



**One Adoption West Yorkshire – Multidisciplinary Team
Team Update Report
Period: 1st April – 30 September 2020**

Purpose of this report

This report sets out the work and developments within OAWY Multidisciplinary team between 1st April 2020 and 30 September 2020.

1. Summary

As with all sectors and services, the global pandemic had an impact on the team's ability to perform against set targets, but the team responded quickly to the challenge and shifted focus from face to face work to developing and delivering on-line support and training.

The pandemic also delayed the negotiations between OAWY and Leeds Community Healthcare as LCHT paused the development of all new external business between March and July. The discussions were picked up in July and following positive progress, the current target for the new health staff to be in positions and for the service start is now 1st January 2021.

2. Staffing

During this period the following staff have worked for the team:

- 1 WTE Operational Manager
- 1 WTE Social Care Team Manager
- 1 WTE Education Consultant
- 2 WTE Business Support Officer (1 WTE new starter July 2020)
- 0.55 WTE Clinical Psychologist
- 0.2 WTE Therapeutic Social Worker

3. Setting up the Team

The discussions with Leeds Community Healthcare were stopped in March 2020 due to Covid -19 and resurrected in late July 2020. The agreement of the team set up and the costs has now been reached and the staff should be in place for January 2021.

The recruitment of Early Years Practitioner and Therapeutic Social Worker was commenced and the interview of the candidates took place in early October 2020.

The team has also worked on setting up the objectives and key performance indicators for the service, which will be finalised as part of the contract negotiations with Leeds Community Healthcare Trust.

4. Output

Following the Covid -19 pandemic and the national lock-down the team demonstrated great agility and quickly converted all work from face to face contact to on-line provision. Multi-disciplinary consultations, both formal and informal, which are offered to staff at OAWY, local authority and equation settings and families, continued without disruption using video conferencing platforms, which in some cases proved to work even better than face to face sessions as people did not need

to travel to take part. The consultations have been used by social workers in particularly during the early stages of family finding and matching process to provide additional insight into the needs of the children. As part of the adoption support the consultations have been able to review the situation from a systemic point of view and propose support not only for the child, but for the whole family. In some cases the MDT has reviewed proposals for continuing therapy or cases where specialist assessment has been proposed. All people who participate the formal consultations are invited to participate in a feedback survey and the feedback from workers, parents and carers who have received support during this time, has continued to be very positive, the average score of the feedback being 4.1 out of 5.

The team continued to provide assessment support and training to OAWY social work teams, both team and individual training sessions have continued during this period. The team developed the HOME assessment so that it could be conducted using video links without compromising the quality of the assessment. The HOME is a core instrument in the assessment framework and focuses on how a child's day to day experiences are relevant to different aspects of their developmental needs. The instrument traditionally uses interview and observation to explore the key themes during a one hour home visit to the family. Throughout the interview and visit the interaction between the child and main care-giver is carefully observed. Using videophones and tablets the team worked with OAWY social workers and carers to create "virtual home visits", which meant that the vital assessments were not delayed during the pandemic. Likewise the MDT was able to continue the staff training programme on assessment tools that was started before the lockdown.

The team has also continued to deliver assessment framework training for social work teams, again utilising on-line platforms. Outcome measure training is currently being updated and converted into electronic self-learning form and the modules to guide how to use goal based outcomes and other outcome measures are currently in the testing phase.

In addition the team have been working closely with the OAWY service delivery teams to trial a new sibling assessment model developed by Coram BAAF.

The education specialist created and developed an on-line video to help with lock-down and home schooling. In addition on-line videos were created and published on One Adoption YouTube Channel to provide information about FASD aimed at schools and returning to school for parents. In August a webinar for 50 parents with school age children provided guidance on returning to school. The feedback from the parents was very positive; the participants appreciated the content of the session and the fact that it was hosted on-line, which made it easier for a larger number of parents to participate.

Since the easing of lockdown measures, the team has re-engaged in developing face to face support, which were paused at the beginning of the pandemic, and are now ready to commence with group and individual assessments and support work in line with guidance and restrictions. For example a multi-agency working model with Leeds Therapeutic Social Work Team was developed to provide support for children who are moving from fostering to adoption. Outdoor meetings were set up for a specialist Occupational Therapist led support group to build underdeveloped sensorisystems (BUSS) engages both professionals and children's carers / parents to assess what each individual child's needs are and provide practical home exercises for the carers / parents. Not only do these exercises help to build children's sensori systems, but also help to build and strengthen the attachment between child and the carer/ parent.

The MDT clinical psychologist and the education specialist were attending the groups to explore how the multidisciplinary element could be utilised as part of these groups. The clinical psychologist was, for example, able to identify where children needed neurodevelopmental assessment and the education specialist was able to plan how to support the children so that their start in school would be as smooth as possible. Planning is now underway to build a BUSS group with added multi-disciplinary aspects to provide support for children and parents as soon as the children are placed with their new families.

The Covid -19 is still having an impact, for example the planned cognitive and other in-depth assessments have been delayed, however, the team has utilised the time to plan how the multidisciplinary model could be delivered in the future utilising both on-line and face to face approaches.

The following activities were recorded during the reporting period.

Apr - Sep 2020	
Formal consultations (number)	45
Children supported in consultations	58
Informal Consultations (number)	38
Sibling Assessment	3
Home Assessment	10
Match Funding	1
Psychology Support	4
Social Care Support	11
Multidisciplinary Support	5
School Training	2
Framework Training (Group)	2
Specialist Assessment Reviews	7
Total Consultations and SA reviews (number)	90
Education Help Line calls (number)	90
Parents	53
School	5
Virtual School	1
SENCO	4
Social Worker	27
Total hours of education HL calls	39.4

5. Case Study

M (4 years old) and A (3 years old) were a girl/ boy sibling pair living in foster care with a plan for adoption. Their OAWY Family Finder Social Worker had raised concerns about the children's sibling relationship and felt that an earlier sibling assessment had not thoroughly explored each child's individual vulnerabilities or needs nor the dynamics of their relationship. The SW felt that for this reason it was not possible to carry out effective transition and placement planning nor prepare prospective adopters sufficiently. When the case was brought to MDT for consultation a number of risk factors and concerns were identified relating to the children's circumstances and their current presentation, which merited further assessment. It was agreed that to inform placement planning the MDT would support the Family Finding social worker and carry out an updated and more thorough assessment of the sibling relationship, including their individual needs, utilizing a new sibling assessment approach developed by

Coram BAAF and currently being pilot across the country, including OAWY with involvement from the MDT.

Multi-agency consultation and co-working approach was agreed between OAWY MDT, the Family Finding SW, the LA children's Social Worker and the children's foster parents. Using co-working approach the MDT was able to support the social workers to broaden their knowledge of the assessment tools they were less familiar with. The in depth knowledge of child and neuro-development provided by MDT clinical psychologist combined with the knowledge of the impact of early adversity on children, helped the team to develop a deep and holistic understanding of each child and their presentation, their needs and likely outcomes. The multi-disciplinary approach helped to create a plan for a prospective placement and an evidence led plan of the support the children are likely to require in the future.

The MDT worked to engage the foster parents' in the process, acknowledging their critical role in having supported the children's development and in the future success of transition to adoption. The MDT and the SWs used the knowledge from most recent research from University of East Anglia to plan for the transition from foster home to adoptive family. The MDT education specialist was also able to offer advice about education planning including transition into settings and potential support to school.

This case demonstrates the effectiveness of the multidisciplinary model; the team was able to identify need in the children and provide support early in the adoption process. The approach reached beyond OAWY to the partner agencies promoting systemic, co-ordinated support around the child. The MDT approach incorporated latest evidence-based practice and new ways of working, utilising the knowledge from health, social care and education to provide integrated support. The feedback from the social workers was positive, both reporting that they had found the approach very helpful; the children's social worker was able to develop her skills in carrying out more robust sibling assessments and the family finder felt more confident in the being able to identify the right adopters for the children. Most importantly, the match for the children involved is now being progressed with a good, robust support plan in place.

5. Partnership working

The team has continued to work in partnership with other adoption multidisciplinary teams in England, in particular with Birmingham Children's Trust and Adoption Counts in Salford and Manchester. In August Birmingham Childrens Trust psychology team and OAWY MDT Occupational Therapist hosted a series of joint workshops focused on supporting children with the return and reintegration to school for adopted parents, which received excellent feedback.

The team has continued to explore future joint care pathways with a number of health providers across the WY region. Positive meetings were held with both Bradford and Kirklees CAMHS and in principle, it may be possible in the future that the OAWY MDT neurodevelopmental assessments could be accepted in both Bradford and Kirklees as part of the diagnostic decision making process, meaning that the child could join the local care pathway. The details of the arrangements needs to be discussed and agreed. The discussions with the other local areas are continuing.

The MDT clinical psychologist is a member of a new West Yorkshire & Harrogate Health and Care Partnership complex childhood trauma task and finish group, whose ambition is to have a regional strategy in relation to complex trauma including workforce training in awareness and basic response and better continuity and engagement between services at every level.