



Building My Future (BMF)

Professional reflection and recommendations regarding the BMF model

BMF Practice Bulletin #3



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Introduction

Building My Future (BMF) Programme

Targeted support for children and young people with complex needs

Ealing
Building
My Future
Programme



Between 2018-21, with support from the DfE's Children's Social Care Innovation Programme, Ealing Council developed and piloted a new programme, co-produced with parents/carers and young people, designed to address a growing need around supporting young people with additional needs who are at risk of school and social exclusion.

What is it?

Building My Future (BMF) is a responsive, multi-agency, multi-professional service, designed to support children and young people, parents/carers and schools/colleges where there may be difficulties accessing the curriculum or in attendance, due to complex additional needs.

We support children and young people who are at risk of exclusion or withdrawal from society to stay in or return to participation and meaningful activity.

The BMF anti-racism statement

'The BMF Team is resolved to explicitly and publicly affirm our identity as an anti-racist service and team. Our anti-racism commitment is reflected in the life and culture of the team, through our programmes and practices as we continue to learn about and implement strategies to dismantle racism.'

The Building My Future (BMF) Learning Series

This bulletin is part of our ongoing commitment to learning and sharing good practice. The full BMF Learning Series is as follows:

- **The BMF Practice Handbook**
This handbook is intended for professionals working with children and young people with additional needs. It is written as a practical guide for those who are curious about the approach or interested in integrating elements from the BMF approach into existing systems.
- **BMF Practice Bulletins**
 1. The importance of co-production with parents/carers and young people, in the development of the BMF model
 2. The Use of **Goals** in BMF Practice
 3. Professional reflection and recommendations on the BMF model and implications for future practice
 4. The BMF Team 'Journey' in our commitment to continue to learn about and implement strategies to dismantle racism.
- **BMF Videos**
 - A. Introduction to Building My Future (BMF)
 - B. Hidden Disability. A video devised and produced by young people and the BMF Youth workers
- **BMF Podcasts**
 - C. to explore the experiences of parents/carers within the system, relationships and different ways to collaborate, with the child at the centre of the process.
 - D. exploring the intersection of SEND and Racism, it's impact and exploring ways we can address these issues, both strategically and operationally.
 - E. BMF team reflection on journey and recommendations regarding anti-racism
- **External Evaluation of BMF.**

BMF Library can be accessed here:



<https://www.egfl.org.uk/services-children/building-my-future-bmf-programme>



Watch the Introduction to BMF video here:
https://youtu.be/3JThz_ybeHA



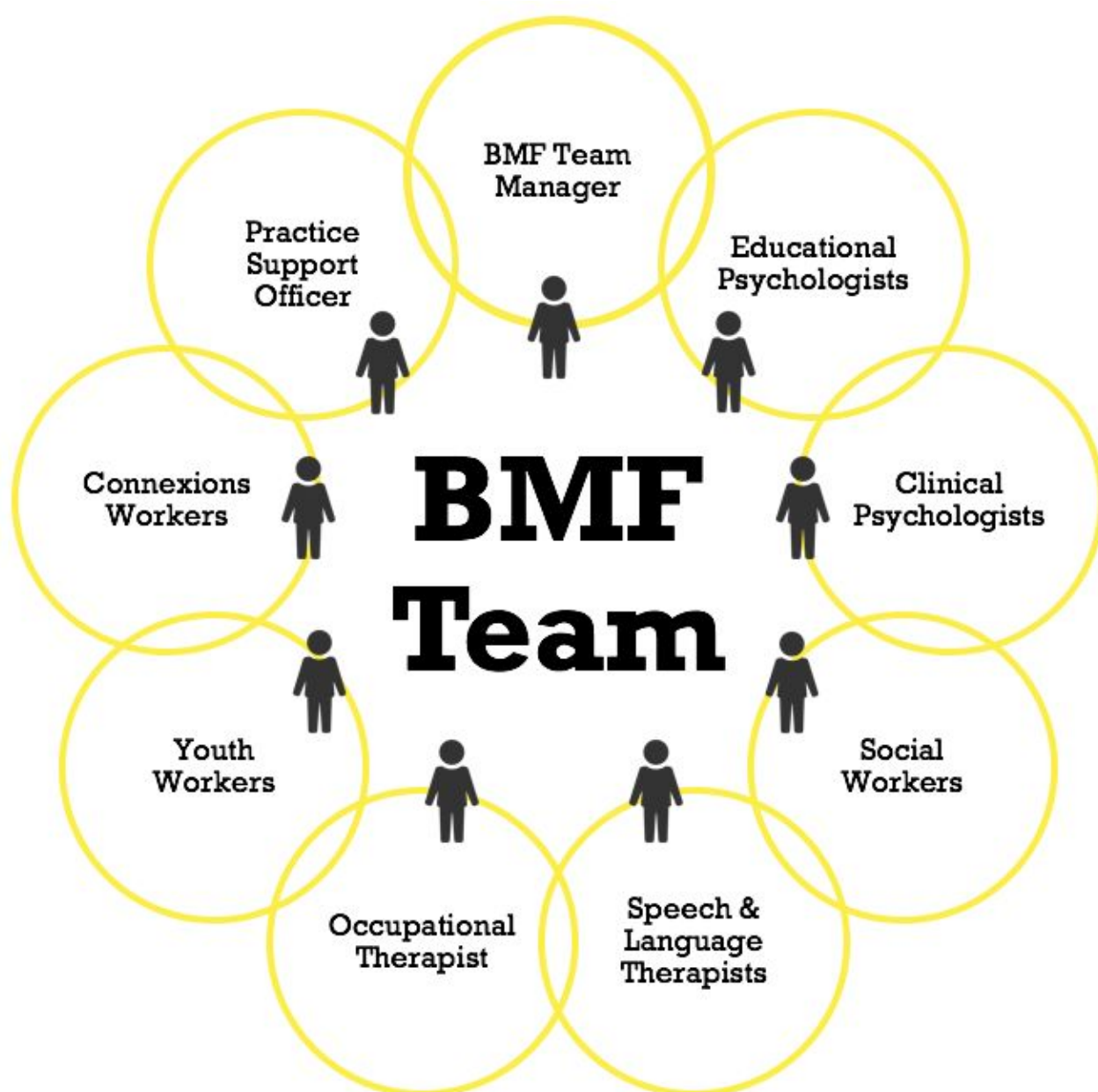
Introduction

Professional reflection and recommendations on the BMF model

The aim of this BMF Practice Bulletin is to give each member of the team an opportunity to reflect upon their experience of working within the BMF model, practice and principles.

They have shared these professional reflections in the hope that they will be informative and useful to colleagues within their own profession in considering adopting the learning from BMF within their own practice and in professional practice discussions

There are a number of team members from the same profession within BMF and they have chosen to combine their reflections into one response.



EDUCATIONAL PSYCHOLOGY

How would you describe BMF?

The key elements of our role within BMF

Case management

- Organising network meetings to help with shared understanding of Child/Young Person (CYP) and/or action planning, regular liaison with parents and school (often supporting them, containing anxieties, being available, accessible, and responsive).
- Advocating for CYP and their families. 1:1 sessions with young people if appropriate.
- Referring CYP to other BMF colleagues involved as necessary e.g. Clinical Psychology/Social work.

Specific EP Work

- Observing students in lessons and/or working with them.
- Raising profile of CYP in school, helping to improve understanding of a CYP's needs amongst staff who work with the CYP.
- Following up/ monitoring/ reviewing how CYP is doing, liaising and giving advice where appropriate to BMF team members.
- Supporting with transitions (primary – high school and high school/ specialist high school – mainstream college).
- Providing strategies to schools to support with CYP's educational outcomes and social, emotional wellbeing.

What skills are required to fulfil this role?

- Conflict management skills, formulation around views to come to holistic understanding of the CYP needs.
- Creative thinking towards problem solving in cases that are complex and/or stuck.
- Responsiveness, listening, empathy.
- Knowledge of school systems and schools as organisations.
- Knowledge of child and adolescent development.
- Knowledge of statutory processes around education (EHCP process).
- Experience of working with children, adolescents, parents and school staff.
- Advocating for the CYP and keeping them at the centre (this may mean ensuring their voice is heard in a meeting in which they are not present and also being persistent in following up on matters with other professionals).
- Having discussions and being able to challenge in team discussions to facilitate learning and understanding and promote positive outcomes for the YP.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

- A team-wide focus anti-racist practice, in both the structure of the team and approach to individual casework.
- Child centred has always been a focus of EP working, however, the structure of BMF has allowed for us to prioritise and child and family centred working and this is key to all of our work.

Multi-disciplinary team working

- Working within social care systems (Mosaic) and our manager is Social Worker.
- Working so closely with other professionals within a MA team, and working alongside and with professionals we have not worked with previously e.g. Youth Workers and Clinical Psychologists.
- Access to different systems through BMF team e.g. Rio, SystemOne, Mosaic, Youth Justice system. Which allows for easy access to CYP background and previous professional involvement.
- Freedom to use (and make use of) colleagues' full range of professional skills and knowledge because less hampered by statutory duties etc.
- Prior to Covid 19, being in the same room/ office – protected space to be able to talk openly about cases with professionals in the team re: solving problems with cases that we jointly own.
- See team members more frequently. (reframe in the context virtual working at present). Share practice through team meeting, case discussions and referrals.

Non-Statutory working

- Not writing statutory reports/ doing statutory duties.
- Smaller caseload so can work more intensively with families and better relationships built with parents and young people.
- Allows for a wider remit of EP role in terms of ongoing follow up support over time rather than a one-off visit + report .
- Less emphasis on completing doing cognitive assessments (important that BMF EP was not seen as a short cut to EP service – they should access their allocated school EP in a fair and transparent way, as needed)
- Being able to follow up e.g. with transition cases, as my work is case led, not dependent on which allocated schools I'm working with.
- Working from a preventative stance as opposed to reactive working e.g. when a placement has already broken down or a child is at point of crisis.

EDUCATIONAL PSYCHOLOGY

- Being a main point of contact for parents/carers (overseeing and coordinating casework, acting as a 'Lead Caseworker')
- Being able to observe and have access to CYP in other community settings e.g. at BMF Life Skills (at Youth Centre) or on BMF trips in the community, which provides a unique and different perspective, and also EP perhaps viewed differently in this context.
- Being involved in most cases across the team, even if not Lead Caseworker – supporting team members to support positive outcomes for CYP and offering advice from an educational perspective (regular consultation with team members).
- Having the opportunity to be involved in diverse projects such as Podcasts with parents/carers.

What are the advantages in working within BMF model/practice?

- Do things quickly- timeliness of the intervention
- Shared understandings and professional perspectives
- Gaining information about child quickly
- Quick referrals to other professionals in team (no long waitlist)
- Small caseload can build relationships and have intensive involvement for short period of time.
- Child centred focus
- Creative ways of working e.g. podcast.

What are the challenges in working within BMF model/practice?

- Unrealistic to replicate in other services because other pressures, e.g. high caseloads, statutory duties.
- Assumptions being made about your profession/role
- Assumptions being made in cases in reference history in social care systems/other databases.
- Group dynamics during discussions- some voices could be more influential than other voices.
- Other services withdrawing support because BMF involvement.
- Other services assumptions about what BMF does- understandings around purpose and role.
- Time limitations.

Is there any learning I can share within my own profession, which may enhance thinking & practice?

- Being the main point contact allows for the caseworker to learn things quicker and consequently react quicker.
- Working in social care system helps gain information around the CYP's background more quickly and understand the context of situation. This inclusive of seeing prior professional involvement.
- Working as a MDT assists in being able share knowledge and share perspectives on situation etc.
- Anti-racist practice as a team/system, facilitates for all team members having a collective understanding as a team and shared perspective.
- The opportunity to have time to engage in relationship building with CYP and family supports in being able to enacting change more effectively. E.g. Ongoing involvement, building trust.
- Gaining an understanding of a young person in their wider contexts- which gives us a wider sphere of influence e.g. community, homelife etc. and understanding the impact that this may have in order to influence intervention in a wider range of contexts.
- Being the main point contact allows for the caseworker to learn things quicker and consequently react quicker.
- Working in social care system helps gain information around the CYP's background more quickly and understand the context of situation. This inclusive of seeing prior professional involvement.
- Working as a MDT assists in being able share knowledge and share perspectives on situation etc.
- Anti-racist practice as a team/system, facilitates for all team members having a collective understanding as a team and shared perspective.
- The opportunity to have time to engage in relationship building with CYP and family supports in being able to enacting change more effectively. E.g. Ongoing involvement, building trust.
- Gaining an understanding of a young person in their wider contexts- which gives us a wider sphere of influence e.g. community, homelife etc. and understanding the impact that this may have in order to influence intervention in a wider range of contexts.

CLINICAL PSYCHOLOGY

How would you describe the role of Clinical Psychology within BMF?

- A highly varied role offering a range of Clinical Psychology input at different stages of the referral intake, intervention, and discharge process.
- This might be through consultations within BMF disciplines, with wider networks such as school, and/or through direct intervention work with families and young people.
- Key elements of Clinical Psychology within BMF has been to provide knowledge around mental health presentation, intervention and risks in children, young people with additional needs, and offer consultation to team members and networks around these areas.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

- As a result of working within one multi agency multi professional team, quick access and communication across systems and services has been consistently possible with added benefit of being able to gather insights and knowledge from different disciplines.
- Opportunities to be involved with, guide and structure psychological elements of care within wider systems, networks and pieces of work.

What are the advantages in working within BMF model/practice?

- Having close access to Youth Workers and Connexions as a fundamental part of the service have greatly enhanced and supported interventions from Clinical Psychology and supported the preparation for future support.
- The BMF model allows the team to remain flexible and needs-focused, so that priority is given to planning and offering an intervention package that would be of most benefit to the young person and family.
- Clinical Psychology has been able to apply a wide range of psychological models and intervention which are based on what would be most impactful for the individual at that point in time.
- Working in a multi agency team that involves social care to be able to address systemic and environmental factors that may be impacting an individual to support long-term outcomes and support.

- Sharing information across a range of information systems (Mosaic, System one, RIO for CAMHS, Youth Justice, Connexions, SENASS etc) to which the multi agency team have access has been key for safeguarding and keeping the needs of the child at the forefront of our work.

What are the challenges in working within BMF model/practice?

- BMF was an Innovation programme and as such there were changes in the planned duration of the project. These were positive changes, in that funding was extended, but it also created challenges in knowing what psychological work could safely and ethically be started when time scales were often potentially very short, e.g. during the final 3-month extension.
- It was important to always remain mindful and aware of the potential impact of starting a piece of therapeutic work without the time frame and space to be able to complete this fully and balancing the benefit and risk of this.
- Ongoing challenges for Clinical Psychology around information governance when recording notes on different systems and the logistical difficulties of risk documentation

As the BMF service comes to an end, the Clinical Psychology team have reflected on how we may have developed the role further

- We reflected on the importance of routinely making time to focus on enhancing thinking in practice across all professions. In hindsight, a way to do this could have been a rota to ensure opportunities for professional development across disciplines.
- Developing and implementing regular skill sharing opportunities within the team may have been productive to further support MDT working. For example through workshops on psychological models including cognitive behavioural therapy, anxiety management and their application to different mental health presentations.
- Considering completing screenings/consultations for new referrals to gather important initial information on needs, risks and presentation which may have further supported team discussions and help to inform decisions.
- We would have liked to consider running a series of groups for service users on topics related to social skills, anxiety management, self-care and wellbeing.

Is there any learning I can share within my own profession, which may enhance thinking & practice?

- The richness and effectiveness of a very highly experienced MDT “on tap”.
- Relatively smaller caseloads has afforded greater flexibility and capacity to include home visits, school visits and back to the office for appointments.
- Ensuring that I can be the voice of the young person in the correct forums and get the work of BMF done both directly with the YP and indirectly through the systems they function in, e.g. school.
- With the BMF service coming to an end, it has been helpful to be reminded that fairly short psychological interventions can still be extremely valuable, particularly given the ability to be flexible and targeted in one’s approach.
- Developing agreements and systems early on to facilitate appropriate, efficient and effective note keeping across NHS and local authority systems.

How would you describe your role within BMF?

There are two Senior Social workers in the BMF team.

- Senior social worker Children's
- Senior social worker Adult's

What are the key elements of your role within BMF?

- Lead case holders for a number of cases, and supporting worker on a number of BMF cases held by other members of the BMF team.
- Being confident in our field amongst similarly confident professionals and confident to share opinions.
- Not afraid to help each other and query our own views, assumptions, and cultural challenge.
- Sometimes no wrong question or answer and no one needs to be defensive about giving their professional view.
- Respect for others knowledge, finding it easy to ask questions and challenging our own reflections.

What skills are required to fulfil this role?

- Building trusted relationships with families and professionals, listening to, accepting, and working collaboratively with different perspectives in the young person's network. Professional confidence built up from experience of providing support in a range of complex situations in the field of learning disability and safeguarding social work. An understanding of the structure of health services and SEN education and the role of key professionals in supporting families.
- Assessing, planning and formulating and delivering programmes of intervention with young people, parents and networks.
- Holding professional boundaries with other teams and agencies and having patience with less flexible and service structures. Navigating the fine line between working alongside organisations as professional peers and highlighting any gaps in the support being provided to young people.
- Being prepared to work with families and professionals for whole system change over time, working with resistance and misunderstanding of disabilities and equality.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

Having discussed this between ourselves the most appropriate description of our role which has a more clinical focus, would be a clinical social worker, although this designation is rarely recognised in the UK.

Working in a multidisciplinary team has no comparison and two professionals from different backgrounds saying the same thing from different perspectives carries a lot of weight.

Unless a young person already has other involved professionals, it would be hard to even get advice without going through a formal referral pathway, filling in a form, and perhaps being on a waiting list.

In other teams it is only picked up once a young person is allocated. This way of working in BMF has been invaluable.

Previous roles, particularly those that are statutory often do not allow for the creative and free thinking into assessment and support planning and how to keep the young person at the forefront of interventions.

Due to time constraints, caseloads and time frames for assessment you are often trying to manage your role against organisational expectations, budget constraints and the ability to consider more services which may be more bespoke is not always an option, nor do you have the time to fully research and explore these kinds of options.

The ability to be able to think more broadly, consider support options and liaise with young people to see what they want from the support is a huge benefit of the BMF way of working.

This assists us to build those relationships and rapport to be able to work effectively with young people and their families more effectively and on the goals they want to achieve.

SOCIAL WORK

Is there any learning I can share within my own profession, which may enhance thinking & practice?

Social workers are familiar with seeking multiagency working and are very adapted as a profession for creativity and learning from other professions. Given the time and space social workers would develop their practice in the best way to fulfil their roles.

Compared to the other professions, the flexible and responsive way social workers work with clients means that a lot of support provided goes unrecorded and sometimes unacknowledged. In addition, the structured criteria of time spent with clients for visits etc causes repetition as forms tend towards the same questions being asked at each session. which could be used for planned sessions with goals at each session.

We have integrated the shared resources from other disciplines into our practice which would not usually be available. Many of these are useful to social work and not difficult to become familiar with.

For example, but not limited to, from SLT we have Social Thinking resources; from Clinical Psychology, ACT Matrix and Mentalization practice, and from OT, we have Zones of Regulation and foundation sensory development.

SPEECH AND LANGUAGE THERAPY

How would you describe BMF?

- The Building My Futures team is a multi-agency team across health, education and social care. The team is made up of a variety of different disciplines including social workers, youth workers, occupational therapist, clinical and educational psychologists, connexions advisors and a speech and language therapist.
- The BMF team support children and young people with additional needs aged 5-25 who are at risk of home or school placement breakdown.
- BMF work with the child/young person and their network (e.g. parents/carers and schools/colleges) on jointly set goals that aim to improve their wellbeing, activity and participation

Is the BMF way of working / principles different to the way I have previously practiced/worked?

- The BMF team has been incredibly well resourced and therefore I have been able to work more intensively with children, young people and their families.
- Within the BMF model, each professional within the team has been assigned a number of cases for which they are the "Lead Caseworker".
- Being the main point of contact for parents and schools within this role has enabled me to build stronger and better relationships with parents/carers, schools/colleges and young people.
- By being multiagency team, I have contributed to case discussions at referral and group supervision sessions and been able to have relatively instant access to a vast wealth of knowledge and experience from the other professionals within the team, both to consult and work collaboratively with and increased my understanding of other professional roles.
- The BMF way of working is incredibly flexible and adaptable, allowing greater personalisation of the service offered to ensure it is tailored to the child's needs e.g. where the service is offered, the frequency, the length of support.
- Delivering workshops on communication for Young People as part of BMF Life Skills Programme, e.g. Body Language, Conversation Skills
- Young people are able to practice communication skills in the natural but safe context of Life Skills sessions lead by Youth Workers.

What are the advantages in working within BMF model/practice?

There are a wide range of advantages of working within the BMF model which include:

- Increased time and opportunity to look at the young person 'in the round'. The multiagency referral meetings have been invaluable in ensuring that a fully holistic view of the child/young person and their network is established.
- Emphasis of the child/young person's view being the centre of our support
- Ability to explore young people's communication needs in relation to a broad range of social contexts and community settings
- Referrals from parents and other services have meant that those referring have been ready and willing to engage in carrying out the support and advice provided
- Opportunity to develop a wider range of clinical knowledge and tools related to communication and SEMH in adolescents and young adults e.g. Zones of Regulation, Social Thinking, CBT

What are the challenges in working within BMF model/practice?

Some of the disadvantages, however, are:

- The cases presented to the BMF team are increasingly more and more complex. It can be difficult to establish and set expectations that we cannot "fix" or "solve" all the difficulties presented; instead, we are only able to support with one small piece of a much bigger picture.
- The funding for BMF has always been timebound meaning that there have often been periods of time where we have not been able to take on new cases and have had to close existing cases before having had our full impact

SPEECH AND LANGUAGE THERAPY

Is there any learning I can share within my own profession, which may enhance thinking & practice?

Key learning that I would share with my own profession to enhance thinking and practice is:

- Flexibility in working with and supporting children and young people. Often, as a profession, our work is focussed and completed in education setting but it is worth considering where else we can support e.g. at home, youth groups
- Multi-disciplinary working has always been considered by my own profession a gold standard and invaluable but can often be difficult to achieve due to the different pressures and time constraints of each professional.
- From the BMF practice, I have found that when a service is well-resourced, time for multi-disciplinary working is explicitly carved out and cases are appointed a lead worker consistent MDT working is possible, and with fantastic outcomes.

OCCUPATIONAL THERAPY

How would you describe BMF?

I would say it is a multiagency team who work with young people where there is a risk of breakdown of the school placement, one key professional is the named case worker and coordinates the BMF input.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

I have worked with multi agency teams however this team had more agencies and had regular meetings for referrals and decision making.

Also BMF addressed wider issues such as antiracism practice and was innovative with other projects such as Podcasts

What are the advantages in working within BMF model/practice?

The multiagency aspect of the model, which is better way of working for the young person and family and is more efficient.

What are the challenges in working within BMF model/practice?

Perhaps could have had shorter meetings, however I still found the meetings useful.

Is there any learning I can share within my own profession, which may enhance thinking & practice?

I would continue the case discussions which I found really useful with the OT Team.

I am going to continue with the Antiracism actions in practice and work with the OT Team.

How would you describe youth work within BMF?

Youth Workers fit perfectly in to the Building My Future Model acting as advocates for young people, ensuring the young person's voice is heard, working directly with the young person and in some cases bridging an education gap by the role of informational education.

Youth Work in the BMF model is in some respects different from traditional generic youth work.

- BMF youth work adopts a targeted youth work approach, offering both 1 to 1 support and groupwork.
- Youth workers work in collaboration with the rest of the team to support the young person and support the work the team does with the family and network e.g. school.
- Youth workers are involved right from the start at the referrals meeting. This allows the youth workers to hear the presenting issues for the young person, family and school, to ask relevant questions which come from a youth focused lens and to support the young people directly on issues affecting them. This way of working supports young people who are vulnerable and may not access traditional youth work services.

Themes

Young people accessing BMF Youth workers can be categorised in to three groups.

1. Young people who are experiencing social anxiety and have mental health needs. These young people may not leave the home, they may have poor social skills and low confidence and self-esteem.
2. Young people who have an undiagnosed additional need. These young people are often struggling academically and with behaviour in school. School find it difficult to manage their behaviour and give them the support they need due to not fully understanding their needs.
3. Young people who have a diagnosed additional need. These are young people who often need support in understanding their additional need. The network may struggle to put in place what the young person needs, or the network may misinterpret the young persons need.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

- Closed targeted sessions (BMF Life skills Group) – these allow young people to have a safe space and find other young people in similar circumstances to themselves. Although they rarely discussed their personal circumstances there was always an underlaying understanding that everyone was in the group for a similar reason. Having the closed group ensured that we really understood the young persons needs and was able to tailor our sessions and support that we offered.
- We were able to build a good relationship with some parents, which supported the work that we did with the young person. Traditional youth work would usually focus solely on the young person and rarely liaise with parents.
- We would regularly feedback the progress of a young person attending the sessions to their case worker and other professionals supporting, discussing aspects of their behaviour, social skills, confidence levels etc. Traditionally we would only discuss another young person if necessary. In the BMF model discussing how a young person was progressing during youth interventions formed an important part of the work that we did and contributed to the BMF plans, EHCPs, annual reviews, network meetings etc.
- Understanding of the bigger life picture for a young person. e.g. family dynamics, schools, health etc. Having a wider picture of the young person and their circumstances has allowed us to really tailor the support we offer. Unlike generic youth services which may be unaware of certain areas of a young persons life.

What are the advantages in working within BMF model/practice?

There are a wide range of advantages of working within the BMF model which include:

- Increased time and opportunity to look at the young person 'in the round'. The multiagency referral meetings have been invaluable in ensuring that a fully holistic view of the child/young person and their network is established.
- Emphasis of the child/young person's view being the centre of our support
- Ability to explore young people's communication needs in relation to a broad range of social contexts and community settings
- Referrals from parents and other services have meant that those referring have been ready and willing to engage in carrying out the support and advice provided

What are the challenges in working within BMF model/practice?

- In the early days the voice of the youth workers was heard less during team meetings, referrals, discussions. Through the usually group dynamic process, the team has evolved to a point where all professionals are valued and acknowledged for the skills they bring to the team. Youth workers are now recognised as professionals that may have a unique insight in to a young persons' life from a social perspective and also may have built a trusting relationship with the young people. Youth workers are also recognised in referrals meetings or discussions by bringing an important perspective and lens, focusing on the young persons voice and needs.
- Confidentiality was spoken about in great lengths in the early days of the project, for all professions. Being able to share information and gain support from other professionals in the team has been integral.
- Tailoring the support you offer can take up more time e.g. having to learn and understand about different needs and adapt sessions.
- Losing focus from the personal and social develop of the young person, when other professionals highlight areas of concern.
- Ratios for group work may need to be smaller in order to give young people the support they need.
- Getting lost in the family, home and school dynamics.

Is there any learning I can share within my own profession, which may enhance thinking & practice?

Key learning that I would share with my own profession to enhance thinking and practice is:

- Ensuring that youth work involvement is voluntary. Sometimes parents would want to force young people to attend sessions, this makes it challenging for any relationship to be built or maintained and it can also take time away from other young people who do want to engage
- The BMF model enable the youth workers to:
- reach an otherwise hard to reach or hidden group of young people.
- tailor the work you do around the young people
- get support and advise from other professionals easily – for example techniques of how to engage someone with a learning disability. How to support someone with mental health needs in social situations etc.
- Youth workers get to know a more rounded version of the young people you support and their networks, understanding more about their home and family life, their school situation.

Reflections on the BMF Life skills group

The BMF Life Skills group is a weekly youth group open only for young people on the BMF programme. The sessions are structured having a balance of structured life skills workshops, free time and sports activity.

We had two very different cohorts that we worked with on the BMF Life Skills group.

- Cohort one: this was a group of young people who were focused on completing the Bronze Duke of Edinburgh award. Many of the young people were previously socially isolated and enjoyed learning new skills and building confidence.
- Cohort two: this group was focused on building personal and social skills. Many young people in this group were often excluded from school for behaviour challenges.

What Worked:

- Tailoring the structure of the group to the young people's needs and being flexible during sessions
- Having youth workers who are involved in the BMF work who understand the young peoples additional needs and circumstances.
- The group being closed to BMF only, allowed young people to feel safe, comfortable and find young people who have similarities.

Challenges:

- Offering the Duke of Edinburgh and AQA's wasn't for all young people.
- Having enough staff that fully understand the young people's circumstances.

BMF Youth work one to one support

BMF Youth work one to ones

Youth work one to ones have given young people an opportunity to have an open non-judgemental space for them to talk about what is going on for them, work towards completing goals, to learn about subjects and access extra curricula activities.

Categories of the the one to ones approaches we have delivered:

1. Coaching approach – Supporting them to complete a goal.
2. Mentoring approach – Giving a safe space to explore and discuss issues
3. Educational approach – Delivering specific sessions to inform a young person about a particular subject area.
4. Community based approach – Supporting them to access the community, to leave the house, travel, attend activities.

Positives: Starts from where the young person is at; focuses solely on the young person rather than other agendas; gives young people an advocate, who understands from their perspective what is going on for them; gives young people an opportunity to reflect on previous experiences supporting them to learn and develop from them.

Challenges: Some young people are not open to engaging in a one to one with youth workers and still wary about the information we may share with others; Young people with additional needs may need more time to complete goals, they may need things explained in different ways and multiple times, they may need handouts and regular reminders, which can mean providing more sessions; When young people are not yet independent, using phones or travelling, booking one to ones is through parents, which can be difficult if parents are not fully onboard or busy.

CONNEXIONS-CAREER ADVICE

How would you describe Connexions Career Advice work within BMF?

- Working as a Career advisor in BMF has benefited young people on the programme and their parent/carers to enable them to make informed choices in key transition periods.
- Having Connexions provision helps support the young person in discussing their aspirations, empowers them to make their own decisions and helps establish a pathway for their future..
- Giving guidance and offering intensive support to young people during the programme has also given the parent/carers confidence that their child/adults needs have carefully listened to, considered and been met.
- Supporting and liaising with schools, colleges and employers in their understanding of the young person's needs and helping them plan for any modifications to their practice, which would enable a positive transition.

Is the BMF way of working / principles different to the way I have previously practiced/worked?

- Having the opportunity to work closely with other professionals within the team e.g. with the Educational Psychologists, has enabled a coherent approach to school stabilisation and relationships, supporting the young person with their educational attainment and a establishing a pathway for further education/ employment.
- Other members of the team, such as the clinical psychologists and youth workers contributing to the young person's confidence and ability to travel independently.
- Being able to contribute to case meetings by accessing our own data base and giving advice on the possible provision which would be available.
- Delivering consultation to parents / young person has given them the chance to express their views outside of speaking to a school adviser.
- We have also been able to look at the Young person in a holistic way and advise according which has made resulted in significant changes to the young person's life and future prospects.

Is there any learning I can share within my own profession, which may enhance thinking & practice?

Key learning that I would share with my own profession to enhance thinking and practice is:

- A multi agency, multi professional approach is much more effective in meeting the needs of the young person.
- Reflection on the Care & Treatment Review (CTR process): If multi agency, multi professionals (as we have within the BMF team) were able to come together sooner (and not just through CTRs), rather than at crisis points, we may be able to provide better, earlier support before a situation deteriorates.
- There is still much to do in terms of professionals across children and adults service to improve, not just our understanding of autism, but to be able to offer meaningful support to young people who are trying to make sense of how autism impacts on them.

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BMF Library can be accessed here:

<https://www.egfl.org.uk/services-children/building-my-future-bmf-programme>



Watch the Introduction to BMF video here:

https://youtu.be/3JThz_ybehA