



**Report of Head of Service for One Adoption West Yorkshire**

**Report to the Director of Children and Families**

**Date: 20/06/2020**

**Subject: One Adoption West Yorkshire and establishment of a Multi-disciplinary team**



Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary**

**1. Main issues**

- 1.1 One Adoption West Yorkshire (OAWY) received funding from the Department for Education in 2017 to develop a Centre of Excellence for Adoption Support in the region. One of the main objectives of this funding was to develop a multi-disciplinary model of adoption support, working with local authorities, health and education partners to implement a model to support adoptive families in the region.
- 1.2 In April 2019 additional funding of £100k was agreed by the Department for Education to extend the project to the end of March 2020 to enable discussions to take place regarding funding options for the sustainability of the centre of excellence for the budget setting for 2020/21 with the local authorities and health partners in the region.
- 1.3 The business case regarding this was completed in the May 2019 with a clear vision of *“A multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond.”*
- 1.4 In June 2019 the OAWY management board supported the implementation of the multi-disciplinary model and in December 2019 all the five local authorities agreed the business case and agreed to fund a three year project to implement and embed the

MDT model into the regional adoption agency as part of the pooled joint regional budget.

- 1.5 Between December 2019 and March 2020 all of the clinical commissioning groups across the region also agreed to part fund the costs of the team with a view to implementation in April 2020.
- 1.6 Additional funding has been agreed from the West Yorkshire Integrated Care system for the first year initially and funding will also be drawn down from the national Adoption Support Fund.
- 1.7 The make- up of the multi- disciplinary team (MDT) consists of a number of different professionals across health, education and social work.
- 1.8 Leeds Community Healthcare Trust (LCHT) has been an approved partner in this work from the start and have an existing contract with OAWY to provide clinical psychology and occupational therapy input to the Centre of Excellence development project. It is intended that they will continue to be partners in this project and will employ the health staff who will be based with OAWY alongside the rest of the team. These will consist of 1.5 Psychologists, 1 Assistant psychologist; 0.6 Full time equivalent Speech and Language Therapist and 1.2 Occupational Therapists; with input from a paediatrician and psychiatrist.
- 1.9 The social work and education staff within the team will be made up of some existing staff and new positions.
- 1.10 The following posts within the One Adoption establishment will be moved to the new team:

Practice Improvement & Development Manager is renamed as Operational Manager, Grade PO6 (50483392)

Team Manager is renamed as Multi-disciplinary Team Manager, Grade PO6 (50484402)

Practice Improvement and Development Manager is renamed as Education Specialist/lead, PO6 (50486254)

2 Senior Social work position are renamed as Senior Therapeutic Social Worker, PO3 (50474720 and 50474749).

All these positions have been job evaluated with new job descriptions and remain the same grade.

- 1.11 In addition, the following new posts to be created:

Education Consultant, PO3

Early Years Practitioner, SO2

Business Support Officer, B3- this position will sit under the One Adoption WY Business Support B1 team.

## **2. Best Council Plan Implications** (click [here](#) for the latest version of the Best Council Plan)

- 2.1 In addition to promoting and supporting delivery of the priorities set out in the Best Council Plan and Children and Young People's Plan the review and recommendation

set out within this report are also underpinned by the council's core value to spend money wisely.

#### **Linked Best Council plan priorities:**

- **tackling poverty, helping everyone benefit from the economy to their full potential** by enabling children growing up within adoptive families to be supported to achieve their potential and recover from developmental trauma.
- **making Leeds the best city for children and young people to grow up in** by ensuring that children growing up in adoptive families are supported and encouraged within a family context.
- **keeping people safe from harm and promoting community respect and resilience** by enabling children living away from their birth parents have the support of a caring adult able to provide parenting responsibilities

#### **Linked Children and Young People's Plan**

- **help children and parents to live in safe, supportive and loving families** by ensuring that children who can't for any reason live for their parents or birth family are supported in an adoptive family who will bring them up and care for them. Throughout their life.
- **ensure that the most vulnerable are supported** by providing adequate and effective support to adopted children and their families so that they can provide safe and loving homes for children and young people
- **support families to give children the best start in life** by enabling children to transition into adoptive families at the earliest opportunity with a good understanding of their needs.

### **3. Resource Implications**

3.1 The cost of this service will be met from the joint pooled budget within OAWY with contributions from health, the local authorities and the adoption support fund to this project. This has been agreed for an initial 3 year period.

### **Recommendations**

The Director of Children & Families is recommended to agree:

- a) That the recommendation of the OAWY management board to implement the MDT model within OAWY and the health partners across the region is agreed.
- b) That LCHT will continue to be the main health partner and that we continue with the partnership agreement with them to provide the health positions within this structure and for these to be embedded within OAWY.
- c) That the relevant positions as highlighted in 1.10 and are moved into the new team within the establishment and that the new positions as highlighted in 1.11 are established on the structure.

### **1. Purpose of this report**

- 1.1 This report seeks agreement to implement a multi- disciplinary model of adoption support within OAWY by establishing a team of professionals from a range of disciplines to support the children and families across west Yorkshire, where adoption is the plan or adoption has been achieved.
- 1.2 The report seeks to the agreement to continue to work with Leeds Community Health Trust ( LCHT) as a key partner to employ the health professionals – Psychologists, Speech therapist and Occupational therapists.
- 1.3 The report also seeks agreement to set up a new team on the staffing establishment within One Adoption West Yorkshire, moving some positions ID and staff who hold these positions into the new team and to establish three new positions- an education consultant, an early year’s practitioner and a business support officer.

## **2. Background information**

- 2.1 This proposal builds upon the lessons learnt from the Centre of Excellence pilot project and takes the proof of concept to the next stage – a genuine partnership between the three sectors over a three year initial period, jointly funded by local authorities and health commissioners, situated within One Adoption West Yorkshire (OAWY), the regional adoption agency. OAWY will work in partnership with the local authorities, health and education providers to deliver a joined-up, holistic service to adoptive families across the region. The model seeks to transform the current fragmented pathways and provision offered for adopted children and young people who have experienced trauma and neglect in the region and will create a blueprint for change, encouraging collaborative ways of working, effective use of clinical expertise and social care resources creating a better approaches to whole life pathways and develop a co-ordinated working practice, where social work, education and therapeutic work form an interactive continuum of support. The approach includes parents as part of the therapeutic team seeking to strengthen their ability to support their children reducing the need for specialist support. The resilience and mental wellbeing of parents is key focus of the model.
- 2.2 The service will be comprehensive and co-ordinated, designed around the needs of the children and their families in order to support relationships, improve the mental health and wellbeing, the stability and quality of family life. The multi-disciplinary service will bring together and increase the knowledge of different professionals and will be able to identify the holistic needs of children and will offer specialised, evidence based Clinical/Psychosocial-Developmental practice, supporting the child within their broader social system. The service will provide outcome focused, preventative and targeted support, centred on early identification of need and early support, reducing the requirement for intensive, long-lasting support and mental health care later, but also offering timely specialist multi- disciplinary support children and young people with complex needs. Working flexibly in partnership with different agencies will lead to high-quality, timely services and an effective use of resources.
- 2.3 The long term objectives as are follows:
- 2.4 Families’ access to and experience of services is improved:  
The adopted families tell us that the quality of life of their adopted child/ren and family has improved

That children and young people's emotional and mental health is improved  
That parents have more confidence and more resilient in parenting their children  
There is a reduction in the number of adoption disruptions.

There is less demand for intensive assessment and treatment services.

The education outcomes of the adopted children improve and the number of school exclusions decrease.

Economically this provides better value for money, cost avoidance and benefits to wider society.

That professionals working with children are skilled up in understanding and responding appropriately with families experiencing difficulties.

New trauma and neglect informed evidence based support and care pathways are created

## 2.5 The service would help to achieve the objectives by:

Improving the quality and timeliness of assessments and better understanding the full range of the needs of the children.

Offering support services based on high quality, multi-disciplinary assessments that meet the needs of the child, young people and family, and are available when the support is needed, focusing on prevention, early and targeted support.

Strengthening parents' skills and capabilities to support their children and reducing the reliance on external, intensive support.

Supporting relationships, improving the mental health and wellbeing of the family members and the stability and quality of family life.

Improving the schools' understanding of the needs of the children who have experienced trauma and neglect and ensure this understanding changes the schools' policies and practices

Ensuring the school forms part of the therapeutic team around the child

Focusing on outcomes evaluating current practices and support and gathering solid evidence base for improvements.

Staff and parents being guided by the knowledge of impact of trauma and neglect on the child and their family, not focussing on the identification of children's symptoms and disorders, but seeking to understand the children's felt experiences, relationships, family/placement process and systemic and care-related influences on children's lives, and extend the focus from the child to the whole system that the child lives in.

Working flexibly in partnership with different agencies to provide high-quality, timely preventative services to maximise effective use of resources and minimise the need for high cost crisis support.

## 2.6 **Current service and views of children and young people and adopters.**

2.7 Adoptive parents and children and young people have been involved in the co-development of this model.

2.8 Most adopted children need specialist support, not because they are adopted, but because many of them have experienced trauma and neglect in their early lives, often even before they were born. The most recent Adoption UK's barometer check (2018) found that:

- Nearly three-quarters of parents agreed that their 16-25 year-olds need significant ongoing support in order to live independently
- 16-25 year-olds were twice as likely to be not in education, employment or training (NEET) as their peers
- 39% of 16-26 year-olds had been involved with mental health services
- 44% of children had diagnosed social, emotional and mental health needs
- Adopted children in England were 20 times more likely to be permanently excluded (Adoption UK, 2017) (Adoption UK, 2019)

2.8 The research both UK wide (Julie Selwyn, 2014) *Beyond the Adoption Order: challenges, interventions and adoption disruption*) and Yorkshire specific (Neil, Young, & Hartley, 2018). *The joys and challenges of adoptive family life: A survey of adoptive parents in the Yorkshire and Humberside region* have identified the adolescence as a particularly turbulent period for adoptees and their families; teenagers are 10 times more likely to have an adoption disruption compared with younger children and 97% of children, whose adoption placement had broken down, scored in the 'clinical range' on the strengths and difficulties questionnaire and are likely to have a diagnosable mental health condition (Julie Selwyn, 2014). Both studies have also demonstrated that appropriate support is not readily available for adopted children or their families. In Yorkshire and Humber consultation with adopted teenagers has been captured express their views about what can help them ([www.adopteens.org.uk](http://www.adopteens.org.uk)) in their animation film.

2.9 Systemically it is recognised that the support currently offered to adopted children, young people and their parents does not sufficiently meet the high level of need, and for those children and their families who do not receive appropriate support, the risks are significant and include underachievement at school, family stress and risk of placement breakdown. The local authorities, health services, and the society as a whole bear the consequent costs of the lack of sufficient early support. The One Adoption Centre of Excellence project working closely with adoptive parents and young people has made progress in identifying how the support for the adopted children and their families could be improved, however, there is still some distance to travel before the vision is achieved. More detail about the model can be found at *Appendix 1*.

### **3. Main issues**

- 3.1 One Adoption West Yorkshire (OAWY) received funding from the Department for Education in 2017 to develop a Centre of Excellence for Adoption Support in the region. One of the main objectives of this funding was to develop a multi-disciplinary model of adoption support, working with local authorities, health and education partners to implement a model to support adoptive families in the region.
- 3.2 In April 2019 additional funding of £100k was agreed by the Department for Education to extend the project to the end of March 2020 to enable discussions to take place regarding funding options for the sustainability of the centre of excellence

for the budget setting for 2020/21 with the local authorities and health partners in the region.

- 3.3 The business case regarding this was completed in the May 2019 with a clear vision of *“A multi-disciplinary service that provides children with a plan for adoption and adoptive families with timely, specialist assessments of need covering their health, education and social care needs and access to a high quality, ongoing package of appropriate support delivered from day one and available throughout childhood and beyond.”*
- 3.4 In June 2019 the OAWY management board supported the implementation of the multi-disciplinary model and in December 2019 all the five local authorities agreed the business case and agreed to fund a three year project to implement and embed the MDT model into the regional adoption agency as part of the pooled joint regional budget.
- 3.5 The West Yorkshire Joint Committee for adoption, made up of lead elected members for children from across the 5 local authorities have been aware of the progress of this project throughout and support the decision made by the management board to support this work.
- 3.6 Between December 2019 and March 2020 all of the clinical commissioning groups across the region also agreed to part fund the costs of the team with a view to implementation in April 2020.
- 3.7 Additional funding has been agreed from the West Yorkshire Integrated Care system for the first year initially and funding will also be drawn down from the national Adoption Support Fund.
- 3.8 The make- up of the multi- disciplinary team (MDT) consists of a number of different across health, education and social work.
- 3.9 Leeds Community Healthcare Trust (LCHT) has been an approved partner in this work from the start and have an existing contract with OAWY to provide clinical psychology and occupational therapy input to the Centre of Excellence development project. It is intended that they will continue to be partners in this project and will employ the health staff who will be based with OAWY alongside the rest of the team. These will consist of a 1.5 Psychologists, 1 Assistant Psychologist, 0-6 Speech and Language therapist, 1.2 Occupational Therapist with input from a paediatrician and psychiatrist.
- 3.10 The social work and education staff within the team will be made up of some existing staff and new positions.
- 3.11 The following posts within the One Adoption establishment will be moved to the new team under OAWY Area 2.

Practice Improvement & Development Manager is renamed as Operational Manager, Grade PO6 (50483392)

Team Manager is renamed as Multi-disciplinary Team Manager, Grade PO6 (50484402)

Practice Improvement and Development Manager is renamed as Education Specialist/lead, PO6 (50486254)

2 Senior Social work positions are renamed as Senior Therapeutic Social Worker, PO3 (50474720 & 50474749).

All these positions have been job evaluated with new job descriptions and remain the same grade.

3.12 In addition, the following new posts within this team:

Education Consultant, PO3

Early Years Practitioner, SO2

Business Support Officer, B3- this position will sit under the One Adoption WY Business Support B1 team.

#### **4. Corporate considerations**

##### **4.1 Consultation and engagement**

4.1.1 Consultation and engagement with young people and adopters has taken place throughout the development of this project. Discussions have taken place with partners across health and social care across the region in developing the model.

4.1.2 The staff within OAWY affected by the change of focus within the new MDT have been part of the development of this work and are supportive of the new team and the direction of work and the minor changes to their job descriptions and titles of their roles. There will be opportunities for other staff to apply for the vacant positions within this team as they become available and there is widespread support from the implementation of the MDT model across the region.

4.1.3 Consultation has taken place with the trade unions who are supportive of the implementation of the multi-disciplinary team.

##### **4.2 Equality and diversity / cohesion and integration**

4.2.1 Supporting children move from care orders where primary parental responsibility sits with professional social workers and reviewing officers to more permanent arrangements within an adoptive family is a key aspiration for children and family services and there are no other issues in this regard.

##### **4.3 Council policies and the Best Council Plan**

4.3.1 As set out in section 2 above the recommendations contained within this report align with a number of the other local authority's plans in the west Yorkshire region to be the best local authority for children and young people to grow up in. It is well recognised that children who grow up in local authority care often achieve less positive outcomes than those growing within family settings and without the need for social work intervention. Achieving permanency arrangements for these children supports the council ambition to spend money wisely and effectively and supports children to reach their potential and recover from early trauma.

##### **Climate Emergency**

4.3.2 Whilst the impact on the climate emergency with regards to this policy may be perceived as negligible the cumulative effect of the reduced requirement to travel and meet a number of times over the course of one year for each child subject to care arrangements living in foster care which would end at the point of an adoption order will indeed have a small but beneficial impact on the environment. The MDT model will assist in establishing children's needs more effectively so that they can be matched with adopters who can meet their needs.

## 4.4 Resources, procurement and value for money

4.4.1 The report has set out that the model will be funded by the joint pooled budget of OAWY made up of investment from the 5 local authorities and the CCG's from across the region. There is also a small amount of non- recurrent money identified in the first year for project management costs from the West Yorkshire Integrated Care System of £50k. Funds will also be drawn down from the Adoption Support Fund for the work carried out with the team. Key performance Indicators are being developed to monitor and evaluate the work of the team and the impact of the service provided.

4.4.2 The staff within the team will be employed within OAWY and within Leeds Community Health Trust, a key partner who has been involved since the inception of the project on 2017. A partnership agreement has been agreed as the way forward to implement this arrangement.

4.4.3 The table below sets out the positions and the split of funding.

Multi-disciplinary Model		WTE	Gold					
			2019/20 Total Cost	2020/21 2% Inflation	2020/21 Total Cost	OAWY	Health	LA
<b>Multi-disciplinary Team Manager</b>	58,140	1.0	£58,140	£1,160	£59,300	£39,533	£19,767	£0
Therapeutic social work / counselling	48,080	2.0	£96,160	£1,920	£98,080	£98,080	£0	£0
<b>Clinical Psychologist / Psychology Lead</b>	76,839	0.5	£38,419	£770	£39,189	£0	£39,189	£0
Psychologist	51,526	1.0	£51,526	£1,030	£52,556	£38,250	£14,307	£0
Assistant Psychologist	29,939	1.0	£29,939	£600	£30,539	£0	£30,539	£0
<b>Education Specialist / Education Lead</b>	58,140	1.0	£58,140	£1,160	£59,300	£59,300	£0	£0
Education Consultant	42,291	1.0	£42,291	£850	£43,141	£0	£0	£43,141
Educational Psychologist	58,817	0.5	£29,409	£590	£29,999	£0	£0	£29,999
Early Years Practitioner	39,660	1.0	£39,660	£790	£40,450	£0	£0	£40,450
<b>Occupational Therapist / OT Lead</b>	55,153	0.5	£27,576	£550	£28,126	£7,032	£21,095	£0
Occupational Therapist	41,802	0.5	£20,901	£420	£21,321	£8,528	£12,793	£0
Speech and Language Therapist	37,941	0.6	£22,765	£460	£23,225	£0	£0	£23,225
<b>Business Support (C3)</b>	30,835	1.0	£30,835	£620	£31,455	£20,970	£10,485	£0
Business Support (B3)	25,479	1.0	£25,479	£510	£25,989	£8,663	£8,663	£8,663
Paediatrician **	125,000	0.1	£12,500	£250	£12,750	£0	£12,750	£0
Psychiatry **	125,000	0.1	£12,500	£250	£12,750	£0	£12,750	£0
Annual management costs (5%)			£29,812	£600	£30,412	£10,137	£10,137	£10,137
<b>Total Cost</b>		<b>12.8</b>	<b>£626,053</b>	<b>£12,530</b>	<b>£638,583</b>	<b>£290,493</b>	<b>£192,474</b>	<b>£155,615</b>
						46%	31%	25%
<b>Local Authority</b>	Share of LA							
Bradford	18.9%							£29,411
Calderdale	12.1%							£18,829
Kirklees	14.4%							£22,409
Leeds	42.4%							£65,981
Wakefield	12.2%							£18,985
<b>Total</b>								<b>£155,615</b>
<b>Health</b>	Share of Health							
NHS Airedale, Wharfedale and Craven CCG	6.2%						£12,005	
NHS Bradford Districts CCG	13.0%						£25,116	
NHS Calderdale CCG	8.6%						£16,642	
NHS Bradford City CCG	5.5%						£10,550	
NHS Greater Huddersfield CCG	9.8%						£18,790	
NHS North Kirklees CCG	7.6%						£14,629	
NHS Wakefield CCG	14.7%						£28,244	
NHS Leeds CCG	34.5%						£66,499	
<b>Total</b>	<b>100%</b>						<b>£192,474</b>	

Health: (Split based on GP registrations whole population)  
LA Split: According to OAWY funding formula

## 4.5 Legal implications, access to information, and call-in

4.5.1 There are no legal implications for this report.

## 4.6 Risk management

4.6.1 The risks associated with implementing this model are twofold. Firstly, the risk of not getting suitable staff to fill to the health posts due to a shortage of skilled workers in this area of work and delaying the implementation of the full model. There are also risks about the future of the Adoption Support Fund beyond July 2021 as the funding towards some of the staffing costs from with OAWY will be drawn down from the Fund over the three years. Should this arise then the impact for adoption support services generally will be serious, but the fact that we have the MDT model will also be positive for the children and families in the region as they will be able to access some level of therapeutic support. However, with regard to the impact on the staffing budget there would be a shortfall of £62,433 if we are not able to draw down these funds. However, we will have advanced notice if the fund is withdrawn and would therefore take action to monitor and manage staff vacancies if there are pressures within the staffing budget that arise from this. The risk of this is low risk as there is cross party support for the continuation of the fund, however with the implication of COVID 19 not as yet clear on government spending this will not be confirmed until a full spending review which is likely to be delayed until 2021.

## **5. Conclusions**

- 5.1.1 In June 2019 the OAWY management board supported the implementation of the multi-disciplinary model and in December 2019 all the five local authorities agreed the business case and agreed to fund a three year project to implement and embed the MDT model into the regional adoption agency as part of the pooled joint regional budget.
- 5.1.2 Between December 2019 and March 2020 all of the clinical commissioning groups across the region also agreed to part fund the costs of the team with a view to implementation in April 2020.
- 5.1.3 Additional funding of £50k has been agreed from the West Yorkshire Integrated Care system for the first year initially and funding will also be drawn down from the national Adoption Support Fund.
- 5.1.4 The make- up of the multi- disciplinary team (MDT) consists of a number of different professionals across health, education and social work.
- 5.1.5 Leeds Community Healthcare Trust (LCHT) has been an approved partner in this work form the start and have an existing contract with OAWY to provide clinical psychology and occupational therapy input to the Centre of Excellence development project. It is intended that they will continue to be partners in this project and will employ the health staff who will be based with OAWY alongside the rest of the team. These will consist of a 1.2 Psychologists, 1 Assistant Psychologist, 0.6 Speech and Language Therapist and 1.2 Occupational Therapist with input from a paediatrician and psychiatrist.
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In addition, the following new posts to be created:

Education Consultant, PO3

Early Years Practitioner, SO2

Business Support Officer, B3- this position will sit under the One Adoption WY Business Support B1 team.

## **6. Recommendations**

The Director of Children and Families is recommended to agree:

- That the recommendation of the OAWY management board to implement the MDT model within OAWY and the health partners across the region is agreed.
- That LCHT will continue to be the main health partner and that we continue with the partnership agreement with them to provide the health positions within this structure and for these to be embedded within OAWY.
- That the relevant positions as highlighted in 1.10 and are moved into the new team within the establishment and that the new positions as highlighted in 1.11 are established on the structure.

## **7. Background documents<sup>1</sup>**

7.1 None

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<sup>1</sup> The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.