

**Half yearly Adoption Agency report**  
**Date: October 2021**

1.	<b>Purpose of report</b>
1.1	This report sets out the work and developments within One Adoption West Yorkshire between April 2021 and September 2021.
2.	<b>Main issues</b>
2.1	<b><u>Use of Resources</u></b>
2.1.1	<b><u>Staffing &amp; HR</u></b>
2.1.1.1	There have been some changes with the senior leadership team of One Adoption West Yorkshire with Sarah Johal moving on to a 12-month secondment as National Adoption Strategic Lead. Michelle Rawlings has been appointed as Interim Head of Service and Rhian Beynon has been appointed interim Service Delivery Manager to cover the Recruitment and Assessment Lead; Rhian will link with Calderdale and Bradford Local Authorities.
2.1.1.2	Morale for staff has continued to fluctuate over the last six months, with some staff embracing the move to more face to face contact and fewer restrictions, while other remain apprehensive. Regular online manager and team check ins have continued, and these have been complimented by some face-to-face team meetings, often outdoors during the summer months and better weather. We are now exploring indoor space where teams can continue to meet in person. All our teams are making use of the increased desk space in Leeds to spend time together, and this is proving positive, though for some this is some travel distance from their usual office space.
2.1.1.3	The wellbeing of staff remains a priority and flexible working arrangements are in place for those who need it. We are listening to the

	<p>feedback from the staff survey regarding achieving a balance between home and office working. We recognize that when staff feel supported, they are more able to support our children and families. Wellbeing will be a focus of our staff Winter Conference.</p> <p>Sickness levels have remained low and have been lower in the last six months than in the previous six-months. The instances of new long-term sickness have also significantly reduced during this period. Coronavirus is currently a significant cause of staff sickness. Where staff require additional support through occupational health to support their wellbeing this is provided.</p>
2.1.2	<p><u>Accommodation</u></p>
2.1.2.1	<p>Staff are continuing to work predominantly from home. There is now accommodation available for staff in Leeds and this is being used on a rota basis for staff teams to work alongside each other in an office environment. There is also limited (5 desks) desk space available in Bradford, which has now been networked to the system, and while this is not sufficient for a full team to meet, it does allow staff to work from an office for wellbeing reasons. There is touch down space in Wakefield for two staff. There continues to be no accommodation for staff in Kirklees or Calderdale areas due to refurbishment and other staff using the space respectively. While some progress has been made with office workspace in some of our Local Authority areas, meeting room space for teams to meet or for undertaking work with children and families remains a challenge.</p>
2.1.2.2	<p>Significant progress has been made with addressing the delays in letterbox exchanges because of the pandemic and issues with redirecting mail. While there are still some families waiting for a physical exchange of letters, several of these have now taken place via email and the families who have received no contact are being prioritised.</p>
2.1.2.3	<p>Our recent staff survey would indicate that there are many benefits of home working for our teams, particularly in relation to work life balance. However, it is important that opportunities for peer support and collaboration are not lost, as this not only benefits the development and wellbeing of the staff team, but also the service provided to children and families. It is important that arrangements for accommodation moving forward allow opportunities for teams to come together.</p>
2.1.3	<p><u>Budget</u></p>
2.1.3.1	<p>The overall forecasted position at Month 6 is an overspend of £22k. The main pressure is the underachievement of income on the MDT where the target is £225k but with delays in working face to face with families this will not be achieved this year.</p>

2.1.4	<b><u>Duty and Advice service</u></b>
2.1.4.1	The duty and advice service has continued to run remotely, with duty managers overseeing a daily check in each morning where tasks are able to be allocated and workers keeping in touch with one another throughout the day via MS Teams messaging. The number of calls to duty has remained consistent, although there have been a higher volume relating to letterbox exchanges (see page 3 update).
2.1.4.2	We have continued to run a 'choice' system for callers depending upon the nature of their query, however the decision was made to suspend line 2 option (letterbox) towards the end of May to free up letterbox business support to concentrate on work around the actual exchanges. This has meant that line option 3 (the main duty line) has responded to all calls other than those enquiring about becoming an adopter. We should be able to start to utilise line option 2 again in the new year.
2.1.4.3	The total number of calls to the duty and advice line for the first half of the year is 1862. This averages at 71.6 calls per week.
2.2	<b><u>Partnership working</u></b>
2.2.1	<b><u>Multidisciplinary Team</u></b>
2.2.1.2	The recruitment of the health professionals was completed in July 2021, when the second clinical psychologist joined the team. A new team manager and senior therapeutic social worker were recruited to replace team members who left due to retirement and finding work opportunities outside OAWY.
2.2.1.3	In the first half of the year the team has delivered 61 consultation sessions (formal and drop-in) where support for 68 children has been discussed. In addition to consultations, the team has delivered 129 "informal" support sessions for staff and families. The work of MDT is supporting all the service's teams across the West Yorkshire. In addition to consultations the MDT services include discipline specific assessments, and integrated multidisciplinary assessments, for example combining psychological and SLT child development assessments to inform adoption planning, integrating developmental assessments for a child with a historic medical diagnosis of FASD; providing formulation based assessment for a child with unclear presentation; making sense of impact of early history/ possible underlying language and communication difficulties to inform adoption support plan.
2.2.1.4	The team has continued to explore future joint care pathways with the health providers across the WY region, and members of the team have

	<p>been participating in the work of West Yorkshire FASD task and finish group – working to develop a pathway across service and agencies.</p>
2.2.2	<p><u>Special Guardianship regional work</u></p>
2.2.2.1	<p><u>Financial support</u></p> <p>The implementation of the offer for Special Guardians continues, with more progress in some local authorities than others. The SG support plan is now being used in all 5 local authorities with positive feedback from social workers, managers, CAF/CASS and the courts. The financial offer is being implemented in 4/5 of the local authorities. Wakefield have decided not to proceed with implementing the regional approach and will continue with their current offer to special guardians.</p>
2.2.2.2	<p>The new means test is agreed with final guidance being written. The regional policy to waive the means test for non-agency SGOs where the carer is in receipt of means tested benefits will need revision following policy and legal advice that the means test cannot be waived; child benefit and Child Tax Credit must be deducted unless the child was previously looked after. Local Authorities will have to complete calculations to gauge the amount of child element in Universal Credit.</p>
2.2.2.3	<p>Bradford have had several changes within their leadership team which has delayed progress on implementing the Special Guardianship Offer.</p>
2.2.2.4	<p>Calderdale have executive sign off, but the policy has not yet been written or fully implemented. Calderdale have previously had no resource to offer targeted support to special guardians. They are currently recruiting an Advanced Practitioner and a Family Intervention Worker who will sit in CTS and Early Help respectively and focus on Special Guardianship families. Discussions are ongoing about the role of Family Group Conferencing, support for contact, Staying Put, qualifying status, and meeting the needs of non-agency SG families. There is a clear action plan which Rhian is supporting with.</p>
2.2.2.5	<p>Kirklees cabinet have signed off the financial offer. Kirklees are considering offering staying put payments and qualifying status. They are also looking at housing priority and FGC interface. Kirklees now have a dedicated advisor from their personalisation team offering welfare benefits advice and managing the financial assessments. They are meeting monthly with children’s services to improve communication. A new Business Support Officer has been linked to the connected persons support to facilitate the increasing demand for Adoption Support Fund Applications. They already have contact officers to support with contact post order.</p>
2.2.2.6	<p>Leeds have been having regular working groups and implementation meetings to finalise the SGO support offer. The regional financial model</p>

	<p>has been accepted in full. In addition, prospective Special Guardians will be referred for welfare benefits advice from the Leeds personalisation team. The Family Time service will offer support with family time arrangements where this is assessed as a need. The therapeutic social work team will offer clinics for Special Guardians and therapeutic support for non-agency Special Guardianship families where this is assessed as a need. The foster carer enrichment offer will be available to Special Guardians alongside Staying Put. The final support plans will be considered at Permanence Panel.</p>
2.2.2.7	<p>The Kinship (formerly Grandparents Plus) project is progressing well with the further support provided from the ASF Covid-19 funds. There remain three project workers offering 1:1 Support to kinship carers in the region, alongside support groups and access to telephone advice. In September 2021 there were 86 open cases across West Yorkshire and project workers secured £6,774 in grants for families in the last 6 months. 47 support groups have been run in the period between 1<sup>st</sup> April and 30<sup>th</sup> September 2021 with 185 attendees. The advice line has received 71 calls and 5 families have received peer mentoring from the ‘Someone Like Me’ scheme.</p>
2.2.2.8	<p>Their regional Facebook group has over 250 very active members. This allows us to connect with many special guardians in the region and hear their views. There has been a marked increase in the number of younger carers engaging with Kinship. The emerging themes from Special Guardians this quarter have been Education, Finances and health. Special guardians were concerned about transitions in September and the lack of therapeutic understanding within schools. The summer holiday period and the new school term has been an additional pressure on many low-income families. Covid has resulted in significant delays in children receiving diagnosis or support and there has been an increase in special guardians presenting with mental health difficulties due to the prolonged Covid situation. The support groups run by Kinship have been a lifeline for Special Guardians during the last 6 months and have provided training and support:</p> <p style="text-align: center;"><i>“It’s great being able to meet other families who understand what being a kinship carer is all about.”</i></p> <p style="text-align: center;"><i>“I was overwhelmed with such caring &amp; understanding messages from our group. I’m now feeling in the mood to get out and put thing in my calendar”</i></p> <p style="text-align: center;"><i>“I feel better already knowing that there is someone I can turn to when I need it”</i></p>
2.2.2.9	<p>The regional Kinship contract expires in March 2022 and work is currently underway to extend the contract, retaining the additional support commissioned with the additional Covid 19 funds. Guiding Guardians has continued to run over the April to September period with 11 families attending 2 programs in July and August. OAWY made the group applications to the fund on behalf of the region. OAWY are working with the kinship managers in the region to find ways to</p>

<p>2.2.2.1 0</p>	<p>increase the use of the Adoption Support Fund, to provide much needed therapeutic support to special guardian families.</p> <p><i>“A child's journey pre-birth and post birth really opened my eyes to what he has been through, the losses in his life and the continued support he will need for the rest of it.</i></p> <p><i>“I could not believe how little we knew about how their neglect could affect their development. After completing this course, we feel we have really been able to relate to this and can put what we have learnt into the practice on supporting them.”</i></p> <p><i>“Really helpful, I think this should be rolled out for all SGO's early on in the assessment process to prepare them. I also think this should be mandatory training for all Social Workers that support SGO's”</i></p> <p>OAWY hosted a development day on 21st April 2021 with senior leaders and practice managers from the 5 LAs, Kinship and two special guardians. The focus was on the vision for special guardianship support across the region, reaffirming current goals and considering future priorities. There was discussion about where OAWY could add value to local services and the benefit of regional working to deliver or co-ordinate some services for special guardians such as a website/information pack, preparation, ASF applications, Family Time support etc. An options paper for considering the progression of this regional approach to developing services was discussed with the management board but was not taken forward at this time.</p>
<p>3.  3.1  3.1.1  3.1.1.1    3.1.1.2</p>	<p><b>Performance Management</b></p> <p><b><u>Practice, quality of provision and management oversight</u></b></p> <p><b><u>Recruitment and Assessment</u></b></p> <p>The first half of this year has seen the number of enquiries continue to slow, which has given us the opportunity to clear the backlog of families waiting for assessment. We now have no prospective adopters waiting for allocation and we are increasing our online marketing activity to encourage enquiries. The numbers of families entering stage 2 have stayed consistent. We have continued to use sessional workers to support capacity in the service and ensure timeliness, though more recently we are managing to allocate far more of our assessments to OAWY workers. The three additional R&amp;A workers have also increased capacity.</p> <p>There continues to be high levels of covid in the OAWY staff group and staff sickness continues to have an impact on capacity. However, despite these challenges we have still approved 58 adopters in the first half of the year, an increase on the 54 approved in the first half of 2020/21. The feedback from adopters during the pandemic regarding their experience has overall been very positive. We currently have the annual adopter</p>

survey live and will be sharing the results in Q3. Recent feedback from a Bradford IRO:

*“N and J wanted it to be noted that the support they have received from T (OAWY) and S (SW) is exceptional and that they wanted to thank them for all the support they have provided to them as adopters and to the children. It’s clear that the consistency in workers for these children, along with the day-to-day support given, has enabled N and J to feel well supported, which in turn has ensured the children are very well cared for and settled.”*

Further feedback from S and K, prospective adopters (EPP):

*“There is so much support, it has been absolutely fantastic. The professional support has helped us be more realistic”. The couple also said that they would love to “pay back” the support they have received by providing it to other prospective adopters.*

3.1.1.3

Our training offer has continued to increase and develop. In the first half of 2021/22, 49 families have attended the preparing to adopt training, 22 households have attended our Adopting Siblings training, 59 have attended our connected by adoption training, 26 have attended EPP training, 18 have attended our Experienced Adopter training, and 11 have attended our Foster Carer Adopting training. Some feedback from the Preparing to Adopt training:

*“It was thought provoking and challenged some of my pre-existing assumptions. I came away with a much greater understanding of adoption as a whole. Also, great to meet other potential adopters and have first-hand knowledge from an adoptee and an adoptive parent.”*

*“I feel like I gained a lot of insight, knowledge and confidence from the training. It was great to hear from others on the same journey and begin to build a network of friends who can relate to possible experiences I might go through.”*

*“I learned so much and have so much more to think about but know that me and my partner are on the right path and excited to carry on our journey. I also didn’t realise we would make the connection we did with other prospective adopters.”*

3.1.1.4

We have also delivered Brain Based Parenting online to many of our stage 2 adopters. We have been working on reintroducing the Birth Parent workshop and plan going to run classroom training 6x year starting in April 2022 in addition to some online training. We have commissioned Adoption UK to provide all our new adopters with access to the Adopter Passport, where they can access many resources, webinars and videos and complete modules on different areas of adoption. This is currently being rolled out.

3.1.1.5	The Stage 1 restructure has been in place for 6 months now. This has led to greater consistency in decision making and the experience of adopters in the early part of their adoption journey. Feedback from the adoption advisors has generally been positive and a recent audit of cases where households left the adoption process prior to making an application found good evidence of management oversight and a bespoke approach to meeting the needs of the enquirers; arranging interpreters, rearranging video visits to face to face, and meeting to provide information even when it was known an enquiry could not progress. This evidences a responsiveness to individual need and good customer service.
3.1.1.6	By having a strong management focus on the front end of the recruitment service, we have decreased the amount of time taken between receiving and accepting a registration of interested from an average of 6 days in the first six months of last year, to 4 days this year and the time from enquiry to initial phone call from 9 days to 7. The time taken between request to visit, and visit undertaken has reduced from 33 to 26 days. Our next step is to increase the forms embedded in the OAWY website to reduce reliance on post and email, reducing delays further.
3.1.1.7	We have received 62 Registration of interest forms in the first six months of 2021/11 compared to 89 last year. At the end of September there were 69 families in stage 1, compared to 105 last year. However last year we had families waiting for allocation in order to progress to stage 2 within this number; this is no longer an issue.
3.1.1.8	We had many households starting the process during the pandemic who weren't ready for adoption. Despite a fall in numbers coming to information events this year, we still had more households in stage 2 in September 2021 (37) than we did in September 2020 (34). Of those who do begin the process, fewer are leaving following making an enquiry. We saw 140 people leave the process in April to September 2020, and only 71 in April to September 2021.
3.1.1.9	We continue to take steps to increase the number of adopter enquiries through our marketing strategy for priority children, and through increasing the possible number of attendees at online information events, which take place twice per month.
3.1.2	<u>Panel</u>
3.1.2.1	Panel continues to run via zoom and is operating well. We are holding 8 panels per month and capacity has been less of a challenge in recent months. One of our panel chairs, Julie Archer left in August, and we have recruited two new panel chairs, Bridget Puddepha and Michaela Bass, which has increased panel chair capacity. The panel chairs provide a biannual report for the adoption agency and this feedback is discussed with the local authority adoption leads and decision makers regularly. Lois Highton continues in her role as panel advisor and the consistency and scrutiny she provides has contributed to the smooth running of our panels. The business support teams are central to the effective running



3.1.2.2	<p>of panels and the feedback regarding the quality of the organisation of these and minutes are very positive.</p> <p>We initially provided all our panel members with tablets that they could use to access panel and panel paperwork. This has had varying success with many panel members finding themselves locked out of their devices. We are currently trialling use of an alternative so that panel members can access the panel paperwork using SharePoint on their own personal devices. We hope this will allow us to recruit panel members from around the country and help us to increase the diversity of our panel members.</p>
3.1.3	<p><u>Advertising and marketing</u></p>
3.1.3.1	<p>Over the next six months our adopter recruitment marketing campaigns will focus on refreshing awareness of the One Adoption brand as well as specific campaigns to help recruit more adopters for sibling groups, children of Black and mixed-Black heritage and older children. We will continue to promote our information events and adoption support offer and share myth-busting messaging. Social and digital channels will be the key platforms used to share our information. We will utilise our social media channels more strategically to help increase our organic following and reduce advertising spend.</p>
3.1.3.2	<p>Developments continue on the One Adoption website, with more information on the public site for those affected by adoption, and increased content and accessibility for existing adopters and those going through the process, on the members' area.</p>
3.1.4	<p><u>Family Finding</u></p>
3.1.4.1	<p>With 95 children being placed for adoption during the first half of the year the family finding teams have worked creatively to undertake family finding and achieve matches for children, the increase in the number of children being placed for adoption on the previous 6 months is reflective of this work.</p>
3.1.4.2	<p>There have been additional pressures on all the teams in family finding, the complexities of transitions during the pandemic have remained challenging, this has meant an increase in the work required to ensure effective planning to ensure transitions can be undertaken safely as well as a higher level of support needed for both adopters and foster carers. The University of East Anglia Moving to Adoption model has been utilised where possible to support transitions and has particularly supported the getting to know you phased of introductions.</p>
3.1.4.3	<p>There has been an increase in the number of children placed within the West Yorkshire region during 2021/22, which has increased from 64.7% (during 2020/21) of children placed to 75% of children.</p>

3.1.4.4	<p>This is due to an increase in the availability of in-house families and the fact that OAWY commissioned the Voluntary Adoption Alliance within the region to provide families more locally for priority children. This contract commenced at the end of May 2020 with the aim of 30 families being provided within an 80-mile radius, 6 children were placed by the end of September with a further 19 placements identified and waiting matching panel. A project lead has worked with OAWY to enhance the knowledge regarding the needs of children requiring external placements through the contract. The established external linking meetings continue, where children are profiled to partner agencies under the contract and work continues to ensure placements are utilised and working relationships continue to be developed.</p>
3.1.4.5	<p>Feedback from families has been positive regarding the work of the family finders:</p> <p><i>“We first dealt with Z when we submitted our interest in H and M and from this moment we felt that Z had the children’s best interest at heart and kept us updated even when things were out of his control and escalated the process when necessary……we are definitely thankful for Z and all the support and understanding he gave us.”</i></p> <p>Workers from the local authorities have also benefitted from the support of the family finders and OAWY:</p> <p><i>“She (LA Team Manager) works predominantly with children where there is likely to be a plan of adoption, and she said in the last 6-12 months there have been several children engaging in direct sibling contact as part of their plan for adoption. She also commented how positive this had been. She sees far more willingness from adopters to engage in sibling contact when they are at panel, and again I think this is due to the amazing work around the voice of birth family that OAWY have been supporting in the early stages of the process.”</i></p>
3.1.4.6	<p>Profiling events have continued to be delivered virtually during the first half of the year with four events taking place, during the first half of the year we have changed the format of events, moving from ‘live’ Skype events to pre-recorded weekend events where adopters can log in and view children’s profiles in a longer timeframe. This change was made following feedback from adopters regarding the online profiling events. The events have engaged adopters nationally with a particular focus on engaging both OAWY adopters and adopters approved and in stage 2 of the assessment process with the local voluntary adoption agencies. These events take a great deal of organisation, and the business support staff are key in ensuring the booking system works well and that the technology is working well to manage such big events. Four events look place in the first six months of the year, with one of these being</p>

	<p>specifically focused on profiling children part of a sibling group. 69 children have been profiled at the events, including 25 sets of siblings (2 children in sibling group), 269 adoptive families have attended the events, with 30 children receiving expressions of interest. 2 children have subsequently matched with adopters, with 2 now being placed for adoption and 2 children have been linked with matching panel planned. Following the last event in September, 3 expressions of interest continue to be explored.</p>
3.1.4.7	<p>OAWY is utilising Link Maker to profile children to OAWY approved families as well as being able to use the system to profile children to a wider reach of adopters, including targeted profiling to adopters through the contract with the Voluntary Adoption Alliance and nationally where needed. Internal linking meetings continue to be practitioner led with both family finding and adoption social workers profiling the children and families they are family finding for, this change continues to be under review to ensure we can achieve timely matches for children. We are planning to include the profiling of targeted adopters from voluntary adoption agencies who are part of the Interagency Adoption Placement Service contract, this is in the planning stages and due for implementation in November. Alongside utilising Link Maker, networks between teams and profiling events we have several family finding methodologies to support children being matched with adoptive families.</p>
3.1.5	<p><u><i>Adoption Support</i></u></p>
3.1.5.1	<p>The teams have continued to work from home with most contacts with families or other professionals still being carried out virtually. However, some face-to-face visits have started to be undertaken – primarily when a case is newly allocated to a worker, or where it is considered that a face-to-face visit would be of benefit. All these contacts are risk assessed by the worker and their manager to ensure the worker and family will be as safe as possible.</p>
3.1.5.2	<p>Going forward we have identified a more hybrid approach to the work – where there are specific ‘touch’ points that would benefit a face-to-face visit and other activities where the work can be carried out satisfactorily via virtual means, in recognition of the merits of both approaches. Some feedback from adopters about the work undertaken by OAWY staff in the last 6 months include:</p> <ul style="list-style-type: none"> <li>• <i>We adopted our daughter H x years ago and have had our ups and downs to say the least! C started working with us 6 years ago and has turned our life (and H's) completely round. She has never once let us down, if she says she is going to do something, she</i></li> </ul>

	<p><i>does it. She rings H regularly and always with a smile. She has never complained when we have rung her.</i></p> <ul style="list-style-type: none"> <li>• <i>Just wanted to make you aware, what an amazing job G has done for me and my family, he was always on the end of the phone or txt to listen and support, he always responded as quickly as possible and made it very easy for me to open up to and be honest, we as a family have come such along with his support, he was amazing with J and always made him feel special, it just felt to me like he got me and J which as a parent of a child that's different feels amazing. With his support I feel both me and my family now feel we are much better equipped to handle/ parent J.</i></li> <li>• <i>I can't praise B enough. I think everyone who works with adopted children deserve a medal, but B goes above and beyond all expectations. She is the kindest, most understanding person.</i></li> <li>• <i>The webinar last week was flipping amazing.</i></li> <li>• <i>The facilitation (of the group) was very skilful. I've been to a few online groups and then dropped out or rarely attend. Often the questions are strained and artificial, or they are more like training events. Your colleagues made it easy to talk. They also shared relevant experiences of parenting and clients' experiences. It helped me that it was a small group, with no particularly dominant people taking over.</i></li> </ul>
3.1.5.3	<p>We have continued to make full use of the Adoption Support Fund to commission therapeutic work for families, children and young people. Increasingly more of the therapy appointments are taking place face to face as it is recognised this model works the best for the most part. So far this year we have had 532 applications to the fund approved resulting in over £1.7m being awarded. Of this £41,570 was generated income where we had provided services in-house and were able to charge for these from the ASF.</p>
3.1.5.4	<p>Following a year when most of our groups and training offer was suspended due to Covid, we have been able to tentatively start delivering more over the last 6 months. Stay and Play groups across the region have been running outdoors and at time of writing have just started to move back inside a physical building in each of the LA areas. The Bradford 'Tweens' group managed to move online during the pandemic, and we are now focussing attempts to get some tweens provision set up in the other areas, using the expertise of sessional Youth Workers.</p>
3.1.5.5	<p>The general adopter support group ('Adopter Chat') has remained online, and we have no plans to return to a 'physical' group. We have successfully launched our 'Dads' group – again online – for any dads or stepdads who are part of an adoptive family; initial take up of this group has been slow, but the dads have reportedly welcomed a space to share their feelings about adoption. The single adopters' group has had both</p>

	<p>an online and physical presence – with a couple of opportunities to meet up with children over the summer; it is apparent in this instance that the physical group has more attraction for parents than the online group, perhaps because children can also be involved. We are planning to launch our 4<sup>th</sup> adopter support group – for adopters who have adopted either trans-racially or trans-culturally – in the new year after a period of consultation and planning; this group will also run online.</p>
3.1.5.6	<p>We have been able to continue to offer a programme of evening workshops for families on topics ranging from: Brain Based Parenting, Education workshops in relation to transitions to a new school and SEND, and have new workshops planned for Autumn around life story, contact and identity.</p>
3.1.5.7	<p>We have successfully run our ‘NVR’ (Non-Violent Resistance) training course online in spring/early summer and although not as positive as running it face to face, it is felt this was a good enough alternative for parents and we will hold it in mind for any future need. ‘Foundations for Attachment’ has remained ‘parked’ as a group training until it can be delivered face to face, however workers have developed a model that has been successfully delivered individually with families. ‘Talking Teens’ has also been delivered successfully online but we feel has probably met the level of need from families at the moment, so plans are to ‘park’ this and explore other areas to develop with the trainer. The ‘Therapeutic Playgroup’ is currently running face to face (utilising group Theraplay techniques with families) inside a venue and the ‘US’ group has plans to run again later in the year (looking at sensory integration exercises that all parents can utilise for the benefit of all children in a group setting). Most of the above, can be funded via the ASF meaning we can accrue some income from them.</p>
3.1.5.8	<p>One of the positives in running groups and training online means that our support offer has a reach much wider than just those parents with the means to travel to a venue in West Yorkshire. This is positive for those families who have adopted children from West Yorkshire, but who live elsewhere in the country.</p>
3.1.5.9	<p>Access to records work is still impacted by Covid with our ability to access records held by a couple of the LAs a challenge. However, we have been able to successfully deal with requests where records are held by the LAs where we can gain access to records. We continue to have a dedicated Business Support officer to deal with these requests, who has received the following feedback from a partner agency:</p> <p>... (name of manager in partner agency) <i>mentioned to me how amazing the work is that you do around accessing files – they commented that out</i></p>

*of all the RAAs and LAs they have a contract to work with (which will be pretty much the whole north of England at least, I should imagine) – you are the best person to deal with.*

3.1.5.1  
0 In the first half of this year, we received 188 requests for access to records – averaging just over 30 requests per month. Requests are mostly received from adopted adults, birth family members, adoption support agencies, social workers and police.

### 3.2 **Audits**

#### 3.2.1 **Compliance Audits**

3.2.1.1 Compliance audits were introduced in Q2. Compliance audits are system generated reports that identify missing and/ or incorrectly entered data. There are 17 compliance audits in total and each of them is run monthly. Anomalies identified are forwarded to the worker and/ or team manager for investigation with the performance team working with teams to reduce the number of anomalies via training as well as working to reduce the timescale to resolve them.

3.2.1.2 Here are the results of the Q2 Compliance Audits:

<b>CHILDRENS RECORDS</b>				
<b>Month of issue</b>	<b>No. anomalies</b>	<b>Total Resolved</b>	<b>% resolved in same month</b>	<b>No. outstanding 12/10/21</b>
Jul-21	259	205	79%	44
Aug-21	127	79	62%	48
Sep-21	127	65	51%	62

<b>ADOPTERS RECORDS</b>				
<b>Month of issue</b>	<b>No. anomalies</b>	<b>Total Resolved</b>	<b>% resolved in same month</b>	<b>No. outstanding 12/10/21</b>
Jul-21	126	87	69%	9
Aug-21	48	8	17%	40
Sep-21	68	29	43%	40

ADOPTION SUPPORT RECORDS				
Month of issue	No. anomalies	Total Resolved	% resolved	No. outstanding 12/10/21
Jul-21	93	14	15%	79
Aug-21	94	9	10%	85
Sep-21	110	15	14%	95

3.2.1.3 Typically, the number of anomalies has fallen since the reports were first introduced in July. Work will continue to reduce these numbers and the time taken to resolve them.

3.2.2 Service and team manager audits

3.2.2.1 A total of 16 audits undertaken by service or team managers were completed in the first 6 months of the year. Of these:

- 1 (6.25%) – Excellent.
- 8 (50%) – Good.
- 6 (37.5%) – Satisfactory.
- 1 (6.25%) – Requires improvement.

3.2.2.2 The nature of these audits is being reviewed and we are looking to introduce interactive and thematic audits in Q4.

3.2.3 Joint Audits with LA

3.2.3.1 A total of 3 joint audits between a OAWY service manager and LA representative were completed in the first 6 months of the year. Of these:

- 2 (66.66%) – Good.
- 1 (33.33%) – Satisfactory.

3.2.3.2 The 3 audits above were all completed with Wakefield. OAWY aim to complete 10 joint audits with each LA per annum.

4. **Continuous Professional Development and Service Development**

4.1 **Feedback**

4.1.1 **Voice and Influence**

4.1.1.1 Please see Appendix A.

4.1.2 **Annual staff survey results**

4.1.2.1 The annual OAWY staff survey ran during August and September with 45.58% (74) of staff completing it. The results of 7 of the 12 questions we

	<p>ask each staff each year have improved. The questions with the most significant levels of improvement are:</p> <ul style="list-style-type: none"> <li>• <i>I feel I am able to work restoratively with families</i>, up 9.05% to 77.10%</li> <li>• <i>I feel I am able to work restoratively with colleagues</i>, up 4.31% to 93.20%</li> <li>• <i>I can make the best use of my time and resources</i>, up 4.61% to 86.3%</li> </ul>
4.1.2.2	<p>The results of 5 of the 12 questions we ask each staff each year show a less favourable result. The questions with the most significant levels of reduction are:</p> <ul style="list-style-type: none"> <li>• <i>I feel I have access to high quality training and development</i>, down 4.42% to 56.7%</li> <li>• <i>I feel that I can make a difference to children’s lives</i>, down 9.26% to 83.8%</li> </ul> <p>When asked ‘what do we do well?’ the top theme from the responses was – Support children and families.</p> <p>When asked ‘what could we improve on?’ the top theme from the responses was – Relevant/ specific training &amp; career development.</p>
4.1.2.3	<p>In terms of action relating to the constructive points raised:</p> <ul style="list-style-type: none"> <li>• High quality training and development - see 4.10.</li> <li>• I feel I can make a difference to children lives - The comments from these responses are being analysed and we plan to discuss at the OAWY all-managers meeting.</li> </ul>
4.2	<p><b><u>Staff skills development</u></b></p>
4.2.1	<p>A skills gap analysis for social work staff was developed focusing on the training needs of the organisation and what training could realistically be delivered. This was completed with all with all social work staff in August. In some of the training areas demand was greater than what was available, so places were allocated based upon priority. The following training is now scheduled in:</p> <p><u>Training delivered externally</u></p> <ul style="list-style-type: none"> <li>• Theraplay Level 1 – 24 staff, January.</li> <li>• Theraplay Group Work – 12 staff, February.</li> <li>• Theraplay Level 2 – 12 staff, March.</li> <li>• DDP Level 1 – 48 staff, May and July.</li> <li>• DDP Level 2 – 24 staff, November 2022.</li> </ul>



Training delivered via the Multidisciplinary Team

- Assessment Framework (online) – 64 staff, January
- Life scripts and guides recall – 88 staff, date TBC in the new year
- Outcomes measures – 71 staff, date TBC in the new year.
- Home inventory – 71 staff, ongoing.

Training via PAL

- There is a range of restorative practice training session that staff will book onto via PAL as well as training specifically for team managers.





## Voice and Influence of Adopters, Children & Young People report Card April 2021 to September 2021

**Outcome:** Children and adoptive families to have an influence over decisions affecting their families' lives and the services we provide.

# Best ideas - what has worked?

### Foundation for Attachment

training has been run as a 1:1 programme while restrictions have been in place. The comments from those that have attended have been positive:



- *I enjoyed it and I found it very useful.*
- *What did you take away from this module? Awareness of different types of attachment and that most don't fit into neat boxes with the types.*
- *Daughter is now having more conversations generally with parents and adults so there will be more opportunity for trying out the PACE approach.*
- *The theories really made sense in the context of daughters difficulties.*



### **Online Profiling Events -**

OAWY have held 4 profiling events between April and September – 1 via Skype and 3 weekend virtual profiling events. One of these events was a sibling specific event.

- 69 children in total have been profiled, 50 of those children are part of a sibling group and 19 individual children.
- There have been 30 expressions of interest.
- There have been 2 linking meetings (both for sibling groups of 2).
- 1 set of siblings (group of 2) have been matched and now placed for adoption.
- 1 matched set of siblings (group of 2) is going to panel in November.
- There are 3 links still being explored from the profiling event in September.
- We've seen 269 families register for the events, 43 of these have been OAWY families and 226 external families.

Here are some comments from those who attended the events:

- *The videos were very informative & was nice to see videos of the children playing too.*
- *The accessibility of this event, being able to hear information and revisit at your own pace was a huge positive*
- *it was very helpful to have more information about children compared to their Link Maker profile, without having to travel.*
- *It's great that I can attend at any time over the weekend so I can fit it into my schedule and look at the profiles at my leisure.*

## Involvement in National Adoption Week

– Adopteens were approached by the steering board and One Adoption to produce a conference that was led and delivered by those with lived experience of adoption. Adoptees were involved in this and produced this film which was shared at the conference which was about the Adoptee experience:

<https://youtu.be/BsPGJ95B3LE>



**Activity Days** – Adopteens delivered an online activity day in July – Toolbox of comfort, where they asked members to find and photograph items that either had meaning, were linked to positive memories, or could be sensory comfort to them. The idea was that they could then save the photographs and have a visual toolbox of items in their own home that they could turn to and use after a difficult day, or if feeling triggered. At face-to-face activity day at York Theater Royal 18 members attended. Members took part in a drama workshop and then they were taken on a tour round the theater. It was a brilliant event, and the feedback has been excellent with young people thoroughly enjoying being able to be face to face again.

### Feedback from young people:

- *'I made a really funny new friend who enjoys a lot of the same things as me and who made me feel so much more confident than I normally would'*
- *'After going to the activity group, I joined my local choir because I felt like I was brave enough to do something I loved without having to have someone I knew there'*

### Feedback from parents

- *'L came out really happy, having spoken to at least two other young people she didn't know previously. L is registered blind and fairly introverted and, as a consequence, they struggle with friendships and social skills. She is talented at drama but she never gets the chance to shine.'*
- *'She came home with a big smile on her face. She was full of confidence that day.'*



## Feedback received from services delivered by the OAWY Multidisciplinary Team (MDT)

### MDT Therapy - Family Talks:

*Family talks have offered us a safe space to be open and share our hopes and fears about the future for H. In fact starting out from a place of despair, the talks have somehow stabilised our family system as we are a blended family, and we now sit on the edge of hope. Without the support ... the family talks and the scaffolding from adoption support I am not sure how we would have moved forwards. S was stuck, I couldn't pull her out of the mud, L was stuck and it felt like I was wading through treacle. We have somehow created a stronger system that appears to help H remain stable. He has a whole host of mountains to climb yet. His trio of mums ... we are halfway up the mountain clinging onto the ropes, arguing about who needs to hold what and who needs to let go, scrabbling around for salvation and sanity and hoping that the clips (xxx) will hold out to get us a bit closer to the top."*  
Mum C



### Feedback from school - after OAWY attachment & trauma training

*.... personally, I found it helpful, and it made me think carefully about my practice in school and my own parenting! I found that what you were describing not only rang true for our adopted children, but also children whose primary care giver passed away when they were a young age. (Schools staff member).*

**Best ideas - what next?**



**Annual Adopter Survey** – OAWY’s annual adopter survey has recently been sent to all the adopters on our mailing list. The results will be analysed with actions fed into our service improvement plans.



### **Transracial adopters support group**

– we are looking to introduce a support group for transracial adopters this year. A working group has been established and we are working to identify families who may be interested.

### **National Profiling Event**

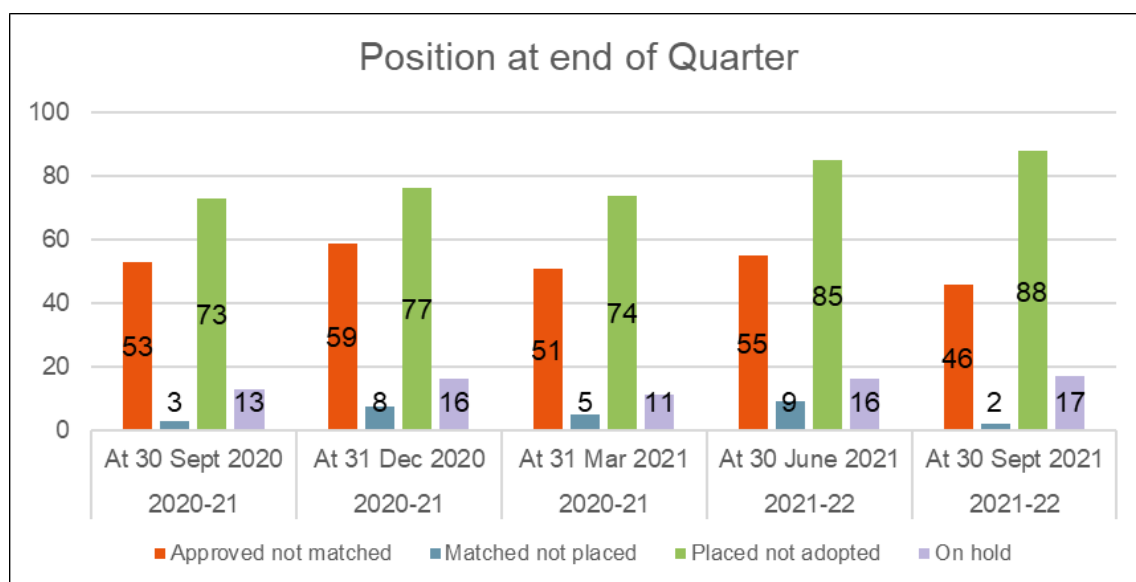
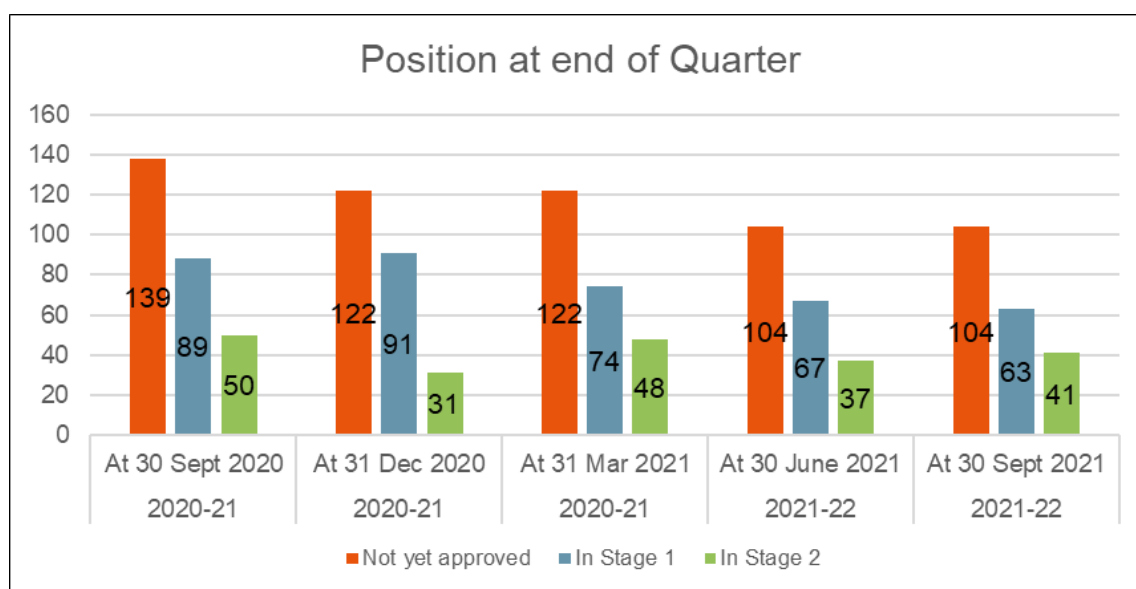
OAWY is hosting a national online Family Finding event. Regional adoption agencies across England will be profiling children of Black African/Caribbean heritage and mixed Black African/Caribbean heritage. This event will be an opportunity to view information about a range of children who they are actively family finding for.





**Highlight Report on performance as at 30<sup>th</sup> September 2021 – last 5 quarters**

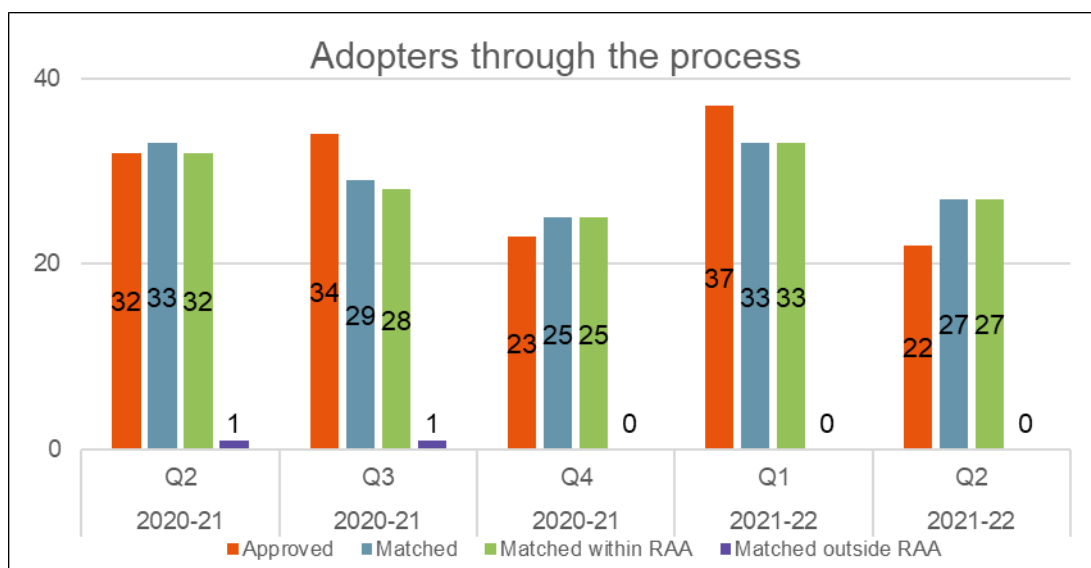
**a) Sufficiency:** Are enough of the right kind of adopters being recruited and approved to meet the needs of the children waiting?



## Adopters

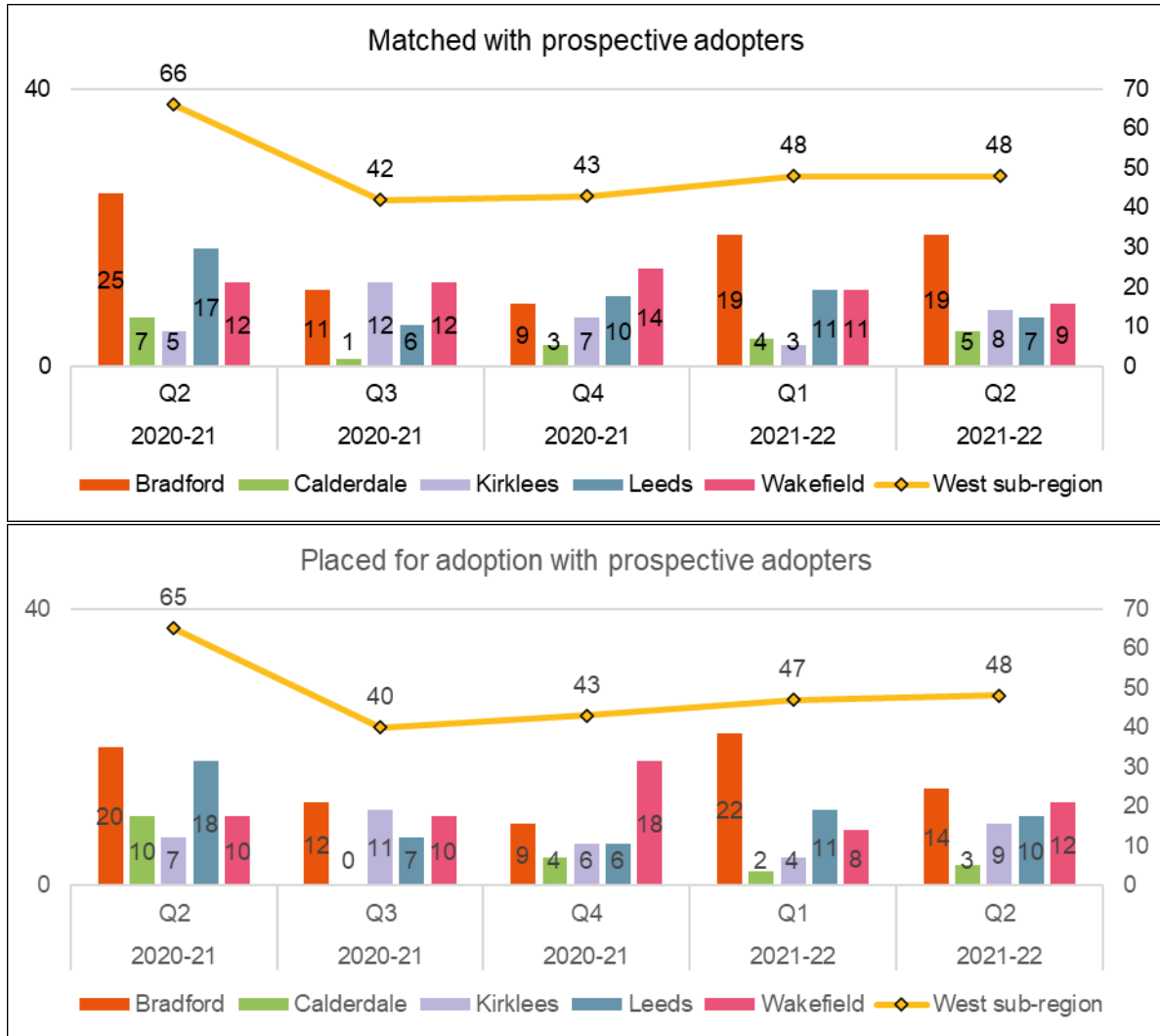
In the first 6 months of 2021/22:

- 71 adoptive families ended Stage 1 in the first 6 months of 2021/22 of which 47 were in Stage 1 for more than 2 months;
- 59 adoptive families were approved of which 12 were in Stage 2 for more than 4 months;
- 60 adoptive families have been matched with children, all of which were children from the West Yorkshire region.



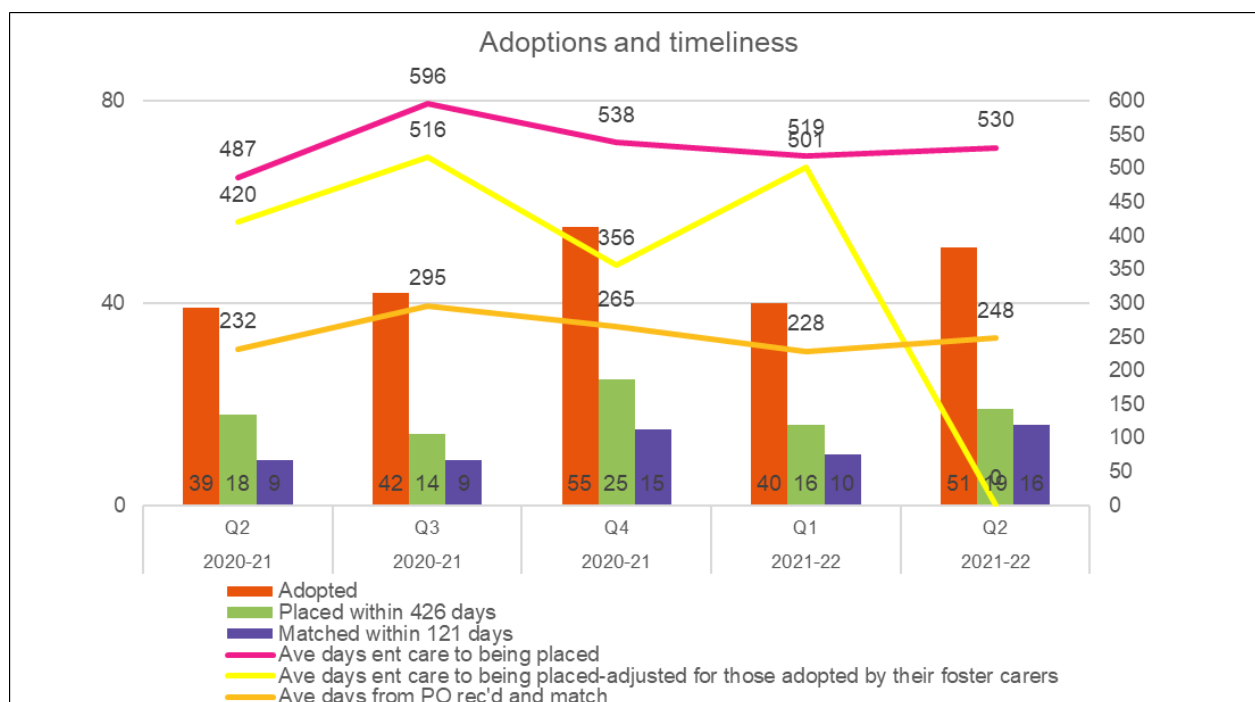
Within the 59 households, 108 individuals were approved throughout. Of these, 13 (12%) are from Black and Minority Ethnic (BME) backgrounds. 18 households were approved for sibling groups and 14 households were open to an Early Permanence Placements.

**b) Timeliness:** Are children being matched and placed without delay including those children who wait longer?



It is clear from these graphs that the numbers of children being matched and placed has remained constant. The 48 children matched in quarter 2 includes 24 children who wait longer due to their needs (e.g. over the age of 5 years; sibling groups, BME & children with disabilities).

## Highlight Performance Report

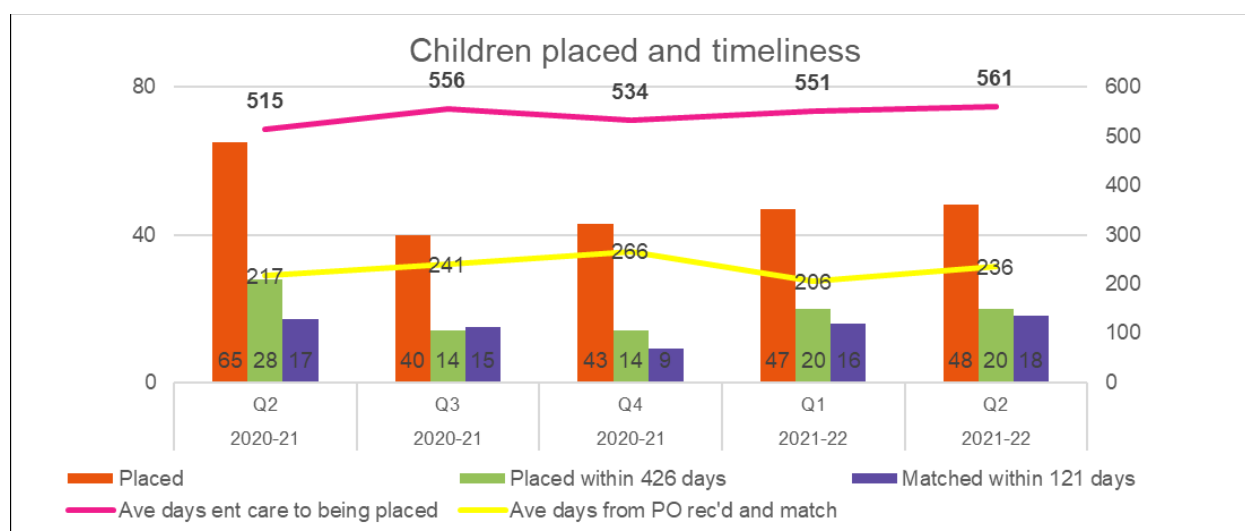


The graph immediately above is with regard to children adopted in the period. The A1 scorecard indicator of children adopted is above national indicator of 426 days as at the end of September 2021.

The A2 scorecard indicator is still above national indicator in quarter 2. Of the 51 children adopted in quarter 2, 35 of these were classed as children who wait longer to match, this affects the overall average timeliness.

**A1 indicator of the children placed:** (see table below)

This shows a slight decrease in timeliness. However, of the 48 children placed in Q2, 22 children had more than 500 days between entering care and being placed making the average 561 days, without these 22 children it brings the average down to 333 days, well within the 426 day timescale.



Case examples of all the children placed in Q2:-

21 were children who wait longer (e.g. classed by the DfE as harder to place children):

- 3 were aged 5+ years;
- 17 were part of a sibling group;
- 6 were Black and minority ethnic (BME).

**A2 indicator of the children placed:**

30 of the 48 children took more than 121 days from Placement Order to match.

At the end of September 2021, 60 children who have been waiting for at least 18 months since entering care and are not placed.

Of these 60 children, 44 entered care prior to 2020– this is apparent across all LA’s; 6 of these 44 children have subsequently been matched.

42 of the 60 are classed as “hard to place” children (5+years old, sibling group, disability, BME), of which 19 have more than one of these characteristics. 18 of the 60 children are however not classed as hard to place so further exploration of these 18, to understand the issues, is underway.

**One Adoption West Yorkshire – Multidisciplinary Team  
Quarterly Report – Quarter 2 - 1st July 2021 - 30 September 2021**

**Date: 14<sup>th</sup> October 2021**

**1. Purpose of this report**

This report sets out the work and developments within OAWY Multidisciplinary team during the second quarter of the financial year of 2021-22, 1st July 2021 and 30 September 2021.

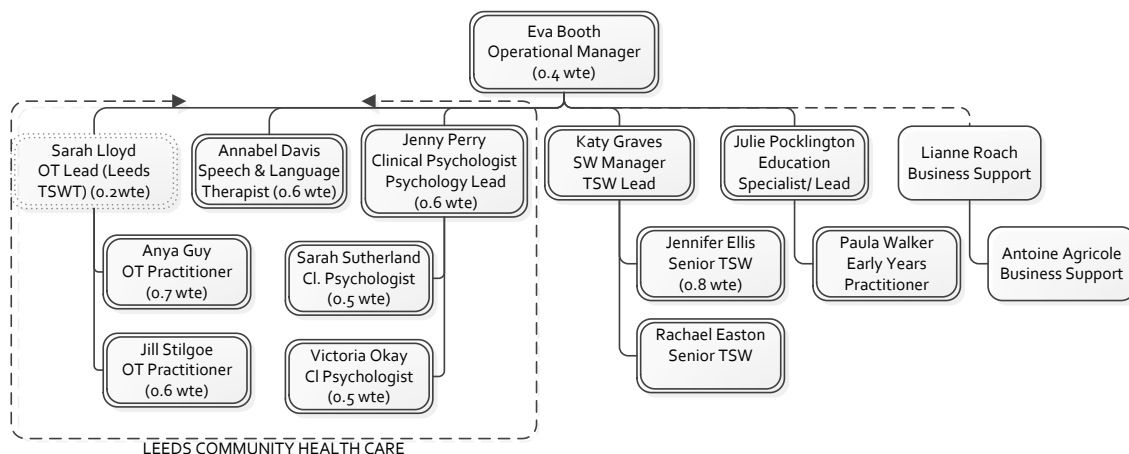
**2. Main issues**

**2.1. Use of Resources**

**2.1.1. Staffing & HR**

The recruitment of the health posts was completed in early July when Victoria O’Key joined the team. Following the departure of Kim Webb to pursue career outside OAWY and Shelagh Ethell, who retired end of August 2021, new people were successfully recruited to the open positions: Jennifer Ellis will move from OAWY Adoption Support team to the Senior Therapeutic SW role in November, working 4 days / week. Katy Graves has accepted the TSW Team Manager role and will join the team in a full time role in January 2022.

Eva Booth, the Operational Manager of the team, accepted a secondment to work in a project manager role supporting Sarah Johal in her new role as a National Adoption Strategic Lead. Eva will gradually reduce her involvement in the MDT to 2 days / week starting in September 2021.



## **2.2. Budget**

Due to the late start of some of the team members and open vacancies, savings have been made, which will be used to cover a known funding gap in the FY 2023-24 budget.

## **2.3. Partnership working**

### ***2.3.1. West Yorkshire CAMHS Providers***

The team has continued to explore future joint care pathways with a number of health providers across the WY region. Constructive discussions are on-going with Bradford, Kirklees, and Leeds. We have agreed to trial a partnership model to complete autism assessments with Leeds Child Development Team for a child on their waiting list, which will allow to evaluate the success of the approach in terms of time involvement, outcome of the assessment, satisfaction of stakeholders in this process.

### ***2.3.2. West Yorkshire and Harrogate Health and Care Partnership***

Members of the MDT team are participants in the West Yorkshire and Harrogate Health and Care Partnership's Adversity, Trauma and Resilience Steering Group. This is an initiative with the broad remit of developing and improving services for people who have experienced trauma because of early adversity.

The members of the MDT have been participating in the work of West Yorkshire FASD task and finish group – working to develop a pathway across service and agencies. The group is in the early stages and have yet to define the full scope of their work. MDT have expressed a willingness to participate in the development of FASD aware practices in the region, for example by piloting any emerging approaches.

### ***2.3.3. National Network of Adoption Multidisciplinary Teams***

The team has continued to meet with other adoption multidisciplinary teams in England, with Birmingham Children's Trust and Adoption Counts in Salford and Manchester and with Ealing, London to share expertise to optimise the service provided by the MDT.

### ***2.3.4. Virtual Schools in West Yorkshire***

The Education Consultant has continued to work in close partnership with the Virtual Schools across the West Yorkshire area. The Terms of Reference have been updated and the focus for the future work will be on how we can help all schools within the region to become attachment and trauma informed and use the training they have received to support the children and young to have a better experience of school. A shared understanding has been developed between OAWY and the Virtual Schools about children, whose plan is for adoption, and them starting nursery school

The Education helpline continues to be well used, especially by adoptive parents, providing support and advice. The helpline is available for social worker and school and nursery staff across the region. The helpline enables the education consultant to identify on-going themes or arising issues and provide direct support and make appropriate training and workshops to families and staff.

The intelligence gathered from the helpline calls is also used to shape the One Adoption web site.

The team continues to raise awareness of attachment and trauma in education. Specially tailored training and workshops to school and nursery staff across West Yorkshire is provided in partnership with the OAWY adoption support teams.



### **2.3.5. Working with local authorities**

The team has been working in conjunction with the adoption and local authority children's social work teams on individual cases and the sibling assessment work. Further discussions will take place over the next year with the operational leads across the region regarding the added value that this team can provide working with children's social workers.

### **2.3.6. Working with Adopters**

The MDT Education and Early Years team have received more request to provide school and nursery training from parents, who are keen for their child's school or nurseries to have a better understanding of trauma and attachment. The parents seem to have more awareness of the Education Advice Line and we are seeing parents using the line more than once.

We continue to work together with the Peer Mentors to further support the adopted families in the region.

The Education and Early years team continued to develop the Child's Pace-programme. The feedback from adopters played a key role in the pilot and development of the programme.

The team have continued to develop and deliver training for parents, mostly on-line. This quarter seventeen families attended the "Choosing a school" workshop and several others have requested a copy of the presentation after the training. The feedback from families has been very positive.

Child Development information and self-learn training modules are being developed and will be published in the OAWY web site imminently. The team is also offering parents on-line 'Drop In' session to answer any questions parents may have after completing the modules.

## **3. Service Performance / Output**

### **3.1. Assessments**

#### **3.1.1. Sibling Assessments**

The team has continued working with OAWY Family Finding team to implement Coram Baaf's new, more robust framework for sibling assessments. The MDT has provided consultation support to the Family Finder's and the Local Authority children's Social Worker with an aim to deepen the knowledge of the new sibling assessment framework and support to employ the use of unfamiliar assessment tools. The MDT has provided specialist knowledge of child development and the impact of early adversity to support the analysis of the assessment information to create a picture of each child's presentation, their needs and likely outcomes. The SW teams and MDT worked together to develop a suitable proposal for support within a prospective placement.

#### **3.1.2. Cognitive Assessments**

The MDT Clinical Psychology team have continued to complete cognitive assessments. This quarter 4 children's assessment were completed, with further referrals being received at a steady rate. The team holds an initial consultation with the parent discussing the likely benefits and appropriateness of the assessment before proceeding with the assessment. All assessments are accompanied with a full report, which are shared as needed.

The availability of clinical space is continuing to cause problems, as the team is no-longer able to use the Leeds CAMHS clinical room in Bramley due to increased activity by the CAMHS. In Leeds the opening of Kernel House will provide access to suitable rooms, but access to clinical space in the other locations remain an issue. In the longer-term accommodation is required across the region to improve access for all families.

### **3.1.3. *Speech and Language Assessments***

The MDT Speech and Language Therapist, Annabel Davis, joined the team in June. Annabel moved to MDT from Leeds Therapeutic SW team and was very familiar with the needs of looked after and previously looked after children. For this reason, Annabel was able to start direct work with the children immediately. During this reporting period support was provided to 19 children. The work consisted of assessments in clinics or at school, consultations to professionals or parents, home visits and through multidisciplinary work.

Annabel Davis, the Speech and Language Therapist, was featured in the social media feed of Royal College of Speech and Language Therapists explaining her innovative role as a SLT in the OAWY MDT. The post attracted interest and positive feedback. The link was shared adopted families and public in the OAWY Twitter feed.

[https://www.instagram.com/p/CS9mcZUDtwd/?utm\\_medium=copy\\_link](https://www.instagram.com/p/CS9mcZUDtwd/?utm_medium=copy_link)

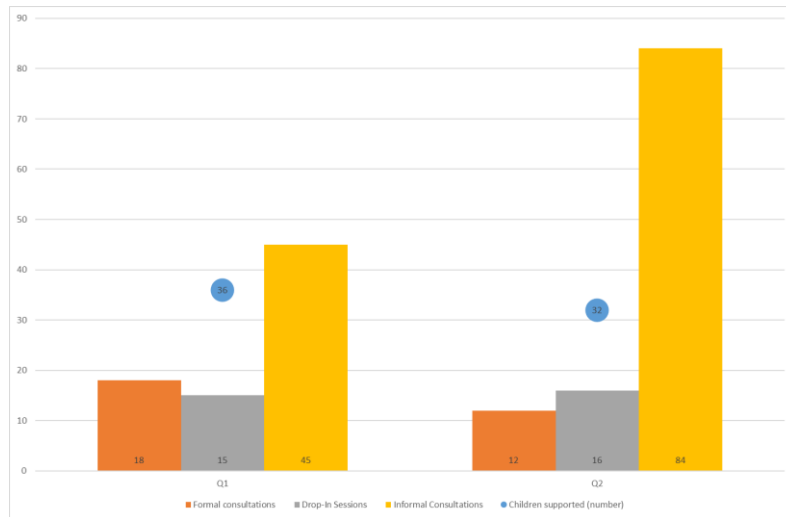
### **3.1.4. *Integrated Multidisciplinary Assessments***

The team has continued to develop a tailored MDT assessment to complement individual assessment (e.g., SLT, BUSS). We are using the skill set within the team to carry out integrated assessments depending on need of the child. For example combining psychological and SLT child development assessments to inform adoption planning; integrating developmental assessments for a child with a historic medical diagnosis of FASD, which included SLT, cognitive and occupational therapy assessment; providing formulation based assessment for a child with unclear presentation; making sense of impact of early history/ possible underlying language and communication difficulties carried out by Early Years practitioner, psychologist and speech and language therapist to inform adoption support plan.

## **3.2. Support**

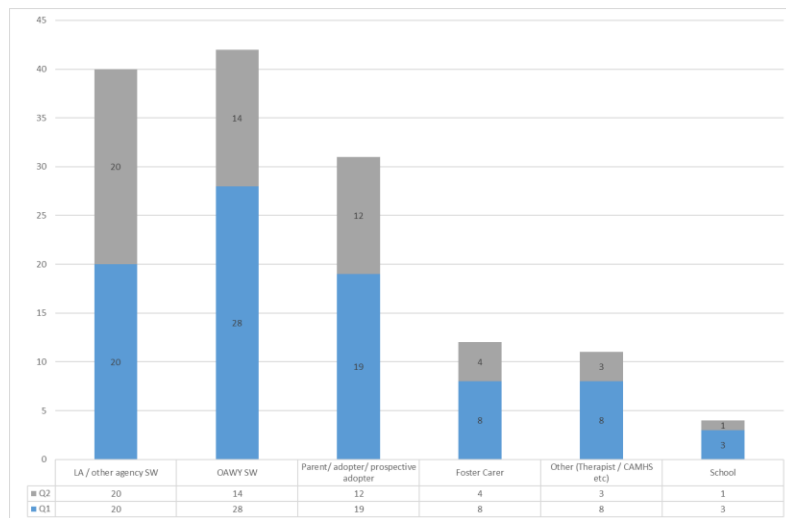
### **3.2.1. *Consultations***

Multi-disciplinary consultations, both formal and informal, which are offered to staff at OAWY, local authority and education settings and families, continued without disruption using video conferencing platforms. The on-line format, in most cases, proved to work even better than face to face sessions as people did not need to travel to take part.



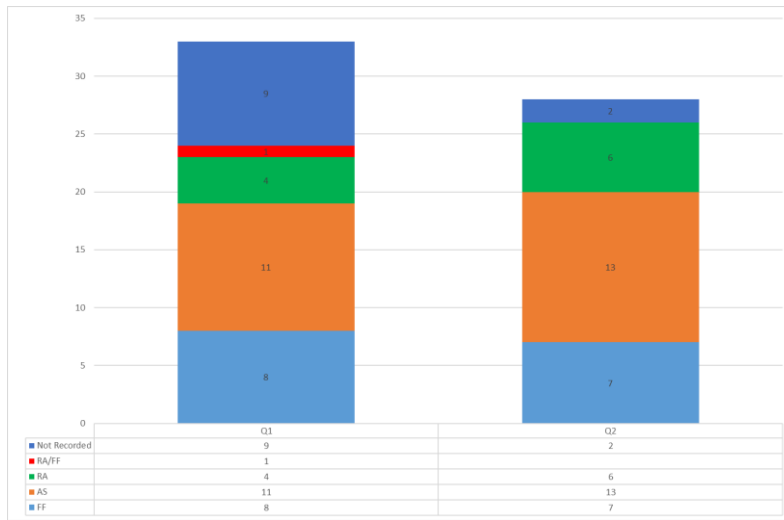
MDT Overview of Output

During the reporting period in total 12 formal consultation and 16 drop-in sessions were used. Formal consultations last up to 90 minutes and the case holding social worker providers written information about the case prior to the meeting and the member of the MDT familiarise with the details in advance. The drop-in sessions are shorter, more informal sessions and do not require advance preparation from the members of MDT. During the consultations 32 children's cases were discussed, some cases were brought to consultations more than once. In total 54 people (not MDT members) attended formal consultation sessions, including 12 adoptive parents (prospective or current) and 4 foster carers.



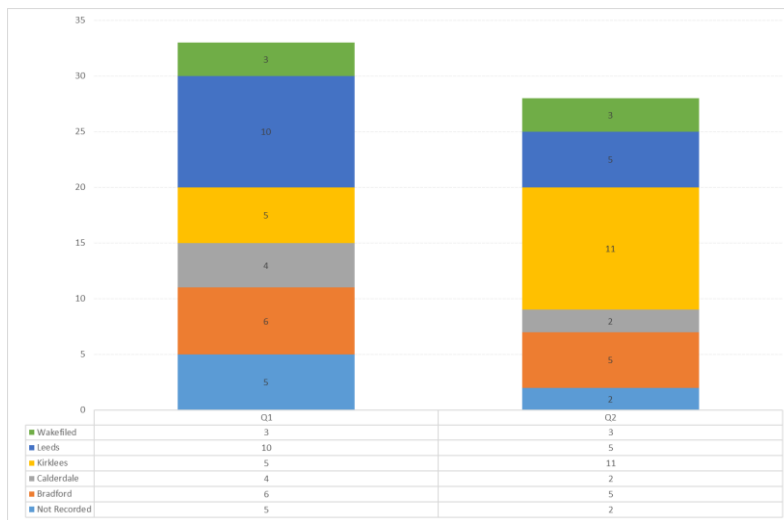
Formal Consultations Participants

This quarter the consultations (formal and drop-in) have been used especially by adoption support social workers, and the family finding team during the early stages of matching process. 46% (13) of the sessions were requested by an Adoption Support team social worker. The family finding teams initiated 25% (7) and Recruitment and Assessment teams 21% (6) of the consultations.



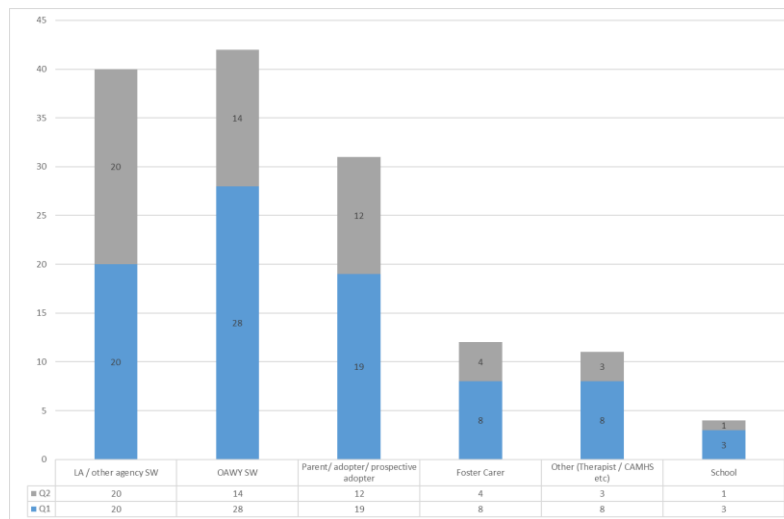
*Formal Consultations by the requesting Social Worker*

The consultations are benefitting children, families, and staff across the West-Yorkshire area. When analysing which local authority the OAWY are “connected with”, i.e., where the child comes from or where the child and adopted family currently live, the consultations seem to support teams evenly across the region: 42% were from Kirklees, 19% from Bradford and Leeds, 12% from Wakefield and 8% from Calderdale.



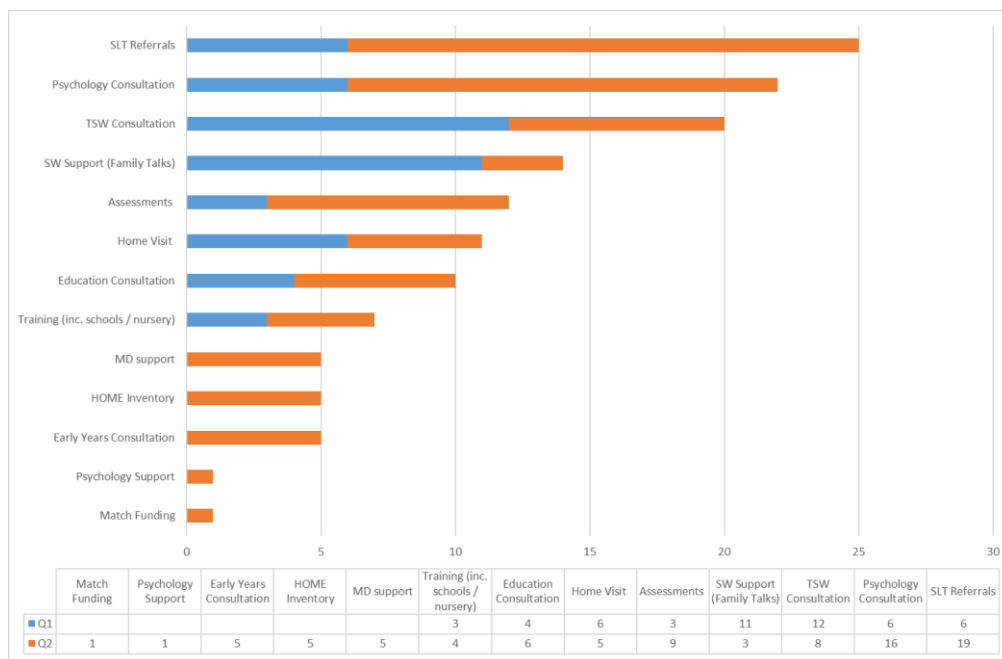
*Formal Consultations by Local Authority*

The formal consultations are supporting OAWY social workers, but also workers from our LA partners, schools, and other partner agencies. When analysing the number of participants, 26% of these are OAWY staff and 74% represent people outside the agency, either the child’s parents, prospective adopters and foster carers or professionals from our partner organisations.



MDT Consultation Participants

In addition to formal scheduled consultations, the team are available for OAWY staff offering various types of support. During this quarter 87 sessions of “other services” were delivered. The services include individual specific assessments, such as speech and communication assessments, joint assessments with OAWY social worker, typically completing HOME Inventory assessment. The team provides training to social work staff and schools and nurseries. We have also been able to increase direct work with children and families, for example Child’s Pace, Family Talks (taking a systemic, family therapy approach) and Therapeutic Parenting support.

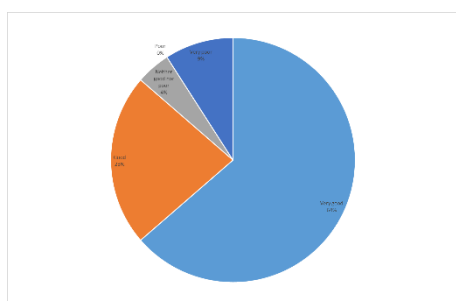


MDT Other Services

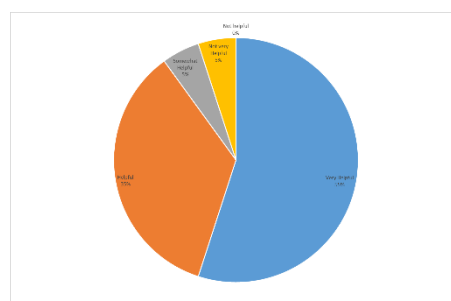
### 3.2.2. Feedback regarding consultations

All participants attending the formal consultations are asked to provide feedback following the sessions. Both OAWY staff and the other participants are asked what they liked about the sessions and what could be improved. The participants rate the session on a scale of 1-5. In addition, the OAWY staff evaluate the added value of the sessions to the work with the child/family. In our analysis we include all feedback received and are building a cumulative picture of the views of people using this service. This far in total 42 responses have been received: 22 from OAWY staff and 20 from other participants.

This quarter we have noticed a distinctive lack of feedback given via the consultation surveys. This has prompted the team to rethink and review how the feedback is collected and explore different ways of getting necessary feedback without putting too much pressure on the participants.



Satisfaction – Other Participants



Satisfaction – OAWY Staff

The overall satisfaction with the consultations remain high, 86% of the other participants rated the consultations either good or very good. Even though the overall feedback is very positive, this quarter parents' frustration could be heard in some comments.

*“Lots of smiling people going over the same info that we’ve been telling everyone over the last 2 years.” “I thought it would have finally been a chance to find help for (Name of the adoptive child)” Adoptive parent*

90% of the OAWY staff rated the consultations either good or very good. This quarter's comments reflect how staff appreciate the opportunity to think cases together with other professionals, which will hopefully create more balanced and realistic support plans for children and families.

*“Lots of different professionals with different specialities ensured helpful discussions about (Child) upcoming transition. Helpful to have a plan of referral to BUSS group. Foster carers and adopters given lots of time to contribute.” (Adoption Professional – external Agency)*

*“The children are due to move on to an adoptive family ... ideas around preparing the children and giving the adopters (who have limited childcare experience) the tools to help parent them when moving. Also looking at whether extra therapeutic support is required at the onset and from whom and what type.”*

*“(The consultation) gave us ideas on how to do the transitions plan and ideas for the CSW on how to prep them, also gave the adopters an idea of what to expect in placement but this did not add to the work it just focused us on the priorities.” (OAWY Staff)*

**Improvement opportunities identified:**

Whilst technology has improved the accessibility of consultations, there are still occasional hic-ups with the systems.

*“One professional was using a mobile phone that kept losing connection.” (OAWY Staff)*

**3.2.3. Building Underdeveloped Sensorisystems (BUSS) Group**

The first, ASF funded, multidisciplinary BUSS group took place between March and July 2021 with 6 children and their parents/carers taking part. The aims for the group were to support sensory motor development; to offer early support to adopters and to enable adopters to make relationships with the MDT. The team members were also using the group to provide broader observation of the children’s progress.

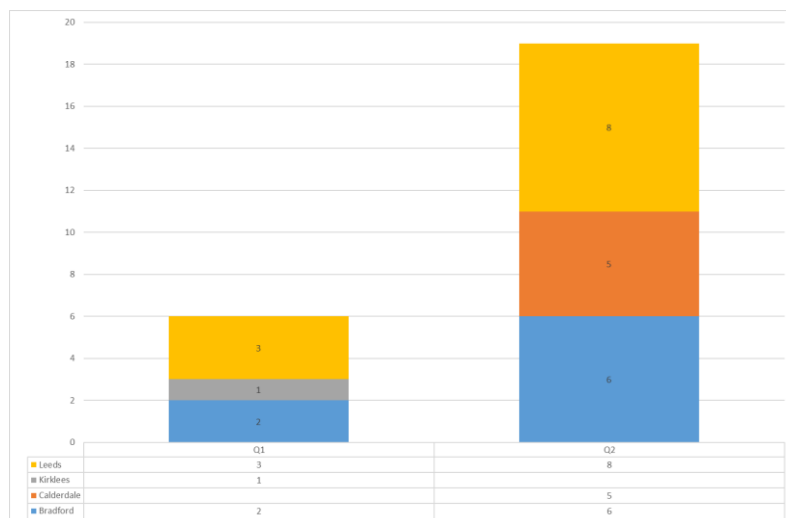
This first group gave the team an opportunity to refine the respective roles of those involved, for example, the Early Years professional has been able to as a bridge into nursery or school for children who attend the group; the Speech Therapist has had the opportunity to screen children who attend the group and to prove follow-up assessment and support for children who might need this. Similarly, the Clinical Psychologist attending the group has been able to screen for the presence of previously unseen neurodevelopmental or learning difficulties.

The MDT members have been able to build relationships with parents and children early in their adoption journey and to have timely conversations with parents about the progress with their children. In one instance, this has led to one family of two adopted children having further assessment and support with the Clinical Psychologist to offer therapeutic parenting support to strengthen the growing relationship between children and parents.

One of the Clinical Psychologist is carrying out an evaluation of this first group to inform the direction of future groups.

**3.2.4. Speech and Language Services**

Annabel Davis joined the team in early June. Annabel has provided direct support to 19 children during this quarter, and we have seen a huge increase in the demand for this support.



*Number of Speech and Language Therapy Referrals*

A draft plan for the role for the first year includes: provision of clinical work, possibly in a form of weekly clinics rotating between Bradford, Huddersfield, and Leeds (subject to availability of clinical space); attending specific sessions in the autumn BUSS group.

Annabel will link with OAWY delivery teams, responsible for the deliver of Stay and Play-sessions to engage with parents of young children. The development of SLT drop-in consultation sessions with supported by another member of the MDT is on-going. Annable is creating training package sharing basic information about communication development, highlighting issues for adopted children, and contribute to the development of training such as Early Years and FASD training. We will make the training modules available for staff and parents across the region. Annabel has already started to make links with community Speech, Language teams across the WY region to facilitate partnership working.

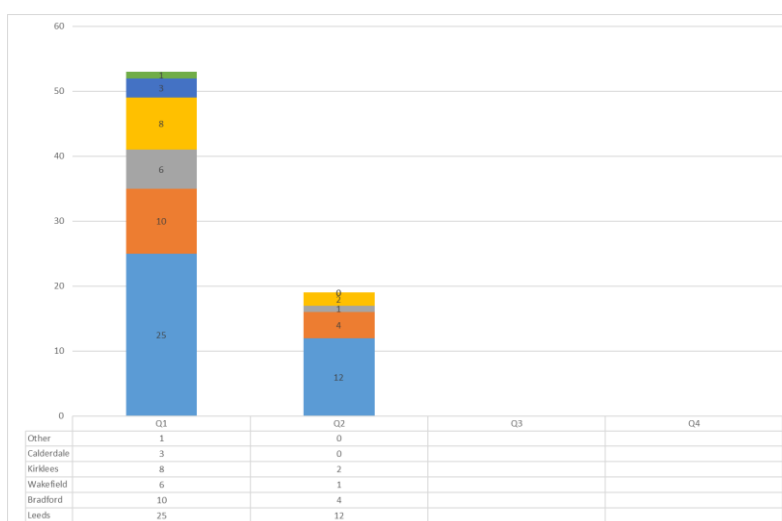
### 3.2.5. Child's Pace

Paula Walker's (Early Years Practitioner) parenting programme Child's Pace is now available for parents following a successful pilot phase. The programme offers structured, time limited (typically 6 sessions) intervention / training to new parents helping them to gain a deeper understanding of their child and the impact of trauma and early adversity. The programme promotes therapeutic parenting and creates good relationships within the family.

### 3.2.6. Education Helpline & Other Education Activity

The education helpline received 19 calls this quarter, which overlapped with school holidays. Most of the callers were parents and live in Leeds area (63%) followed by Bradford (21%), Kirklees (11%) and Wakefield (5%).

This quarter the callers typically wanted to discuss their child's move to secondary school. The helpline also gives the parents and opportunity to discuss strategies to manage child's individual problems in school, such as school related anxiety or school exclusions.



Education Helpline Calls by local authority



Discussions with Leeds Community Health Care Trust are taking place around a piece of collaborative work updating information about Neurodiversity and FASD and the impact this may have on a child within the education setting.

## 4. Development & Innovation

### 4.1. School Training

September has seen five Attachment and Trauma sessions been delivered across schools in West Yorkshire and 3 follow up sessions. These have been delivered both online and face to face with the aim of developing staff understanding.

The feedback from the school staff has been consistently good:

:

*“Julie delivered an incredibly engaging and fascinating training course around attachment for our primary campus and secondary inclusion team. Staff have commented on how capturing it was and made comments such as ‘I could listen to her all day!’ It is the third time I have attended the training over my career, and I still learn something new every time. Thank you so much!”*

Several schools have already received Attachment and Trauma training already this term and others are now starting to benefit from the follow- up sessions, which allow staff a space to think about a child’s struggles, what might be behind them and how best children can be supported within the individual setting.

## 5. Continuous Professional Development and Service Development

### 5.1. MDT Strategic Plan 2021-22

The below document is an overview of the planned activities for One Adoption West Yorkshire’s Multidisciplinary Team for the period April 2021 to March 2022.



MDT Strategic Plan  
2021-22 1.0.docx

### 5.2. Staff Development

An individualised induction plan has been created to all new members of the team to accommodate the individual requirements whilst also ensuring both organisational requirements of One Adoption West Yorkshire and Leeds Community Health Care are met.

In addition, Anya Guy (Occupational Therapist), Jillian Stillgoe (Occupational Therapist) and Paula Walker (Early Years Practitioner) completed their Building Underdeveloped Sensorisystems Level 1 training. Anya and Jillian have also continued to the BUSS training and have completed Level 2.

Rachael Easton completed Advanced Certificate in Therapeutic Life Story Work training in July and by completing the training Rachael now has a comprehensive understanding of the practice of Therapeutic Life Story Work and can offer this support to children.

Jenny Perry, Victoria O'Key, Paula Walker and Julie Pocklington have been nominated for OAWY organised DDP Level 1 Training and Sarah Sutherland for the DDP Level 2 training. In addition Paula Walker has been nominated on the Theraplay Level 1 training. OAWY Senior Leadership team is currently evaluating the request to provide ADOS training for Annable Davis.

Vicoria O'Key is finalising her (self funded) Systemic Family Therapy course.

## **6. Service Evaluation**

### **6.1. External Evaluation**

To provide objective and independent evaluation of the multi-disciplinary model, OAWY contacted Oxford Brookes University (incorporating the Institute of Public Care (IPC)), who are seeking funding from What Works for Children's Social Care and National Institute for Health Research to work with 4-5 regional partners across England and Wales including: South East Wales Adoption Service; One Adoption West Yorkshire; Adoption Partnership South East; and Adoption Counts (Greater Manchester and Cheshire). They propose an evaluation of integrated social work and psychological support services across these sites over a period of approximately 12-18 months to explore:

- *What works for whom and why, in what circumstances and to what extent including with reference to quantitative and qualitative methods.*
- *The extent to which the hypotheses outlined above are proven.*
- *The value for money of the model(s) including with reference to potential savings for health as well as social care services.*
- *The potential for an extension (or actual extension) of the models into support for other types of care experienced children and what some of the different criteria might be or are for these groups of children.*

The study would be led by Katy Burch at IPC, as she has recently led and is leading major national adoption studies in both England and Wales (of 'Adoption Support Fund' in its different forms across both nations). In addition, there would be at least one other HEI partner such as the University of East Anglia (led by Professor Beth Neil). Oxford-Brookes submitted the stage II application to NIHR funding committee on 4<sup>th</sup> October 2021.

### **6.2. Internal Evaluations KPIs and Outcome Measures**

The team has continued the work to develop a specific MDT workflow in Mosaic (the case management system used by OAWY), which will allow all the MDT work to be fully integrated in the adoption work within OAWY. The workflow has been developed in the test system and is now being tested by the team. When the workflow has been implemented, it will allow the team to record most of the activity and use Mosaic reporting functionalities. Some of the activities (for example training and education helpline) cannot be recorded in the case management system and the team will continue to track these outside the system.

### 6.3. Case Study - Building Underdeveloped Sensorimotor Systems model in a Multidisciplinary Setting

Building Underdeveloped Sensorimotor systems (BUSS) is a programme developed by specialist occupational therapist Sarah Lloyd. BUSS brings together an understanding of the impact of trauma on the child, the importance of loving relationships and an inherent need for movement in development of good bodily regulation. The focus of the model is building bodily regulation and supporting families in using games and activities that will allow them to rebuild underdeveloped parts of a child's foundation sensorimotor systems. The OAWY MDT has been exploring BUSS as the basis of a multi-disciplinary group for new adopters and their children.

The attached case study explores more in details the benefits of BUSS groups for the development of the adopted children, the building of relationships between children and families and the potential of using multidisciplinary approaches in the BUSS programme.



Case Study Q2  
2021-22 BUSS.docx

#### Summary

During the second quarter of 2021-22 the team has continued to further develop new ways of working and to deliver services to children, parents and staff across West Yorkshire. The accounts from families and staff are extremely positive about the impact of the support and advice provided and the team are fully committed to the implementation of the plans put forward for 21/22.

As new members are joining the team, we are seeing new ideas being incorporated on the firm foundation that has been created.

The model has been recognised nationally and featured in the July 2021 Adoption Strategy. The department is committed in working with Regional Adoption agencies and to ensure *“joint local packages of care are provided by health, education and RAA services, possibly through the development of Centres of Excellence.”*

*Eva Booth*

*Operational Manager – Multidisciplinary Team*

**14<sup>th</sup> October 2021**

# One Adoption West Yorkshire Multidisciplinary Team

## Strategic Plan 2021 – 22

This document is an overview of the planned activities for One Adoption West Yorkshire’s Multidisciplinary Team for the period April 2021 to March 2022.

### Assessment

<b>1. Integrated assessment pre-match</b>	
<p>The team will work in close partnership with OAWY adoption social for teams to develop a pre-match assessment protocol, which incorporates the medical and social work assessments with more in-depth assessments when this is required. During the initial stages of family finding and matching sometimes there are aspects of child’s presentation that are not immediately clear, but will require further assessments to fully understand the needs of the child. This service aims to facilitate a more robust adoption support plan matching process, which should in turn provide a better start for the newly formed family.</p>	
<b>2. Sibling Assessments</b>	
<p>OAWY is piloting a new Sibling Assessment model developed by Coram Baaf. This new approach explores the positives and challenges of the sibling relationship, providing a supportive analysis for the decision about placement of the siblings together or separately, and identifies the future support needs. MDT will continue to support OAWY SW teams through consultations and multidisciplinary assessments.</p>	
<b>3. Specialist Assessments (ASF)<sup>1</sup></b>	
<p>In the coming year MDT will seek to develop integrated approaches to joint assessment and formulation. Incorporating a number of assessments to build a holistic understanding of the needs of the child. Each assessment will be bespoke and based on the adoption support assessments. Assessment could include for example, cognitive assessment, ADHD/ Autism screening, Mental health screening, BUSS assessment / screening, SLT assessment, Systemic assessment, Resource-limited story stem assessment and Box Hall assessment. Where</p>	

<sup>1</sup> Adoption Support Fund may be available for these services



possible the MDT will work in partnership with OAWY SW staff.	
<b>4. Neurodevelopmental / Cognitive Assessments</b>	
MDT will progress approaches to neurodevelopmental/ cognitive assessment utilising the skills within the team. The team will also seek to explore future joint care pathways with a number of health providers across the WY region to establish how the MDT assessments could be accepted universal services' diagnostic decision making process to enable the children being able to gain access to the universal care pathway.	

**Support and Delivery**

<b>1. Consultations</b>	
The team will continue to support OAWY SW teams by providing consultations and will continue to evaluate the format of these sessions to ensure they will meet the needs of the OAWY SW staff. The following formats will be provided: <ul style="list-style-type: none"> <li>- Formal Consultations (Virtual / Face to Face)</li> <li>- Drop in Sessions (Virtual / Face to Face)</li> <li>- Education / Early Years Consultations</li> </ul>	
<b>2. <u>Child's pace</u> (ASF) Early Years / Education led</b>	
A parenting programme, developed by Paula Walker, an Early Year's Practitioner, which helps new parents to gain a deeper understanding of their child and the impact of trauma and early adversity on him or her. Working with one family at the time the programme aims to promote therapeutic parenting approaches and to create good relationships within the family and to give parents more confidence and more resilient in parenting their children. The programme uses Goal Based Outcomes and Parental Stress Scales to track the progress and impact of the approach.	



<b>3. <u>Early Support Group (BUSS)</u> (ASF) OT led</b>	
<p>This programme is based on the Building Underdeveloped Sensorisystems (BUSS) approach. The programme is led by occupational therapist and incorporates other disciplines (psychology &amp; speech and language) from the multidisciplinary team to provide opportunities to build a holistic understanding of each child's individual needs and provide support that meets that need. Working in close partnership with parents, the programme aims to strenghten the skills and confidence of the adopted parents. A range of outcomes measures are used to evaluate this programme: a Boxall profile, a speech and language therapy assessment, a bodily regulation and development screening and we seek feedback from parents about their experience of caring for the child.</p>	
<b>4. <u>Family Talks</u> (ASF) Therapeutic SW</b>	
<p>Kim Webb, a Systemic therapeutic SW has developed an intervention for the whole family, which uses systemic family therapy to gain better understanding of the needs of the family and provide support. The case holding social worker will work alongside Kim to plan and review the support provided. The service aims to improve children's and young people's emotional and mental health and to give parents more confidence and more resilience in parenting their children. The service can reduce the number of adoption disruptions. Goal Based Outcomes and Score -15 are used to evaluate progress.</p>	
<b>5. <u>Education Helpline – Early Years / Education Led</u></b>	
<p>Julie Pocklington, the Education Consultant will continue to provide advice and support for parents and staff in education related matters in the West-Yorkshire area. The helpline provides immediate support to parents and professionals and offers a strong insight into what is happening in schools and what training needs there might be for families, workers and schools.</p>	
<b>6. <u>Education Consultancy</u></b>	
<p>The MDT education / early years team will provide direct support to families with school and other education related issues to, firstly, improve the relationships between the parents</p>	

and the schools and, ultimately, improve the children's experiences in school and their ability to learn and thrive. The Goal Based Outcomes will be used to measure the impact of this service.	
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## Development & Innovation

The team will continue to develop and deliver training programmes to OAWY and partner organisation's staff and schools staff to ensure the professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties. In addition the team will develop and deliver training for adoptive parents.

### 1. Framework training

- Create on-line version of the framework training –Refresher / new starter training
- Create a version of the framework training for managers
- Create information / training about therapeutic interventions

### 2. HOME-assessment training

- Continue the HOME assessment training (virtually and face to face)

### 3. Outcome Measures training

- Create and deliver outcome measures virtual training (GBOs and SDQs)

### 4. School Training

- Growing schools understanding of the needs of Previously Looked After Children (PLAC) across the schools in West Yorkshire, in particular about trauma and attachment and other topical themes such as BUSS and FASD etc.
- Using the increased capacity in the team to offer more training in early years setting, both parents and professionals.
- "Supporting a Traumatized Child in School" training to be developed.

### 5. Education / Early Years Themed training to adopters

- "Preparing to Parent" – Child development training a topic based training for colleagues and training for adoptive parents, which will be followed up by a drop in session and will be added to web pages for future reference.
- A shared training sessions for Nursery and Parents, which will be delivered three times a year.

### 6. Education Section in OAWY Adopter Newsletter

- Provide themed education / school information to adopters.

## Strategic Partnerships

### 1. Building & nurturing strong relationship with our stakeholders

- OAWY Service Managers, Team Managers and Social Work staff
- MDT Partnership Board (LA Commissioners / CCG Commissioners / WY&H H&CP)
- LA Children's social work teams & IROs

- WY CAMHS / Virtual Schools / Medical Advisors
- Independent therapy providers

## 2. Building partnerships & co-working relationships with adopter community

- MDT Education Consultant and Peer Mentors to work in partnership to establish strong support network for families with school age children.
- Explore other areas for co-working with adopters and or adopted young people.

## 3. Building Care pathways

- Trauma informed care pathway
- FASD

## 4. Virtual Schools

Working in partnership with the Virtual Schools in the West Yorkshire area.

### The long term objectives of the MDT are:

1. Families' access to and experience of services is improved.
2. The adopted families tell us that the quality of life of their adopted child/ren and family has improved.
3. Children's and young people's emotional and mental health is improved.
4. Parents have more confidence and more resilience in parenting their children.
5. There is a reduction in the number of adoption disruptions.
6. There is less demand for intensive assessment and treatment services.
7. The education outcomes of the adopted children improve and the number of school exclusions decrease.
8. Economically the model provides better value for money, cost avoidance and benefits to wider society.
9. Professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties.
10. New trauma and neglect informed evidence based support and care pathways are created

## Appendix 1



Family Talks 2021  
April.pdf

Family Talks



Early Support Group  
(BUSS).pdf

Early Support Group (BUSS)



Child's Pace final.pdf

Child's Pace



## **Building Underdeveloped Sensorimotor Systems model in a Multidisciplinary Setting**

### **Background to BUSS**

One Adoption West Yorkshire have long recognised the value of the Building Underdeveloped Sensorimotor Systems model (BUSS) and Sarah Lloyd has been working as part of the team for the last four years. BUSS has as its essence a recognition that, while a lot of great work happens around the emotional and relational consequences of early trauma, less is understood about the consequences for bodily regulation in these circumstances. These important interventions can be complemented by an intervention like BUSS, which brings together an understanding of the impact of trauma on the child, the importance of loving relationships and an inherent need to move in order to develop good bodily regulation. The focus of the model is building bodily regulation, supporting families in using games and activities that will allow them to rebuild underdeveloped parts of a child's foundation sensorimotor systems. Good bodily regulation (which encompasses the sense we have of our bodies from the inside, our ability to move in a smooth, well-co-ordinated way, as well as our capacity to make sense of information that comes from outside our body – touch, taste, sound, smell) forms the base for the development of emotional regulation, our capacity to relate and to think.

There's more information about the BUSS model in Sarah's books, *Improving Sensory Processing in Traumatized Children* (2016) and *Building Sensorimotor Systems in Children with Developmental Trauma* (2020). There's also a BUSS website ([www.bussmodel.org](http://www.bussmodel.org)) that has a lot of information about the model and work that happens outside of this post.

### **Where this fits into OAWY**

It was agreed that the limited resource of BUSS would best be used as part of a programme of training and enhancing practice of SWs within the service as well as some direct, early intervention work. The training has comprised introduction sessions for all workers in the service as well as more specialised training for Adoption SWs across the region interested in further developing their skills in this way of working. These SWs are running a BUSS group for new adopters and their children, (the USS group) working to address the bodily and relational impact of developmental trauma early in the life of an adoptive placement. This group is planned in conjunction with Sarah, who also provides supervision and support for the practitioners running the group.

In addition to this, it was agreed that it would be useful to use BUSS as the basis of a multi-disciplinary group for new adopters and their children. While this is based on the BUSS model,

the added value of this group is the expertise it brings from Adoption Social Workers, Clinical Psychology, Speech and Language Therapy and our Early Years Practitioner.

This group is an invaluable opportunity to 'get alongside' parents as they make relationships with their children. The MDT brings expertise in language, communication, movement, development and the impact of trauma on the developing brain as well as specific modalities like DDP, theraplay, play therapy, EMDR and systemic work. Putting these alongside the focus on disruption to a child's physical and relational development that the BUSS framework brings, families are given access to a huge range of specialist support. This is so critical in these early weeks and months of family life, and it is hoped that by offering an intense intervention at the start of their lives as a family, children and families have the best possible chance of developing relationships that will enable the adoption to be successful.

By having professionals being alongside families, week by week, taking part in activities with parents as they are growing into their new role as parents, there is a fantastic opportunity to notice, support and shape their developing relationships and parenting skills. This week by week contact enables the team to track progress and work with families around the big issues and the small things, giving ideas, being available to listen to emerging concerns, supporting with nursery or school, noticing things that seem challenging and offering support in a non-intrusive way. This is critical in allowing parents to grow into the role of experts of their children, rather than professionals being seen as the experts.

This forum also provides the MDT a perfect opportunity for observation and early assessment of children, thinking specifically about any neurodevelopmental difficulties which may benefit from further assessment and intervention.

### **Where the group takes place / funding**

The group takes place in a gymnastics club rather than a children's centre or council building. As well as giving access to great equipment, this makes the group feel as normal as possible for both children and parents and avoid any previous associations with statutory buildings. It's a fun, relaxed environment with activities that children generally really enjoy – this is so important in helping families to attend! The group is supported by a gymnastics coach from the club who has been trained by Sarah in BUSS.

The group is funded by the Adoption Support Fund.

### **Communication with Families and Adoption Support Workers**

Adoption Support workers are sent the information about the group to pass onto families, with the hope that this will help them to decide together if this group might be useful to them. Families are sent information about the group prior to help them decide, with their Adoption SW, whether it feels as if it would be useful to them. A lot of attention is given to

communication so that things are written in a style that feels accessible to parents and is engaging and empowering to them.

Once parents are involved in the group, information about why we're doing the kinds of activities we're doing is given every couple of weeks, and there is an expectation that families will play the games at home as well as in the group time. An example of this is in the appendix.

A letter is also written to parents at the end of a group, and this forms the basis for a review with the Adoption SW and discussion of any further work that might be indicated. well as a typical report that is written at the end of the group. An example of this is in the appendix.

### **Evaluation**

Sarah Sutherland, Clinical Psychologist, is currently undertaking some brief qualitative evaluations with parents who attended this group. This will be followed up by a Service Evaluation Project (SEP), as part of a collaboration between Sarah Lloyd and Leeds University Doctoral Clinical Psychology programme. A Psychologist in training will undertake a one-year project, evaluating the efficacy of this programme, interviewing parents and members of the team.

A similar SEP was carried out this year on a group that Sarah Lloyd runs within the Therapeutic Social Work team, for preschool children in foster care. The results of this were overwhelmingly positive and both will be helpful in building evidence about the efficacy of this way of working and in modifying and shaping future groups.

### **Next Steps**

The longer term plan is for this group to be run in all 3 areas of One Adoption West Yorkshire, so that families can be directed either to the universal USS group run by adoption support SWs or the MDT BUSS group, depending on the individual needs of the children and families.

*23.9.2021, Sarah Lloyd, Occupational Therapist*

*Appendix: BUSS Details*



BUSS Details.docx