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Friday 10 March 2023

Notice of Meeting

Dear Member

Children's Scrutiny Panel

The **Children's Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield at 2.00 pm on Monday 20 March 2023**.

This meeting will be webcast live and will be available to view via the Council's website.

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 Children's Scrutiny Panel members are:-

Member

Councillor Andrew Marchington
(Chair)

Councillor Ammar Anwar

Councillor Elizabeth Reynolds

Councillor James Homewood

Councillor Richard Smith

Councillor Paul White

Oliver Gibson (Co-Optee)

Toni Bromley (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

	Pages
1: Membership of the Committee	
To receive apologies for absence from those Members who are unable to attend the meeting.	
2: Minutes of the Previous Meeting	1 - 6
To approve the Minutes of the meeting of the Panel held on 23 rd January 2023.	
3: Interests	7 - 8
The Councillors 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 interests.	
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 Committee 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: Performance Data (Children's Services) - verbal update on highlights

The Panel will consider a verbal update on the performance highlights from the latest Children's Services data report.

Contact: Jo-Anne Sanders, Service Director
 Vicky Metherington, Service Director
 Tom Brailsford, Service Director

8: Exclusions & Suspensions in Kirklees Schools

9 - 24

The Panel will consider a report giving the current context around exclusions and suspensions in Kirklees and planned actions to support work in reducing these.

Contact: Kelsey Clark-Davies, Head of Inclusion and Educational Safeguarding

9: Stable Homes Built on Love

25 - 32

The Panel will consider an update on the Government's response in February 2023 to the McCallister, National Care Review which was published in May 2022

Contact: Elaine McShane, Service Director

10: Educational Wellbeing and Mental Health provision for Children and Young People in Kirklees 33 - 78

The Panel will consider an update on mental health services available for children and young people in Kirklees and the current issues.

Contact: Stewart Horn, Head of Children's Integrated Commissioning

11: Pre-decision Scrutiny - Cabinet decisions on the horizon

The Panel will consider any potential areas of pre-decision scrutiny in accordance with any cabinet decisions relating to children and young people which are on the horizon and receive updates from Senior Officers in Children's Services.

Contact: Jo-Anne Sanders, Service Director
Tom Brailsford, Service Director
Vicky Metherington, Service Director

12: Feedback from Panel Members on issues considered by Corporate Parenting Board

Panel Members who attend the Corporate Parenting Board, will feedback on key areas of focus considered by the Board, which will be of interest to the Panel.

13: Children's Scrutiny Panel Work Programme 2022-23 79 - 94

The Panel will consider the work programme and agenda plan for the 2022/23 municipal year and will discuss progress and consider new issues for inclusion during the 2023/24 municipal year.

Provisional dates for the 2023/24 municipal year have been set but are subject to agreement by Council Annual General Meeting in May.

Contact Officer: Helen Kilroy, Assistant Democracy Manager

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Agenda Item 2

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILDREN'S SCRUTINY PANEL

Monday 23rd January 2023

Present: Councillor Andrew Marchington (Chair)
Councillor Elizabeth Reynolds
Councillor Paul White

Co-optees Oliver Gibson
Toni Bromley

In attendance: Mel Meggs, Strategic Director for Children's Services
Tom Brailsford, Service Director (Resources,
Improvement and Partnerships)
Jo-Anne Sanders, Service Director - Learning & Early
Support
Elaine McShane, Service Director - Family Support and
Child Protection
Vicky Metheringham, Service Director – Child
Protection and Family Support
Councillor Carole Pattison
Councillor Viv Kendrick

Apologies: Councillor James Homewood
Councillor Richard Smith

1 Membership of the Committee

Apologies were received from Councillor Richard Smith and Councillor James Homewood.

Councillor Marchington advised the Panel that Graeme Sunderland had resigned as a Co-optee and thanked him for his contribution to the Panel.

2 Minutes of the Previous Meeting

That the minutes of the meeting held on 31st October 2022 be approved as a correct record.

3 Interests

No Interests were declared.

4 Admission of the Public

All items were considered in public session.

Children's Scrutiny Panel - 23 January 2023

5 Deputations/Petitions

No deputations or petitions were received.

6 Public Question Time

No questions were received from members of the public.

7 Performance Data (Children's Services) - update on highlights

The Panel received a verbal update on the performance data which was provided by the Service Directors in Children's Services and the following areas were highlighted:-

Exclusions

Joanne Sanders, Service Director of Learning and Early Support, explained that the ambition across Kirklees as part of 'our Kirklees futures' was to secure zero exclusions by 2030. It was important to find the right and most appropriate pathway for youngsters, by securing sufficient places that met the needs of learners.

The Panel agreed that an in-depth report would be provided at the next meeting in March 2023, which showed a breakdown of the key stages and how old the youngsters were that were subject to permanent exclusions and currently suspended. It was also agreed that deeper analysis would be provided which included the reasons for the exclusions and suspensions for children in Kirklees schools, along with youngsters who lived in Kirklees but were educated elsewhere. Joanne Sanders advised that the data looked at the characteristics of young people to show if any trends emerged, so that the correct resources could be directed as soon as possible.

Joanne Sanders provided the headlines of the data regarding permanent exclusions which were:

- There was an increase in permanent exclusions across key stages with the largest proportion at Key Stage 3 & 4,
- There was not a particular pattern emerging with regards to the types of schools that had permanent exclusions,
- There was a small number of schools involved that permanently excluded,
- The number of boys permanently excluded was a higher proportion than girls
- Physical assault was a prevalence in terms of reasons for exclusions,
- After consideration at meetings, some schools re-instated youngsters,
- Further analysis needed to be undertaken with regards to suspensions.

In response to a question from the Panel which asked how the figures for 2021 compared to pre Covid figures, around the long-term behavioural impacts with the removal of face-to-face teaching for pupils, Joanne Sanders advised that that it was important to look beyond when there was disruption to education, as young people were not in school the same way that they were prior to the pandemic. Schools and partners were inclusive and strong engagement had taken place across the system with school leaders which included the Special Educational Needs and Disabilities transformation plan that concentrated on reducing exclusions. A dashboard had been developed which would be shared with schools, and other professionals at specialist meetings. The Panel was informed that specialist teachers around Social, Emotional and Mental Health had been recruited who supported schools and

Children's Scrutiny Panel - 23 January 2023

learners at an earlier point, and that there was a tendering process in place for an alternative provision which allowed additional places and included medical teaching, a primary and secondary turnaround provision, along with alternative pathways.

Children's Mental Health

In response to a question from the Panel around Children's Mental Health, Tom Brailsford, Service Director (Resources, Improvement and Partnership explained that there had been a reduction in waiting list times in July and August 2022 for Child and Adolescent Mental Health Services (CAMHS) due to urgent referrals where the waiting times were based upon contact to first appointment. In July and August, a number of urgent referrals were received by CAMHS where professionals prioritised the first assessments and worked flexibly to ensure that there were enough clinicians to meet the demand, and assess young people safely, which had resulted in a reduction in waiting times.

Tom Brailsford explained that there was a need for people in the school system to be aware of the pathways for immediate support, including not using accident and emergency for immediate support, but to go through the single point of access which enabled the crisis and home treatment teams to respond more appropriately, and to use mental health support teams in schools to better support school staff.

The Panel was informed that an in-depth report on CAMHS waiting times and models looked at would be presented to the Panel at the next Panel meeting in March 2023.

Recruitment and retention of staff in Children's Services

The Panel acknowledged that there was a shortage of child protection staff nationally and asked what Kirklees was doing to recruit and retain staff. Elaine McShane, Service Director - Family Support and Child Protection advised that Kirklees no longer used agency Social Workers. To support development, Kirklees introduced a 'step up' training programme for Social Workers and a front-line training programme for Social Workers who were graduates that had taken a previous degree and applied specifically for this type of programme. The Panel was informed that Kirklees also had students from universities across the region who had made a positive choice to come into Kirklees as part of starting their social work career. The Panel noted that practitioners who had completed their training made a positive choice to remain in Kirklees. Elaine McShane advised the Panel that Social Workers were also recruited internally, to move into advanced practitioner posts and team manager posts and that Kirklees had introduced apprenticeships which were aimed at practitioners who worked in services within Kirklees who had skilled knowledge and wanted to do an apprenticeship as a pathway to becoming a Social Worker.

Elaine McShane advised that due to vacancies and slight increase in workload for Social Workers, Kirklees had looked to introduce family support workers and contact and liaison officers into Social Teams to do the day-to-day work which allowed Social Workers to concentrate on their statutory duties. In the Children and Looked after teams, Kirklees had introduced Youth Engagement Workers that linked with the Youth Engagement Service, who worked with vulnerable young people who needed additional support on a day-to-day basis.

RESOLVED:

- (i) That the update be noted.
- (ii) That a report on permanent and fixed term exclusions (suspensions) would be presented to the Panel at the next meeting in March 2023.
- (iii) That a report on CAMHS waiting times would be presented to the Panel at the next meeting in March 2023.

8

Budget process - Children's Services

The Panel received an update on the Budget process from Mel Meggs, Strategic Director for Children's Services.

Mel Meggs advised the Panel on proposals of the budget for the Council and Children's Services, which was being prepared for 2023/24. The Panel was informed that there were some significant gaps in the amount of money Kirklees had to spend, versus the amount of money Kirklees had planned to spend. Monitoring of the budget led to two actions earlier in the financial year that looked across the council to areas where money could be saved. The Council had imposed an overall recruitment freeze where a People Panel had been set up to decide upon requests to recruit. The focus in children's services was that front line staff services could keep going, and to a high standard, and in certain roles, where possible recruitment should be delayed. There had also been changes around buildings used, and how staff were deployed. The priority for savings and investment was around growth and demand, for example SEND. Mel Meggs explained that there was an increase in demand and costs in school transport. The aim was to ensure that there were no barriers for youngsters attending school, therefore a proposed uplift into school transport had been put forward.

Mel Meggs advised the Panel on the saving proposals for 2024, which focused on prioritising front line services ensuring there was early help. There were proposals on how things could be done differently, including different ways of working, integrating work within teams, and identifying funding streams and investing to save, for example providing sufficient homes for children where they needed to go into care or children with special education needs.

RESOLVED:

- (i) That the update on the budget proposals be noted
- (ii) That a report on the budget proposals be presented to the Panel post publication of the proposals.

9

Pre-decision Scrutiny - Cabinet decisions on the horizon

The Panel noted there were no new areas of pre-decision scrutiny on the horizon relating to children and young people. Councillor Marchington advised the Panel that he had attended a Cabinet meeting in December 2022, where the alternative provision for SEND was considered. It was noted that the recommendations made by the Scrutiny Panel on the alternative provision had been considered as part of that decision by Cabinet.

Children's Scrutiny Panel - 23 January 2023

RESOLVED: That the update on pre-decision scrutiny be noted.

10 Feedback from Panel Members on issues considered by Corporate Parenting Board

Councillor Marchington advised the Panel that a Corporate Parenting Board meeting had not taken place since the last meeting of the Children's Scrutiny Panel on 31st October 2022. The next Corporate Parenting Board was scheduled to take place on 24th January 2023 and Panel members would feedback to the Panel in March 2023 on any key areas of focus.

RESOLVED:

That, following Corporate Parenting Board in January 2023, Panel Members feedback on any key issues to the March Panel meeting.

11 Children's Scrutiny Panel Work Programme 2022-23

The Panel considered the work programme for the 2022-23 municipal year.

Councillor Marchington advised that a summary of the visits which had taken place since the last Panel meeting had been added to the work programme and that further visits were scheduled to take place during the next 3 months.

RESOLVED-

The Panel noted the Work Programme and agenda plan for 2022-23.

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KIRKLEES COUNCIL COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS Childrens Scrutiny Panel			
Name of Councillor	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: Children's Scrutiny Panel

Date: 20th March 2023

Title of report: Exclusions & Suspensions in Kirklees Schools

Purpose of report: To inform scrutiny members of the current context around exclusions and suspensions in Kirklees and planned actions to support work in reducing these.

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? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Key Decision – No Private Report/Private Appendix – No
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? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Mel Meggs
Cabinet member <u>portfolio</u>	Cllr Carole Pattison / Cllr Viv Kendrick

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered?

1) National Context

Every year 8,000 children in the UK are permanently excluded from school. Often excluded children end up in Alternative Provision (AP), not back in mainstream education.

School exclusion is directly linked with poorer life outcomes:

- Permanent exclusion has been shown to exacerbate and provoke poor mental health
- Only one in twenty excluded pupils who finish their education in AP passes their English and Maths GCSEs
- Half are not in education, employment or training six months after leaving AP
- Four in ten prisoners report having been permanently excluded from school

These factors, alongside school exclusion, put some of our most vulnerable children and young people at greater risk of criminal exploitation.

These children deserve and need the best possible support that we can give them. They are more likely to live in poverty, have special educational needs or be looked after by the state.

The Timpson Review of school exclusion (2019) commissioned by the DfE and Damien Hinds (Education Minister 2019) to ensure exclusion from school is used appropriately found that:

“There are also other characteristics closely associated with exclusion, including children with SEN, those receiving support from social care and gender. The analysis produced for this review shows that 78% of permanent exclusions issued were to pupils who either had SEN, were classified as in need or were eligible for free school meals. 11% of permanent exclusions were to pupils who had all three characteristics.”

The Timpson Review (2019) consulted with parents of Children and Young People who had experienced exclusion and found that many believed their child was excluded due to a school's lack of understanding of their child's needs:

“Often their children had additional needs such as SEN or attachment disorder, and many wrote that their child’s exclusion was a symptom of the school’s failure to understand and address their needs. One mother of an adopted child wrote about her strong feeling that there is “a lack of understanding of LAC/ adopted children’s needs and many [exclusions] result from inadequate support for the pupil”. Similarly, a mother of a boy with SEN excluded several times between Years 8 and 10 wrote that “all his expulsions related directly to a complete lack of understanding and awareness of his condition”. Coram found that 83% of parents whose children had been excluded (either for a fixed period or permanently) felt that the school did not work with their child to explore alternatives to exclusion.”

In July 2022, the DfE published new statutory guidance on Suspension and Permanent exclusions. The guidance placed a greater emphasis on schools being clear on setting high expectations of behaviour and standards. There are also clear recommendations placed on schools regarding the safeguarding of learners that are suspended or excluded and the arrangements that must be in place for reduced timetables and offsite directions.

Exclusions are separated into 2 areas:

- Fixed term exclusions - referred to as suspensions as of Sept 2021
- Permanent exclusions

2) Kirklees context - Headlines

Permanent exclusions from schools in Kirklees has seen a rise since 2017. At this time processes around exclusions changed in Kirklees when the exclusion contract was commissioned externally to the LA, to Ethos Academy Trust. The trend for Kirklees can be seen below:

Year	Number of Permanent Exclusions in Kirklees
2016/17	30
2017/18	72
2018/19	71
2019/20	54 * Covid-19 affected
2020/21	31 * Covid-19 affected
2021/22	59 (unvalidated)
2022/23 as at 5 th March 2023	51 (unvalidated)

3) Internal Audit into Exclusions

An internal audit of Exclusions was conducted in Autumn 2022 which was useful with regards to enabling fresh eyes on the systems and processes. Findings from this were very much in line with what the service had already identified.

The key actions identified within the audit, amongst others, are captured within the Inclusion workstream of the SEND Transformation Plan.

4) Strategic oversight of Exclusion in Kirklees

Oversight for exclusion sits within the Learning & Early Support Service as part of the Education Safeguarding and Inclusion Service.

Kirklees Council currently commission Ethos Academy Trust to carry out the statutory duties around Permanent Exclusion across all providers in Kirklees ensuring statutory obligations are met.

The processes around Exclusion include the following:

- If a young person is at risk of or experiencing exclusion from school, schools are encouraged to refer into our Specialist Outreach Team for additional support, advice and training.
- On receipt of an Exclusion notification, the Ethos Exclusion Officer will make direct contact with the relevant Headteacher and arrange an immediate meeting. The Exclusion Officer will then discuss the notification form with the Headteacher and ensure all processes and procedures have been followed, reminding Headteachers of their legal duties and responsibilities in accordance with the 2017 guidance.
- For additional support to the Headteacher around SEND, the Exclusion Officer may further consult with the Specialist Outreach Team to ensure there is sufficient evidence of the 'Assess, plan, do, review' cycle.
- Where other agencies are involved, the Exclusion Officer will make contact and arrange a Multi-Agency meeting where appropriate. Any consensual additional information from parents will be shared with the Headteacher where appropriate.
- Alternatives to exclusion will be discussed with the Headteacher, for example:
 - ✓ Inclusion Worker Support
 - ✓ Turnaround placement
 - ✓ Managed / Supported Move
 - ✓ Alternative Provision KS4
 - ✓ Alternative intervention programme e.g. "No Knives Better Lives"
- The Exclusion Officer will also represent Kirklees Council at Governors' Disciplinary panels and Independent Review panels as appropriate.

Plans are underway to reposition the work of the Exclusions team back in a central Kirklees Council team which will support access to key Kirklees services such as Early Support, SEMH outreach, Youth Engagement and Education Safeguarding services.

5) The Kirklees Exclusions Dashboard

The Data & Insight Service, alongside council and school-based partners have created an Exclusions Dashboard, upon request from the Service Director for Learning & Early Support, for robust data analysis and tracking of both permanent exclusions and fixed term exclusions/suspensions across Kirklees schools and academies. This gives us clear data and intelligence around exclusions at an individual school level. This monitoring and analysis focuses on vulnerable groups, with comparators to both national and regional neighbours (Yorkshire and Humber), with a purpose to ensuring the right groups are targeted for inclusive support, including informing future planning. This purpose of monitoring exclusions, challenging and supporting schools and settings also feeds through to the Our Kirklees Futures 2030 Learning Strategy.

6) What does our data tell us?

- **Permanent Exclusions**

The tables below shows a more detailed four-year trend separated into primary, secondary and special schools/academies in Kirklees for Permanent exclusions up to Summer 2022.

Primary	2018/19	2019/20	2020/21	2021/22
LA Pupils	12	11	1	10
LA %	0.03%	0.03%	0.00%	0.03%
National	0.02%	0.02%	0.01%	
Difference	0.01%	0.01%	-0.01%	

Secondary	2018/19	2019/20	2020/21	2021/22
LA Pupils	59	38	33	58
LA %	0.22%	0.15%	0.13%	0.20%
National	0.20%	0.13%	0.10%	
Difference	0.02%	0.02%	0.03%	

Special	2018/19	2019/20	2020/21	2021/22
LA Pupils	0	0	0	0
LA %	0.00%	0.00%	0.00%	0.00%
National	0.06%	0.04%	0.03%	
Difference	-0.06%	-0.04%	-0.03%	

This shows the permanent exclusion rate in Kirklees for 2020/21 being below the national figure for Primary schools and above for secondary schools. Special Schools have had zero permanent exclusions for at least 16 years.

Where schools have a behavioral concern and there is a risk of suspension or exclusion for a learner with an SEN, they should work in partnership to consider alternatives and additional support. In cases involving children with an EHCP contact must be made with the local authority and an early annual review called prior to issuing an exclusion notice. Thus, allowing for opportunities to review the current support offer and plan.

There were 68 permanent exclusions across all school phases during 2021/22, equating to a rate of 0.10% (out of 69,769 pupils on roll). This compares to the 0.05% National rate in 2020/21 and emerging national rate of 0.06% in 2021/22. Kirklees rate of exclusion is therefore double the rate of National.

(* percentage figures indicate proportion of the specific cohort excluded)

58 of the 68 permanent exclusions were for pupils in years 7-11:



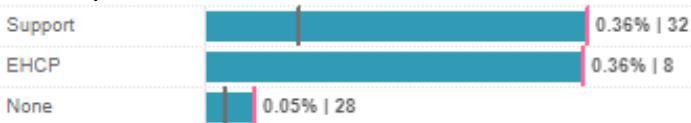
57 of the 68 permanent exclusions were Male:



The ethnicity breakdown for permanent exclusions during 2021/22 can be seen below:



40 had Special Educational Needs:



42 have Free School Meal Eligibility:



The following vulnerable groups of learners require further consideration and support concerns:

- Secondary school aged learners
- Males
- EHCP or SEN support
- Free School Meals Eligible
- Living in the Dewsbury West ward (one school has a high proportion of suspensions and exclusions and is therefore an outlier)

The most common reasons for Permanent Exclusion are physical assault against a pupil (21), physical assault against an adult (15) and persistent disruptive behaviour (13).

A similar pattern for these reasons can be seen in suspensions data for 2022/23 thus far, up to January 2023.

Reducing exclusions and suspensions in Kirklees is a key priority within both the [Kirklees SEND Transformation plan](#) and the [Our Kirklees Futures | Kirklees Council](#) Learning Strategy and we have a number of key actions underway to support this. We need to refresh our approach to identifying and supporting the needs of our children and young people at a much earlier stage and projects are being implemented to address this.

- **Suspensions**

There were 6,053 suspensions during 2021/22 for 2,294 pupils (in all phases), equating to a suspension rate of **8.67%** (out of 69,769 pupils on roll). This compares to the 4.25% National rate in 2020/21 and an emerging national rate of 5.97% in 2021/22. This resulted in 11,027 days lost due to a suspension, with an average of 1.8 days per suspension.

Secondary Phase

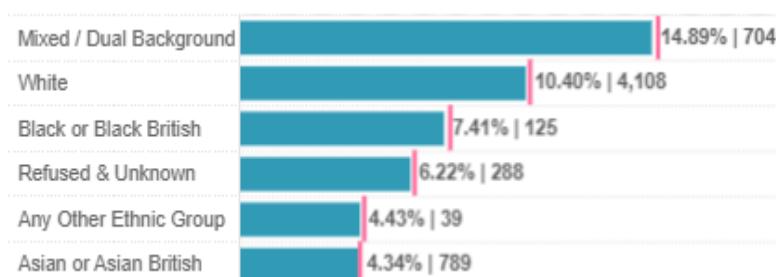
The majority of these suspensions were pupils in years 7-11;



A third were Male:

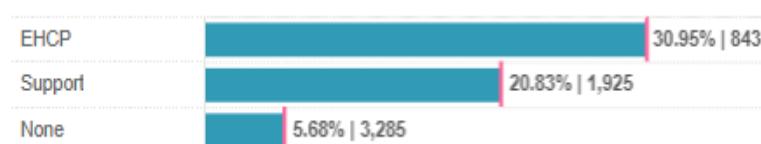


The ethnicity breakdown for suspensions during 2021/22 can be seen below:



The suspension rate was 31% of the pupil cohort with an Educational Health & Care Plan (EHCP) during 2021/22.

The suspension rate was 21% of the pupil cohort with SEN Support during 2021/22, which related to 631 pupils being suspended 1,925 times.



Analysis has enabled us to identify our vulnerable groups and work with schools and settings will be implemented using this rich data, to ensure these groups are targeted. A similar pattern for these groups can be seen in suspensions data for 2022/23 thus far, up to January 2023.

The following vulnerable groups are concerns regarding suspensions:

- Secondary school aged
- Males
- EHCP or SEN support
- High risk of criminality
- Free School Meals Eligible

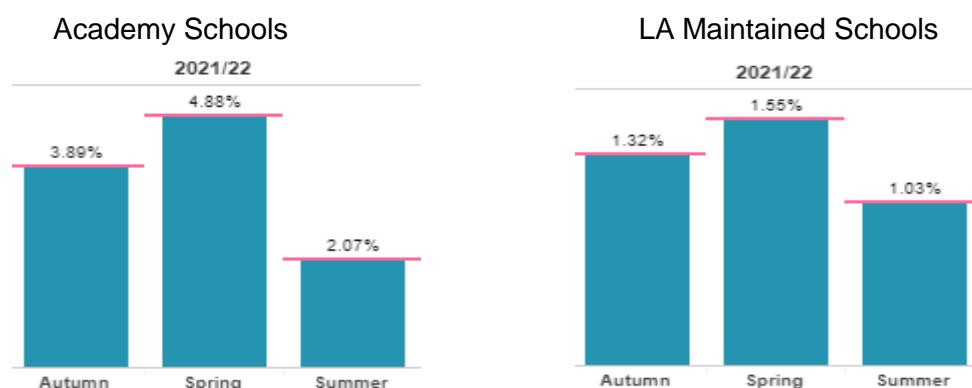
- Living in the Dewsbury East, Dewsbury West, Almondbury and Ashbrow wards

For Secondary school pupils with SEN Support, Kirklees has had similar rates of suspensions compared to Yorkshire & Humber Local Authorities, between 2007/08 and 2019/20, although above national. However, this changed during 2020/21. During 2021/22, the rate was 46.91% for 1,509 suspensions.



By far the most common reason for suspension is 'Persistent Disruptive Behaviour'.

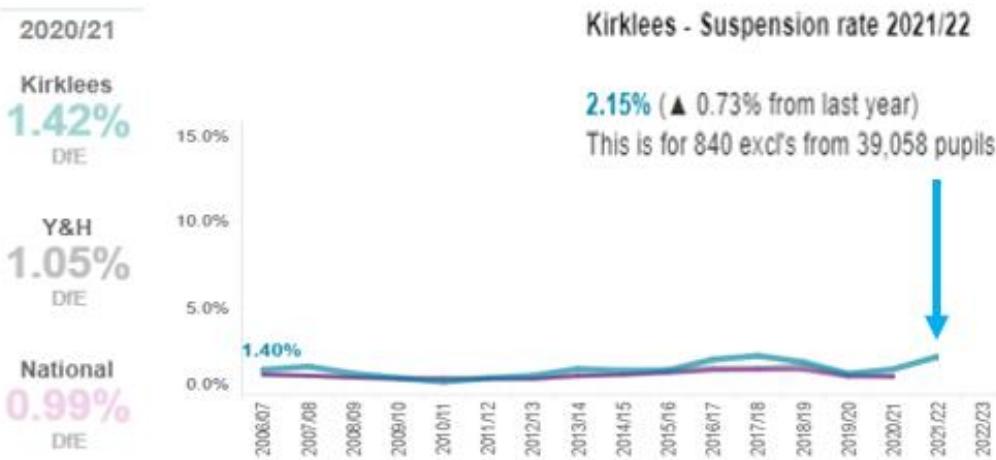
The difference in Academy and Local Authority Maintained School percentages can be seen below:



Primary Phase

Below shows Suspension data on a 15-year trend for all Primary aged learners in Kirklees.

This shows that in the Primary sector, Kirklees provisional 2021/22 rate of 2.15% (840 suspensions) is **above national validated 2020/21 0.99% by 1% for primary school/academy suspensions**. Based on a new emerging 2021/22 national figure of 1.28%, Kirklees primaries are still above by 1%, with a LA percentile rank of 91 (compared to all LA primaries).



From the intelligence we have around our schools within Kirklees we know there are settings with strong inclusive practices and some that require support to improve their approaches to inclusion. As outlined in the Timpson Review of Exclusion (2019) where exclusion is used ineffectively there are four fundamental factors: differences in leadership / culture set within a school; lack of consistent systems to understand and manage additional needs and challenging behaviour; a funding system which incentivises exclusion and lack of safeguards to prevent informal exclusionary practices. Exclusion is predominantly higher in secondary schools.

7) Analysis of the data

Since 2017 the exclusion rate has gradually risen and therefore there is a clear need for significant change in this area, as highlighted in the SEND Transformation Plan and is a key priority in Our Kirklees Futures, to include ownership, direction, collaboration and support around Exclusions, and most importantly, developing expertise, capacity and resources within schools and the Local Authority so that young people's needs can be understood and met within their mainstream setting without the need to exclude.

There are plans to reconsider the financial costs linked to exclusion as these are part of a legacy arrangement. The alternative provision landscape has altered in terms of both cost and availability meaning exclusion costs need realigning. With the increase in requests for statutory assessment and EHCP plans this has led to several "withdrawn" or "rescinded" exclusions. A withdrawn exclusion tends to apply when a learner remains at the setting and the 'offence(s)' committed are sanctioned by other means rather than a permanent exclusion. A rescinded exclusion only applies in Kirklees to learners with a protected characteristic such as an EHCP or being looked after, usually a professionals meeting is called, and alternative solutions are found for the learner. This often leads to alternative provision placements or specialist provision placements, which – although reduces the numbers on paper of pupils experiencing exclusion - it has the same implications in the lived experience of learners as a permanent exclusion as the learner moves setting when schools state they cannot meet need, therefore this is a key area of focus for the system to improve our practises.

The data enables us to understand the key characteristic of learners (as previously outlined) who (struggle to engage in secondary settings. This could be a result of a combination of factors such as:

- School ethos
- Quality first teaching
- Provision and support at school
- School behaviour policies
- Support at home
- Unidentified and unmet SEND
- School performance capabilities
- Sufficiency of provision in the local area

8) How are we currently evaluating ourselves?

Based on 2020/21 validated data Kirklees would be band C for both fixed term and permanent exclusion measures in comparison to national figures.

This suggests that in Kirklees our exclusion figures and work around exclusions Require improvement, which is why there are key plans under the SEND Transformation Plan and Our Kirklees Futures.

9) How do we get better?

“The right support, in the right place at the right time”

Within the SEND Transformation Plan we have been working on a number of projects which will, in time, impact on a reduction in suspensions and exclusions from school. We want our exclusion figures to be significantly below national averages. We have an ambitious goal within Our Kirklees Futures Learning Strategy to aim for zero exclusion by 2030.

We acknowledge that, as outlined in the Timpson review:

“Exclusion, both fixed period and permanent, is a necessary sanction and this review has seen evidence of it being used effectively... Head teachers should be able to use their professional judgement about when to use exclusion. However, there is undoubtedly variation in how effectively exclusion is used in practice...”

Timpson goes on to outline that:

“As well as a necessary tool to keep others safe, there is also evidence that both fixed period and permanent exclusion, when used appropriately and with a clear purpose that all involved understand has a positive impact such as helping a child understand the impact of their behaviour. Several school leaders described fixed period exclusion prompting discussions at home with parents and carers about why the exclusion was issued, which helped the child understand and feel the consequences of their behaviour.”

In order to achieve our vision in Kirklees of zero exclusions we are aware we need to ensure there are alternatives and options available for our Children and Young People and for our school leaders so there is no need to use Permanent Exclusion and we therefore plan to focus on the following:

- The development of guidance documents for schools outlining expectations of what High Quality Inclusive Teaching should include. This guidance was co-produced with a group of Kirklees SENDCos, key teams across the LA and PCAN, our parent and

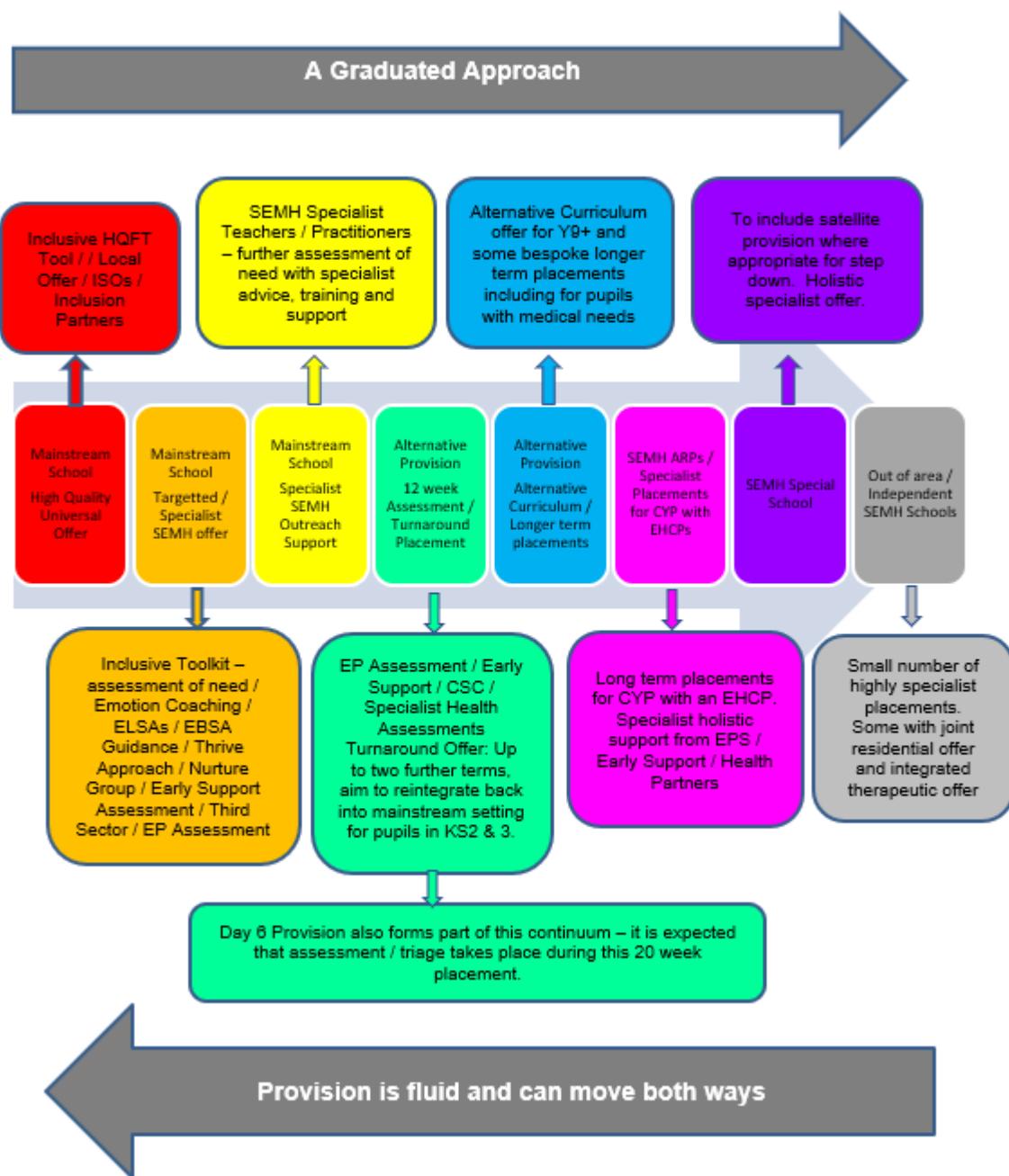
carer forum for Parents of Children with Additional Needs. [Inclusive High Quality Teaching Audit Tool | Inclusive High Quality Teaching toolkit | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#)

- Further developing our offer from Kirklees Learning Partners to have a greater focus on Inclusion – ensuring we are using our data and intelligence to target schools who may need additional support or challenge around outcomes for children with SEND / those who are disadvantaged, ensuring those schools with the most Inclusive practice are able to support those with emerging practice.
 - Reviewing financial models around exclusion processes in Kirklees Council
 - Reviewing current processes around decision making and support allocation (eg Fair Access Panel / Single Point of Referral / Early Support Multi-Agency Panel / Kirklees Specialist Provision) to create a Multi-Agency Inclusion Panel – enabling early multi agency support when children and young people are at risk of exclusion
 - The expansion of our central Specialist Outreach Team – specifically including outreach for children and young people with Social, Emotional & Mental Health (SEMH) needs. The Specialist Outreach Team offer training, advice, consultancy and support to schools and work pro-actively to promote inclusion. [Kirklees Specialist Outreach | Specialist Outreach | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#). This team work closely with our Educational Psychology Service to lead on training and development within school settings – focussing on further developing understanding in Trauma Informed Practice and SEND across all schools and settings in Kirklees, ensuring all schools are Attachment and ACE aware and have trained ELSAs.
-
- Whilst the majority of children and young people's needs can be met in their local mainstream school setting, some young people at risk of and those experiencing exclusion, require specialist provision, either in an "Alternative Provision" (AP), "Additionally Resourced Provision" (ARP) or special school placement. We have been working hard to address our sufficiency needs for children at risk of exclusion from school; securing the right number of specialist places is a fundamental part of our overall sufficiency strategy within our SEND Transformation Plan. This will allow Kirklees to continue to support children and young people's needs by ensuring we have high quality, fit for purpose facilities that can support a wide range of need within a sustainable delivery model.

Our plan is for the development of a pathway for SEMH Provision in Kirklees, offering a continuum across a "Graduated Approach", enabling children, young people, and their families to access the services they need, where they need them and when they need them - "Right Support, Right Place, Right Time". The long-term vision is for realisation of the Our Kirklees future strategy where suspension and exclusion from school are possibilities but unnecessary given the variety of support options available.

The diagram below outlines the "Continuum of SEMH Provision" across a graduated approach:

Kirklees SEMH Continuum of Provision



An Alternative Provision procurement exercise is currently underway with contracts being awarded for lots in the following areas from April 2023 for use from September 2023:

- Day 6 Provision
- Medical Needs Provision
- Assessment/Turnaround provision
- Alternative Provision
- Additional Support Services
- Online learning provision
- Learners with EHCPs

Additionally, we have 5 new Additionally Resourced Provisions opening across Kirklees in September 2023 and we opened our first Special School Satellite Provision in September 2022, with additional Satellite provisions currently being scoped.

10) Supporting schools in developing a Trauma Informed Approach

Over the last 4 years our Educational Psychology Service have been undertaking two significant pieces of project work within a sample of Kirklees Schools; the Alex Timpson Project and the Mental Health Support Team Project. These have provided whole school support around emotion and behaviour regulation policies and emotion coaching as a tool to support behavioural needs in school. Training around understanding Adverse Childhood Experiences (ACEs) and how to support and develop resilience using relational approaches has also been delivered. Schools have included the Emotion Coaching approach within their behaviour regulation policies.

As a response to the covid pandemic the Educational Psychology service has also provided “Emotion Coaching” online training and resources to all our local authority schools which can be used as lesson plans, small group or 1:1 support. Schools are continuing to implement this and will continue to do so.

In addition, the project work has enabled Educational Psychologists to train Emotional Literacy Support Assistants (ELSAs) in schools in order to support children and young people with SEMH needs, some of whom may present with outward behavioural dysregulation within school. Enabling their behaviour to be understood as communication and receive the appropriate support through a relational intervention in school has made a significant impact on children and young people’s behavioural presentation.

Feedback was taken from the schools who have participated in the MHST and Timpson projects outlining any impact of the work. Below summarises some of the feedback we have received from schools:

- Staff now have an outward looking approach to understanding behaviour as the expression of unmet need. Staff engage with latest research and good practice.
- ACES training prompted staff who attended to reflect on a personal level, and be more aware of experiences of children and parents in their home settings.
- As a result of the training the rate of referral to the Education Mental Health Practitioners has decreased: Relational approaches are well embedded across the school so children’s needs are well met in-house.
- Following the EC training children are seen to have improved language for SEMH - they are identifying their own emotions and vocalising them which has reduced challenging behaviour in school.
- Behaviour policy has been updated to look at behaviour regulation and include Emotion Coaching - more staff recognise emotional needs and use simple strategies to support them e.g. allowing time for children to regulate and creating opportunities for them to speak about their emotions.

- School has removed their isolation room. They are trialling a reflective, restorative, therapeutic approach using a 'reflective space'. The reflective space is used to collaborate and support children where need for additional support is identified through a relation model – Educational Psychology training has supported the implementation of this.
- School has started to move away from a behaviourist approach to be more inclusive.
- 'Whole School Relational Policy' training from Educational Psychology has affirmed existing practice i.e. relational rather than 'zero-tolerance' approaches and school are seeing the impact of this with their high need pupils.
- Emotion Coaching (EC) - whole staff training complemented existing approaches. De-escalation techniques are now well embedded and supporting children with managing their emotions is working well. The physical interventions from Team Teach are not needed. The training validated that what school does to deescalate situations already is good practice.

2. Information required to take a decision

Not applicable

3. Implications for the Council

3.1 Working with People

We are highly ambitious that our education provision in Kirklees meets the needs of all of our children and young people, creating a wide range of provision so that, eventually, suspension and exclusion figures are significantly reduced and are rare. This will impact positively on Children, Young People and their families.

3.2 Working with Partners

We continue to work with partners both within the council and across wider partners such as School, Police, Health and Parent / Carer Forums to ensure all plans and responses are considered at a wider systems level.

3.3 Place Based Working

The work currently underway to create more specialist places (in Alternative Provision, Additionally Resourced Provision, Special School Satellite Provision and Special Schools) across the authority, with a better geographical spread, will enable more children and young people to attend an educational placement locally to where they live

3.4 Climate Change and Air Quality

If children and young people are able to attend school more locally to where they live this will reduce the need for travel across the authority or outside the authority – therefore reducing carbon emissions.

3.5 Improving outcomes for children

As outlined above, exclusions and suspension lead to poorer outcomes for children and young people – we therefore know that if we are able to better meet need and reduce the need for exclusions and suspensions, children's outcomes will improve

3.6 Financial Implications for the people living or working in Kirklees

Not applicable

3.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources) Consultees and their opinions

Having undertaken an equalities impact assessment it is clear this will impact positively on children, young people and their families.

4. Consultation

Not applicable

5. Engagement

Not applicable

6. Next steps and timelines

Continue to implement the project plan captured within the SEND Transformation Plan and also the Our Kirklees Futures Implementation Plan

7. Officer recommendations and reasons

That the Panel note the report.

8. Cabinet Portfolio Holder's recommendations

Not applicable

9. Contact officer

Kelsey Clark-Davies, Head of Inclusion and Educational Safeguarding
Tel 01484 221000
Kelsey.clark-davies@kirklees.gov.uk

10. Background Papers and History of Decisions

[Alternative Provision - Cabinet Report - Dec 22 - final.pdf \(kirklees.gov.uk\)](#)

Approved – Dec 22

11. Service Director responsible

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



Name of meeting: Children's Scrutiny

Date: 20th March 2023

Title of report: Stable Homes Built on Love

Purpose of report: To provide an update on the Government's response in February 2023 to the McCallister, National Care Review which was published in May 2022

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? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	No Private Report/Private Appendix – No
The Decision - Is it eligible for call in by Scrutiny?	No This is still in the consultation phase
Date signed off by <u>Strategic Director & name</u> Is it also signed off by the Service Director for Finance? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Mel Meggs, Strategic Director 3rd March 2023
Cabinet member <u>portfolio</u>	Cllr Kendrick

Electoral wards affected:

Ward councillors consulted:

Public or private:

Has GDPR been considered?

1. Summary

- 1.1 On 2 February 2023, the Department for Education issued its response to the Independent Review of Children's Social Care, the Child Safeguarding Practice Review Panel's inquiry into the murders of Star Hobson and Arthur Labino-Hughes and the Competition and Markets Authority's study of the children's social care market, in three consultation documents:
- An overarching strategy, *Stable Homes, Built on Love*.
 - A report proposing reforms to agency social work.
 - A proposed national framework, setting standards and outcomes for children's services.

- 1.2 The consultations close on 11th May, 2023 and the outcome will inform future planning within Childrens Services at both a Local and National level.

2. Information required to take a decision.

- 2.1 In response to the McCallister report of 2022 the Department of Education set out an initial response for addressing a range of issues that impact on children's Social Care Services. The following are the key areas they have covered as part of the consultation period.
- 2.2 **Funding:** The DfE has committed £200m in funding over two years. This is below what was recommended by the Care Review which called for £2.6bn over five years, with £1bn spent over the first two years. Although the £200m is welcomed it is acknowledged that this would not take the Review so far forward and further financial commitment would be required to fully embrace the changes recommended.
- 2.3 **Social Work Training and Development:** An early career framework will be established, replacing the ASYE (Assessed Year in Practice), as recommended by the review. Practitioners will be supported to develop, and be assessed against, the "skills and knowledge needed to support and protect vulnerable children", and, in years three to five, to develop into "expert practitioners". This will be tested by a group of early adopter councils with a view to full implementation in 2026.
- 2.4 **Social work recruitment:** The DfE will "explore ways to support the recruitment of up to 500 additional child and family social worker apprentices" to help tackle staff shortages, though it has not provided details on how this will happen and given the current National shortages of Social Workers, although welcomed is not seen to be immediate enough in addressing that issue.
- 2.5 **Agency social work:** The DfE has proposed bringing in national rules to reduce the cost and use of agency social workers in children's services. This would include capping the rates local authorities pay so that agency staff receive the equivalent of permanent workers doing the same role, once benefits have been taken into account. This is proposed for the financial Year 2024 following further consultation and the Association of Directors have stated that this is not soon enough as Local Authorities are grappling with high levels of vacancies on a day-to-day basis.

- 2.6 **Social Worker Pay:** The DfE has rejected the Care Review recommendation for national pay scales for social workers on the grounds that this risked destabilising the local government pay system for insufficient benefit. But it has said that it wants greater transparency in what councils pay social workers in children's services and wants to see existing inequalities in pay for particular roles reduced. In the Yorkshire and Humber Region work is being undertaken to understand the differences between pay scales and job roles. This sits alongside a Memorandum of Co-operation in relation to Agency Social Workers and agreed capped payments.
- 2.7 **Social Worker Registration:** The DfE has also rejected a Care Review proposal for all registered social workers, including managers and academics, to spend 100 hours in direct work each year to remain close to practice. It said it did not want to risk children facing more changes of practitioner or managers being drawn away from supervision.
- 2.8 **Family Help:** The DfE have confirmed that out of the £200m a figure of £45m will be allocated for up to 12 'families first for children pathfinder' areas to trial the care review proposal to introduce multidisciplinary family help services, to provide "non-judgmental", joined-up support for families affected by issues such as domestic abuse or poor mental health. This will bring together existing targeted early help and child in need services. As part of this, the DfE will consult on removing the requirement for social workers to lead Child in Need cases. This would require a change in Legislation Which would take away the Statutory requirements currently set against Child in Need under Sec 17 of the Children Act.
- 2.9 **Child Protection:** It has been proposed that child protection lead practitioners, who will have received "advanced specialist training", will be appointed to lead safeguarding cases in the pathfinder areas, as called for by the Care Review. As recommended by the care review, they will co-work such cases with family help teams. In addition, the pathfinders will test the National Panel's proposal to set up multi-agency teams consisting of Social Workers, Police Officers and Health professionals to carry out Child Protection work. The DfE will also consult on new multi-agency child protection standards as part of a review of *Working Together to Safeguard Children* in 2023.
- 2.10 **Independent Reviewing Officers and Child Protection Conference Chairs:** The DfE has rejected the care review's proposal to abolish the independent reviewing officer role. Instead, it has proposed to review and strengthen it. The strategy did not reference the care review's separate proposal to abolish the Child Protection Conference chair role. It is likely that this will be considered as part of the review of Working Together to Safeguard Children which is to be presented in Autumn 2023.
- 2.11 **Involving Family Networks:** The 12 pathfinders will test using family group decision-making, such as family group conferences, at an early stage to support parents minimise risks to children. In addition, seven areas will test providing family support network packages providing resources to help families care for children and avoid them going into care. This is an area of practice already well embedded within the work we do here in Kirklees which supports many children to remain either within their family or wider family networks. However as a learning

organisation we will take a keen interest in the findings of the pathfinder areas with a view to enhancing the good practice already in place.

- 2.12 **Kinship care:** A Kinship Care Strategy will be published in 2023 while £9m will be spent on improving training and support for kinship carers. The government will also explore the case for the care review's recommendations of a financial allowance and the extension of legal aid for those who become special guardians or responsible for children through child arrangements orders. Again, we are well positioned in Kirklees with regards to both the financial and practical support we afford our Kinship Carers. We will however consider the Strategy and any implications it might have and address them accordingly.
- 2.13 **Foster Care:** Of the £200m set aside for this work has been agreed that £27m will be spent on a Carer Recruitment and Retention programme over the next two years focused on shortage areas, such as sibling groups, teenagers, unaccompanied children, parent and child placements and children who have suffered complex trauma. The Care Review called for the recruitment of 9,000 carers over three years. In addition, Foster Carers will receive an above-inflation rise in minimum allowances to deal with rising costs. This proposal aligns with the work currently being undertaken in Kirklees in respect of our whole Sufficiency Strategy.
- 2.14 **Commissioning Care Placements:** The DfE has backed the Care Review's proposal to transfer responsibility for the commissioning of care placements from individual councils to regional groupings of authorities, Regional Care Co-operatives (RCCs), which will initially be tested in two pathfinder areas before being rolled out. It has also accepted the Competition and Market Authorities (CMA's) proposal to commission a national body to provide help for authorities/RCCs in forecasting demand and procurement. It said these measures would address the insufficiency of placements for children in care, improve outcomes and tackle the excess profit-making identified by the CMA among the largest providers. It is unclear with regards to the timing of these findings and in the meantime, we will continue to work on our Sufficiency Strategy whilst keeping a watch on developments in this area.
- 2.15 **Financial Oversight of Providers:** The National body will also introduce a financial oversight regime for the largest children's home providers and independent fostering agencies (IFAs), similar to that for adult social care, to reduce the risks of providers exiting the market suddenly. This will be welcomed by all Local Authorities as this has been one of the biggest sufficiency challenges over the last few Years.
- 2.16 **Relationships for Children in Care and Care Leavers:** The DfE have made the commitment of £30m which will be spent on family finding, befriending and mentoring programmes for looked-after children and care leavers, to help them find and maintain relationships, as the Care Review recommended.
- 2.17 **Support for Care Leavers:** The suggested grant made available to children leaving care will increase from £2,000 to £3,000, while the bursary for those undertaking apprenticeships will rise from £1,000 to £3,000, broadly in line with care review recommendations.

- 2.18 **Care Experience:** The DfE has rejected the care review's call for care experience to become a protected characteristic under equality law, which would have required public bodies to tackle inequalities facing those with care experience and prohibit businesses and employers from discriminating against them. The department said it had heard significant concerns that self-declaration of care experience would increase stigma and that other measures in the strategy – including extending corporate parenting requirements to bodies other than local authorities – would have more impact.
- 2.19 **National Standards and Outcomes:** The DfE will consult on a children's Social Care National Framework, as proposed by the Review, setting expected outcomes for children and families that should be achieved by all Local Authorities. The proposed outcomes would be for children and families to stay together and get the support they need, for children to be supported by their family network and to be safe in and out of home and for children in care and care leavers to have stable, loving homes. These will be underpinned by two "enablers": that the workforce is equipped and effective and leaders drive conditions for effective practice. Ofsted inspections will be aligned to the national framework.

3 Implications for the Council

3.1 Working with People

The DfE have placed emphasis on working with children, young people and their families. They reiterate the need to hear the voices of children, young people and families when shaping our services as well as when we respond to their need for support. This is in line with our Restorative approach to practice that has seen a shift towards working with and alongside individuals rather than 'doing unto'.

3.2 Working with Partners

If we are to take the required changes forward effectively engaging partners at an early stage will be key to this. We have over the last few Years strengthen our partnership working and this stands us in good stead to begin discussing and planning how we might move towards establishing multi agency teams alongside the requirement to further improve outcomes for children and young people.

3.3 Place Based Working

Kirklees is a Local Authority with a diverse population and communities whose needs vary widely. We already have practitioners who work in the local communities, but the Care Review brings about the opportunity for practitioners to be more closely aligned within Teams. The Teams should be configured to reflect the needs of the local community recognising that one size does not fit all.

3.4 Climate Change and Air Quality

There are no direct implications for climate change and air quality.

3.4 Improving outcomes for children

The whole emphasis of the National Care Review and the response from the DfE is improving outcomes for children. Maximising resources across the partnership in developing multi agency Teams, alongside the role that schools play in supporting children and their families and the wider community will be crucial in ensuring that children have the best start in life. Further to this children, young people and their families will receive timely early support should they need it with a view to address concerns as they arise and avoiding crisis.

3.5 Financial Implications for the people living or working in Kirklees

It is noted that the Government has made initial investment of £200 m to effect these changes, albeit this is not in line with the amount identified by the Review author. The Review and DfE does not have a negative financial implication for people living and working in Kirklees. However, it is uncertain at this time if there are going to be any additional financial implications for the Local Authority and this will require close monitoring as the implementation of the final recommendations are known and progressed.

3.6 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources) Consultees and their opinions

As part of the Implementation Plan an Integrated Impact Assessment will be completed.

4 Consultation

Consultation on the final recommendations will commence once they have been received. The Kirklees Safeguarding Partnership will be a good forum to commence the consultation with Partners. Further work will be required within other forums such as the Corporate Parenting Board, Ambition Board and Health and Wellbeing Board.

5 Engagement

This will require engagement at all levels and across all areas if we are to be successful in implementing the final recommendations. The detail of the required engagement should sit within the implementation plan.

6 Next steps and timelines

There are some key responses required from the DfE consultation and subsequent actions. It is anticipated these will be available beyond the closure of the consultation in May 2023

7 Officer recommendations and reasons

That Scrutiny Members accept this update and advise on any further actions required.

8 Cabinet Portfolio Holder's recommendations

Not applicable

9 Contact officer

Elaine McShane, Service Director, Family Support and Child Protection

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Name of meeting: Children's Scrutiny Panel

Date: 20th March 2023

Title of report: Emotional Wellbeing and Mental Health provision for Children & Young People in Kirklees

Purpose of report: To provide an update on services available and current issues

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? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Key Decision – No Private Report/Private Appendix – No
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? Is it also signed off by the Service Director for Legal Governance and Commissioning?	Tom Brailsford N/A N/A
Cabinet member <u>portfolio</u>	Give name of Portfolio Holder/s Cllr V Kendrick

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

Has GDPR been considered?

No personal information is included in this report.

1. Summary

In Kirklees, our ambition is for children and young people to live happy, healthy lives and to aspire and achieve. Positive emotional wellbeing is a vital component for the fulfilment of this ambition. This report provides an update on the provision for the emotional wellbeing and mental health for Children and Young People in Kirklees. It will describe currently commissioned services, including recent developments, and will outline challenges currently being faced. The report will also introduce proposed developments for services. For each service area, the current waiting list is described. More detailed data can be found in Appendix 1

2. Information required to take a decision

This report outlines each area of support that is commissioned by Kirklees Council and Kirklees NHS Integrated Care Board for children and young people with EHWB needs, in the context of a whole system of service provision. Emotional Health and Wellbeing (EHWB) needs are wide ranging and depend on a variety of services and provision across the health, care and education sectors. EHWB provision may also be commissioned independently by schools or provided by voluntary sector organisations. This is not within the scope of this report.

Following the Covid pandemic there have been effects on our Children's Emotional Health and Wellbeing. Early years provisions, education, schools, colleges and activities were disrupted, leaving them without their usual support networks and social contact. Some children thrived in the home learning environment, particularly where going to school contributed to anxiety, but many suffered from isolation and loneliness. The youngest children lived through the pandemic at a vital time in their development, missing out on important learning and social experiences, which for some have had a significant impact upon speech, language and communication skills, as well as socialisation and regulation. Schools and early years settings are reporting that some children are less well prepared for school than in previous years.

In common with other areas, in Kirklees there has been rising demand for all mental health, learning disability and autism services. This demand is extremely challenging to address, due to the current financial situation and workforce availability. Further detail will be provided for specific services in the body of the report.

Thriving Kirklees

In Kirklees the Child & Adolescent Mental Health Service (CAMHS) and Children's Emotional Wellbeing Service (CHEWS) are jointly commissioned by Kirklees Council and Kirklees ICB via a contract called 'Thriving Kirklees'. This is a partnership made up of five local providers:

- Locala (Lead partner and contract holder)
- South West Yorkshire Foundation Trust (SWYFT)
- Northorpe Hall Child & Family Trust
- Yorkshire Children's Centre
- Homestart

The Thriving Kirklees approach is a long-term commitment to transform services and develop best practice approaches based on the Thrive Elaborated model. This replaces the traditional tiered approach to service provision with a whole system approach. The

emphasis is on early intervention and prevention, with support moving ‘upstream’. The partners have developed closer working relationships, leading to more joined up provision and seamless transfers between services.

The partnership covers a range of services including:

- Single point of access
- 0-19 Team (health visiting and school nursing)
- Child and Adolescent Mental Health Services (CAMHS)
- Children’s Emotional Health and Wellbeing Service
- Assessment and diagnosis of neurodevelopmental conditions
- Home-Start Family Support
- Healthy child vitamins
- Safety in the Home
- Safety Rangers

This report is concerned with the elements of Thriving Kirklees relating to Emotional Health and Wellbeing provision.

Single Point of Access

Access to commissioned emotional wellbeing and mental health services for children and young people in Kirklees is primarily through the Thriving Kirklees Single Point of Access (SPA). The SPA is accessible via the website [Thriving Kirklees - health and wellbeing services for children and families](#) or by telephone. The phoneline is open 24 hours a day, seven days a week, for all enquiries, support requests and appointment information. The SPA can be contacted directly by parents/carers with concerns about their child.

The Thriving Kirklees website and the Kirklees Local Offer website [Home | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#) also provide information, advice and strategies for self-help for children and families, as well as signposting to local voluntary sector support.

By providing a single front door and triage approach, service users are directed to the relevant and appropriate professionals from the outset. If immediate risks are identified by the SPA, the call will be immediately escalated to CAMHS or Crisis service. Where appropriate, the SPA will deal with immediate requests for lower level advice and support for families. This process has been strengthened by the co-location of staff from partner organisations, including CAMHS clinicians and Early Support workers.

Between February 2022 and January 2023, 5020 support requests were received by the SPA. Historic support request data can be found in appendix 1.

ChEWS - Children’s Emotional Wellbeing Service

Northorpe Hall Child and Family Trust provides the ChEWS short term direct interventions for those aged 5 to 19 years whose emotional needs are impacting on their day to day lives but do not require an immediate response service. This support includes the following range of interventions:

- Counselling and therapeutic group activities
- One-to-one support
- Telephone support
- Help accessing services

- Youth Mentoring

ChEWS works closely with CAMHS, nursing services, GPs and local authority services as well as many voluntary and community organisations so children and young people and their families can find the right support for them.

Whilst children and young people may be referred to CHEWS 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. ChEWS has developed close links and referral pathways with Kirklees Council's Early Support and Social Care services to enable swift referral to appropriate services.

Between February 2022 and January 2023, 1110 people were referred from the SPA to access ChEWS.

At the end of January 2023, 549 people are waiting for ChEWS. Waiting times are currently approximately 52 weeks from first referral.

Specialist Child and Adolescent Mental Health Service (CAMHS)

Specialist CAMHS is a Thriving Kirklees partner service 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 the following services:

- Core CAMHS,
- Vulnerable Children service
- Crisis provision
- Learning disability provision
 - Autism Spectrum Condition (ASC) provision and Attention Deficit Hyperactivity Disorder (ADHD) provision.

Core CAMHS

Core CAMHS offers assessment and evidence based interventions to children and young people who present with persistent and significant difficulties with the following:

- Depression where severe or not responded to earlier intervention
- Self-harm and suicide attempt
- Severe anxiety (including obsessive compulsive disorder)
- Psychosis (in those aged under 14)
- Somatoform disorders
- Prolonged adjustment difficulties e.g., abnormal grief reactions.
- Persistent post-traumatic disorder (PTSD)

Demand and waiting times for core CAMHS

Waiting times for Core CAMHS reduced significantly from 14.3 weeks in August 2021 to 3.8 weeks in August 2022. This was due to a combination of service redesign, the impact of the Mental Health Support Teams in schools and improved triage in the Single Point of Access. The current waiting time is 7 weeks.

Mental Health Support Teams (MHST)

Kirklees applied and was successful in being included in the first 'Trailblazer' wave of the Mental Health Support Team initiative. MHST forms part of the NHS Long Term Plan commitment and is jointly funded by NHS England and the Department for Education. The aim is for mental health professionals to work closely with schools, providing interventions for mild to moderate mental health, and to work with schools to improve the whole school approach to mental health. A further aim is to increase the pool of qualified mental health practitioners in the wider workforce by creating new Education Mental Health Practitioner roles (EMHP) and funding training places, in association with universities.

The Kirklees MHST approach is unique as we include Local Authority Education Psychologists within the team (EP). The EPs are able to bring their wide range of skills, as well as established contacts across Education settings and services to support the whole school approach to mental health with training and advice. Schools are supported by the Education Psychologists to carry out a self-assessment of their policies, procedures and training needs for their staff.

It is important to recognise that children do not exist in isolation, often there are circumstances within the family which need to be improved for the children to thrive. This could be anything from parental mental health issues, family conflict to debt and financial problems. To enable this, Kirklees MHST also includes Family and Community workers, who help the team to engage with families and communities to reduce the stigma of mental health, provide support and help to resolve problems. This can include referrals to appropriate services, such as the Mental Health in Families team.

The MHSTs develop strong relationships with each of its schools. Referrals for support for individual children are made directly by the school, from a teacher, SENDCO, or pastoral staff to their allocated MHST. A proforma is completed, which includes background information and support already in place. The clinicians will then arrange for the most appropriate support for that child, either group work or individual interventions, following the MHST guidance.

Kirklees now has five MHSTs, covering just over half of our schools. Participating schools were selected using an intelligence led process. One of the factors used in the selection was areas of deprivation, which is a strong indicators of need. Further waves of MHST funding from the NHS are not planned at present, so work is underway to re-model the resources available in the local mental health system to extend this type of area based support across the whole of Kirklees.

The MHST is currently operating with no significant waiting times to access services.

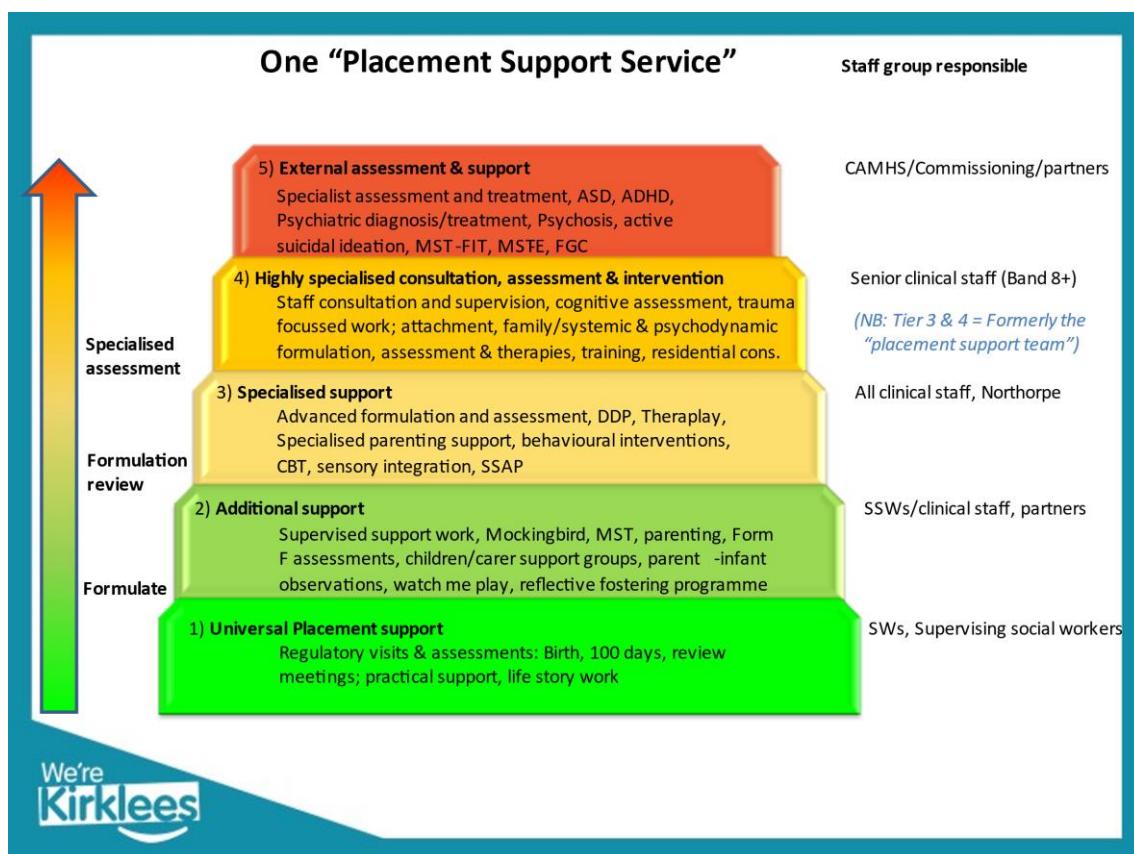
Additional mental health support for some schools has also been commissioned by local elected members, using their Place Partnership funding. Colne Valley Place Partnership funded additional counselling provision to support pupils in schools in Golcar, Colne Valley and Lindley. This additional provision enabled young people to access a face to face counsellor more quickly, which the school and individuals found beneficial.

Huddersfield Rural place partnership have commissioned Northorpe Hall to assist schools with training and support for teaching and pastoral staff. Learning from these two schemes is being used to inform the future delivery model for place based and school based mental health provision.

Vulnerable Children's Service

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 and the Youth Justice Service. 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, children's homes and foster cares as well as one-to-one interventions for children and young people.

During 2021/22 a service re-design was carried out to further improve the support for vulnerable young people by addressing the skills mix and pathways to create a combined Placement Support Service. The new service includes mental health clinicians, and social workers, all working to an agreed model (see below).



A new service specification has been co-designed with partners. This describes the implementation of the '6Ps' formulation model and how supervision will be provided to social workers and other professionals by senior clinicians. Formulation is a process which enables the team working with a child to clearly define the issues facing the child and to develop a clear plan to work towards the desired improvement in outcomes.

Additional resource has been secured to recruit new clinicians into the team, including a new Clinical Psychologist to oversee the therapeutic provision in Kirklees Children's Homes. This reflects the higher levels of need demonstrated in the children living in our homes.

As well as social work staff, the dedicated SWYFT clinicians in the team now consists of:

- 2 clinical psychologists
- 1 team manager/Mental Health practitioner,
- 2 assistant psychologists

The service is currently operating without a waiting list, i.e., children are able to access support immediately.

Crisis provision

The crisis service is for young people presenting with an immediate high level of risk, including suicide risk and self-harm. Clinicians will visit patients at home, in the community, or in the hospital emergency department. A psychiatric liaison service and pathway has been introduced for young people aged 14 to adult, who need rapid access to psychiatric services in an emergency situation.

Despite pressures on the whole of the CAMHS service, the crisis service has been made a priority and has maintained an excellent level of performance and response times for young people. 97% of all emergency referrals met the 4 hour target time in January 2023. The service achieved 100% compliance in 6 of the previous 12 months.

The development of the 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. This approach is highly beneficial to both children and families.

Psychiatric Liaison Service

The Psychiatric Liaison Team provides diagnosis, support and information to people who are in a general hospital (in accident and emergency or as an inpatient) and experiencing problems with their mental health. The service is available 24 hours per day, 7 days per week.

The team aims to reduce mental health distress as quickly as possible, so provides a rapid assessment. The assessment can help provide a diagnosis and support people during their stay in hospital as well as provide information about other organisations that can offer continued support. The service is available to all people over 14 years of age.

The service is subject to crisis response time targets and does not have a waiting list.

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. Clear service pathways documents have been developed and shared with GPs and other professionals.

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 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.

Outcome Monitoring 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

Demand for the Eating Disorder service has increased over recent years, and appears to have been exacerbated by the pandemic. When the service was commissioned in 2016, 29 young people were treated for an eating disorder. Between April 2022 and January 2023, 60 referrals were received by the service.

Currently, the service is achieving 100% compliance with both routine and urgent target response times, with treatment commencing within 7 and 28 days, respectively.

The service has recently received additional investment to increase capacity and to improve the early intervention offer and to develop a new provision for Avoidant restrictive food intake disorder (ARFID). ARFID is an eating disorder in which people do not get enough food or nutrition due to a disinterest in food or to concerns about the consequences of eating. These include certain sensory aversions, or fears about bodily reactions like choking or vomiting. The person is therefore unable to maintain a healthy weight and adequate nutrition needs. The difference between ARFID and anorexia is that those with ARFID don't avoid food due to concerns of weight, size, or body image.

Intensive Support Team

The CAMHS Intensive Support Team (IST) provide a specialist, multidisciplinary service for children and young people in Kirklees who have a diagnosis of autism and who present with behaviours that increase the risk of:

- a specialist hospital admission;
- a breakdown of educational placement; or
- a breakdown of a home placement (that may be associated with the points above or may result in an out of area or specialist residential placement).

This specialist input is offered to young people, parents, carers and professionals by a multidisciplinary team using positive behaviour support framework. The Positive Behaviour Support (PBS) approach is used to understand the functions of behaviour that challenges and aims to improve the quality of life for the young person by finding out what works for them.

The Intensive Support Team works with children and young people who meet the following criteria:

- Are registered with a Kirklees GP
- Up to the age of 18
- Have a diagnosis of autism
- There must be evidence of current risks associated with one of the following areas:
- risk of going into a specialist hospital because of a mental health problem or behaviour which is seen as challenging.
- risk of a breakdown in care at home, education or other setting (which is likely to result in a 38/52 weeks residential/educational placement and/or an out of area placement).

The team works intensively with a small caseload of children and families with high levels of need. The current waiting time for the service is 4 weeks.

The IST provides the following interventions:

- Individual evidence-based interventions for young people dependent on clinical need
- Support to parents and carers either on a one-to-one basis or in a group
- Training and education for professionals and carers supporting the young people.

Case studies have demonstrated the vital role that the IST has played in supporting families of children with autism.

Learning Disability Service

The CAMHS Learning Disability (LD) Nursing Service provide a dedicated service for children and young people in Kirklees who have an intellectual/learning disability at any level and co-existing mental health concerns that requires input from a specialist service, and their families. Children and young people do not need an LD diagnosis to access support from the service.

The service takes a proactive approach to providing emotional wellbeing and mental health support for children and young people with learning disabilities. The key outcomes that we want children with learning disabilities and their families to achieve are to:

- improve their mental wellbeing and physical wellbeing
- feel confident in the services and access it as and when needed
- improve their communication and interaction skills
- feel confident in the support to address and reduce challenging behaviour
- improve their performance and attendance in education
- improve their ability to cope with the mental health difficulties they are struggling with
- be satisfied with their experience of using the service
- reduce their need for prescribed medication and ensure any medication that is required is effective.

Young people can be offered individual evidence-based interventions which could be face-to-face, by telephone or online. The service also offers group work and indirect support to parents/carers either on a one-to-one basis or in a group. The service provides young people with the strategies to cope with the mental health difficulties they are struggling with. They also support families and carers by empowering them to further develop skills in caring for their child

The current waiting time to access the service is 7 weeks, with 15 young people waiting.

Youth Justice Service

In Kirklees the Youth Justice Service operates as a multi-disciplinary team, including representation from the Local Authority, Police, Probation, Substance misuse service and Health providers. The Health provision is commissioned through the Integrated Care Board, who are members of the Youth Justice Board. The Health provision includes a Nursing team, who carry out holistic assessments, provide individual support and referral into appropriate services. A mental health practitioner is also commissioned from SWYFT to provide mental health and trauma support to young people engaged with the service.

A recent review of Health provision in the Youth Justice service identified a high level of need for dedicated Speech and Language support for young people engaged with the service.

Tier 4 and in-patient

Where a young person is acutely mentally unwell, an in-patient hospital admission may be required. This was formerly known as 'tier 4 CAMHS provision. Although this terminology is no longer the official definition, the term remains in common use. In-patient provision is not within the control of local ICB commissioners, or the CAMHS service. NHS England commission in-patient beds from a range of NHS Trusts and private providers across the country. Demand for beds is very high nationally, and the clinical threshold for admissions is also high. Referrals for an in-patient bed can be made by local CAMHS clinicians but admissions are decided and allocated by NHS England.

In January 2022 a new 16 bed in-patient unit called Red Kite View opened in Leeds to meet the needs of children and young people across West Yorkshire. Demand for in-patient beds frequently exceeds the available provision, which has led to young people being admitted to inappropriate settings, including general paediatric and adult wards. As well as difficulties for these settings to meet needs for the young people, these situations have led to significant disruption for hospital staff and patients.

14 Children & Young people from Kirklees were admitted to tier 4 CAMHS beds between February 2022 and January 2023. The information we hold does not record where an admission was recommended but places were not available.

Online and virtual support

Children and Young People spend a considerable amount of their time online and are comfortable both communicating and receiving information as 'digital natives'. The Covid pandemic has also accelerated the use and acceptance of video calls. To reflect this, we have developed a range of digital and online interventions to enable support to be accessed at times and in ways that suit young people.

Thriving Kirklees now has a new way for young people to get advice and support about health related issues direct from their mobile phones.

[ChatHealth](#) is a text messaging service which is available for Kirklees' young people aged 11 – 19 years. They can receive confidential advice from Thriving Kirklees nurses on subjects including sexual health, emotional health and wellbeing, bullying, healthy eating and any general health concerns.

The service is available Monday to Friday from 8am to 8pm. Automatic bounce-backs respond to incoming messages out of hours. All text messages are responded to within one working day.

In addition, parents/carers can contact the service too for advice and help on health and well-being issues relating to their children. A contact text number is provided for parents to contact Thriving Kirklees nurses.

Kooth

Kooth.com is an anonymous, online counselling and support service for children and young people, accessible through mobile, tablet and desktop and free at the point of use and is available for 10-19 year olds in Kirklees. Kooth is a confidential and anonymous way for young people to gain advice, support and guidance from qualified counsellors. It is available up to 10pm, 365 days a year. In April 2022 Kirklees ICB increased this offer to provide support for young people up to the age of 25.

Features on Kooth.com include:

- Online counselling – Text-based one-to-one online counselling sessions with a fully trained counsellor, through either drop-in or pre-booked chats
- Self-help materials – Read useful self-help articles and resources on a range of topics
- Peer-to-peer forums – Join moderated online forums and discussions with other users in a safe, supportive environment

Kooth's British Association for Counselling and Psychotherapy (BACP) accredited counsellors support young people with a wide range of issues, from low mood, family or friendship problems, to issues around gender identity, self-harm, eating disorders, anxiety and depression. As the service does not have long waiting times and no minimum criteria, Kooth.com is an effective way for young people in Kirklees to get the help and support they need, when they need it.

From April 2022 to January 2023 Kooth digital self-help support was accessed by 1026 Children and Young People (CYP) in Kirklees. During the same period there were a total of 911 new registrations and CYP logged into Kooth over 10,408. CYP have returned to utilise the Kooth service on average 8 times.

Silver Cloud

Thriving Kirklees has invested in the Silver Cloud digital therapeutic provision, which commenced in December 2021. This is a new online therapy treatment to address anxiety in young people, using cognitive behavioural therapy techniques. This enables young people to access clinical programmes at a time and pace that suits them. Silver Cloud has been approved as a clinical intervention by the National Institute for Health and Care Excellence.

Young people aged 14 and over can be referred to the Silver Cloud programme by the clinicians in the Thriving Kirklees Single Point of Access, if the triage assessment process identifies it as the most appropriate course of treatment. Once the clinical referral has been made, access to the provision is immediate.

Night Owls

Night OWLS is a confidential support line, 8pm–8am every night for all children, young people, and parents/carers in West Yorkshire. The service has been jointly commissioned by all of the West Yorkshire Integrated Care Boards to provide a supportive listening ear to young people and families with concerns about their mental health overnight. Between 1st April 2022 and 31st December 2022, 445 children and young people from Kirklees accessed the service.

Neurodevelopmental Assessment

In Kirklees, the Neurodevelopmental assessment pathway is provided by South West Yorkshire Foundation NHS Trust (SWYFT) as part of the Thriving Kirklees contract. The purpose of the neurodevelopment pathway is to provide assessment and diagnosis for all those with a potential neurodevelopmental disorder in line with The National Institute for Health and Care Excellence (NICE) guidance. The service is provided for 0-18 year olds and is a combined autism and ADHD assessment. This replaced the previous single assessment pathways. The assessment is carried out by a multi-disciplinary team, with input from parents and schools.

In common with most other areas, demand for neurodevelopmental assessment has increased in recent years. There has been an increased awareness of these conditions among the public and professionals working with children. This has led to a significant increase in waiting times for assessment. When the service was first commissioned in 2017, the specification required a neurodevelopmental assessment capacity of 35 per month, in line with demand at that time. Demand grew steadily and at its peak, with waiting times of over two years. Non-recurrent funding was invested to reduce waiting times and by September 2019 waiting times had reduced to approximately 26 weeks.

The assessment service was severely disrupted by the Covid 19 pandemic, as staff were redeployed and assessment clinics were suspended. As a result, the waiting list grew significantly and waiting times for assessment lengthened considerably. It reached 92 weeks by September 2021. Referrals for assessment have remained high since the end of pandemic restrictions

The current waiting time for Neurodevelopmental assessment is 68 weeks, with 1282 people waiting for assessment.

A business case was developed and approved by Kirklees CCG in May 2021. £300k was allocated as recurrent funding to SWYFT to increase capacity in the assessment team. £315k was allocated to the procurement of additional assessment capacity.

SWYFT have experienced difficulties in recruiting and retaining clinicians into the assessment team, in particular Clinical Psychologists, which has hampered the capacity of the team.

In April 2022 a task and finish group was set up to drive service improvements in the commissioned assessment service and wider support and information services in Kirklees. The group were to review the end to end pathway, including:

- Referrals, screening and triage process
- Training for schools and other practitioners
- Support for families – pre and post assessment

The group had active representation from across the Health, Social Care, Education and Voluntary sectors. Working groups were assigned, with resulting actions carried out.

Shortage of assessment space was identified as a barrier to increasing the number of assessment clinics. This has been addressed by creating a dedicated neurodevelopmental assessment centre at the Princess Royal Health centre in Huddersfield. Feedback from families and clinicians has been very positive.

A review of training for schools and professionals, and support to families was undertaken and a booklet produced for information (see appendix 1). A wide range of training and support for parents is provided through commissioned providers and Local Authority Early Support services. Support is also provided by voluntary groups and parent organisations.

Right to Choose

Parents are being increasingly to request their right to choose an assessment provider. A local approach has been developed, and demand for choice in Kirklees is currently low. Discussions are taking place across West Yorkshire ICB about a consistent approach across the region, based on the experiences at Calderdale.

Some parents choose to fund private assessments for their children. This presents a number of issues. Firstly, it is not always clear if the assessments are NICE compliant and therefore provide a reliable diagnosis. Secondly, where ADHD has been diagnosed and medication is required, local commissioned psychiatrists are unable to provide repeat prescriptions. This causes frustration for parents.

Summary

Across the complex system of services and provision for Children's emotional wellbeing and mental health, most services are performing well, with skilled staff teams, determined to make a positive difference for young people and their families. In particular, services which require a rapid response, such as those for crisis, eating disorders and Intensive Support Team for young people with autism are meeting targets and improving outcomes. Online and digital provision is growing in reach, popularity and effectiveness.

Significant challenges remain, however, particularly around resources, finance and workforce. The service areas with the highest demand and longest waiting lists are the CHEWS service and Neurodevelopmental assessment

Current service challenges

Demand

As can be seen throughout this report, demands on all aspects of emotional wellbeing and mental health provision have increased significantly, whilst available resources have not increased at the same rate. There are a number of reasons for the increase, including the growing awareness, acceptance and understanding of mental health throughout the population. Children and Young People experience pressures from expectations of education and achievement. The growth of social media has increased opportunities for friendships and networks but can also bring unwelcome experiences and influences. We will no doubt continue to feel the effects of the pandemic on this generation for some time to come.

Workforce

All parts of the mental health system are currently experiencing workforce difficulties, in terms of recruitment and retention of qualified clinical staff. This often means that vacancies are unfilled for some time, leading to a reduction in service capacity. Work is underway to look at an alternative skill/profession mix within services to increase flexibility of team composition to widen the scope for recruitment.

MHST is a training service, with a dedicated university course, but it is common for trainees, once qualified to move on to higher graded roles. SWYFT is exploring ways of increasing opportunities for career progression within the service to facilitate staff retention.

In-patient beds and step down facilities

The lack of in-patient mental health beds poses a real challenge, causing significant distress for families and great difficulties for clinicians and other members of staff. If the young person does not meet the criteria for an in-patient admission, or is ready for discharge, there is a local shortage of specialist independent ‘step down’ residential provision. As such, choices are limited, with young people often being placed in out of area facilities.

Opportunities and Solutions

Following a review of CAMHS services in 2020 and 2021, work has been taking place to implement the recommendations. This has included:

- Improvements have been made to the Single Point of Access following an analysis of the processes and flows through the system. Senior clinicians have strengthened the triage process, ensuring more people receive the right service first time. Colleagues from the Local Authority Early Support service are now co-located in the SPA to ease the transfer of cases where more support for the family is needed. This ensures that cases are swiftly evaluated and passed on to the most appropriate part of the service. This has enabled Core CAMHS to provide a more focussed response and improved waiting times.
- Increased use of community buildings for appointments. Strong working relationships with Local Authority Children’s Services and Early Support has enabled the use of community venues, such as Children’s Centres to be used by CAMHS as clinic spaces. This is beneficial both in terms of increasing the number of appointments that can be provided, but also appointments that are easier to access for children and young people.
- Using NHS ‘winter pressure funding’, Northorpe Hall have been commissioned to develop a series of ‘safe space’ creative workshops for young people engaged with mental health services, who are at risk of attending A&E, or are frequent callers to the service. Regular sessions are held, in partnership with local creative voluntary sector organisations, where young people can create art or music, and gain mental health support from experienced staff.
- Building on the success of the Mental Health Support Teams in schools, and the Place Partnership funded schemes, work is underway to replicate the offer in areas which are not part of the pilot phase. This will mean re-aligning existing teams to provide a locality based offer, working more directly with schools and communities. A task and finish group is currently developing the new service delivery model, which will be known as ‘Kirklees in Mind’.

3. Implications for the Council

3.1 Working with People

Services are co-produced with children and families, as well as professionals, schools and voluntary sector. Regular engagement is carried out, feedback and complaints are incorporated into service improvements.

3.2 Working with Partners

Partners in the health and voluntary sectors are vital in delivering a holistic provision for children and young people. Services are commissioned jointly with West Yorkshire Integrated Care Board. Services are jointly delivered by the Thriving Kirklees partnership.

3.3 Place Based Working

Services are currently being remodelled to incorporate a place based approach.

3.4 Climate Change and Air Quality

By adopting place based provision, journey times will be reduced, with a consequent impact on carbon emissions.

3.5 Improving outcomes for children

Good emotional wellbeing and mental health is vital for the health, development and learning of children. We are focussed on continuously improving services, with the focus on improving outcomes for children.

3.6 Financial Implications for the people living or working in Kirklees

N/A

3.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources)

Consultees and their opinions

N/A

4 Consultation

N/A

5 Engagement

Regular engagement is carried out with families and children via the Our Voice team and PCAN, the parent carer forum, as well as other family and Voluntary groups. Service users have the opportunity to provide feedback and complaints to both the providers and commissioners of services. Feedback can also be communicated via the Local Offer website or through Healthwatch.

6 Next steps and timelines

Scrutiny panel is asked to note the current service achievements but also the continuing pressures facing the services. Progress on service improvements to be reported back to scrutiny panel in 6 months,

7 Officer recommendations and reasons

To receive and note the information contained within this report.

8 Cabinet Portfolio Holder's recommendations

Not applicable

9 Contact officer

Stewart Horn, Head of Children's Integrated Commissioning stewart.horn@kirklees.gov.uk

10 Background Papers and History of Decisions

N/A

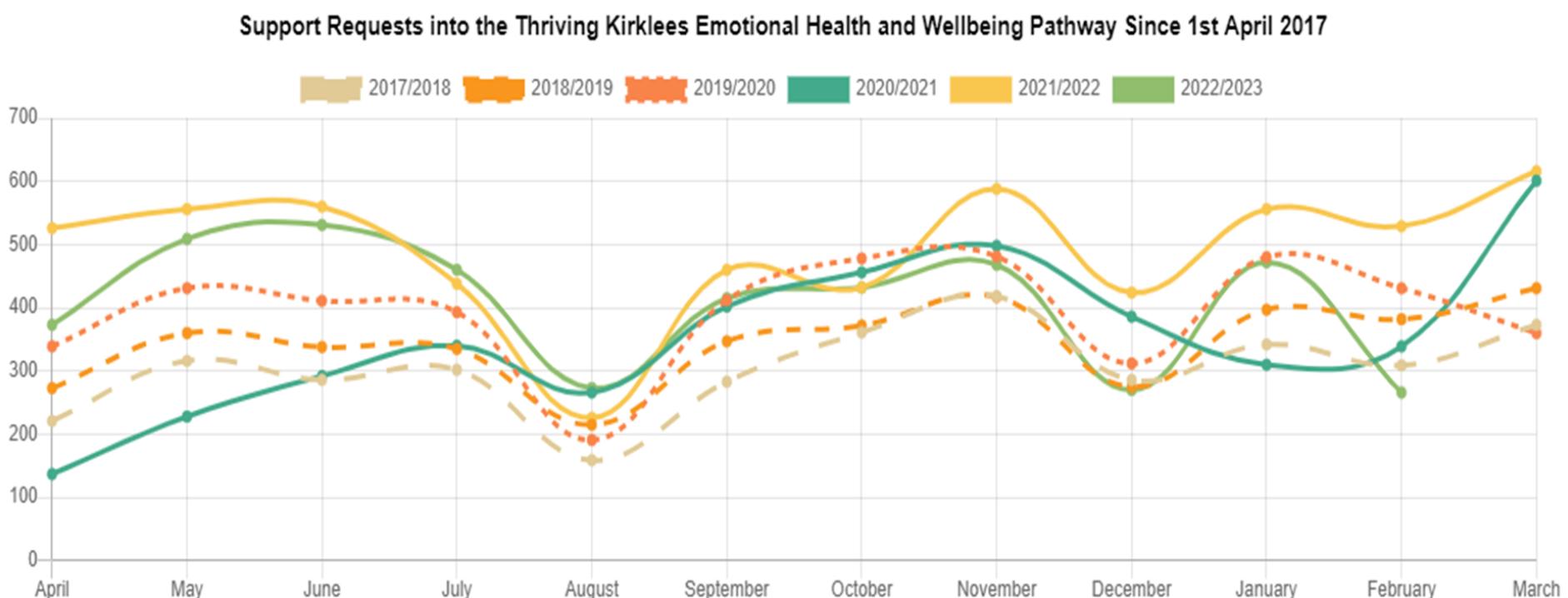
11 Service Director responsible

Tom Brailsford, Service Director, Resources, Improvements & Partnerships

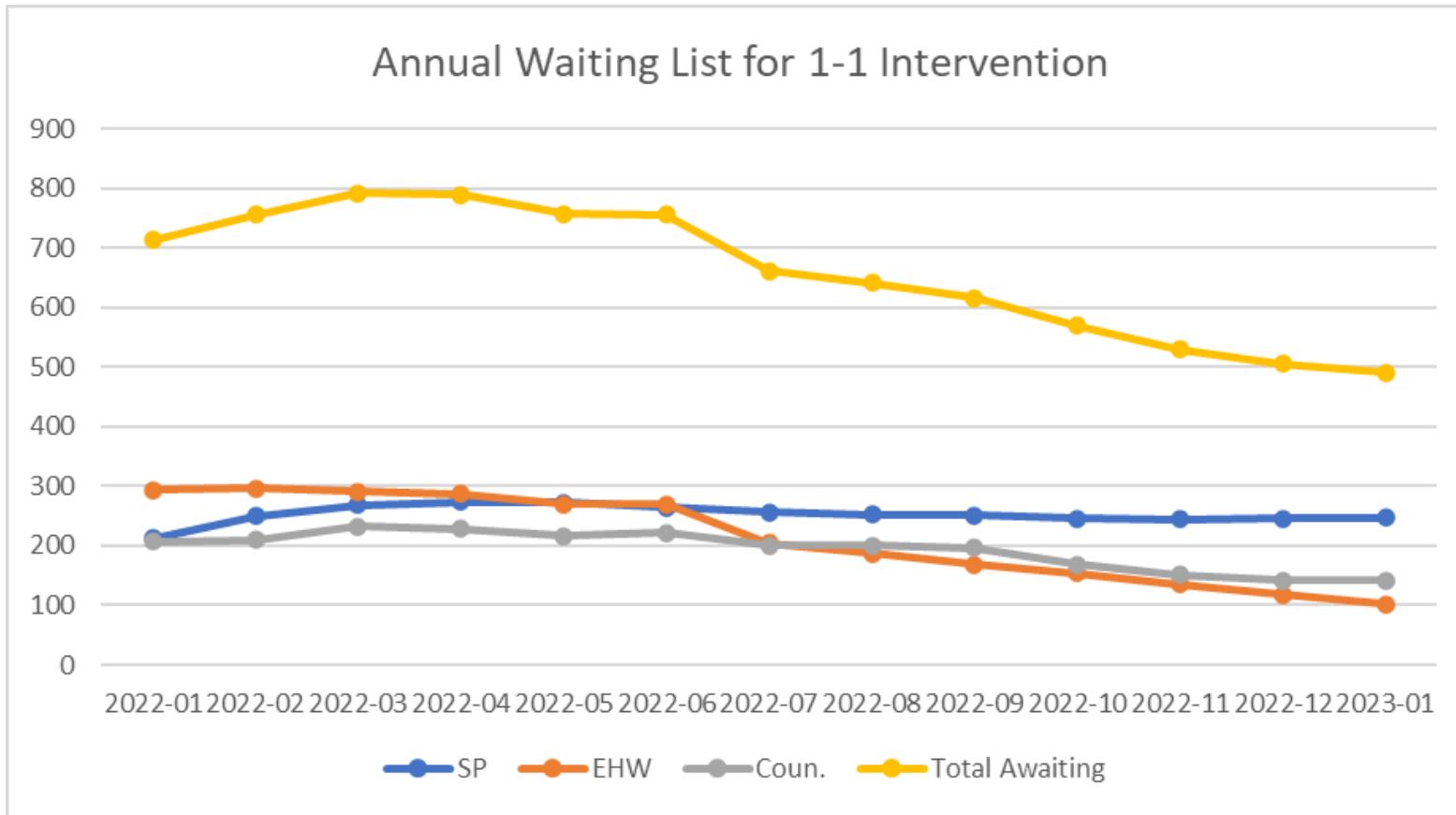
Appendix 1

Children & Young People Emotional Wellbeing & Mental Health services waiting times

Single Point of Access



Children's Emotional Wellbeing Service



SP = Direct Support

EHW = Emotional Health & Wellbeing worker

Coun. = Counsellig

Core CAMHS

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Core CAMHS	Referral	Number of Referrals	25	25	26	20	19	16	22	32	18	21	Number of referrals to Core CAMHS received in month
Core CAMHS	Contacts	Number of first contacts	26	22	27	16	16	13	23	22	16	16	Number having first contact in month
Core CAMHS	Waiting	Average waiting time for first contact (weeks)	12	7	10	4	3	10	9	11	5	7	Average time in weeks from referral to first contact for those having first contact in month
Core CAMHS	Waiting	Number of CYP waiting for first contact	56	47	32	35	36	39	40	53	52	42	Number on core waiting lists at month end
Core CAMHS	LoS	Average Length of time in service	31	49	64	46	32	52	79	92	34	47	Average weeks between referral and discharge for those discharged in month



Kirklees CAMHS
MHST KPIs - Nov 2022

Crisis Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Crisis	Referral	Number of Referrals	43	70	62	57	36	42	52	52	38	62	Number of referrals to crisis team received in month, all urgencies
Crisis	Referral	Number of Emergency Referrals	16	24	24	19	17	16	21	22	14	29	Number of emergency referrals received by crisis team
Crisis	Waiting	Average length of stay in service in weeks	6	5	6	5	3	9	3	4	2	5	Average time in weeks from referral to discharge for those discharged in month
Crisis	Waiting	Number of CYP referred in as emergency seen within	16	24	24	18	17	15	21	18	14	28	Emergency referrals received in month having first contact within 4 hours
Crisis	%	% having contact within target time	100%	100%	100%	95%	100%	94%	100%	82%	100%	97%	Percentage emergency referrals having contact within 4 hour target

Eating Disorder Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Eating Disorder	Referral	Number of Referrals	2	11	8	8	11	5	6	2	3	4	Number of eating disorder referrals received in month
<i>Eating Disorder</i>	%	<i>% commencing treatment within target - Routine</i>	80%	86%	100%	67%	67%	57%	33%	60%		100%	<i>% commencing treatment within target timeframe (Routine)</i>
<i>Eating Disorder</i>	%	<i>% commencing treatment within target - Urgent</i>		100%	100%		100%	100%	100%	100%		0%	<i>% commencing treatment within target timeframe (Urgent)</i>
Eating Disorder	Waiting	Number of CYP waiting for treatment	1	1	4	6	10	6	5	0	3	2	Number with an open referral at month end who have not yet commenced NICE defined treatment

Learning Disability Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Leaming Disability	Referral	Number of Referrals	8	4	7	3	6	3	10	11	17	10	Number of referrals received to LD Team in month
Leaming Disability	Waiting	Average waiting time for treatment	14	10	15	17	15	18	7	14	9	7	Average time in weeks from referral to second contact
Leaming Disability	Waiting	Number of CYP waiting for treatment	13	9	16	18	19	20	19	17	17	15	Number on LD awaiting allocation waiting list at month end

Intensive Support Team

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Intensive Support Team	Referral	Number of Referrals	0	1	1	1	3	1	2	3	1	0	Number of IST referrals received in month
Intensive Support Team	Contacts	Number starting treatment - second contact	3	0	1	1	3	1	0	2	0	2	Number having second contact in month
Intensive Support Team	Waiting	Average waiting time for treatment (Weeks)	4	N/A	5	1	3	3	N/A	1	N/A	4	Average time in weeks from referral to second contact for those having second contact in month

Neurodevelopmental Assessment

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Neuro	Referral	Number of Referrals	91	115	78	115	93	146	246	369	201	261	Number of referrals to Neuro received in month
Neuro	Referral	Number screened out	30	24	21	27	21	42	76	41	19	4	Number of referrals to Neuro received in month that are discharged without contact
Neuro	Waiting	Number accepted on to the waiting list	61	91	57	88	72	104	170	328	182	257	Number of Neuro referrals received in month that are not discharged without contact
Neuro	Waiting	Average waiting time for assessment (weeks)	81	85	77	68	74	67	60	62	67	68	Average time in weeks from referral to first contact for those having first contact in month
Neuro	Contacts	Number of assessments	59	74	65	57	48	52	36	49	25	38	Number having first contact in month
Neuro	Waiting	Number of CYP waiting for assessment (waiting list)	1113	1096	951	1007	1045	1099	1171	1291	1341	1282	Number on neuro assessment waiting list at month end

Appendix 2

Neurodevelopmental support for children, young people, families and professionals

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1. Introduction

In Kirklees, we want children, young people, and their families to receive the right support at the right time in the right place. This support should not be dependent on having a diagnosis or an education, health and care plan in place.

There are many reasons why a child may present with difficulties that look like a neurodevelopmental condition and it helps if these can be explored first to ensure the child can access support as soon as possible but it will also assist with a neurodevelopmental assessment if this is required later.

The national strategy for autistic children, young people and adults: 2021 to 2026 sets a vision for the next 5 years across 6 themes that would have a significant impact on autistic people's lives. The 6 themes are:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

The national autism strategy shows a growing number of children and young people are being diagnosed as autistic with data suggesting that 1.8% of all pupils in England now have an autism diagnosis. It also highlighted that less than 5 in 10 education staff were confident about supporting autistic children and young people, and this can result in missed opportunities to help children reach their potential or prevent children's needs or distressed behaviour from escalating.

Tackling health and care inequalities

- We want to reduce the health and care inequalities that people with neurodevelopmental conditions face throughout their lives.
- We know that people with neurodevelopmental conditions can experience poor health outcomes because signs of illness can be overlooked, or they delay seeking medical attention until their needs have escalated.
- Autistica's Happier, Healthier, Longer Lives briefings have identified that autistic people have poorer physical health outcomes and lower life expectancy than the general population. The available evidence indicates that autistic people die on average 16 years earlier than the general population. There are many possible reasons for this gap, including poor professional understanding of autism amongst health and care staff, which can result in autistic people having signs of illness or their needs overlooked. Without the right understanding autistic people can miss out on adjustments needed for them to engage in medical appointments, which often leads to distressing experiences, avoiding seeking medical attention or losing out on support.
- The national strategy for autistic children, young people and adults: 2021 to 2026 states that to enable autistic children and young people to get support they need earlier in life and prevent needs from escalating there will be a significant expansion of a pilot developed in Bradford which involves healthcare and education staff working together to assess children who may be autistic in schools.

- To improve autistic people's health outcomes, the national autism strategy will also move forward with our NHS Long Term Plan commitments and develop a better understanding of autistic people's experience of healthcare.
- The national autism strategy also shows additional investment to enable local systems to begin proactively identifying children and young people on waiting lists (as well as those on waiting lists for mental health support) who might be at risk of crisis so they can get the support they need.
- Social workers play an important role in identifying the support that people with neurodevelopmental conditions need through their lives.

The principles for neurodevelopmental pre and post diagnosis support, which have been developed with local stakeholders, including children and young people and families/carers, are:

- To deliver the right care, in the right place, at the right time, by the right people.
- A single point of contact for accessing all available services, operating as one service, from a patient/children and young people/family perspective.
- Person-centred, multi-disciplinary, seamless care.
- A service that is reactive and capable of providing appropriate input and treatment whenever necessary.
- A service that builds strong links with multi professional community services.
- Streamlined support services.

Critical success factors include:

- The whole person rather than a single problem should become embedded in every stage of service delivery, from intervention to aftercare.
- Needs based intervention adopting a recovery approach means interventions and service provision will be relevant, timely and purposeful that is as close to home as possible.
- Ease and swiftness of access supported by clear and readily available information. Good information on diagnosis, prognosis, treatment options. This based upon integrated working and partnership with other agencies.
- Services that support a socially inclusive model, that supports the empowerment of individuals and their families to use mainstream services and facilities, within local communities.
- A model of care that actively supports principles of non-discriminatory practice and service delivery.

The neurodevelopmental pre and post diagnosis support should:

- improve the health outcomes for children and young people who have a neuro developmental presentation.
- consider and recognise the wider needs and provide appropriate signposting
- work with other professionals across organisational boundaries to meet the needs of children and young people accessing the service.
- be carried out through early engagement with children and young people.

2. Objectives of support

The objectives of the support for children, young people and their families, which have been developed with local stakeholders, including children and young people and families/carers, and are fully aligned with Thriving Kirklees, are:

- to provide the appropriate information relating to specific children and young people at multidisciplinary and multi-agency team meetings (with appropriate consent).
- to provide support to parents/carers (and siblings) so they are equipped to cope effectively with the child's complex health and emotional needs.
- to support the training strategy through the delivery of training and consultation to professionals in relation to neurodevelopmental conditions across the Kirklees workforce and those who interact with it.
- to enable research that will provide the evidence base for future care.
- to contribute to the collection of data pertinent to children and young people, including measures of outcomes.
- ensure there are clear processes for safeguarding which is applied in line with a national and local safeguarding policy.
- ensure that all training delivered is evaluated and is of high quality.

3. Outcomes for children, young people and their families

The key outcomes that we want children and young people with suspected and diagnosed neurodevelopmental conditions and their families to achieve are to:

- understand what support is available
- understand what support they need
- feel supported

4. Support for professionals

Support is provided so that all professionals who work with children, young people and families can identify the need for support as early as possible and feel confident to provide this.

4.1 Inclusive support offer

The inclusion support offer is available for education settings, to improve outcomes for children and young people with additional educational needs. It operates on a test and learn basis, which allows the team to understand and meet the needs of different settings. The team also collects queries and feedback to understand any gaps in support and information and identify how to provide it.

What is it?

The team provides:

- the opportunity to talk through a child or young person's situation to explore outcomes and options for providing support at the earliest opportunity.
- early advice, guidance, support and confidence to individuals working with children and young people with SEND using a strengths-based approach.
- a space to talk and reflect, navigate options, locate the right resources and community assets, identify appropriate next steps or link in with a network of other services for support.

How to access it?

Contact the Inclusion Advice & Support Team by:

- telephone 01484 416440 between the hours of 8.30-4.30, or

- submit a webform anytime where you can request a call back at a specific time during opening hours that fits in with your other commitments.
- For more information visit [Help for SENCO's and education professionals - The Inclusion Support Offer | ISO | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](https://www.kirkleeslocaloffer.org.uk/)

4.2 Making sense of autism training

The education psychology service provide training for education settings, set for age and stage, every term for early years, primary and secondary settings.

What is it?

Making sense of autism training provides a better understanding and awareness of autism and the way it affects children in schools. The training is for anyone working in schools, including teaching and support staff, office and ancillary staff, caterers, caretakers, transport staff and governors

It helps staff to know the importance of understanding the individual child and their profile of strengths and needs. Identify potential barriers to learning for autistic children. Begin to make reasonable adjustments to support autistic children, reflect on the information needed for creating a one-page profile.

How to access it?

The training is 2 hours, delivered virtually over MS Teams. Details are advertised on the local offer website, and anyone can book via the Business Solutions website. A morning, afternoon and evening session are offered over the course of the term. Training is also offered to individual settings or groups of people on request. This offer can be face to face training depending on the setting.

4.3 Sensory OT service

What is it?

The Sensory Occupational Therapy Service deliver training to settings on a monthly basis. This training is on 'Managing Sensory Needs in the Classroom' and includes the Kirklees Sensory Toolkit.

How to access it?

Any setting can book onto this training which is 3 hours, delivered virtually, by contacting the sensory OT service. Some settings have requested whole school training, which can also deliver.

4.4 Neurodevelopmental assessment service

What is it?

The neurodevelopmental assessment service offers diagnostic assessments where there are concerns regarding possible autism spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD).

If a professional is unsure if an assessment is required they can contact the service for advice. The service will provide advice and guidance regarding ways to support the child and if anything needs to take place before a referral is made.

The service accepts referrals from a professional who knows the child well, ideally this would be a professional who sees the child on a daily or weekly basis, who can provide the information required by the service.

How to access it?

Contact the neurodevelopmental assessment service on 01484 343184 to book a referral appointment / ask for advice and guidance.

When a referral appointment is made, the referrer will telephone the neurodevelopmental assessment service at their agreed appointment time to discuss the referral. The appointment should take no longer than 30 minutes. The neurodevelopmental assessment service will ask a set of questions and will record the information required. The referrer is informed if the referral is accepted or declined for assessment either at that time or within 2 days if there is complexity that requires a team discussion. If accepted the clinician will advise the referrer of the current waiting time for a full assessment. If declined the reasons will be explained with information about what needs to happen next.

A letter is sent to parents / carers and copied to the referrer confirming the outcome of the referral and accepted referrals are added to the waiting list.

Parents cannot refer for a diagnostic assessment. However, if the child is home-schooled and has no other professional support then they can contact the assessment team for further advice.

4.5 Potential areas to explore

Elklan

Elklan are national leaders in training education practitioners, other professionals and parents, to help children and young people develop the skills they need to succeed in life. Elklan offer a choice of local accredited face to face and online courses tailored for different professional roles and child age groups.

Elklan offers a comprehensive range of speech, language and community training for practitioners, schools and other settings, parents and carers and as CPD for speech and language therapists (SaLTs).

SaLTs and other professionals can also train to become an Elklan Tutor and deliver courses in their locality

Empowering parents empowering communities (EPEC)

EPEC is for disadvantaged families experiencing behavioural difficulties with a child between the ages of two and 11.

Parents attend eight weekly 2 hour sessions facilitated by pairs of trained and supervised peer facilitators. During these sessions, parents learn strategies for improving the quality of their interactions with their child, reducing negative child behaviour and increasing their efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, role play and homework assignments.

5. Support for families

If a family member is worried that their child is finding day to day life challenging and that this might be due to difficulties associated with ASC, ADHD or ADD, they should discuss their concerns with a professional who knows the child well to see if they have the same concerns and discuss if a referral for an assessment is appropriate.

5.1 Thriving Kirklees

Families can also discuss their concerns by telephoning Thriving Kirklees Single Point of Access (SPA) on 0300 304 5555, 8am-8pm Monday to Friday and 10am-1pm on Saturdays, or by completing the online form on the Thriving Kirklees website.

Someone from the SPA team will then contact them to discuss their concerns. They will ask some questions to help the family get the right help and support and may ask for permission to speak to the child's nursery/school/college or other appropriate professional to gather further information. This is to create a full picture of the child's needs and to make sure that the child and family have access to support as soon as possible.

Where professionals aren't involved in the child's life, each case is considered on an individual basis

5.2 Workshops for children and families

What is it?

Both Northorpe Hall Child and Family Trust and Kirklees Families Together provide useful workshops, group sessions and courses for children, young people and families.

Workshops are provided both in person and online. The sessions are interactive, giving people an opportunity to share and engage in activities.

How to access it?

Contact Thriving Kirklees SPA by:

- Telephone on 0300 304 5555 or
- Completing the online form on the website at [Thriving Kirklees - health and wellbeing services for children and families](#)

5.3 Kirklees local offer website

What is it?

The Kirklees SEND Local Offer is a website that includes information, support, services, and activities for young people with special educational needs and disabilities in Kirklees.

How to access it?

- Visit the website at [Home | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#) or
- Email LocalOffer@kirklees.gov.uk or
- Telephone on 01484 416919

5.4 Healthier Together

What is it?

West Yorkshire Healthier Together is a website, developed by local healthcare professionals, that gives consistent, accurate and trustworthy healthcare advice to parents, carers, young people and professionals.

The website provides information on common childhood illnesses and where to go for help, whether a child should go to nursery or school if unwell and for general advice on keeping children safe and healthy.

How to access it?

Visit the website at [Home :: West Yorkshire Healthier Together \(wyhealthiertogether.nhs.uk\)](http://Home :: West Yorkshire Healthier Together (wyhealthiertogether.nhs.uk))

5.5 Local support groups

In Kirklees there are a number of local support groups who provide support for families, with or without a diagnosis, as well as regional and national groups.

PCAN - An independent, parent-led forum in Kirklees for all parents and carers of children and young people with additional needs aged from birth to 25 years. Contact: 07754 102336 or info@pcankirklees.org or visit www.pcankirklees.org

The whole autism family - A voluntary support group formed by parents, with all money they raise going directly into supporting families affected by autism. Contact: 07564 256626 or info@thewholeautismfamily.co.uk

The Huddersfield Support Group for Autism (HSGA) - Aims to offer help and advice to families living with autism, including Asperger's syndrome and pathological demand avoidance syndrome (PDA). A confirmed diagnosis of ASD is not needed to join the group. www.hsga.org.uk

West Yorkshire ADHD support group - a peer-led voluntary support group offering a wide range of support to both adults with ADHD and parents/carers of children with ADHD. A diagnosis is not needed to join the group. The support they offer is tailored to the individuals needs and includes listening to concerns and providing moral support, providing information on ADHD and co-morbid conditions and giving practical advice on coping strategies as well as advocacy where required. For more information, send a message via [their Facebook page](#) (opens in new window). Or email them at westyorksadhd@gmail.com

Cerebra UK - Provide sleep support to any family who have a child aged 0-16 with autism or other neurological conditions, development delays or learning difficulties – or who are awaiting an assessment. Telephone – 01267 244200 or 0800328 1159 – enquiries@cerebra.org.uk

The National Autistic Society Autism Helpline – provide information and advice for young people who are autistic, or family members or carers of someone on the autism spectrum – telephone: 0808 800 4104.

5.6 School

Schools follow the graduated approach and quality first teaching. This guidance is designed to assist schools in developing their arrangements for identifying, assessing and supporting children and young people with special educational needs (SEND), setting out local expectations for Kirklees mainstream schools, in accordance with the Children and Families Act 2014 and the SEND Code of Practice. For more information see [The Graduated Approach and Quality First Teaching | Graduated Approach \(Inc SEN Support and MSP\) | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#)

5.7 Mental health support teams (MHST)

Some schools in Kirklees have access to a mental health support team. Both families and schools can refer directly into this service.

The core functions of mental health support teams are:

- Delivering evidence-based interventions for mild to moderate mental health issues
- Supporting the designated Senior Mental Health Lead in each education setting to introduce or develop their whole school or college approach

- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education

These functions in Kirklees are delivered through a partnership collaboration to ensure children, young people and their families receive timely support, along with the opportunity for schools to develop sustainable skills in improving emotional wellbeing.

5.8 Cygnet training

The Cygnet Parent Support Programme aims to support parents and carers of children or young people aged 5-18 who have a diagnosis of autism.

The Cygnet Programme runs throughout the year, the programme is delivered over 6 sessions, and it is essential to attend all of them to get the most from the programme. Each sessions lasts approximately 2-3 hours.

In Kirklees, the Cygnet training sessions are delivered by professionals from different services depending on their expertise. This shared delivery has been reported as good practice.

Parents can access the programme by making a support request through Thriving Kirklees Single Point of Access on 0300 304 5555 or [online](#).

5.9 Neurodevelopmental assessment service

If families still feel that there is an issue, if the child is home-schooled and/or has no other professional support involved who can make a referral then they can contact the assessment team for further advice.

5.10 Potential areas to explore

Expand the Cygnet training offer

The Cygnet Parent Support Programme is currently only available for parents and carers of children or young people aged 5-18 who have a diagnosis of autism. This training could be expanded and offered to families pre-assessment / diagnosis.

A review would be needed to identify members of staff who are trained and available to deliver the training as well as identifying additional members of staff as required

Personalised care planning

The neurodevelopmental service will initiate care co-ordination/case management including:

- Providing co-ordinated, personalised care and intervention management.
- Provide individual information and care navigation to health and care services, according to the family's needs. This may include:
 - contact details for:
 - local and national support organisations (who may provide, for example, an opportunity to meet other families with experience of the condition, or information about specific courses for parents and carers and/or young people)
 - organisations that can provide advice on welfare benefits
 - organisations that can provide information on educational support and social care
 - support to navigate services providing referrals as appropriate
 - health information and support to access appropriate health services with effective liaison with GP services to ensure children and young people are accessing their annual health check.

- information to help prepare for the future
- Developing co-ordinated, personalised care planning for children and young people with complex needs and their families/carers to include self-management and appropriate support plans designed to help people maintain their independence and avoid a crisis. Making sure children and young people who have the most complex needs have a designated key worker and are referred to the appropriate specialist team for support, interventions and ongoing care management, in line with the NHS long-term plan.
- Individuals with neurodevelopmental conditions and their families/carers will receive timely and relevant information about both their diagnosis and support and treatment options.
- Children and young people with neurodevelopmental conditions and their families/carers will be involved at an individual care planning level.
- Children and young people will have a written care plan and may be treated according to their individual needs.
- Services will actively work with children and young people and families/carers as key stakeholders to develop children and young people/carer experience measures to ensure that the service continually reflects children and young people and carer views; the commissioner will agree to the proposed methods of collecting and collating views and feedback. The resulting information will be fed back to commissioners to enable proactive, responsive user-focused commissioning and continuous service improvement.

Interventions

- Coordinated access to good quality mainstream preventative services, promoting levels of meaningful participation in society, and reducing the deleterious effects of chronic social exclusion will have a positive effect on the prevalence of associated mental and physical health problems experienced by this group.
- To ascertain if increased skills/knowledge are required in adapting brief interventions/other interventions for CYP with neurodevelopmental conditions and if services are making reasonable adjustments to support people with neurodevelopmental conditions.
- Provide brief psychological interventions for CYP with neurodevelopmental conditions, if required.
- Provide psychosocial interventions for children and young people and families in line with evidence-based practice and NICE guidance, if required.
- Provide 1-1 and group sessions as appropriate.
- Clinicians need to ensure the STOMP and STAMP agenda is underpinning their practice with children and young people who require medication.
- Clinicians need to be skilled and knowledgeable about the NHS England CTR Policy Framework and local guidance with the Integrated Care Board and the Dynamic Children and Families Support Register, ensure that these families are screened for referral to the DSR.
- Effective liaison with GP Services to ensure that children and young people who are diagnosed with autism are accessing their annual Autism Specific Health Check, when available.

NICE guidance

The neurodevelopmental post diagnostic support service will offer group behavioural programmes in line with NICE guidelines.

This will be aimed at:

- parents or carers of children and young people over 5 years with ADHD, other neurodevelopment conditions, and symptoms of oppositional defiant disorder or conduct disorder;
- young people.

These provide parents or carers with coping strategies and techniques for managing the behaviour of their children with suspected ADHD/ASD and other neurodevelopment conditions. These programmes can help improve the relationship between parents or carers and their children and provide support and techniques to manage child's behaviour.

These also provide benefits such as preventing family breakdown, young people going into care, reduced youth offending, and reducing the need and/or time spent receiving therapeutic support.

The neurodevelopmental post diagnostic support service will agree the format of this training with Commissioners.

The neurodevelopmental post diagnostic support service would look to reach out to CYP, their families and carers on the waiting list and post diagnosis to identify families who could benefit from the service including those potentially at risk of escalation.

The neurodevelopmental post diagnostic support service will agree with the Commissioner a programme of support designed to enhance referrers' skills and competencies regarding the referral process, which could include the following:

- Training
- Case discussion events
- Opportunities for shadowing
- Provision of information
- Co-designed referral form
- Methods of direct access for queries before referral

6. Transition to adult services

The national strategy for autistic children, young people and adults: 2021 to 2026 shows that many autistic young people find transitions into adulthood difficult because this is a period of heightened uncertainty and can result in changing access to services and support.

Young people aged 17-25 who have been receiving support should transition to an adult service when it is appropriate to do so.

Where possible this will include a:

- Referral to the appropriate adult service and provide a supported handover
- Provide continued support until young people have transitioned and have the support they need in place
- Develop clear pathways to other services such as adult's services

7. Training

Services will ensure that members of staff receive appropriate training and development to deliver the service.

Training will be ongoing and in line with current best practices

Members of staff will keep up to date with any relevant training, NICE guidance, national standards and strategies

8. Monitoring and evaluation

A clear quality assurance system will be established based on the NICE quality standards. This will include:

- **Statement 3.** People with autism / ADHD / ADD have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the neuro developmental service.
- **Statement 4.** People with autism / ADHD / ADD are offered a named key worker to coordinate the care and support detailed in their personalised plan.
- **Statement 5.** People with autism / ADHD / ADD have a documented discussion with a member of the neurodevelopmental service about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of their condition.
- **Statement 6.** People with autism are not prescribed medication to address the core features of autism.

[List of quality statements | Autism | Quality standards | NICE](#)

The national strategy for autistic children, young people and adults: 2021 to 2026 shows a commitment, over the next 5 years, to improve the collection and quality of data on autism used across public services to better support the needs of autistic people and their families.

Appendix 3

Neuro task and finish group evaluation report

Kirklees children and young people's neurodevelopmental assessment pathway

The purpose of the neurodevelopment pathway is to provide assessment and diagnosis for all those with a potential neurodevelopmental disorder in line with The National Institute for Health and Care Excellence (NICE) guidance.

Undiagnosed and untreated neurodevelopmental conditions (ND) can pose a tremendous amount of psychological, financial, academic, and social burden on the individual child or young person, and family and carers.

The pathway aims to:

- reduce the time from referral to diagnostic assessment,
- prevent young people having to wait on separate waiting lists or undergo multiple repetitive assessments,
- consider co-existing conditions in one assessment,
- be a child centred assessment,
- provide timely and multi-disciplinary discussion of those involved in the assessment.

Our neurodevelopmental assessment team works with children and young with neurodevelopmental difficulties, which require a multi-agency assessment to gain a better understanding of their needs. This process can lead to a diagnosis of autism spectrum disorder, attention deficit hyperactivity disorder, or attention deficit disorder.

Challenges

From July 2019 the neurodevelopmental assessment service saw the referral rates double. Initially it was thought to be a blip, but since then they have not gone down. These referrals pre-date any impact of Covid 19.

2019/20	Apr -19	May -19	Jun -19	Jul -19	Aug -19	Sep -19	Oct -19	Nov -19	Dec -19	Jan -20	Feb -20	Mar -20	Avg Per Month
	79	77	46	99	42	36	104	55	67	84	71	58	68

An average of 68 referrals per month was used based on the average number of referrals in the year 19/20. It is expected that 25% of referrals are screened out as not requiring assessments with the expected number of referrals going on to require assessments as 51 per month.

The service reviewed the referrals entering the service over the year 20/21. There is some potential rise using this data as the impact of Covid on referrals into the service was unclear but to mitigate some of the risk staffing was modelled on 43 assessments instead of 51 per month.

In response to this, Kirklees Integrated Care Board invested additional funding in the neurodevelopmental assessment service to increase capacity in the service as well as to provide additional assessments carried out by an external provider to reduce the waiting list.

The neurodevelopmental assessment service has moved premises to Princess Royal to provide more rooms for clinics/assessments and has had a huge impact on the service. In addition to this the service has reviewed the time taken for administrative duties and report writing to free up more time for assessments.

Despite all of the above the service still can't meet demand and continues to see high numbers of children and young people waiting for an assessment with an average waiting time of approximately 18 months.

The referrals that the service is now seeing from the beginning of the first Lockdown are more complex cases, to tease out what's going on. The service recommend that this is done first by the people who know the child well and ensure that support is provided as early as possible. A referral for assessment should only be made when there is likely to be neurodevelopmental condition.

Task and finish group

The commissioning team contacted all services with an interest, who refer into, and/or work with the neurodevelopmental assessment service.

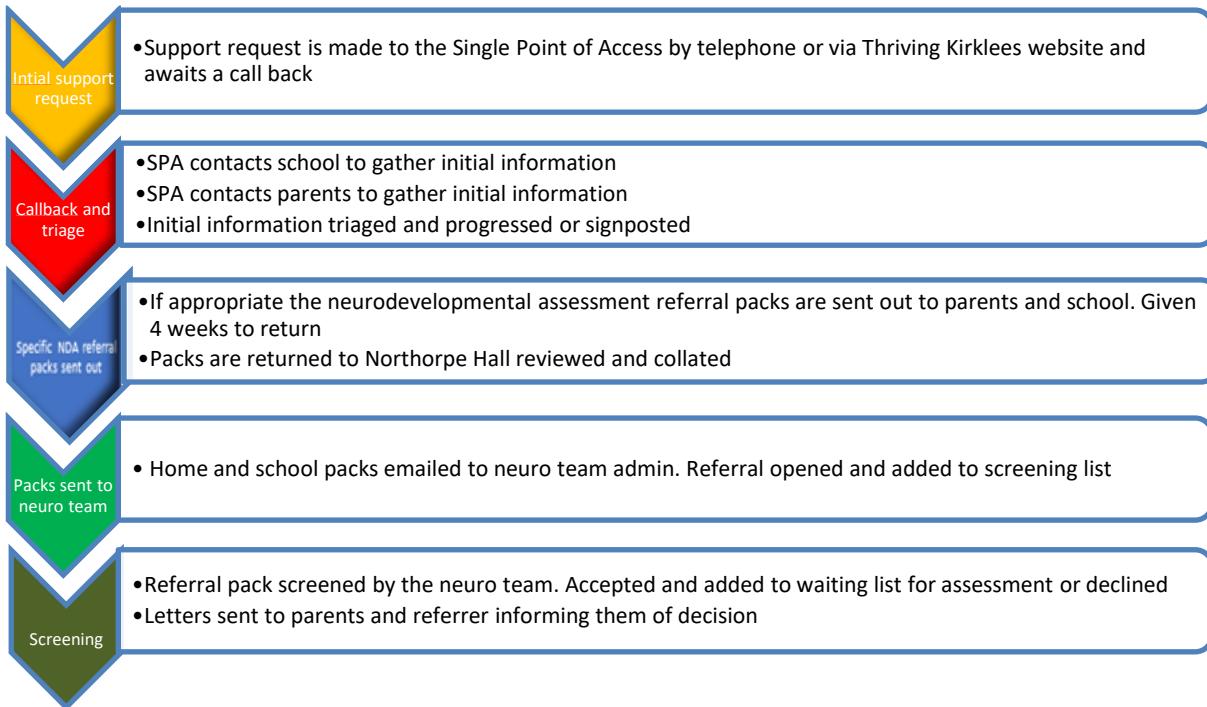
An initial meeting was held on 26 May 2022 to share the challenges experienced by the neurodevelopmental assessment service. The group agreed that this was reflected in their areas of work, discussed these challenges and set the focus for 3 virtual workshops:

- Screening and triage
- Training for professionals
- Support for children, young people and families

An action log was developed and reviewed throughout the course of the task and finish group.

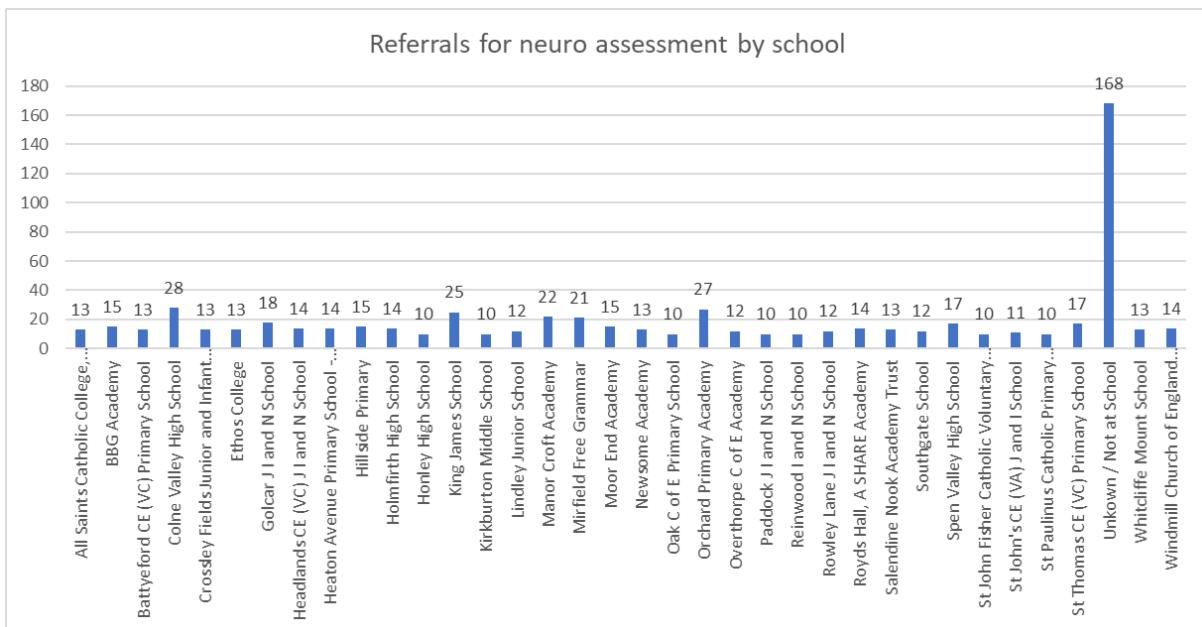
Workshop 1, 22 June 2022 – screening and triage,

Current referral pathway

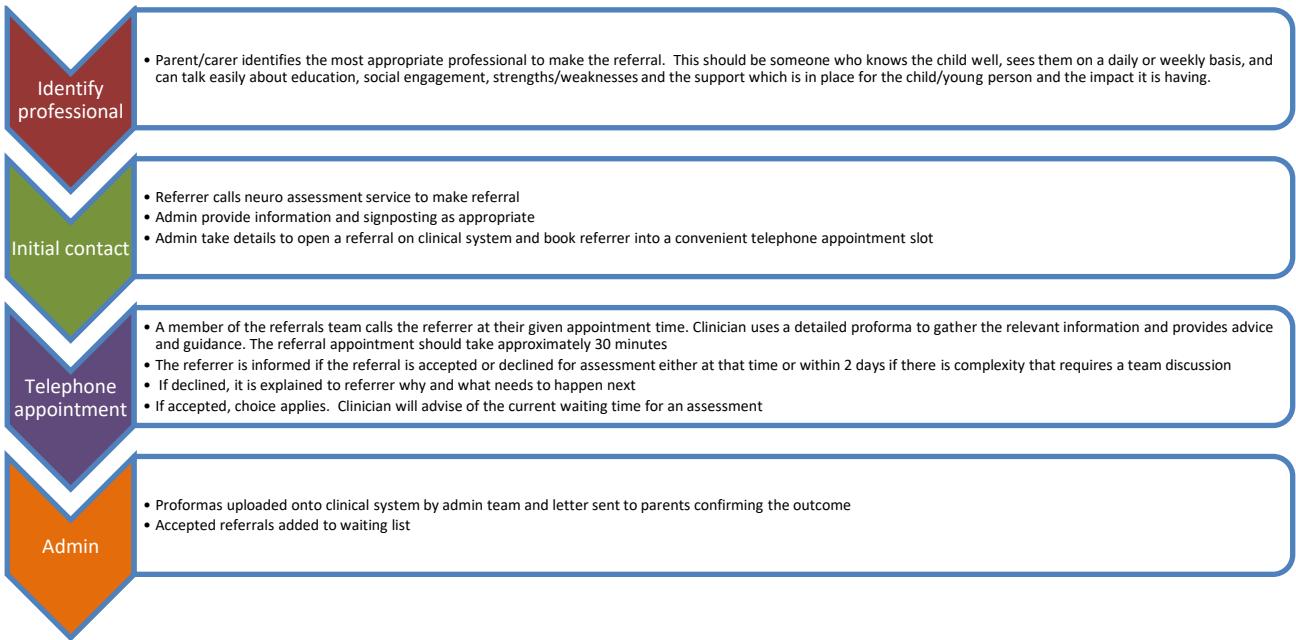


The group reviewed the referral information presented by the Single Point of Access. The graph below shows:

- 35 schools (out of 184 schools) had referred 10 or more children between June 21 and May 22
- 168 referrals were identified as ‘unknown/not at school’ at the point of referral
- In total the referrals shown in the graph account for approximately 50% the referrals (678 out of 1378 referrals) in the period June 21 and May 22



Proposed referral pathway



Why it is being proposed?

There are a number of challenges with the current pathway:

Efficiency – information is repeated a number of times through the referral process and takes far longer than is necessary

- Referrer gives information for initial support request and awaits a call back. As professional schedules are busy it can take considerable time and repeated attempt by the SPA to be able to speak with the referrer.
- Packs are then sent out to home and school and more detailed written information is given again – they are given 4 weeks to send it back adding more time to the process. Once returned the packs have to be collated by SPA and sent to the assessment team.
- The packs need to be screened again by the assessment team as up to 50% of referrals can be declined/signposted at this point. The current number of referrals coming in means that the assessment team spend at least one day a week of clinical time screening these referrals.
- The whole process can take up to 6 months before the young person is accepted onto the waiting list.

Quality of referrals

- Some referrers make a support request to the SPA with extremely limited information
- Many referrers are not following the guidance and criteria for making a referral – e.g they have not put support in place first or referred to more appropriate services. By the time this is picked up through the screening process it can be a number of months since the initial referral, delaying the child accessing the appropriate intervention and support.
- Screening written information can be challenging as referrers can give enough information on traits of ASC/ADHD but this can be with no context i.e “x has poor concentration”. The team do not have the capacity to go back to referrers again to clarify the information and so have to accept this information on face value. This results in many children not receiving a diagnosis having waited months for assessment and expectations being raised

Clarity of process

- Parents can contact Northorpe Hall for support but referrals for a neurodevelopmental assessment must come from a professional, however, this has become blurred.
- As Northorpe Hall respond to parental support requests by contacting home and school there are several instances where the school have then said they support a neurodevelopmental assessment, although they may never have made the referral themselves.
- As they have then accessed an assessment this way this has led to some schools telling parents they need to make the referral themselves or sending them to the GP.

Expected outcomes and benefits for patients

- Referral is over the phone so correct information can be gathered with the appropriate context
- Live decision can be made and outcome discussed with referrer there and then
- If a parent calls to make the referral they can immediately be directed appropriately.
- The information gathered is what is needed to understand the child's needs which will mean the assessment team do not need to screen the referral, freeing up a day a week of clinical time
- Responsibility is not on the assessment team to make contact with the referrer which improves efficiency

- Admin time is greatly reduced as paperwork is kept to a minimum
- Time from referral to decision is significantly reduced
- Moving the referral process to be part of the specialist team ensures that all aspects of the assessment from referral to discharge are held within the same specialist team.

The task and finish group agreed that the proposed pathway should be piloted for 6 months with a full evaluation at the end of the period.

Concise impact assessment

A concise impact assessment was completed to consider each factor of the proposal in terms of quality, equality and engagement to assess the impact that the change would have on the people involved. The impact assessment was sent to and approved by the ICB.

Pilot

To successfully implement the new system there needed to be a transition period:

- SPA stopped accepting referrals for neurodevelopmental assessments on 22 July 2022 and communications sent to schools and other referrers to inform them of the new referral process.
- Letters were sent to referrers of those awaiting an initial call back to explain the new process and inviting them to call the service from 20th September to arrange a telephone referral slot.
- The new system started on 20th September 2022 to allow the teams to clear existing referrals in the system and start the new process with no backlog. This ensured that no referrals got missed in the transition.

Service descriptor

The information has been used to update and develop the service descriptor for the neurodevelopmental assessment service and new key performance indicators agreed so that we can understand the effectiveness of the pilot and the ongoing service.

Workshop 2, 28 June and 26 July 2022 – communication and training for professionals

Communication - The group discussed the messages required for the pilot and compiled a list of services and organisation who refer to the service. The communication was agreed and sent out on 21 July through the agreed channels as soon as possible following the decision to proceed. Schools closed for the summer on 22 July.

Support and training - The group shared details of their information, guidance and training offers for professionals, how to access these.

The inclusion support offer is available for education settings, to improve outcomes for children and young people with additional educational needs. It operates on a test and learn basis, which allows the team to understand and meet the needs of different settings. The team also collects queries and feedback to understand any gaps in support and information and identify how to provide it.

The education psychology service delivers Autism Education Trust (AET) making sense of autism training for education settings, set for age and stage, every term for early years, primary and secondary settings. Details of these training sessions were shared with the task and finish group to

observe the training and provide feedback and identify any messages that need changing or clarifying.

The Sensory Occupational Therapy Service deliver training to settings on a monthly basis. This training is on 'Managing Sensory Needs in the Classroom' and includes the Kirklees Sensory Toolkit.

If a professional is unsure if an assessment is required, they can contact the Neurodevelopmental assessment service for advice. The service will provide advice and guidance regarding ways to support the child and if anything needs to take place before a referral is made.

The following possible gaps were identified. These included:

- Elklan training
- Empowering parents empowering communities EPEC training
- Small grants scheme for schools and organisations to apply for to make reasonable adjustments.

Workshop 3, 23 August 2022 – support for children, young people and families

The group shared details regarding their information, guidance and support for children, young people and families, how to access these.

- Thriving Kirklees
- Workshops for children and families
- Kirklees local offer website
- West Yorkshire healthier together website
- Local support groups
- Schools
- Mental health support teams (MHST)
- Cygnet training
- Neurodevelopmental assessment service

The following possible gaps were identified. These included:

- Expanding the Cygnet training offer
- Personalised support following diagnosis
- Help to navigate and access support
- Interventions
- Health care

The information from workshop 2 and 3 has been collated into a separate document to highlight the current offer and the identified gaps to inform areas for partnership working and future commissioning.

Neuro pilot evaluation report

Baseline data as of 19 September 2022

Single point of access - There are currently 191 files where the neuro has been started and we are awaiting paperwork.

There are 113 new support requests with a neuro indicator on that still need to be contacted.

There maybe others on people's caseloads that they are having conversations with but we don't have a marker for these so we can't account for them until we know there is enough evidence to warrant starting the pathway then they will be put onto the pathway.

At 9:02pm on Thursday, 22nd September 2022, there were 126 support requests waiting for a call with issues POSSIBLY presenting as Neuro.													
62 of these have been assessed and accepted as suitable for the pathway. 26 of these have been assessed and NOT accepted as suitable for the pathway.													
Neuro Starts	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	
Started Neuro	18	141	91	151	173	380	118	79	101	120	139	42	
Outcome of those Started this Month													
Closed - Information Not Provided	3	22	28	18	15	17	15	5	2		2		
Closed by Partner													
Information Pending				1				3	20	45	95	38	
No Longer Required								1					
No Role	2	1	1	4	6	3	2	1	3	3	2		
Not Indicated					2	1	1	1					
Transferred	13	118	62	128	150	357	99	69	76	72	40	4	
Outcome of those Closed this Month													
Closed - Information Not Provided					4	46	1	7	22	23	14	7	2
Closed by Partner										2			
No Longer Required								1					
No Role				1	1	6	3	3	4	2	5	1	2
Not Indicated						3	1	1					
Transferred	1	19	60	84	106	316	168	123	74	109	104	24	

Kirklees CAMHS Neuro – Awaiting Assessment: **862 CYP on waiting list (as at 19th September 2022)**

**Average wait to assessment (for those having a Neuro assessment in August 2022):
524 days = 75 weeks / 17 months**

Issue – pushback from GPs and Paediatrician Services

Both service areas had declined our invitation to be involved in the task and finish group but made contact after receiving information about the pilot. We have worked with relevant colleagues to develop a letter that they can give to parents regarding identifying appropriate professional involved with the child who would be able to provide the level of information needed to make a referral.

Issue – level of demand

The service is seeing a high demand for referral appointment and had taken 17 referrals in one day. There are 15 appointments per week. Discussed and agreed with Helen Walsh on 30 September to recruit additional administrative support using some underspend.

Feedback

The feedback that service is receiving is very positive:

A SENCO wanted to let us know how much better he found having a conversation with someone as the back and forth conversation meant he could give better information. He thanked us for changing from the paper

As of November 2022

An early review of the new process shows that it is going extremely well with positive feedback coming from referrers and families as decision as to whether they will go on waiting list for assessment is happening very quick, usually within a week.

The level of demand is still an issue. The service are offering 20 referral appointment slots a week. But appointments are booked up until January. The service received over 200 referrals in October!

We believe this is mainly because the service are still receiving referrals from the backlog at Northorpe Hall. Northorpe Hall have been advised that they need to have cleared this list by Christmas so going forward we should have a clear picture of what the demand is.

It's important to really understand our demand, capacity and waiting list position:

- managing long waits is a resource intensive, demoralising, non-value-adding activity
- people who are seen quicker have better outcomes
- feels less chaotic, frantic and stressful for staff and people waiting
- sometimes this can mean people can be seen quicker without additional resources (do more with less)
- are better positioned to make the case for additional investment where this is needed

We need a clear picture of demand so that we can calculate a sustainable waiting list for the service.

NHSE Waiting list and backlog tool

Capacity should be set above average demand

The new pathway / telephone referrals also provide advice and guidance for professionals making referrals, which will hopefully help to build skills and knowledge in the system regarding identifying children and young people who need an assessment. Moving the screening and triage to the assessment service will help to ensure that only children and young people who need an assessment join the waiting list.

As of 31 March 2023

As of 30 June 2023

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CHILDREN'S SCRUTINY PANEL – WORK PROGRAMME 2022/23

MEMBERS: Cllr Andrew Marchington (Chair), Cllr James Homewood, Cllr Ammar Anwar, Cllr Elizabeth Reynolds, Cllr Richard Smith, Cllr Paul White, Toni Bromley (Co-Optee), Graeme Sunderland (Co-Optee) and Oliver Gibson (Co-Optee)

SUPPORT: Helen Kilroy, Assistant Democracy Manager and Nicola Sylvester, Democracy Officer

FULL PANEL DISCUSSION		
Issue	Approach/Areas of Focus	Timescales and comments
<u>Standard items (every meeting)</u> <ul style="list-style-type: none"> • Pre-decision scrutiny (decisions by Cabinet) • Performance Information (Children's Service) – Informal meeting • Feedback from Panel Members on issues considered by Corporate Parenting Board • Ambition Board Minutes Informal meeting 	<p>Panel to check at each meeting if there are any potential areas of pre-decision scrutiny they need to consider at future meetings. (Leads: Cabinet Members/Senior Officers (Children's Service))</p> <p>The Panel will consider performance slides from the Ambition Board and/or the Quality Assurance Board and monitor the performance of the Learning Early Support Service and Child Protection & Family Support in the Informal meetings. Members of the Panel who attend the Corporate Parenting Board will ask questions through the Chair of the Board in relation to looked after children performance information and report back on any issues to the Children's Scrutiny Panel.</p> <p>Members of the Panel who attend the Corporate Parenting Board will feedback on any other key issues to the Scrutiny Panel as appropriate. (Leads: Service Directors (Children's Service))</p> <p>The Panel will receive for information the minutes from the Ambition Board meetings which are held quarterly. (Leads: Senior Officers (Children's Service))</p>	Every meeting Every meeting Every meeting Quarterly

Review of the Improvement Journey	<p>(Leads: Mel Meggs/Service Directors)</p> <p>The Panel will continue to review the Improvement Journey of Children's Services until they have achieved an 'outstanding' Ofsted rating, including receiving regular progress updates from the Children's Service on how this is being achieved. The Panel will consider how the Council is formulating its approach, what data is being looked at and how Officers and Cabinet Members are responding.</p> <p>Panel meeting on 31st October 2022</p> <p>The Panel considered a report on the Outcomes of the Joint Multi-agency Inspection which took place from 27th June 2022 and 1st July 2022 and was carried out by Inspectors from Ofsted, the Care Quality Commission and Her Majesty's Inspectorate of Constabulary and Fire Rescue Services. The outcomes of the inspection were provided by letter which summarised the headline findings and what needed to be improved. The Panel noted the report and thanked the staff and partners for their hard work.</p> <p>Visits</p> <ul style="list-style-type: none"> - Children's Social Care Team (Dewsbury) on 14th October 2022 The Panel visited Team Managers, Social Workers and Business Support staff at the Children's Social Care Team at Empire House, Dewsbury. The Panel met with staff in their 'huddle' meeting and spoke informally about issues relating to data collection, caseloads and staff vacancies, working environments, management support and training and development for staff. The team expressed that although there were vacancies, they felt well supported by their managers and other teams. - Children's Social Care Team (The Valleys – Slaithwaite) and Children with Disabilities Team on 13th December 2022 The Panel met with Team Managers and asked questions around data collection, partnership working, the voice of the child, good practice, delivery of quality service and future development and supervision of staff. The Connected Persons Team had transferred to the Valleys in July 2022 which included special guardianship or foster carers who wanted to become special guardians. Approximately 500 children were not in 	<p>Panel meeting on 31st October 2022</p> <p>Visit on 14th October 2022</p> <p>Visit on 13th December 2022</p>
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	<p>care as a result of special guardianship orders. The Panel had a brief tour of the offices and spoke to some members of the team.</p> <ul style="list-style-type: none"> - Child Protection Team (Civic Centre 3) on 23rd February 2023 The Panel met with staff and Team Managers and asked questions around caseloads and recruitment, data collection, partnership working, voice of the young person, delivery of quality services and good practice and learning points. The Panel agreed to investigate the following actions – <ul style="list-style-type: none"> • Lack of rooms and meeting space in Civic 3 to hold staff meetings and places to assess and meet with families; • Special guardianships which have ended because they can no longer look after the child and unsuccessful adoptions which has meant more children coming back into care. The Panel agreed to raise at Corporate Parenting Board. • Working relationship barriers between Child Protection and Safer Kirklees and how these could be strengthened. • The relationship between Child Protection and the police and use of police powers which conflict against the processes of the child protection team and could impact significantly on the child when decisions were made by the police which the social care team do not agree with and which do not meet the social care threshold. - Children's Residential Home at Healds Road The residential home at Healds Road is currently closed for refurbishment. The Panel plan to visit the home during the 2023/24 municipal year. - Weekly Referral and Review meeting on 27th March 2023 The Panel will visit and observe the Weekly Referral and Review meeting on the 27th March 2023. 	Visit on 23 rd February 2023
Independent Review of Children's Social Care – white paper	<p>(Leads: Mel Meggs and Service Directors)</p> <p>The Panel will consider how the Council is addressing the implications of the Care Reform white paper and the outcome of the Government's response, which is expected in January 2023.</p>	Carry forward to 23/24 municipal year

	<p>The Panel noted that the Care Reform Report on Children's Social Care was broken down into 8 key areas, as follows:-</p> <ul style="list-style-type: none"> - Reset Children's Social Care - A revolution in family help - A just and decisive child protection system - Unlocking the potential of family networks - Transforming care - The care experience - Realising the potential of the workforce - A system that is relentlessly focussed on children and families - Implementation <p>Panel meeting on 23rd March 2023</p> <p>The Panel will consider a report entitled "Stable homes built on love" giving an update on the Government's response in February 2023 to the McCallister, National Care Review which was published in May 2022.</p>	
Educational and learning Outcomes <ul style="list-style-type: none"> - Kirklees future commission Learning Strategy 	<p>(Leads: Jo-Anne Sanders/Chris Jessup/Narinder Kaur)</p> <p>The Panel will scrutinise/consider-</p> <ul style="list-style-type: none"> - The impact and effect of ethnicity, gender and socio-economic factors on educational outcomes. - Closing the attainment gap which the Panel were informed would be a priority in the Strategy; - The Panel understand that the Learning strategy will be focusing on early years groups and want to explore what difference this will make; - Updates on the development of the Kirklees Council Education Futures and the proposed approach and timeline; - Relationships with Academies and Multi-Academy Trusts, eg admission policies, number of school places available and how impacting maintained schools nearby. <p>Visit to Kirklees Futures Summit on 23rd June 2022</p> <p>A member of the Panel visited the Kirklees Futures Summit on the 23rd June 2022.</p>	<p>Panel meeting on 23rd March 2023</p> <p>Visit on 23rd June 2022</p>

	<p>Panel meeting on 12th July 2022</p> <p>The Panel received a verbal update on the Educational Outcomes and the Implementation Plan, which will be finalised with priorities ready for the start of the new academic year in September 2022. The Panel agreed the following:-</p> <ul style="list-style-type: none"> - That the Panel are given the opportunity to contribute to the restructuring and reshaping of the Education and Learning Partnership Board ; - That the Panel receive future updates on how the Learning Service and Cabinet Members are scrutinising the educational outcomes; - That the Panel consider future information on longitudinal educational outcomes for the next 5 to 10 years, including 16+ and beyond; - That the Panel receive a copy for information of the Educational Outcomes report scheduled for consideration by Cabinet on the 26th July 2022. <p>Panel meeting on 6th September 2022</p> <p>The Panel considered a report giving an update on the Special Educational Needs and Disabilities (SEND) Inspection – Action Plan and inspection outcomes as part of their pre-decision Scrutiny. The Panel agreed the following:-</p> <ul style="list-style-type: none"> - The Panel noted the areas for the improvement journey of the Transformation Plan; - That Officers in Children’s Service provide the Panel with details of partners involved in the Transformation Plan that they can meet with or visit as part of the Panel’s scrutiny work. - That the Panel receive further information on the increased number of pupils in Kirklees LA schools and academies with an Education Health and Care Plan since January 2015 to January 2021. <p>The Panel will be invited to be involved in the development of the Transformation Action Plan going forward. The Panel asked that officers build into the action plan how the Panel might scrutinise the inspection outcomes.</p> <p>The Panel also agreed to focus on the impact and affect of ethnicity, gender and socio-economic factors on educational outcomes.</p>	<p>Panel meeting on 12th July 2022</p> <p>Panel meeting on 6th September 2022</p>
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	<p>Informal Panel meeting on 31st October 2022 The Panel received an update on Educational Outcomes and GCSE exam results.</p> <p>Visit to Local Offer AGM at John Smith's Stadium on 17.11.22 The Chair of the Panel visited the Local Offer AGM on the 17th November 2022.</p> <p>Visit to Educational Outcomes Committee on 10th January 2023 Members of the Panel attended and observed a meeting of the Educational Outcomes Committee on the 10th January 2023.</p>	Informal meeting on 31 st October 2023 Visit on 17 th November 2022 Visit on 10 th January 2023
Sufficiency for Children's Service (places/staffing resources)	(Leads: Mel Meggs and Service Directors) The Panel will consider future updates on the social worker vacancies and staff shortages within the Children's Social Care Service and the approaches being taken by the service to bring Social Workers back into the workforce, eg retention packages. The Panel will also monitor this during visits to the Social Care Teams.	
Changes to Young People's Activity Team (YPAT) provision - Provides after school activities for C&YP with the most complex disabilities and needs	(Lead: Tom Brailsford/Sara Miles) The Panel will consider the changes to YPAT Provision and youth development and receive future updates on what is happening in local wards in terms of after school activities – planned for September 2022. Panel meeting on 6th September 2022 The Panel considered a report which gave an update on the ongoing changes to the Young Peoples Activity Team (YPAT) provision as part of the ongoing SEND Transformation Programme and the ongoing development of the Short Breaks Offer. The Panel agreed to arrange a visit to the new premises at the Children's Place Nursery, Netherfield Road, Ravensthorpe when fully operational.	Panel Meeting on 6 th September 2022
Partnership Arrangements	(Leads: Vicky Metherington/Jo-Anne Sanders/Tom Brailsford) The Panel will continue to scrutinise partnerships and boards during the 2021/22 municipal year, for example, Corporate Parenting Board and Health and Wellbeing Board, visits to	

	<p>internal teams and partners and the Panel will look at how data was collected and used to improve outcomes. The Panel will be represented at meetings, events and visits to internal teams and external providers and focus on the following areas:-</p> <ul style="list-style-type: none"> • Data collection • Partnership working • Is the voice of the young person being heard? (as below) • Good practice • Delivery of quality service 	
Voice of the Young Person	<p>(Leads: Mel Meggs/Jo-Anne Sanders/Vicky Metherington/Tom Brailsford)</p> <p>The Panel agreed to keep a watching brief on all areas of scrutiny by the Panel and explore whether the voice of the child was being heard and lessons have been learned.</p>	
Special Educational Needs and High Needs <ul style="list-style-type: none"> - Feedback from PCAN/parents on SENDACT - Outcome of SEND Inspection and Transformation Plan 	<p>(Leads: Tom Brailsford/Kelsey Clark-Davies/Paul Harris/Christine Bennett)</p> <p>Feedback from parents via PCAN</p> <p>The Panel met with parents on the 8th and 14th September 2022 at PCAN Social drop-in sessions to follow up the work of the Adhoc Panel on the report on 'SENASAFT – the parent's perspective' which was approved by Cabinet in March 2019. The Panel members who attended the visits sought feedback from parents on whether the service had improved for them and what it felt like to engage and access the service/front door. The Panel's main findings from the feedback received at the sessions was:-</p> <ul style="list-style-type: none"> - Lack of specialist resources both in the SEND Teams but also schools - SENDACT do not follow up with schools after an EHCP is issued - Long waiting times to get a diagnosis or support - No single point of contact for parents to get access to all the support and information they need - Parent's were not aware of the SEND Transformation Plan or how to access it. <p>The Chair and some members of the Panel attended PCAN Social drop-in sessions during October, November and December to engage with parents of children with SEND and seek</p>	<p>Visits on 8th and 14th September 2022,</p> <p>Attended Drop-in sessions in October,</p>

	<p>their feedback on accessing the services. A range of professionals attended the social meeting in December 2022, with a representative from the Local Offer team requesting feedback on their new booklet that had been produced. The Chair of the Panel provided additional details to senior officers within Children's Services on a number of specific issues and queries raised by parents at the social meetings.</p> <p>Following the visit to PCAN on the 8th September 2022, information was sent by the Panel to PCAN on the SEND Inspection Outcome report considered by the Children's Scrutiny Panel on the 6th September 2022, which included a copy of the SEND Transformation Plan. PCAN have shared this information with parents on their PCAN Facebook parent's page.</p> <p>Outcome of SEND Inspection and SEND Transformation Plan</p> <p>Panel meeting on 6th September 2022 - Outcome of SEND Inspection</p> <p>The Panel considered a report on the SEND Inspection and action plan and outcomes of the Inspection and as part of their pre-decision scrutiny. The Panel agreed –</p> <ul style="list-style-type: none"> • to receive updates on the improvement journey of the Transformation Plan. • That Officers in Children's Service provide the Panel with details of partners involved in the Transformation Plan that they can meet with or visit as part of the Panel's scrutiny work. • That the Panel receive further information on the increased number of pupils in Kirklees LA schools and academies with an Education Health and Care Plan since January 2015 to January 2021 <p>The Panel will be invited to be involved in the development of the Transformation Action Plan going forward. The Panel asked that officers build into the action plan how the Panel might scrutinise the inspection outcomes.</p> <p>Visit to SEND Transformation and Commissioning Group on 8th September 2022</p> <p>The Panel attended the SEND Transformation and Commissioning Group on the 8th September 2022, to enable the Panel to be involved in the discussion on the SEND written statement of action following the recent inspection. The main points considered at the meeting was the SEND Inspection and action plan and outcomes of the Inspection.</p>	November and December.
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	<p>Informal meeting on 12th December 2022</p> <p>The Panel discussed a draft report scheduled for consideration by Cabinet on the 21st December 2022, giving an overview of plans to refresh and expand the “Alternative Provision” (AP) Education offer and seek authority to progress plans to create additional specialist AP places to support the needs of children (some of whom also have Special Educational Needs and Disabilities) who require an alternative education offer. The Panel noted the report to Cabinet and agreed that it was essential that officers captured whether children were happy and also that a long-term plan was put into place for assessing the outcomes.</p>	<p>Panel meeting on 12th December 2022</p>
Mental Health in Schools	<p>(Lead: Tom Brailsford/Stewart Horn)</p> <p>The Panel have currently agreed to look at the Ladder Project (Colne Valley, Golcar and Lindley) and other work directly in schools around children’s mental health, including the challenges and key issues faced by children, the schools and CAMHS and explore how the roll out of NHS mental health support for children and young people is progressing. The Panel would like to understand what good mental health in children looks like and visit a mental health in school’s team.</p> <p>Visit to Mental Health in School’s Team</p> <p>On the 21st February 2023, the Panel visited the Mental Health in School’s Team at Lowerhouses Children’s Centre and met with staff and Team Managers from the three key partner which were South West Yorkshire Partnership NHS Foundation Trust, Kirklees Council Educational Psychology and Northorpe Hall Trust. The Panel were given a presentation and taken through a resume of the work undertaken by the key partners and handed an information pack. The MHST service has 3 core functions –</p> <ul style="list-style-type: none"> • To deliver evidence based interventions for children and young people with mid to moderate mental health problems; • Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach; • Offering timely advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education 	<p>Visit on 21st February 2023</p>

	<p>The Panel also visited the Hillside Primary School at Newsome and observed an emotional wellbeing session being run by a colleague from the MHST service for a group of year 7 children.</p> <p>Panel meeting on 23 March 2023</p> <p>The Panel will consider a report giving a progress update on Mental Health in Schools and CAMHS waiting times.</p>	Panel meeting on 20 th March 2023
Elective Home Education	<p>(Leads: Jo-Anne Sanders/Diane Yates/Kelsey Clark-Davies/Paul Harris)</p> <p>The Panel will liaise with the One Voice Team to engage with young people to seek their views on being home educated.</p> <p>The Panel will meet with parents who were involved in the Adhoc Panel on Elective Home Education to seek feedback from them on how well the Action Plan agreed at Cabinet in December 2020 has been progressed and implemented.</p>	
Early Years <ul style="list-style-type: none"> - Early Help Services - Engagement of Families Together 	<p>(Leads: Carol Ann Smith/Michelle Wheatcroft/Jo Sanders)</p> <p>Early Help Services</p> <p>Panel to consider a plan of action on this matter.</p> <p>Engagement of Families Together</p> <p>The Panel will consider a future update on the review of the Families Together hubs and the review of the Hub Co-Ordinator role. The Panel noted that some Head Teachers had agreed to be part of the review. The Panel will explore what services are in place within the hubs and consider visits to observe the arrangements in place and will look at how the hubs in Dewsbury, Batley and Spen and Rural were progressing and what impact they were having on the local community.</p>	

	<p>Families Together Launch</p> <p>The Panel will be invited to attend the Families Together Launch which will take place in the near future (date to be advised) and which will include a lunch event for the Families Together model of integrated early support.</p>	To be carried forward to 23/24 municipal year
<p>Lead Member Briefings</p> <p>(Bi-monthly LM Briefings with Cabinet Members for Learning and Children's; and Mel Meggs/Elaine McShane, Tom Brailsford and Jo-Anne Sanders during 22/23) – Actions from these meetings will be included within the Panel's Work Programme where appropriate</p>		

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Children's Scrutiny Panel

Agenda Plan 2022/23

Date of Meeting	Issues for Consideration	Officer Contact
9th June 2022 Informal Meeting 11 am	(with Panel, Officers and Cabinet Members) To consider potential areas of focus for the Panel during 2022/23 municipal year which will include the Council's key priorities for the children's service.	Helen Kilroy
20th June 2022 Informal meeting 2pm-3.30pm Hybrid meeting Meeting Rm 3, HTH	(with Panel only) To agree and sign off priority areas of focus for Panel during 2022/23 municipal year.	Helen Kilroy
12th July 2022 2.00pm-3.00pm Informal meeting 3.00pm-4.30pm Public meeting Hybrid Meeting Council Chamber, HTH Report deadline: 30.6.22	<p>Informal items:-</p> <p>Ambition Board Minutes (12.3.22)</p> <p>Performance slides</p> <p>Public Items:</p> <p>Formal report membership change – Cllr Elizabeth Reynolds</p> <p>Pre-decision Scrutiny – Cabinet decisions on the horizon</p> <p>Feedback from Panel Members on issues considered by Corporate Parenting Board</p> <p>Educational Outcomes – verbal update on next steps/priorities for the Service</p>	H Kilroy J Sanders/E McShane to present H Kilroy Senior Officers/Cabinet Members Panel Members J Sanders/C Jessup

Date of Meeting	Issues for Consideration	Officer Contact
6th September 2022 10am – 11 am Informal meeting 11am – 12.30 pm Public meeting Hybrid Meeting Council Chamber, HTH Report deadline: 25.8.22	<p>Informal items:</p> <p>Ambition Board Minutes (20.6.22)</p> <p>Public Items:</p> <p>Performance highlights slide</p> <p>Pre-decision Scrutiny – Cabinet decisions on the horizon</p> <p>Feedback from Panel Members on issues considered by Corporate Parenting Board</p> <p>SEND Inspection – Action Plan and inspection outcomes</p> <p>YPAT changes to provision and youth development</p>	H Kilroy T Brailsford/J Sanders/E McShane to present Senior Officers/Cabinet Members Panel Members T Brailsford/P Harris K Clark-Davies/C Bennett/S Horn Sara Miles/Tom Brailsford/Gary Wainwright
31st October 2022 1.00pm -2.00pm Informal meeting 2.00pm-4pm Public meeting Hybrid Meeting Council Chamber, HTH Report deadline: 19.10.22	<p>Informal items:</p> <p>Educational Outcomes update (GCSE exam results)</p> <p>Public Items:</p> <p>Pre-decision Scrutiny – Cabinet decisions on the horizon</p> <p>Feedback from Panel Members on issues considered by Corporate Parenting Board</p> <p>Outcomes of the Joint Area Targeted multi-agency Inspection (Ofsted letter)</p>	Chris Jessup/Narinder Kaur/Jo Sanders Senior Officers/Cabinet Members Panel Members Elaine McShane/Ian Mottershaw (rep from WY police to be invited)

Date of Meeting	Issues for Consideration	Officer Contact
12th December 2022 1.00pm -3.00pm Informal meeting Hybrid Meeting Council Chamber, HTH Report deadline: 28.11.22	<p>Informal items:</p> <p>SEND and disabilities alternative provision – draft Cabinet report</p> <p>QA Assurance report – Children's Performance</p>	J Sanders/K Clark/Davies T Brailsford/J Sanders/E McShane to present
23rd January 2023 1.00pm-2.00pm Informal meeting 2pm-3.30 pm Public Meeting Hybrid Meeting Council Chamber, HTH Report deadline: 12.1.23	<p>Informal Items</p> <p>Ambition Board Minutes (12.12.22)</p> <p>QA Assurance report – Children's Performance</p> <p>Public Items:</p> <p>Membership – Resignation of Graeme Sunderland, Co-optee</p> <p>Verbal update on Performance highlights</p> <p>Verbal update on Budget process – impact on Children's Services</p> <p>Pre-decision Scrutiny – Cabinet decisions on the horizon</p> <p>Feedback from Panel Members on issues considered by Corporate Parenting Board</p>	H Kilroy J Sanders/E McShane/S Miles to present H Kilroy Panel/Senior Officers Mel Meggs Senior Officers/Cabinet Members Panel Members

Date of Meeting	Issues for Consideration	Officer Contact
<p>20th March 2023</p> <p>1.00pm-2.00pm Informal meeting</p> <p>2.00pm-4pm Public meeting Hybrid Meeting</p> <p>Council Chamber, HTH</p> <p>Report deadline: 6.3.23</p>	<p>Informal Items</p> <p>QA Assurance report – Children's Performance</p> <p>Public Items:</p> <p>Verbal update on Performance highlights</p> <p>Permanent and Fixed-term exclusions</p> <p>Pre-decision Scrutiny – Cabinet decisions on the horizon</p> <p>Feedback from Panel Members on issues considered by Corporate Parenting Board</p> <p>Stable homes built on love</p> <p>Emotional Wellbeing and Mental Health provision for children and young people (to inc CAMHS waiting times)</p>	<p>T Brailsford/J Sanders/E McShane</p> <p>Panel/Senior Officers</p> <p>K Clark-Davies, Matt Brayford, Sharon McBriarty</p> <p>Senior Officers/Cabinet Members</p> <p>Panel Members</p> <p>Elaine McShane</p> <p>Stewart Horn/Tom Brailsford</p>