnaire. This provided a convenient method of administration, with the potential to involve the support of carers, who were receiving their statutory annual ‘carer’ SDQ forms and encourage the young people to complete theirs. Consideration was given to the age group chosen, based on the voluntary ‘self’ SDQ that was already being sent and that the wording could be aimed at a particular age group, with support from carers for any young people with learning difficulties.

The returned questionnaires were checked regularly and any necessary actions taken at the time. The dental dates were added to the IT systems as soon as possible, to fill the inevitable performance gaps associated with being informed when children attend the dentist.

Results

Returned questionnaires - January to December 17

Total returned- 129

Responses to dental date request 81/129 (63%)

Key: - RHA = Review health assessment, SDQ = Strengths & Difficulties questionnaire

Question	Answers	Total number of responses
1) Do you think the LAC RHA is helpful?	Helpful Quite helpful Not helpful No answer Not sure what RHA is	44 (34%) 32 (25%) 27 (21%) 22 (17%) 4 (3%)
2) What would you change about the RHA?	Nothing Everything Don't know Abstained Not have it Only have one if needed or asked for Individual responses: "No point", "Should be optional", "Do not come to my home", "Do it at home not school", "For me to write the questions and then talk about them in detail", "Not have to wait", "Now't I'm kush & you are welcome", "talk about future health", "reduce number of people present" " I don't want to see you again", "Gets in the way of other stuff", "I prefer to see somebody when I want to talk about things"	39 2 10 21 5 2
3) Is the 'young person SDQ' a good way of finding out how young people feel?	Yes Partly No Don't know Abstained	44 (34%) 24 (17%) 20 (15%) 21 (16%) 20 (15%)
4) Is there a better way of letting others know how you feel?	Speak to health workers Texts & electronic devices Talk to family Talk to carer Talk to social worker Talk to friends Talk to teachers/school workers Use forms Talk to no one Talk to counsellor/emotional support worker Other workers Meet up with someone you can trust Write it down and sometimes speak Don't know Abstained <u>All below are fuller individual responses:</u> "Online link for website maybe from school" "I found a booklet that I filled in for Court, it was helpful because I could draw pictures" "Let the child video themselves and send to you" "I want more people to listen to me" "Social worker if they would listen" " If I wanted to inform you I would"	19 18 11 11 7 5 5 3 3 2 2 1 1 1 12

	<p>“ talk to yourselves you good for nothing***”</p> <p>“Don’t do anything at all, don’t want support at all, want to live a normal life, like normal people. Please don’t contact me thanks”</p>	
5) Have you been to any other health appointments in the last year? What was your experience of the visit?	<p>Clinic – “Got loads of help, treated well, problem sorted”</p> <p>Hospital – Treated well x1. Not treated well nurses moody and did not understand x1</p> <p>Leeds Dental institute – “Better if less waiting time”</p> <p>G.P. – “Problem sorted, treated well, couldn’t have been better”</p> <p>Locala – “treated well, problem sorted”</p> <p>Opticians – No comments</p> <p>Audiology – “ sorted went well”</p> <p>General appointment – Couldn’t have been better, medical examination, I was really nervous – they were really kind”</p> <p>A&E – “Good treatment”</p> <p>The Whitehouse – “Easy access”</p> <p>Enuresis clinic – “helpful”</p> <p>Dentist – “It hurt but will benefit me in the long run”</p> <p>ChEWS – “Found helpful”</p> <p>Physiotherapy – 6 appointments no comments</p> <p>Podiatry – “Fantastic treatment at Salterhebble, good parking would go again” (<i>Task sent through SystmOne to Podiatrist to inform her</i>).</p> <p>“Ask my dad”</p> <p>“None of your business, get lost, why should I care”</p> <p>“Needs to be less waiting time”</p> <p>“None of your*** business, ask social worker, get lost</p>	<p>2</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>7</p> <p>2</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>3</p> <p>1</p> <p>1</p> <p>1</p> <p>3</p> <p>1</p> <p>1</p> <p>3</p> <p>1</p> <p>1</p>
6) Any other comments?	<p>“I want braces” (<i>Followed up with social worker</i>)</p> <p>“No”</p> <p>“Ask my dad some of the questions”</p> <p>“ I feel happy because I could answer some of the questions”</p> <p>“Please don’t send me anymore of these. Lots of Love/Hate A*****”</p>	<p>1</p> <p>10</p> <p>1</p> <p>1</p> <p>1</p>

Summary

Q1) 76 (59%) of the young people that answered, felt that the RHA was helpful or quite helpful. 21% stated it was not helpful and interestingly 4 young people admitted to not knowing what an RHA was. Consideration needs to be made to how the RHA is presented and explained to children, especially older children who are able to make judgements on things that affect them.

Q2) The majority of those who answered said there was nothing they would change about the RHA, but many abstained. Their lack of familiarity with the content or layout of the assessment, could be a reason for them not offering further opinion, as they are only done once a year. However a few older children did have a view and implied that it was ‘done to’ instead of ‘done with’ them, e.g. it should be “optional”, “Don’t come to my house/school”. They implied that they were not given much of a say, although there is a determined effort to ask young people where they would like their assessment to take place and every effort made to accommodate their wishes.

Q3 & 4) The 'self' SDQ, is an optional tool available to measure the young person's view of their own emotional health. This has been introduced by the LAC health team in Kirklees, to allow the voice of the child to be heard. The questionnaire is sent out to all 11-17 year olds at the same time at the statutory 'carer's' version, alongside an explanation of its use. The completed questionnaires are scored alongside the carer's version and results shared with the social worker, carer (& young person) & independent reviewing officer. GPs on the health IT system also have access. Any high scores of concern are flagged with the social worker and supervising social worker and a process is followed to ensure actions are taken to offer support if necessary to the child and/or carer. This has allowed for any discrepancies between the view of the carer and young person to be highlighted. Access to the LAC & care leaver CAMHS Wellbeing service is encouraged for any high scores.

68 (51%) respondents said that the 'self' SDQ was, or partly was a good way of finding out how young people feel emotionally. Electronic devices were also popular as an alternative method of communication.

When young people were asked what better ways they felt about sharing their feelings, an overwhelming number said 'face to face' communication with various people. Health workers were the most prominent, followed by family, friends, teachers, carers and social workers. The utilisation of the new No11 drop-in service will help to bridge this gap, by providing a safe space to meet face to face with specialist workers.

Based on the assumption that young people value the face to face approach to talking about their feelings with health practitioners, an improved focus could be used in the RHA emotional/mental health section. The recent availability of the SDQ score in SystemOne just prior to the health assessment, allows practitioners to be made aware, have an up to date score and can use this as a tool to open a discussion.

Q5) The aim was to gather opinion about children's experiences of other health services that they attended in the last year. This was not wholly achieved, possibly due to the open-question format. The question was too broad and required children to remember where they had attended. Carers could be observed to have completed many of the forms at this point. There was some opportunity for feedback, but the questions needed to be more specific in order to follow any positive or negative experiences.

Q6) Only 5 young people responded to an 'any other comments' box.

Conclusion

The overall response rate was satisfactory, with the majority completing the questions asked to an acceptable degree. The form may have been too long for some and a clearer format would improve completion. The views on the content and design was sought verbally from a selection of care leavers. The response was that an electronic feedback device i.e. an App. would be more welcomed. Taking into consideration the resource implications for the administration and the preference for an electronic

version, a conclusion was made to not repeat the use of the paper evaluations. An electronic App has been devised for use with LAC and will be the chosen format for collecting young people's opinions.

There was a realisation that our explanation of what and why the RHA is carried out may not be as clear as it should be. The LAC nurses will liaise with health colleagues who also carry out the health assessments to ensure there is an emphasis placed on explaining the reasons for carrying out the assessments.

The introduction of the 'young person SDQ' was received relatively well and accepted as a method of finding out how young people feel about their own emotional health. In addition it has provided a missing link to the general statutory SDQ process, i.e. the young person's view.

Importantly face to face discussion was high on their list of important ways to share their feelings and this can be encouraged through a focus in the RHA and the opportunity for those living in Kirklees to attend the No11 drop-in, where a variety of professionals have offered to provide a service .

Some positive ideas were put forward to improve communication for example "online link website maybe from school", "let the child video themselves and send it to you", or the use of drawing as a preferred format.

The opportunity to ask about dental attendance was a secondary aspect and solely for professional use, but this proved an invaluable method of accessing missing data.

Some young people used the opportunity to voice their views strongly and this was interpreted through prominent handwriting and language. 4 males and 3 females in particular, aged between 12 and 15 who had been in the care of the local authority between 5 and 10 years had some clear opinions.

One questionnaire in particular gave cause for concern, due to the language and anger. Fortunately it was possible to identify the child's social worker who could recognise the behaviour and reassure that support was already being offered to the child.

Another young man quoted *"Don't do anything at all, don't want support at all, want to live a normal life, like normal people. Please don't contact me thanks"*. To reflect on these words can make us question if we should impose our support if he does not have any health issues and provide him with the tools to access the service when he needs it? This is similar to another who said *"I prefer to see somebody when I want to talk about things"*

Another young person said *"Please don't send me anymore of these. Lots of Love/Hate A.."*. The girl crossed out 'love and the kiss on the end. It was a polite request, but she wanted to express a serious message.

Are we able to develop a service that is so individualised that we can meet the needs of each young person, given the high numbers of LAC? We are governed by a statutory responsibility to support the local authority in its duty to ensure all looked after children have a regular health assessment, following on from their doctor-led Initial Health Assessment. (An audit in 2015 highlighted the positive identification of many unmet health needs when children came into the care of Kirklees Local Authority). Unfortunately to ensure we are compliant with the rules, we need to apply a blanket approach that is workable, measurable with clear plans and outcomes. For some young people, this is not acceptable.

This small project has shown that a questionnaire provides an opportunity to reach some young people and allow them a voice, but the draw backs were numerous e.g. It required administering, how confidential was it? Was it too complicated? Technology now seems a preferred option as it is quicker, more confidential and is more in line with the communication habits of young people.

Gill Addy 16.02.18

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Name of meeting: Corporate Parenting Board
Date: 19th of November 10`8
Title of report: CAMHS Local Transformation Plan

Purpose of report

The CAMHS local transformation plan refresh is being brought to the Corporate Parenting Board for discussion and information. Initial sign off has been given by the chair and deputy chair of the Health and Wellbeing Board prior to publication on the 31st of October 2018. The published refresh remains a draft until official sign off by the full Health and Wellbeing Board in November 2018

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A.
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	N/A
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by <u>Strategic Director</u> & name	Jo-Anne Sanders
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N.A
Cabinet member portfolio	Cllr Viv Kendrick (Children's)

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

The Health Select Committee held an inquiry into Children and adolescent mental health Services (CAMHS). The committee heard evidence from experts who described a national picture of services with inadequate data, multiple commissioners, reductions in funding, growing demand and a historic tier system that is out of step with current initiatives to modernize, develop and deliver a more flexible, personalised NHS. The national CAMHS Taskforce, led by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, was launched to make recommendations to improve commissioning and mental health services for young people and their families. The national report called 'Future in Mind' was published in March 2015 .

The report has made wide reaching recommendations in order to transform provision across all tiers of need. Guidance issued by The Department of Health to Clinical Commissioning Groups in August 2015 required that a Local Delivery Plan to transform services was developed. This Transformation Plan was submitted on the 16th of October 2015 to the joint NHS England and Department of Education assurance process. It is a 5 year plan with a focus on ambitions for culture change over the whole time period, priorities and year 1 actions. The Kirklees plan was classified as receiving full assurance by NHS England, and held up as an example of national good practice.

Following the publication of the five year forward view for mental health, there is a requirement for all local areas to refresh their Local Transformation Plan's on an annual basis to ensure that the plans reflect updated guidance, local needs and national policy. The requirement was to publish the local transformation plan refresh by the 31st of October 2018 which was achieved.

2. **Information required to take a decision**

No Decision required

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

Outlined in Theme 1 of the attached report , more focus on early intervention and prevention.

3.3 **Improving Outcomes for Children**

This is outlined in detail throughout the attached report and clear outcome measures are in place.

4. **Consultees and their opinions**

The Consultation and engagement section in the main report attached gives further details.

5. **Next steps**

The draft CAMHS LTP will be discussed and signed off at the November Health and Wellbeing Board.

6. **Officer recommendations and reasons**

That the Board note the achievements since 2015, but also note the outstanding priority areas.

7. **Cabinet portfolio holder's recommendations**

Not applicable.

8. **Contact officer**

Tom Brailsford – tom.brailsford@northkirkleesccg.nhs.uk

9. **Background Papers and History of Decisions**

None

10. **Service Director responsible**

Jo-Anne Sanders, Service Director (Learning and Early Support)

Kirklees Future in Mind Transformation Plan

Children and Young People's Mental Health and Wellbeing

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Foreword

The 2018 Transformation Plan has been published in draft form as Kirklees Health and Wellbeing Board will not formally sign off the plan until November 2018. The draft has been approved by the Chair and Deputy Chair of Kirklees Health and Wellbeing Board.

The 2018 Transformation Plan will be the fourth plan to be produced following the original 2015 plan.

Since 2015 we have come a long way on our transformation journey, the content of this refresh will demonstrate the real impact and benefit of the increased focus and investment in Children and Young Peoples mental health.

In Kirklees we acknowledge that in order to effect real and sustained improvement in children and young people's emotional health and wellbeing, whole system transformation is required. We know the level of demand for CAMHS services both locally and nationally is growing, alongside an increase in the complexity of the challenges that children and young people face in today's society. To respond to both of these aspects radical, creative and innovative solutions need to be found.

We feel, through our local innovation in areas such as the Thriving Kirklees contract we are demonstrating such thinking, although we acknowledge more systemic change is required. The whole system change required in Kirklees is underpinned by our agreed approach to integration across Kirklees Council, Greater Huddersfield and North Kirklees CCG, providers and 3rd sector partners.

The approach is gathering pace and significant integration between health, social care and education is underway, which will improve outcomes across the board for children, young people and families.

This refresh aims to reflect the progress from last year, and highlight the remaining challenges we have as a partnership, whilst demonstrating the integrated way in which we are addressing these challenges.



Steve Walker

Director of Children's Services
Kirklees Council



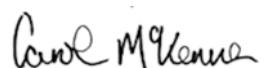
Dr Steve Ollerton

Deputy Chair of Health and Wellbeing Board



Cllr Shabir Pandoor

Leader Of Kirklees Council and Chair of
Health and Wellbeing Board



Carol McKenna

Chief Officer - Greater Huddersfield and
North Kirklees CCG

1. Executive Summary

This report updates and summarises our original 2015 Kirklees Future in Mind Transformation Plan for Children and Young People's Mental Health and Wellbeing, and outlines our continuing long term transformation priorities for 2018/19.

This refresh reflects systematic changes since 2015; In 2017 we reduced and refined our original 49 local priorities down to 25 concentrated priority areas. In 2018 we have further refined our priorities to 23.

Theme 1 Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people.

We will:

- Implement clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
 - A CAMHS school link model supporting schools, primary care and other universal provisions.
 - Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services.
LPS 2 (1.2), LPS 8 (2.4) and LPS 9 (2.5)
- Implement the Mental Health Support Teams Trailblazer and 4 week waiting time Pilot in collaboration with Schools. LP3
- Co-produce with young people, peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues. *LPS 4 (1.4)*
- Implement an early support offer in conjunction with children's social care ,ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing LPS 1.5
- Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. *LPS 1.6 and 1.7*
- Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. *LPS 1.8*

- Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate LPS 1.9 and 1.1

Theme 2 Improving access to effective support – a system without tiers

We will:

- Implement Thrive Elaborated across our local CAMHS provision. LPS 5 (2.1)
- Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including Single Point of Access and the Autism Spectrum Condition services. LPS 31
- To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times LPS 6 (2.2)
- To explore All Age Psychiatric Liaison Models across Kirklees LPS 12 (2.8) and LPS 29 (2.9)
- Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees LPS 2.10 and 3.7
- To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People LSP 30
- Implement the recommendations from the Lenahan review, “Building the right support” and the recent NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both”. LPS 2.15

Theme 3 Caring for the most vulnerable.

We will:

- Continue to provide and further enhance a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing sexual exploitation, care leavers and children on child protection plans across Kirklees. LPS 13 (3.1) and LPS 14 (3.2)

- Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure they Looked after Children CAMHS provision meets locally identified needs *LPS 3.10*
- Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision. *LPS 32*
- Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system new priority *LSP 33*

Theme 4 To be accountable and transparent

We will:

- Continue to provide a single set of quality, performance and outcomes measures across the whole emotional health and wellbeing provision. This will report to relevant bodies including Kirklees Health and Wellbeing Board. *LPS 4.11*
- Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure the access target is achieved. *LSP 34*

Theme 5 Developing the workforce

We will:

- In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. *LPS 28 (5.4)*
- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 2017/18. *LPS 25 (5.1)*
- Support school based staff, parents . carers and other providers to deliver interventions at a universal level to increase resilience in children ,young people and families. *LPS 5.6*

2. Introduction

Our 2015 Transformation Plan included our first year priorities which shaped the foundations of our longer term vision to improve local Child and Adolescent Mental Health Services and other services for children, young people and families by 2020.

Our refreshed plan published in October 2016 reported on progress in the first twelve months and our intentions to continue the improvement journey. The 2017 refresh refocused our original 49 priorities to 25, and reported on progress and our commissioning intentions for the coming year. We have further refocused our priorities this year and the 2018 refresh should be read in conjunction with the original and refreshed plans, which can be found with other supporting information at www.kirklees.gov.uk/futureinmind.

We continue to publish an easy read accessible format version of the key headlines for children and young people, parents, carers, those with a learning disability and those from other sectors and services beyond health. We will continue to publish our online [newsletter](#) which provides the public with headline updates on progress.

This refresh adheres to the NHS England's Key Lines of Enquiry recommendations to inform on progress since 2015 and identify commitment and local engagement in 2018/2019 to deliver planning commitments to improve access, capacity and capability by making necessary preparations for future years.

The refresh also draws together a number of regional and national programmes which integrate across our local systems and population, for example the Transforming Care Programme and SEND requirements, the [Five Year Forward View for Mental Health](#), and the local [NHS Sustainability and Transformation Plan](#).

The refresh also reflects and integrates a number of our local strategies and documents. They include Kirklees Early Support Offer (appendix E.) Kirklees Children's Services 10 Point Improvement Plan (appendix I), Kirklees Integrated Commissioning Plan (appendix M), The CCGs Joint Operational Plan (appendix N) The CCGs joint operational plan in section 7 gives a summary of the Five Year Forward View deliverables and our progress against them. We will also be committed to delivering the Kirklees Children's Services Pledge (appendix O), as part of our CAMHS local transformation plan.

Appendix A, details our annual progression as a timeline to demonstrate our journey since 2015 in relation to our original 49 priorities and the subsequent adaptations made to begin to respond to changing local services and need.

Appendix Q provides additional referencing to identify progress towards our revised Kirklees Transformation Plan Priority Themes and the services which contribute to the process. This appendix also identifies original priorities that have been achieved and whilst they are archived they remain in sight for review as required.

Appendix B provides the 2016/2017 baseline information on Finance, Activity and Workforce.

West Yorkshire and Harrogate Sustainability and Transformation Plan

Since the development of the Kirklees CAMHS Transformation Plan, Clinical Commissioning Groups Sustainability and Transformation Plans have become more established to include developed and detailed priorities for their local populations.

The [West Yorkshire and Harrogate Sustainability and Transformation Plan](#) include key overarching themes including mental health. The mental health proposals states:

“The providers of mental health services, working with commissioners and partners, are developing a Shared Outcomes Model to reduce variation in quality, improve outcomes and drive efficiency to ensure the sustainability of services”.

Work is ongoing to cross reference and map the CAMHS Transformation Plan refreshed outcomes with the Kirklees Sustainability and Transformation Plan. High level aims include:

- The development of the Early Intervention and Prevention Programme including a thriving voluntary and community sector.
- Implementing and building on the Thriving Kirklees Healthy Child Programme.
- Improving the capacity and quality of primary care (including GP Forward View).
- Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector.
- Implementation of the Transforming Care Programme for people with learning disabilities.
- Changes to the commissioner landscape, including more integrated approaches.

It has been important to ensure the CAMHS Transformation Plan is closely aligned to the Sustainability and Transformation Plan as a key driver in supporting shared outcomes for the population of Kirklees.

A review of both plans shows that they are closely aligned and have the underpinning ethos of the Future in Mind report. From the development dialogue so far, we are confident that both plans look to:

- Develop robust connections between commissioners and workforce development leads.
- Ensure that every child and young person enjoys a happy and healthy childhood, become confident adults who can cope with the demands of everyday life and contribute to their community.
- Contribute to the children's agenda and meeting the changing needs of local populations.
- Compliment strategic visions and approaches to improve the efficiency, quality and New Models of Care.
- Provide visible accountability, improving existing partnerships and formulating new partnerships and collaboration with key stakeholders.
- Deliver local visions in addressing gaps in health and quality of care, efficiency and finance.
- Provide frameworks for overall delivery of improved support around emotional wellbeing and mental health.
- Ensure the Local Digital Roadmaps further advances partnerships and supports the enablement of joined up actions to meet local priorities.
- Across our local footprint and at a West Yorkshire level collaboration and a joined up approach exists in joint commissioning initiatives and delivery of accessible support.
- To have shared visions around the whole workforce development plans.

The West Yorkshire Sustainability and Transformation Plan have been developed from the 6 local 'place based' plans. The West Yorkshire and Harrogate Health and Care Partnership [Next Steps to Better Health and Care for Everyone](#) document describes the progress made since the publication of the initial [plan](#) in November 2016.

The Kirklees Health and Wellbeing Plan (appendix J) has recently been endorsed by the Health and Wellbeing Board. Transformation of CAMHS is a local challenge and as such is central to the Improving Services for Children priority and associated Changes to the Commissioner and Provider Landscape priority.

Reference to inter-relating CAMHS priorities are made in the Kirklees Health and Wellbeing Plan on pages 22, 28, 31, 33.

In 2018 the QCQ undertook a [Review of health services for Children Looked-after and Safeguarding in Kirklees](#) . We were particularly pleased with the positive feedback in relation to the Thriving Kirklees provision.

DRAFT

3. Baseline Needs and Current Services

Kirklees has an online [Joint Strategic Assessment](#) (KJSA) resource which is accessible to the public and provides a picture of the health and wellbeing of Kirklees people which is used to inform the commissioning strategies and plans of the council, Greater Huddersfield CCG, North Kirklees CCG and the local voluntary and community sector. It includes information about health needs and assets across Kirklees. Health assets help people and communities to maintain and sustain their health and well-being, such as skills, knowledge, their networks and connections and community spaces.

The content uses a life course approach to explain who is affected and where and outlines what actions commissioners and service planners can consider and reflects our ambition to balance information about health needs with information about available services and resources. We will continue to find ways to engage with local communities, councillors, the voluntary and community sector and Kirklees partner organisations to develop the format and content of the KJSA to make it as easy as possible for people to understand the full picture of health and wellbeing needs and assets in Kirklees. This includes providing [mental health and emotional wellbeing](#) information around the needs of children and young people and their families. To keep up to date with the latest information a [blog](#) is available. The blog highlights key pieces of insight and signposts to newly published updated information.

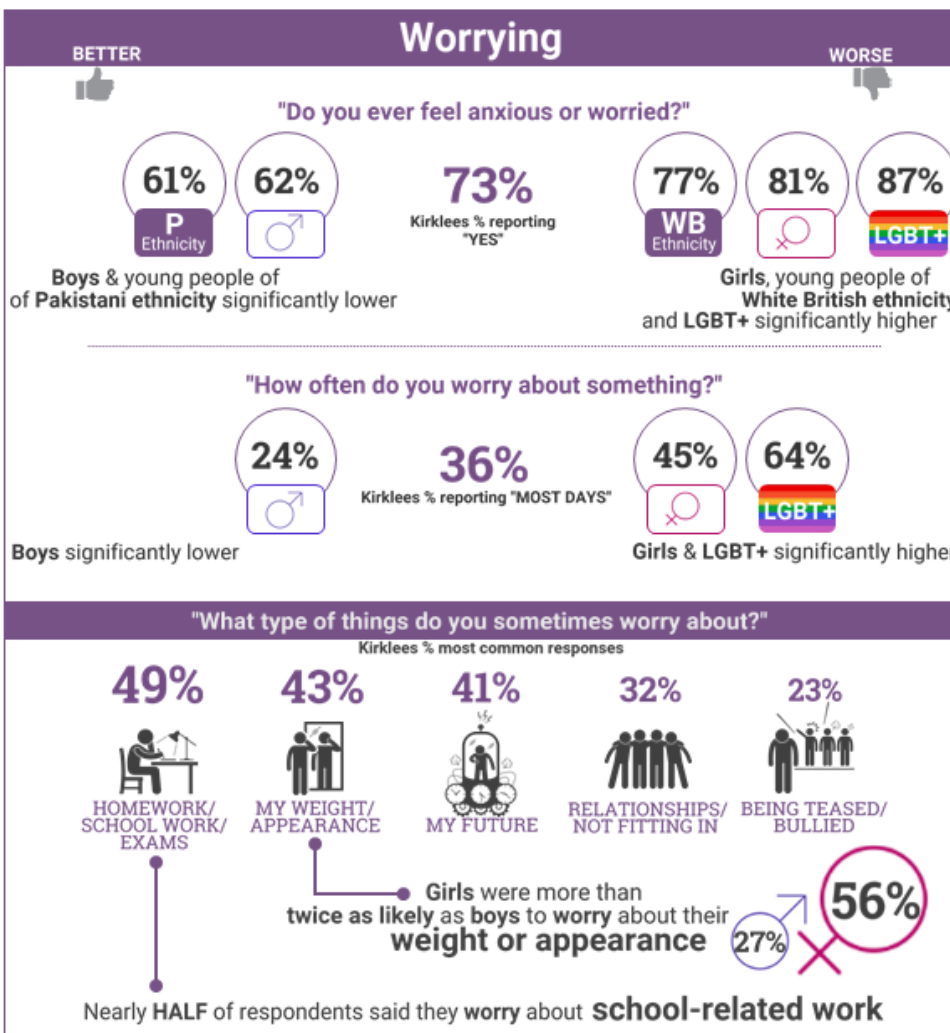
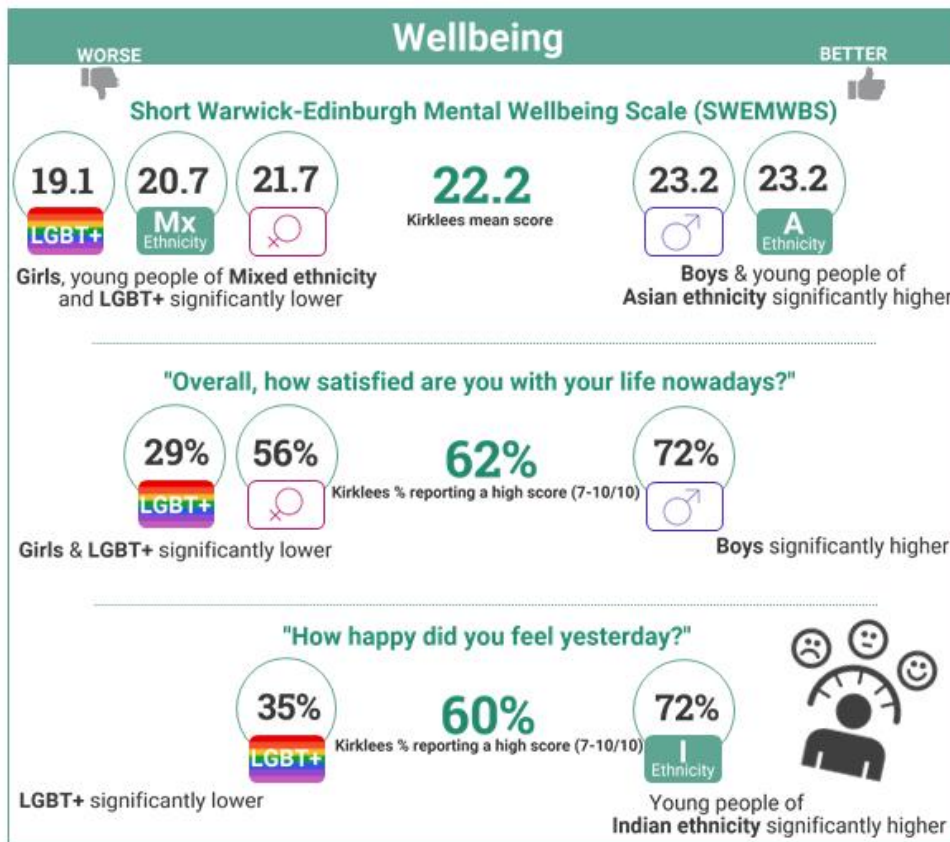
In July 2017, we updated the [vulnerable children section](#) which is a really important part of the commissioning cycle in making sure our current provision is based on local intelligence needs, available services and resources and allows us to see if our current commissioning is addressing identified issues of need. The vulnerable children content describes the wide range of problems this group faces which helps us think more broadly as commissioners about how we support vulnerable children and their families. The content also provides really useful insights and intelligence about specific cohorts of children within our vulnerable population, such as levels of emotional wellbeing amongst our local looked after population.

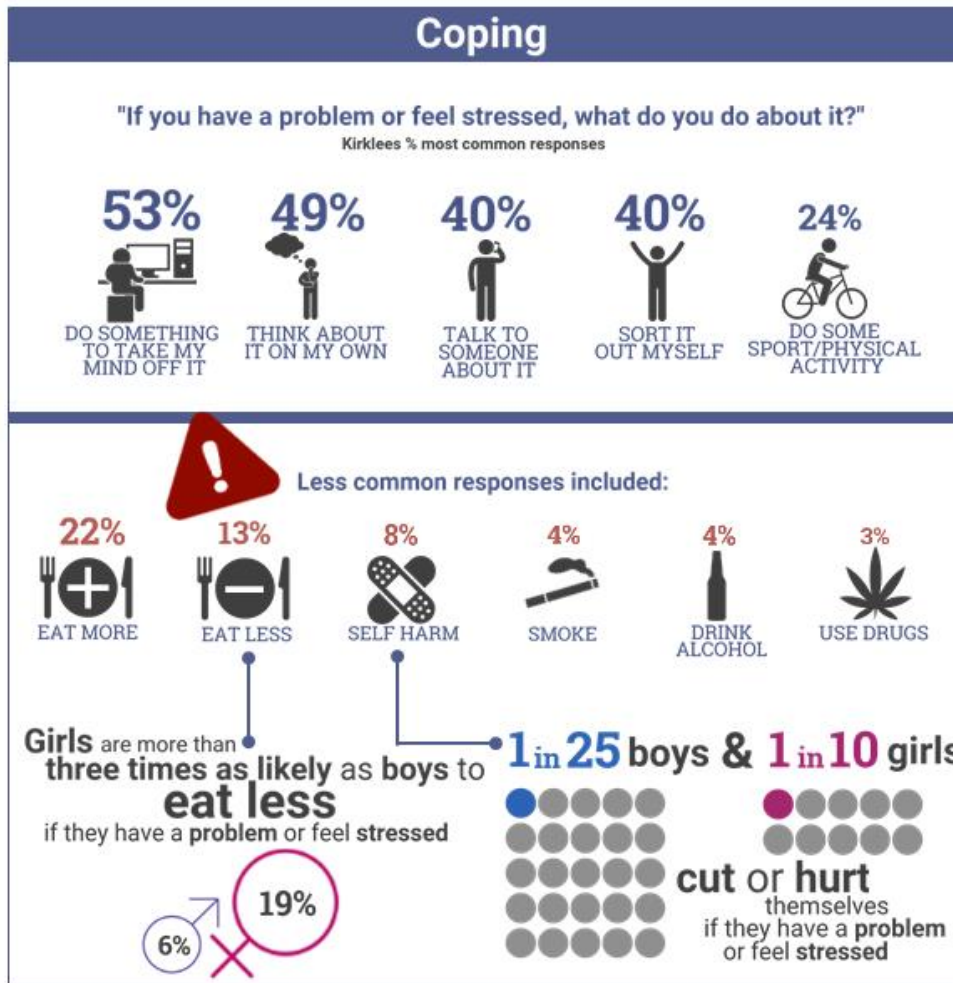
In January 2018, we published a comprehensive [Mental Health and Wellbeing Needs Assessment](#) which includes sections relating to family and early years, children and young people and the transition between CAMHS and adult mental health services.

The [Kirklees Young People's Survey](#) was undertaken in July 2018, which gathered unique insight into the wellbeing, opinions and behaviours of year 9 students across Kirklees. Around 2,000 young people took part in the survey providing new intelligence relating to worrying, coping techniques, and key differences between groups, including LGBT+ young people. Some of the emotional health and wellbeing findings are summarised below:

Emotional Wellbeing Headlines

from Kirklees Young People's Survey 2018





Health Inequalities

A 'healthy' child or young person is one who: "Enjoys a positive state of physical, mental and social wellbeing, not merely the absence of disease, and is able to identify and realise their aspirations, satisfy their needs and change or (at least) cope with their environment." (WHO, 1986).

This means working together to:

- Give every child the best start in life ('Starting Well' Life course stage);
- Ensure that all children, young people and adults are able to make the best use of their strengths and abilities and to have control over their lives. (Marmot, 2010).

To improve health inequalities locally, ensuring children and young people receive the right care, at the right time and in the right place, delivery of the Thriving Kirklees model includes:

- A five year Section 75 pooled funding agreement, with management oversight by the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board.
- Directing and targeting services to where there is greatest need, differentiating between universal services and targeted services to overcome access barriers.
- Re-orient health and care services towards primary prevention and improvement in health, especially emotional health.
- Prioritising child and adolescent mental health to ensure timely access to services to meet levels of need through a single point of contact.
- Implement strategies to reduce waiting times which ensure children and young people access appropriate levels of care and treatment.
- Providing safe appropriate mental health facilities for crisis and in-patient care.
- Strengthening public health responses to children, young people, their parents and carers.
- Co-production is central to strengthening community action, focussing on assets and strengths

4. Service Provision Update

Implementation of the Kirklees Integrated 0 -19 Healthy Child Programmes began on the 1st April 2017. The commissioned services work in partnership with Locala CIC under a delivery umbrella title of Thriving Kirklees which includes a number of previously independent local delivery elements of:

- a. ASK CAMHS – a single point of access telephone number.
- b. ChEWS - Children’s Emotional Wellbeing Service,
- c. Specialist CAMHS.

Under Thriving Kirklees, services report that working practices between ChEWS and Specialist CAMHS have already begun to develop best practice approaches based on the [Thrive Elaborated model](#) as an early step towards change where they are no longer being referred to as tiers of service in our delivery model and local priorities.

4.1 Single Point of Contact

The 24/7 Single Point of Contact (SPoC) (which superseded the existing ASK CAMHS referral pathway) continues to provide access to help and advice 24 hours a day, seven days a week for all the following 0-19 services functioning under Thriving Kirklees, which includes:

- Health visiting and School nursing
- Specialist Child and Adolescent Mental Health Services
- Children's Emotional Health and Wellbeing Service (ChEWS)
- Autistic Spectrum Condition assessment and diagnosis
- Children and Young People with Learning Disabilities Team
- Home-Start
- Healthy Start Vitamin Scheme
- Safety in the Home
- Safety Rangers

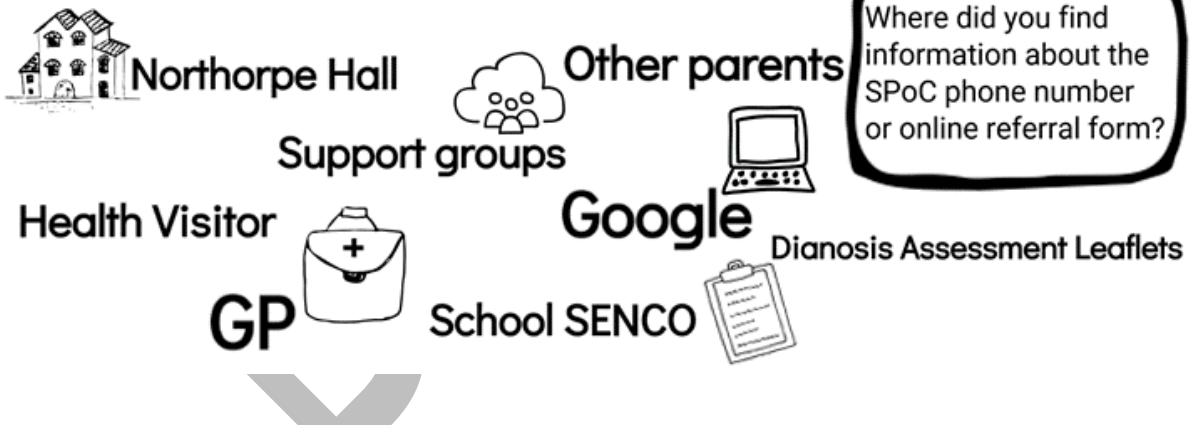
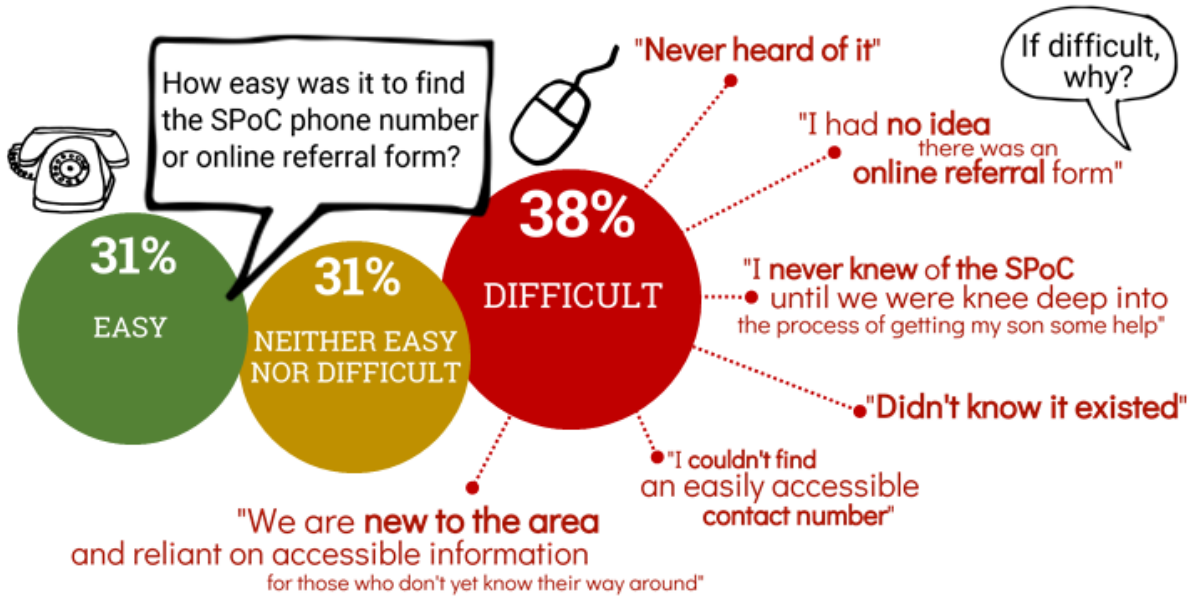
By providing a single front door and triage approach, service users are now directed to the relevant and appropriate professionals from the outset. This includes onward referrals to the ASK CAMHS pathway processes through Northorpe Hall Child and Family Trust.

To compliment the new Single Point of Contact a [Thriving Kirklees website](#) is under development to provide information about Thriving Kirklees services, health advice and an online referral form for practitioners and the public to request support for children, young people and families – this includes young people themselves who can access help and support directly.

During June, July and August 2018 the SPoC had taken 4,623 calls. 2.64% of these calls were for CAMHS services, to demonstrate true demand future reporting needs to include any calls going directly to ASK CAMHS as opposed to going through the SPoC pathway.

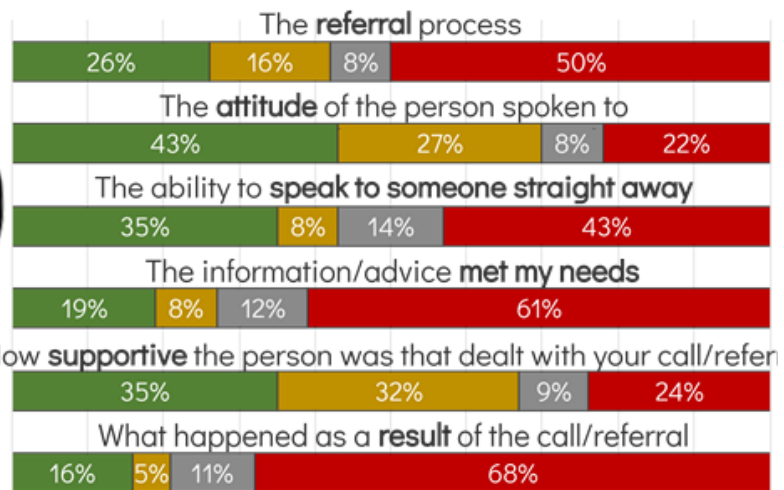
CAMHS Transformation Plan Survey 2018

44 people responded to the online survey hosted by PCAN and found:



How satisfied were you with the support provided by the SPoC?

- Satisfied
- Neither satisfied nor dissatisfied
- Not sure
- Dissatisfied

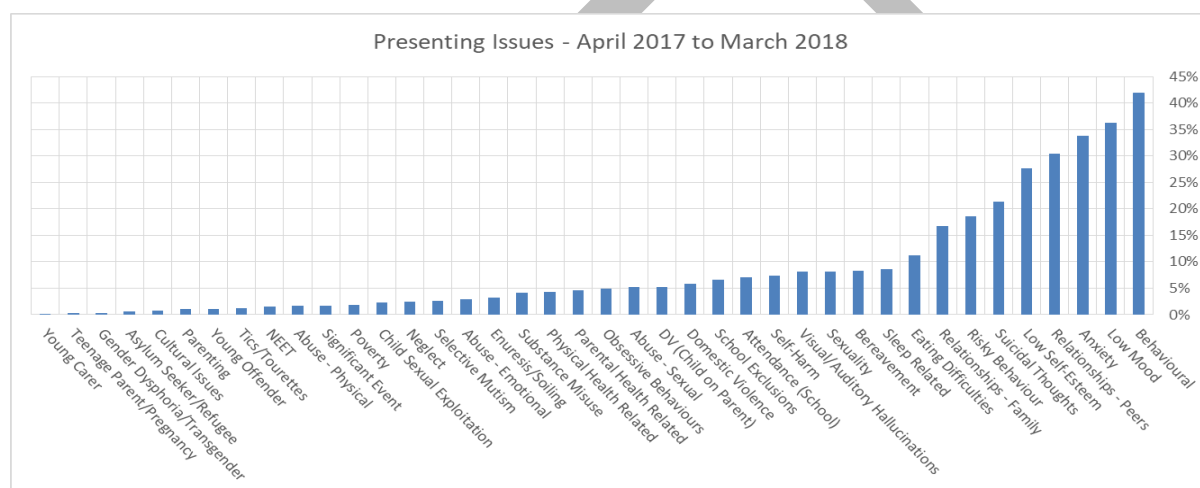


2.2 ChEWS - Children's Emotional Wellbeing Service

Northorpe Hall Child and Family Trust continues to provide short term direct interventions for those aged 5 to 19 whose emotional needs are impacting on their day to day lives but does not provide an immediate response service. The service is a Thriving Kirklees partner and functions under the working title of ChEWS.

Between April 2017 and March 2018, ChEWS received 3,563 support requests, 666 of these were directly made by schools or school nurses. In the same period, 1766 new young people started a face to face intervention or to receive planned support calls.

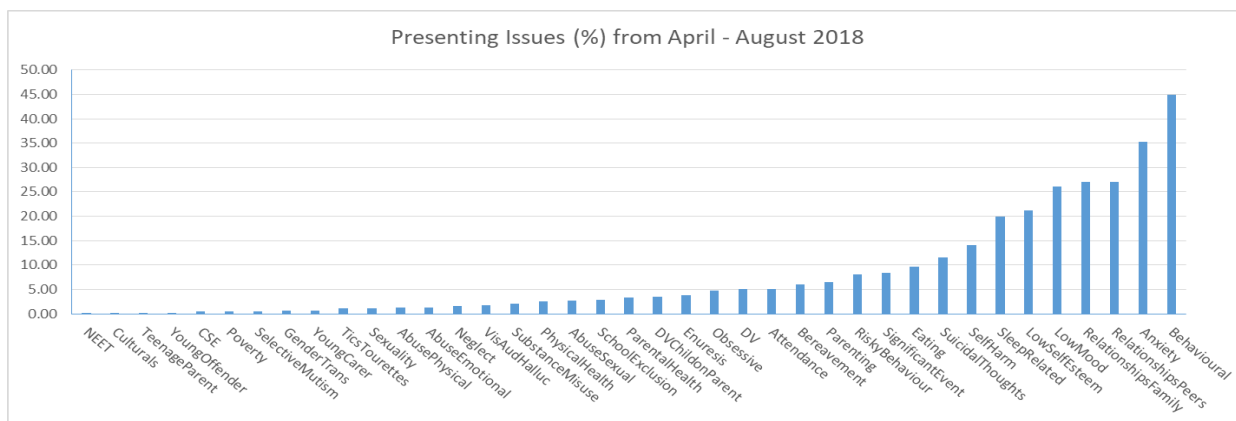
Whilst children and young people may be referred to CAMHS with a single issue once assessed by the service many are identified as having several presenting issues which all need to be addressed to improve their emotional health and wellbeing.



The above chart shows the spread of presenting issues from the 3294 telephone assessments started between April 2017 and March 2018.

Average waiting times for April to June 2018 were reported at 29.4 weeks with 246 children and young people on a service waiting list. At the end of August 2018, there were 339 children and young people on a service waiting list. The average waiting time in August 2018 was 27.1 weeks.

The following chart shows some of the most common presenting issues for the 1411 children and young people for whom a telephone assessment was started between April 2018 and August 2018.



The length of interventions was, on average, 74 days (10.6 weeks) in April 2018 and 72 days (10.3 weeks) in August 2018. The average intervention length last year was 74.3 days (10.6 weeks).

Of the 339 on the waiting list in August 2018, 107 were waiting for counselling, 47 to see a Senior Practitioner, 141 for an Emotional Health Worker and 25 for group work. 19 were on an exception list (i.e. they have postponed care or chose to wait for a practitioner of a certain gender or at a certain location). The table below provides a monthly breakdown.

Service Waiting Lists	2018-04	2018-05	2018-06	2018-07	2018-08
Counselling	66	56	56	80	107
Direct Support EHW	132	124	80	105	141
Direct Support SP	106	111	89	68	47
Group Work	7	8	13	27	25
Exception List	6	8	8	11	19
Total	317	307	246	291	339

N.B. The above table only includes young people about whom a decision has been made with regards to the service to be offered. It does not include young people who are in information gathering phase or who are awaiting a decision meeting (either with ChEWS or Specialist CAMHS). At the time of writing (9th October 2018) there are 719 young people where a decision has been made or service offered.

The average service waiting time has increased significantly over the past year from 22.7 weeks to 29.4 weeks. As the waiting times have increased in this service area other areas of service such as Generic CAMHS have seen a significant reduction. This in part is thought to be because clearer pathways and the SPA have ensured that children young people's needs are met at the lowest possible level of intervention. We have commissioned an independent consultant to examine the

whole CAMHS and Thriving Kirklees system to understand current demand and needs in relation to the current resource allocation across the system.

4.3 Specialist Child and Adolescent Mental Health Service (CAMHS)

Specialist CAMHS is a Thriving Kirklees partner delivered by South West Yorkshire NHS Foundation Trust. The service works with children and young people up to the age of 18 and offers a range of assessments and treatment options. The specialist element delivers generic CAMHS, the CAMHS LAC provision, Crisis provision, learning disability provision, ASC provision and ADHD provision. Each provision will be outlined below.

Generic CAMHS.

During the months of June, July and August 2018, Generic CAMHS received 98 referrals. Referrals were received from Self-Referrals (35%), GPs (20%), Education (12%), NHS Hospital Staff/Paediatrics (3%), Social Services (1%) and Other (29%). 70 of these referrals for Generic CAMHS have so far received direct support from the service. This doesn't include ADHD, ASC, LAC/YYP, LD or Crisis.

The average wait to first treatment contact for those seen by the service at the end of September was 31 days, which has reduced from 14 weeks in October 2017. 80% of generic CAMHS referrals seen within 10 weeks. At the end of September 2018, a total 33 young people were waiting for treatment across the Generic CAMHS provision. The active caseload of generic CAMHS provision by September 2018 was 239.

4.4 Autism Spectrum Condition (ASC) / ADHD and Learning Disability

We continue to invest a significant amount in our Autism Spectrum Condition provision which provides a multidisciplinary team model that is compliant with National Institute for Health and Care Excellence (NICE) and managed within Thriving Kirklees.

ASC assessments are on track to hit the 12-month trajectory by the end of September 2018. Staff have worked incredibly hard over the summer to increase the number of assessments in order to achieve this trajectory. From October the extra funding will have finished therefore the number of assessments will be reduced this will be closely monitored. The development of the neuro-developmental pathway is ongoing, and staff will be undertaking further training over the next few months in order to roll out this new process. This will mean a more efficient journey for the child and family and will remove duplication.

An ASC meeting held with Locala and Commissioners in June 2018 discussed the trajectory for assessments and confirmed being on track to meet trajectory but with a potential for a month's delay due to non-attendance of families during the months of February 2018 and March 2018 due to poor weather conditions. Staff turnover has also impacted on the number of assessments offered.

The provider has discussed with commissioners the development of a new neurodevelopment pathway which will assist in maintaining the waiting times. This is currently under development by the ASC/ADHD team and commissioners are considering future potential investment. For this pathway the service is considering a new assessment tool which will require further funding for training of staff and licences; however this will reduce the amount of time families are waiting and remove the duplication of families waiting on different pathways.

The service continues to complete 24 ASC Assessments each month. In year 1 the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires services to work with the wider 0-19 provision to understand and develop the support for families both pre-diagnosis and post-diagnosis.

During the months of June, July and August 2018, ASC received 29 referrals. Referrals were received from NHS Hospital Staff/Paediatrics (21%) and Other (79%). During June, July and August, 102 children and young people had an assessment for ASC. As reported in 2017, we continue to see a maintained increase in referral numbers for Autism Spectrum Conditions; referrals have increased from an average of 13 a month to an average of 20 a month.

There were 267 young people waiting for an assessment at the end of October 2017. At the end of quarter one there were 171 children and young people on the waiting list. By the end of August 2018 there were 123 waiting. The average waiting time for an ASC assessment is now 15 months and by December 2018 is on target to be 12 months. In 2017 the average waiting time was an average of 26 months.

Referrals for ADHD assessment year to date have been 26 an average of five a month, with an active caseload of 338 in August 2018 and 76 children and young people waiting for support.

Referrals into our Learning Disability service referrals total 35 year to date, an average of seven a month. The average waiting time is 52.2 days and an active caseload of 93 as of August 2018.

4.5 Community Eating Disorder Service

The South West Yorkshire NHS Foundation Trust wide Community Eating Disorder Service was originally commissioned in 2016 to cover the geographical areas of Barnsley, Calderdale, Kirklees and Wakefield. A Regional Commissioning Group co-produced a service delivery model and agreement for the existing service to continue until 2020. Both North Kirklees and Greater Huddersfield Clinical Commissioning Groups are partners in the eating disorder cluster with the other areas involved.

The Community Eating Disorders Team for Barnsley, Wakefield, Calderdale and Kirklees have clear service pathways document which have been shared with GPs and local networks to bring into line published information with other CAMHS pathways.

The area wide Specialist Community Eating Disorder team operates a network of smaller teams of eating disorder clinicians in neighbouring areas, via a 'hub and spoke model' which is described in the Access and Waiting Time Standard for Children with an Eating Disorder (National Collaborating Centre for Mental Health, 2015) and is in line with the model recommended in NHS England's commissioning guidance.

The services functions within three local teams/areas (Barnsley, Wakefield, Calderdale/ Kirklees) and is integrated within the Generic Child and Adolescent Mental Health Service (CAMHS) management arrangements.

The 'hub' comprises of a lead Consultant Psychiatrist and the Eating Disorder pathway leads (specialist clinicians) from each local team alongside the CAMHS Operational Lead and Practice Governance Coaches who are co-opted as required.

Outcome monitoring aims to inform, quantify and demonstrate how treatment interventions impact on the lives of the children and young people using the services. Routine Outcome Monitoring (ROM) is embedded across clinical pathways being established in accordance with Access and Waiting Time Standard for Children with an Eating Disorder. To ensure data quality the monitoring process includes individual case file audits. Whilst successes are being achieved, the full impact of the Eating Disorder Service has yet to be evaluated.

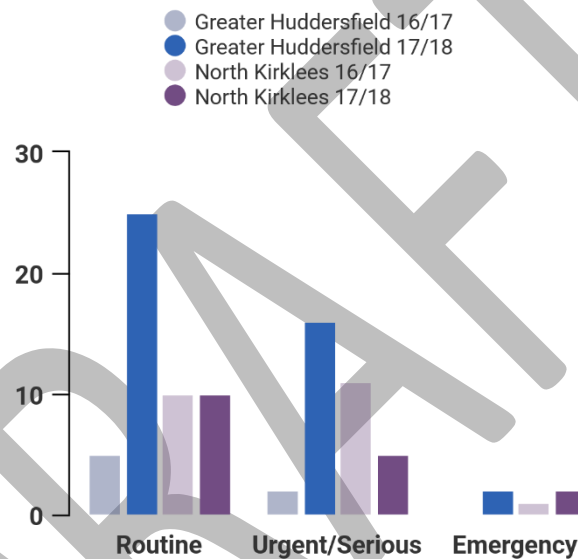
The service offers a training programme to universal services which is subject to ongoing development with the potential in the future to include:

- Schools, targeting years 10 and 11
- Healthy eating – all ages
- Primary Care – contribute to GP training programme, or ad hoc in house training
- Paediatrics

- Adult mental health

Referrals received between Feb 2017 and Feb 2018 for an assessment for those with a suspected eating disorder are outlined below. This data shows that referrals from 2016/17 have more than doubled across Kirklees:

	GH 16/17	GH 17/18	NK 16/17	NK 17/18	Total
Routine	5	25	10	10	35
Urgent/Serious	2	16	11	5	21
Emergency	0	2	1	2	4
	7	43	22	17	60



The service shares data nationally by quarterly submissions using Unify which is a secure system, used across the NHS for collection of patient data. Commissioners have agreed a number of key local performance indicators. These relate to children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder who should receive NICE-approved treatment with a designated healthcare professional within one week (seven days) for urgent cases and within four weeks (28 days) for routine cases.

For North Kirklees CCG the percentage of routine cases that were seen within four weeks between August 17 and August 18 is 90%, and the number of cases that were urgent seen within one week was 75%.

For Greater Huddersfield CCG the percentage of routine cases that were seen within four weeks between August 17 and August 18 is 93%, and the number of cases that were urgent seen within one week was 79%.

4.6 Crisis Provision and Home Treatment Provision

The service activity shows that from April 2018 until August 2018 204 referrals were seen by the crisis provision (an average of 40.8 a month). From April 2018 to August 2018 the response time of four hours was met 98.46% of the time

The development of our intensive and home treatment provision has ensured that children and young people who may have previously needed admitting to hospital are able to have close monitoring and support in the community. This has been particularly utilised in cases subject to Care Education Treatment Reviews and cases of self-harm.

The New Care Models pilot has been live since April 2018. Its first key task is to appoint three Care Navigators (one in each area across West Yorkshire). Their role is to act as the advocate for the young person and their family and they are working closely with clinical colleagues in CAMHS, CEDS, IHT and crisis team to ensure that admissions to an inpatient bed only happen when it is necessary and that it is for the shortest amount of time possible. The Care Navigators also work actively with NHSE Case Managers to repatriate young people back to West Yorkshire where this is clinically safe when they have been admitted to units far from home.

In the first two quarters of 2018/19 throughout West Yorkshire they have worked with 64 young people who have been in an inpatient bed (of whom eight have had two admissions) and there were 47 admissions and 50 discharges. 21 young people have been cared for in the community, and stayed well, since the clinical conversations with the Care Navigators.

As the work of the pilot and the local areas reduce the OBDs this allows investment to be released into local community services and into service across West Yorkshire. At the end of August 2018, the Programme Board for the New care Models have agreed just under half a million pounds worth of investment in community services across the patch. The investment for Kirklees will be used to enable the current crisis service to expand to offer a seven day intensive home based treatment service. We propose expanding the current crisis team to enable the team to offer intensive home-based treatment service seven days a week, from 9am until 5pm. The crisis team would continue to offer crisis assessment and support to young people and families in working hours and expand provision to be able to offer cover at weekends.

The savings have arisen from the reduction in OBDs made since the pilot went live. The reduction in the OBDs (at 30 Sept 2018 is shown as the first six months figure doubled) and also distance from home and LoS is shown below (median in used for distance and LoS)

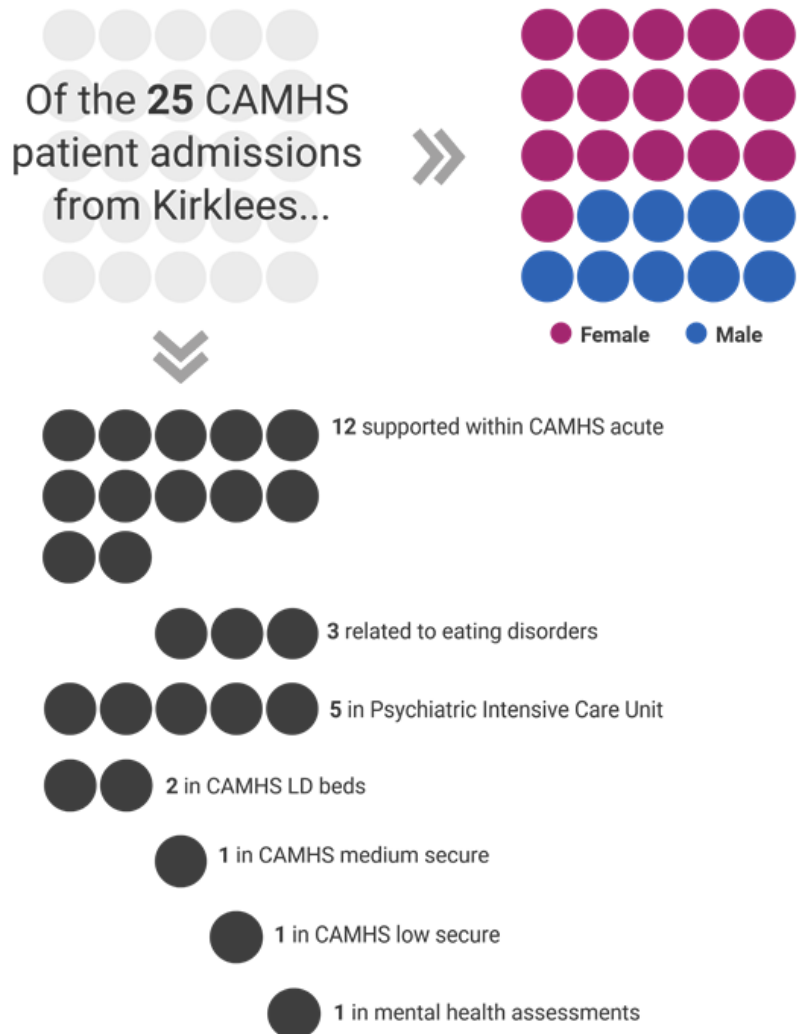
	Baseline	At 30 Sep 18	% down in 6 months
Occupied bed days p.a.	13648	7516	45%
Miles from home	37	25	33%
Length of stay in days	99.5%	51	49%

The main benefit of the NCM will be to young people and their families. We firmly believe that the new model will ensure that some young people avoid admission and others will have their admission reduced in length. Young people and families tell us that this is what they want. The other expected benefit of this will be an improved ease of access to the beds we have commissioned as demand will be less and this means that for those young people who have a clinical need for a bed they will be able to access these more swiftly.

Metric	Baseline (2016/17)	2018/19	2019/20
Admissions	153	Reduce by 8 (and shorten the length of a further 7)	Reduce by 24 (and shorten a further 15)
Number out of area placements	128	Reduce by 8	Reduce by 24
Distance from home	36.95	34.5	34.1
Occupied Bed Days (OBDs)	13648	Reduced by between 374 – 424 days	Reduced by between 2097-2197 days

4.7 Tier 4

Current figures from North of England Commissioning Support data shows there were 25 CAMHS inpatient admissions from Kirklees. Seven of these referrals were from the Greater Huddersfield Clinical Commissioning Group catchment area and 18 referrals made from the North Kirklees Clinical Commissioning Group catchment area. This appears to be changing the trend from previous years where referrals from Greater Huddersfield were much higher than from North Kirklees. During the quarter 1 of 18/19, 13 children and young people were still shown as being inpatients.



	North Kirklees CCG	Greater Huddersfield CCG
14/15	309,220	121,874
15/16	95,048	1,098,627
16/17	184,071	1,485,572
17/18	674,654	735,864

As outlined above we are working closely with the West Yorkshire New Models of Care to prevent admission and facilitate timely discharge. We still have local issues in terms of accessing Tier 4 provision in a timely manner and this year have had 6 young people aged 16 to 17 years who were placed on adult wards due to delays in

finding appropriate beds. We also have issues where children and young people are being held on paediatric wards until beds can be found. We know NHS England is beginning to try to address this issue as outlined in Theme 2.

4.8 Vulnerable Children

The Vulnerable Children's Service offers a discrete provision for the most vulnerable children and young people and is embedded within children's social care settings. This involves looked after children, care leavers, children in need, those at risk of child sexual exploitation and young offenders. The service offers consultation to professionals, carers, social workers and foster carers as well as one-to-one interventions for children and young people.

Between April and August 2018, the service received 87 referrals for one-to-one interventions with an active caseload of 21. The average waiting time from referral to first intervention at the end of August 2018 was 12.7 days. In August 2018 the referral with the shortest wait time being one day and the longest being 48 days.

For those vulnerable children referred into Specialist CAMHS at the end of August 2017, there were four children and young people waiting for treatment. The average waiting times from referral to treatment between April and August 2018 was 15 days.

In terms of consultation, between August 2017 to April 2018, 180 appointment slots were made available to social workers, foster carers and other staff, of which 124 were utilised. Between April 2018 and 11th October 2018, 160 appointment slots were made available to social workers and foster carers and other staff, of which 137 were utilised.

The consultation model allows a wide range of professional advice and support to be offered to several different groups of staff and carers. It also allows children and young people with emotional health and wellbeing needs to be met by the most appropriate person in their life.

Care Leavers/ Transition provision.

In the first six months of this new provision, 27 young people have been referred and:

- 64 one-to-one young adult appointments offered
- 34 sessions cancelled or did not attend
- 15 clients have attended at least one session
- seven clients engaged at least twice
- three clients actively engaging in weekly assessment/treatment

There have been 26 consultations with PA's, who are the allocated workers for care leavers. Some of these have led to a referral to the transition CAMHS worker while others are advice only and some are signposting.

5. Key Engagement Messages

What do young people think of CAMHS?

"...it would be ideal if all services transitioned [to adult services] at the same age. Across trust services are delivered differently."

"The support given was amazing but always room for improvement."

"...give young people as much detail as you would anyone else. It allows us to have a clear expectation of service and our health."

"...it really helped solve my problems, and deal with my emotion a lot better."

"...don't underestimate the knowledge of Young people. Let them manage elements of their care."

"You make me happy and make my life better....it helps me be nicer to my sisters."

"My worries and bad experiences seemed to improve quite a lot and it seemed to be friendly."

What is missing that matters to parents/carers of children/young people accessing CAMHS?

More support for Young People living with ASD

"The service does not in any way prioritise assessments for ASD assessments."

"There seems to be an assumption that if a person with autism has anxiety it isn't something CAMHS can help with...Invest in training for practitioners to deliver a CBT type approach aimed at dealing with anxiety in autistic young people?"

"Please have staff who understand ASD and it's different presentations."

"Educate the educators and all school staff including lunchtime supervisors in terms of the complexities of autism as so few understand it."

"Learn that autism comes in all shapes and sizes, it's not one size fits all!"

Earlier intervention

"...If my child had been supported early on when we tried to get help when she was 7 she would not have had the difficulty she has now and would still live with us as a family"

“We need to do so much more and really work within early intervention and prevention mindset, and ensure we have immediate and urgent care and support for those in crisis....”

“You look at the very short term as does the government. If these children are supported NOW when they need it they are less likely to need support when they are older and less likely to be dependent.”

Better transitions

“Please look at the transition pathway for those moving from different areas. The whole situation was ridiculous.”

“Transition from service to service for children who are looked after or complex. My son was transferred to a different service which lacked any facilities to meet his needs.”

More timely care

“Child was referred nearly a year ago. Still not been seen.”

“My son was on the waiting list for too long without any contact.”

“It’s fine going through the assessment process, but my child has been on a waiting list for 8 months with no sign of him seeing anyone face to face.”

“4 months wait in the children’s service - this isn’t really acceptable.”

“Waiting times are horrific, we waited 5 months for an emergency appointment following my son’s threatened suicide.”

We need to consider long term impact and additional needs and issues that may arise due to having to wait for such a long time for support, if lucky to get any.

Improvement in handling transition from children’s to adults’ services

“You’re discharged from children’s at 16, giving a 2 year gap before you move into adults at 18.”

“There are different ages for different services?? 16 and 18 and school leavers age (19/20) so no synchronicity[sic]!!”

“This referral cannot be made before age 18 yet liaison between child and adult services needs to happen as the waiting list to see someone at CAMHS can last longer than the period before the child’s 18th birthday.”

“Transition and over to adult services from 16 rather than 18”

“I think there should be an 18-25 transition period which can include post 16 school/college and day care for younger adults. My daughter is small (age 14/15)

vulnerable and an easy target so the thought of her mixing with older adults who are bigger scares me to death.”

“One outstanding thing that would need changing, would be to have it where service users, can move straight into adults from when they are discharged from children’s at 16, rather than having the 2 year wait.”

“Being a carer for a child who has turned 16 i still think that it is too soon for them to move as physically they might be of that age but mentally it is too early to move.”

What do professionals think of the referral process?

“Easy to refer via phone and email - was informed by letter the outcome of the support.”

“Phone call contact can be challenging during school times, so liaison is difficult and emails are not secure, therefore communication is still difficult. The referral process is now clearer, e.g. Thriving Kirklees or phone call.”

“The referral process was quicker this time than normal, however we all appreciate just how busy this service is.”

“The referral process is quick and easy initially. It is a shame about waiting times but that is understandable and I know how stretched the services are.”

“Easy to refer over the phone and it’s better than completing a form because you get to have a conversation with someone.”

“Too long. Information is constantly being asked for by different people so it can be summarised when in fact all details need to be relayed.”

SWYPFT also gained some insight from young people using CAMHS and their parents/carers outlined on the next page:

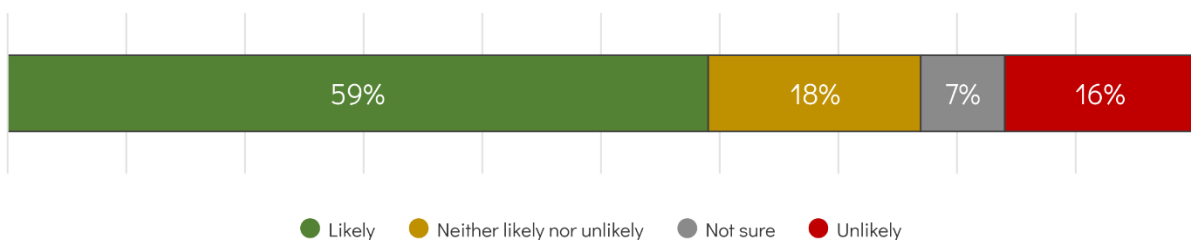
What was **good** about your experience?

The communication and support
 Talking about things
 Talking to someone
 The highly compassionate staff
 They listened and understood
 The actual support **Everything** Thorough
 Therapy The staff Caring staff
 Toys
 Staff are friendly Quality of therapy
 Staff are nice My support worker
 Helped me with my anger
 Doing a drawing about my feelings
 The nurses were very polite and very reassuring

What would have **improved** your experience?

Don't cancel appointments
 More flexible appointments
 Workers listen to parents
 Easier to contact key workers
 Make appointment later
 Talk louder
 More books **Cut waiting times** Food
 Understand the struggles of the patient.
 Communication and consistency
 Sending out letter when you said you would
 More organised
 Be more kinder and more welcome

How likely are you to recommend CAMHS?



6. Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people.

Chapter 4 Future in Mind

What will our transformed provision look like?

“Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course”

Kirklees CAMHS Transformation Plan 2015

6.1 What have we achieved so far in 2018

Prevention, early intervention and resilience building in children and young people are critical aspects of our whole system redesign to realise our original 2015 CAMHS Transformation Plan ambitions. We have begun system re-design to move services towards early intervention and prevention, but we still have much to do in order to fully realise our ambition in this area. Outlined below are our key achievements in relation to our priorities in this area.

Work with Schools

The majority of our children and young people in Kirklees spend most of their time in educational settings, spending significant amount of time with teachers, support staff and other pupils. Therefore, when intervening early and building resilience a focus on educational settings in order to achieve this is essential. We continue through our Integration Commissioning Board to collaboratively commission provision with our schools, including Thriving Kirklees provision. We are strengthening our collaboration further with our Schools as Community Hubs, by supporting the coordination aspect of the hubs to ensure services for children and young people are coordinated on a multiagency level. This will include formulating the coordination through an agreed SLA between schools and the Local Authority. This will further strengthen our commissioning relationship with schools on both a strategic and operational level.

The Thriving Kirklees contract was awarded in April 2017 and brings together a number of services including School Nursing, Health Visiting, the new Autism Spectrum Disorder provision, our traditional Tier 2 and Tier 3 CAMHS, the Learning Disability provision, peer education and support programmes with a Public Health focus, for example the Nurturing Parent Programme.

The contract has now been delivering for over a year now and we have already begun to see the benefits of bringing together a diverse range of services for children, young people, their families and the wider community. This has included the Thriving Kirklees provision

mirroring our Community Hub Programme based around school clusters working as co-located area teams to support the emotional health and wellbeing needs in each of the eight hub areas.

Public Health Intelligence Leads (PHILs) Team Leaders continue to work across the Hubs working with communities, attending children and family joint working co-ordination meetings to highlight specific needs of their area. This approach is supported by the creation of 9 new skill mix 0 – 19s practitioner teams, comprising of Health Visitors, School Nurses, Nursery Nurses and Assistant Practitioners, co-ordinating with the eight Community Hub areas and CAMHS workers. This aims to ensure our 0 -19 practitioners and peer supporters can get involved much earlier around emotional health and wellbeing.

To support this approach the Kirklees School Link Programme is embedded with the Thriving Kirklees contract. The schools link programme is part of the local strategic vision to shape a sustainable system wide transformation to better support children and young people in the area of emotional well-being and mental health. Kirklees continues to develop school link approaches based on the national pilot and lessons learned from the Kirklees pilot and in doing so responds to several overlapping local priorities detailed in the Kirklees October 2017 Transformation Plan Refresh.

The Education Links Worker has continued to support the aims of the programme including having a :

- A named link practitioner within CAMHS for every school.
- A named lead professional within each school with responsibility for mental health, developing closer relationships with CAMHS in support of timely and appropriate referrals to services.
- Provision of a joint training programme for named school leads and CAMHS.

Work undertaken this year includes.

- Consultation with Schools to agree a shared language in relation to integrated approaches as a partnership and remove barriers maintaining language such as 'escalation', 'de-escalation', 'rejected' and 'accepted' through the Tiered approach and introducing Thrive as a shared concept.
- Thrive principals have begun to be shared across the school workforce and for workers to begin considering how this impacts on practice.
- The Emotional Wellbeing Lead Network Meeting has been established. Emotional Wellbeing Lead Networks are planned in for the academic year 18/19. The start of the Network was positively received with over 50 attendees. The network meetings will take place each term and each half term there will be a newsletter with information and updates useful for the EHW leads.
- There are now 114 Kirklees schools identified as having a designated Emotional Wellbeing Lead.

Currently alongside 1 to 1 interventions and group work for children and young people, training is available within the Core offer to schools. A total of 31 schools have actively engaged in additional training. This training is developed in consultation with schools and specialist CAMHS and includes:

- Introduction to Children and Young Persons Mental Health
- Understanding Behaviour as Communication
- Understanding Attachment Theory
- Introduction to Self-Harm
- Understanding and Supporting Anxiety
- The Teenage Brain
- Maintaining Positive Emotional Well being
- Mental Health Services/Pathways in Kirklees
- Making Appropriate Referrals

Although much has been achieved in terms of our strategic relationships with schools and service delivery, we acknowledge a more focused and adequately resourced approach is required. This will ensure early intervention and prevention approaches are embedded within all our schools and to ensure children and young people are receiving high quality timely interventions when required. Engagement sessions with Kirklees School Governors in October 2018 mirrored many of the findings in this refresh and as such are incorporated into the priorities for 2018/19. Key themes that emerged included:

- Evidencing outcomes for Children and Young People not just focusing on access or waiting times
- Ensuring transparency throughout the referral process
- Ensuring training was available in schools to support children and young people's emotional health and wellbeing
- Ensuring families were involved as part of the services CYP were receiving
- Ensuring that mental health was linked with other factors within children and young people's lives including domestic violence and debt issues.

We are excited to have applied to become one of the trailblazer sites for the Green Paper recommendation in relation to school based mental health support teams We are also applying to be part of the 4 week waiting time pilot. The Kirklees trailblazer pilot will address some of the issues outlined above by School Governors; will consist of two mental health support teams and aims to:

- Support a **whole school approach** to promoting children and young people's emotional health and wellbeing in line with the 8 principles of [Promoting children and young people's emotional health and wellbeing a whole school and college approach](#)
- Ensure that where required children and young people have rapid access to evidence based interventions.
- Based on **co-production** – building on strengths and respectful of pre-existing capabilities of schools, parents/carers and pupils as experts in their own circumstances.
- Pull together the 3 key areas of support within schools; **mental health, SEND and safeguarding**
- Place Leadership and Management at the centre, ensuring social and emotional wellbeing feature strongly in **plans, policies and systems.**
- Support schools to develop a community vision (**PATH**) where development is informed by **audit.**
- Cover key area of focus: Ethos and environment, curriculum teaching and learning, staff development and wellbeing, student voice and working with parents/carers.
- Deliver interventions that are evidence based and underpinned by knowledge of child development, promoting well-being and resilience, emotional and social skills, adverse childhood experiences, and mental health.
- Enable a bespoke programme of support for schools which enhances the existing whole school offer.

We are currently awaiting the outcome of the bid; the detail of the bid is attached in appendix F and G.

Social Media.

Social media and use of technology remains a key facet of building children and young people resilience and intervening as early as possible.

The Northorpe Hall website continues to offer resources and self-help material. Approved apps are suggested to young people to use along with national helplines.

<https://www.northorpehall.co.uk/young-people/support-young-adults>

We are currently exploring the implementation of Kooth online counselling within Thriving Kirklees to ensure responsiveness and open access to children and young people. We are particularly keen for Kooth to be part of our early intervention and prevention approach

offering anonymous support online for the children and young people of Kirklees.

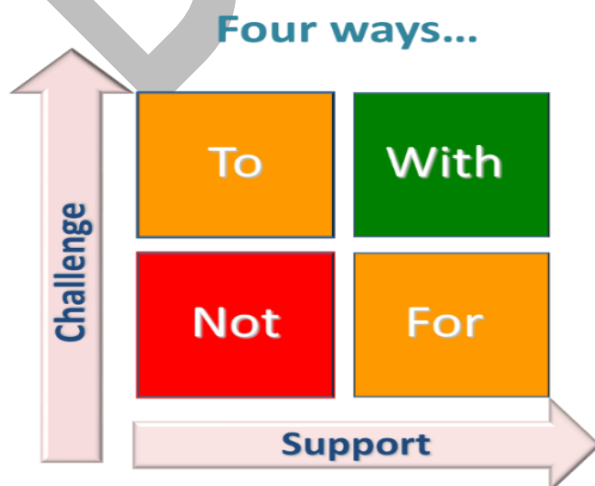
We continue to the pilot [Brain in Hand application](#) which is an assistive cloud based solution designed to help adults and young people diagnosed with autism or traits of autism without a diagnosis, or have general mental health issues.

Users, support staff, parents/carers are trained to use the phone app to support users access individual customised support and where necessary get help from a parent, carer or named trained professionals. Please see attached year 1 evaluation in appendix L

.Development of Early Support

Development of cohesive early support is a priority for Kirklees which is being overseen through the Ofsted Improvement 10 Point Plan (see appendix I). The latest draft of The Kirklees Early Support Strategy can be viewed in appendix E. All partner organisations across Kirklees have been included in the consultation and plan to develop this strategy. The next steps for the partnership are to agree how this will be implemented and put into practice. We have worked collaboratively across the partnership to ensure the strategy is cohesive across all partners and as such have agreed to use the Thrive Elaborated quadrants as a framework for delivery. This approach supports a shift of focus away from short-term crises and towards effective support for children and young people and their families at an earlier stage, with them at the centre of enabling communities rather than being dependent on statutory public services.

Early support needs to focus on those adverse experiences and help both the child and the parents deal with these. We want to forge a relationship between agencies and children and families so that the emphasis of practice is on *working with* children and families, rather than doing things to them or for them. “*Working with*” involves high support and high challenge so that families find their own lasting solutions to the challenges they face, and are equipped with the resilience to move forward successfully. We are working towards a position where *working with* is the default option; basic entitlement for all children, young people and families who come into contact with services throughout the district, with the child at the heart of decisions that affect them.



Adapted from: Wachtel T & McCold P in Strang H & Braithwaite J (eds), (2001), Restorative Justice and Civil Society, Cambridge University Press, Cambridge

Nurturing Parent Programme

Nurturing Parents is an approach rather than a parenting programme. It focuses on enabling and supporting parents, along with wider family members and communities, to have close and loving relationships with children. The main aims are to build resilience, create supportive and strong family units and to ensure a consistency in the information and support provided to parents-to-be, parents and carers of young children, and the wider community. This will be achieved by embedding a shared understanding of **Nurturing Parents** principles amongst services and systems engaged with our local communities. The care a child receives during their first 1001 days (from conception to age two), and the relationships that they form with their parents and other caregivers, creates the foundations for their future emotional wellbeing and mental health. This period of time is an important opportunity for early action to ensure that parents and their children form strong and healthy relationships, known as a secure attachment. This requires support from a caring community and a local infrastructure that understands and values the importance of family relationships.

The Nurturing Parent Programme (NPP) content is embedded within the preparation course that is delivered to all potential Home-Start volunteers before they become engaged in supporting families. This ensures that all families have the key messages cascaded and all volunteers have an awareness of the NPP model.

Improving Perinatal Mental Health (PnMH)

The Kirklees Perinatal Mental Health Network group meets on a two monthly basis. Representation in the group is drawn from a wide range of services including: Calderdale and Huddersfield NHS Trust, Mental Health Services, 0-19 Healthy Child provisions, Public Health, Commissioners, Family Nurse Partnership, voluntary 3rd sector services and an invitation extended to service users.

The Network functions to terms of reference to:

1. Work collaboratively with appropriate services to achieve a positive change to address maternal mental health for Kirklees.
2. Develop and review Kirklees Pathway for Perinatal mental health using evidence based practice, building on current good practice and encourage innovative working.
3. Steer the implementation of national recommendations concerning maternal mental health i.e. [MBRRACE](#) reports and [NICE guidance](#).
4. Contribute to regional workstream and share knowledge of resources, apps and websites.
5. To have an overview of Perinatal training available locally and nationally and to influence priorities for training programmes.

6. Consult with and report to users of services and their carers and develop mechanisms to achieve this.

The Network group met in June 2018 where progress and activity reports include the following headlines:

- a. IHV training has been successful. Adjustments have been made to the training and positive feedback is being received.
- b. Planning is progressing to develop a 6 week antenatal programme for low level anxiety and depression between the Perinatal Midwife (Mid York's) and IAPT. This will also be duplicated in Huddersfield with the Perinatal Midwifery Lead and IAPT.
- c. Mid-York's have a de-brief clinic for women who have a traumatic birth which can then lead to an onward referral.
- d. A Clinical Psychologist (from Talk Thru charity) is to deliver a birth trauma group in September 2018 running on Tuesdays offering 5 places on a 12 week course.
- e. Birth trauma conference is to take place on 28 September 2018.
- f. Monthly meetings are taking place to discuss individual cases between the Mid-York's Midwife and the Perinatal Mental Health Practitioner for Dewsbury and Wakefield.
- g. Monthly meetings are taking place to discuss individual cases between the Calderdale and Huddersfield Midwifery Lead and the Perinatal Mental Health Practitioner for Huddersfield and Calderdale.

Peer Education

Building resilience and offering support at the earliest opportunity using peer education is another key facet to achieving our ambitions in relation to this theme. This year we have started to embed this practice within Thriving Kirklees, but further work is required to produce a peer education programmes primarily aimed at emotional health and wellbeing.

Northorpe Hall Child and Family Trust's Kirklees Youth Mentoring project is funded by the Big Lottery, and continues working with a number of schools to train young people so that they can mentor their peers .

Home-Start Kirklees supports young parents aged 14-20 years (referred by professionals) with multiple complex issues by delivering group based support and Peer Educator support. Young parent's progress is tracked whilst in group support and focuses on wellbeing, resilience and safer relationships as well as parenting and practical help with day to day issues e.g. budgeting. Group work is currently funded by British Red Cross and Co-op and supports young mums up to 24 years. From October Big Lottery is funding group work for 3 years.

Young parents that achieve positive outcomes and no longer need 1 to 1 support are nurtured and trained to become Peer Educators upon which they then role model and support other young teenage parents.

6.2 What are our local challenges in relation to this theme?

Whole system approaches to reorienting resource and provision towards early intervention and prevention are challenging, but necessary to achieve our aims for this theme. We are continuing the journey in order to balance the need for responsive interventions when required and ensuring that there is a cohesive early intervention offer also.

Looking at the priorities from 2017 it is clear that the two areas we haven't progressed well on are the development of peer led approaches and also the development of a comprehensive training offer to develop children and young people's resilience.

It also remains a challenge to develop educational settings and schools as a cohesive whole that can be influenced or engaged as a single system. We need to continue our approaches in engaging and developing our education provision in line with local established structures. We also need to recognise clear links between emotional health and wellbeing and educational attainment to fully support educational settings to embrace enhanced support roles.

6.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Implement the Mental Health Support Teams Trailblazer and 4 week waiting time Pilot in collaboration with Schools
- b. Co-produce with young people peer education programmes for children and young people that promotes resilience, and assists with early identification of emotional health and wellbeing issues. LPS 4 (1.4)
- c. Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. LPS 1.6 and 1.7
- d. Implementing an early support offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing. LPS 1.5
- e. Implement clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
 - o A CAMHS school link model supporting schools, primary care and other universal provisions.
 - o Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services. LPS 2 (1.2), LPS 8 (2.4) and LPS 9 (2.5)

- f. Implement a comprehensive training programme to develop children and young people’s resilience, and raise their awareness of emotional health and wellbeing issues. LPS 1.8
- g. Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate LPS 1.9 and 1.10

6.4 What outcomes will this impact on?

1. Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people, where there is less fear and where stigma and discrimination are tackled.
2. Children and young people will have timely access to clinically effective mental health support, when they need it.
3. Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
4. Mental health support will be more visible and easily accessible for children and young people.
5. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those when and where they need it.

6.5 Theme 1 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above five theme outcomes:

1	<p>% of children and young people who feel that they are supported by:</p> <ul style="list-style-type: none"> a. Thriving Kirklees Partnership b. Family c. School d. Community and wider networks <p>to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage.</p>
2	<p>% of children, young people and families reporting they feel included in community life, by life course stage.</p> <p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p> <p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p> <ul style="list-style-type: none"> a. Signposting, self-management and one off intervention (Getting Help) b. Goal focused, evidence informed and outcome focused intervention (Coping).

	<p>c. Extensive treatment (Getting more help).</p> <p>d. Risk management and crisis response (Getting Risk Support).</p> <p>to support them to have good mental and emotional wellbeing, by life course stage</p>
3	<p>% eligible parents-to-be attending antenatal parent education programme.</p> <p>% parents attending antenatal parent education programme who report feeling more confident about parenting, keeping their child safe.</p> <p>% of mothers who received a Maternal Mood assessment in a timely manner.</p> <p>% children and parents assessed as having good relationship/attachment (using evidence-based assessment tools).</p> <p>% of children, young people or families using self-help resources for support, to be able to help themselves without needing specialist support.</p>
4	<p>% of Thriving Kirklees users who report:</p> <p>a. They have appropriate access to resources, information and materials to support them with their identified issue.</p> <p>b. Feeling they were supported in a timely and appropriate manner.</p> <p>% of children, young people or families:</p> <p>a. Using Self-Help resources for support to be able to help themselves without needing specialist support.</p> <p>b. Who access support via approaches based on use of technology and assistive technology.</p> <p>c. Reporting that they receive appropriate, supportive and a timely response to their needs. by life course stage.</p>
5	<p>% of Thriving Kirklees workforce:</p> <p>a. Who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).</p> <p>b. Who feel that the Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</p> <p>c. Able to demonstrate awareness of and understand of the importance of the parent-infant relationship.</p> <p>d. Who report they have the appropriate knowledge, skills and expertise to carry out their role.</p> <p>e. That report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.</p> <p>f. Who feel that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</p>

7. Theme 2. Improving access to effective support – a system without tiers.

Chapter 5 Future in Mind

What our transformed provision will look like?

“Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time”

Kirklees CAMHS Transformation Plan 2015

7.1 What have we achieved so far in 2018

In Kirklees since our original transformation plan in 2015, we have seen significant investment and innovation to transform our local service provision. This has meant we have a more diverse, innovative, responsive treatment system that is integrating across a number of services both locally and regionally. We have clear public pathways (see appendix K) and encourage self-referral through our local SPoC.

In this section the achievements in 2018 will be outlined alongside strategic partnerships and developments in relation to specific areas of our local system.

Implementing Thrive Elaborated

The Thrive Elaborated model has been written into the service specification for the Thriving Kirklees Partnership. The whole service provision is being built around [Thrive Elaborated](#) functions.

We are continuing to undertake a focused piece of work to support the partnership in implementing the Thrive functions and model in 2018/19. There have been a number of delays in the implementation of Thrive Elaborated one of which has been ensuring the wider children's partnership is signed up to the model and principles. This is to ensure the partnership and Thriving Kirklees are working to the same principles and outcomes for all children and young people and understand the function of the 4 quadrants in how we think about children and young people's needs. This will ensure that regardless of the level of need from children, young people and families, their needs will be met at the right time, at the right place, at the lowest possible and earliest level of intervention.

The early support strategy is based on the Thrive Elaborated model, thus ensuring we have a multi-agency understanding and acceptance of Thrive Elaborated across Kirklees in 2018/19. Additionally as outlined in theme 1, work has also begun with schools on embedding Thrive Elaborated as a concept.

Although we would have liked more progress implementing Thrive, we have seen positive transformation in relation to our local system and as such have achieved the following.

- A reduction in ASC waiting times to 14 months being on track for 12 months by December 2018.
- Generic CAMHS waiting times are reduced to an average of 31 days reduced from 14 weeks.
- Looked After Children waiting times are currently an average of 15 days
- For North Kirklees CCG the percentage of routine cases that were seen within 4 weeks between August 17 and August 18 is 90%, and the number of cases that were urgent seen within 1 week was 75%. For Greater Huddersfield CCG the percentage of routine cases that were seen within 4 weeks between August 17 and August 18 is 93%, and the number of cases that were urgent seen within 1 week was 79%.
- Our access performance against the 32% access standard target is 32.3% for Greater Huddersfield CCG and 25.8% for North Kirklees CCG comparable with regional averages.
- Having a fully functioning 24/7 Single point of contact in Kirklees.

However, we continue to have concerns in relation to the increase in Tier 2 waiting times across Kirklees which have now risen to 29.4 weeks. Thriving Kirklees are transforming some processes and practice in order to be able to meet need and reduce waiting times, but currently it is apparent this having little or no impact on waiting times. We have therefore employed an external consultant to look at our local system in order to provide an independent view of the whole treatment system and particularly the issue of waiting times at a tier 2 level. The consultant will report in December 2018 and will include recommendations in relation to the distribution of current resources across the treatment system and how the model can be changed to be more efficient. We as commissioners will also refocus the waiting time elements of the Thriving Kirklees contract to oversee what activity is taking place with children and young people whilst they are waiting for an intervention.

Although we are pleased to have reduced waiting times for ASC assessments from 4 years to 12 months, we recognise that the waiting time needs to reduce further. The provider has discussed with Commissioners the development of new neurodevelopment pathway which will assist in maintaining the waiting times. This is currently under development by the ASC/ADHD team and Commissioners are considering future potential investment. For this pathway the service is considering a new assessment tool which will require further funding for training of staff and licences. However this will reduce the amount of time families are waiting and remove the duplication for families waiting on different pathways. In year 1 of the new service the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires services to work with the wider 0-19 provision to understand and develop the support for families both pre diagnosis and post diagnosis

Transforming Care for Children and Young People

An area wide Transforming Care Plan partnership involving Kirklees, Calderdale, Wakefield and Barnsley has established a Children and Young people's workstream.

This work stream is implementing recommendations from the Lenahan review, "[Building the right support](#)" and NHS England Guidance "[Developing support and services for children and young people with a learning disability, autism or both.](#)"

The nine principles outlined in the NHS England guidance are being embedded across the partnership led by the Children and Young People work stream. The work stream comprises of CAMHS transformation plan commissioning leads and representation from local authorities including Special Educational Needs and Disability (SEND) leads across the region. The workstream is chaired by the lead future in mind commissioner for Kirklees, who subsequently works closely with NHS England.

The children and young people Transforming Care Programme dovetails and complements local CAMHS transformation plan priorities and reporting arrangements and augment existing joint Children and Families Act arrangements for each area.

NHS England is overseeing implementation of the TCP and regular highlight reporting is taking place in relation to the agreed actions of the work stream. We have made good progress in terms of needs assessment, planning and projection for the groups of children and young people affected and also in implementing the CETR process and reviews across the footprint. In July 2018 our at risk of admission register was fully implemented across Kirklees, Calderdale and Barnsley and Wakefield, the first in the region which is an extremely positive step. We recognise however the scope of the register needs to be widened out over the coming months to include a wider cohort of Children and Young People. The most recent feedback from NHS England has also highlighted the following positive aspects in relation to our local TCP for children and young people:

- ✓ **You have provided very accessible and helpful information for parents including a video about CETR's which is included on all your Local Offers.**
- ✓ **You have established sound partnership links between CCGs and Local Authorities in the implementation of the SEND reforms particularly in the issue of EHCPs where the CCG's are an essential part of the sign-off process.**
- ✓ **You have systems in place to track through the actions of the CETR via the TCP coordinator who liaises with the Band 7 nurses and advanced social work practitioner who are the in the process of developing and implementing quality measures**

NHS England also highlighted areas of focus over the coming months which are:

- 1. Fully implementing Dynamic and At risk of Admission Registers ensuring they are in place and working.**
- 2. Current performance is that 25% of community CETRs are being completed prior to hospital admission this needs to be improved, but is thought to be underreporting.**
- 3. Engaging local CYP to consult and include in the discussion processes around the development of services.**

The areas for further focus will inform the priorities in the 2018 refresh of our CAMHS LTP and will be monitored through the work stream and through quarterly reporting to NHS England.

Across Calderdale, Wakefield and Barnsley we have employed a Band 7 Mental Health Nurse to undertake the CETR chairing role, and in Kirklees also focus on clinical need across LAC and SEND alongside transition. This is providing much needed clinical governance in relation to individual cases and packages of care, whilst also helping integrated practice across respective teams and roles.

Development our of Learning Disability Service.

Prior to moving the learning disability provision into the Thriving Kirklees arrangements our local learning disability offer consisted of the Children's Community Learning Disability Team (CCLDT) (4 Whole Time Equivalent Learning Disability Nurses) managed by adult Learning Disability services. The referral criteria was 0-18 with primary diagnosis of Learning Disability (any level) offering nursing assessment and interventions around behaviour, sleep, continence, medical conditions, support to parents/carers and multi-agency working.

Separate to this, there was a CAMHS Learning Disability Pathway (1 Whole Time Equivalent Clinical Psychologist). The referral criteria at the time were a diagnosis of Learning Disability (any level) with comorbid severe behavioural, psychological or emotional difficulties. The service offered complex psychology assessment and formulation, individual therapy and Positive Behavioural Support.

In April 2017 as part of the Thriving Kirklees partnership and to meet the requirements of the commissioned learning disability provision, the Kirklees CAMHS Learning Disability service was created with the aim to provide a service for children & young people who have a Learning Disability at any level and coexisting mental health concerns that requires input from a specialist service.

Dedicated clinician time was created within the current workforce including a 0.6 WTE LD Clinical Lead, 0.2 WTE Clinical Psychologist, 0.2 WTE Assistant Psychologist, 4.0 WTE LD Nurses, 0.4 WTE Mental Health Practitioners, 0.2 WTE Health Care Assistant and a named Consultant Psychiatrist for consultation.

The referral criteria changed to: a child or young person (0-18) with a Learning Disability (any level) and this is having a significant impact on their emotional health and well-being. There is a robust weekly screening process via SPoC and all referrals accepted are offered a face-to-face initial assessment. Current data shows that the service is now within the target KPI of 28 days for initial face-to-face contact and treatment waiting times reduced from 372 days to 48 days. Following assessment there is a clear formulation and treatment plan and the service offers a wider range of interventions including Positive Behavioural Support, psychological therapy, sleep training, sensory profiling, specific systemic or individual interventions, and care co-ordination for all young people who are treated with psychotropic medication for challenging behaviour.

Requests for professional development have been supported and have included ACT training, sleep practitioner training and MSc advanced clinical practice in order to ensure the service has the correct level of skill and expertise to offer treatment/interventions in line with NICE guidance.

The CAMHS Learning Disability service have been instrumental in other wider service developments including the creation and implementation of the Children's LD/ASD risk management and family support register and ensuring CAMHS Learning Disability representation for SEN/EHC processes. We have presented at our local CAMHS development meeting and also at a regional West Yorkshire New Care Models CAMHS Learning Collaborative. We have worked closely with our partner agencies to improve relationships and ensure there is a clear understanding around the CAMHS Learning Disability service offer.

Children and Family Act and Education , Health and Social Care Plans

In Kirklees the CCG's work very closely with education and social care to ensure that the needs of children and young people with special education needs and disability are fully met and positive outcomes are achieved for children, young people and families. We have 2 FTE nurses that are embedded within the local authority SENDACT team offering input and advice into Education Health and Social care plans from a physical and mental health point of view.

The CCGs lead for the Children and Families Act is a joint post with the local authority and as such strategy and practice is decided jointly and agreed through our local integrated commissioning board. We have a number of integrated commissioning arrangements which underpins the provision for children and young people with SEND needs including Thriving Kirklees provision and our local therapy services for OT, Physiotherapy and SALT. We are also jointly producing a SEND needs assessment and commissioning strategy to

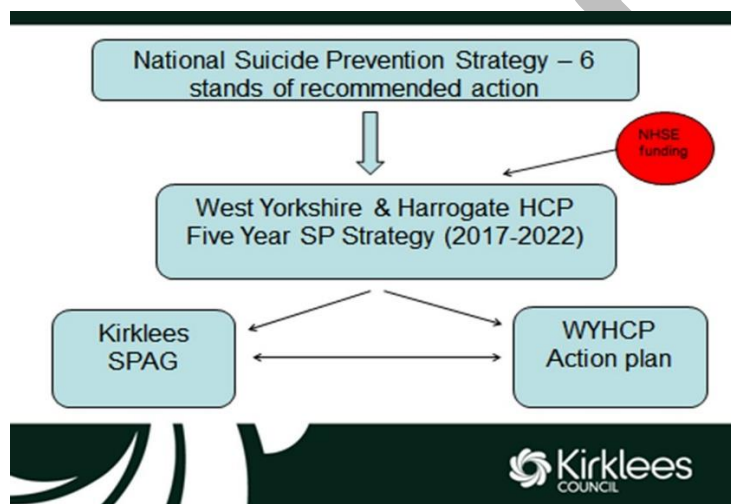
support a joint strategic vision for Kirklees. This will include aspects such as the local high needs review, our local sufficiency strategy, our all age disability and transition ambitions and link clearly with the CAMHS LTP priorities.

Our SEND commission group oversees the Children and Family Act action plan and we are currently updating our local Self Evaluation Form which is being overseen by the group. We have representation for our Local Parents Group forum PCAN on the commissioning group

Our [Kirklees Local Offer](#) contains relevant information to support emotional health and wellbeing.

Suicide Prevention.

The Kirklees Suicide Prevention Action Group has been formulated to secure attendance from a wide range of professionals and 3rd sector providers connected with suicide prevention responding to the following structural processes:



The Group meets quarterly with representation from a wide range of professionals and 3rd sector providers connected with suicide prevention. The group works to agreed terms of reference and a local action plan to share concerns and develop co-ordinated support and actions associated with suicide prevention.

The main aims of the group is to reduce the levels of suicide, attempted suicide and self-harm within Kirklees by implementing an effective Kirklees Suicide and Self harm Prevention Action Plan, in line with the national suicide prevention strategy. The Group will agree its remit regarding prevention of self-harm within the context of suicide prevention.

In terms of children and young people, the group is concerned with levels of self-harm in Kirklees, so is trying to work more with CAMHS providers to find out what levels of referrals are centred around this issue and what can be done to raise awareness with teachers and parents but also with children and young people themselves. Commissioners are also applying to become a Kirklees Time to Change HUB which will involve working more closely with the colleges to provide training around what it means to be a mental health

champion and to try and recruit children and young people champions to do more early intervention and prevention mental health work in schools.

Local issues of consideration include:

1. Suicide Prevention for LGBT young people and non-gender communities and other vulnerable groups.
2. Providing outreach via Samaritans to reach specific groups in the farming community.
3. Implementing a real time surveillance approach to suicide prevention to access data quickly and plan more efficiently.
4. Developing a self-harm pathway for Kirklees.
5. As a group agreeing about suicide prevention activities that would be beneficial to us on a West Yorkshire footprint, initially including:
 - Access to suicide bereavement support for those living in Kirklees.
 - Access to regional and locally developed campaigns/resources.
 - Access to suicide prevention/mental health training for people who work or live in Kirklees.

Gender identity is one of the protected characteristics in the Equality Act and there is increasing awareness of the needs of pupils and issues for schools. In June 2018, senior leaders, teachers with pastoral responsibilities and school governors were provided with an opportunity to attend a briefing to understand Transgender for Schools.

This briefing offered clear and succinct advice in this complex area and provided practical suggestions and resources for schools. Participants were also provided with a comprehensive pack covering the following:

- Explanations on gender identity and the experience of transgender people.
- Clear information on the law, expectations and terminology.
- Comprehensive pack of up to date guidance.

Tier 4 and New Care Models

Progress continues following the Mental Health Service Review for CAMHS, with a working bed reconfiguration plan that is now seeing new build developments in the Humber region for General adolescent and PICU services. For West Yorkshire, developments are at the planning stage however the St Mary's hospital site in Leeds has been announced as the new build site; again this will see General Adolescent and PICU services. Within South Yorkshire collaborative provider partnerships are being formed to enable further bed reconfiguration. This high level reconfiguration will see the distribution of beds being more able to meet young people's needs more locally and support a positive pathway experience. The overall plan is aimed for delivery within 2020, and this will also include

Low secure for MI and LD, for which Yorkshire and the Humber have not had prior.

A further progression to meeting local population needs, is the announcement that 'New Care Models' being seen as the steady state of commissioning, which is essentially aiming for collaborative and devolved commissioning. We already have a wave one (North Yorkshire) and a Wave two (West Yorkshire) sites for CAMHS. Progress in South Yorkshire on implementing a provider partnership is ongoing and being supported. Both the bed reconfiguration and New Care Models support each other in refining clinical models and enabling local innovation.

The New Care Models pilot has been live since April 2018. Its first key task is to appoint three Care Navigators (one in each area across West Yorkshire). Their role is to act as the advocate for the young person and their family and they are working closely with clinical colleagues in CAMHS, CEDS, IHT and crisis team to ensure that admissions to an inpatient bed only happen when it is necessary and that it is for the shortest amount of time possible. The Care Navigators also work actively with NHSE Case Managers to repatriate young people back to West Yorkshire where this is clinically safe when they have been admitted to units far from home.

In the first two quarters of 2018/19 throughout West Yorkshire they have worked with 64 young people who have been in an inpatient bed (of whom eight have had two admissions) and there were 47 admissions and 50 discharges. 21 young people have been cared for in the community, and stayed well, since the clinical conversations with the Care Navigators

As the work of the pilot and the local areas reduce the Occupied Bed Days this allows investment to be released into local community services and into service across West Yorkshire. At the end of August 2018 the Programme Board for the New care Models have agreed just under half a million pounds worth of investment in community services across the patch. The investment for Kirklees will be used to enable the current crisis service to expand to offer a seven day intensive home based treatment service. We propose expanding the current crisis team to enable the team to offer intensive home based treatment service seven days a week 9-5. The crisis team would continue to offer crisis assessment and support to young people and families in working hours and expand provision to be able to offer cover at weekends. The main benefit of the NCM will be to young people and their families. We firmly believe that the new model will ensure that some young people avoid admission and others will have their admission reduced in length. Young people and families tell us that this is what they want. The other expected benefit of this will be an improved ease of access to the beds we have commissioned as demand will be less and this means that for those young people who have a clinical need for a bed they will be able to access these more swiftly

Crisis Provision and All Age Psychiatric Liaison

Our local crisis provision in Kirklees is performing well and is meeting our 4 hour assessment target 98% of the time. The development of our intensive and home treatment provision has ensured that children and young people who may have previously needed admitting to hospital are able to have close monitoring and support in the community. Currently this service isn't offered at weekends due to resourcing issues. The proposal in Kirklees is to use the resource saved from the new care models project to expand the current crisis team to enable the team to offer intensive home based treatment service seven days a week. The crisis team would continue to offer crisis assessment and support to young people and families in working hours and expand provision to be able to offer cover at weekends.

We continue to develop our all age psychiatric liaison services and recently have attended an information sharing and learning event led by South West Yorkshire Partnership NHS Foundation Trust. The event aimed to bring together providers and commissioners from across Kirklees and Calderdale to hear about the development of a Rapid Assessment, Intervention and Discharge Team (RAID) in Greater Manchester Mental Health Foundation Trust. The outcome of the event was that providers and local commissioners will meet to determine whether a similar RAID approach will be of benefit to children and young people aged up to 18.

Currently we have partially implemented a Psychiatric Liaison model in the Greater Huddersfield Clinical Commissioning Group area through the acute hospitals which works from aged 16 upwards. This is recurrently funded from core budgets.

Early Intervention in Psychosis

The Kirklees Insight Team is a youth focused commissioned service providing support across the Kirklees district for people aged between 14 and 35 who are experiencing their first episode of psychosis or thought to be at a potential of risk of developing this. The team provides psychosocial interventions (treating and preventing a condition using educational and behavioural approaches) to improve the long term outcomes for people experiencing psychosis. The team support people's treatment and recovery outside of the mainstream mental health system. Referrals for people under 18 years old, self-referrals and carer referrals can be made directly to the duty worker in the team. Young people (aged 14 – 18years) will be seen within 14 days – however, if a referral for this age group is viewed to be urgent, the referral will be assessed within 4 hours. Referrals for this age group are made directly to the team.

The service aims to:

- Reduce the stigma associated with psychosis and improve professional and general public awareness of the symptoms of early psychosis.
- Promoting the need and benefits of an early assessment.
- Reduce the period of time people remain undiagnosed and untreated.

- Develop meaningful engagement, provide evidence-based interventions and promote recovery during the early stages of psychosis.
- Increase the stability of the lives of the young people accessing the service
- Provide a person-centred service that integrates the child, adolescent and adult mental health services and works in partnership with primary care services, family services and youth services.
- Work in partnership with other services to ensure that the young people accessing the service have quick and easy pathways into services appropriate to meet their needs.
- Provide training, advice, and consultation to other service providers who may be working with this group of service users in order to help them respond in more efficient ways.
- Provide structure and activities to develop life and employment skills.

7.2 What are our local challenges in relation to this theme?

We need to work over the coming years on areas that present significant challenge. These include:

- Further reduce the Autism Spectrum Disorder assessment waiting list and the Tier 2 waiting list
- Co-produce with West Yorkshire New Care Models further intensive community support to preventing Tier 4 admissions and better care navigation
- Reduction of inpatient admissions from the North Kirklees Clinical Commissioning Group catchment area.
- Exploration of implementing a “safe space” for Kirklees.

7.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Implement Thrive Elaborated across our local CAMHS provision. LPS 5 (2.1)
- b. Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including SPA and the ASC services.
- c. To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times PS 6 (2.2)
- d. To explore All Age Psychiatric Liaison Models across Kirklees LPS 12 (2.8) and LPS 29 (2.9)
- e. Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in

Kirklees
LPS 2.10 and 3.7

- f. To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People
- g. Implement the recommendations from the Transforming Care, the Lenahan review, “Building the right support” and the NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both”. LPS 2.15

7.4 What outcomes will this impact on?

The above will work towards achievement of the following:

1. Care is built around the needs of children, young people and their families.
2. Children and young people will have timely access to clinically effective mental health support when they need it.
3. Increased use of evidence-based treatments with services rigorously focused on outcomes.
4. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
5. Mental health support is more visible and easily accessible.

7.5 Theme 2 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above five theme outcomes:

1	<p>% of children and young people receiving specialist support who developed and implemented their personalised support in partnership, inclusive of the service user, their family/carers and the Thriving Kirklees workforce, by identified issue</p> <hr/> <p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> a. Developed a trusting relationship with (at least one) Thriving Kirklees worker b. Asked their opinion and felt listened to c. Set outcomes they wanted to achieve d. who feel they have been involved in the co-production of the support they have received by life course stage.
1	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> a. Developed a trusting relationship with (at least one) Thriving Kirklees worker b. Asked their opinion and felt listened to c. Set outcomes they wanted to achieve

	d. who feel they have been involved in the co-production of the support they have received,by life course stage.
2	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner
	% of crisis referrals to the specialist element of the Thriving Kirklees who are assessed within 4 hours, by identified issue.
	% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.
	Average waiting time for specialist support from identification of issue to treatment, by identified issue.
	Average waiting time for children and young people who received an Autistic Spectrum Disorder (ASD) diagnostic assessment.
	% of children and young people who are receiving the following groups of the Thrive Elaborate Model: a. Signposting, self-management and one off intervention (Getting Help) b. Goal focused, evidence informed and outcome focused intervention. (Coping) c. Extensive treatment (Getting more help) d. Risk management and crisis response (Getting Risk Support) to support them to have good mental and emotional wellbeing, by life course stage
3	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
4	% of children and young people who are receiving the following groups of the Thrive Elaborate Model: a. Signposting, self-management and one off intervention (Getting Help) b. Goal focused, evidence informed and outcome focused intervention. (Coping) c. Extensive treatment (Getting more help) d. Risk management and crisis response (Getting Risk Support) to support them to have good mental and emotional wellbeing, by life course stage
5	% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.
	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
	% of children, young people and families who access support via approaches based on use of technology and assistive technology.
	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
5	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.

8. Theme 3 - Caring for the most vulnerable.

Chapter 6 Future in Mind

Vulnerable children and young people

“The need to provide both targeted and specialist mental health interventions, to those children most at risk of developing poor mental health is an essential aspect of any CAMHS system. The need to provide a flexible approach to this provision to engage the most vulnerable is key to engagement and retention of children and young people in CAMHS provision. These children often experience multiple vulnerabilities and can lead chaotic lifestyles, and live in families where there are also multiple parental vulnerabilities”

Kirklees CAMHS Transformation Plan 2015

8.1 What have we achieved so far in 2018

We now have a well-established discrete provision which is integrated within children services. The provision provides high quality support and interventions that are flexible and meet the needs of looked after children, those at risk of experiencing Child Sexual Exploitation and those in the Youth Offending Team system..

This year we have further invested in the provision of the multiagency team comprising of a psychotherapist, psychologist and emotional health and wellbeing practitioner were augmented with care leavers mental health post. This will ensure that the emotional health and wellbeing of care leavers are met, and where required clear transition arrangement can be made with adult mental health teams. The need for this provision was highlighted through our Ofsted inspection report in 2016 and forms part of our 10 point improvement plan. The team provides consultation, support and training to social workers, foster carers, Youth Offending Team staff and others in order for them to meet the emotional health and wellbeing needs of vulnerable children. The waiting time target for LAC is consistently met with the average waiting time from referral to treatment being 15 days.

The health provision that we have integrated within children social care includes our CAMHS discrete provision for vulnerable children, our Youth offending team nurses and our looked after children nursing provision. The practitioners across these three teams meet regularly to offer support and consultation to each other in their retrospective areas.

As part of our Ofsted 10 point improvement plan a number of actions have been undertaken which complement and augment provision for the most vulnerable children in Kirklees. DFE innovation resource has been utilised to establish the following provisions in Kirklees.

Family Group Conference Team

FGC is a restorative approach and the process empowers a family and their network to draw on their strengths and resources to make a safe plan for their child or children. FGC's ensure the family network have a chance to hear and discuss the concerns. They also give an opportunity for everyone to be listened to including the child and young person(s). It can be an opportunity to be informed of any resources that could help them improve family life.

Kirklees has currently been offering FGCs to a low number of families in both early support services and children's social care; however plans are now in place to expand FGCs through the innovation funding. The full team has now been recruited to and completed training and has expanded from 3 to 12 officers which will allow for up to 320 FGCs to be facilitated in a 12 month period. The entitlement for Kirklees families for an FGC is still under development; however it is recognised that the service needs to engage with families at the earliest opportunity for those on the edge of care or those whose needs may otherwise escalate to a point where accommodation is necessary.

Multi-Systemic Therapy Team

Multi Systemic Therapy (MST) is an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody due to their offending or having severe behaviour problems. The key goals of MST are to break the cycle of anti-social behaviours by keeping young people safely at home, in school, and out of trouble.

Kirklees does not currently have any family evidence-based preventative services seeking to cumulatively address the risks of young people entering the care and custody systems. The large population of young people in Kirklees, linked with the statistics shows a relatively high proportion of those entering the care and criminal justice systems, with a current lack of evidence-based programmes seeking to specifically target these areas highlights a significant need for Kirklees to invest in preventative interventions such as MST. There is clear alignment between the desired outcomes of MST and the local authority, with the need to reduce the numbers of looked after children as a key priority for Kirklees and the innovation funding will support development and implementation of the programme. Recruitment to the Kirklees MST team will take place in September 2018 and will include a Programme Manager/Supervisor, 4 therapists and business support. Once recruited the therapists will receive 5 days of MST model training during November/December 2018.

Family Mental Health Team

The Family Mental Health service coordinate appropriate early support for parents who have mental health difficulties and share information relevant to the welfare of their children, with a focus on managing risk, increasing resilience, building strength and encouraging independence and reducing the long term need for services. The service works restoratively and uses a whole family approach to identify and explore the impact of

parental mental health upon families, lifespan and intergenerational issues.

Kirklees has a long established FMH team with three workers with a fourth worker joining the team from Stronger Families in December 2017. The focus has been working across Children's Social Care and Adult Mental Health to reduce the barriers between services and enhance practice in order to improve direct work with families. The results of this have been positive but additional resources were identified to be required to expand the service to support significant improvements in front line practice.

Recruitment has taken place and there is now a Team Manager, 5 Stronger Families consultants and a level 3 Social Worker in post. There are still vacancies for a Senior Practitioner and a L3 Social Worker and plans are being put together to recruit to these posts. The team is now up and running and once recruitment to the remaining posts is complete the FMH service will be in a position to increase the number of families they can support.

Risk and Vulnerability Team

The Risk and Vulnerability team within Children's Social care has been created from bringing together the Child Sexual Exploitation and Missing Children's teams.

The team will work within a Contextual Safeguarding framework, recognising that the relationships and interactions that children and young people have outside of their family setting, in their neighbourhoods, schools, colleges and peer groups can feature violence and abuse which parents and carers may have limited influence over.

Health & Justice

NHS England's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as *Secure Stairs* and 2) establishing collaborative commissioning networks.

The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber.

One of the key objectives of these three work programmes includes identifying and addressing **gaps in mental health provision** for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and

young people whose mental health needs may not meet **traditional service thresholds**, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.

Local CCG commissioners need to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration. Priority areas for development include increased Speech and Language provision to address communication barriers, identification of learning disabilities and improve engagement with youth justice services. There needs to be a greater understanding and awareness of the impact of complex trauma on CYP across the whole spectrum of health and social care and there needs to be the encouragement of a trauma aware approach to working with CYP. Psychological support needs to be considered for CYP who come into contact with one of the four CSAAS or Youth Offending Teams in Yorkshire and the Humber and how they transition into mainstream CAMHS.

Ensuring seamless transition and integrated working is the key to supporting CYP who come into contact with Health and Justice services are some of the most vulnerable in Yorkshire and the Humber.

We continue to work closely with our Local Youth Offending Team. The CAMHS Transformation Commissioning lead is a member of the Youth Offending Team Board and has input and oversight of the Youth Justice Plan.

The CAMHS Transformation Commissioning lead also commissions the Health input into the Youth Offending Team as a whole including substance misuse provision, the Nursing support includes learning disability provision and CAMHS consultation input. This ensures that young people at risk of, or involved in the criminal justice system have a comprehensive holistic assessment of their needs and receive the most appropriate support.

Forensic CAMHs (FCAMHs):

Four local NHS Trusts are working together to provide a Community Forensic CAMH Service for children and young people across the Yorkshire and Humber region.

These Trusts are:

- South West Yorkshire Partnership NHS Foundation Trust
- The Humber NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

They provide services to anyone under the age of 18 whose behaviour/presentation may be of concern to professionals, their families and/or their communities. The service consists of a variety of multi-disciplinary professionals, including Psychiatry, Psychology, Nursing and Social Work. Each has a range of specialist expertise in working with young people displaying high risk and concerning behaviours.

Children referred to FCAMHs may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. This is a new provision and work will be undertaken with staff across the partnership to support the successful integration of this additional resource.

8.2 What are our local challenges in relation to this theme?

We have made good early progress under this theme by completing and implementing the priorities outlined in our original and refresh transformation plans. In terms of impact, there has been a significant reduction in waiting times for looked after children and the most vulnerable children, and a workforce that feels supported to meet the needs of our most vulnerable children.

A number of systemic challenges remain in terms of future improvements and development of children's services these include.

- Our looked after children Sufficiency Strategy has been produced and agreed. We need now to implement the actions from the strategy. This will ensure over time that we have sufficient accommodation and provision locally to reduce the number of out of area placements required which includes those for emotional health and wellbeing and Autism Spectrum Disorder.
- Although we now have a Band 7 Nurse overseeing packages of care for LAC out of area, the quality assurance and provision of required interventions remains a challenge.

8.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Continue to provide a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees. LPS 13 (3.1) and LPS 14 (3.2)
- b. Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure the Looked after Children CAMHS provision meets locally identified needs. LPS 3.10

- c. Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision. . .
- d. Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system.

8.4 What outcomes will this impact on?

The above priorities will achieve the following:

- 1. An improved offer for the most vulnerable children and young people, making it easier for them to access the support that they need when and where they need it.
- 2. Increased use of evidence-based treatments with services rigorously focused on outcomes.
- 3. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

8.5 Theme 3 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above three theme outcomes :

1	% of Looked After Children / Youth Offenders / Child Sexual Exploitation cases receiving a Mental Health intervention within a maximum of 28 days.
	% Of Thriving Kirklees workforce working with vulnerable groups receiving consultation and support from specialists.
	No of foster carers and professionals receiving consultation and support "Vulnerable Young People Team".
	% of support for children and young people identified as requiring support with a LD who experience a seamless transition to Adult Services at the expected time target.
	% of children and young people identified as requiring support that have an Education, Health and Social Care Plan, by identified concern.
	% of children and young people who feel that they are supported by: <ul style="list-style-type: none"> a. Thriving Kirklees Partnership a. Family b. School c. Community and wider networks to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage
1	% of children, young people or families using Self-Help resources for support to be able

	to help themselves without needing specialist support
	% of those children and young people identified as requiring specialist support who are: <ul style="list-style-type: none"> a. Supported by the specialist element of Thriving Kirklees, by identified issue. b. Waiting for support by the specialist element of Thriving Kirklees, by identified issue. c. Supported by the generic workforce of Thriving Kirklees, by identified issue are supported by other means, including % of other support mechanisms.
	% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.
	% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, by identified issue.
	Average waiting time for children and young people who received an Autistic Spectrum Disorder (ASD) diagnostic assessment.
	% of children and young people identified as requiring support with a Learning Disability (LD) waiting for less than 28 days for first appointment.
2	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
3	% of Thriving Kirklees workforce who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).
	% of Thriving Kirklees workforce who feels that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.
	% of Thriving Kirklees workforce able to demonstrate awareness of and understand of the importance of the parent-infant relationship.
	% of Thriving Kirklees workforce who report they have the appropriate knowledge, skills and expertise to carry out their role.
	% of Thriving Kirklees workforce that report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.
	% of Thriving Kirklees workforce who feels that the Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.

9. Theme 4. To be accountable and transparent.

Chapter 7 Future in Mind

Kirklees Governance

Accountability and transparency continue to be an essential part of our transformation journey. The Thriving Kirklees contract and our commissioning arrangements have ensured the oversight of budgets; performance activity, quality and improvement sit in one arrangement with oversight of the whole system.

Our local system is scrutinised and monitored in a number of ways, this includes regular reporting to the Health and Wellbeing Board, oversight by the Kirklees Children's Improvement Board and reporting and engagement into our integrated commissioning board. This set of arrangements includes a number of stakeholders including elected members, GP's, Health watch, Voluntary sector representatives, parent representatives, school heads.

Having challenge and representation from individuals and groups who experience our services on an individual and case by case basis, gives rich insight into service experience. This is enabling us to triangulate the contract monitoring information we receive from the provider with peoples lived experience of services.

The below image shows the governance structures and interdependencies that are involved in our local system accountability and decision making.



The Integrated Commissioning Group reports into the Integrated Commissioning Board as outlined in the structure above and have oversight of all aspects of the Transformation Plan.

The oversight of Thriving Kirklees and pooled budget arrangement is discharged through the Thriving Kirklees Partnership Board. This was implemented as part of the contract delivery process from 1st April 2017 and is made up of representatives from the Local Authority, Clinical Commissioning Groups and Education. This Board oversees budgets, quality, transformation and performance. It also provides a forum to be able to unblock and join up parts of our local system to ensure whole system change can support the Thriving Kirklees Contract.



Mental Health Service Dataset and Transition CQUIN

The CAMHS MHSDS is being completed fully by our local providers and the national information is being shared with all partners. We are currently undertaking a focused piece of work to ensure reporting in relation to the access standard is fully representative of our current service user group. The latest access data for July 2018 shows that in Greater Huddersfield CCG the access target is 32.8% 615 Children and Young People accessing treatment from a possible cohort of 4,797 Children and young people with a diagnosable mental health condition. For North Kirklees CCG the July 2018 data is showing the access target as 25.8%, with 465 children and young people accessing treatment from a possible cohort of 4,649 children and young people with a diagnosable mental health condition.

We are undertaking the following actions to understand our current access figures and further increase access for children and young people:

- Examine the difference in the access standard between Greater Huddersfield and North Kirklees CCG in relation to any population differences that may be affecting access e.g. high populations in North Kirklees of traditionally underrepresented groups in mental health services.
- Undertake a review of data submission with support from NHS England to ensure submission process and quality is correct.
- Examine Tier 2 current waiting lists to see if this may explain not fully meeting the access standard.

The Transitions out of Children and Young People's Mental Health Services CQUIN aims to incentivise improvements to the experience and outcomes for young people when they transition out of Children and Young People's Mental Health Services (CYPMHS). Achievement of this CQUIN is measured by the results of the three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning;
2. A survey of young people's transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement).

Locally a Trust-Wide Steering Group was established to implement the improvements required to transition. The following actions have been taken.

- The Trust-Wide transition policy/principles were considered and an agreement to interpret and implement the overarching principles into local processes was made.
- Local area Transition Groups were set up as appropriate.
- Identified Transition Link/s have been identified across the teams.
- Worked with Performance and Information Department to produce a monthly report which identifies all young people who are aged 17½ years of age in the service to inform managers/clinicians to support the initiation of the transition process
- Agreed and implemented the information strategy to support the Transition Plan.
- Opportunities to raise awareness are used such as at manager 1:1's (using P&I information), team meetings and briefings etc.
- At 17.5yrs (or immediately if they enter the service after this age) the conversation starts with the young person and as appropriate with family and support network.

9.1 What have we achieved so far in 2018

As outlined in the 2017 Transformation Plan refresh, we had made significant progress in relation to our integrated commissioning arrangements. The CAMHS local transformation plan has been a catalyst for the integration agenda, new and innovative ways of integrated budgets, commissioning intentions and governance and oversight arrangements have given us a set of arrangements where between commissioning organisations we are doing things once through a single process.

The Kirklees Healthy Child Programme arrangements through which our Thriving Kirklees CAMHS provision is now delivered are being used locally and nationally as an example of innovative new practice. This doesn't confine itself to traditional organisational boundaries and is truly transformational in nature.

The process and governance arrangements in relation to the Healthy Child Programme within Thriving Kirklees has ensured transparency of budgets across the system, clarity around where responsibility sits within commissioning systems, and performance and quality data is widely shared and understood.

What this has meant locally is that we have implemented the following:

- The Lead Commissioner for the CAMHS Transformation Plan has the delegated responsibility for the Transformation Plan and ongoing monitoring, whole system CAMHS budget and associated contracts into a single arrangement.
- On a monthly basis, arrangements are overseen and monitored by our local Integrated Commissioning Group which has whole system membership including Community Hubs and children's social care.
- The Health and Wellbeing Board is regularly discussing and overseeing the Transformation Plan development and monitored progress.
- We have a single CAMHS pooled budget and a lead commissioner arrangement with Kirklees Council governed by a formal Section 75 pooled fund agreement under the NHS Act 2006.
- We have a clear dataset within the Thriving Kirklees Healthy Child Programme and processes to ensure outcomes are clearly monitored and reported to the Integrated Commissioning Group including the CAMHS minimum data set, the national access standard and outcome data for children young people and families.
- The CAMHS MHDS is being completed fully by our local providers and the national information is being shared with all partners

9.2 What are our local challenges in relation to this theme?

The main challenges we face in relation to this theme are:

- Achieving the national access standard for children and young people mental health
- Ensuring the Transition CQUIN is fully implemented and transition arrangements are clear and in place for all Children and Young People.

9.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Continue to provide a single set of quality, performance and outcomes measures across the whole emotional health and wellbeing provision. This will report to relevant bodies including Kirklees Health and Wellbeing Board 4.11
- b. Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is achieved.

9.4 What outcomes will this impact on?

The above priorities will achieve the following:

1. Improved transparency and accountability across the whole system, to drive further improvements in outcomes.
2. Increased use of evidence-based treatments with services rigorously focused on outcomes.
3. Children and young people having timely access to clinically effective mental health support when they need it.

9.5 Theme 4- Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above three theme outcomes:

1	<p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none">a. Developed a trusting relationship with (at least one) Thriving Kirklees workerb. Asked their opinion and felt listened toc. Set outcomes they wanted to achieved. who feel they have been involved in the co-production of the support they have receivedby life course stage.
	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none">a. Developed a trusting relationship with (at least one) Thriving Kirklees workerb. Asked their opinion and felt listened toc. Set outcomes they wanted to achieve

	d. who feel they have been involved in the co-production of the support they have received by life course stage.
	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.
2	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
3	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.

DRAFT

10 Theme 5. Developing the workforce.

Chapter 8 Future in Mind

It is our aim that everyone who works with children, young people and their families is fully committed to ensuring every child and young person achieves goals that are meaningful and achievable for them. This means being excellent in their professional practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals, and be respected and valued as professionals themselves.

Kirklees Integrated Workforce Strategy

Through our recent Health and Wellbeing Strategy we have articulated our local vision for workforce development. We want to ensure our staff have the ability to work together across organisational and professional boundaries.

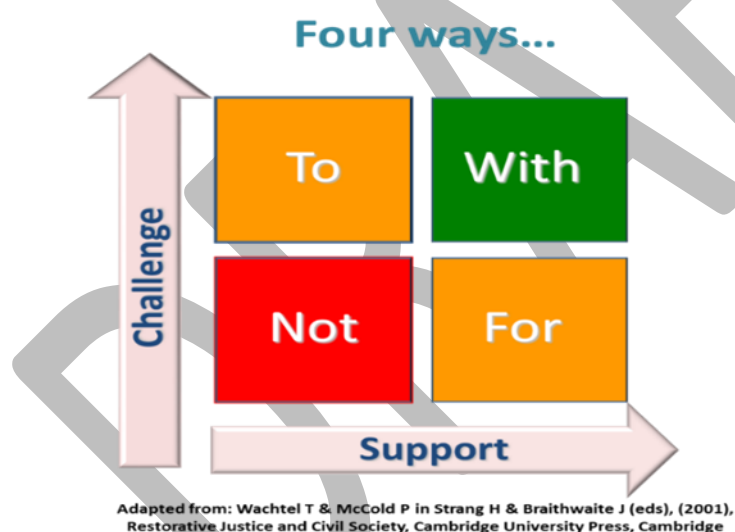
Our focus will be on shared vision, values and behaviours across Kirklees. We will work together to identify what this looks like and shape this into a coherent programme of workforce induction and training. Integrated models of care will fundamentally require people to work differently from their prescribed roles, to make this a success requires:

- Co-production of these models with staff who deliver support to people in Kirklees, empowering staff to act to deliver the best outcomes.
- A programme of development to support staff and operational managers to work within the new integrated framework, challenge barriers to integrated working, and adopt an asset and strength-based approach to support planning.
- A workforce strategy for Kirklees which identifies our vision, common values and behaviours that those supporting people with their health and care should exhibit, including delivery methods for doing this. This will build on our local vision for Kirklees developed as part of our [West Yorkshire & Harrogate Health and Care Partnership Workforce Strategy \(2018\)](#) and local initiatives we are already implementing.
- Establishment of a Kirklees workforce group to oversee workforce developments in Kirklees and to take a single approach to, for example, engaging with Huddersfield University with regards to future training and workforce requirements. This will have strong links to the [Kirklees Skills Strategy](#) and action plan.
- Build on testing of new roles in Kirklees like nurse associate, physicians associates and use of allied health professionals such as physiotherapists, pharmacists and OTs in primary care, working with our Local Workforce Action Board (LWAB) to support us to manage our workforce challenges.

10.1 What have we achieved so far in 2018

Alongside the developing workforce ambition articulated in the Kirklees Health and Wellbeing Strategy we have refocused our workforce ambition for emotional health and well to reflect the outcomes we have specified with the Thriving Kirklees Healthy Child Programme. The Programme scope covers a wide range of professionals and people including School Nurses, Health Visitors, Teachers, Social Workers, Mental Health Nurses, Psychologists, Psychotherapists, Psychiatrists, Volunteers, GP's, Early Help Staff, Children's and Community Centres.

We feel if the workforce development programme initially concentrates on this wide range of people and professionals this will facilitate the workforce changes we require to impact on children and young people's emotional health and wellbeing in their day to day settings, as well as impacting on the quality and timeliness of the interventions they may require. We specified following parent and young person coproduction that the central philosophy of the service should be doing with not too. This reflects our local children services philosophy restorative practice across the workforce.



Thrive Elaborated also embodies a central philosophy in our workforce development strategy. That is to ensure that parents and professional working / living with children and young people have access to high quality professionalised consultation and support.

We feel that ensuring staff and parents feel confident to care and support our children and young people by having rapid access to a consultation and advice mechanism will ensure the majority of children and young people's needs can be met in a universal setting, rather than a specialist setting.

Children and Young People Improving Access to Psychological Therapies.

The [Five Year Forward View for Mental Health: One Year On](#) report identifies the need for the expansion of services by 2020/21 to have a parallel increase in the number of skilled therapists and supervisors to meet the additional demand and is able to provide care and treatment for Children and Young People. The report also suggested that all services should be working within The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) by 2018.

The programme is a whole service transformation model delivered by NHS England in partnership with Health Education England which provides staff training to increase the use of evidence based interventions and use of routine outcome measures.

Increased workforce engagement in IAPT is included in the Thriving Kirklees delivery model to help us build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches and strengthen the development and delivery of our local Transformation Plan priorities.

A CYP IAPT steering group is in place with key partners across Calderdale and Kirklees as part of the Northwest CYP IAPT collaborative. An implementation plan being developed to ensure a continued joined up approach. The Calderdale and Kirklees partnership has a nominated leadership representative who attends partnership meetings and a participation lead. The CAMHS service is actively engaged in the programme and the General Manager from Barnsley CAMHS attends the regional Collaborative Board and collates partnership returns on behalf of the local services within the partnership.

Staff from both our local CAMHS provisions have already participated in the programme with a manager from ChEWS and worker from Specialist CAMHS completing the IAPT leadership course and a Specialist CAMHS staff member having completed the Enhanced Evidence Based Practice course. Both services continue to embed transformation, by routinely utilising outcome measures in the support provided. ChEWS is now also routinely using goal based outcomes since July 2018 alongside other assessment tools.

As part of the programme implementation Specialist CAMHS has undertaken a participation audit to ensure that children, young people and their families are engaged and involved in all aspects of the design and delivery of services including staff training, recruitment, staff appraisals, session monitoring and complaints and advocacy. The service has appointed a participation worker to ensure effective engagement with service users and their families.

Kirklees continues to look towards developing and increasing local participation in IAPT programmes. The regional collaborative submitted an area wide application for Phase 8 training courses which commence in January 2019.

<p>Postgraduate Diploma - Evidence Based Psychological Therapies for Children and Young People: Cognitive Behaviour Therapy</p>	<p>Northorpe Hall Child and Family Trust.</p> <p>3 workers due to complete course December 2018</p>
<p>Postgraduate Certificate - Evidence Based Psychological Therapies for Children and Young People: Interpersonal Therapy for Adolescents with Depression</p>	<p>Specialist CAMHS Kirklees</p> <p>1 Clinician due to complete course in December 2018</p> <p>1 Crisis clinician applied for this course for 2019, awaiting outcome of application</p>
<p>Enhanced Evidence Based Practice Programme for Children and Young People</p>	<p>Northorpe Hall Child and Family Trust</p> <p>2 Workers part way through the programme and funding agreed for another worker to apply and start in 2019</p> <p>2 Specialist CAMHS clinicians ton EEBP course during 2018o apply in 2018</p>
<p>Learning Disability/Autistic Spectrum Disorders</p>	<p>Northorpe Hall Child and Family Trust</p> <p>1 worker has submitted an application and we are awaiting the outcome</p> <p>1 Specialist clinician applying for this course for 2019</p>
<p>Children and Young People’s Well-Being Practitioners.</p>	<p>Northorpe Hall Child and Family Trust</p>

	1 PWP is in post, employed by specialist CAMHS and placed at Northorpe Hall.
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Applicant interviews are being held during October and November 2018 so until then we cannot confirm any new course allocations. Participation in the programme has been restricted by oversubscription of applicants against the availability of courses being offered nationally. This restriction combined with uncertain budgetary commitments will impact on our local priority intention to enable participation in the programme for CAMHS staff and more especially for staff from other agencies.

Staff retention, recruitment and continued funding in the CYP IAPT training programmes have been identified as risks in Appendix C.

Thriving Kirklees Workforce development

The [Progress and challenges in the transformation of children and young people's mental health care](#) report highlights the national shortage of mental health professionals and training needs that exist and their key findings in one survey included:

- 83 per cent of trusts experienced recruitment difficulties and had to advertise posts on multiple occasions to fill roles.
- Mental health nurses were the most difficult profession to recruit, followed by consultant psychiatrists.
- Recruitment challenges had led to an 82 per cent increase in expenditure on temporary staffing in the last two years.

According to the [Five Year Forward View for Mental Health](#), between 2013/14 and 2014/15, referral rates for CAMHS services increased five times faster than the CAMHS workforce.

These findings are recognised as a key challenge and included as a risk in Appendix C, for the ongoing implementation of our transformation plan to close the treatment gap and ensure our children and young people can get the support they need.

The Thriving Kirklees workforce strategy has now been produced and clearly articulated and implementation is underway. This vision and the 6 foundation of the strategy are outlined below and the full workforce development plan is outlined in appendix H

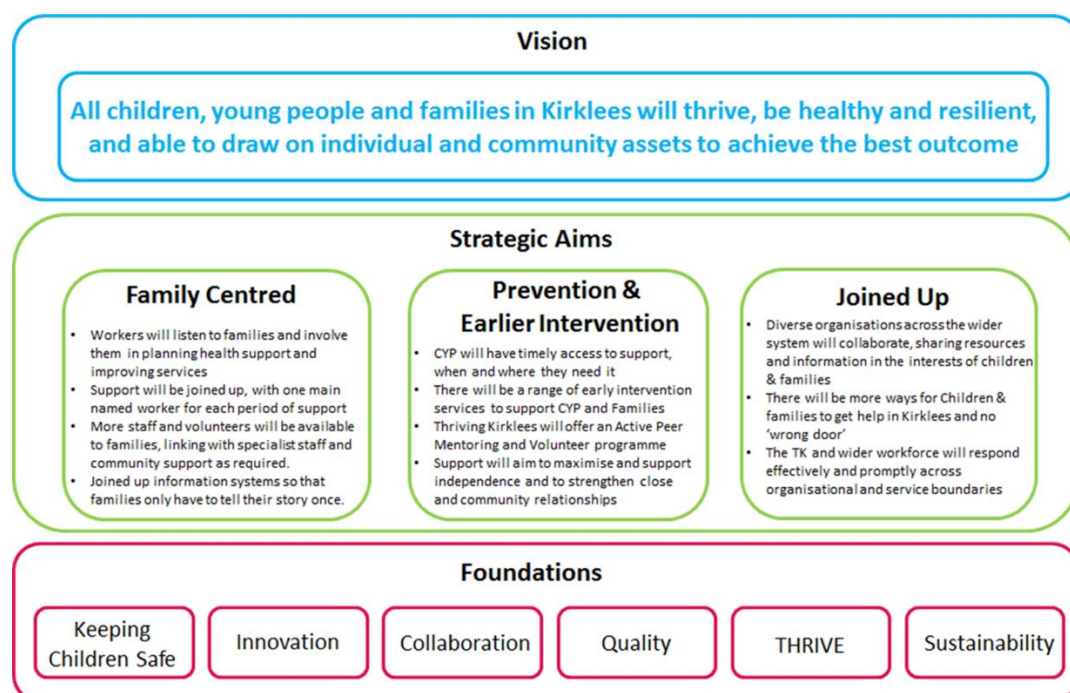
The overall aims are:

- To build an effective workforce, ensuring the right person with the right skill mix and knowledge provides timely interventions.
- Focus on prevention and early intervention to reduce demand on specialist services, supporting partner organisations (such as Community Hubs to recognise and effectively respond earlier to children's emotional health and wellbeing needs.
- To support parents and carers to empower them to meet children's mental and

emotional health themselves (help them to help themselves).

- Engage with Thriving Kirklees colleagues across the system in pathway design, defining the services and teams that will provide care for the children, young people and families in each of the THRIVE domains.
- To work collaboratively with families, young people, schools other education organisations, voluntary and community organisations, public sector services, commissioners and decision makers to develop a child and family centred service.

A Thriving Kirklees workforce development group has been established. Meeting every six weeks the group shares responsibility for continuing workforce developments for 2018/19



Training and support for the community

Supporting school staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families is incorporated into Thriving Kirklees, who have appointed a learning and development lead to ascertain the training and development requirements across the partnership.

The Kirklees Learning and Skills Service commissioned limited “co-production in Mental Health” training for a broad range of partners working in Community Hubs. This has included the show casing of one of the community hub areas to other hubs regarding their management of emotional health and wellbeing within school.

Work is currently underway by CAMHS provision working with schools identified as having higher than average referrals into emotional health and wellbeing services to increase the knowledge and skills of school staff regarding emotional health and wellbeing to ensure needs are met early and preventative methods offered.

Northorpe Hall Child and Family Trust deliver training and information support sessions in schools to school staff, parents and carers on a range of topics including self-harm, transition, risk and resilience, anxiety, sleep information, self-esteem and managing emotions. Ongoing developments include.

- a. The establishment of the emotional wellbeing lead network meeting where identified leads were able to share best practice, resources, have training opportunities and to identify support needs and ways of working moving forward.
- b. The Yorkshire Children's Centre are working with South West Yorkshire Partnership Foundation Trust to explore the option of providing emotional health and wellbeing learning and information to Year 5 pupils through the Safety Rangers scheme.
- c. Training available within the Core offer to schools, developed in consultation with schools and CAMHS, includes –
 - Introduction to Children and Young Persons Mental Health
 - Understanding Behaviour as Communication
 - Understanding Attachment Theory
 - Introduction to Self-Harm
 - Understanding and Supporting Anxiety
 - The Teenage Brain
 - Maintaining Positive Emotional Well being
 - Mental Health Services/Pathways in Kirklees
 - Making Appropriate Referrals
 - Resource Sharing

Recently there has been agreement for 2 leads to be sent on the mental health first aid training for trainer's course, one from Locala, one from Northorpe Hall. Training will then be widely disseminated across partners in Thriving Kirklees and wider stakeholders. Over the exam period Northorpe Hall piloted parent and young people sessions around understanding exam anxiety and coping strategies to support this. Northorpe Hall have planned and will be introducing further sessions for parents and carers in the following quarter to support their understanding of emotional and mental health concerns for children and young people. There will be a new programme of workshops to be delivered from January 2019 for children and young people around mental robustness through mood master programmes – a CBT based group programme.

A STOP parent training programme to support parents and carers of young people, presenting with anti-social behaviours, has been delivered by the Specialist CAMHS provision. The programme involves 10 sessions to raise awareness about parenting and teach parents and carers the techniques. The programme includes group discussion, feedback, videos, role play and homework, to help parents find ways to improve their parenting or sustain their own parenting methods.

Specialist CAMHS have delivered a Dialectical Behaviour Therapy skills training group sessions to adolescents and parents. The training involved a number of selected middle to late teen adolescent service users and their parent or carer. Similar groups are being developed for future delivery. Specialist CAMHS LD team are currently running CBT workshops in our SEN provisions alongside staff from the schools

A draft solution focused practice pathway for Locala 0-19 practitioners has been developed from the NSPCC solution focused practice toolkit <https://learning.nspcc.org.uk/research-resources/2015/solution-focused-practice-toolkit/> The aim of this is to help young people to help themselves and increase resilience by using a strengths based approach, for children and young people who are identified as needing support with a mild to moderate emotional health issue. Two day training for 24 delegates has been arranged in December 2018 by a solution focused practice practitioner. This training will be delivered to Locala 0-19, Northorpe Hall and CAMHS practitioners. Following the training the pathway will be tested and refined before rolling out to the Locala 0-19 workforce. The intention is that this will be developed as the standard first level intervention for emotional health issues in the Locala 0-19 service (getting advice/ getting help).

10.2 What are our local challenges in relation to this theme?

Developing the workforce and creating skill mix teams and new consultation models presents a number of new opportunities, but also challenges, these include:

- Creating consensus and buy in to multi-skilled skill mix teams where in the past there might have been a named traditional professional role, for example School Nurse or Health Visitor.
- Ensuring that non-traditional “CAMHS provision” have the capacity and the passion to see their roles as central to improving emotional health and wellbeing even though this may not be the primary focus of their job for example teachers.
- Staff and parents feeling that having an intense consultation approach is as valuable as one to one interventions.

10.3 What priorities will we begin to achieve over the next twelve months?

We will:

- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 2018/19. LPS 25 (5.1)
- In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. LPS 28 (5.4) changed
- To support school based staff, parents, carers and other providers to deliver interventions at a universal level to increase resilience in children and young people and families. LPS 5.6

10.4 What outcomes will this impact on?

The above priorities will achieve the following:

- Increased use of evidence-based treatments with services rigorously focused on outcomes that bring about change.
- Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
- Children and young people having timely access to clinically effective mental health support when they need it.
- Making mental health support more visible and easily accessible for children and young people.

10.5 Theme 5 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above four theme outcomes:

1	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
2	% of Thriving Kirklees workforce who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).
	% of Thriving Kirklees workforce who feel that Thriving Kirklees plays a clear and

	integral role within larger evidence based multi-agency pathway of support for Children and Young People.
	% of Thriving Kirklees workforce able to demonstrate awareness of and understand of the importance of the parent-infant relationship.
	% of Thriving Kirklees workforce who report they have the appropriate knowledge, skills and expertise to carry out their role.
	% of Thriving Kirklees workforce that report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.
3	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, by identified issue.
	% of children and young people seen by the specialist element of Thriving Kirklees within mandated waiting time targets.
	Average waiting time for specialist support from identification of issue to treatment, by identified issue.
	Average waiting time for children and young people who received an Autistic Spectrum Condition (ASC) diagnostic assessment.
4	% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.
	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
	% of children, young people and families who access support via approaches based on use of technology and assistive technology.
	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.

2018 – 2019 Priority descriptions, reporting processes and progress			Year 1 or year 2 Priority
LPS 3 (1.3)	Implement the Mental Health Support Teams Trailblazer and 4 week waiting time Pilot in collaboration with Schools	Themes 1 and 2 Transformation Plan Refresh 18/19 <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	R new priority dependant on bid
LPS 5 (2.1)	Transforming CAMHS provisions, to provide a “tier free” service model based on the “Thrive Elaborated” approaches.	Themes 1 and 2. Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala and commissioners. <i>Priority also inter-relates with: LPS 1 (1.1) and 3 (1.3)</i>	A Year 1 priority Long term achievement by March 2020
LPS 2 (1.2) LPS 8 (2.4) LPS 9 (2.5)	Implement clear joint working arrangements between schools and emotional health and wellbeing provision. The provision will be based on the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work. This will include: <ul style="list-style-type: none"> • A CAMHS school link model supporting schools, primary care and other universal provisions. • Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services. 	Themes 1, 2 and 5 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, Northorpe Hall, SWYFT, Community Hubs and Commissioners. <i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4), 9 (2.5) and 27 (5.3)</i>	Year 1 priority Short term Achievement March 2017 Long term achievement by 2020
LPS 6 (2.2)	To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times LPS 6 (2.2)	Themes 1 and 2 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, ChEWS, SWYFT, Voluntary Community Sector, Autism Spectrum Disorders and Pupil Premium Plus. Thriving Kirklees Performance Measure 76. Reworded in 2018 <i>Priority inter-relates with: LPS 2 (1.2) and 11 (2.7)</i>	Year 1 priority Short term achievement by October 2019

<p>LPS 13 (3.1)</p> <p>LPS 14 (3.2)</p>	<p>Continue to provide a CAMHS link and consultation model flexible multiagency team within the range of provision to address the emotional health and wellbeing needs for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees.</p>	<p>Theme 3 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, SWYFT and Northorpe Hall. <i>Priority inter-relates with: LPS 17 (3.5)</i></p>	<p>Year 1 priority Progressive changes from March 2017</p>
<p>LPS 4 (1.4)</p>	<p>We will collaboratively co-produce with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.</p>	<p>Theme 1 Transformation Plan Refresh 2018/19 priority Progress updates provided by Home-Start, Northorpe Hall and Commissioners.</p>	<p>Year 1 priority Long term achievement by March 2020</p>
<p>1.5</p>	<p>Implement the an early support offer in conjunction with children’s social care ,ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing LPS1.5</p>	<p>Theme 1 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala., priority reworded 2018</p>	<p>Year 2 priority Long term achievement by 2019</p>
<p>1.6</p> <p>1.7</p>	<p>The nurturing parent programme will be delivered throughout early help services, children’s centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision.</p>	<p>Theme 1 Transformation Plan Refresh 2018/19priority Progress updates provided by Locala, SWYFT, Community Hubs and Early Intervention and Prevention.</p>	<p>Year 2 priority Long term achievement by 2020</p>
<p>1.8</p>	<p>Implement a comprehensive training programme to develop children and young people’s resilience, and raise their awareness of emotional health and wellbeing issues. This will include Kooth and Mindmate</p>	<p>Theme 1 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, ChEWS and Commissioners</p>	<p>Year 2 priority Long term achievement by 2020</p>

1.9 1.10	Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate	Theme 1 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, ChEWS, Community Hubs and Commissioners. Updated wording 2018.	Year 2 priority Long term achievement by 2020
LPS 12 (2.8) LPS 29 (2.9)	To explore All Age Psychiatric Liaison Models across Kirklees LPS 12 (2.8) and LPS 29 (2.9)	Theme 2 Transformation Plan Refresh 2018/19 priority Reworded 2018 Progress updates provided by Commissioners, Locala and ChEWS.	Year 1 priority Short term achievement by May 2019 and March 2020.
2.10 3.7	Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees	Themes 2 and 3 Transformation Plan Refresh 2018/19 priority Reworded 2018 Progress updates provided by Lead Commissioners.	Year 2 priority Long term achievement by 2020
LPS 30	To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People	Themes 2 and 4 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Locala, SWYFT and Commissioners.	Priority for 2018/19
LPS 31	Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including SPA and the ASC services	Themes 2 and 1 Transformation Plan 2018/19 new priority	Priority for 2018/19
LPS 32	Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault Assessment Services (CSAAS) and those CYP	Theme 3 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Locala, SWYFT and Commissioners	Priority for 18/19

	attending Liaison and Diversion provision.		
LPS 33	Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system new priority	Theme 3 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Locala, SWYFT and Commissioners	Priority for 18/19
LPS 25 (5.1)	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2016/17.	Theme 5 Transformation Plan Refresh 2017/18 priority and risk reporting Progress updates provided by Locala and SWYFT. <i>Priority inter-relates with 26 (5.2), 22 (4.5) and 23 (4.6)</i>	Year 1 priority Short term achievement by September 2017
LPS 28 (5.4)	In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. LPS 28 (5.4)	Theme 5 Transformation Plan Refresh 2018/19 priority reworded Progress updates provided by Locala. <i>This priority support activities looking to expand, develop and improve delivery including responding to several Local Priorities including: 2 (1.2), 3 (1.3), 1.8, 1.9, 1.10, 6 (2.2), 8 (2.4), 9 (2.5), 27 (5.3) and 28 (5.4)</i>	Year 1 priority Long term achievement by March 2020
5.6	To support school based staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families.	Theme 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Workforce Development Manager, Community Hubs and Commissioners.	Long term priority achievement by 2020

2.15	Implement the recommendations from the Lenahan review, “building the right support” and the recent NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both.”	Theme 2 Transformation Plan Refresh 2017/18 priority Progress updates provided by chair of Children and Young People TCP Workstream. Head of Children’s Joint Commissioning	2018/19 priority
3.10	Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure they Looked after Children CAMHS provision meets locally identified needs	Theme 3 Transformation Plan Refresh 2018/19 priority reworded Progress updates provided by Head of Children’s Joint Commissioning	2018/19priority
LPS 34	Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is increased. New Priority	Theme 4 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Head of Children’s Joint Commissioning	20/19 Priority
4.11	Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including our local Health and Wellbeing Board.	Theme 4 Transformation Plan Refresh 2017/18 priority Progress updates provided by Head of Children’s Joint Commissioning	2018/19 priority
Archived local transformation priorities			
LPS 1 (1.1)	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings.	Theme 1 Priority completed following commencement of Thriving Kirklees on 1 st April 2017. Delivery and contract monitoring plan is in place to transform 0-19 years services over the length of the 5 year contact. Relevant updates provided by Locala and ChEWS Priority inter-relates with: LPS 3 (1.3) and 5 (2.1)	G Years 1 and 2 priority Initial early achievement by April 2017
1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.	Theme 1 Commissioners have limited ability to direct school governor attendance on training.	R Year 2 priority Long term

		This is not within the delivery specifications for actual delivery but to support delivery of interventions by Thriving Kirklees and Community Hubs Relevant updates provided by Community Hubs.	achievement by 2020
LPS 7 (2.3)	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.	Theme 2 The Regional Commissioning Group co-produced a service model providing a service for 2016/17 with the contract with existing CAMHS provision being extended by 2 years to enable continuance and for a competitive tender process to take place. Relevant updates provided by SWYFT.	G Year 1 priority In place by April 2017
2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/CAMHS inpatient provision.	Theme 2 The local markets in Kirklees still require further development to provide in-patient provision. NHS England is undertaking a procurement exercise to increase capacity. Is it yet to be seen if process will translate to any provision in the Kirklees area. Relevant updates provided by Lead Commissioners.	G Year 2 priority
2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	Theme 2 Embedded into Thriving Kirklees from April 2017. The learning disability nursing services have been incorporated into the mainstream CAMHS service from the end of June 2017. Relevant updates provided by Locala and SWYFT.	G Year 2 priority
LPS 16 (3.4)	To provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprints.	Theme 3 This recommendation has not been adopted by 10cc as a regional footprint. Without this endorsement Kirklees has removed it as a delivery option from its original Transformation Plan priorities, until national redirection is provided. The proposed budget spend was re-profiled to support increased front line capacity for priority 2.2. Relevant as necessary by commissioners and relevant links.	G Year 1 priority
LPS 17 (3.5)	To work with Kirklees Safeguarding Child Board to undertake a “deep dive” into the way in which vulnerable children and young people experience the	Theme 3 Independent report subject to Safeguarding Action Plan to evidence oversight and appropriate responses to recommendations within CAMHS provisions of	G Year 1 priority

	CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children.	Thriving Kirklees, from April 2017. Relevant updates provided by Local, ChEWS and SWYFT. <i>Priority inter-relates with: LPS 13 (3.1)</i>	
3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.	Theme 3 Incorporated into Thriving Kirklees from April 2017. Thriving Kirklees health practitioner's part of the MASH team. Safeguarding supervision has been established in Locala, with a recruitment model for new supervisors in place across all Thriving Kirklees teams. Relevant updates provided by Locala.	G Year 2 priority
3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	Theme 3 We have been supporting the Family and Alcohol Court by using a discrete resource and this has been mainstreamed into Thriving Kirklees delivery from April 2017. Relevant updates provided by Locala and SWYFT	G Year 2 priority
3.9	Ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	Theme 3 Included Thriving Kirklees specification to provide initial forensic assessment, more complex forensic assessment are spot purchased as required. Relevant updates provided by Commissioners.	G Year 2 priority
LPS 18 (4.1)	Implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint Commissioning Manager jointly funded by North Kirklees, Greater Huddersfield CCG's and Kirklees Council.	Theme 4 Lead commissioning arrangements established which will also ensure continuing robust monitoring and scrutiny to 2020. Relevant updates as necessary by Commissioners and relevant links. <i>Priority inter-relates with: LPS 19 (4.2), 20 (4.3) and 21 (4.4)</i>	G Year 1 priority
LPS 19 (4.2)	Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years.	Theme 4 Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020. Relevant updates as necessary by commissioners and relevant links. <i>Priority inter-relates with: LPS 18 (4.1), 20 (4.3) and 21 (4.4)</i>	G Year 1

<p>LPS 20 (4.3)</p>	<p>Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.</p>	<p>Theme 4 Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority. Relevant updates as necessary by commissioners and relevant links. <i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i></p>	<p>G Year 1 priority</p>
<p>LPS 21 (4.4)</p>	<p>Ensure the Integrated Commissioning Group is overseeing the implementation of the Future in Mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and that NICE guidelines are implemented throughout the service provision.</p>	<p>Theme 4 Implementation of plan completed. Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children’s Trust Board to ensure robust and appropriate responses by 2020. Relevant updates as necessary by Commissioners and relevant links. <i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i></p>	<p>G Year 1 priority</p>
<p>LPS 22 (4.5)</p>	<p>Ensure the Integrated Commissioning Group closely monitor the CAMHS minimum dataset and waiting time standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the systems.</p>	<p>Theme 4 Outcome based dataset has been incorporated into the performance monitoring of Incorporated into Thriving Kirklees CAMHS element from April 2017 including participation in CYP IAPT. Key performance indicators have been agreed and the partnership in place. Initial data flow and reporting lines have been established. Assurance work continues around information sharing between CAMHS and Locala. Relevant updates provided by Locala Data Team and SWYFT. <i>Priority inter-relates with: LPS 23 (4.6)</i></p>	<p>G Year 1 priority Achievement by April 2017</p>
<p>LPS 23 (4.6)</p>	<p>Implement clear and transparent outcome monitoring supported by membership of CORC, (CAMHS Outcomes Research Consortium) and the implementation of session by session outcome monitoring across CAMHS provision.</p>	<p>Theme 4 Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports to agreed timescales. Relevant updates provided by Locala Data Team and SWYFT. <i>Priority inter-relates with: LPS 22 (4.5)</i></p>	<p>G Year 1 priority achievement by April 2017</p>
<p>LPS 24 (4.7)</p>	<p>Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group. LPS 24</p>	<p>Theme 4 Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports Relevant updates provided by Locala Data Team.</p>	<p>G Year 1 priority Achievement by April 2017</p>

4.8	Have a single pooled budget for CAMHS provision across Kirklees, and to publish the investment figures on local offer website along with referral rates and waiting times.	<p>Theme 4</p> <p>Section 75 funding arrangements have been formally agreed and incorporated into Thriving Kirklees from April 2017.</p> <p>Relevant updates as necessary by commissioners and relevant links.</p>	<p>G - A</p> <p>Year 2 priority</p>
4.10	Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.	<p>Theme 4</p> <p>Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children’s Trust Board to ensure robust and appropriate responses by 2020.</p> <p>Arrangement made for completion of annual refreshed plan which incorporates feedback from the North of England Commissioning Support Unit and Key Lines Of Enquiry guidance.</p> <p>Relevant updates as necessary by commissioners and relevant links.</p>	<p>G</p> <p>Year 2 priority</p>
LPS 26 (5.2)	Ensure that Tier 2 and Tier 3 CAMHS provider managers are involved in the introduction to CYP IAPT in 2015/16.	<p>Theme 5</p> <p>All provider managers have been trained. Incorporated into specification of Thriving Kirklees CAMHS for continuing participation. Response cross refers with LPS 25 (5.1)</p> <p>Relevant updates as necessary by commissioners and relevant links.</p>	<p>G</p> <p>Year 1 priority</p>
5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions.	<p>Theme 5</p> <p>Incorporated into Thriving Kirklees from April 2017.</p> <p>Learning and development lead has been appointed within Thriving Kirklees to ascertain the training and development requirements across the partnership and develop a deliverable workforce strategy.</p> <p>Relevant updates provided by Locala.</p>	<p>G</p> <p>Year 2 priority</p>
	We will have emotional health and wellbeing provisions that are collaboratively commissioned with educational settings	<p>Themes 1 and 2.</p> <p>Transformation Plan Refresh 2017/18 priority</p> <p>Progress updates provided by Locala, Schools as community hubs and commissioners.</p> <p>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</p>	<p>Year 1 priority</p> <p>Long term achievement by 2020</p>

LPS 27	Ensure that where required staff can access appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. Access to appropriate training should be made available for those who need help to support children and young people.	Themes 1, 2 and 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Northorpe Hall and any associated schools as community Hub activities. Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)	
	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.	Theme 3 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala, SWYFT and Commissioners	Year 1 priority Short term achievement by April 2017
2.14	Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	Theme 2 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and SWYFT.	Year 2 priority Long term achievement by 2020
1.12	To ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.	Theme 1 Transformation Plan Refresh 2017/18 priority Progress updates provided by Commissioners and Locala.	
5.7	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.	Theme 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Commissioners.	Long term priority achievement by 2020
LPS 10 (2.6) LPS 11 (2.7)	Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting, consultation and assessment and co-ordination of Thriving Kirklees provision delivery.	Themes 1 and 2. Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala, SPoC and ASK CAMHS. <i>Priority also inter-relates with: LPS 1 (1.1), 2 (1.2) and 6 (2.2)</i>	G Year 1 priority Short term achievement by October 2017

Appendix B – Baseline Data Tables.

Activity Tables																			
Name of Area:		Kirklees																	
If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.																			
CORE SERVICES										ALLIED SERVICES									
	No. Refs. 15/16	No. Refs. 16/17	No. Refs. 17/18	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18		No of referrals 2015/16	No of referrals 2016/17	No of referrals 2017/18	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18
School Based Services										School Based Services									
										* School Nursing	8,432	NK	NK	2,130	NK	NK	1,520	NK	NK
										Learning SEMHD Provision	NA	NA		NA	NA	NA	NA	NA	NA
										CAMHS Schools link pilot	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sub-Total	0	0		0	0		0	0		Sub-Total	8,432	0		2,130	0		1,520	0	
LA Based Services										LA Based Services									
* Services targeted at other vulnerable children - YOT	179	*		37	*	*	11	*	*	Health Visitors/FNP	NK	NK	NK	NK	NK	NK	NK	NK	NK
Services targeted at other vulnerable children - LAC	NK	NK	NK	NK	NK	NK	NK	NA	NK										
* Services targeted at other vulnerable children - PRS	219	*	*	151	*	*	134	*	*										
Sub-Total	398	0		188	0		145	0	0	Sub-Total	0	0		0	0		0	0	
Third Sector Based Services										Third Sector Based Services									
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)	2,297	3,175	3,563	1,711	1,942	1,697	192	290	295										
Sub-Total	2,297	3,175	3,563	1,711	1,942	1,697	192	290	295	Sub-Total	0	0		0	0		0	0	
NHS Based Services										NHS Based Services									
NHS Provider CAMHS	1,862	1,042	1,451	537	932	1,380	776	632	802	Looked after Children Nursing Team	NK	978		NK	978		NK	na	
Sub-Total	1,862	1,042	1,451	537	932	1,380	776	632	802	Sub-Total	0	978		0	978		0	0	
Total	4,557	4,217		2,436	2,874	3,077	1,113	922		Total	8,432	978		2,130	978		1,520	0	

* Awaiting data confirmation from services - to be updated in final published version

Workforce Tables

Name of Area:

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES			ALLIED SERVICES				
	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18		Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18
School Based Services	[Use/insert as many rows as necessary]			School Based Services	[Use/insert as many rows as necessary]		
				School Nursing	31.20	31.20	31.20
				Learning SEMHD Provision	60% of EP time	60% of EP time	60% of EP time
				CAMHS Schools link pilot	0.60	0.60	1.00
Sub-Total	0.00	0.00		Sub-Total	32.20	32.20	32.20
LA Based Services	[Use/insert as many rows as necessary]			LA Based Services	[Use/insert as many rows as necessary]		
Services targeted at other vulnerable children - YOT	1.00	1.00	1.00	Health Visitors/FNP	160.00	160.00	160.00
				<i>Estimated numbers</i>			
				MST/FGC/FMH	N/A	N/A	22.00
Services targeted at other vulnerable children - LAC	1.00	1.00	2.00				
Services targeted at other vulnerable children - PRS	2.00	2.00	2.00				
Sub-Total	4.00	4.00	5.00	Sub-Total	160.00	160.00	182.00
Third Sector Based Services	[Use/insert as many rows as necessary]			Third Sector Based Services	[Use/insert as many rows as necessary]		
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)	15.50	21.30	21.30				
Sub-Total	15.50	21.30	21.30	Sub-Total	0.00		0.00
NHS Based Services	[Use/insert as many rows as necessary]			NHS Based Services	[Use/insert as many rows as necessary]		
NHS Provider CAMHS	30.98	32.38	33.38	Looked after Children Nursing Team	2.80		2.80
Sub-Total	30.98	32.38	33.38	Sub-Total	2.80		0.00
Total	50.48	57.68	59.68	Total	195.00	195.00	217.00

Investment Tables

Name of Area: **Kirklees**

Only include any investment in the most appropriate category. Do not include any service twice.

If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.

CORE SERVICES - 2015/16 and 2016/17											
Service type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Specify Funding Source(s)	Comments
School Based Early Intervention Services											
Sub-Total	0		0	0		0	0		0		
Early Intervention Services - Other Bases											
School nursing & Health Visiting	7,602,437	7,352,437		43,500	43,500	43,500					Included in Allied Services as below
Sub-Total	7,602,437	7,352,437	0	43,500	43,500	43,500	0		0		
Services Targeted at Specific Vulnerable Groups											
Vulnerable Childrens Team				50,000	170,000	222,000					YOT, LAC. CSE. LPS 14 (links LPS13 & LPS 17)
YOT Services				140,000	140,000	140,000					Young Offenders
LAC Services	65,800			120,000	170,000	170,000					Looked after Children
PRS Services				29,397	29,397	29,397	29,397	29,297	29,397	School Clusters	Pupil Referral Units
Sub-Total	65,800		0	339,397	509,397	561,397	29,397	29,397	29,397		
Specialist CAMH Services											
Regional ED Team				217,000	211,000	211,000					LPS 7
CAMHS wait times				340,500	420,000	420,000					LPS 6 (links with LPS 2 and LPS11)
Single Point of Access				55,000	145,000	145,000					LPS 10 (links with LPS1, LPS2, LPS6 & LPS11)
ChEWS Tier 2	360,000		360,000	96,000	96,000	96,000					
CAMHS services in schools							339,561	339,561	339,561		Estimated spend
CAMHS Tier 3				2,164,190	2,164,190	2,164,190					
Sub-Total	360,000		360,000	2,872,690	3,036,190	3,036,190	339,561		339,561		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)			[Do not use]				NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS E funding for 16/17 to be supplied by NHS E and entered here	NHS E funding for 17/18 to be supplied by NHS E and entered here	NHS England	
Total	8,028,237		360,000	3,255,587		3,641,087	368,958		368,958		
ALLIED SERVICES - 2015/16											
Service Type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Specify Funding Source(s)	Comments
School Based Early Intervention Services											
CAMHS Schools link pilot				40,000	40,000	40,000					
Learning SEHM provision	420,000	420,000	420,000								Estimated
Sub-Total	420,000		420,000	40,000	40,000	40,000	0		0		
Early Intervention Services - Other Bases											
School Nursing Service	1,504,437										Previous submission counted this twice as was included in core services
Health Visiting	6,098,000										Previous submission counted this twice as was included in core services
Sub-Total	7,602,437		0	0		0	0		0		
Services Targeted at Specific Vulnerable Groups											
Band 7 Clinical Post						70,000					
MST/FCG/ FMH	N/A	N/A	728,000								
Sensory Post						17,000					
Sub-Total	0		0	0		87,000	0		0		
Specialist CAMH Services											
Sub-Total	0		0	0		0	0		0		
Total	8,022,437		1,148,000	40,000		127,000	0		0		

Appendix C - CAMHS Transformation Plans – Issues and risks to delivery 2018/19

NHS North Kirklees Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group.				
LPS Number	Description of Local Priority Scheme	Description of issue of risk to delivery of 2018/19 plan	Mitigating Actions	*Date expected to deliver
LPS 6 (2.2)	<p>To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times LPS 6 (2.2)</p> <p><i>Impacts on LPS 1 (1.1), 2 (1.2), 3 (1.3), 5 (2.1), 6 (2.2), 10(2.6) and 11 (2.7)</i></p>	<p>As outlined in the main body of the plan Tier 2 waiting times have increased significantly since 2015. This in part is due to the rebalancing across the CAMHS system of inappropriate referrals at higher Tiers of provision. In terms of Autism waiting times they have reduced from 4 years to 12months but further work needs to be undertake to reduce to nearer the NICE guidance Target of 3 Months.</p>	<p>Waiting time trajectories working towards reducing waiting times for CAMHS provisions in 2018 as a single measure. Independent Consultant looking at whole CAMHS system report due December 2018 with recommendations to be presented to commissioners and providers</p>	Ongoing from October 2018
LPS 25 (5.1)	<p>Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2017/18.</p> <p><i>Impacts on 22 (4.5), 23 (4.6) and 26 (5.2)</i></p>	<p>Applications for the CYP IAPT Programme are nationally are oversubscribed. This is limiting access locally combined with potential financial challenges for CCGs when national funding ceases in 2019. Current focus being on Thriving Kirklees provisions involvement as opposed to other agencies. Continuation by CAMHS staff in CYP IAPT training programmes</p>	<p>CYP IAPT applications are being progressed for Phase 8 by November 2018. Work will continue to embed IAPT outcome measures into practice.</p> <p>The Calderdale and Kirklees IAPT Steering Group works together to progress this priority.</p>	Ongoing from January 2019

Kirklees Children and Young People’s Plan 2017 -2020: Putting children and young people at the heart of everything we do

Our vision

All children and young people in Kirklees are nurtured and supported to achieve their potential.

Our outcomes

Children and young people are very clear about what they want growing up in Kirklees

- ✓ To have the best start in life and be healthy*
- ✓ To aspire, achieve and enjoy life*
- ✓ To feel safe and live in a strong, loving family and a vibrant community*
- ✓ To feel valued and contribute to society
- ✓ To live in a decent home with enough money and confidence in their future

We know that not all children and young people have the same opportunities to achieve these outcomes. The inequalities experienced in childhood lead to lifelong inequalities in income and health. We are committed to tackling those inequalities and breaking that cycle.

We recognise the different stages of the child’s journey from conception and birth through to becoming an independent adult, and that at critical points in that journey they may need more support to make the most of the next stage of their life.

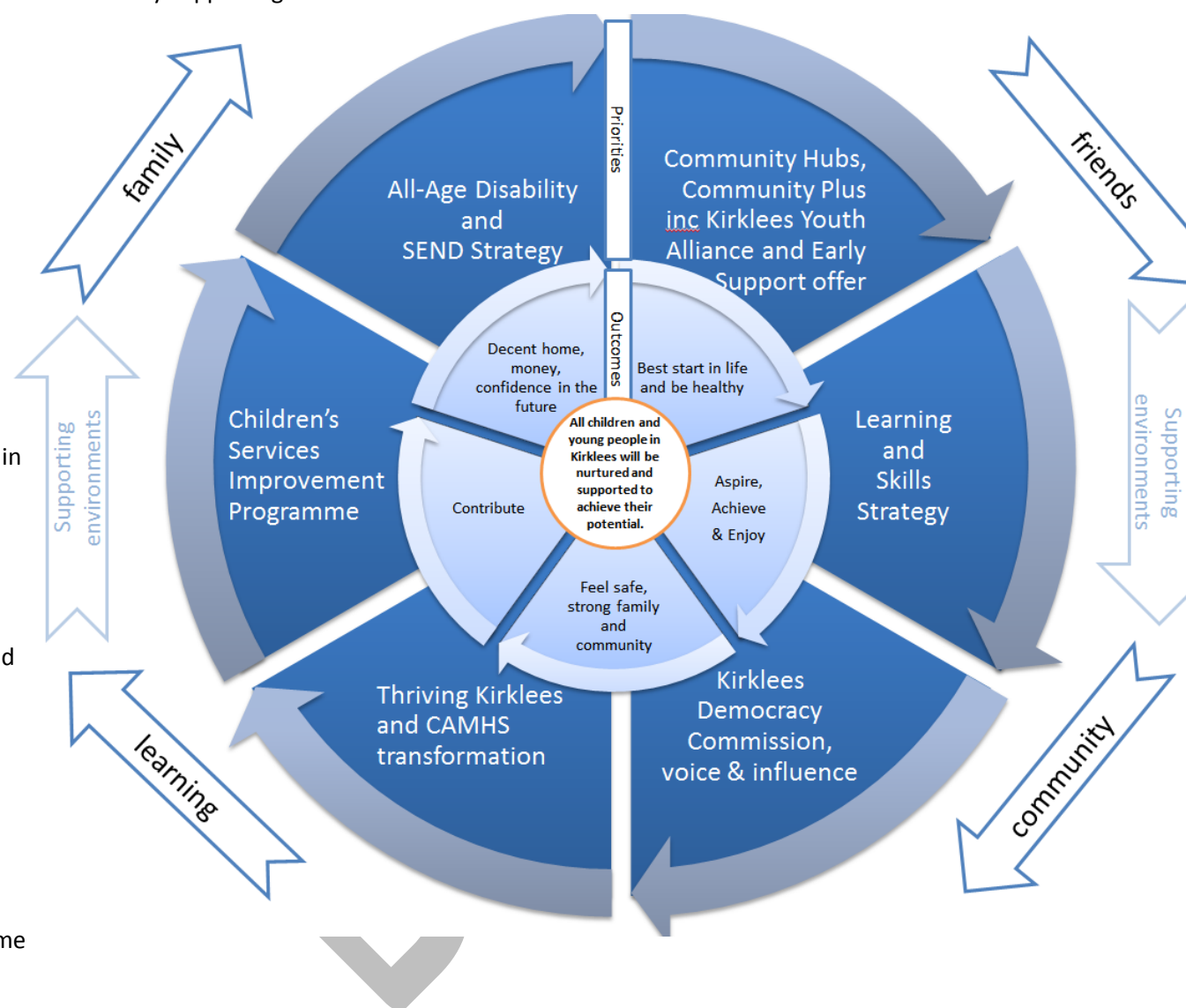
* = Kirklees Outcome

Our ways of working

- Put the child or young person at the heart of what we do
- Do things with people rather than to them or for them
- Use Outcomes Based Accountability to understand whether children and young people are better off as a result of our services and interventions

How we will deliver our vision

We will make this happen by focussing on 6 programmes. All of the programmes will contribute to improving the 4 key supporting environments for children and families



Our Priorities

- Support children and families to become more resilient, identify and resolve their own problems before crises occur by developing a comprehensive network of **Community Hubs**. These will support **prevention and early intervention** by providing a focal point in every community for a wide range of activity, establishing the new **Community Plus** approach, including a new youth offer from the Kirklees Youth Alliance, and an **Early Support** offer for children and families (link)
- Enable all young people, including vulnerable learners, to **achieve their full potential** through improving the quality and range of opportunities for **learning and skills** development from early learning to post 16 (link)
- Enable all children to become active citizens by implementing the recommendations of the **Kirklees Democracy Commission** (link) and ensuring that they have **voice and influence**
- Improve the physical health and mental wellbeing of all children by further developing the **Thriving Kirklees** (link) approach and complete the transformation of **child and adolescent mental health services** (link)
- As a partnership we will **work together** to ensure that there is an **appropriate range of services** and **coordinated responses** to meet the needs of our most vulnerable children and young people. Where possible we will **integrate** previously fragmented services where it makes sense to enable the delivery of more effective and efficient support.
- Improve outcomes for children and young people with **special educational needs and disabilities** to enable them to make choices that lead to successful adult lives by integrating education, health, social care and voluntary sector provision (link)

Our enablers

- Delivering these priorities and outcomes can only be achieved if we up our game on those ‘enablers’ that provide the conditions for success
- ✓ Strong leadership – not just from the Children and Young People’s Partnership but from committed people across families, communities and partners
 - ✓ Building a confident and skilled workforce that can turn this plan into a reality for all our children and young people
 - ✓ Making the most of digital technology to connect people with available opportunities in the wider world
 - ✓ Bringing the services for our communities together in the most appropriate places through the One Public Estate approach

How will we know if we have made a difference?	
To have the best start in life and be healthy	1. Healthy birth weight
	2. Healthy weight (at age 11)
	3. Good level of development in Early Years
To aspire, achieve and enjoy life	4. Attainment gaps at 5, 11, 16, 19
	5. School attendance
	6. Self-reported wellbeing
To feel safe and live in a strong, loving family and a vibrant community	7. Feel loved and cared for
	8. First time entrants to the youth justice system
	9. Looked after children
	10. Children with a child protection plan
To feel valued and contribute to society	11. Feel they have positive influence
	12. Voter registration (Democracy Commission)*
	13. Volunteering*
To live in a decent home with enough money and confidence in their future	14. Children in poverty
	15. 18-24 worklessness
	16. Decent homes*

*- work required to develop relevant indicator

Kirklees Early Support Strategy

October 2018

Early support and our shared approach to responding to the needs of children, young people and families in Kirklees

“Supporting resilient and confident children, families and communities in Kirklees”



Kirklees **Safeguarding Children** Board

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Sign off date: October 2018
Due for Review: October 2019

1 Introduction

It is estimated that over two million children in the UK today are living in challenging family circumstances. These include children whose family lives are affected by poverty, poor housing, parental drug and alcohol dependency, neglect, domestic abuse, poor mental health or have an education health and care plan or are eligible for SEN support.

It is recognised that families and young people in Kirklees can experience either temporary or longer term difficulties and pressures which can impact on well-being. For some families, without 'early support' difficulties can escalate, family circumstances deteriorate and children are more at risk of suffering significant harm, adversely affecting their life chance outcomes and possibilities. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity.

Professor Eileen Munro highlighted in her review of child protection, 'preventative services can do more to reduce abuse and neglect than reactive services'.

Early support for children and families is more effective and less expensive than intervening when problems become entrenched. Even if early support cannot stop problems escalating, targeted and evidence based support for those at most risk can still make a difference and reduce the need for the high costs of social care involvement and taking children into care. These kinds of services are better for children and families but are also important to ensure that the local safeguarding system is sustainable. Without enough of both early and targeted support the pressures on social work can become too high, reducing the quality of decision making and practice and raising costs. Thus, in summary, effective early support is better for children, better for the local safeguarding system and better for the public purse.

A key dynamic for thriving communities in Kirklees is enabling people and communities to have a good life and to do more for themselves. All partners in Kirklees recognise that 'early support' is a collaborative partnership approach not a specific council provision. They will have different perspectives on how early support can best impact to improve outcomes, e.g. focus on evidence based approaches such as Nurturing Parents and Stronger Families. The Early Support Strategy refers to a way of working that means providing interventions early to support and build resilience amongst children, young people and their families – particularly those that may be vulnerable. There is an awareness that children with additional needs and their parents/carers are often either missed or in some communities are hard to reach by early support services. This is a clear area for improvement and by doing this, the aim is to promote positive outcomes and prevent the unnecessary development of greater needs in the future.

The strategy is not a stand-alone document and is an integral strand of the Children and Young People plan for Kirklees. It has important links to universal services who provide the initial support to families and young people across the borough. The vision is to promote preventative strategies and approaches that reduce escalation of problems. This is aligned with promoting improved learning outcomes and initiatives such as Nurturing Parents which are all fundamental elements in the early support offer. The strategy contributes to the Kirklees ambition to achieve the aims of Every Child Matters. A list of the contributing strategies is provided on Page 11.

Good practice has already been identified in Kirklees examples such as the Kirklees Community Hubs and the prevention interventions such as Community Resolutions pioneered by the Kirklees Youth Offending Team. At the heart of the Children's Services Improvement Plan are

innovative initiatives such as Family Group Conferencing, Multi-Systemic Therapy and Family Mental Health Services.

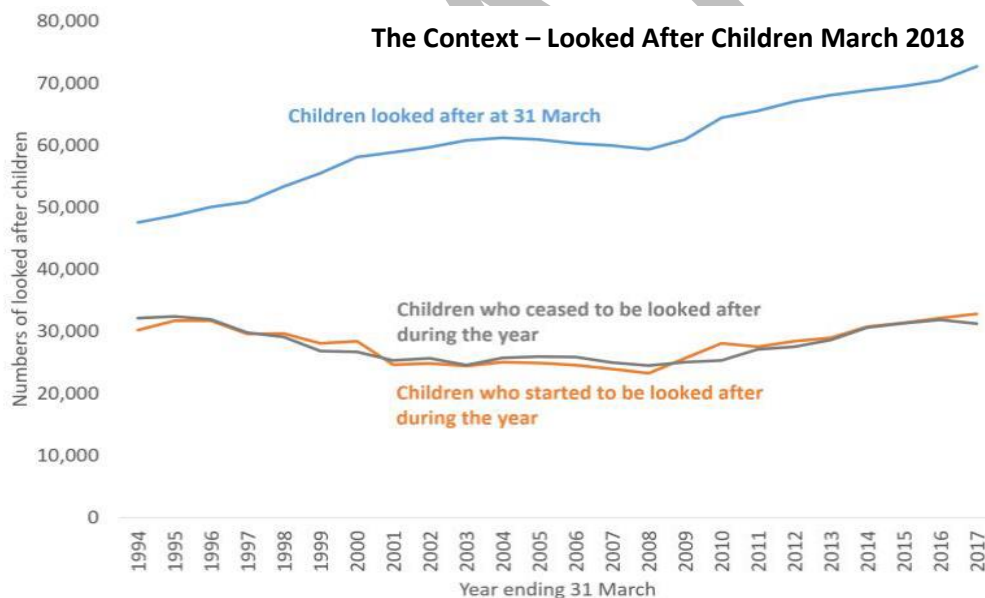
This strategy will guide the development of the Early Support Partnership’s own services and those services that are commissioned, to ensure that the most vulnerable in our communities receive the support they need to achieve the very best they can in all areas of their lives. It is made real and translated into sustainable improvements in outcomes for children, young people, families and their communities, and the Kirklees partners. Its impact will be measured and reviewed.

2 National Context

The national context shows that there has been a rise in the numbers of looked after children on a year by year basis. This number continues to increase and has done so steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016.

The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year.

The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.



Until last year, like the national picture, the number of looked after children in Kirklees has been rising. Whilst the contributing factors are complex we believe it is possible to make a real difference at the local level.

One significant aspect of early support involves those with an education health and care plan. There are increasing numbers of children and young people in Kirklees with an EHCP and with identified SEND and the trend shows increasing complexity of those needs.

All the research shows that if agencies work as an effective partnership across an area then improvements can be made. The key to success is the quality of relationship between partners, the local knowledge of services and how services integrate together to address needs. The focus

of the early support partnership in Kirklees will be on the voice of the child and what difference they are making.

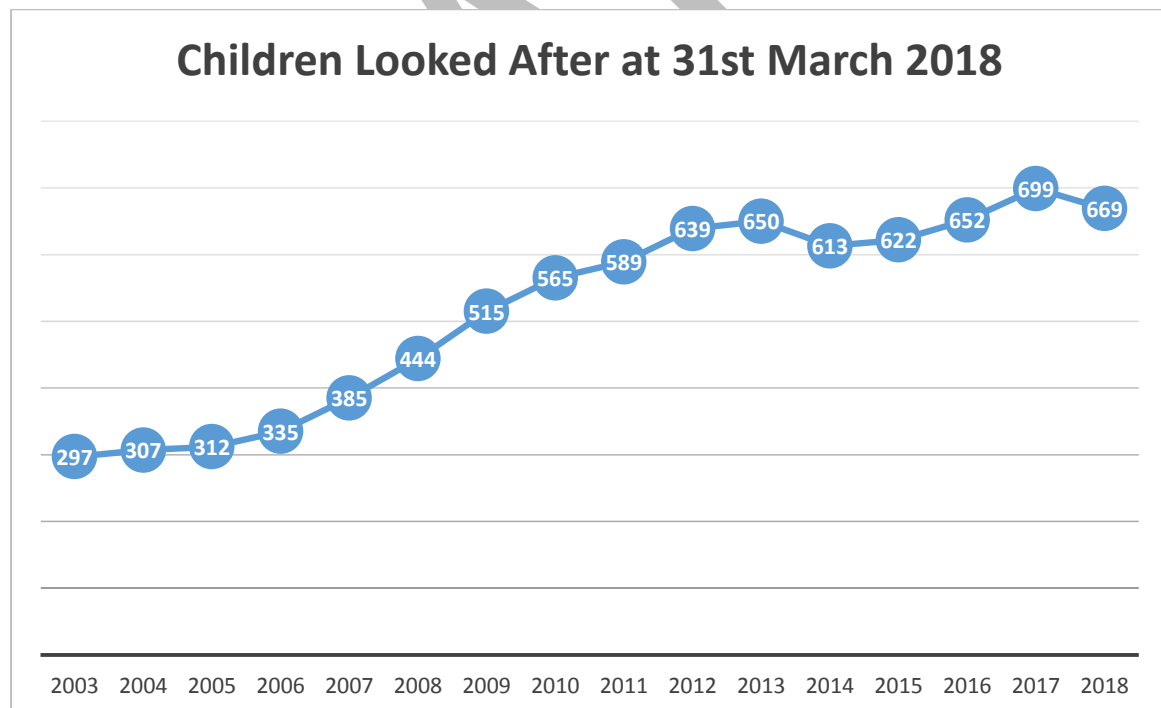
3 The Local Context

Even at a time of unprecedented pressure on resources, there is a wealth of provision and talent in Kirklees. The challenge for the partners is how this is harnessed, to address gaps, to ensure that young people and families do not get lost between partners and that our services are timely. Across the partnership we want to agree how we engage with families and how we empower them.

Our approach is based on building communities, developing resilience and establishing networks. As well as developing a local offer based around 4 geographical and diverse areas we recognise that some services work best across the authority as a whole. We want to develop a unifying but not uniform offer, reflecting the needs and strengths of young people, families and communities.

The strength of Kirklees is its diversity - the range of partners involved including schools, the voluntary and community sector, faith organisations, health agencies and local authority services.

We already believe there is some evidence to show that the approach outlined in this strategy is beginning to slow down the increase in the numbers of looked after children in Kirklees. There is still, however, scope for further improvement.



4 Kirklees Early Support Partnership Vision

The Kirklees Early Support Partnership has developed a vision of what it is hoping to achieve. It outlines a shared understanding of the key issues and how these can be addressed.

Our aspiration is that our practitioners, irrespective of the nature of their formal positions, develop a shared language and approach to working with families and young people.

We all believe that every child and young person should have the opportunity to reach their full potential and that they are best supported to grow and achieve within their own families and communities. There will always be some children, young people and families that will need support and we are committed to ensuring we work with them to identify their own solutions, building on their strengths. In doing so we will ensure that, where services are needed, they will be flexible to meet children's and families' needs.

This approach supports a shift of focus away from short-term crises and towards effective support for children and young people and their families at an earlier stage, with them at the centre of enabling communities rather than being dependent on statutory public services.

We recognise that we engage with children and families in a variety of settings and at different times. Our aspiration is that our practitioners, irrespective of the nature of their formal positions, ensure that the right conversation takes place at the right time with the right people.

5 Our Priorities

- Help children to live in safe and supportive families
- Support children, young people and families to become more resilient and identify and resolve their own problems before crises occur
- Ensure all young people, including vulnerable learners, achieve their full potential through improving the quality and range of opportunities for learning and skills development from early learning to post 16. Ensure they are supported to make appropriate choices and sustain transitions
- Improve the physical health and mental wellbeing of all
- Support approaches that help develop communities that facilitate and support parents and families to nurture their children
- Improve outcomes for children and young people with special educational needs and disabilities

6 Early Support Partnership Approach

In Kirklees we are committed to working in a way that builds on and maximises the resources and skills across the partnership. We recognise that we need to work to achieve integration and coherence through our services and ensure that they contribute to improved outcomes. Kirklees is a diverse and varied area and we recognise that different areas will require a locally based approach to engage with their communities. To achieve this across Kirklees we are committed to:

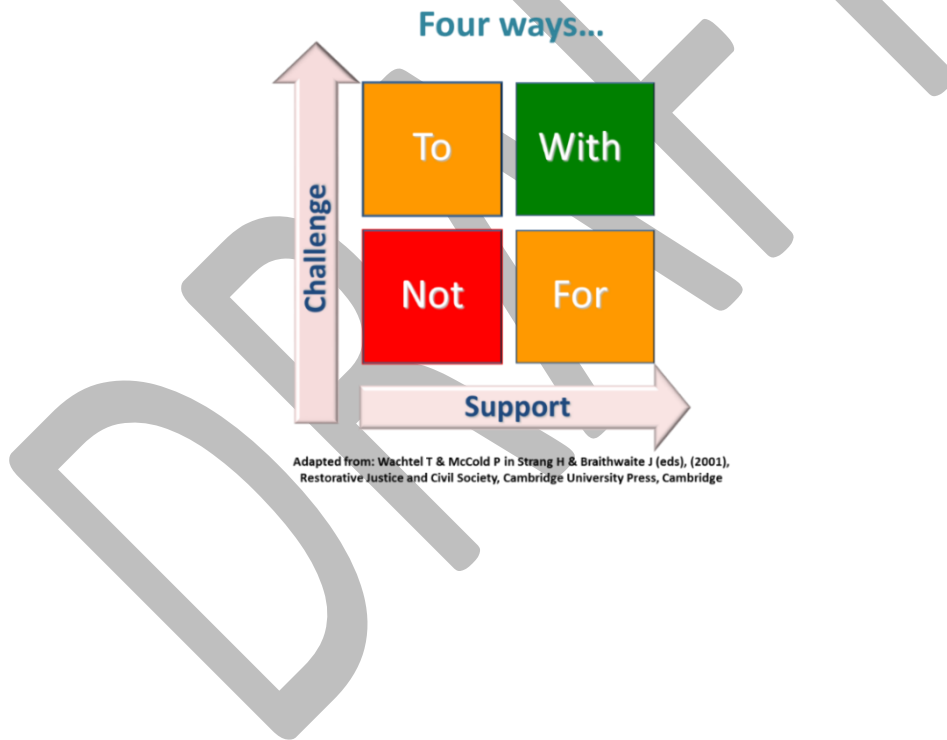
- Strengths based approach – enabling rather than deficit based
- Shared approach and responsibility where professionals talk and share space
- Develop innovation and sustainable improvements
- Child's voice at the centre of decisions
- Commitment and accountability
- Encourage young people and their families to aspire to achieve better outcomes for themselves

- Culture of shared experience based on learning
- Developing family networks and communities
- Open and honest with families and each other
- Right Person, Right Service, Right Time

Working with Families

Early support needs to focus on those adverse experiences and help both the child and the parents deal with these. We want to forge a relationship between agencies and children and families so that the emphasis of practice is on *working with* children and families, rather than doing things to them or for them. “*Working with*” involves high support and high challenge so that families find their own lasting solutions to the challenges they face, and are equipped with the resilience to move forward successfully.

We are working towards a position where *working with* is the default option; basic entitlement for all children, young people and families who come into contact with services throughout the district, with the child at the heart of decisions that affect them.



7 Thrive Concept – The Kirklees Approach To Early Support

The partnership vision promotes the aim to help all families and children to thrive and reach their full potential. The Kirklees Early Support concept and approach is designed to address situations when this stops happening for a variety of reasons.

Thrive is an approach to early support already being used in areas including health and schools.

The approach is based on *working with*

- Strengths-based, asset-based approaches
- Key transformative approaches that span all staff and partners working to assist step up/step down
- “Working with” approach across the Kirklees Early Support Partnership (co-design, collaborate, co-locate)
- “Pro-social” – expertly tapping into the positive motivations of partners and communities
- “Creative commissioning” – constantly striving to find the best route for effective delivery
- “Networking” – making better collective use of intelligence and resource, systems thinking – for professionals and for individuals own support networks
- Co-invest time, money, expertise and seeking innovation in the approaches and activities that have a proven ability to help people sustain their step away from services
- Tapping in to self-support and self-agency, developing individual capacity and resilience
- Using evidence based approaches to design the range of activities, actions and self-help approaches that aim to get people to thrive

“THRIVE” Concept and Approach for Early Support

Input offered



Description of the THRIVE-groups



Five Needs Based Groups are distinct in terms of the:

- needs and/or choices of the individuals within each group
- skill mix of professionals required to meet these needs
- resources required to meet the needs and/or choices of people in that group
- distinction between advice/support and evidence based ‘interventions’

Using the Thrive Concept

The graphic gives examples of how professionals/services could fulfil their roles within this approach whilst recognising that some will need support to fulfil this role.



8 Outcomes Based Accountability Approach

It is critical that our approach is based on proven research, supported by clear evidence and can be shown to be making a real difference. Using the outcomes based accountability (OBA) process, outcomes, measures and action plans will be determined and agreed at a local level by all stakeholders. We will ask the key OBA questions:

- How much did we do?
- How well did we do it?
- What difference did we make?

Outcomes Based Accountability indicators – What difference are we making?

We will know that our approach is making a difference when there is evidence of a statistically significant impact in key indicators measuring the effectiveness of early support interventions. Partners will already have in their action plans key 'OBA indicators' which collectively will demonstrate the impact and outcomes of the early help support.

In summary these will include some the following:

- Numbers of Children Looked After, CPP and CIN, some of these may be children with additional needs
- Numbers of children to A & E, average birth weight, numbers of referrals to CAMHS

- Percentage of children with low attendance at school, percentage of students achieving a level 3 qualification at age 19
- Number of community-based interventions being accessed by families

9 Challenges, Risks and Responsibilities

Emerging Challenges

Engagement with young people, families and key stakeholders has identified a number of potential risks and challenges which need to be addressed to deliver the vision. The greatest challenge is cultural, developing the confidence to work and listen to the voice of the child and families. The challenges are not unique to Kirklees and with the emerging culture of high support and high challenge can be addressed. Some of these risks are as follows:

- Better clarity in understanding layer(s) of need
- Strengthened guidance on determining layer(s) of need
- Consent and information sharing
- Improving the knowledge about what services and support are available from a parents/carers point of view and their ability on how to access
- Simplified arrangements for accessing appropriate support
- Lack of shared understanding about what different services contribute to prevention
- Inter-agency co-ordination can be further improved to ensure resources are used most effectively to deliver shared objectives
- Recognition that there is a gap in the offer of services and support for children with additional needs and their parents/carers
- That parents are being asked the same things over again and sometimes feel judged rather than supported
- That agencies rather than families determine the right time for support
- There are too many box ticking style performance indicators
- There is too little one to one support for children with complex needs
- There is too great a focus on higher tier services
- There is a long waiting list for Family Support
- There is uncertainty about future funding
- Voice of the child is not always heard and evidenced

In developing the partnership there needs to be clarity about the roles and responsibilities of the key stakeholders.

Local authorities and partner agencies delivering early support to children and families should improve the quality and consistency of assessment and plans by:

- Promoting the use of evidence- and research-informed assessment practice
- Improving the quality of analysis in assessments
- Ensuring that assessments reflect the views and experience of the child and family
- Making the purpose clearer and improving the intended outcome
- Ensuring plans are regularly reviewed and that these reviews evaluate the child's and family's progress
- Provide professional supervision to all staff delivering early support and ensure that their work receives regular management oversight, particularly in respect of decisions about whether families need more formal help
- Ensure that all early support professionals have access to effective training

- Ensure that children's needs for early support arising from parental substance misuse, mental ill health and domestic abuse are addressed in commissioning plans
- Ensuring that all those who work with families have an understanding of those factors that contribute to ensuring that all children have the best start in life

The LSCB should:

- Critically evaluate the effectiveness of early support and publish these findings in the LSCB annual report, monitor the quality of early support assessment, planning and management oversight through effective audit arrangements
- Develop and monitor local quality standards to ensure that early support professionals have access to effective supervision and management oversight
- Evaluate the effectiveness of the LSCB threshold document to ensure that it is understood and used appropriately by all partner agencies and that children and families are helped effectively as a result
- Monitor and evaluate whether children's emerging needs are appropriately met elsewhere when referrals to children's social care do not meet the locally agreed threshold for statutory intervention
- Ensure that all professionals working with families receive effective early support training

Local authorities should:

- Ensure that when a child is referred to local authority children's social care the referrer is consistently given good-quality feedback about the outcome of the referral
- Establish effective processes for evaluating the overall impact of early support

10 Supporting Strategies and Policies underpinning Early Support

- Kirklees Children's Improvement Plan
- Nurturing Parents Charter
- Kirklees Education and Learning (Draft)
- Kirklees Joint Health and Wellbeing Strategy 2014-2020
- Kirklees SEND strategy
- Securing Sufficient High Quality Learning and Childcare Places School Organisation, Planning and Development for 2015-2018
- Kirklees Safeguarding Children's Board - Framework for decision making

11 Sources

This strategy has been developed through a combination of researching best practice and holding a series of consultation events with key stakeholders.

Appendix 1

Kirklees Needs Demand

The Context – Kirklees Overview – March 2018

	Batley & Spen	Dewsbury & Mirfield	Huddersfield	Kirklees Rural	Address Confidential/ Live Outside Kirklees	Total
Population						
Total No. of children age 0-18 *	27,628	21,590	32,757	22,177		104,152
<i>% breakdown of children aged 0-18 per District Committee area</i>	27%	21%	31%	21%		100%
No. of children aged 0-18 living in 0-30% most deprived LSOA	13,749	15,327	18,109	1,959		49,144
<i>% children living in 0-30% most deprived LSOA</i>	28%	30%	38%	4%		
Social Care						
Social Care CIN/CPP/LAC a/a 2 March 2018 (children aged 0-18) **	655	544	936	352	120	2607
<i>% breakdown of children per district committee</i>	25%	21%	36%	14%	5%	100%
Breakdown of Classification:						
CIN	390	332	549	232	51	1554
<i>%</i>	25%	21%	35%	15%	3%	100%
CPP	100	77	158	29	17	381
<i>%</i>	26%	20%	41%	8%	4%	100%
LAC (home postcode)	165	135	229	91	52	670
<i>%</i>	25%	20%	34%	14%	8%	100%

Children in Kirklees with an Education Health and Care Plan in 2018 (EHCP)

	Batley and Spen	Dewsbury and Mirfield	Huddersfield	Kirklees Rural	Total
Cognition & Learning Needs	152	132	156	104	544
Percentage of EHCP Population by Area	28%	24%	29%	19%	
Communication & Interaction Needs	212	172	287	170	841
Percentage of EHCP Population by Area	25%	20%	34%	20%	
Physical & Medical Needs	36	44	65	29	174
Percentage of EHCP Population by Area	21%	25%	37%	17%	
Social, Emotional, Mental Health Needs	93	53	109	73	328
Percentage of EHCP Population by Area	28%	16%	33%	22%	
Sensory Impairments (including hearing, vision)	27	25	25	16	93
Percentage of EHCP Population by Area	29%	27%	27%	17%	
Other categories of need or in assessment	62	65	80	59	266
Percentage of EHCP Population by Area	23%	24%	30%	22%	

The May 2018 school census identified that there were 6,934 children recorded as having SEN support.

DRAFT

PART A - Children and Young People's Mental Health Trailblazer Site Expression of Interest Form

Use this form to express interest in being selected to be a trailblazer site to deliver a Mental Health Support Team

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, for the collection of financial and analytical information for both Mental Health Support Teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

1 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials and settings.

Please complete part A and B and C if applicable and send to your Regional Delivery Lead by 17th September, 2018

This form should be read alongside the guidance document.

Organisation details

CCG	<p>Lead CCG NHS North Kirklees</p> <p>Our proposal is joint bid between;</p> <p>NHS Greater Huddersfield CCG/ NHS North Kirklees CCG</p>
CCG lead contact name, organisation, position	<p>Tom Brailsford Head of Joint Commissioning - Children</p>
<p>Other organisations involved in the application and named lead for each organisation</p> <p>This should include:</p> <ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	<ul style="list-style-type: none"> • Northorpe Hall Children and Family Trust; Tom Taylor, Director • South West Yorkshire partnership NHS Trust; Linda Moon, General Manager CAMHS • Locala Community partnership (CIC); Cliff Dunbavin, Strategic Operations Manager • Kirklees Council, Public Health; Clair Ashurst-Bagshaw, Transformation lead • Kirklees Council, Learning and Skills; Jayne Whitton, Principal Educational Psychologist • Kirklees Council, Learning and Development; Tracy Bodle, Community Hubs Manager
Region	<p>Yorkshire and Humber</p>
STP Footprint	<p>West Yorkshire</p>
VSM approval	<p>Penny Woodhead Chief Quality and Nursing Officer Greater Huddersfield and North Kirklees CCG</p> <p><i>Penny woodhead.</i></p> <hr/> <p>Jacqui Gedman Chief Executive Kirklees Council</p> <p><i>J. Gedman</i></p> <hr/> <hr/> <hr/> <hr/>

The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal, including details of your proposed service model, why it should be funded and your success criteria

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a pilot of the MHST within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for intended purpose
- Any funding will be in addition to current investment in emotional, behavioural and psychological wellbeing or interventions by any party within the relevant settings

In April 2017 the local authority and CCG's took an innovative approach to CAMHS transformation. Joint commissioning existing tier 2 and tier 3 CAMHS, ASD, learning disability provision, school nursing and health visiting services, ([for further detail see our local CAMHS LTP](#)) creating a 'tier free' joined up, accessible, family centred health provision with a focus on early intervention and prevention based on the Thrive Elaborated approach. The programme is called Thriving Kirklees.

The Kirklees Future in Mind plan 2015-2020 highlights key areas of improvements in relation to our school based prevention and early intervention offer. Progress has been made in our ambitions for school based support but challenges remain. Rapid access to evidence based intervention in our educational settings is essential to improving the emotional health and wellbeing of our children and young people.

The Kirklees proposal builds on our innovative, system-wide commissioning approach to ensure education providers play a full and leading role in addressing local challenges around mental and emotional health support.

Thriving Kirklees has developed strong links with education providers through the local CAMHS Link work. Many schools, Colleges and alternative education providers have taken up opportunities for additional school nursing services, senior management or whole school training, consultancy and mental health awareness training for staff. Over a hundred schools and colleges have a named Designated Mental Health Lead and over 70 have attended the new network meetings. (See 1.2.1). Schools have been encouraged to collaborate and create the Kirklees Community Hubs which enable schools to share resources and plans, with a focus on early intervention and prevention. Hubs vary in size and resources, responding to local opportunities and needs. Thriving Kirklees support is aligned to this infrastructure and model, reducing duplication, joining up services and ensuring children and young people and families receive the right support at the earliest possible opportunity.

We have made improvements across our whole CAMHS system in relation to access and waiting times; the multi- agency single point of access, (see 1.2.2), has had a positive impact on clinical CAMHS waiting times, reducing many assessments and services from 12 months to 3 months. Significant challenges still remain, many young people need a face to face mental health intervention for common conditions such as anxiety and depression are waiting longer than 28 weeks, on average.

The Kirklees Trailblazer Model aims to; (See Appendix 1)

- Support a **whole school approach** to promoting children and young people's emotional health and wellbeing
- Ensure that where required children and young people have rapid access to evidence based interventions
- Based on **co-production** – building on strengths and respectful of pre-existing capabilities of schools, parents/carers and pupils as experts in their own circumstances,
- Pull together the 3 key areas of support within schools; **mental health, SEND and safeguarding**
- Place Leadership and Management at the centre, ensuring social and emotional wellbeing feature strongly in **plans, policies and systems**
- Support schools to develop a community vision (**PATH**) with development is informed by **audit**
- Cover key area of focus: ethos and environment, curriculum teaching and learning, staff development and wellbeing, student voice and working with parents/carers.
- Deliver interventions are evidence based and underpinned by a knowledge of child development, promoting well-being and resilience, emotional and social skills, adverse childhood experiences, and mental health.
- Enable a bespoke programme of support for schools which enhances the existing whole school offer.

Our model is a collaboration between two CCGs covered by a single delivery consortium, Thriving Kirklees. Two MHST's will cover hub footprints identified and prioritised through a needs analysis, (see Appendix 2). The first MHST covers 3 High

schools, 17 Primary schools, 1 College base, 1 Special school, 1 PRU. The second MHST covers 4 high schools, 13 Primary schools, 1 Special school and 1 PRU.

Teams will co-locate within hubs, providing fast and responsive mental and emotional health interventions to young people who need them. Data will be in the same system, ensuring high levels of data security, care coordination across the system and effective reporting to the MHSDS. MHST's will be multidisciplinary teams comprising educational psychology, emotional health and wellbeing workers, family mental health workers, with clinical oversight from specialist CAMHS.

Education providers will have access to whole school development resources, training and senior leadership team support, enabling them to more effectively manage and support children's emotional wellbeing and create a culture of wellbeing and early intervention. School staff will be supported to identify who needs help and enabled to respond appropriately. This may include joint delivery and facilitation of appropriate interventions, e.g. group work and ensure sustainability.

Our aim is to pilot the provision of mental health support in partnership with schools, learn from schools about what they need and what will help them create positive environments which sustain and improve all children's mental health.

The local authority and CCG will support system change with our schools and voluntary organisations in key delivery leadership roles. The MHST's in each community will ensure we are responding to place based needs and sharing learning across the system.

Our success criteria includes;

- Establishing the MHST and clear working relationships across all parties, including other local services
- Schools have a 'whole school development plan for mental and emotional health'
- School staff know how to identify young people in need of mental health support
- School staff know how to help young people access advice and support
- Young people know how to seek help when they need it
- The MHST responds rapidly and appropriately to every request for support
- The MHST starts the required intervention quickly
- 4 week waiting times average across Kirklees (waiting times pilot).
- Feedback from young people, families and school staff accessing advice and services is highly positive and evidences impact
- Assessments and feedback demonstrate improved mental health of those accessing the service
- Improved levels of emotional wellbeing across the target population
- Length of intervention is scaled and responsive
- Monitored through six monthly interim evaluation and progress reports, sharing learning with key stakeholders.

Timetable

Please provide a high level timeline for the delivery of MHST. Please indicate any key milestones. This could be in the form of a slide or table

Kirklees key timeline for the delivery of MHST

Key Milestones	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Successful bid	█									
MHST consultation with schools & colleges, finalise	█	█								
Local recruitment										
Further consultation with schools & colleges agree		█	█							
Develop and on- going review governance		█	█							
Finalise trainee recruitment with HEI		█								
Trainees commence training			█							
Communication briefing to wider stakeholders including; cabinet members, primary care, parents /			█							
Waiting time piolt commences			█							
Full MHST service operational						█				
Ongoing evaluation and learning - key milestones to				█		█		█		█

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest – **please highlight sections relevant to this EOI**

Appendix 1: Kirklees Trailblazer Model

Appendix 2: Hubs Needs mapping

Appendix 3: Kirklees Future in Mind Transformation plan, Q1 18-19 progress update.

1.2.1

The schools and colleges Emotional Health and Wellbeing Network meetings have been established by Thriving Kirklees. Representatives include; Education Provisions, Council and Educational Psychology Team. It provides an opportunity for identified leads to share best practice, resources, and training opportunities. Identifying support needs and solutions is also a key feature.

1.2.2

Single Point of Contact (SPoC) This is the initial point of contact to access Thriving Kirklees services. CHAMS, Chews and health are co-located to provide timely, holistic approach to calls including seamless transfer of care between services where needed

Key criteria

The guidance document lists several criteria which have been identified as essential in the delivery mental health support teams into schools and/or 4 week waiting time pilots.

In submitting this expression of interest you must indicate that you have read these criteria and undertake to deliver them. If you are successful you will need to demonstrate your plan to deliver within your plans which will monitored regionally.

		Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	X	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment. The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools	X	
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	X	
	a. Do you have a clinical lead for data	X	
	b. Are your services routinely using data to influence quality improvement	X	
	c. Do you have a digital patient record system in place	X	
	d. Does your system/s allow you to flow Snomed codes	X	
	e. Do you regularly collect % report paired outcome scores	X	
	f. Are outcome measures routinely used in the clinical consultation	X	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	X	
	h. If there are any cost implications if there funding in place		
4	You have locally made an assessment of mild to moderate mental health need for children and young people	X	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	X	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	X	

7	Services in your area currently have an identified schools lead from mental health	X	
8	You agree to take part in the national evaluation for the duration of the agreed period	X	

4 Week waiting time pilot

Yes we would like to take part in the waiting times pilot (please see completed part C word document and the relevant sections of part B excel spreadsheet)

Signatories

Signatories should include the Chief Executive Office or Chief Operating Officer of CCG(s), the Director(s) of Children's Services, the Director(s) of Public Health and an appropriate representative from the Health and Wellbeing Board, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
NHS Greater Huddersfield CCG/NHS North Kirklees CCG	Head of Joint Commissioning-Children	
Kirklees Council	Chief Executive	
Kirklees Council	Strategic Director - Corporate Strategy and Public Health	
Kirklees Council	Service Director, Family Support and Child Protection - Targeted Support -	
Northorpe Hall Children and Family Trust	Director	
Kirklees Council	Service Director- Learning and Early Support, Learning and Skills	
South West Yorkshire partnership NHS Trust	Director of Finance	
Locala Community partnership (CIC);	Cliff Dunbavin	

PART C - Children and Young Peoples 4 Week Wait Pilot Expression of Interest Form

Use this form to express interest in being selected to be a trailblazers site to deliver a waiting time pilot

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, largely for the collection of financial and analytical information for both Mental health supports teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

2 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead by 17th September

This form should be read alongside the guidance document.

3 Organisation Details

Lead CCG	Lead CCG NHS North Kirklees CCG This is joint proposal between NHS Greater Huddersfield CCG/ NHS North Kirklees
CCG lead contact name, organisation, position	Tom Brailsford Head of Joint Commissioning - Children
Other CCG's involved in the application	This is joint proposal between NHS Greater Huddersfield CCG/ NHS North Kirklees CCG
Other organisations involved in the application and named lead for each organisation This should include: <ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	<ul style="list-style-type: none"> • Northorpe Hall Children and Family Trust; Tom Taylor, Director • South West Yorkshire partnership NHS Trust; Linda Moon, General Manager CAMHS • Locala Community partnership (CIC); Cliff Dunbavin, Strategic Operations Manager, Children's • Kirklees Council, Public Health; Clair Ashurst-Bagshaw, Transformation lead • Kirklees Council, Learning and Skills; Jayne Whitton, Principal Educational Psychologist • Kirklees Council, Learning and Development; Tracy Bodle, Community Hubs Manager
Region	North Region
STP Footprint	West Yorkshire
VSM approval	Jacqui Gedman Chief Executive Kirklees Council <i>J. Gedman</i>
	Penny Woodhead Chief Quality and Nursing Officer Greater Huddersfield and North Kirklees CCG <i>Penny woodhead.</i>

4 The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal to achieve and maintain waiting times from referral to evidence based intervention of 4 weeks, including details of your proposed service model, why it should be funded and your success criteria, and proposals for how you would use extra resources

We would welcome information on:

- the proposed starting average waiting time and
- the expected proportion of CYP that will be seen within the waiting time

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a waiting time pilot within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for the purposes it is intended for
- Any funding will be in addition to current investment

Most referrals into our mental health services single point of access, (See 3.1), come from young people and families directly, from GP's or from education provision, by telephone. We listen, understand their concerns and challenges, helping them to reflect and explore the factors impacting on the young person's mental health. With consent, we contact other services and professionals involved and gather information to make a holistic assessment.

Our experienced, trained telephone support workers provide reassurance, information about other services, and advice about managing and improving mental health. If required, our shared duty with CAMHS and Health enables quick consultation to occur and the most appropriate professional to respond further.

This works well and provides a number of supportive, responsive contacts with young people and carers in just a few weeks. By this standard, our waiting times are around 8 weeks.

Our waiting times challenge is for those whose mental health needs are such that they need more than information and advice and telephone support. Following case consultation, where a face to face mental health intervention is required, current

waiting times average around 28 weeks.

The challenge is to reduce our 'access standard' waiting time to four weeks, while also reducing the waiting time for face to face support significantly.

How will we do it? We will;

1. Implement MHST's, as described in Part A of this application. Ensuring the help that children and young people need is accessible to them in schools and colleges.
2. Education providers, as identified in Part A, will have access to whole school development resources, training and senior leadership team support, Enabling them to more effectively manage and support children's emotional wellbeing and create a culture of wellbeing and early intervention. School staff will be supported to identify who needs help and enabled to respond appropriately
 - Increase the service's capacity to provide telephone support. For many young people and families, telephone support is easy to access, flexible and responsive and enables them to understand their needs better and find their own ways to improve their health. Even if they later need more support, they find the telephone support helps them be ready to make the best of those sessions.
 - Increase the number of staff able to offer face to face evidence based interventions with young people and families. We will ensure that staff are properly supported with good case supervision, administrative support and data/IT support to make good use of their time and ensure high quality recording and reporting.
 - Provide more evidence based group support activities for young people. Groups can enable young people to feel less isolated and supported by their peers, as well as making good use of staff time. We will train and support staff to use evidence-based group work tools and resources.
 - Support parents and carers better, enabling them to work with their young people to understand and improve their mental health. Our workshops and awareness raising sessions have received positive feedback, increasing resilience and skills in families. Our senior practitioner will provide family interventions, support, coaching and advice.
 - Integrate the voice and influence of young people into the learning and development of our services, driving improvement from their perspective.

These Kirklees wide services will increase the service offer to all young people and families in Kirklees, ensuring a fast and effective response to mental health needs.

3. How many extra staff are required?

The following full time equivalents:

- 2 x Emotional Health Worker, delivering group work and workshops
- 2 x Telephone support workers, taking support requests, gathering information, signposting and providing ongoing telephone support and facilitating use of self-help materials
- 1 x Senior Practitioner to support above staff and deal with transfers and escalations, and a caseload of those with more complex needs
- 0.5 Young people's voice worker – ensuring the voice of young people shapes

and develops services and support offered

- 0.7 x Administration support
- 0.3 x Data/IT management

These are additional to the current staff team.

4. How do we know it will work?

Our information system enables us to analyse the demand and capacity of our service and the performance of staff. Our projection is that this staff team will support an additional 300 young people a year. Along with two mental health support teams in Kirklees, this will add significant capacity to the wider mental health system in Kirklees.

Three staff providing evidence based face to face interventions and two staff providing telephone interventions - responsive, evidence-based interventions that for 9 out of 10 young people will make a real difference to their mental and emotional health.

Through our telephone assessment and support process ensure that emotional health workers are allocated only to those who need the face to face support and whose needs cannot be met by guided self-help or other local support services.

We recently participated in the Local Government Association peer challenge programme and this helped us understand the importance of young people's voice and participation in developing mental health services and we will integrate this into the drive to reduce waiting times.

5. Impact on waiting times

Piloting of telephone support calls has shown that two substantial contacts, providing valuable listening, information, advice and enabling self-understanding and self-help, can be provided within just two weeks of a request for support.

The target will be for 25% of those requesting support to receive two supportive phone calls within 2 weeks. This will bring the average wait down to under 4 weeks.

While high demand and a backlog of cases will mean that some will continue to wait longer, this quick response will have a significant effect on average waiting times. Over the next year, as the MHST's establish and the new waiting times staff reach capacity, waiting times will reduce gradually.

We will change young people and families expectations of what 'getting help' means. We will help them understand that help can be effective online, over the phone and in groups as well as one to one sessions with a support worker.

Timetable

Please provide a high level timeline for the delivery of waiting time pilot. Please indicate any key milestones. This could be in the form of a slide or table.

Key Milestones	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Successful bid notification	█									
Formalise and detail project plans	█	█								
Local recruitment and induction	█	█								
Review and improvement of data and recording processes to support waiting times initiative	█	█					█			
Increase telephone support capacity to reducing waiting list in preparation for pilot		█								
Develop detailed progress indicators, timeline and governance and reporting arrangements		█				█				
Finalise trainee recruitment with HEE		█								
Training of key staff on HEE funded training		█	█	█	█	█				
Develop communication plan and materials and review effectiveness	█	█				█				█
Communication briefing to wider stakeholders including; cabinet members, primary care, parents / carers, wider schools & colleges network			█		█			█		
Reporting and accountability key events						█		█		█

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest - **please highlight sections relevant to this EOI**

3.1

Single Point of Contact (SPoC) This is the initial point of contact to access Thriving Kirklees services. CHAMS, Chews and health are co-located to provide timely, holistic approach to calls including seamless transfer of care between services where needed

5 Signatories

Signatories should include the CEO or COO of the CCG, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
NHS Greater Huddersfield CCG/NHS North Kirklees CCG	Head of Joint Commissioning-Children	T. Brylka
Kirklees Council	Chief Executive	J. Geelman
Kirklees Council	Strategic Director - Corporate Strategy and Public Health	K. Spencer - Horsfall
Kirklees Council	Service Director, Family Support and Child Protection - Targeted Support	Elaine McShane
Northorpe Hall Children and Family Trust	Director	Tom Taylor
Kirklees Council	Service Director- Learning and Early Support, Learning and Skills	J. Joddy
South West Yorkshire partnership NHS Trust	Director of Finance	[Signature]
Locala Community partnership (CIC);	Cliff Dunbavin	Cliff Dunbavin

11 References

Kirklees information - accessible at www.kirklees.gov.uk/futureinmind

1. Kirklees Transformation Plan Refresh – 2017
2. Kirklees Transformation Plan Refresh – 2016
3. Kirklees Future in Mind Transformation Plan 2015 to 2020
4. Various supporting documents and information

Additional information sources

1. [Brain in Hand” app](#)
2. [The Calderdale Framework](#)
3. [Delivering the Forward View, NHS Planning Guidance 2016/17](#)
4. [Five Year Forward View for Mental Health: One Year on 2017](#)
5. [Five Year Forward View for Mental Health – 2016 report](#)
6. [Five Year Forward View for Mental Health website](#)
7. [Future in Mind: Children and Young People’s Mental Wellbeing 2015](#)
8. [Kirklees Joint Strategic Analysis resource](#)
9. [Lenahan review, “Building the right support ”](#)
10. [NHS England Choices web pages](#)
11. [NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both](#)
12. [Ofsted - Kirklees Improvement Action Plan Progress](#)
13. [The Children’s Commissioner Briefing in Children’s Mental Healthcare](#)
14. [The Kirklees Health and Wellbeing Plan](#)
15. [The Lester Tool](#)
16. [The Progress and challenges in the transformation of children and young people's mental health care report](#)
17. [Thrive Elaborated model](#)
18. [Thriving Kirklees website](#)
19. [West Yorkshire and Harrogate Sustainability and Transformation Plan](#)

12. Glossary and Acronyms

ASD/ASC	Autism Spectrum Disorder / Autism Spectrum Condition
ASK CAMHS	Access and Support for Kirklees - Child and Adolescent Mental Health Services
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Reviews
ChEWS	Children's Emotional Wellbeing Service
Core 24	24 hours psychiatric liaison service to Accident and Emergency Departments
CSE	Child Sexual Exploitation
CYPEDS	Children and Young People Eating Disorder Service
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies
DNA	Did not attend
EHC (P)	Education Health and Care (Plans)
EIP	Early Intervention and Prevention
KIHCP	Kirklees Integrated Healthy Child Programme
KJSA	Kirklees Joint Strategic Analysis
KPI	Key Performance Indicator – used to evaluate success at reaching targets
LPS	Local Priority Stream
LPT	CAMHS Local Transformation Plan
MH & WB	Mental Health and Well Being
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
PCAN	Parents of Children with Additional Needs
PSHCE ed	Personal, Social, Health, Citizenship and Economic education
SALT	Speech and Language Therapy
SEMHD	Social, Emotional and Mental Health Difficulties
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
SPoC	Single Point of Contact
STP	Sustainability and Transformation Plan
TCP	Transforming Care Partnership(s)
Tier 2	Historical description for practitioners who are CAMHS specialists working in community and primary care settings

Workforce Development Plan: Whole family approach

Thrive Level	Area for development	Action to be taken	Who is responsible/ lead organisation	How will progress be monitored	Date	RAG Rating	Comments/Update	
Thriving	Train all Locala SCPHN (Specialist Community Public health nurses) to work across the 0-19 spectrum	Phased approach to supporting staff through competency development in their alternative field of practice (Health visiting or School Nursing)	Angela Ladocha/ Locala	Notification by the university of Huddersfield of those that have completed the pathway. numbers will be reported on quarterly	New cohort commenced every 12 months	green	8 SCPHN's have now completed the pathway. A further 13 are currently underway with this and due to complete in the next 12 months.	
	Train all Locala band 4 staff (child Development Practitioners) to work across the 0-11 age spectrum	Support colleagues to develop competencies across the 0-11 age range using the skill sharing competency workbook developed	Angela Ladocha/ Locala	the workforce will be supported to complete the competency workbooks in cohorts of 8 at a time.	Commenced January 2018	green	A cohort of 8 have been identified to fully complete the competencies across the 0-11 spectrum. A skills matrix has been completed to understand where the gaps are	
	Embedding FNP and nurturing parenting principles/ approaches across the workforce - attachment tools and principles	To work in partnership with FNP practitioners to develop care pathways within generic 0-19 practice that are underpinned by FNP principles, approaches and resources.	Cheryl Beirne/ Locala	Locala colleagues book on via ESR which allows us to monitor those that have attended.		green	skills sharing workshops have been established for: communication skills, working with marginalised families, attachment and the teenage brain. These are offered across the TK workforce.	
	Increased awareness and understanding of roles across the TK workforce	Awareness raising and promotion via the 0-19 forum, team meetings, newsletters and joint training	Locala					Joint training is taking place for solution focused practice (CAMHS/ Northorpe/ 0-19). Joint training is planned for MHFA training
	Home-Start preparation course for all new volunteers	Training courses booked in for after Easter. Day time and evening course available dependent upon uptake. Dates for academic year 2018/19 in place. Volunteer training offered to meet vols requests/learning needs throughout the year in addition to standard prep course	Home-Start	Attendance is monitored and volunteer learning is measured and scored. Volunteer supervisions in place once clearance completed.	New cohort trained per academic term -	green	NPP sessions offered as top up learning sessions to all vols in addition to standard prep course. School readiness sessions to all vols to be offered in Autumn term 2018 - new training offer	
	THRIVE principles training for the TK workforce.	To establish a clear understanding of where each of the THRIVE principles fit across the partnership and to embed THRIVE principles into core service and develop training to support this.	Linda Moon/ All TK partners				A 0-19 workshop dedicated to embedding the THRIVE principles has been arranged for Nov 18. This will ensure that the 0-19 workforce are instrumental in shaping and developing THRIVE approaches.	

Improve support offer to parent/carers	Support staff to develop group offer to parent/carers.	Northorpe	Sessions Offered Take Up	Mar-19	green	Two parent sessions taken place over August 18 and a monthly schedule of parent sessions to be offered over the year
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Kirklees Children's Services

Improvement Plan refresh

Creating the conditions for success

Content and structure

Part 1: Overview

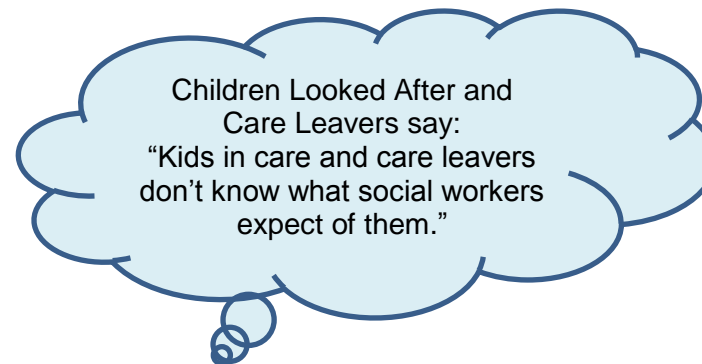
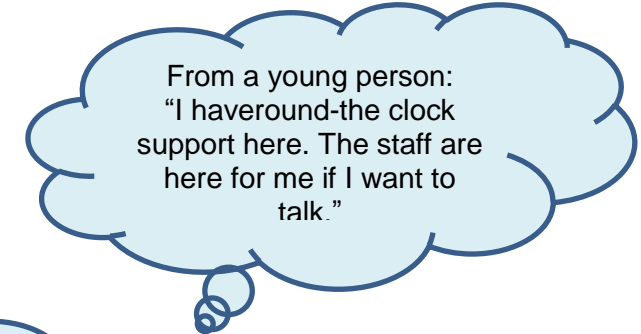
1. Forewords by Cllr Viv Kendrick and Eleanor Brazil
2. Our improvement journey to date
3. Our approach – how we are managing our improvement journey

Part 2: Ensuring delivery

1. Governance
2. Monitoring and performance
3. Glossary

Part 3: 10 Point Improvement Plan

1. Children Looked After
2. Care Leavers
3. Early Support
4. Front Door
5. Workforce
6. Practice
7. Voice of the Child and Families
8. Leadership
9. Partnership
10. Performance and Quality Assurance



Foreword

Councillor Viv Kendrick

Our Improvement Partnership with Leeds City Council has been in place for over 12 months. During this time, progress has been made to address the failings raised by the 2016 inspection. We have completed the first stage of our improvements by responding to issues that required immediate and urgent action.

We have sought to improve our understanding of where things are not working across all the teams in Children's Social Care. We have used this learning to identify three crucial areas which underpin good social work practice. By focussing on these areas over the next 12 months we will see further improvements in keeping vulnerable children and young people safe. We call these 'our three obsessions'. They are Recording, Assessment and Planning.

Over the past year, the Children's Services Improvement Board has seen the improvements made across Children's Social Care and has heard first-hand the difference changes have made, not only to our staff but for young people as well. Listening to the voice of the child is embedded in the board's approach. Changes to management, staff and policies have provided stability, giving the service the time and space to work together better and to begin to build and embed better practice across all our work with children and families in Kirklees.

Investment in leadership, management and frontline staff is creating the conditions where good social work can grow. After a period of change there is now a permanent, settled senior team who work together promoting a shared vision and both a restorative culture and practice within the organisation.

There is still a great deal of work ahead; we are very realistic about the current position and we understand further improvements are needed to achieve the standards we expect for our work with children, young people and their families in order to achieve better outcomes for them.

Our work to deliver the strategic plan agreed with partners and the Department for Education (DfE) – the 10 point Improvement Plan - continues. The aim has been to create sustainable, strongly rooted change. Therefore shortcuts have not been taken. Given the position in 2016, we know this improvement journey will take time. This plan focuses on the next three years and reflects our current assessment of what we need to do. However, we recognise that we need to continually improve, learn and deal with emerging challenges to get things right for children and young people. In that spirit we will regularly revisit and check that we are having the impact we want and adjust our plans if needed.

The needs of children and young people run through everything we do; the way we work with partners is central to delivering better outcomes. We will continue to have conversations with partners and colleagues across the council on the values and principles that need to underpin our further improvement work. This plan has undergone a refresh to ensure it is relevant and focuses on the right priorities. This plan sets out the stages of improvement we will make to take us from where we are now to an embedded culture of practice where we, and all partner agencies, are consistently and confidently doing the right things for children and young people. Ensuring children get the best start in life is everyone's business and owned by all.

Councillor Viv Kendrick
Cabinet Member with Statutory Responsibility for Children's Services

Foreword

Eleanor Brazil

As the Commissioner appointed by the Secretary of State, I am pleased to endorse this refresh of Kirklees Children's Services Improvement Plan. I was appointed immediately after the Ofsted inspection in 2016 to help drive improvement.

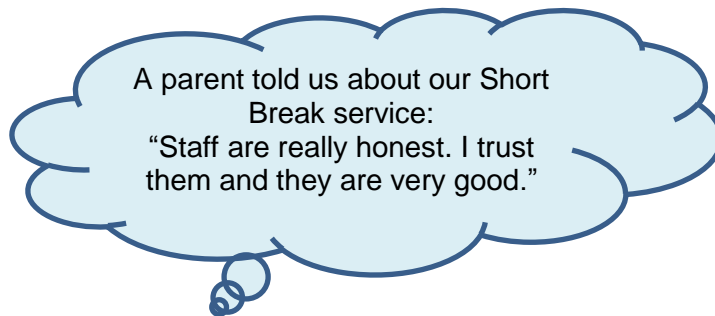
The first year was difficult, with too many changes in senior leadership, insufficient progress on recruitment and retention of good social work staff and managers, and a failure to address the key practice issues that were impacting on the quality of response for children and their families. This was evident in the feedback from the early Ofsted monitoring visits, which judged pace of improvement and progress to be too slow.

My recommendation to establish a formal partnership with Leeds to give Kirklees the support and capacity needed was agreed by the Minister for Children and Families, but it took time to put this in place. From July 2017 the Leeds DCS has also been the DCS in Kirklees and has led the delivery of the Improvement Plan.

As the lead member says in her foreword, since that time significant changes have taken place and we are now seeing more consistent and effective responses to children. I chair the Improvement Board and have seen real change in the quality of data, the knowledge about the service from good auditing, the improved morale of staff and the positive contributions from partner agencies. All of this is indicating real progress now, also seen by Ofsted. It is therefore timely to refresh the Improvement Plan, to reflect on what has been achieved, and what more is required.

Eleanor Brazil

Commissioner for Children's Social Care in Kirklees



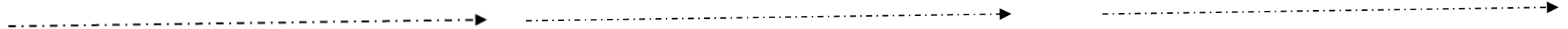
Improvement journey

July 2017

July 2018

July 2019

July 2020



1. Responding

(12-month action plan)

Completing immediate and urgent actions

- Senior leadership in place as part of Partnership with Leeds City Council, Leeds DCS becomes DCS in Kirklees
- Improvement partnership endorsed by commissioner for Children's Social Care in Kirklees and DfE
- Improvement Partners seconded to Kirklees Council
- Assessment of underlying challenges and issues
- 10 Point Improvement Plan agreed with DfE and strategic partners
- Restorative Practice model launched

2. Strengthening

(Improvement Plan year two)

Designing and developing a stronger strategic approach

- Refresh Improvement Plan based on learning
- Ensure improvements are working and children are safe
- Manage risks as changes are made
- Strengthen underlying capacity, behaviours and capability
- Strengthen practice
- Strengthen performance management culture
- Ofsted monitoring visit
- Ofsted Inspection
- Begin planning transition of strategic oversight from Improvement Board to Kirklees Council and 'business as usual' corporate governance arrangements

3. Embedding and adapting

(Improvement Plan year three)

Delivering the approach and adapting it based on learning

- Refresh Improvement Plan based on learning and feedback
- Ensure improvements are working and children are safe
- Manage risks as changes are made
- Continue to strengthen underlying capacity and capability
- Ongoing review to check the planned outcomes are achieved

Our approach – how we are managing our improvement journey

The Improvement Programme agreed between Kirklees and Leeds recognises that whilst the child welfare system is complex, this does not mean the plan needs to be complicated. The plan is based on 10 priorities, with a plan on a page for each priority.

To ensure that the plan directly addresses the findings of our Ofsted inspection, actions are cross referenced to Ofsted recommendations, marked by an (O) for reference, and set out the aims, actions, the deliverables and how we will know whether we are making a difference.

In some areas of the plan we have identified the level of change anticipated – for example the reduction in the use of agency staff – but in other areas no numbers are identified – for example in relation to the safe and appropriate reduction in the numbers of looked after children.

This is to avoid the creation of ‘targets’ which replace outcomes for children and young people as the focus for interventions.

Keeping children safe (O1)

Embedding high quality social work practice to keep children safe is at the centre of our approach to improvement. The next phase of our journey focuses on strengthening our restorative approach to ensure we are ‘doing the simple things well’ with a continued focus on improving outcomes for children.

We will continue to use our Quality Assurance Framework and performance management systems to identify areas that need addressing.

This will help us to ensure that there is a clear line of sight from frontline practice to the Senior Leadership Team and Improvement Board, which we know is essential to our improvement journey and to keeping children safe.

Priority	Alignment to Ofsted inspection recommendations
1. Children Looked After	O18, O19,O20,O21 and O22
2. Care Leavers	O23, O24, O25 and O26
3. Early Support and Edge of Care	O17
4. Front Door	O12,O13 and O14
5. Workforce	O2
6. Practice	O9, O10, O15 and O16
7. Voice of the Child and Families	O4, O8, O10, O11 and O21
8. Leadership	Delivery of the Ofsted Recommendations
9. Partnership	Delivery of the Ofsted Recommendations
10. Performance and Quality Assurance	O3, O4, O5, O6, O7, O8, O14 and O27

Ofsted recommendations - Key 10 Point Improvement Plan actions delivered

- Strategic leadership for Children's Services in the interim and longer term improvement secured.
- DfE Improvement and Innovation fund secured. Priorities for investment agreed with implementation plan. (O17)
- Governance, process, multi-agency working and partnership at the front door (A & I -assessment and intervention) strengthened and improved. (O12,O13, O14)
- Restorative Practice social work model implemented, training for staff and partners completed.(O2)
- Multi-agency training for shared CIN and CP processes completed (O15)
- 'Doing Simple Things Well' practice training and development completed. (O9, O10, O15, O11, O26)
- Corporate Parenting Board Strengthened (O8)
- Workforce development programme in place (O2)

- New Performance and Quality Assurance framework in place, weekly reports on key areas of activity or issues such as caseloads, with detailed 'drill-down' information by team. Weekly reports are supplemented by evaluative monthly reports. (O4, O5, O6,)
- Multi-agency and collaborative oversight, assurance and challenge mechanisms in place through the KSCB.
- Successful recruitment campaign, substantive posts recruited across all levels, reduction of agency staff targets achieved.
- Staff engagement and Leadership sessions. As the senior team has become established, it has developed collaborative learning events on key issues to reflect on progress and practice and to develop shared improvement plans.(O2)
- Partnership led development of the Early Support Strategy; collaborative approach to early support, shared responsibility and vision (O17)
- Replacement IT system rollout underway (O7,O10)

Impact

We have focused on creating 'the conditions for success for social workers. This approach is making a significant difference in our ability to recruit and retain high quality staff, Kirklees is cited as an employer of choice for new starters joining our social work teams – a very different picture to where the council was in 2016-2017. Quality assurance has been strengthened through additional Child Protection Chairs and Independent Reviewing Officers. Frontline teams have benefitted from continued recruitment, with over 40 ASYEs joining the organisation and, importantly, the vital new addition of 12 new Advanced Practitioners that will lead practice improvement and mentor frontline workers.

Multi-agency working in the front door has improved significantly, greater assurance and better decision making has led to a sustained reduction in the contact to referral rate and subsequently on work flowing into the Assessment & Intervention teams. Investment in additional front line social workers has led to a reduction in caseloads. After a period of increased staff turnover late in 2017, caseloads have now entered a sustained path of improvement - in some teams a reduction of over 18% since the beginning of the year can be seen. Overall caseloads are now broadly in line with national and statistical neighbour benchmarks.

In frontline practice, restorative approaches are beginning to have more influence on everyday working. Staff are confident, passionate and know their children well. This was reflected in the July 2018 Ofsted monitoring visit. Staff reported to inspectors improved morale and increased trust in leadership. These improvements are mirrored in the corporate Staff Satisfaction Survey results, where the response rate from staff in Child Protection and Family Support and Early Support teams was nearly twice that of the overall council response. Results show huge improvements from the last survey in 2016, most notably around staff empowerment. The number of respondents who reported feeling encouraged to come up with new and better ways of doing things has jumped from 31% to 71% in 18 months.

For children, young people and their families, decision making and timeliness is much improved. We are better at working with children and families to ensure their thoughts, views and wishes are reflected in planning and taken into account. Stability of workforce has reduced the number of changes to social workers, children are able to build trusting relationships with their social worker.

Part 2: Ensuring delivery

Governance – ‘Working with’

Governance of the improvement programme has strong leadership and assurance mechanisms in place.

Support from the chief executive, elected members, partners and senior leaders ensures focus, drive and pace. The programme also has strong cross-party support, with clear commitment from all group leaders to support the improvement process.

Improvement Board

The Improvement Board is the key partnership body with ownership of the Improvement Plan and responsibility for its delivery. It is made up of strategic representation from partner agencies, working to agreed terms of reference.

The Improvement Board is chaired by the Children’s Commissioner who provides updates on progress to the Department for Education.

Children’s Scrutiny Panel

Undertakes the scrutiny of all Children and Families Services in Kirklees including monitoring and challenging the progress and implementation of the Improvement Plan.

Kirklees Safeguarding Children Board

Co-ordinates safeguarding across different

agencies and promotes the welfare of children in Kirklees

Corporate Parenting Board

Statutory responsibility to ensure looked after children and young people grow up having the same opportunities as their peers and to support children leaving care to live independent lives.

Partnership Governance Board

Responsible for strategic oversight of partnership arrangements between Leeds City Council and Kirklees Council including the effectiveness of partnership arrangements and monitoring the delivery of the improvement programme

Monitoring Performance and Quality

Using data and intelligence to monitor and improve performance and quality of practice will be key to the success of our improvement journey, and is a vital part of new ways of working across the council in the future.

Progress against the Improvement Plan will be reported to the Children’s Improvement Board. Reporting will include but not be limited to:

- A performance report including progress against key indicators linked to the Improvement Plan

- Audit activity including ‘deep dive’ quality audits to test quality assurance process and quality of practice
- audit areas of practice where performance measures have dipped to understand and respond as appropriate

Making a difference to children and families

Our approach is firmly focused on improving outcomes for children and families.

In addition to data and intelligence which shows how we are performing against key indicators, we are using Outcome Based Accountability to demonstrate the difference our improvements make to the lives of children and their families. Our 10 Priorities’ updates to the Improvement Board, will show through case studies and feedback from children, their families and partners the positive impact of changes we are making.

Glossary

Below is a list which provides short explanations of all the acronyms and professional terms in this plan.

Assessed and Supported Year in Employment (ASYE)

The assessed and supported year in employment is a programme that gives newly qualified social workers extra support during their first year of employment. The programme aims to help them develop their skills, knowledge and professional confidence.

The ASYE programme for social workers who work with children and families is based on the statement of knowledge and skills for child and family social work.

Child and Adolescent Mental Health Services (CAMHS)

Kirklees CAMHS promotes emotional well-being and delivers preventative services and treatment to children and young people with mental health problems.

Corporate Parenting Board (CPB)

The Corporate Parenting Board co-ordinates and oversees the work undertaken with looked after children in Kirklees to make sure that they are in appropriate placements and receive the same opportunities as their peers.

Daily Risk Assessment Multi-Agency Meeting (DRAMM)

A meeting to discuss medium and high risk domestic violence cases held within the Front Door.

Higher Education Insight partners (HEI)

This a social work teaching partnership between four local authorities and two universities in West and North Yorkshire.

The partnership is led by social work senior managers within local authorities. It brings together Principal Social Workers, workforce development leads, social work academics and researchers, frontline practitioners and young people and adults who have experienced social care.

Independent Reviewing Officer (IRO)

Independent Reviewing Officers are experienced social work managers whose duty is to ensure the care plans for children in care are legally compliant and in the child's best interest. All local authorities have a duty to appoint an IRO to every child in care or child who is subject to a Child Protection Plan. IROs are required to oversee the child's care plan and ensure everyone contributing to the care plan fulfils their legal obligations to the child.

Kirklees Safeguarding Children Board (KSCB)

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. It is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

Liquidlogic (LL)

Liquidlogic Children's Social Care System has been specifically developed by and for practitioners to allow case management and record keeping for children in need, looked after children, adoption

and child protection cases, as quickly and simply as possible.

Multisystemic Therapy Team (MST)

MST is an intensive family and community based intervention for children and young people, where young people are at risk of out-of-home placement in either care or custody due to their offending or having severe behaviour problems.

Duty and Advice Front Door (D&A)

Duty and Advice is a team of professionals including Children's Services social workers, police, Early Support, health and education which responds to initial enquiries regarding children and young people in Kirklees

Restorative Practice (RP)

This is the agreed model of practice in Kirklees. It involves providing high support and high challenge whilst working alongside people; doing with and not to.

Part 3: 10 Point Improvement Plan

Summary Plans

In this section you will find high level summary plans for each of the 10 improvement priorities

For each priority there is:

- A one-page summary setting out what actions we have delivered and where they relate to the Ofsted recommendations, what difference it has made and how we plan to monitor as part of 'business as usual'
- A one-page summary that explains why we are focused on the issue, what we plan to achieve, how we will do it, and how we will know when the changes we've made are working
- A table of the high level actions to be completed, with owners and timeframes*

(* timeframes use standard financial quarters, starting at Q3 2018/19 as it is September at the time of publication)

Note that for each of the 10 areas there is more detail contained in supporting operational project plans.

Priority 1: Children Looked After

Strategic Responsibility: Steve Comb – Head of Corporate Parenting; Julie Bragg - Acting Head of Children Looked After

This is the first priority of our plan because Children Looked After is everyone’s shared responsibility as ‘Corporate Parents’. Ofsted highlighted areas where our care needs to improve, from the way that legal proceedings are managed when concerns become serious to the quality of care planning to the way we organise placements for our Children Looked After.

Key improvement actions delivered

- Improved governance and legal processes– Permanence, Gateway and Adoption Decision Making panels in place, strengthened legal case manager process in place (O18,O22)
- Placement practice and protocols reviewed and improved.
- Improved quality of and effectiveness of residential homes by reduction in occupancy in residential homes and new statement of purpose agreed with Ofsted
- All placements with parents’ orders reviewed plans to discharge where safe and appropriate executed. (O19)
- Staff have undertaken Restorative Practice training
- Children Looked After have access to an independent visitor when they need one (O21)
- Management capacity and oversight improved through recruitment to Head of Service and Service Manager posts
- Oversight and challenge of the Corporate Parenting board improved through provision of improved performance data. Children’s views influence the focus and decision making of the board (O8)
- Roles of Children in Care Council and Care Leavers’ Forum developed and promoted.

What difference has it made?

The number of children in care is safely reducing, The Legal Gateway Permanence Panel continues to support consistency in decision making and planning around placement moves. Placement moves are also decreasing, the placement support team have implemented innovative solutions to support several placements. We have reinstated disruption meetings to identify when and what support placements require. This mean we have been able to work with families and foster carers early on to prevent placement breakdown. (O22)

Children and young people experience improved stability through the reduction in changes to social workers. The Improvement Board heard the impact multiple changes of social worker has on emotional health and wellbeing from care experienced young people. Improvements are resulting in social workers knowing their children well and understanding what is important to their children. Trusting relationships are being seen through the quality of work such as Life Story Books

Inspections outcomes for three mainstream residential homes inspected by Ofsted “Good Overall”. Residential mainstream homes are now operating at occupancy of four beds rather than the previous six. Children say: “I have got round-the-clock support here. The staff are here for me if I want to talk”.

Children with Disabilities residential homes are rated Outstanding or Good.

Performance will be kept in view through

Children Looked After weekly and monthly performance reporting

A weekly External Placement Review Panel with multi-agency clinical input is in place to provide better oversight of children who are not placed in council provision

Ofsted monitoring visits

Thematic audits

Children’s Scrutiny Board reporting

Corporate Parenting Board

CQC inspections.

Business meetings with foster carers

Quality assurance role in placement teams.

Priority 1: Children Looked After

What we are aiming for:

- Plans for care and permanency will be SMART (O1, O22).
- Children are placed in safe, appropriate family type settings as close to their existing communities as possible (O20)
- Commissioned services will be quality assured and will evidence value for money and compliance with the council's financial and contract procedural regulations
- Improve the range, quality and cost-effectiveness of placements for Children Looked After including short breaks and respite provision for children with disabilities. (O19,O20)
- Compliance with statutory guidance on children who go missing. We will have an effective system in place to ensure children who go missing from care receive an independent return interview
- Improved support for returning home safely
- Children who are looked after feel safe and confident about their future, they are supported to achieve their goals and have the same opportunities to enjoy leisure and cultural activities as any other child

How we will do this:

- Staff will undertake training on strengthening practice with focus on recording, assessment and planning
- Production of Corporate Parenting Strategy, setting the strategic direction for Children Looked after in Kirklees
- Support Corporate Parent Board to act as a critical friend, through provision of LGA Corporate Parent training for all board members and newly elected councillors
- We will increase the number of foster carers by prioritising recruitment and retention, ensuring our approach encourages applicants with protected characteristic such as black, Asian minority ethnics (O20)
- Review external and out of area placements, plan and move children back into area only where this would achieve the best outcome for the child (O19)
- Agree and implement Sufficiency Strategy actions and work with the Specialist Accommodation project to plan and implement actions ensuring there are the right type of placements available locally at the right time for the right children (O20)
- Develop and implement quality assurance and contract management process for commissioned services such as spot purchases including provision of bank staff that is compliant with the councils financial and contract procedure rules
- Identify and review commissioned services to ensure arrangements comply with the council's contract and financial procedure rules, and that adequate contract management/quality checks are in place. Undertake remedial action such as competitive procurement exercises where necessary
- Develop and implement a reunification strategy to support safe and successful return to family or kinship carers
- Identify and implement actions to improve timeliness of return interviews including production of regular reporting to highlight themes to address

How we will know we are succeeding:

- Number of Children Looked After 0-17 including those with disability and/or additional needs. Good performance will show this reducing
- Proportion of children placed outside Kirklees due to lack of suitable placements. Good performance will show this decreasing
- Proportion of children placed with parents on a care order. Good performance will show this decreasing
- Independent return interviews for Children Looked After will be undertaken within 72 hours. Good performance will show this increasing
- Placement costs reduced.
- There is a reduction in the number of children who go missing
- Reduction in the number of repeat missing episodes.
- Reduction in placement moves.

PRIORITY 1 – CHILDREN LOOKED AFTER

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Sufficiency Strategy					
Deliver actions needed to increase sufficiency, including the local offer for foster carers, reviews and action plans for internal and external fostering, residential & PWP	Steve Comb Tom Brailsford				
Fostering					
Undertake action planning, then deliver actions to improve the recruitment and retention of foster carers.	Steve Comb				
Commissioned Services					
Complete actions to identify and review commissioned services to ensure arrangements comply with the council's contract and financial procedure rules, and that quality assurance procedures are in place.	Laura Counce Matthew Bardon				
Looked After Children Missing process					
Review the missing process for Looked After Children, identify and implement actions to improve the timeliness of return interviews including production of regular reporting that highlights common themes to address.	Ophelia Rix KSCB				
Special Guardianship Orders					
Review and update the Kirklees Special Guardianship Order policy.	Julie Bragg				
Corporate Parenting Board					
Provide LGA Corporate Parent training to all board members and newly elected councillors	Steve Comb				
Produce a Corporate Parenting strategy	Tina Cooper				
Reunification Strategy					
Develop and implement a reunification strategy	Steve Comb				

Priority 2: Care Leavers

Strategic Responsibility: Julie Bragg – Acting Head of Children Looked After

Most young people are supported by their parents well into their twenties, so we need to consider how together as a partnership we can provide the same or better support for Care Leavers who face more challenges than most young people in their transition to adulthood.

As the basis of all support, we need to make sure we have the best personal advisors for all Care Leavers, and that they together agree a good clear plan to make a success of adulthood. In addition we need to make sure there is better help in place for those who need extra support with their mental health, and to support all Care Leavers into learning and work.

Key improvement actions delivered

- Pathway Plans assessed and audited for quality
- Management capacity and oversight improved through recruitment to Service Manager post
- Children in Care Council and Care Leavers forum strengthened.(O8)
- Professional development pathway for Personal Advisors agreed
- No 11 - A safe, one-stop place for Care Leavers to access support and services from the Leaving Care team and partner agencies (O23, O24, O25)
- Keep In Touch for Care Leavers safeguarding protocol in place
- Health Partners have invested in provision for the most vulnerable groups to provide support and interventions that are flexible and meet the needs of looked after children- those at risk of experiencing Child Sexual Exploitation and those in the Youth Offending Team system. There is multi-agency team comprising of a psychotherapist, psychologist and emotional health and wellbeing practitioner is embedded with our Children's Social Care Team. (O25)

What difference has it made?

- Themes and areas to focus improvement on identified - making plans SMART, Assessment, Planning and Recording and acting on the voice of the child
- Putting the voice of the child at the centre of everyday practice is resulting in it being better heard, Representative of Children in Care Council and Care Leavers Forum attend Corporate Parenting Board. They have influenced housing allocation policy, resulting in the ability to get tenancies in areas they consider more suitable, instead of estates with high deprivation and crime where they are more likely to be exposed to risk (O8)
- The innovation of No.11 has been recognised by the DfE. Through a partner approach Care Leavers have access to immediate/crisis support via a duty system including washing facilities and food. Improved access to a variety of support via partner agencies including: (O23)
 - Housing
 - Mental health support (O25)
 - Sexual health support
 - Substance misuse support
 - Benefits advice
 - Access to support and advice for young people post-21
 - Access to careers advice (O24)
- A wider group of vulnerable young people are having their needs met than was originally envisaged. Work is being undertaken with children in need as well as looked after children. The waiting time standard for vulnerable groups is consistently being met by their having treatment provided within 28 days (O25)

Performance will be kept in view through

- Thematic audits and audit reporting
- Monthly reporting – percentage of LAC who received a CAMHS intervention/assessment within 28 days. Good performance will show a decrease
- Corporate Parenting Board
- Children's Scrutiny Panel
- Health indicators
- Economic indicators
- Housing allocation reporting

Priority 2: Care leavers

What we are aiming for:





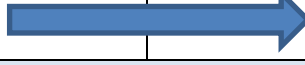

- An inclusive service where Care Leavers feel safe and confident about their future and are fully supported to achieve to the best of their abilities (O23)
- Care Leavers including children with disabilities experiences when transitioning and moving into independent living are improved (O23)
- Wellbeing and mental health needs for Care Leavers are recognised and support to access services is improved (O25)
- All Care Leavers (except those with exceptional circumstances) are in learning or work, or have a clear, well-resourced plan to help them into learning or employment (O24)

How we will do this:

- We will engage with care experienced young people to inform the local offer to ensure it is fit for purpose and meaningful. We will agree and communicate our local offer for Care Leavers
- All Care Leavers will have a personal advisor allocated from their 17th birthday (O23)
- All Care Leavers work with their own personal advisor to agree a high quality Pathway Plan that includes practical support and skills, takes into account and reflects their needs, views and goals, as well as accommodation and employment (O26)
- We will co-produce with Adults Services an improved transition pathway for disabled children. The current pathway will be reviewed with actions to improve identified and implemented
- Staff will undertake training on strengthening practice with focus on recording, assessment and planning to ensure the quality of pathway plans underpin high quality support packages (O26)
- Implement training and support programme for personal advisors. (O23)
- Trial use of IROs to monitor Pathway Plans in first year post care for those young people with additional needs (O26)
- Work with local colleges, schools and employers to agree additional support and opportunities for Care Leavers not in education or work. (O24)

How we will know we are succeeding:

- Number of Care Leavers with their own personal advisors. Good performance will show this increasing
- Proportion of Care Leavers involved in agreeing Pathway Plans – audits will show Care Leavers are involved in agreeing up to date, high quality Pathway Plans; their voice is heard and acted on. Good performance will show the proportion increasing and quality improving
- Children's health outcomes are improving across a range of measures, including both physical and emotional health and wellbeing
- Care leavers receive a CAMHS intervention/assessment within 28 days
- Increase in the proportion of Care Leavers in learning or work
- Keep in Touch figures

PRIORITY 2 – Care Leavers					
What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Care Leavers Local Offer					
Complete actions within agreed plan to finalise and launch the local offer for Care Leavers to be known locally as “Our commitment to Care Leavers”	Julie Bragg				
Continuing work with key stakeholders and partners to enhance the current offer					
Care Leavers Not in Education Employment or Training					
Undertake action planning, then deliver actions to improve the outcomes for Care Leavers and to increase the number that are ready to engage in or are in education, employment or training	Julie Bragg				
Trial use of IROs to monitor Pathway Plans in first year post care					
Identify the possible demand and level of interest in trialling the use of IROs to monitor pathway plans post 18. Review of cost and current service capacity to be undertaken.	Ophelia Rix				
Development of ‘No 11’ for Care Leavers in North Kirklees					
Produce an action plan for development and opening of space for Care Leavers in North Kirklees	Julie Bragg				
Support for Care Leavers who become parents					
Undertake action planning, then deliver actions to improve the support for Care Leavers who become parents.	Julie Bragg				

Priority 3: Early Support

Strategic Responsibility: Michelle Attmere – Head of Early Support

Early Support for children and families is more effective and less expensive than intervening when problems become entrenched. Even if Early Support cannot stop problems escalating, targeted and evidence based interventions for those at most risk can still make a difference and reduce the need for the high costs of social care involvement and taking children into care. These kinds of services are better for children and families but are also important to ensure that the local safeguarding system is sustainable.

Key improvement actions delivered

- Improvement and Innovation Fund for Kirklees created by the Department for Education (DfE) to invest and adapt Innovation Programme initiatives for edge of care and early support created by DfE (O17)
- Innovation fund implementation plan agreed
 - Multi Systemic Therapy (MST) Team
 - Family Group Conferencing (FGC)
 - Family Mental Health Service (FMHS)
- MST Information and engagement sessions held. Recruitment to posts underway.
- Community hubs and support in place
- Partnership engagement and events -Early Support Strategy agreed.
- Early Support roles and functions reviewed, Learning and Development Pathway agreed and launched
- Early Support team manager consolidated in duty and advice/front door
- Kirklees Safeguarding Children Board Decisions framework agreed

What difference has it made?

- FGC - The service has expanded from 3 to 12 posts which will enable up to 320 conferences to be facilitated per year. These voluntary meetings help families find their own solutions to problems
- FMHS -Team Manager and Stronger Families consultants are in post, Senior Practitioners will be in place shortly. Recruitment to additional posts has increased capacity to deliver services to families in Kirklees
- The 'working with' approach to developing the Early Support Strategy has strengthened partnership working; agreed values and principles have been created with the shared understanding that Early Support is not a single council service but is everyone's responsibility. Based on the Thrive model, an effective wrap around service for families is in place to get support when they need it without having to go to multiple agencies, improving co-ordination of support and the experience of families
- Collaborative conversations are developing in the hubs. Referrals to the front door are no longer the immediate response. Instead schools, social care, health and other partners are working together to plan and agree ways forward. In turn, this approach is reducing the number of referrals at the front door
- Family Support Service established providing additional capacity and accessibility through locality working.
- Shared understanding and principles of practice ensuring:
 - Cases are appropriately dealt with at an early stage
 - Unnecessary escalation to statutory services is avoided
 - Cases are de-escalated safely and appropriately

Performance will be kept in view through

- Monitoring reports to DfE
- Development of shared Outcome Based Accountability measures across the partnership

Priority 3: Early Support

What we are aiming for:

- To rebalance and strengthen the safeguarding system through developing better Early Support and preventative services, delivering collectively on shared agendas across health, education and social care (O17)
- To reduce pressures on statutory social work services through improved Early Support and community support
- An effective partnership approach to delivering Early Support across the district based on shared ownership, understanding, principles and values
- To improve the quality of frontline practice and develop a more relational model of support
- To strengthen community level partnership working around community and locality hubs which will include support to disabled children and their families
- An outcome based commissioning culture that uses evidence to inform service improvement

How we will do this:

- Strengthen our 'working with' approach to improve community Early Support arrangements, agree shared local action plans with partner agencies. Together we will develop a hub framework and a children's centre core offer through a unified not uniform approach
- Audit quality and impact of Early Support practice, agree and implement a development programme for frontline staff
- Implement action plan to deliver DfE Innovation Funded projects (O17)
- Develop with partners and implement an Early Support assessment that is relationship centred to make sure the right support at the right time is provided
- Agree and implement an Early Support service organisation development plan
- Research Early Support best practice using evidence to support analysis of district-wide Early Support and intervention activity. Work with the partnership including Integrated Local Partnerships - Community Plus and VCSE-Communities Kirklees Youth Alliance to understand impact on outcomes for children, young people and families of current offer. Put plans in place to commission evidence based interventions where gaps emerge. Agree and implement decommissioning processes if applicable
- Engage with relevant partners – KNH, health, police, Community Plus, VCSE etc - to understand Early Support and diversionary activities available, co-produce a marketing/communication strategy and implementation plan

How we will know we are succeeding:

- Number of CiN, CP or LAC good performance will show this decreasing.
- Proportion of newly configured teams providing effective Early Support. Good performance will show this increasing
- Number of children successfully supported to stay safely at home through MST interventions
- Number of cases where early intervention has prevented a social work intervention or child becoming looked after
- Proportion of local partners reporting high levels of confidence with locality Early Support services
- Proportion of local partners reporting high levels of satisfaction with locality Early Support services.
- Number of repeat referrals to Early Support decreases
- Number of repeat referrals to Front Door decreases

PRIORITY 3 – Early Support

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Early Support Partnership Strategy					
Work with partner organisations to launch and embed the Early Support strategy across the authority.	Michelle Attmere				
Review of Early Support Assessment					
Consultation with partner agencies on current assessment form and referral process. Development and implementation of action plan following consultation to ensure that there is a fit for purpose process in place.	Michelle Attmere				
Implementation of DfE funded services					
Complete recruitment process and implementation of MST team and Mental Health in Families Team. Ensure systems are in place to monitor and measure impact of these services.	Elaine McShane Jo-Anne Sanders Michelle Attmere				
Children’s centre core offer					
Development and delivery of actions to implement the children’s centre core offer.	Michelle Attmere				
Early Support Launch					
Plan and deliver launch of the Kirklees Early Support offer across the partnership	Michelle Attmere				

Priority 4: Front Door

Strategic Responsibility: Charlotte Jackson – Head of Assessment and Intervention; Ian Mottershaw - Detective Chief Inspector, Kirklees Safeguarding, West Yorkshire Police

The 'Front Door' for social work services plays a crucial role in the safeguarding system in Kirklees – as the place where local people and services can access robust and well-informed advice, support and decision-making from social work professionals. Getting this right is vital for ensuring that every child gets the right support and protection at the right time, and getting this wrong can lead to both delayed help for children and unsustainable pressures for local agencies and the social work service, leading to a cycle of growing pressure and weakening practice.

Key improvement actions delivered

- Substantive senior and operational leadership in place
- Multi-agency Strategic Duty and Advice Board and Duty and Advice Operational Groups in place
- Multi-agency Assessment and Intervention improvement plan agreed and implemented covering leadership, staffing, professional development and support, decision-making and 'thresholds' (O12, O14)
- Multi-agency review of domestic violence procedures and actions – Operation Encompass implemented. (O13)
- Multi-agency plan for improving consistency and quality of input to initial child protection strategy meetings agreed and implemented. Additionally in Duty and Advice, minute and note taking training has been provided to the relevant staff in order to improve the quality of strategy meetings and plans (O14)
- Review and quality assurance processes in place monitoring decision making in the Front Door (O5)

What difference has it made?

- Stability, capacity and clear processes have led to a sustained reduction in caseloads Assessment and Intervention caseloads have reduced by 18% since January 2018
- Restorative training, support and clear agreed processes have given the team the space and opportunity to grow confidence in decision making. All staff have received training
- Working with partners to change perceptions has led to a shared understanding of the Front Door's purpose. There is a sustained reduction in the contact to referral rate. This means work coming through the Front Door and subsequently into Assessment and Intervention has decreased; contributing to reducing caseloads, and increased timeliness and quality of practice
- Multi-agency weekly referral meetings are providing assurance that improved decision making is ensuring children are receiving the right level of service by the relevant agency. Cases are appropriately escalated where it is the right action to take (O12)
- Partners welcome their involvement and now believe their skills, experience and perceptions are being appreciated. This collective participation has provided some improved ownership of the front door through the partnership though it is still regarded as the property of Social Care (O14)
- The presence of the DRAMM has provided an opportunity to assess Domestic Abuse cases where children are linked in a timely and effective manner ensuring correct action is undertaken. Police have located a Missing Person Coordinator with the Social Care Missing Team to improve information sharing (O12, O13)

Performance will be kept in view through

- Weekly referral meetings,
- Daily meetings
- Weekly and monthly performance reporting
- Case and thematic audits

Priority 4: Front Door

What we are aiming for:




- Greater collective ownership, consistency and accountability of the Front Door; strengthening and embedding partnership working, processes and governance (O12, O14)
- An environment that encourages a culture of challenge across the partnership, where appropriate, and healthy dialogue is welcomed
- Response to risk is appropriate and consistent at all times
- To rebalance the proportion of referrals and assessments leading to no further action
- Planning and actions from child protection strategy meetings are in line with National Good Practice guidelines
- To continue to strengthen local multi-agency working for children and families affected by domestic violence, CSE, CCE and missing (O13)

How we will do this:

- Work with wider community based staff and agencies e.g. Housing who as part of their role and interactions are likely to encounter families, children and young people who may be at risk of significant harm to ensure there is understanding of statutory duties, the Kirklees Safeguarding Children Board decisions framework and compliance with the agreed Front Door process and procedures
- Review, consult, agree and publish the eligibility criteria for receiving a service from the Children's Disability Service giving consideration to adopting the Child Health and Disability (CHAD) model
- Bring in line Children's Disability Service referrals with the Duty & Advice process
- Review practice, process and roles in the Emergency Duty Service to ensure risk is appropriately identified and managed and the service is effective and fit for purpose, aligning with wider service and corporate Front Door policies.
- Align missing and vulnerability resources to the Front Door
- Staff will undertake training on strengthening practice with focus on recording, assessment and planning (O9)

How we will know we are succeeding:

- Number of contacts and referrals to Front Door are reduced
- Proportion of referrals safely closed with No Further Action or closed from assessment are reduced
- Review and audit show strong and improving decision-making practice
- Children with a Child Protection Plan reduced
- 24hr decision making on social care referrals
- Proportion of initial Child Protection Conferences within 15 working days.

PRIORITY 4 – Front Door				
What	Lead	Timeframe		
		Q3 18/19	Q4 18/19	Q1 19/20
		19/20	Q2 19/20	Q3 19/20
Emergency Duty Service				
Review and redesign the Emergency Duty Service	Stefan Chapleo Paul Harris			
Align missing and vulnerability resources to the Front Door				
Risk & Vulnerability team members to be located within Front Door	Ophelia Rix Sara Miles	Complete		
Children’s Disability Service				
Review, consult, agree and publish the eligibility criteria for receiving a service from the Children’s Disability Service	Christine Bennett			
Children’s Disability Service				
Alignment of Children’s Disability Service referrals with Duty & Advice process	Christine Bennett			

Priority 5: Workforce

Strategic Responsibility: Ophelia Rix – Head of Safeguarding, Quality Assurance and Principal Social Worker; Paul Harris – Programme Manager

Ofsted have observed the child focus and commitment of frontline staff. These values, and our Children's Services workforce, are vital to our improvement plans. We need to create the conditions for success – putting in place the right respect, support, training and development that staff need and deserve.

Key improvement actions delivered

- Capacity and sustainability of workforce addressed through revision of leadership structure and recruitment to permanent roles across the service from strategic to frontline roles. Full complement of staff across CP & FS in place by Sept 2018 including investment in non-caseholding Advanced Practitioners to support learning and development of AYSEs. Targets for reduction in use of Agency staff met ahead of plan
- Children with Disability Service aligned under Family Support and Child Protection directorate
- Career development framework developed and implemented in consultation with staff and unions (O2)
- Leadership Development monthly sessions implemented.
- Refreshed Learning & Development pathways for social workers and Early Support staff launched (O2)
- Regular staff engagement sessions -Support for staff and working conditions reviewed and issues addressed.(O2)
- Teaching Partnership in place with HEI partners
- Social Work Health Check undertaken
- Induction, supervision and appraisal process refreshed and implemented (O2)

What difference has it made?

- There is a stable leadership team in place whose consistency of approach to improvement, communications and expectations of social work has provided clarity and high support to the workforce. Staff have said through inspection monitoring visits, the Corporate Staff Satisfaction Survey and the Social Work Health Check that management, support and training has improved significantly
- Staff turnover has reduced. Recruitment of permanent staff has improved quality and consistency of practice due the reduction in use and turnover of agency staff. By September 2018 we will have recruited to all posts across the service. Children and families are able to build better relationships with social workers as changes to social workers has reduced
- Noted by Ofsted, morale, confidence and job satisfaction of staff have improved. Feedback from the staff focus group has said “going forward we have an even better direction of nurturing and retaining staff and people have a clear understanding of the pathways for progression. There is a good balance of learning, development and progression for the right reasons”
- Caseloads have reduced across the service. Protected time allows staff to keep case records updated in a timely manner
- Practice Education Consultants have supported better placement learning for students and improved standards of Practice Education to support the students during placements
- An increased number of placements and an increased number of newly qualified staff applying for social work posts
- Access to a range of masterclasses and other CPD programmes through our partner universities – Huddersfield and York
- High Calibre professional development for newly qualified social workers
- Strong partnership working and a more structured approach to development of a wide range of national social work initiatives

Performance will be kept in view through

- Monthly and weekly performance reporting on caseloads
- Annual temperature check via corporate staff satisfaction survey and annual social work health check
- Supervisions and appraisals
- Staff turnover and sickness levels
- Ongoing dialogue with trade unions
- Staff engagement sessions and workshops
- Workforce monthly monitoring

Priority 5: Workforce

What we are aiming for:

- A flexible, confident and capable workforce that understands how their work contributes not only to the success of their service but to the wider corporate plan and Kirklees Outcomes and adapts accordingly to changing situations and priorities (O2)
- A stable workforce that feels valued and is supported to have a healthy work-life balance.(O2)
- Children and families experience fewer changes in social workers, enabling positive and trusting relationships to be built and outcomes to be achieved

How we will do this:

- Career progression framework will be updated in preparation for the national assessment and accreditation system. We will continue to promote and raise awareness of the opportunities the teaching partnership has to offer(O2)
- Strengthen our approach to locality working and locality based assessment and intervention teams, building relationships with agencies and community assets which will enable us to work closer to families in environments they are more likely to feel at ease in
- Managers meeting will monitor and ensure all relevant staff benefit from and receive protected time
- We will ensure that development opportunities for managers maximise use of development opportunities across the council, regionally and nationally as well as refocusing our local offer to meet priority needs through our Strengthening Practice Leadership Programme
- Further develop the induction process, ensuring there is a shared understanding and consistency of application across all teams, including a process for internal moves and handing off work in progress/caseloads (O2)
- Strengthen appraisal, supervision and management oversight embedding the three obsessions of assessment, planning and recording. Observation of supervisions and feedback conversations will ensure opportunities for development and training are identified (O2)
- Further development and training will be delivered focusing on Strengthening Practice, recording, assessment and planning

How we will know we are succeeding:

- Proportion of social workers and Early Support staff who report happy in job
- Proportion of staff who report their skills and behaviours are recognised by my manager/supervisor
- Proportion of staff who report feeling support at work with their mental health
- Proportion of staff feeling supported in having a healthy work-life balance
- Improvement in staff retention
- Reduced use of agency staff
- Reduced days of sickness absence
- Number of staff who have regular supervisions
- Number of staff who have had an annual appraisal

PRIORITY 5 – Workforce

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Update the Career Development Framework in preparation for the national assessment and accreditation system	Ophelia Rix				
Ensure that development opportunities for managers maximise use of development opportunities across the council, regionally and nationally as well as refocusing our local offer to meet priority needs through our Strengthening Practice Leadership Programme	Ophelia Rix				
Further develop the induction process ensuring there is a shared understanding and consistency of application across all teams, including a process for internal moves and handing off work in progress/caseloads	Ophelia Rix				
Strengthen appraisal, supervision and management oversight embedding the three obsessions of recording, assessment and planning. Observation of supervision and feedback conversations to ensure development and training are identified	Ophelia Rix				
Undertake programme of training and development focusing on strengthening practice in recording, assessment and planning	Ophelia Rix				

Priority 6: Practice

Strategic Responsibility: Ophelia Rix – Head of Safeguarding, Quality Assurance and Principal Social Worker

The quality of front line practice is key to improving the lives of children and families in Kirklees. It is the way that our staff work with children and families that will, in the end, make the difference and build the relationships, skills and confidence to make change. Effective practice needs shared values, a good theoretical model, good skills and knowledge from staff and the right training, support and supervision from managers. We have implemented a restorative approach which has both a strong evidence base and moral foundation which emphasises building on strengths, and empowering children, families and communities through stronger relationships.

Key improvement actions delivered

- Improved frontline practice in social work and Early Support through training and development for all staff, delivering restorative practice and 'Doing simple things well' (O9, O10, O14, O15, O17, O18, O22)
- Restorative practice training available and accessed by partners
- Audit sampling of cases completed, targeted training programme developed from audit findings. Revised pre-birth policy and pathway approved at Kirklees Safeguarding Board (O16)
- Multi-agency training and development programme for shared CiN, CP Conferences and Core groups in place (O12, O13, O14, O15)
- Leadership development programme in place, monthly development sessions, mentoring and coaching in place

What difference has it made?

- Senior leaders work closely with frontline managers to develop their management practice and quality assure their work – for example service managers now observe team managers and discuss the learning in a reflective review
- In frontline practice restorative approaches are beginning to have more influence on everyday working. Feedback from a staff focus group told us: *"We have been able to be really open and say 6-12 months ago things weren't so good, things weren't positive and we didn't feel valued but now the general feeling is that morale is much better and there is much more of a stronger team ethos."*
- Better joint working and decision-making within social work are improving the response to pre-birth concerns. This can be seen in data from the Front Door. An improved policy and better shared understanding of practice is leading to fewer contacts, and better decision-making about risk at the Front Door is leading to less contacts and fewer referrals to social work and assessments
- Quality of assessments and plans has improved due to reduced caseloads and the engagement and effort from social workers towards learning and improvement. Evidence from audits, reflective supervision, CP chairs and IROs suggests most assessments and plans are adequate, and a growing proportion show the rigour, depth and analysis to be judged good or better

Performance will be kept in view through

- Monthly and weekly performance reporting on caseloads
- Annual temperature check via corporate staff satisfaction survey and annual social work health check
- Supervisions and appraisals
- Staff turnover and sickness levels
- Ongoing dialogue with trade unions

Priority 6: Practice

What we are aiming for:

- Consistent application of practice standards; all cases will evidence high quality assessments, plans and recording (O9, O10,)
- Statutory timescales for conferences, meetings and decisions are met and exceeded, drift and delay is eliminated (O14, O15)
- All staff receive monthly supervisions which are reflective, highlight good practice and identify learning and development needs and opportunities (O2)
- All staff receive a high quality annual appraisal (O2)
- Shared values and model of practice in place across Kirklees Children's Services
- Improved staff and management confidence, skills and knowledge
- Improved multi-agency working in key activities for children in need of help and protection (O16)
- Children, young people and their families receive the right support and service at the right time to meet their needs









How we will do this:

- Deliver a Strengthening Practice programme which builds on the previous training and learning of 'Doing simple things well'. We will focus on three key themes (obsessions) – recording, assessment and planning - ensuring ethnicity and diversity is clearly recognised in assessment and care planning, enabling the lived experience of the child and cumulative risk to be identified
- Continue to develop practice leadership for social work managers through the restorative learning sets for service and team managers
- Identify, evaluate, agree and implement training for relevant staff to increase quality of child protection strategy meeting recording, eg ABE training (O14)
- Undertake Initial Child Protection Conference process mapping to identify opportunities to improve timeliness of meetings being undertaken
- Undertake further work with partners to refine pre-birth process and pathway
- Work with KSCB to support the development of a training programme and business plan which improves delivery, governance and oversight of Working Together training, Core Groups, CiN meetings and CP conferences (O15)
- Work with the transition team to strengthen and improve transition planning for children with disabilities and their families
- Work with partners to strengthen and improve CETR and SENACT pathways and processes

How we will know we are succeeding:

- Proportion of (a) Kirklees staff and (b) partner staff trained in restorative practice and Strengthening Practice training
- Proportion of those training who report high quality and impact of training
- Audit shows increasing quality and timeliness of assessments and planning
- Proportion of Child in Need reviews completed within 6 weeks
- Proportion of core groups completed within 20 days
- Proportion of children with a protection plan visited in the last 4 weeks
- Proportion of children with child protection plan visited within 2 weeks
- Proportion of children with child protection plan seen alone
- Outcome of SEND Inspection

PRIORITY 6 – Practice

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Deliver a Strengthening Practice programme which builds on the previous learning focusing on the three obsessions- recording, assessment and planning - ensuring ethnicity and diversity is clearly recognised in assessment and care planning, enabling the lived experience of the child and cumulative risk to be identified	Ophelia Rix				
Continue to develop practice leadership for social work managers through restorative learning sets for service and team Managers	Ophelia Rix				
Identify, evaluate, agree and implement training for relevant staff to increase quality of child protection strategy meeting recording, eg ABE training	Ophelia Rix				
Undertake Initial Child Protection Conference process mapping to identify opportunities to improve timeliness of meetings undertaken	Ophelia Rix				
Undertake further work with partners to refine pre-birth process and pathway	Charlotte Jackson				
Work with KSCB to support the development of a training programme and business plan which improves delivery, governance and oversight of Working Together training, Core Groups, CIN meetings and CP conferences	Ophelia Rix				
Work with transitions team to strengthen and improve transition planning for children with disabilities and their families	Christine Bennett				
Work with partners in health and education to strengthen and improve CETR and SENACT processes and pathways (links to longer term Integrated Commissioning)	Christine Bennett				

Priority 7: Voice of the Child

Strategic Responsibility: Ophelia Rix – Head of Safeguarding, Quality Assurance and Principal Social Worker

Research and reviews from Laming to Munro always emphasise the importance of the voice of the child in ensuring children are effectively supported and protected. Children's Services need to build the right relationships and trust with children and young people to enable them to voice their concerns, share their views and be involved in agreeing the support and plans that are right for their needs. Children's Services, and Kirklees as a whole, will have better services, better outcomes and a better future if children's voices are at the heart of everything we do. This needs to become a shared value and a central element of practice, process and partnerships across Children's Services. Ofsted's recent inspection highlighted a range of concerns around how effectively we currently work with children, from frontline practice such as visits and assessments to how children and young people were involved in leadership and partnership planning.

Key improvement actions delivered

- Task and finish group set up across Children's Services, undertaking review of how the council engages with children and young people across Kirklees
- Timeliness and quality of response to complaints from children and their families has improved, with learning taken on board by managers. Managers and the wider service have been trained in improved complaint resolution. A Children's Rights service is readily available to support children to make complaints and to advocate on their behalf (O4)
- Care experienced young people from the Care Leavers Forum and Children in Care Council attend the Corporate Parenting Board and are beginning to influence strategic planning.(O8)
- 'Fatal Respect' training delivered by care experienced young people to staff

What difference has it made?

- Ofsted inspectors report that families have told them their contact with children's social care has been improving
- Senior managers now have oversight of complaints, which is facilitating complaint resolution at an earlier stage and lower level. 100% of child complaints responded to within 10 days; a reduction in the overall average response time and an improving trend in the complaints resolved within statutory timescales. 96% of complaints are now resolved informally, and there has been a sharp reduction in higher stage complaints and Ombudsman cases (O4)
- Housing and Allocation policy has taken into account the experiences and challenges faced by children leaving care and have written into policy changes which will improve housing options for care leavers (O4)

Performance will be kept in view through

- Proportion of complaints processed within agreed standards
- Complaints monitoring and annual report
- Children's Rights advocacy monitoring.

Priority 7: Voice of the Child

What we are aiming for:

- To strengthen arrangements for involving and empowering children and young people and their families across Children's Services, ensuring every child has a voice
- The voice of the child will be central to all we do; practice, processes and planning properly and consistently to engage, involve and reflect children's and young people's needs, views and goals (O11, O10)
- To strengthen the role of children and young people in Kirklees partnership arrangements (O8)

How we will do this:

- Via the Voice of the Child task and finish group we have worked with partners across Kirklees including CPFS, Learning and Education and the Democracy service to understand how, across Kirklees, children and young people are engaged as individuals and as a collective, what tools are used, where there is duplication and where gaps are. Our next steps are to work with partners to take this information and develop a framework which sets out a cohesive approach to engagement and involvement. The output of the Voice of the Child task and finish group will be used as the basis of our voice of the child improvement plan. The plan will be agreed, implemented and will set out how we are going to empower and strengthen the involvement of families
- Restorative practice training already delivered will be embedded and built on via the Strengthening Practice development programme. 'Total Respect' training is part of the ASYE learning and development pathway during their first 12 months. This training is delivered by care experienced young people and aims to help social workers engage better by sharing their experiences of what we do, how we do it and how it makes them feel. We will review take up and effectiveness of this training, identify and implement actions to improve. In addition we will agree a training programme about the voice of the child as part of the learning pathway, to be undertaken in the first three months (O10, O11)
- In order to get a better understanding of the impact and experience of our services on young people and their families, we will undertake a regular programme of analysis that captures feedback from young people throughout their journey, from Early Support to Front Door and all the way across the service

How we will know we are succeeding:

- Audits will show improvements in reflecting and recording the needs, views and goals of children and young people in assessment and planning
- Children achieve the outcomes agreed in their plans
- Data development – how do we show success for empowering and strengthening family, children and young people involvement
- Data development - As a partnership, how do we show success for strengthening the role of children and young people across Kirklees
- Quarterly audit
- Feedback from young people, children and families including those with additional needs and PCAN

PRIORITY 7 – Voice of the Child

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Voice of the Child task and finish group to produce a Voice Improvement Plan which incorporates a cohesive framework about engagement and involvement of children, young people and their families, both as individuals and as a collective	Ophelia Rix				
Agree and implement a voice of the child training programme as part of the learning pathways	Ophelia Rix				
Establish and implement a regular programme of analysis that captures feedback from young people throughout their journey, from Early Support to Front Door and all the way across the service	Ophelia Rix				

Priority 8: Strategic Leadership

Strategic Responsibility: Director of Children's Services

Research and inspection in Children's Services has shown the importance and impact of high quality leadership. Ofsted's annual report in 2016 focused on the key role of leadership in driving change and improvement. As the HMCI Sir Michael Wilshaw put it: 'Ofsted has seen effective leadership transform the quality of work with children: leaders with a firm grip on practice at every level, who make sure vulnerable children don't have to wait for help and that frontline professionals have enough time to work with every family on their caseload'. Children's Services leaders need to focus on 'creating the conditions for success' – ensuring there is a strong culture of child focus, learning and improvement, clear direction and support for professionals and the right partnerships and resources in place to support services. Kirklees has had too many changes to leadership and Ofsted were critical in their inspection in 2016. The approach to leadership used in authorities like Leeds, West Berkshire and Stockport – a focus on relationships and whole system change - has been shown to have a big impact leading to rapid improvement. This approach will be adopted in Kirklees and will benefit from additional support and expertise from the DfE-funded Leeds Relational Practice Centre.

Key improvement actions delivered

- Strategic leadership for Children's Services both in the interim and to support longer term improvement in place. Recruitment has taken place for permanent DCS following positive feedback from the DfE
- Leadership structure reviewed and implemented, leadership team in place
- Restorative practice model shared with wider partnership, access to training made available for key partners
- Leadership development programme in place for Children's Services managers
- Access to coaching and mentoring in place

What difference has it made?

- As reported in the most recent monitoring visit, the senior leadership have a comprehensive shared understanding of where the service is, how improvements are progressing and where focus needs to be going forward. As the senior team has become established, it has developed collaborative learning events on key issues to reflect on progress and practice and to develop shared improvement plans
- The clarity, cohesion and restorative approach of the senior team has resulted in staff reporting improved morale, feeling supported and listened to and, most importantly, they are engaged with a strong sense of empowerment. Staff feel they are encouraged to come up with new and better ways of doing things. Due to its successful implementation in Children's Services, the restorative approach is being rolled out across the organisation (see Corporate Plan)
- There are restorative action learning sets and regular leadership sessions in place. Supervisions are taking place with improved emphasis on reflective supervision. Audits show this is having a positive impact on quality, although there is still a way to go to achieve consistency across the piece. Good practice is being highlighted as well as areas for development. This needs further improvement and is picked up in Practice

Performance will be kept in view through

- Children's Scrutiny Board reporting
- Corporate Parenting Board
- Recruitment and retention rate
- Proportion of local leaders and key partner agencies who report improved confidence in Children's Services leadership
- Performance managements of senior leadership team - appraisals for example

Priority 8: Strategic Leadership

What we are aiming for:

- A leadership with a clear vision of the direction in which it wishes to travel and the standards of service it wishes to deliver
- Leadership that creates the conditions for the Kirklees vision for children and young people on a sustainable basis and engages key stakeholders
- Work to create an environment where good quality social work and safeguarding can flourish. Focuses on achieving consistency and quality in practice across the borough
- Ensuring clear priorities for Children's Services are articulated and shared across the partnership and roles and accountability are clear
- Ensuring that the commitment to
 - *Working with people*
 - *Making a difference*
 - *The voice of the child*is at the heart of relationships and practices in Kirklees

How we will do this:

- Work with the chief executive and Portfolio Holder for Children's Services to provide strategic and collaborative leadership of services that impact on children, young people and their families, converting policy, direction and statutory plans into strategy and action
- Work collaboratively to ensure multi-agency response and approach is child centred in order to support delivery of the best outcomes
- Oversee the strategic framework and ensure the development of policy to support the best possible services for children and young people, appropriately balancing improving outcomes with statutory responsibilities
- Work with the management team to deliver an effective workforce plan, management culture and practices for Children's Services reflecting the council's behaviours
- Take shared responsibility for the effective corporate management and transformation of Children's Services, developing a strong positive local, regional and national presence to represent outcomes for children in Kirklees

How we will know we are succeeding:

- Delivery against Corporate Plan and Priorities
- Outcome of full inspection and monitoring visits
- Annual social work health check
- Annual corporate staff survey
- End of partnership arrangements – substantive DCS in place and withdrawal of support from Leeds
- Ceasing of Improvement Board due to confidence in Kirklees Children's Services and leadership from Ofsted, members and key partners

Priority 9: Partnership

Strategic Responsibility: Kirklees Safeguarding Children Board – Sheila Lock

Success and change in Children’s Services relies on strong and effective partnership working – children and families need joined up working between all local services and these services need to be shaped and funded collectively if they are to succeed. Many of the issues raised by Ofsted and the problems identified in Kirklees have related to the effectiveness of partnership working in recent years. There is a strong commitment by partners and a key aim of the Improvement Plan must be to make best use of this to improve outcomes for children and young people.

Key improvement actions delivered

- Shared culture, values and vision across Kirklees Children’s Services agreed.
 - Shared understanding across Children’s Services and partners of level of need, thresholds, referrals and suitable response through the development and rollout of the KSCB Decisions Framework
 - Senior managers attend KSCB, there are regular meetings with the chair and board manager and Children’s Services
 - Work with partners on developing and strengthening ‘hub’ arrangements and development of the strategy for Early Support
 - Improved partnership arrangements in place for key areas, Operation Encompass (domestic violence)
- Improved information sharing and communications across the partnership

What difference has it made?

- Partnerships and multi-agency working are improving. Better leadership and communication from Children’s Services at an area and locality level is helping to rebuild relationships and encourage co-operation and engagement from key partners. This is having an impact at both a strategic level - such as policy changes for pre-birth assessments agreed through the Safeguarding Board - to day-to-day practice, as seen in improved involvement from key partners such as the police, NHS and schools at the Front Door and in key processes such as core groups
- In partnership with KSCB, restorative practice has been made available to key partners, in conjunction with the improved Front Door Duty and Advice process and the KSCB Decisions Framework. There is evidence that more quality conversations between professional and social workers are taking place

Performance will be kept in view through

- Improvements to practice in key areas of joint working – CP processes, domestic violence, Early Support
- KSCB Board
- Children’s Scrutiny Board
- Children’s Improvement Board

Priority 9: Partnership

What we are aiming for:

- Children getting the best start in life is everyone's business. Children's Services and partners consistently and confidently do the right things for children, young people and their families
- A shared approach and collective understanding of contextual safeguarding, which includes child sexual exploitation, peer on peer violence and abuse, modern day slavery, harmful sexual behavior, peer on peer violence and abuse including gangs and groups, criminal exploitation
- To inform local service provision and share good practice, enabling appropriate support, intervention and protection to children, young people, parents, carers, friends and communities via a multi-agency child-friendly, child centred, whole-family approach - empowering children and communities to better protect themselves
- To prevent children being vulnerable to harm and abuse from going missing and to prevent children experiencing or continuing to experience exploitation, peer on peer abuse and modern day slavery by reducing vulnerability and proactively responding to information and intelligence shared about individuals
- Clear Improvement Plan and good progress for strengthening role of Kirklees Safeguarding Children Board
- Collective investment across services in shared priorities , commissioning and plans

How we will do this:

- A Risk and Vulnerability Strategy and action plan will be developed and implemented by the KSCB. The strategy will include the strategic objectives of the West Yorkshire Contextual Safeguarding Strategic Group which aims to support local partner agencies, through common working arrangements, training and development opportunities and intelligence gathering and analysis, to aid working together more effectively
- Establish comprehensive and accurate 'Profiles' to ensure identification of individuals or groups, locations and patterns and trends across borders, to inform local partnership understanding and enable swift, co-ordinated multi-agency responses to effectively safeguard children and prevent, divert or prosecute those who facilitate and/or seek to exploit and abuse
- Use information intelligently to inform successful prevention, diversion and prosecution of those who seek to facilitate and/or perpetrate the exploitation, abuse and harm of children and young people and, where any offences relate to young people, ensuring that children are responded to, supported and if necessary prosecuted, with a child-centred approach
- Further work with partners to refine pre-birth process and pathway. We will expand the scope to include how we can work together to improve outcomes for women who experience multiple removals (O16)
- We will jointly work with KSCB to review and refresh if appropriate their Improvement Plan, ensuring there is correlation and shared direction between both Children's Services and KSCB Improvement Plans
- Build on existing collaboration to improve commissioning through the Integrated Commissioning Strategy

How we will know we are succeeding:

- Partners report improved satisfaction and confidence in partnership arrangements and joint working
- Partners report improved confidence and knowledge of key local safeguarding policies and services including 'thresholds' and local hubs
- Audit and data show improvements to practice in key areas of joint working including CP processes, domestic violence and CSE

PRIORITY 9– Partnership

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20

Repeat Removals					
Design and implement a Kirklees model of support to parents who have had multiple children removed at birth					

Risk & Vulnerability					
Develop and implement a Risk and Vulnerability Strategy and action plan by the KSCB	Ophelia Rix Sheila Lock				

Integrated Commissioning Strategy *					
Develop Community Hubs, providing a vehicle for the delivery of a broad range of place-based children and family services by bringing together and making the most of all the resources in an area that support children and families	Tom Brailsford				
Develop service model to deliver the Thriving Kirklees programme for children and young people’s mental health and wellbeing, covering the whole spectrum of agencies/services, eg Home-Start, Family Nurse Partnership, CAMHS/LAC/CSE, and Nurturing Parents, ensuring a continuum of support to improve outcomes	Elaine McShane Jo-Anne Sanders				
Develop the model to ensure that children and young people who have an Education, Health and Care Plan receive integrated, seamless support covering the whole spectrum of services, eg educational support, therapy services such as physio and speech and language, mental health services, personal budgets, ensuring a continuum of support to improve outcomes	Rachel Spencer Henshall				
Review current commissioning teams/arrangements for children/adult commissioning across health and care	Helen Severns				
<i>* Integrated Commissioning Strategy is not in scope of Children’s Improvement Plan to deliver. However it does have linkages and dependencies on outcomes for children, young people and families and therefore is in view</i>	Simon Baker Matthew Bardon				

KSCB Improvement Plan					
Review and refresh the KSCB Improvement Plan, ensuring there is correlation and shared direction between both Children’s Services and KSCB Improvement Plans	Ophelia Rix Sheila Lock				

Priority 10: Performance and Quality Assurance

Strategic Responsibility: Ophelia Rix – Head of Safeguarding, Quality Assurance and Principal Social Worker

The focus of Children's Services must be on improving outcomes for children and young people in Kirklees. It is important that practitioners and managers at all levels are able to access and use information on the level of service or activity; the quality of service or activity and, critically, what difference it is making in the lives of children and young people.

Key improvement actions delivered

- A refreshed Performance and Quality Assurance framework implemented, covering learning and improvement, restorative practice and doing the simple things, learning from complaints and dispute resolution process (O3, O4, O6)
- Through consultations with teams, an improved programme of regular and high quality performance reporting has been rolled out. This includes analysis for key stakeholders including front line managers, senior managers, Corporate Parenting Board, KSCB, and Children's Improvement Board (O5, O8)
- Outcome Based Accountability framework adopted for performance reporting and quality assurance
- Liquidlogic has been developed to ensure it is fit for purpose going forward, E-Learning and classroom training is in place, as well as support on the ground when the system goes live. Additional resource has been committed to support the critical transition phase (O7)

What difference has it made?

- The new Performance and Quality Assurance framework has enabled a shift towards a shared culture of learning and improvement, with frontline staff and managers having influenced the learning audit and performance reporting framework. This highlights the success our restorative approach is having
- New case audit system – all families subject to child protection plans have been audited in recent months. All managers are supported and engaged in the process, and this is evident in discussion where all managers refer to the findings and insight of their recent audit activity
- Regular and accurate information is available to frontline teams and strategic management which informs practice improvement and learning. Refinement of regular, extensive performance reporting – weekly reports on key areas of activity or issues such as caseloads, with detailed 'drill-down' information by team. Weekly reports are supplemented by more evaluative monthly reports. Performance reporting is used to help managers get a grip on drift and delay
- Outcome Based Accountability in both strategic and frontline performance reporting is creating a culture that puts the child and family at the heart of the service by understanding the 'so what' of our interventions and actions – what difference we are making. There is further work needed to embed this
- Liquidlogic implementation is on track. Practitioners are familiar with the timetable for implementation and understand what is required for a smooth and successful transition

Performance will be kept in view through

- Monthly and quarterly audit reports
- Doing the simple things well reports
- Supervision and supervision audits
- Direct observation
- Recording and monitoring of compliments and complaints
- Annual Quality Assurance report
- Dispute Resolution process monitoring

Priority 10: Performance and Quality Assurance

What we are aiming for:

- Outcomes focused quality assurance is systematically embedded across the service and has a direct impact on practice and outcomes for children and their families (O3, O4, O6)
- Effective review, challenge and scrutiny of the council's overall performance as Corporate Parent. Reviewing Officers and Child Protection Chairs will ensure concerns highlighted are resolved in a timely way so every child in care and every child subject to a child protection plan has their wishes, views and feelings recognised and acted on (O3)
- Ensure that all child protection conferences are held to statutory timescales and that planning meetings, including core groups and child in need meetings, are held as required (O15)
- High quality data reports that enable reflection, learning and improvements (O5)
- A restorative learning culture is embedded where practitioners and managers feel comfortable and confident to give and receive high support and high challenge
- Practitioners and managers are skilled and confident in using Liquidlogic to enhance their practice
- A shared culture of reflection, learning and improvement







How we will do this:

- Revision and strengthening of Doing the Simple Things Well report in consultation with the management team to ensure there's a shared understand of the importance and benefits proactive performance management brings in tackling drift and delay and to promote good practice and reflection
- Enhanced restorative practice training for Independent Reviewing Officers and Child Protection Chairs
- Strengthen use of performance data by Independent Reviewing Officers and Child Protection Chairs to challenge drift and delay
- Undertake process mapping with Child Protection Chairs to identify opportunities to improve planning practices, for example setting core group dates at Initial Child Protection Conference
- Further work with teams to analyse complaints, to promote a more family focused and restorative approach to complaints management as well as embedding the use of learning outcomes
- Strengthen audit reporting to enable improved understanding of learning outcomes
- Implement Liquidlogic training programme, accommodating a range of learning styles, with ongoing structured support in the lead in, implementation and post go-live period

How we will know we are succeeding:

- Proportion of learning audits completed and completed/returned on time
- Proportion of Doing the Simple Things Well reports completed
- Proportion of audits achieving Outstanding and/or Good
- Proportion of complaints answered within service standards
- Liquidlogic success measures
- Dispute resolution process monitoring

PRIORITY 10 – Performance and Quality Assurance

What	Lead	Timeframe			
		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Revise and strengthen Doing the Simple Things Well report in consultation with the management team to ensure there's a shared understanding of the importance and benefits of proactive performance management in tackling drift and delay and to promote good practice and reflection	Ophelia Rix				
Undertake enhanced Restorative Practice training for Independent Reviewing Officers and CP Chairs	Ophelia Rix				
Strengthen use of performance data by Independent Reviewing Officers and CP Chairs to challenge drift and delay	Ophelia Rix				
Undertake process mapping with CP Chairs to identify opportunities to improve planning practices, for example setting core group dates at Initial Child Protection Conference. Implement improvements	Ophelia Rix				
Undertake further work with teams to analyse complaints to promote a more family focused and restorative approach to complaints management, as well as embedding the use of learning outcomes	Ophelia Rix				
Strengthen audit reporting to enable improved understanding of learning outcomes	Ophelia Rix				



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Name of meeting: Corporate Parenting Board
Date: Monday 19th November 2018
Title of report: Child Sexual Exploitation (CSE) and Missing

Purpose of Report

The purpose of this report is to provide an overview of the work that has been undertaken in response to improving the quality of practice and to prevent children being vulnerable to harm and abuse from going missing and to prevent children experiencing or continuing to experience sexual and or criminal exploitation, by reducing vulnerability and proactively responding to information and intelligence shared.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Sal Tariq)
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Cllr Viv Kendrick (Childrens)

Electoral wards affected: All

Ward councillors consulted: All

Public or private: Public

1. Summary

- 1.1 The report updates members on the new arrangements that have been put in place to safeguard some of the most vulnerable children and young people living in Kirklees.
- 1.2 The government published their Tackling Child Sexual Exploitation Progress Report (February 2017) where they stated that they have delivered around 90% of their commitments and achieved a step change in the response to child sexual exploitation. The commitment to tackle CSE is being driven strongly by government and remains a strategic policing requirement being 'attributed to serious and organised crime'.
- 1.3 In 2016, the government consulted on changing the current definition of child sexual exploitation and, on the 16th February 2017, published the new definition along with guidance. The new definition published by the Department for Education is as follows:
"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victims needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology;"
- 1.4 The new definition is much more straightforward and prescriptive and also provides a framework for decision making for all professionals. The introduction of the new definition provided an opportunity to review the aims of the CSE Hub in line with the government three objectives of tackling offending, reducing vulnerability and supporting victims and survivors.
- 1.5 A review of our existing services and response to CSE was undertaken by the Leeds Improvement Partnership and partner agencies in December 2017. The review highlighted that child sexual exploitation cannot be viewed in isolation and the strong links to other factors that place children and young people at significant risk such as missing, peer sexual violence, criminal exploitation, trafficking, forced marriage, honour based violence (HBV) and female genital mutilation (FGM) needed to be addressed. To deal with these issues the Risk and Vulnerability Team has been established to provide, and allow for the advancement of identification, and multi-agency practice in relation to these other specific priority safeguarding risks and concerns. The Risk and Vulnerability Team is working in partnership with key partners in the identification, prevention, disruption and prosecution of child exploitation.

2 Background

- 2.1 The perceptions of child sexual abuse has altered over a number of years, both nationally and locally. Earlier thinking very much focused on a commonly held view of children being most at risk from predatory paedophiles not known to them. In addition the growth of the internet has created a new form of abuse in the form of online grooming and awareness has been raised about the need to protect children and young people's safety online.
- 2.2 The acknowledgment of CSE in Rotherham has been a major driver of national work. The report of Alexis Jay and the subsequent report by Louise Casey about the response of agencies to CSE have influenced the work of a number of national bodies. The key research bodies that have contributed to the knowledge base around CSE have been the University of Bedfordshire with support from the Office of the Children's Commissioner, Barnardo's and the NSPCC, who have also undertaken research into effective interventions and the cost savings generated by supporting victims effectively.
- 2.3 At government level, various national committees have taken evidence and produced reports about the response of agencies under their supervision to CSE. The departments of Health, Education, Local Government and Communities and the Home Office have all undertaken reviews and issued guidance on the issue of CSE.

- 2.4 There are a number of agencies, such as NHS England, the College of Policing, the Academy of Royal Medical Colleges and Public Health England, who have produced guidance and advice for professionals working within their professional remit. Similarly, a number of charities have developed guidance for professionals about how to respond to CSE locally. CSE continues to be a major feature in policy guidance and there is a growing body of guidance about child safety online. CEOP and the UK Council for Child Internet Safety have produced a range of strategies to guide the telecoms sector.
- 2.5 Since 2010, the scale of CSE nationally has become clearer, with complex police investigations leading to successful prosecutions of multiple abusers and the launch of a two year inquiry by the Office of Children's Commissioner for England into sexual exploitation in gangs and groups. In 2011 the government acknowledged the prevalence of this abuse by appointing the Children's Minister as lead for CSE and producing a national action plan.
- 2.6 Since 2011, considerable national progress has been made in increasing awareness of CSE, improved data collection, service coordination, and implementing policies and procedures, (The Office of Children's Commissioner, 2013) and this is mirrored locally. Child Sexual Exploitation remains a priority for the Children's Trust and Kirklees Safeguarding Children Board (KSCB). The Board has continually monitored reports and recommendations on CSE. In its role to monitor and lead local agencies, the Board has developed a clear plan with partner agencies in light of the new learning and recommendations from all the literature published.
- 2.7 In Kirklees, a wide range of agencies work in partnership, all with the shared aim of addressing the issues around CSE. This has been the case for several years and CSE remains a priority for Kirklees Council as well as the KSCB. There is clear leadership and strategic overview of services. Risk and vulnerability of children and young people is better understood through the provision of continued training and guidance for frontline practitioners to support them in their role in addressing the issue of CSE.
- 2.8 The collective response to CSE has seen significant investment by some partners in resources and infrastructure. We have got better in how we respond to victims and those who are at risk of becoming exploited. Making wise investments in preventative work, relationship support and therapeutic interventions have saved costs across services. It is recognised that it is not simply about more staff, it is about the quality of relationships professionals are able to develop with children and young people. It is also important to note that the scope of influence across professional boundaries has improved and high quality relationships has been critical to this.
- 2.9 The CSE Hub was developed in Kirklees in October 2011 as a result of the concerns and response to child sexual exploitation both nationally and locally. The role and function of the CSE team was primarily to ensure that Kirklees had a joined up response to CSE and to ensure that clear policy and procedures were in place. The team were responsible for undertaking the initial risk assessments and undertaking direct work with children and young people who were assessed as being at high or medium risk of CSE. This was joint working between Police and Children's Social Care
- 2.10 Responses to children at risk of CSE and/or missing was undertaken by the Safeguarding Unit within the Police. The Unit works closely with the CSE Hub within Kirklees Children's Social Care who are responsible for assessing, and responding to, initial concerns for children and young people. It was recognised that when police and social care enquiries were undertaken jointly this resulted in more effective interventions and better outcomes with regard to gathering criminal evidence and protecting children. Children and families also appreciated a co-ordinated response. In order to further develop this approach in working, 2 social workers were co-located with the Safeguarding Unit within the Police in September 2011. These social workers work jointly with police officers with regard to children at risk through CSE. The social workers also work with the police within the Unit with regard to children who go missing, domestic violence concerns and referrals regarding possible forced marriage.

- 2.11 In Kirklees, the Safeguarding Children Board has responsibility, as the lead strategic body, for development and implementation of the authority's response to CSE
The KSCB strategic response sets out the key strands to be addressed in the work to tackle CSE in Kirklees:
- To safeguard and promote the welfare of children and young people who have been, or may be, sexually exploited.
 - To successfully prosecute those who perpetrate or facilitate CSE
 - To limit the opportunities for potential perpetrators to abuse children and young people in this way
 - To support families and communities who are dealing with the consequences of CSE
 - To develop preventative services which raise awareness of CSE among children, young people, parents and the communities of Kirklees
 - To develop community resilience to the potentially divisive and damaging impact of CSE on Kirklees and its constituent communities.
 - To offer support and therapeutic services to survivors of CSE, and
 - To ensure that identified perpetrators receive treatment programmes in order to minimise the chances of re-offending.
- 2.12 The CSE and Missing Operational Group work stream of the Kirklees Safeguarding Children Board (KSCB) was established in November 2009 and the Strategic group was established in April 2012, for the purpose of overseeing the work of the operational group. The group has continued to evolve in the ongoing development of systems and processes working to address CSE.
- 2.13 The Operational Group meets every 4 weeks and consists of representatives from the Police, Children Social Care, Integrated Youth Support, Learning Services, Housing, Young Peoples Drug and Alcohol Agency, Health, the Youth Offending Team and Barnardo's. The meetings follow the model used in the MAPPA and MARAC processes whereby agencies make referrals about children who they believe are at possible risk through CSE. The Group considers information to identify the risks to the child within a Risk Assessment Framework which has been determined. Actions are then identified to protect the child and support potential prosecutions against perpetrators and disrupt harmful activities.
- 2.14 During 2012-13, one of the aims of the work stream was to raise awareness on the issue of CSE, through a variety of channels, without duplication of work and offering a consistency of the message being delivered across agencies. A set of procedures and policies have been agreed across the West Yorkshire consortium in respect of CSE. However there were regional differences with regards to how to make referrals and the assessment tool. Each Local Authority's referral processes can be accessed via their Local Safeguarding Board website. Although the work stream focus was CSE, it was recognised that some children who go missing are at risk of CSE but not all. This issue is a standing item on the work stream agenda. The government All Party Parliamentary review on missing children had been looked at closely by a task and finish group and gaps for potential CSE issues were incorporated into the CSE strategy.
- 2.15 Child Sexual Exploitation (CSE) remained a priority in the Children and Young People's plan as well as for the Kirklees Safeguarding Children Board. There was a clear and strategic overview of services during 2013-2014. There was also provision of training and guidance directed from the work stream and disseminated to frontline practitioners, to support them in their role in addressing the issue of CSE. In order to make progress against the 2013-2014 Strategy and action plan the work stream initially met every six weeks but due to the commitment agencies have demonstrated in taking the work forward, the meetings are now bi-monthly

- 2.16 Work continued on the Audit Tool, which was adapted from the University of Bedfordshire template. This set out five principles for working together in addressing the issues arising from CSE which included:
- A shared responsibility
 - An integrated approach
 - A pro-active approach
 - A child centred approach
 - Recognising criminality
- 2.17 The issue of CSE remained high on the political agenda, evident from the concluding report from the Office of the Children's Commissioners into Child Sexual Exploitation in Gangs and Groups "if only someone had listened" November 2013. The report made a number of recommendations which the work stream highlighted to address in the 2014-2015 strategy.
- 2.18 The progress of the CSE work stream benefitted from a strong, committed and enthusiastic team of professionals. Over the year the work stream developed and where there had been identified services who were not previously involved, the work stream has been pro-active in inviting representation from these agencies.
- 2.19 The main focus of the CSE hub was to reduce the threat and risk to the victim. This was achieved by having a multi-agency personalised plan for every child at risk of CSE. The plans specific focus was on safeguarding and promoting the welfare of the child or young person and supporting her or him through the criminal justice system. The plans address the need for therapeutic and support services for children and young people, after the abuse has stopped. Partners also collaborate to share information about potential perpetrators, who are dealt with dynamically to reduce the risk to the victim and other children.
- 2.20 There had been a range of changes to this service towards the latter part of 2014, in order to ensure effectiveness in responding to the issue of CSE on an operational level, and incorporating recommendations and learning from relevant reports. November 2014 saw the recruitment of a temporary CSE manager. Simultaneously, the local authority appointed a designated strategic lead for CSE. There has also been a significant resource input from the police, which consist of 6 temporary investigators and a full-time Sergeant. Eight detectives had also been moved from other areas into child protection and to support the work of the CSE hub.
- 2.21 The role of the CSE manager was developed to look at referral pathways, risk assessments and develop a database in order to link systems and ultimately influence practice. The new systems and processes improved the quality of data held in relation of young people who were jointly managed by police and social care with regards to CSE. The establishment of the new database also allowed improved monitoring, reviewing and identifying trends of children and young people where concerns of CSE were a factor. These were reviewed regularly to ensure young people were assessed at the right levels of risk.
- 2.22 In light of the above, there was a review of the risk assessments which were used to identify and assist in the identification of risk and vulnerabilities. The new partner agency tool is the same that is being used across West Yorkshire, which allows a level of consistency in respect of level of risk across the five West Yorkshire districts. The partner agency tool is based on nationally identified indicators of risks and vulnerabilities to CSE. Information about the tool and how to access it has been shared with the CSE work stream for dissemination in their relevant agencies.
- 2.23 The role of the CSE-co-ordinator was a new post to the board that commenced in October 2014. The post was been funded by the Stronger Families initiative, with the remit to support the chair and the work stream in the delivering of CSE strategy / action plan. The role involved having a strategic oversight of practice and support the Chair of the work stream and coordinate a strategic response to CSE in Kirklees. This involved promoting, monitoring and

evaluating multi-agency effectiveness in safeguarding children and young people and strengthening, supporting and equipping a workforce that is committed to learning and developing safeguarding practice in relation to CSE.

- 2.24 Between December 2014 and April 2018 a Child Sexual Exploitation and Safeguarding Member Panel was established to satisfy and ensure Lead Members that robust safeguarding arrangements were in place. The Panel membership consisted of 5 members i.e. one member from each of the political groups on the Council plus the Cabinet Member with statutory responsibility.
- 2.25 The panel met four weekly, and its purpose was to oversee the local developments in the monitoring of, and response to, the risks associated with Child Sexual Exploitation. To satisfy themselves, as corporate parents, that the arrangements for safeguarding looked after children in Kirklees are sufficiently robust, and to ensure that, where appropriate and having regard to confidentiality requirements, individual members of the Panel ensure that feedback is provided to members of their wider political groups. Following a review of all Kirklees Councils Children's panels and Boards, it was agreed that the Child Sexual Exploitation Member panel would cease and all delegated responsibility and reporting would be undertaken by Children's Scrutiny Panel and Children's Improvement Board effective from May 2018.
- 2.26 In December 2016 the West Yorkshire and York Leaders considered a report that looked at how a Common Licensing Policy Framework could be delivered and options for the organisational structure to deliver Licensing Services across the Combined Authority Area to ensure that governance and risk management processes are robust and effective.
- 2.27 The West Yorkshire and York Councils were determined to effectively manage the risks identified in the Jay and Casey Reports into child sexual exploitation in Rotherham to ensure that taxi services were provided by individuals who were suitable to hold a taxi licence and in vehicles that met the requirements of all the Authorities in the Combined Authority Area ("the CAA").
- 2.28 It was agreed that a Common Licensing Policy Framework would be delivered through a collaborative working arrangement and that the West Yorkshire and York Licensing group would undertake the role of an Advisory Committee to provide a political steer to the Licensing Managers. In addition it was agreed that the Action Plan would be developed for the delivery of the Common Licensing Policy Framework.
- 2.29 The Combined Authority Area have ensured that before the issuing of a license it is a mandatory requirement that safeguarding and CSE awareness training is undertaken. To date all 3000 taxi drivers had attended the safeguarding training. Multi-agency traffic days were carried out with the Police Licensing Authority and spot checks are carried out regularly. A national database has been implemented which holds the name and identifiable feature of the taxi driver, local authority details and if a licence had been revoked, refused or suspended.
- 2.30 To ensure that all taxi and private hire vehicles, drivers & operators are compliant with legislation and licence conditions across the Combined Authority Area (CA Area), the CAA has introduced Cross Border enforcement by Licensing Authorities outside their area. This allows officers to act across the whole of West Yorkshire in relation to enforcement for taxi licensing. Previously, officers could only take enforcement action in relation to taxis licensed in their area. As taxis frequently cross local authorities' borders and some exclusively work in an authority where they are not licensed. They have also undertaken training with takeaways and accommodation providers in respect of hotels and bed and breakfast establishments. These premises have also been recently visited/inspected during test purchase investigations
- 2.31 The Children Missing From Home or Care Team was set up as a pilot in June 2017 in order to provide some consistency in response and timeliness of return interviews, as this had previously been done on an ad hoc basis through a variety of changing service delivery models. The team's initial objectives were primarily:

- to provide a Return Interview (RI) service to Looked after Children
- to improve take up and better understand reasons for the reduction of RI's being undertaken
- to offer a consistent approach to missing young people whilst ensuring that the process that are in place protect these young people are followed when a young person is/has been reported missing. The Missing Pilot focus was extended to all children and young people living in Kirklees.

- 2.32 A review of both services was undertaken in December 2017. It highlighted that a number of the young people had been involved with the CSE Hub, Missing Team and other services. It recognised that child sexual exploitation, peer on peer violence and abuse, modern day slavery, including gangs and groups, criminal exploitation, and going missing should not be seen or responded to in isolation as they often overlap, creating a complex set of harmful circumstances and experiences for children, young people, families and communities. In response to the findings of the review it was recognised and agreed that, in order to improve our arrangements for children and young people most at risk, the development of the Risk and Vulnerability Team would strengthen our safeguarding approach.
- 2.33 The Risk and Vulnerability Team has been operational since January 2018. The overall aim of the team is the work with partners to reduce the identified risk and provide a flexible and responsive service tailored to the needs and wishes of the young person and their wider family. Intervention is based on a contextualised safeguarding, whole family, child centred and relationship based approach.
- 2.34 The Risk and Vulnerability Team is made up of social workers, youth workers, children and family's workers, Risk and Vulnerability co-ordinators and specialist police officers which brings a range of experience with working with partner agencies, communities, young people and children.
- 2.35 The Risk and Vulnerability Team works with young people who are either at medium or high risk of, or have been, sexually exploited. Many of the young people are also regularly missing at the time of referral. The team is currently working with young people, providing them with a safe space where they can share their concerns with professionals. The change in approach is best described as intensive, flexible, responsive and tailored support to young people and their parents/carers.
- 2.36 The Interventions are informed by the main areas of risk, as highlighted by the CSE risk assessment, and delivered in a way which considers the views of the young person and their family, as well as addressing the areas of highlighted risk. In addition to working with young people, we also support parents, other family members whom the young person may be living with/in contact with and at times, foster carers. For young people who are missing, a safety plan is a priority piece of work and the 'push and pull' model is used to explore why they are going missing and what that 'looks like.'
- 2.37 The Risk and Vulnerability Team is building better links with the local communities and organisations. Together, they are supporting the most vulnerable young people who are at risk from CSE, Missing and Child Criminal Exploitation. This has strengthened partnership working with the police and community safety and has increased the understanding of other services in Kirklees that work with children and young people at risk of, or who are experiencing CSE, trafficking, peer harmful sexual behaviours and other specific risks associated with missing (forced marriage, honour based violence, female genital mutilation) and have identified gaps in service provision, whilst monitoring the effectiveness of current service provision.
- 2.38 The Risk and Vulnerability Team has undertaken considerable work to ensure that children and young people are better safeguarded from sexual exploitation. The emphasis now is to maintain the impetus to drive forward strategic and operational developments to continue to effectively tackle child sexual exploitation in line with the identified key priorities and challenges, these being;

- To continue to increase awareness, knowledge and process to identify areas of concern / “hotspots” within Kirklees and enhance our intelligence sufficiently to accurately identify taxi firms/hotels/other business of concern and agree best disruption tactics
- To continue the work in engaging with our local communities, and with those children and young people whose vulnerability is hidden.

2.39 The Risk and Vulnerability Team provides a period of support for young people with a view to reducing the identified risk and the exact nature of the work depends on the needs of the young person but will combine building resilience and direct work on relevant topics.

2.40 The development of the Risk and Vulnerability team has been successful in that it has enabled effective multi-agency response to CSE. This has been particularly important as it has allowed the team to build and improve on the work undertaken by the CSE and Missing team whilst also recognising the need to respond strategically and in line with legislation and statutory guidance to the emerging safeguarding issues that are associated with child sexual exploitation, and more predominately with children missing from home or care and from the view of universal services, child trafficking and criminal exploitation. In addition The Risk and Vulnerability Team:

- Will strengthen a contextual safeguarding approach, which recognises that child sexual exploitation, peer on peer violence and abuse, modern day slavery, including gangs and groups, criminal exploitation, and going missing should not be seen or responded to in isolation as they often overlap, creating a complex set of harmful circumstances and experiences for children, young people, families and communities.
- Assist with ensuring that robust multi-agency needs led risk management plans are in place that give full consideration to a child’s vulnerability and need factors and help practice improve to include a coordinated, effectively actioned strengths-based approach, and where relevant compliment statutory child protection processes.
- Support continuing to develop ‘profiles’ relating to individuals and /or groups who exploit and abuse to enable the partnership to utilise these to effectively target resources and interventions and help safeguard children
- Help to prevent children being vulnerable to harm and abuse from going missing and to prevent children experiencing or continuing to experience sexual and /or criminal exploitation, by reducing vulnerability and proactively responding to information and intelligence shared.
- Help strengthen the response to children who are both a victim and perpetrator of exploitation, harm and abuse and ensure those children receive child centred responses, assessments and interventions.
- Help coordinate clear pathways to centrally collate feedback received from children and families; to ensure that reality of children’s experiences inform and enhance strategic knowledge.

2.41 The KSCB CSE Strategy 2016/2018 and action plan is near to completion and the following objectives have been achieved:

- To develop preventative services which reduce risk and raise awareness of CSE amongst children, young people, parents, carers and communities.
- To support families and communities who are dealing with the consequences of CSE.
- To develop community resilience to the potentially divisive and damaging impact of CSE on Kirklees and its constituent members.
- To Safeguard and promote the welfare of all children and young people who may have been or may be sexually exploited and to ensure that they are properly supported in the course of and after criminal proceedings.
- To offer support and therapeutic services to survivors of CSE.

A new West Yorkshire Risk and Vulnerability Plan is expected to be implemented by late September 2018.

3 Implications for the Council

3.1 Not applicable

4. Consultees and their opinions

Not applicable

5. Next steps

5.1 Kirklees Council, with partners, is key to driving forward the improvement, innovation and practice development in relation to our response to children and young people at risk of, or being, exploited. To ensure that we effectively safeguard children and young people requires continued commitment and support from elected members, and the wider community, to deliver on the agreed priorities for improving multi-agency working regarding child exploitation, and that has been developed and agreed in partnership by Kirklees Council, the Police and wider partners.

6. Officer recommendations and reasons

That the report be noted.

7. Cabinet portfolio holder's recommendations

Not applicable

8. Contact officer

Ophelia Rix
ophelia.rix@kirklees.gov.uk

9. Background Papers and History of Decisions

9.1 Not applicable

10. Service Director responsible

Elaine McShane, Service Director (Family Support and Child Protection)

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Name of meeting: Corporate Parenting Board
Date: 19th November 2018
Title of report: Recruitment and Retention of Foster Carers

Purpose of report: To update the Board on the Recruitment and Retention of Foster Carers.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Sal Tariq) – 7.11.18
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Not applicable
Cabinet member portfolio	Cllr Viv Kendrick (Children's)

Electoral wards affected: Not applicable

Ward councillors consulted: Not applicable

Public or private: Public

1. **Summary**
Purpose of report is to inform the Board of the various strategies in place to assist the recruitment and retention of foster carers.
2. **Information required to take a decision**
Not applicable
3. **Implications for the Council**
 - 3.1 **Early Intervention and Prevention (EIP)**
Not applicable
 - 3.2 **Economic Resilience (ER)**
Not applicable
 - 3.3 **Improving Outcomes for Children**
Recruitment of Foster carers – there is national shortage of foster carers. This has led to a dependence on Independent Fostering Agencies (IFAs). Not only does this have a financial impact on the Authority, it also means that we do not have overall control of the placements and decision making.

Since the Acting Service Manager for Fostering was appointed in May this year, we have appointed a new recruitment manager and have revamped our recruitment process. There is now a monthly Recruitment and Retention meeting that looks at all aspects of this work and feeds into our fostering sufficiency report.

Recruitment:

- In order to recruit more foster carers we have undertaken or have planned various events in the coming year. Drop in events – these are events where the public call in and can talk to recruiting staff, fostering staff and foster carers. Since April we have had 4 events. These have been held at the John Smith's Stadium. The next session is on the 4th December 2018. We have Fostering Advisors, Foster Carers a Social Worker and Team Manager attending this session.
- January 2019 – this is one of the main recruitment campaigns focussing on difficult to place children and teenagers. This will include information on our roundabouts. We are liaising with the Children in Care Council in regards to this campaign.
- Community events – we attended the Pride event in September in Batley in order to have a more diverse approach to recruitment. In total, since April we have attended 12 community events so far to raise the profile of Fostering. We also was involved in a Park run during Foster Carer Fortnight in May this year. New for 2019 we are joining in a children's Park run in a Sunday morning in June. We feel that parents will be present supporting their children so we should have a good audience.
- In May 2019 during Foster Carers Fortnight there will be a Foster Carers Recruitment Event event, the first of its kind, which will have a high level of publicity. A wide range of professionals involved in fostering will be available to meet the public and discuss the Fostering journey from the first phone call to us up to the first Annual Review as an Approved Foster Carer. This

will include the unique support we have in place in Kirklees. The Placement Support Team.

- Use of the Kirklees vacancy page to advertise fostering.
- Web page – recent up of the page with DVD of two carers. We will use social media to direct people to our Fostering web pages. The audio of these DVDs will be used on social media, on podcasts reaching once again a new audience. The web page will promote our support team which we feel is unique to Kirklees and not found in all authorities.
- <https://youtu.be/-nnVbkcem70>
- <https://youtu.be/ZbbGvcF-Snl>
- Application for licence to have pop up stalls in Dewsbury, Batley and Huddersfield. There will be three per month from April to September 2019.
- Continued use of twitter and face book account to generate awareness.
- We have approached Costa Coffee in relation to us holding Fostering Coffee mornings at their venues across Kirklees.
- Three stands have been purchased. These can be left in locations across Kirklees, covering all localities, with leaflets and information. These will be placed in a variety of public places and council buildings, where the public attend, schools, town halls, leisure centres and libraries etc. We are awaiting delivery and the first place we are hoping to have them in in Town Halls – given everything that is going off during December at these venues. Locations would be Huddersfield Town Hall, Dewsbury and Batley.
- Use of professional newsletters to raise awareness – for example police, fire and prison service.
- Our own foster carers – this is one of best ways of recruiting and carers are offered a ‘golden hello’ of £500. This has recently been raid from £250 as we know that word of mouth is the best way of recruiting Foster Carers.
- Foster friendly – encouraging local businesses to take a foster friendly approach. This is a new initiative that is in early stages of development.
- Kingsgate big screen at Shorehead – to advertise on the screen.
- Bollards (this is new for 2019) and roundabouts – these will continue to have advertisements in 2018/19
- Kirklees Neighbourhood Housing magazine – information in the magazine regarding forthcoming events (circulation 25,000). Article to go in before the John Smiths Event on the 4th of December. This is a new development.
- Internal newsletters – promoting Kirklees as a foster friendly authority. Targeting front line staff.
- 8 families in the assessment process.

- Strategy of getting 25 new households expressing an interest by 25th December – ‘25 for 25’.
- 4 new fostering families approved since April.

Retention:

- Use of the placement support team to develop foster carers skills and assist with difficult placements and challenging behaviour. This is a resource that not all authorities have and therefore something to highlight when recruiting foster carers.
- Training for foster carers – to skill our carers to undertake the role of foster carers for our children.
- Training for our supervisory social workers (SSW) – we are looking to introduce coaching skills to assist the social worker in supporting their carers.
- Business meetings with Kirklees Fostering Network (KFN) to improve communication and problem solving. Open to all foster carers.
- Award ceremony – to recognise long service and dedication to the role of fostering.
- Celebration event – invitation to all foster carers to attend a social event, meal and entertainment as a thank you for their commitment and hard work over the year.
- Improved communication with senior management – assisted by the appointment of a permanent Service Manager and Head of Service.
- Joint meeting between Head of Service, Service Manager and the Kirklees Fostering Network (KFN) helpline representatives – to address helpline issues.
- Revamped handbook is to be launched.
- Use of restorative approach – high challenge and high support to staff and workers.

3.4 Reducing demand of services

The aim is to reduce the need to place in Independent Fostering Association placements. This will reduce cost and result in more children being placed in the Kirklees area.

3.5 Other (eg Legal/Financial or Human Resources)

Not applicable

4. Consultees and their opinions

Not applicable

5. **Next steps**

To implement the above strategies and improve the marketing strategy so as to increase the numbers of enquiries that lead to new carers being approved.

6. **Officer recommendations and reasons**

That the report be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Andy Quinlan, Service Manager (Fostering)

9. **Background Papers and History of Decisions – N/A**

None

10. **Service Director responsible**

Elaine McShane, Service Director (Family Support and Child Protection)

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Name of meeting: Corporate Parenting Board
Date: 19th November 2018
Title of report: Statutory Complaints, Compliments & Representations Annual Report 2017/2018

Purpose of report: The Annual Compliments, Representations and Complaints report for Kirklees Children and Young People Service provides an analysis of the complaints received from customers. It is being presented to the Board for noting as required under Section 13 of The Children Act 1989 Representations Procedure (England) Regulations 2006.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance IT and Transactional Services? Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Elaine McShane (for Sal Tariq) – 24.10.18
Cabinet member portfolio	Cllr Viv Kendrick (Children's)

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

1. **Summary**

This is the 2017/2018 Annual Compliments, Representations and Complaints report for Kirklees Children and Young People Service. Under the Children's Act 1989, the provision of an annual complaints report is a statutory requirement.

Local authorities must each financial year publish the Childrens Act Complaints Annual Report (regulation 13(3) of the Childrens Act).

The report has been shared with management of Childrens Safeguarding Service and is required to be shared with the Corporate Parenting Board. It will be published on the intranet and is available to the general public under Freedom of Information.

2. **Information required to take a decision**

No decision is required.

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

Not applicable

3.2 **Economic Resilience (ER)**

Not applicable

3.3 **Improving Outcomes for Children:**

The Complaints Procedure informs learning from responses to complaints; service developments and ensures that the voice of the child is heard and the child's right to complain is adhered to.

3.4 **Reducing demand of services**

Not applicable

3.5 **Other (eg Legal/Financial or Human Resources)**

Not applicable

4. **Consultees and their opinions**

Not applicable

5. **Next steps**

The Annual report will be posted on the intranet.

6. **Officer recommendations and reasons**

That the report be received and noted by the Corporate Parenting Board as per Section 13 of The Children Act 1989 Representations Procedure (England) Regulations 2006.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Yasmin Mughal
Complaints and Represent Manager
yasmin.mughal@kirklees.gov.uk

9. **Background Papers and History of Decisions**

Report to Corporate Parenting Board on the 17th July 2017

10. **Service Director responsible**

Elaine McShane, Service Director (Family Support and Child Protection)

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Family Support and Child Protection



Statutory Complaints, Compliments & Representations

Annual Report 2017/2018

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1. Introduction

- 1.1 This is the 2017/18 Annual Compliments, Representations and Complaints report for Kirklees Children and Young People Service. Under the Children's Act 1989, the provision of an annual complaints report is a statutory requirement.
- 1.2 The Council operates three separate complaints procedures:
 - Complaints about Children Social Care Services (as per statutory regulations under the Children's Act 1989).
 - Schools have a duty under the Education Act 2002 to have their own complaints procedure. The Council provides information and guidance to parents, pupils, school leaders and Governors in order to promote resolution of complaints about schools.
 - Corporate complaints procedure – this handles complaints falling outside of the above regulations.
- 1.3 This report solely provides information on the Statutory Complaints Procedure

2 Children Act Complaints (Statutory Complaints)

- 2.1 The Complaints Unit plays an active role in seeking early resolution through engagement and advice to both service and the complainants. The majority of complaints in 2017/18 were resolved by this approach, negating the need to proceed as a formal complaint.
- 2.2 The statutory complaints procedure has three stages.

Stage One. This is the most important stage of the complaints procedure. Children Social Care Service teams and Independent Providers providing services on the Council's behalf are expected to resolve complaints at this initial point.

The Statutory complaints procedure requires complaints at Stage One to be responded to within 10 working days (with an automatic extension to a further ten days where necessary).

Stage Two. This stage is usually implemented where the complainant is dissatisfied with the findings of Stage One. Stage Two is an investigation usually conducted by an Investigating Officer with an Independent Person. An Independent Person must be appointed to the investigation (regulation 17(2)). The Independent Person should be in addition to the Investigating Officer and they must be involved in all aspects of consideration of the complaint, including any discussions about the action to be taken in relation to the child.

The Manager responsible for the service which has been complained about adjudicates on the findings.

Stage two complaints falling within the Children Social Care Service statutory complaints procedures should be dealt with within 25 days, although in certain cases this can be extended to 65 days.

Stage Three.

The third stage of the complaints process is the Review Panel where complainants, who are not satisfied with the Stage Two response, wish to proceed with their complaint about Children Social Care Service functions.

At this stage, the Council is required to establish a Complaints Review Panel. The Panel makes recommendations to the Service Director who makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of three independent panelists.

There are various timescales relating to Stage 3 complaints. These include:

- setting up the Panel within 30 days
- producing the Panel's report within a further 5 days
- producing the Local Authority's response within 15 days.

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint.

Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under the Council's procedure first.

2.2 Accessibility of the complaints procedure.

Complaints Leaflets – Child friendly leaflets are distributed to all residential homes. Children are given a copy of the complaints leaflet at assessment and/or reviews.

Community Languages leaflets - these are available in Chinese, Gujarati, Punjabi, Urdu and Polish. In addition the Complaints Manager speaks three languages.

Internet – The complaints procedure is available on the Kirklees website.

Pledge – Children and young people can access the complaints procedure through the internet using the pledge link: <http://www.kirklees.gov.uk/beta/young-people/in-care-in-kirklees/our-pledge.aspx>

Children Rights Service - this service advocates on behalf of a young person to access the complaints procedure.

All children and young people who make a complaint are informed of this service. The Complaints Unit have a close working relationship with the advocacy service who represented children in Kirklees.

Visually impaired – The complaints procedure is available in braille, CD, video and large print.

Links with Complaints Officer: Complaints are also received via other designated Complaint Managers from other services in Kirklees including the Complaint Managers for Adult and Corporate Complaints.

3 Compliments

Statistical summary of compliments received from 1 April 2017 – 31 March 2018.

Compliments received:

Service Area	2013/14	2014/15	2015/16	2016/17	2017/18
Disabled Children's Service	5	3	1	0	3
Assessment and Intervention	6	2	4	15	20
Children's Residential	7	3	9	2	2
Children & Disability Residential	8	8	2	2	4
Fostering/Placements	4	7	9	11	0
Looked After and Care Leavers	3	5	2	12	13
Youth Offending Team	0	1	0	2	0
Children's Rights	3	2	6	1	2
Family Support / Early Help	0	2	0	0	0
Contact team	2	0	0	0	0
Adaptions Team	1	0	3	0	0
Child Protection & Review	2	0	1	2	5
Emergency Duty Team	1	0	0	0	1
Integrated Youth Support	1	16	3	2	0
Total	43	49	40	49	50

The above table shows the number of complaints received by the service. In this reporting period, **50** compliments were recorded by the Complaints Unit.

Majority of compliments received were about Assessment & Intervention; Looked After and Care Leavers service

It remains impossible to determine the number of compliments received about the service accurately because most compliments are received directly by front line staff and managers and they do not always record and inform the Complaints Unit for registration. The Complaints Unit reports weekly on compliments received and encourages as many managers as possible to pass on compliments so that they can be recorded centrally and the service can learn from the views and experiences of service users and carers. When compliments are received by the unit they are shared with managers and can be used in the staff member's annual appraisal. Compliments can also be used to share good practice in teams.

Examples of compliments received:

- A young person complimented her Youth Offending Team worker by stating *'Everything was positive and my self-esteem is higher thanks to *****, she helped my anger calm down now I'm pointing in the right direction'*
- Management received a compliment from CAFCASS officers who said that the Social Worker had a very child centred approach. This was evident in the assessments; plans and the Care Proceedings.
- A young Person complimented their Independent Reviewing Officer saying they had been brilliant for her, had listened to her and her made her feel valued as a young person in care.

4 Alternative dispute resolution.

The Complaints Unit played a key role in mediating between the complainant and the service. It is in the complainants and the service best interest to try and resolve complaints as close to the root as possible. This approach has helped to improve the relationship between the complainant and the service.

It is acknowledged that early intervention may resolve issues raised by the complainants without the complainant feeling the need to resort to the formal complaints process.

132 representations were dealt with during 2017/18 through Complaints Unit mediating or advising upon how the complaints are best resolved. This is when the Complaints Unit agreed with the person raising the concerns/complaints that the informal resolution was appropriate without denying the complainant's right to use the complaints procedure.

Below is a breakdown of the outcomes as a result of Complaints Unit Intervention:

Outcome of Complaints Unit Intervention	2013/14	2014/15	2015/16	2016/17	2017/18
Service Resolved Informal Complaint	19	30	7	8	28
Legal Proceedings Ongoing/Risk Insurance	8	1	11	7	19
Complainant does not qualify due to confidentiality	2	2	0	1	5
No further contact from complainant	0	1	1	1	1
Complaint not resolved	1	0	1	2	0
Referred to LGO	0	0	0	1	0
Complainant/service advised response satisfactory	34	41	72	44	55
Complaint withdrawn	1	0	1	2	1
Cllr or MP enquires	11	2	6	17	12
Referred to Service	10	3	4	5	11
Total	96	84	103	88	132

The number of complainants satisfied without recourse to the complaints procedure has increased. This has been due to various factors including: a great amount of emphasis being placed on early resolution this year. Managers have been advised that they must consider meeting with complainants; the Complaints Manager has mediated between the service complained about and the complainant, with the complainant's agreement, this approach has been successful in seeking a resolution and has had a significant reduction in formal complaints.

The approach to resolving complaints as close to the root as possible has proven to be effective and in the best interest of both complainant and service.

5 Complaints analysis

Analysis covering the period 1st April 2017 to 31st March 2018

5.1 Stage one analysis of complaints.

Below shows the number of people who made complaints and enquiries through the various stages of the statutory Childrens Act Complaints Services procedure over the last 5 years:

	2013/14	2014/15	2015/16	2016/17	2017/18
Stage One	88	87	74	202	152
Stage Two	1	8	2	5	5
Stage Three	1	0	1	1	1
Ombudsman	7	8	1	2	5
Total	97	103	78	210	163

In 2017/18 there were 152 complainants whose complaints were registered at Stage One. There is a reduction in complaints compared to the previous year. This is due to the change in leadership; visibility of the Complaints Unit staff; responding managers eagerness to early complaints resolution; Complaint Manager playing an active role in mediating and advising on the how best seek resolution; complaint staff quality assuring responses to complaints; Complaints Manager attending briefing sessions/leadership meetings with Head of Service and Service Managers.; Weekly; Monthly and Quarterly reporting on Complaints performance and Learning from Complaints. Weekly information sharing with managers has also helped in seeking early resolution.

The number of Stage 2 and Stage 3 Complaints continue to be very few and are those where the complainant does not agree with the response from the responding manager, refusing to discuss his/her dissatisfaction further and wishes to exercise his/her right to proceed through the complaints procedure.

It can be noted from the table below that most of the preferred methods of initial contact with the Complaints Unit by service users and carers was email, telephone or letter.

Complaints - The overall preferred methods of contact are shown below:

Methods of contact	2013/14	2014/15	2015/16	2016/17	2017/18
Leaflets	16	20	23	32	10
In Person	9	7	1	1	3
Letter	13	12	8	18	31
Email	19	24	12	58	52
Telephone	25	20	22	76	35
Via the Ombudsman	0	0	0	0	0
Internet.	6	4	8	13	19
Other	0	0	0	4	2
Total	88	87	74	202	152

The majority of the Formal Stage One complaints in the table below are from parents or young people directly. This demonstrates that young people are aware of and have access to the complaints procedure and do voice their concerns via the Childrens Act Complaints Procedure.

Complaints – How Involved (relationship with child).

Complainant – How Involved	2013/14	2014/15	2015/16	2016/17	2017/18
Parent	47	30	35	114	77
Young Person	22	36	30	53	50
Relative	10	12	6	24	18
Foster Carer	4	8	2	10	5
Other Person	5	0	1	1	2
Solicitors	0	0	0	0	0
Ex-service user	0	1	0	0	0
Total	88	87	74	202	152

Complaints received by Service Area

Below is a breakdown of complaints by service area.

Most of the complaints received are about; Assessment and Intervention; Looked After and Care leavers.

Service Area	2013/14	2014/15	2015/16	2016/17	2017/18
Assessment and Intervention	45*	28*	24*	101*	60*
Disabled Children's Service	26	4	6	12*	9
Children Residential	10*	18*	16*	20	6
Children & Disability Residential	0	0	0	2	1
Fostering/ Placement	8*	5	4	12*	5*
Looked After and Care Leavers	20*	31*	21*	51*	68*
Family Support /Early Help	1	1	1	9*	1
Child Protection & Review	6*	1	5*	2*	1
Contact Centre	1	1	2	0	2
Emergency Duty Team	0	0	0	1	0
Integrated Youth Support	0	0	0	1	0
Other	0	1	2	1	3
Total	94	90	81	212	156

**Four Complainants, complained about more than one service. The services that they complained about were: Assessment and Intervention; Fostering/ Placement; Looked After and Care Leavers.*

From the total number of complaints registered at Stage one 50 of these were from young people. The table below shows the service area complained about by young people:

Service Area	2017/18
Assessment and Intervention	3
Disabled Children's Service	2
Children Residential	5
Children & Disability Residential	0
Fostering/ Placement	1
Looked After and Care Leavers	39
Family Support /Early Help	0
Child Protection & Review	0
Contact Centre	0
Emergency Duty Team	0
Integrated Youth Support	0
Other	0
Total	5

The above demonstrates that the services encourage young people to use the complaints and compliments procedures and work effectively in line with safeguarding principles to ensure that children have a voice and have a say about the quality of care they are receiving. The Complaints Unit works closely with the Children's Rights Service and advice on the child's right to use the complaints procedure when their concerns cannot be resolved, using the concerns protocol in line with the restorative approach. All complaints received by the Complaints Unit from the advocacy service are registered at Stage one.

Outcome of Complaints

Outcome of Stage One Complaints

There were 152 complainants who had complaints registered at Stage One. Each complainant raised more than one issue.

Below is a breakdown of the outcome of Stage One complaints received. It can be noted that of the completed investigations, largest number were consistently not agreed and were not upheld.

Analysis of Stage One issues

	Total	Total	Total	Total	Total
Outcome	2013/2014	2014/15	2015/16	2016/17	2017/18
Not Agreed	88	91	56	178	116
Partially Agreed	26	7	29	95	95
Agreed	26	35	17	106	46
Total	140	133	102	379	257

Below is a breakdown of the types of issues/complaints made by the complainants at Stage One

	Total	Total	Total	Total	Total
Issue	2013/14	2014/15	2015/16	2016/17	2017/18
Delay in Provision	1	0	4	8	17
Failure to consult/communicate	14	21	23	115	68
Welfare Issue	7	6	5	31	14
Inappropriate Management	9	4	1	4	1
Inaccurate Decision Making	1	11	6	33	27
Issues relating to Staff	56	43	24	61	45
Bullying by Service User	2	4	2	9	1
Service Provision/Assess	17	15	15	32	27
Provision/accuracy of Information	16	16	6	27	18
Financial Problems	9	6	4	14	17
Contact Arrangements	0	0	5	25	22
Other	8	7	7	20	0
Total	140	133	102	379	257

There were a total of 257 issues raised by complainants at Stage One, some complainant's raised more than one issue. Most of the issues related to failure to consult or issues relating to staff.

Below shows the outcomes of complaints that were partially agreed, agreed or not agreed at Stage One:

Partially Agreed

Issues	2013/14	2014/15	2015/16	2016/17	2017/18
Delay in Provision	0	0	0	3	3
Failure to consult/communicate	3	1	13	49	30
Welfare Issue	0	1	0	5	3
Inappropriate Management	0	0	0	2	0
Inaccurate Decision Making	0	0	0	4	7
Issues relating to Staff	10	2	5	11	21
Bullying by Service User	0	0	0	1	0
Service Provision	2	1	2	3	11
Provision/accuracy of Information	5	1	1	3	9
Financial Problems	3	0	0	4	3
Contact arrangements	0	0	3	6	8
Other	3	1	5	4	0
Total	26	7	29	95	95

Agreed

Issue	2013/14	2014/15	2015/16	2016/17	2017/18
Delay in Provision	1	0	4	0	14
Failure to consult/communicate	3	4	1	22	12
Welfare Issue	0	1	1	12	3
Inappropriate Management	1	0	1	2	0
Inaccurate Decision Making	1	1	0	6	4
Issues relating to Staff	5	10	3	13	4
Bullying by Service User	2	4	2	8	1
Service Provision /Assess	4	5	1	23	5
Provision/accuracy of Information	5	4	2	9	2
Financial Problems	1	3	0	1	1
Contact Arrangements	0	0	1	3	0
Other	3	3	1	7	0
Total	26	35	17	106	46

Not Agreed

Issue	2013/14	2014/15	2015/16	2016/17	2017/18
Delay in Provision	0	0	0	5	0
Failure to consult/communicate	8	16	9	44	26
Welfare Issue	7	4	4	14	8
Inappropriate Management	8	4	0	0	1
Inaccurate Decision Making	0	10	6	23	16
Issues relating to Staff	41	31	16	37	20
Bullying by Service User	0	0	0	0	0
Service Provision/Assess	11	9	12	6	11
Provision/accuracy of Information	6	11	3	15	7
Financial Problems	5	3	4	9	13
Contact Arrangements	0	0	1	16	14
Other	2	3	1	9	0
Total	88	91	56	178	116

5.2 Stage two analysis of complaints.

Prior to complaints being considered at Stage Two the Complaints Unit Manager explored with the complainant and the service all reasonable options of resolution. Where this is not feasible, the complaints are registered at Stage Two.

In 2013/14, only 1 complainant out of 88 registered at Stage One proceeded to Stage Two –formal investigation.

In 2014/15, 8 complainants out of 87 registered at Stage One proceeded to Stage Two formal investigation.

In 2015/16, 2 complainants out of 74 registered at Stage One proceeded to Stage Two formal investigation.

Two – formal investigation.

In 2016/17, 5 complainants out of 202 registered at Stage One proceeded to Stage

Two – formal investigation.

In 2017/18, 5 complainants out of 152 registered at Stage One proceeded to Stage

Two – formal investigation.

Below is a breakdown of the Stage Two complaint by service area:

Service Area	2013/14	2014/15	2015/16	2016/17	2017/18
Disabled Children's Service	0	*1	0	0	1
Assessment and Intervention	0	2	*2	0	2*
Duty and Assessment	0	*1	*2	1*	0
Children's Residential	0	0	0	0	0
Child Protection & Review	*1	1	0	1	0
Fostering/Placements	*1	0	0	3*	1*
Looked After and Care Leavers	*1	3	0	1	2
Youth Offending Team	0	0	0	0	0
Children's Rights	0	0	0	0	0
Family Support/ Early Help	0	0	0	0	0
Total	3	8	4	6	6

* Complainant made complaints about more than one service.

There were **5** complaints registered at Stage 2. Each complainants raised more than one issue. The outcome of the issues can only be recorded after the investigation and response have been concluded at Stage 2.

The following table shows the types of issues and the outcome of the complaints on conclusion.

Issues	Partially Agreed	Agreed	Not Agreed
Decision Making	0	1	1
Inaccurate/Failure to provide General Information	2	1	3
Issues Relating to Staff	0	1	1
Welfare Issue	0	1	1
Financial problems	0	0	1
Failure to Consult/Listen	1	2	1
Inappropriate Management	0	1	2
Contact Arrangements	0	1	1
Delays/Quality in Service Provision	2	4	1
Lack of Communication	0	3	0
Total	5	15	12

There are a total of 20 issues which were partially and fully agreed and 12 issues not agreed.

5.3 Stage 3 complaints- Review Panel Hearings.

Complainants who are not satisfied with the Stage 2 responses have a right to have their complaints considered by three independent people who form the Stage 3 Panel.

Prior to complaints being considered at Panel the Complaints Unit Manager explored with the complainant and the service all reasonable options of resolution. All complainants were satisfied with the stage two responses. There was only **one complainant** who was dissatisfied with the Stage Two response and proceeded to Stage 3.

The complaint mainly related to: disclosure of information and information not shared appropriately; poor communication and quality of records.

5.4 Ombudsman complaints and enquiries:

Complainants have the right to refer their complaints to the Local Government Ombudsman at any time. The Ombudsman will decide whether or not to investigate for maladministration. The meanings of the terminology used by the Ombudsman when terminating complaints are given below:

Outcome	Definition
'preliminary' or 'informal' Enquiries	Requesting basic information in the preliminary stages.
investigation discontinued – injustice remedied	Investigation stopped without any recommendations, because the Local Authority may have put things right. .
Not to initiate an investigation	No or insufficient evidence to suggest an investigation is appropriate.
Outside Jurisdiction	The issue is not one the Ombudsman can deal with.
Investigation complete, satisfied with authority's actions, not appropriate to issue report	This is now covered under one of the following: <ul style="list-style-type: none"> • Upheld: Maladministration and Injustice • Upheld: Maladministration, No Injustice • Not upheld: No Maladministration
Investigation complete – Maladministration and injustice	Investigation completed with evidence of maladministration and injustice caused to the complainant.
Ongoing/pending	Awaiting final decision
To discontinue investigation	Investigation has been stopped. No further action is needed as the injustice caused to Mr X by the alleged fault is not so significant that the Ombudsman would recommend a remedy

Assessment/enquiry	Collecting basic information prior to being passed to an investigator
Not upheld; no further action	No fault found & no further action required.
Closed after initial enquiries; Out of jurisdiction	Early decision made not to investigate complaint. May be out of jurisdiction/cannot lawfully investigate/inappropriate to investigate. Early assessment may show an investigation could not achieve anything.
Upheld; maladministration & injustice	Authority found to be at fault evidence of injustice caused to the complainant. Recommend how the organization should put things right.

Breakdown of Ombudsman complaints and enquiries

Outcome	2013/14	2014/15	2015/16	2016/17	2017/18
Assessment/enquiry	1	0	0	0	2
investigation discontinued – injustice remedied	0	0	0	0	0
Not to initiate an investigation	2	0	0	0	0
Closed after initial enquiries; out of jurisdiction	3	4	1	1	1
Not upheld; no maladministration	0	1	0	0	0
Upheld; maladministration & injustice	1	1	0	1	1
Ongoing/pending	0	0	0	0	1
To discontinue investigation	0	0	0	0	0
Not upheld; no further action	0	2	0	0	0
Total	7	8	1	2	5

There were very few complaints that are considered by the Local Government Ombudsman.

There was only one complainant that was investigated by the Local Government Ombudsman. The Ombudsman decided not to investigate four of the complaints brought to the Ombudsman attention after making initial enquires from the Local Authority.

The Local Government Ombudsman found maladministration in one complaint which related to the sharing information between birth and adoptive parents. The Ombudsman made recommendations which included: repeating the apologies made to the complaint at earlier stages of the complaint process; to review how information is shared with families; to consider reminding staff of the importance of recording changes to important documents. All the recommendations made have been implemented and evidence shared and approved by the Ombudsman.

5.5 Timescale performance.

The table below shows that all complaints were acknowledged within 3 working days.

Days Acknowledgement Letter sent within	Total	Average Days	Within 3 Working Days	After 3 Working Days
2013/14	88	3	88	0
2014/15	87	3	87	0
2015/16	74	3	74	0
2016/17	202	3	202	0
2017/18	152	3	152	0

The following table shows time taken to respond to Stage One Complaints:

Stage One responses	Total	Average Days	Response within 20 working days	After 20 Working Days
2014/15	87	14.5	73	14
2015/16	74	16.4	62	12
2016/17	202	20	149	53
2017/18	152	12.9	129	23

Majority of the complaints are consistently responded to within the statutory deadlines at Stage one. There has been a major improvement in the average time taken in responding to complaints. The complaints that take longer than 20 working days were complex and the complainant was kept informed. Some of the delays in responding were due to the service changes; change in management and officers.

Whilst the Childrens Act requires complaints registered at Stage one to be responded to children and young people within 10 working days with an extension the Complaints Manager has tightened the time scales as a matter of good practice and in acknowledgement that children and young people voice must be heard and the importance of responding to children and young people in a timely manner. Therefore all responding managers were asked to respond within 6 working days.

The table below shows that **100%** of the stage one complaints from children and young people were responded within the statutory time scales of 20 working days. **90%** of complaints were responded to within 10 working days.

Complaints from children Stage One responses	Total	Average Days	Within 6 Working days	Within 10 Working Days	Within 20 Working days	After 20 Working days
2017/18	50	8.7	12	33	5	0

Stage Two Response	Total	Average Days	Within 25 Working Days	Within 65 Working Days	After 65 Working Days
2013/14	1	99	0	0	1
2014/15	8	67	1	3	4
2015/16	2	105	0	0	2
2016/17	5	70	1	2	2
2017/18	5	84	0	0	5

Stage 2 complaints were related to historical events. The reason why complaints investigations were not completed within 25 working days was due to: the amount of information to be reviewed; the number of people to interview; staff unavailable during holidays and sickness; availability of the investigating officer. The complainants were notified and accepted the reasons for the delay.

The Complaints Unit monitor complaints to ensure that response times are met as far as reasonably possible and ensure complainants are kept informed. The service receive a weekly summary of complaints received and this has helped in terms of ensuring timescales to respond are being met.

5.6 Compensation payments.

Under Section 92 of the Local Government Act 2000, Local Authorities are empowered to remedy any injustice arising from a complaint.

If a service user makes a complaint to the Ombudsman and the Ombudsman finds the Council guilty of maladministration, then it is open to the Ombudsman to make a recommendation that compensation be paid by the Council to the complainant.

No payments were paid out in compensation.

6. Service Improvements

At all stages, any lessons/findings identified through complaints are followed up by managers in staff supervision to inform individual learning and development.

Learnings identified from complaints investigations and responses are shared with Learning & Organisational Development Service.

The Complaints Unit monitors the implementation of recommendations made and agreed at Stage Two, Stage Three and those made by the Local Government Ombudsman.

At Stage Two the Adjudication Manager met with the Investigating Officer, Independent Person and Complaints Manager to discuss the findings from the investigation and any lessons to be learned. An Action Plan is agreed and monitored by the Complaints Unit to ensure implementation.

All staff interviewed in the process of investigation of complaints receive feedback from their line manager on the findings and learning identified.

At Stage Two, following formal investigation, the appointed Adjudication Manager always apologised where complaints were agreed and acted upon recommendations related to service improvement.

There were various actions and learnings to the complaints which cannot be shared in this report without identifying the complainant.

The following are examples of learning or action taken as a result of responses to complaints through to the statutory complaints procedure:

- Managers and officers were reminded that parents should be given a reasonable amount of notice prior to any meetings.
- Responding Managers always apologised to complainants and gave assurance that the error would not re-occur.
- The number of professionals working with a family should be kept to a minimum to prevent the family feeling overwhelmed.
- The importance of social workers communicating with parents/carers in a calm, courteous and sensitive manner, regardless of the parents/carers response was shared with managers.

- Staff were reminded of the importance of ensuring young people are kept up to date with the situation particularly when there is a change of key worker/PA/SW.
- A complaint highlighted that assessments should be completed within reasonable timescales and shared with relevant family members as agreed with the family.
- Staff were reminded that at the hospital, as matter of good practice, social workers should check with the family that the hospital staff have explained the background to their action and any consent signatures the hospital staff have taken for 'permissions' for their intervention and action.
- A response to a complaints found that the complaint could have been avoided if the social worker had met with the parent to discuss the misunderstanding on both parts.
- An investigation into complaints stated that in the process of assessment support from the extended family should be considered e.g.: How grandparents can be fully involved in planning and supporting the parent and child.
- Officers were reminded that when a meeting had been arranged, if officers were unable to attend due to emergency, they should ensure that the parents or those who have been asked to attend are informed as soon as possible. This should be followed up by contacting all parties with details of when the meeting will next be held.
- Following an investigation staff were reminded as part of their Supervision and Case Planning of the importance of recording changes to important documents (such as a Child Permanence Records) on recording systems.

7. Diversity Monitoring

The purpose of collecting information on ethnicity, gender and disability is to be able to measure the extent to which the Complaints Procedure is reaching all service users and/or their carers.

ETHNICITY

The ethnicity of the complainants is majority White/British with the next largest ethnic groups represented being Asian/Pakistani.

Complainants by Ethnicity

Ethnicity	2013/14	2014/15	2015/16	2016/17	2017/18
White/British	46	56	44	74	77
Mixed White/Asian	3	5	1	3	1
Mixed White/Black Caribbean	5	4	3	8	0
Asian/Pakistani	3	4	4	17	8
Black African	2	0	1	2	1
Not Stated	26*	17*	19*	93*	63*
Asian/Indian	1	1	1	0	0
Black Caribbean	2	0	1	3	0
White/Other	0	0	0	2	2
Total	88	87	74	202	152

* Complainants that did not provide information on ethnicity were mainly relatives or parents.

GENDER
Complainants by Gender

Gender	2013/14	2014/15	2015/16	2016/17	2017/18
Female	51	47	41	124	98
Male	33	29	27	70	49
Joint eg: Mr &Mrs	4	11	6	8	5
Not Known	0	0	0	0	0
Total	88	87	74	202	152

8. Present position and future developments:

Present position:

Performance on responses to complaints from young people and services users has vastly improved since the change in Leadership. This has influenced and supported the management of complaints in seeking early resolution.

The high number of complaints that have been resolved through alternative dispute resolution has reduced the number of complaints registered through the complaints procedure and has been in line with restorative practice. This has mainly due to the change in culture and leadership and senior management commitment to early resolution.

The Complaints Manager is a member of the Voice of the Child Task & Finish Group. This group considers: How do we engage with children, young people and families; how do we use the views of children, young people and families in the work that we do.

The voice of the child is apparent in the process of managing complaints, all responding managers are asked to ensure the child/young person has been met.

The Childrens Rights Service advocate on behalf of the child/young person to ensure that the child/young person is satisfied with the responses to the complaints and desired outcome. This is effective as there are no complaints that proceeded through to Stage 2 of the complaints procedure and where complaints are upheld action is taken to remedy and put things right.

Complaints Manager attends Leadership Sessions; Practice Progress Operational Group; Voice of the Child Task & Finish Group; Yorkshire and Humberside Complaints Managers Group; Team Meetings with the managers of Independent Reviewing Officers and Childrens Right Service.

The Complaints Manager will be attending meetings Service Team Managers Meetings to discuss and inform on best practice in responding to complaints.

Weekly reporting to Heads of Service and Service Manager on Complaints has assisted in improving response time to complaints at stage one. This approach will continue.

The Complaints Unit also shares monthly; quarterly reports with the senior managers. The Annual report is presented to the Corporate Parenting Board. Information on complaints is also share with the Service Improvement Board.

The Complaints Manager is now accessible as she is based in the same building as Social Workers and Team Managers.

The Service Director, Family Support and Child Protection, meets with the Complaints Manager on serious complaints and in the process of responding to Stage 3 complaints.

Further Developments:

- Ensure that all communities from different ethnic backgrounds are aware of the Childrens Act complaints procedure.
- Meet with Learning and Development Manager to ensure that learnings from complaints is embedded within Training.
- Complaints Manager will present quarterly reports to the Senior Leadership Team around themes emerging from complaints.
- The Complaints Manager will continue to support managers with responding to complaints in line with restorative practice.
- Written Procedure with time scales on responding to enquires from MP's and Cllr's to be presented to senior management and Corporate Service.
- Encourage managers to send copy of compliments received to the Complaints Unit.

If you would like to comment on this report, please contact:

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Name of meeting: Corporate Parenting Board
Date: 19th November 2018
Title of report: Children in Care Council and Care Leavers Forum Update

Purpose of report To inform the Board of the work of the Children in Care Council and Care Leavers Forum groups between the months of April 2018 to November 2018. This report includes details of the reviewed and re-launched Kirklees Pledge for children and young people who are looked after by the Local Authority

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by Strategic Director & name Is it also signed off by the Service Director for Finance IT and Transactional Services? Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Elaine McShane (for Sal Tariq) – 6.11.18
Cabinet member portfolio	Cllr. Viv Kendrick (Children's)

Electoral wards affected: Not applicable

Ward councillors consulted: Not applicable

Public or private: Public

1. Summary

The Children in Care Council meets bi-weekly on a Monday evening and is a meeting for children and young people aged 12 to 15 who are in the care of the Local Authority. The aim of the group is to discuss the issues for children and young people who are in care and to work with professionals to try and improve services, to ensure that they meet the needs of those who are in receipt of them.

The Care Leavers Forum is for young people aged 16 to 21 (or 25 if still in full time education) and the remit is to discuss the issues that young people face as they prepare to leave care and move into independence. Again, young people work with professionals to try to improve services and ensure that they meet need. This group meets bi-weekly on a Wednesday evening.

Over the last 12 months changes in services have led to a time of challenge and change for the council and forum. However, in October a permanent worker was appointed, to take a lead on developing both the council and forum, with focus on increased and representative membership which leads to stability and effectiveness.

Between April 2018 and November 2018 the Children in Care Council and the Care Leavers Forum have been consulted about the following issues / topics which their views have influenced:

- Re- designing and re-launching of the Kirklees Pledge which is the promise to all young people from Kirklees Council about how they can expect to be cared for by the Local Authority
- Sufficiency Strategy – consultation regarding suitable accommodation for children and young people
- Consultation regarding mental health services for care leavers and the design of these services to be delivered through the Placement Support Team
- Consultation with the Placement Support Team in order to consider how young people can be involved in the recruitment of foster carers at an earlier stage.
- Consultation with Management about what young people would want to see in the Local Offer for Care Leavers document (to be known as Kirklees Commitment to Care Leavers).

- Consultation with the Risk and Vulnerability Team about a new name for the team, evaluations to be given to young people when they have worked with them and a leaflet for young people which explains what they do.

The full report for Children and Care Council Care Leavers Forum update is attached at Appendix 1.

2. **Information required to take a decision**

For information only, no decision required

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

Not applicable

3.2 **Economic Resilience (ER)**

Not applicable

3.3 **Improving Outcomes for Children**

- A new and improved Pledge document which is child friendly has been produced and this is attached at Appendix 1.
- Children and young people have influenced the training of staff and quality standards in respect of placements
- The views of young people influenced the designing of the new mental health support services which are delivered through the Placement Support Team.
- The views of children and young people have been sought so that their voice will have increased influence in the recruitment of foster carers
- The views of young people will be incorporated into the Kirklees Commitment to Care Leavers document
- The views of children and young people have influenced the new name of the Risk and Vulnerability Team to something which young people will feel comfortable with. They will also continue to work with the Risk and Vulnerability Team on literature which is appealing, informative and appropriate for young people
- Softer outcomes for children and young people involved in these groups have also achieved, such as new friendships, increased confidence and the development of debating, negotiation and presenting information skills.

3.4 **Reducing demand of services**

Not applicable

3.5 **Other (eg Legal/Financial or Human Resources)**

Not applicable

4. **Consultees and their opinions**

Not applicable

5. **Next steps**

- Pledge to be fully re-launched with all professionals, carers and children and young people being aware and having copies of the document
- To increase the membership of both the Council and the Forum, to ensure that they are representative of all groups of children and young people
- To improve links with managers of services, to ensure that there is an effective mechanism for communication and the development of services which are led by children and young people, whilst also providing a forum for managers to consult children and young people.
- Action planning for January to July 2019, by establishing clear Action Plans for both the Council and the Forum
- Links with the Regional Children in Care Council meetings, in order to share ideas and priorities and also increase the voice and influence of children and young people on issues which affect young people across the region.

6. **Officer recommendations and reasons**

That the report be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Melanie Tiernan

9. **Background Papers and History of Decisions**

Not applicable

10. **Service Director responsible**

Elaine McShane, Service Director (Family Support and Child Protection)

Kirklees Looked After Children Independent Service (Children's Rights Team)

Children in Care Council and Care Leavers Forum update report (April 2018 to November 2018)

APPENDIX 1

Reporting Period	April 2018 to November 2018
Report of	Children in Care Council and Care Leavers Forum Update
Report to	Corporate Parenting Board
Report Originator	Melanie Tiernan
Date of Report	1 st November 2018

1. Overview of Service

The Children in Care Council meets bi-weekly on a Monday evening and is a meeting for children and young people aged 12 to 15 who are in the care of the Local Authority. The aim of the group is to discuss the issues for children and young people who are in care and to work with professionals to try and improve services, to ensure that they meet the needs of those who are in receipt of them.

The Care Leavers Forum is for young people aged 16 to 21 (or 25 if still in full time education) and the remit is to discuss the issues that young people face as they prepare to leave care and move into independence. Again, young people work with professionals to try to improve services and ensure that they meet need. This group meets bi-weekly on a Wednesday evening.

Over the last 12 months changes in services have led to a time of challenge and change for the council and forum. However, in October a permanent worker was appointed, to take a lead on developing both the council and forum, with focus on increased and representative membership which leads to stability and effectiveness.

Three new members have joined the Children in Care Council, making this larger than the Care Leavers Forum. However, some young people who currently attend the Council will soon be 16 and move to attending the the Care Leavers Forum; this will help to achieve membership balance. As there is capacity in both groups for additional members, a drive is underway with professionals, carers and young people themselves to increase attendance and ensure that there is a balanced representation of young people accommodated in foster care, children's homes, semi independent and independent living.

2. How much did we do and how well have we done?

Both the Council and the Forum have been involved with:

- Completing work on the Kirklees Pledge which has now been produced in two formats, one suitable for younger children (7 – 11) and one for those who are older (12 plus). This has now been launched via email communication from Senior Management and through the various teams, copies will be given to all children and young people as well as foster carers and professionals. A copy of each version of the Pledge is attached to this report.
- Consultation with Senior Management with regard to the Sufficiency Strategy. Their views and opinions have been taken into consideration and have influenced areas such as training for staff and improving the quality assurance process with regard to purchased placements.
- Consultation with the newly appointed Senior Mental Health Practitioner to consider what services are needed for care leavers.
- Consultation with the Placement Support Team in order to consider how young people can be involved in the recruitment of foster carers at an earlier stage. This led to a review of the young people's questions which are asked at foster carer panels and consideration is being given to other suggestions made, such as, more involvement in Skills to Foster and / or more opportunities for children and young people to talk informally with potential carers, to help them form an opinion which can then be considered in the overall recruitment process.

- Consultation with Management about what young people would want to see in the Local Offer for Care Leavers document (to be known as Kirklees Commitment to Care Leavers).
- Consultation with the Risk and Vulnerability Team about a new name for the team, evaluations to be given to young people when they have worked with them and a leaflet for young people which explains what they do.

3. What difference did we make for children?

- A new and improved Pledge document which is child friendly has been produced
- Children and young people have influenced the training of staff and quality standards in respect of placements
- The views of young people influenced the designing of the new mental health support services which are delivered through the Placement Support Team.
- The views of children and young people have been sought so that their voice will have increased influence in the recruitment of foster carers
- The views of young people will be incorporated into the Kirklees Commitment to Care Leavers document
- The views of children and young people have influenced the new name of the Risk and Vulnerability Team to something which young people will feel comfortable with. They will also continue to work with the Risk and Vulnerability Team on literature which is appealing, informative and appropriate for young people
- Softer outcomes for children and young people involved in these groups have also achieved, such as new friendships, increased confidence and the development of debating, negotiation and presenting information skills.

4. What do we want to improve?

- To increase the membership of both the Council and the Forum, to ensure that they are representative of all groups of children and young people.
- Improved links with managers of services, to ensure that there is an effective mechanism for communication and the development of services which are led by

children and young people, whilst also providing a forum for managers to consult children and young people.

- Action planning for January to July 2019, by establishing clear Action Plans for both the Council and the Forum
- Links with the Regional Children in Care Council meetings, in order to share ideas and priorities and also increase the voice and influence of children and young people on issues which affect young people across the region.

Our Pledge to You

What we want to do

Engage- Inspire-Progress

We want young people to be involved in the decisions that are made about them. We want to help young people to take control of their lives, to work to understand how much they can do and the impact they can have. And we will want to pool all the ideas and talents of young people to improve services so they meet what children and young people need and expect.

WE PLEDGE:

To help and support you to stay safe and have a healthy and active lifestyle.

To involve you in all decisions about your life.

To want you to do well and encourage you to do and be the best that you can.

To support you throughout your education and to plan for the future.

To listen and make sure you know what will happen next.

To celebrate your achievements.

To make sure you have lots of different people to support you.

To help you have new experiences and develop your own interests.





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Corporate Parenting Board

Agenda Plan 2018/19

	Updates from Board Members on interaction with services	Board members	
	Corporate Parenting Board Agenda Plan 2018/19	H Kilroy	
<p>Monday 24 September 2018</p> <p>Pre-meeting 9.30 am – 10.30 am Public Meeting 10.30 am – 12.30 pm Mtg Room 1, HTH</p> <p>Apols: G Addy, Cllr F Loonat</p>	<p style="text-align: center;">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p>LGA Training - Feedback</p> <p style="text-align: center;">Public Items:</p> <p>Change to Membership – Chair of Children’s Scrutiny Panel</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Education <p>OFSTED and Improvement Board Update (verbal)</p> <p>Refreshed foster carer handbook</p> <p>Children’s Rights – Annual Report</p> <p>Independent visitors scheme (quarterly report)</p> <p>Annual Report on Youth Offending Team and their work with children in care</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Care Leavers Local Offer Action Plan</p>	<p>S Comb</p> <p>All</p> <p>H Kilroy</p> <p>S Comb J Tolley</p> <p>S Comb</p> <p>A Quinlan</p> <p>M Tiernan</p> <p>M Tiernan</p> <p>R M Smith</p> <p>J Bragg</p> <p>J Bragg</p>	

Corporate Parenting Board

Agenda Plan 2018/19

	<p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2018/19</p>	<p>Board Members</p> <p>H Kilroy</p>	
<p>Monday 19 November 2018</p> <p>Pre-meeting 9.30 am – 10.30 am</p> <p>Public Meeting 10.30 am – 12.30 pm</p> <p>Mtg Room 1, HTH</p> <p>Apols: J Sanders</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p>Head Teachers Report on educational outcomes of looked after children</p> <p align="center">Public Items:</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Head Teachers Report on educational outcomes of looked after children <p>OFSTED and Improvement Board Update (verbal)</p> <p>Annual Report on the health of looked after children</p> <p>CSE and Missing Provision – overview from April to October 2018</p> <p>Recruitment and Retention of Foster Carers</p> <p>Annual report on Complaints and Compliments for Children in Care</p> <p>Update report from CICC and CL Forum and the Pledge</p>	<p>S Comb</p> <p>J Tolley</p> <p>S Comb</p> <p>J Tolley</p> <p>S Comb</p> <p>G Addy</p> <p>O Rix</p> <p>A Quinlan</p> <p>Y Mughal</p> <p>S Mahmood/ M Tiernan</p>	

Corporate Parenting Board

Agenda Plan 2018/19

	CAMHS Local Transformation Plan 2018	T Brailsford	
	Corporate Parenting Board Agenda Plan 2018/19	H Kilroy	
<p>Monday 21 January 2019</p> <p>Pre-meeting 9.30 am – 10.30 am Public Meeting 10.30 am – 12.30 pm Mtg Room 1, HTH</p>	<p align="center">Pre-meeting (Informal)</p> <p>Educational attainment and progress – LAC outcomes data and SFR analysis</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>One Adoption Agency 6 monthly Report (April to Sept)</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Education <p>OFSTED and Improvement Board Update (verbal)</p> <p>CSE and Missing Provision update</p> <p>Number of children in care with a Youth Offending Order (comparable data and trends)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Feedback and learning on capturing voice of the child and wider family network</p>	<p>J Tolley</p> <p>S Comb</p> <p>M Prout or S Johal (One Adoption) tbc</p> <p>S Comb J Tolley</p> <p>S Comb</p> <p>O Rix</p> <p>R Smith to confirm</p> <p>J Bragg</p> <p>O Rix to confirm</p>	

Corporate Parenting Board

Agenda Plan 2018/19

	<p>Independent Visitors Scheme – Quarterly Report (Quarter 3)</p> <p>Marketing Plan for Recruitment of Foster Carers</p> <p>Corporate Parenting Board Agenda Plan 2018/19</p>	<p>M Tiernan</p> <p>A Quinlan to confirm</p> <p>H Kilroy</p>	
<p>Thursday 14th February 2019</p> <p>Pre-meeting 9.30 am – 10.30 am Public Meeting 10.30 am – 12.30 pm Mtg Room 1, HTH</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Education <p>OFSTED and Improvement Board Update (verbal)</p> <p>Corporate Parenting Board Agenda Plan 2017/18</p>	<p>S Comb/J Tolley</p> <p>S Comb J Tolley</p> <p>S Comb</p> <p>H Kilroy</p>	
<p>Monday 11 March 2019</p> <p>Pre-meeting 9.30 am – 10.30 am Public Meeting 10.30 am – 12.30 pm Mtg Room 1, HTH</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Education <p>Membership and Terms of Reference of the Board (prior to Council AGM)</p>	<p>S Comb</p> <p>S Comb J Tolley</p> <p>S Comb/H Kilroy</p> <p>O Rix</p>	

Corporate Parenting Board

Agenda Plan 2018/19

	<p>CSE and Missing Provision update</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Corporate Parenting Board Agenda Plan 2017/18</p>	<p>S Comb</p> <p>H Kilroy</p>	
<p>Monday 15 April 2019</p> <p>Pre-meeting 9.30 am – 10.30 am</p> <p>Public Meeting 10.30 am – 12.30 pm</p> <p>Mtg Room 1, HTH</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>NO QUESTION TIME (pre-election period)</p> <p>Key Performance Data (summary)</p> <ul style="list-style-type: none"> - Children’s Services - Education <p>OFSTED and Improvement Board Update (verbal)</p> <p>Statement of Purpose for Registered Children’s Homes (Annual)</p> <p>CSE and Missing Provision update</p> <p>Statement of Purpose for Fostering Service (Annual)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Corporate Parenting Board Agenda Plan 2018/19 and 2019/20</p>	<p>S Comb</p> <p>S Comb</p> <p>J Tolley</p> <p>S Comb</p> <p>L Caunce</p> <p>O Rix</p> <p>S Comb</p> <p>J Bragg (to be confirmed)</p> <p>H Kilroy</p>	

Corporate Parenting Board

Agenda Plan 2018/19

Standard reports (every meeting):-

- Performance Monitoring report (Education and Children's Service) –(Pre-meeting - Informal) (S Comb/J Tolley)
- Key Performance Data (summary) - Children's Services (inc Education) (S Comb/J Tolley)
- Ofsted and Improvement Board verbal update (S Comb)
- Corporate Parenting Board Agenda Plan (H Kilroy)
- Updates from Board Members on interaction with services
- CSE and Missing provision (O Rix)

Future reports (dates yet to be agreed):

- Future shape of service and relationship with partners (E McShane/S Comb) – date tbc
- Action Plan on the Fostering and Placement services in Kirklees (A Quinlan) – date tbc
- Early Help and edge of care (S Tariq) – date tbc
- Corporate Parenting Board Strategy (S Comb) – date tbc
- Update on pilot to mentor and provide role modelling for young people in placements and children's homes around school attendance (J Tolley) – date tbc
- Kirklees Fostering Network (achievements, current priorities and future aspirations)
- Feedback on the learning being undertaken to capture the voice and views of young people and the wider family network (O Rix) – date tbc

Annual reports:-

- Annual report from WY One Adoption (S Johan/M Prout) – July 2018
- Membership and Terms of Reference of the Board – March (every year)
- Private Fostering Annual Report (A Quinlan) – date tbc
- Annual report on Children's Rights (M Tiernan) – September 2018
- Annual report on Complaints and Compliments for Children in Care (Y Mughal) – date tbc
- Annual report on children who go missing from care (Lead Officer tbc) – date tbc
- Annual report on the health of looked after children (G Addy) – September 2018
- Annual report from the Head of the Virtual School on the educational outcomes for looked after children (J Tolley) – November 2018
- Annual report on the work of the leaving care service (J Bragg) – date tbc
- Annual report on children and young people placed outside the Kirklees boundary (S Comb) – date tbc
- Annual report on Youth Offending Team relating to their work to children in care (R Smith) – September 2018

Corporate Parenting Board

Agenda Plan 2018/19

- Annual report on the work and progress of the Corporate Parenting Board to Council and Health and Wellbeing Board (S Comb/M Green) – September 2018
- Annual report on Review of Foster Carer Handbook (A Quinlan) – Sept 2019 (to be confirmed)
- Corporate Parenting Board Annual Report (S Comb) – date tbc
- Independent visitors scheme (annual report) (M Tiernan) – September 2018

6 monthly reports:

- One Adoption Agency 6 monthly Report (April to Sept) – January 2019 (S Johal/M Prout)

Quarterly reports:

- Fostering Agency Report (April to June) (A Quinlan) – date to be confirmed
- Fostering Agency Report (July to Sept) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Oct to Dec) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Jan to March) (A Quinlan) – date to be confirmed
- Overview of number of children in Care (snapshot) including age profile (J Bragg) – dates agreed for 2018/19
- Education Statistics (when released by DFE) (J Tolley) dates agreed for 2018/19