

# Building My Future

## Practice Handbook



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Foreword

# Welcome to Building My Future

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

.



Watch an introductory video here:  
[https://youtu.be/3JThz\\_ybehA](https://youtu.be/3JThz_ybehA)



# Why Ealing?

## Why now?

- Ealing, a West London borough, has a youthful, ethnically diverse population with over 170 languages spoken in schools. While 14% of pupils are identified as having special educational needs, a relatively high proportion of them (3.4%) have an Education Health & Care Plan (EHCP).
- Between 2018-20, with support from the DfE's Children's Social Care Innovation Programme, Ealing Council piloted a new programme designed to address a growing need around supporting young people with additional needs who are at risk of school and social exclusion.
- The concept of Building My Future (BMF) builds on ideas for targeted support set out in Putting Children First (2016), as well as recommendations identified in the Lenehan Report. It aims to build evidence and identify *what works* with vulnerable children and young people with disabilities aged 10 through to 25.
- The young people would include the Transforming Care cohort e.g. those who may have learning difficulties and autism, or both, and behaviour that challenges and/or a mental health condition. For some children these issues will be very apparent. For others they may appear to function at school but have high level needs that result from crises such as family breakdown, school exclusion, or health placements.
- The targeted support service builds on Ealing's nationally recognised Intensive Therapeutic and Short Breaks Service (ITSBS), a multi-agency collaboration that enables young people with LD and challenging behaviour to remain within their family/community. ITSBS's approach combines Positive Behavioural Support (PBS), therapeutic interventions/models with families/children, additional short breaks and close joint working with Social Care.
- BMF applies the principles of the above model to a much wider cohort at an earlier stage (mainstream schools), providing improved assessments and multi-agency interventions. The measures are aimed at reducing the risk of residential and day special education placements, improving health and mental health outcomes, and enabling successful transitions to adulthood.
- Over 24 months a multi-agency team based at Ealing Service for Children with Additional Needs (ESCAN) collaborated with the Ealing Parent Carer Forum, parents and young people to co-produce this pilot, refining and growing the service, which became known as Building My Future (BMF).

## Foreword

# The Building My Future (BMF) Learning Series

This Practice Handbook 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.

Ealing  
Building  
My Future  
Programme



### ➤ BMF Podcasts

- A. 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.
- B. exploring the intersection of SEND and Racism, it's impact and exploring ways we can address these issues, both strategically and operationally.
- C. 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](https://youtu.be/3JThz_ybehA)



A young man with short brown hair is sitting on a rusty, blue-painted metal beam. He is wearing a grey Adidas hoodie with black sleeves, blue jeans, and black and white sneakers. He is looking directly at the camera. The background is a bright blue sky with scattered white clouds. A large yellow diagonal shape is on the right side of the image, containing text.

Introduction

# Building My Future

# Building My Future

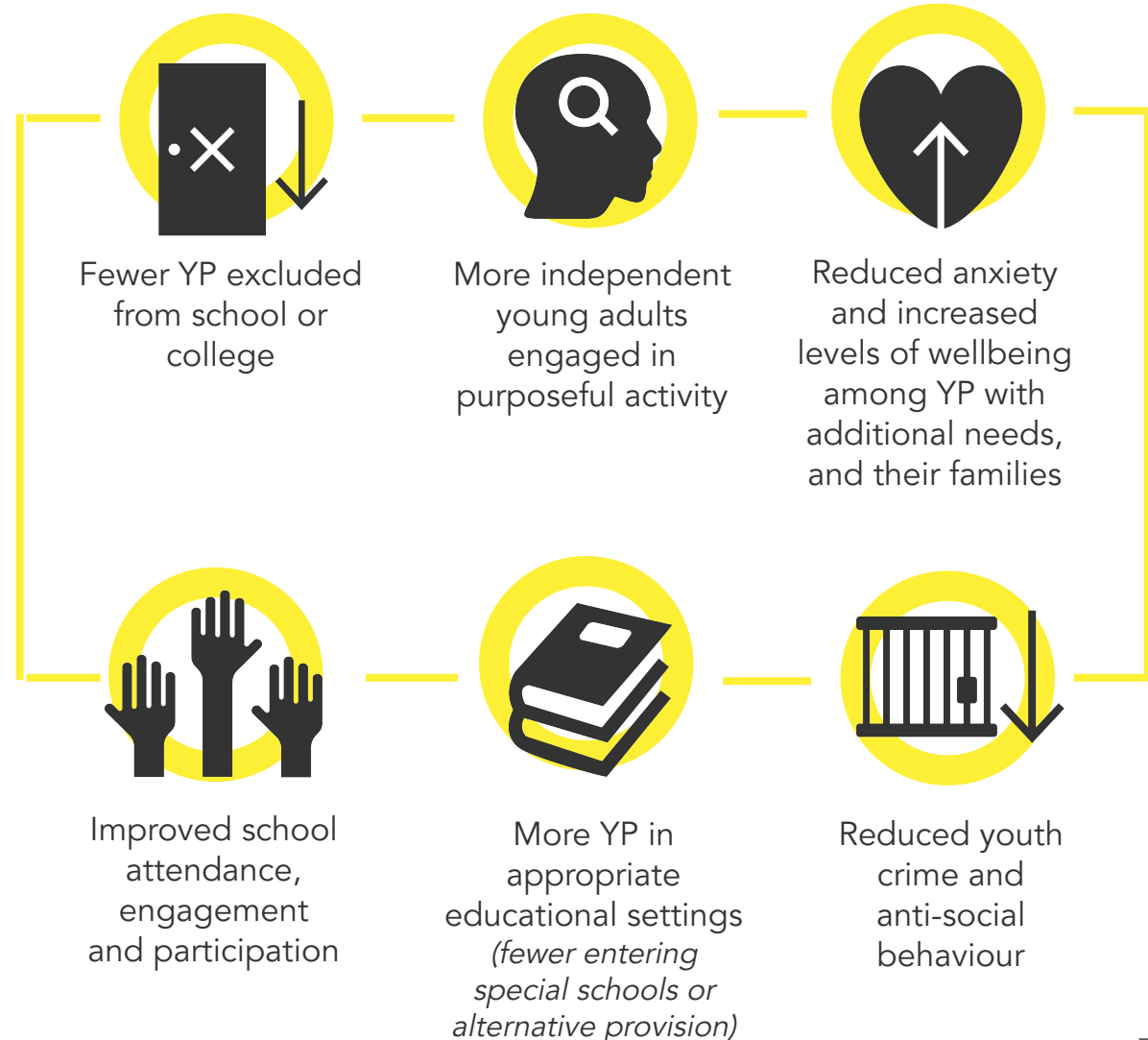
Targeted support for children and young people with complex needs

## What is it?

Building My Future (BMF) is a responsive, multi-professional service, designed to support 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 young people who are at risk of exclusion or withdrawal from society to stay in or return to participation and meaningful activity.

## Outcomes we seek:



# BMF's impact

We achieved 97% (151) of the target number of 156 accepted referrals into the BMF Team\*.

The BMF management report indicates very positive impact of the BMF intervention on criteria outcomes (see opposite) and high levels of satisfaction:

- 94.1% Young people found BMF support **helpful**
- 89.7% Feel **more confident** at case closure
- 91.2% Parents and carers found BMF support **helpful**
- 83.8% Parents and carers feel **more confident**
- 85.3% Referrers feel **more confident** in supporting the young person with their needs

\* During pilot period

## Criteria outcomes

% change from BMF allocation to case closure



Youth crime

**-66.6%**



Anti-social behaviour

**-45.5%**



Persistent absence from school

**-77.1%**



Fixed-term exclusion

**-75.0%**



Permanent exclusion

**-66.6%**



Not registered at school/missing from education

**-47.6%**



In alternative provision

**-53.3%**



Mental health/anxiety

**-65.6%**



NEET

**-53.9%**



# Who we work with

Children and young people with additional needs

## Inclusion criteria:

- Ealing residents aged 10-25
- Have learning difficulties and additional needs
- Receive at least one agency intervention from agencies outside the facility or school
- Are generally below the statutory threshold for social care interventions
- May not have a formal diagnosis

**Additionally, they may also present with one or more issues such as:**

- Mental health needs
- Behaviour that challenges others
- Do not attend school or work
- At risk of offending

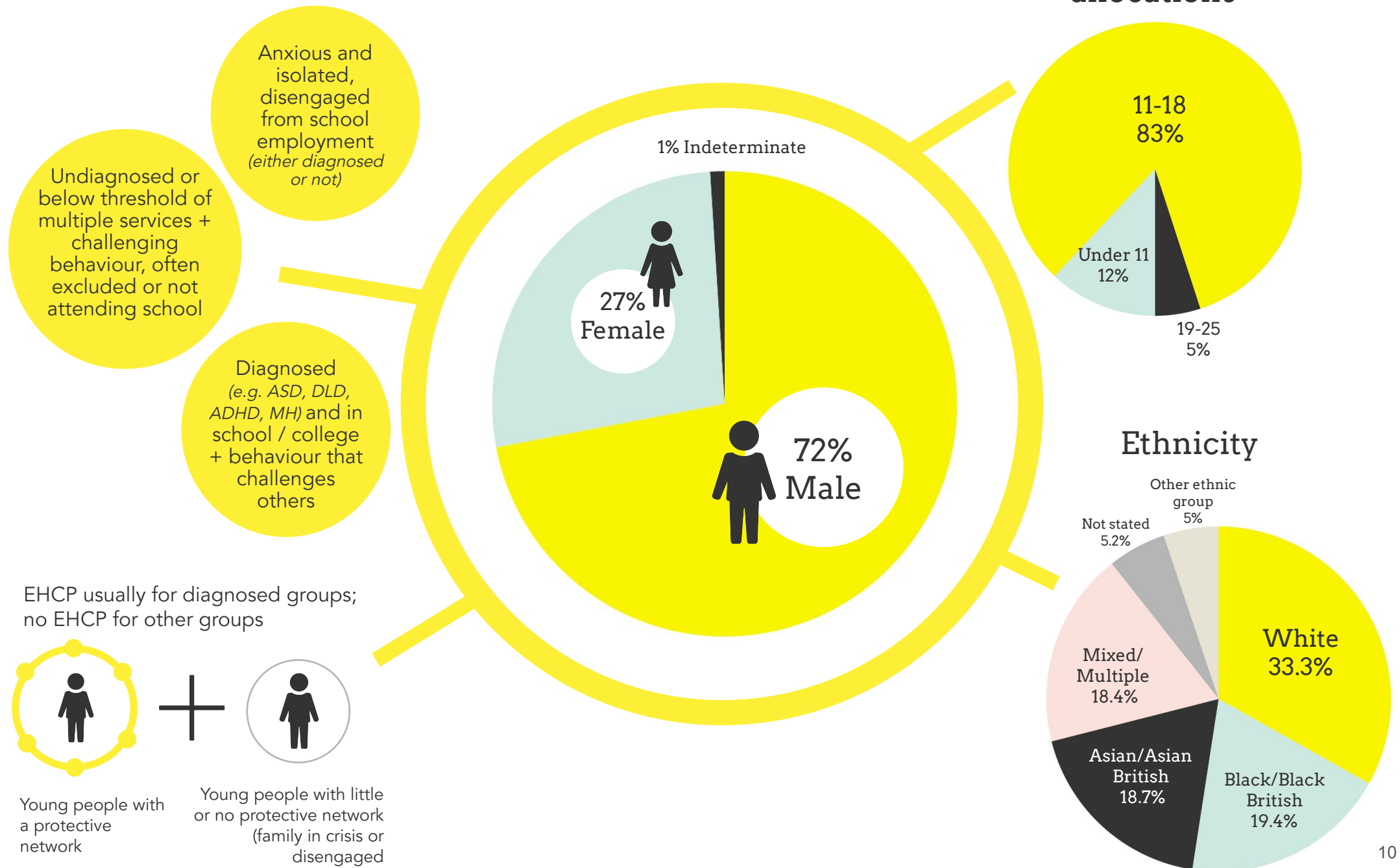
## Characteristics

**The young people we work with:**

- Are either facing or approaching a crisis point and urgent intervention is necessary
- Lack resilience and/or protective factors to cope with past trauma or significant life issue
- Are unable to access the right service for them, or are particularly isolated and hard to reach
- Previous interventions have not been successful



# Who we work with



# Who we work with



Suzi, 11

## Suzi's story

- Suzi is 11 years old in Year 7 and has a diagnosis of ASD
- Her attendance at school was falling (40%) at the beginning of her engagement with BMF. Suzi said she did not want to go to school and had cut herself
- The school said that Suzi did not follow instructions, struggled to organise herself and often did not do her homework
- Mother said Suzi was being bullied at school and that school were torturing her daughter. Suzi's mother was very worried and was not sure whether to keep Suzi at that school
- The BMF Team Educational Psychologist took the lead professional role

## What the BMF team did for Suzi

- The Educational Psychologist held meetings with key school staff and Mum and built a rapport with Suzi
- A joint plan was developed to make life easier at school - in the classroom and with other children
- A Speech and Language Therapist identified Suzi's difficulties in understanding language and provided strategies for reducing the amount of language, keeping it literal and supporting organization
- The team assisted in setting up Friendship Group in school
- The Clinical Psychologist supported Suzi with her anxiety and developed a self-harm safety plan
- School and home support for anxiety



## What was the impact of BMF for Suzi?

- Attendance at school increased > 80%
- School staff reported they have a better understanding of Suzi's needs and felt more confident in supporting Suzi day to day. Suzi has "good days and bad days" with her behaviour in school
- Suzi says she now has some good lessons in school
- She has a new friend
- Suzi's mother is happier with the school's approach to her daughter. She intends to keep her there
- Mother has a better understanding of her own needs and how to support Suzi when she is anxious



# Who we work with



Paul, 15

## Paul's story

- Paul is 15 years old and is in Year 10
- Paul's behaviour was becoming more disruptive at school, he was fidgety and was often agitated and angry
- He wants friends but struggles in the playground
- Paul is at risk of being permanently excluded
- His mother is concerned about rows at home
- He spends most of his time playing computer games
- Poor self-care
- A BMF Social Worker took the lead professional role

## What the BMF team did for Paul

- The BMF Social worker worked with the family and found that Mary was very fearful following a history of domestic violence
- The team supported Mary to identify people within her family and friends to draw on for practical support
- Advised on ways to increase positive time with Paul & reduce screen time
- The BMF Occupational Therapist worked with school and Paul
- Identified behaviour 'triggers' & strategies for the classroom
- Helped him to manage his emotions
- Included Paul in a self-care workshop
- BMF Youth worker provided a safe place to discuss hopes, fears & aspirations
- Introduced and encouraged Paul to join the Life skills programme and arranged sessions of boxing & the gym for Paul

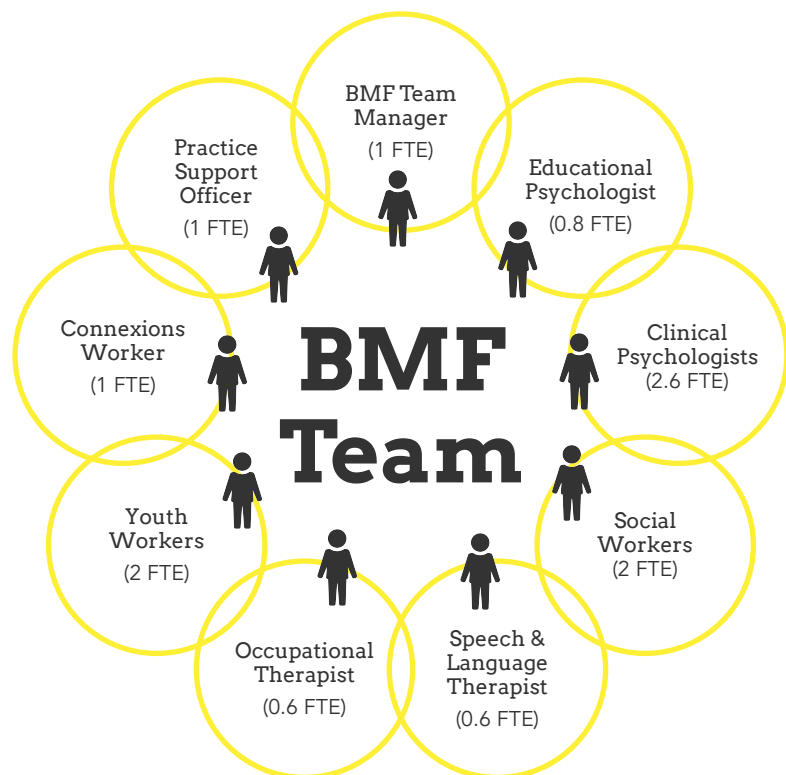


## Impact and Outcomes for Paul

- Staff reported feeling more confident in supporting Paul
- Reduction in incidents – exclusion no longer being considered
- More focus on school work
- Less conflict at home
- Paul is now cleaning his teeth
- Regularly attending Life Skills Group & boxing – Paul reports he has made friends
- Paul has chosen post 16 options

# The BMF Team

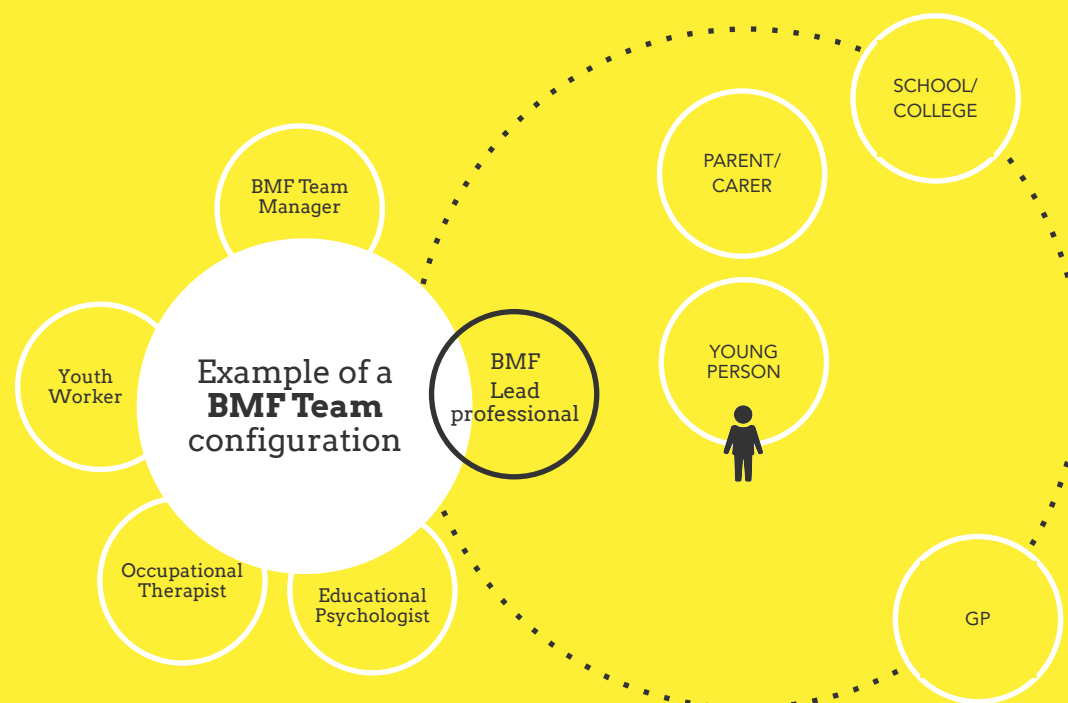
## Roles and functions



## We are a team

BMF is delivered by a multidisciplinary team that includes psychologists, therapists, social workers, youth workers and careers advisors. The team provides its members with supervision, advice and expertise.

*"The integration of CAMHS practitioners into teams such as SAFE, 'Building my Future', and the Ealing Primary Centre are effective in providing a coordinated approach, and in preventing educational and/or family breakdown"*  
Joint Local Area SEND inspection in Ealing Jan 2019

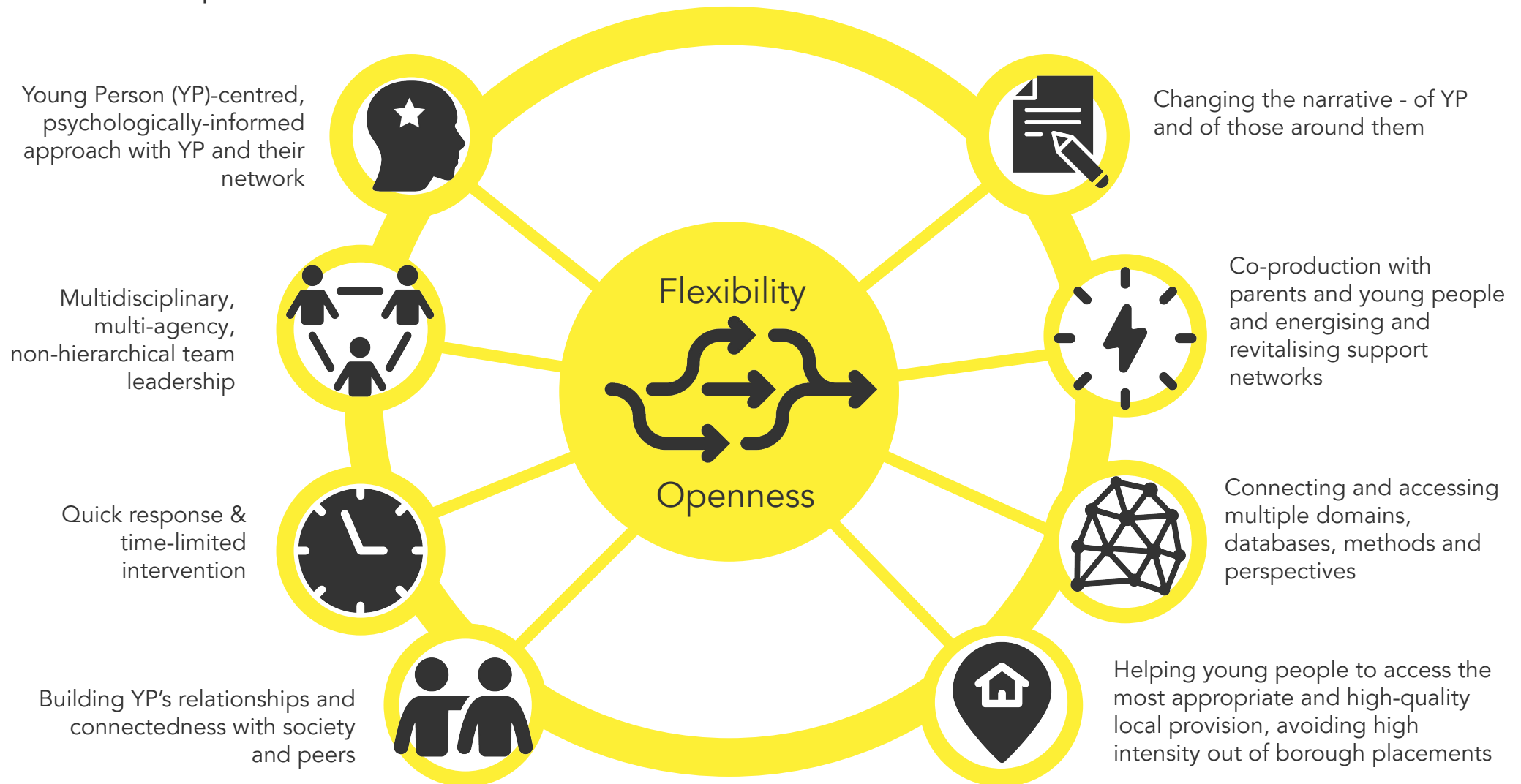


## Lead professional

Every young person is assigned a lead professional from the team who leads the intervention and coordinates support around that young person. They may invite other members of the BMF team, or indeed other professionals outside of the team, to work with the young person and involve their parents or carers.

# BMF Principles

The following principles were developed by the team in order to promote cohesion around core team values and a shared vision across different disciplines.





# Co-production with Parents and Young people

Parents and young people played a critical role in shaping the initial BMF bid and continue to influence and advise on the BMF model and implementation through both the BMF governance structure and decision-making bodies and through the BMF Life Skills group and presentation at key events.

## Governance and decision making

- Parents/carers representation & input, particularly from the Ealing Parent Carer Forum, is present at all levels of BMF governance, monthly project management meetings and quarterly steering group meetings. Parents and carers are also involved within specific projects, such as; the Ofsted inspection interview; Senior social workers for England review of BMF, external evaluation, video design and sign off; BMF learning events; Young People achievement events
- Young people articulate their views and opinions primarily through the BMF Life skills group. They play a key role in planning events and activities and through their campaigning work on topics such as knife crime and awareness raising “hidden disability” project about autism
- They have also made significant contributions and articulated their views to wider audiences e.g. interviewed during Ofsted inspections, addressing the teams at the annual Children’s Services event, and at the BMF Presentation to the European Congress on Clinical Psychology and Psychological Treatment in Dresden, Germany in November 2019
- Engagement with parents/carers and young people began when the bid to DfE was being discussed and constructed. That meant that all the difficult questions, frustrations with previous experiences and aspirations for meaningful co-production in BMF, could be discussed at a very early stage and a joint vision of co-production could be embedded in the bid and BMF model of practice
- Consequently we have integrated co-production within all stages of BMF e.g. bid writing, within the 4-phase development of the programme and at all levels of governance, decision making & scrutiny of progress

**“There is effective co-production though some examples are more recent.**

These range across education, health and care. One example is the recently implemented *‘Building My Future’* project. This is a social care project that, over two years, will work with over 150 young people aged 11 years and over who have more complex SEN and/or behavioural needs.

This project includes opportunities for children and young people to learn about a range of topics including healthy food, relationships and keeping safe. It includes accredited courses such as the Duke of Edinburgh’s Bronze Award.

**All stakeholders speak highly of the project.”**

*Joint Local Area SEND inspection in Ealing Jan 2019*



# Ealing Parent Carer Forum (EPCF) support for BMF

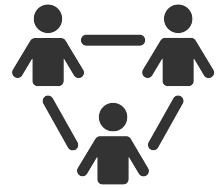
EPCF provides the strategic voice for parents of children and young people with SEND in Ealing.

- EPCF ensures that there is parent representation on relevant boards and meetings with services in Ealing
- They offer a source of support for parents, organising information sessions, training and social events
- EPCF have played an integral part in the development and delivery of BMF, offering support and challenge to ensure it is a service that best meets the needs of young people and their families and their voices are heard

Why does EPCF support BMF?	How did EPCF help to shape the initial bid?	What is EPCF contribution to the ongoing project?
<ul style="list-style-type: none"> <li>• From personal experience parents could see the value of BMF in supporting young people and families</li> <li>• It is an opportunity to shape a unique support service that suits families and children</li> <li>• BMF offers unique support to young people and their families where there was previously the young people received little or no support as they may be below thresholds for services</li> <li>• To voice the parent's perspective and offer their expert advice in shaping BMF</li> </ul>	<ul style="list-style-type: none"> <li>• Involved from the beginning in formulating an ideal service, with the kind of help and support families actually need</li> <li>• Suggested which specialists / professionals would be needed</li> <li>• Outlined current support service gaps and drawbacks and suggested how these could be avoided</li> <li>• Made sure that parents did not have to re-tell their story</li> <li>• Ensured trust in parents as experts regarding their own children</li> </ul>	<ul style="list-style-type: none"> <li>• There is parent representation at every level of project governance and decision making; e.g. Steering Group meetings ;Project Board meetings; team recruitment interviews</li> <li>• Supporting promotion of the project, including planning meetings, activities at the events</li> <li>• Representation during Inspections and fact finding visits from DfE and other agencies</li> <li>• Directly supporting the team e.g. BMF team training day 'Parents perspective'</li> </ul>

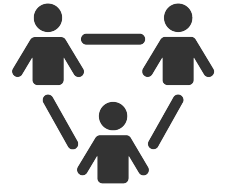


# Factors assisting co-production of goals with families



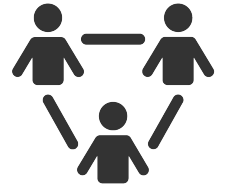
- Parents know the team is accessible, approachable, available and responsive. These are key factors in relationship-building and developing trust with parents and young people
- As parents trust us they are more likely to follow the recommendations of the team for their child. For some parents a new approach may be a “leap of faith” but has led to positive impacts and improved outcomes
- Involving the young people and parents in seeking outcomes and setting goals together with team members. The team use their expertise to “craft” the goals generated through joint discussion
- The team changes the “narrative” for parents/schools/colleges about the young person
- Families trust the team to be advocates for them and their child e.g. at school meetings
- The combination of these elements has meant that the “hard-to-reach” barrier often dissolves

# Factors assisting co-production of goals with young people



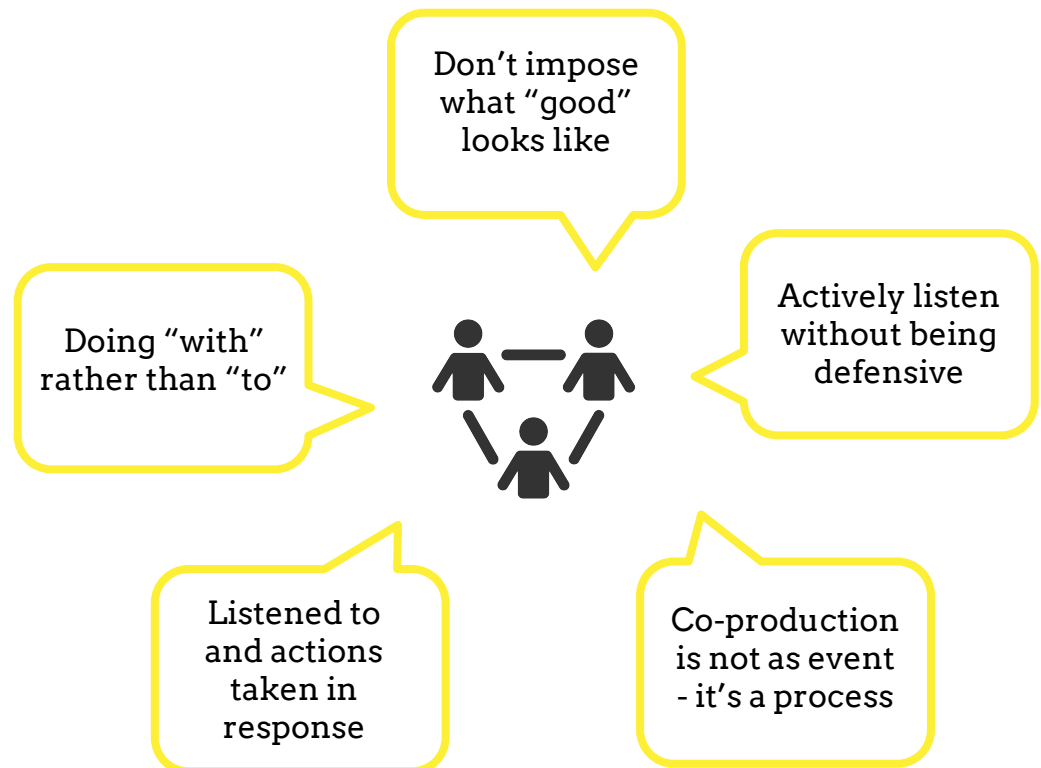
- What's driving co-production? Everyone is focused on the best outcomes for the young people
- BMF team members consistently challenge themselves in team discussions, e.g. *"What about the voice of the young person?"*
- One size does not fit all
- When working with young people, giving them the opportunity to lead
- Asking them, *"What do you want to do?"* as active participants in the process. They may aspire to goals but cannot see how they can get there
- Recognising their strengths using a strength-based approach and supporting them towards their goals
- When appropriate, not being afraid to nudge them outside their comfort zone on the road to achieving their goals
- Make sure the Young person's voice is not "drowned out" by other voices in discussions and decision making. Team seen as advocates supporting the young person's voice
- Changing the referral process and developing our BMF leaflet, which explains who the members of the team are and what they do, has been very useful.

# Co-production within a network of agencies



- We build relationships and use a network approach- we work alongside and facilitate communication and mediate within a network e.g. child/ parent/ school/sencos, using the skills and resources of the network
- BMF helps schools/ sencos feel less isolated when faced with more complex cases, providing hands on advice, support and ideas to enable them to see how they can support the young person
- We bring freshness, curiosity and enquiry, which helps when changing the narrative of the young people and those around them
- This leads to everyone thinking how to “un-stick” the case
- The team is persistent and patient. We recognise other organisations’ pressures e.g. in a school/ college at the beginning of a term. We are ready and available to work with the school/college when the time is right

## BMF co-production principles



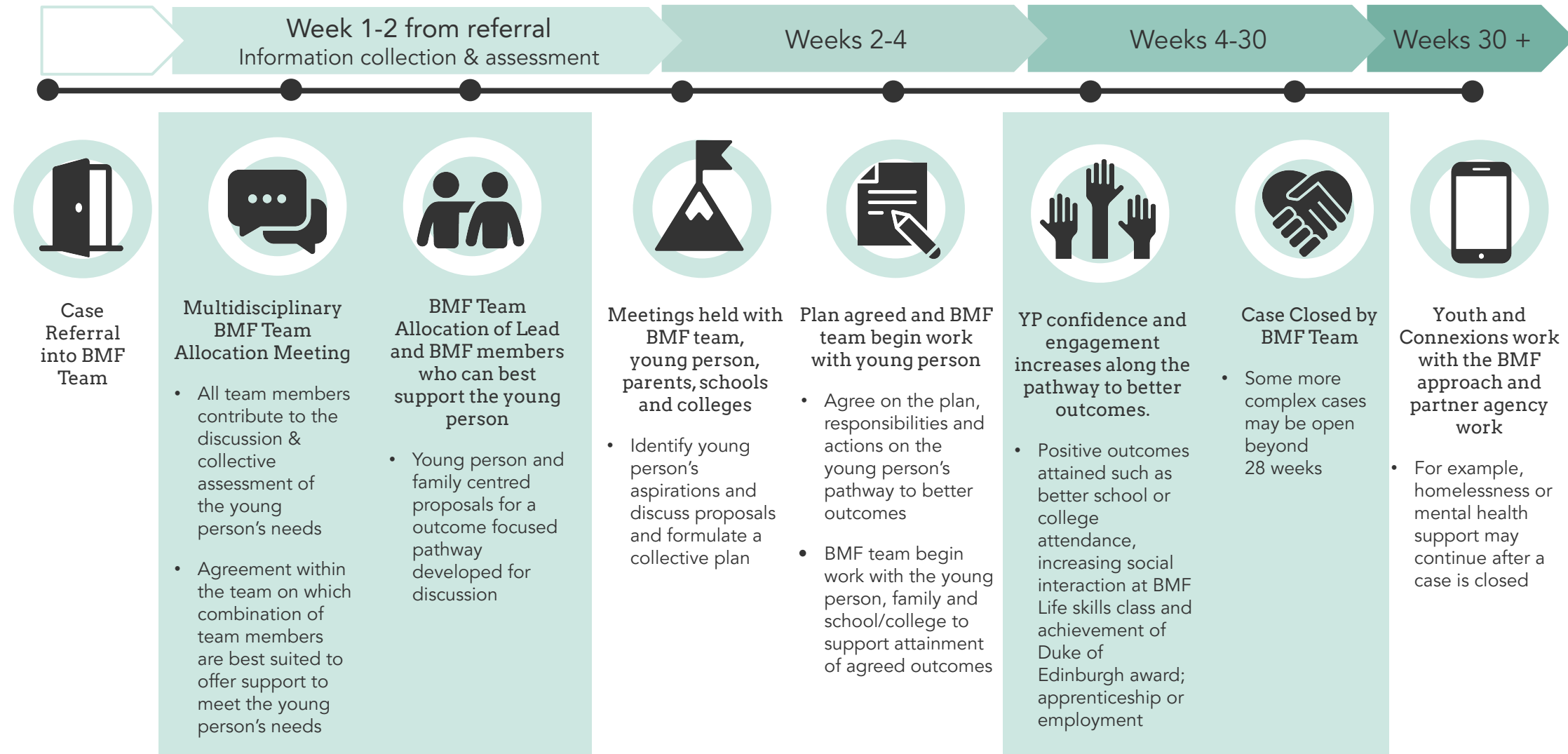


A photograph of a student from behind, wearing a dark hoodie, in a classroom setting. A light blue diagonal overlay covers the right side of the image.

BMF

# **Approach and Processes**

# The BMF Journey



## Case Duration

As of January 2020, the average case duration was 30 (2 week information and assessment + 28 week intervention)  
The maximum case duration for the most complex case was 85 weeks and minimum of 8 weeks.

# Referral meeting process



Referral from young person/  
Parent/Children's Services/School/  
College

Team can offer initial discussion, support & advice regarding young person's case

## Weekly Multidisciplinary Joint Referral Meeting

Chair: BMF Team Manager.  
Attendance includes representatives from all disciplines within the team, Referrer of case

"What is the real problem and is BMF the right team to address this?"

"Can we be more helpful than other services?"

"Do we think that we can make a difference and what different can we make?"

"Let's see what we can do!"

Solution focused alternative is identified and fed back

**Accept**

Allocated to Team Member at weekly allocations meeting

Worker contacts Stakeholder and family within FIVE working days of accepting the referral to discuss BMF involvement and to confirm date for Family Visit

Team Assessment started, consent obtained to gather and share information. Initial Plan devised. Family receive, confirm and agree Team Assessment contents

**Reject**

# Referral meeting process



## Practice note 1

Weekly referral meetings – minimum 2 hours to cover 4 cases

Team members prioritise attendance – important to support decisions and team cohesion

Before the meeting, Team Manager and/or Team Administrator seek as much information as possible from referrer including

- The young person's voice and aspirations , what has been tried before and what are the specific hopes for BMF support . These are recorded on the BMF Referral Form

## Practice note 2

At the meeting there is a rotating chair-person who:

- Ensures good timekeeping and adherence to Agenda prepared by Team Administrator
- Invites referrer to present case in person or proxy reads out from referral form - up to 10 minutes
- Ensures team listen and wait to ask questions until designated question time – 10 minutes
- After referrer leaves facilitates discussion so that all voices are heard – 10 minutes
- Summarises consensus – can BMF add anything? – if so, what? how? and who?
- Team complete Decision Rating Tool to review whether decision is based on sufficient information and against referral criteria

Key points are recorded by minute-taker.

## Practice note 3

- If referral accepted: Lead case worker agreed based on needs and capacity - manager may appoint
- More information required: team member identified to follow up and report back next week
- Lots of cross- service consultancy work completed for each case even if it was not eventually accepted
- Team manager feeds back to referrer after the meeting with explanation and alternative referral route



BMF approach and processes

# Building relationships with young people

The BMF approach relies on a strong, trusting relationship with the young person.

The approach entails a broad three-stage process:

1. Build relationship
2. Understand needs, define goals
3. Understand and build on what is already in place

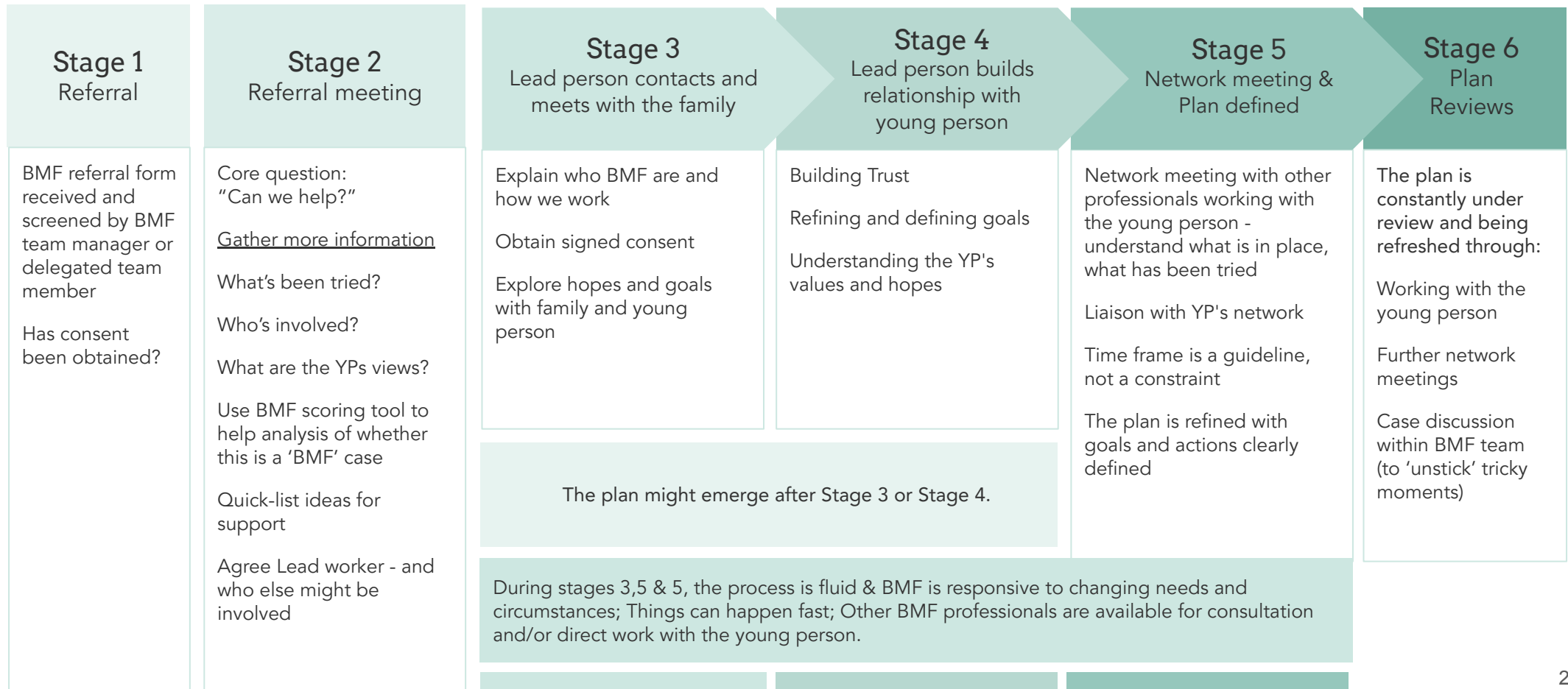


# Understanding the young person and developing a plan



Fluidity and feedback loops: the relationship between understanding a young person and developing a plan is a constant feedback loop. Execution of the plan generates greater understanding, which, in turn updates the plan.

## Understanding the young person



# Building relationships with young people



There are four key factors within the BMF approach that enable lead workers to build strong relationships with young people:



## Working in natural settings

Going where the young person is comfortable



## Time and location

The flexibility to amend the duration of the sessions according to need.

Time to go back multiple times

Time to travel to people's homes



## Agenda

Completely holistic formulation outside of usual professional models

Genuine openness to their goals and challenges



## Core values

"We are here to help you get the best out of your life"

We believe that change can happen in any individual or system

Cross-professional working enabling solutions

Build on the strengths and maximise the expertise in the existing support to achieve the young person's goal

# An outcomes-focused pathway for young people



To make real impact the BMF approach concentrates efforts in re-orientating the narrative and direction towards a outcomes-focused pathway.

## The need to focus on presenting issues

The young person's needs may have been mis-described and/or patterns have changed over time for the young people and families

The professional narrative had become disconnected from the experiential world of the young person

## The BMF team collective assessment

The BMF approach brings together a multi-disciplinary team to collectively examine the young person's life intensively

The BMF team assess the needs now with a fresh pair of eyes, utilising a particular set of disciplines and experience

## The BMF focused approach

The BMF team adopts a pragmatic approach that considers the presenting problems and develops an outcomes-focused pathway

The team develops a multi professional assessment approach

The BMF team re-describe the problem and give the tools to the young people, families and professionals to carry forward

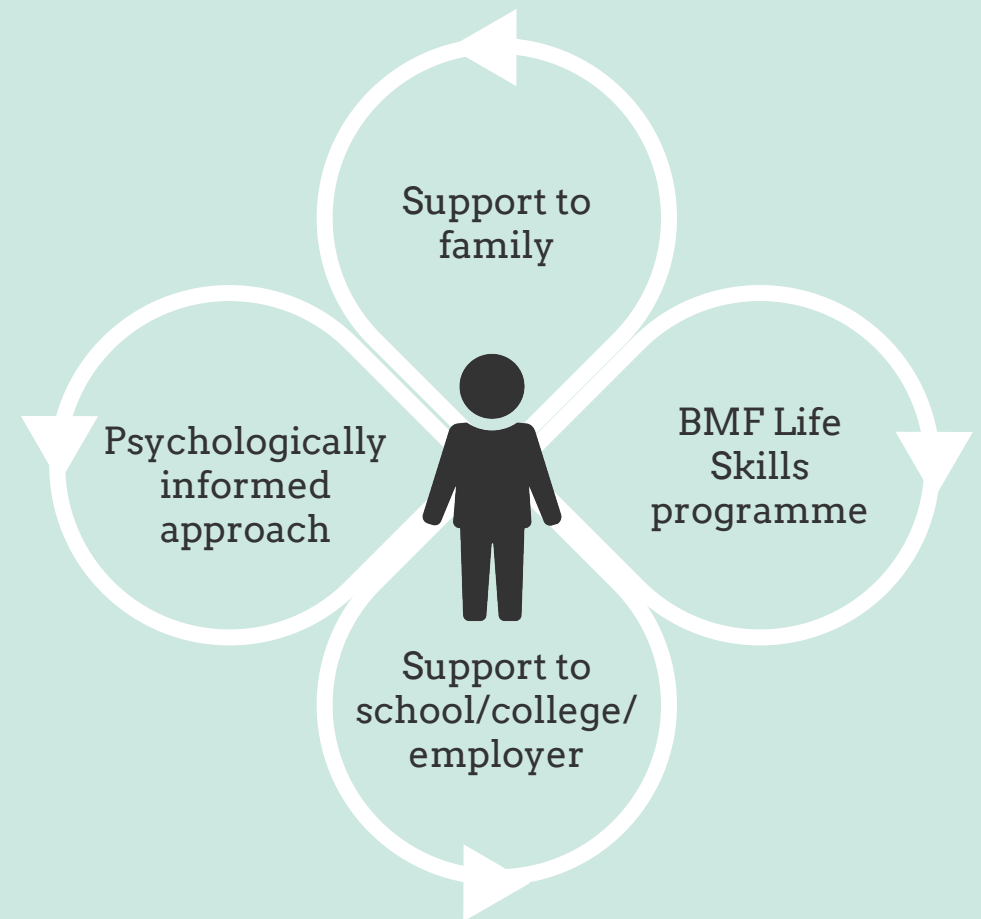
## Enabling an outcomes focused pathway

This enables young people, families, schools and colleges to identify the problems and to change the environment rather than the focus being on changing the person



## **Youth & Connexions work within the BMF model**

Having evolved to become a core part of the BMF team, youth workers are recognised as professionals who bring unique insight into a young person's life from a social perspective, build trusted relationships, empower young people and ensure that their voice is heard.



## Youth & Connexions work within the BMF model

### Life Skills is integrated within BMF team and process:

- BMF Youth & Connexions workers are involved with a case right from the first referral / allocation meeting
- Youth & Connexions workers are integral to the BMF whole team approach; they ask questions and contribute their perspective to each young person's bespoke and holistic plan
- The BMF Life Skills programme is one strand of a number of interventions occurring simultaneously and many young people require support from other professionals within the team before they have sufficient confidence and self-supporting strategies to enable them to join and participate in the Life Skills group
- The BMF Team leaflet helps young people understand what the members of the BMF team do and who they are



#### Life Skills offers a peer group environment

- It is only open for young people on the BMF programme
- They establish peer relationships with others who may have been experiencing similar issues (socially isolated, exclusion from school, anxiety, behavioural challenges)
- They feel safe, and are assisted in developing personal and social skills with BMF staff who understand their needs and circumstances



#### Confidence and empowerment

- The needs, aspirations and the "voice" of the young people are central to Life Skills
- Improvements experienced through the multi-faceted BMF support make young people more confident and ambitious. They have developed campaigns, such as their "hidden disability" video raising awareness of Autism and have completed their Duke of Edinburgh and AQA awards
- Over 18s have been supported into further education, apprenticeships and employment

## **What is the BMF Life Skills Programme?**

The Life Skills programme is a voluntary weekly club for young people supported through the BMF programme, led by the BMF Youth Workers and supported by the wider Ealing Integrated Youth Service. It focuses on young people's social skills development and raising their self-esteem and confidence.

### **What are the differences to mainstream youth work?**

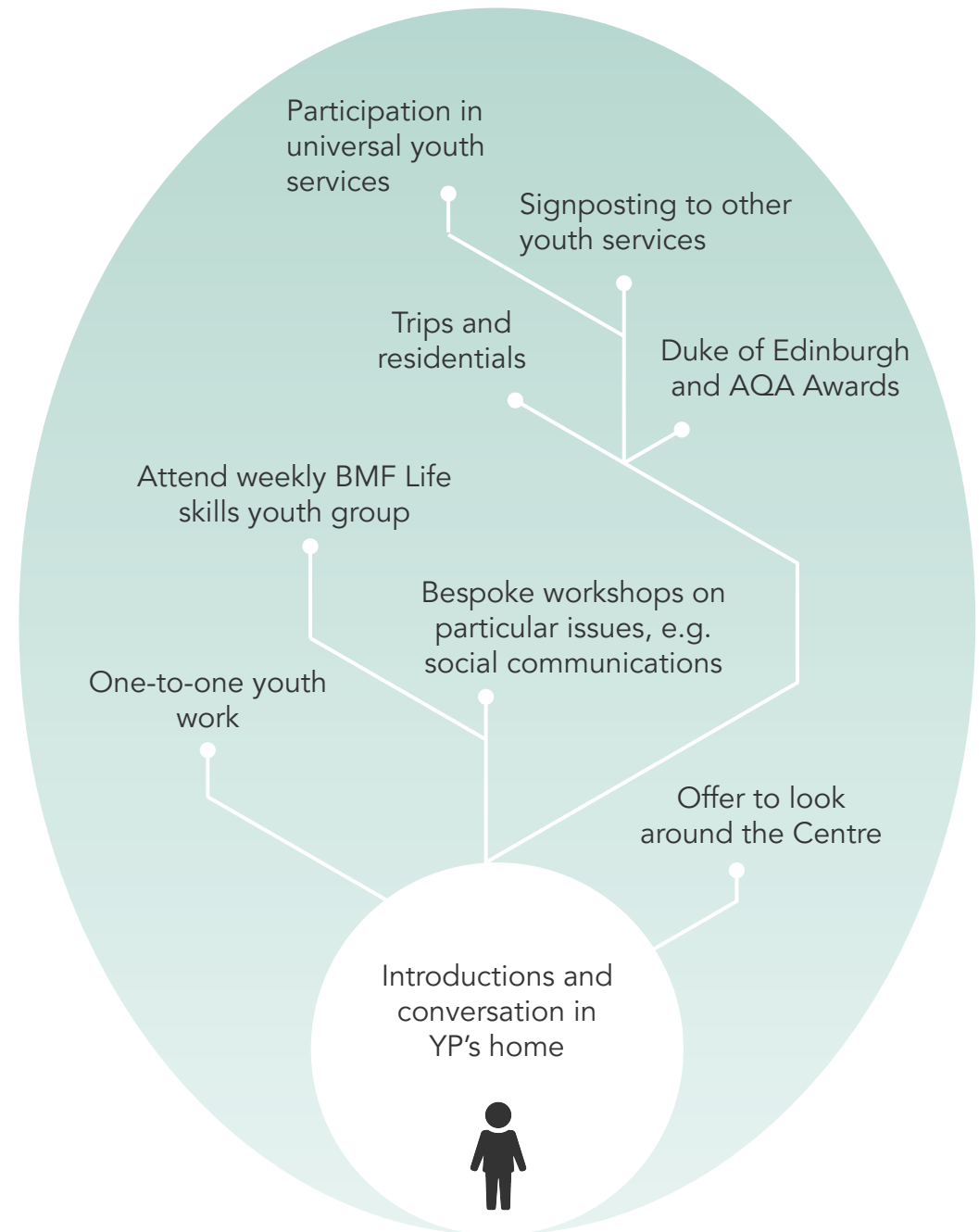
- We provided closed, targeted sessions – these allow young people to have a safe space and find other young people in similar circumstances to themselves. Although they rarely discussed their personal circumstances there was always an underlying understanding that everyone was in the group for a similar reason. Having the closed group ensured that we really understood the young person's needs and were 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 tailor the support we offer. Unlike generic youth services which may be unaware of certain areas of a young person's life

# What is the BMF Life Skills Programme?

## Personalised Participation

There are many different starting points, for many different young people facing different challenges, depending on their levels of confidence. The BMF Youth workers keep making the offer to participate - it reinforces that young people are truly welcome, and if at first reluctant, the young person may later change their mind.

How, when and how much young people participate is entirely flexible - everyone starts at different points, and travels their journey at different speeds.





“Ealing has established a new service called *‘Building my Future’*, which is funded by national pilot funding. The aim is to work with children with additional needs to improve life skills and avoid school exclusion.

This is a good example of an early support multi-disciplinary service which does not have access thresholds and can reach out to children with additional needs in the community and put preventive support in place. The involvement of youth services in the programme has been particularly successful, encouraging children to get out into the community.”

Children’s Commissioner for England Report

*“Far less than they deserve”* May 2019





# **Work themes**

# Supporting home and school/college stability

## Key Challenges

- High anxiety of YP
- School placement at high risk
- High anxiety at home & in some cases risk of becoming LAC
- Home-school relationship strained

## BMF Enablers

- The flexibility of the BMF model enables team members to meet young people and families anywhere, in the home, school/colleges, youth centres etc
- Regarding school/ college stability, it has been invaluable to have members of the BMF team (e.g. Educational Psychologist/ Connexions worker) who understand the organisational culture, decision making hierarchies and can identify the change makers within the schools/colleges
- The schools/colleges can identify these BMF team members, who they can have confidence in as they understand where they (the school/college) are coming from. Trust in the BMF approach is built on this, particularly for those schools/colleges who have been (initially) unresponsive and inflexible
- Where a placement maybe unstable or heading for exclusion, the BMF intervention helps to put the process/momentum on "pause" and encourages all parties to put aside their assumptions, ask questions and reintroduces the voice of the young person
- BMF can then help parents and schools/colleges have a much better understanding of the young person's needs and wishes
- The BMF approach is a trigger for change, pushing and encouraging, allowing curiosity from all parties in seeking a creative outcome
- BMF is not, "the experts dropping in to save the day." We are part of joint problem solving, whilst giving reassurance to schools and colleges as they take ownership of actions and changes within their organisation



## Impact of BMF



Greater understanding of YP needs at home & school

Reduction in anxiety of young people and their well being improved

Reduction of anxiety at home & stabilised. Risk of LAC reduced



Increased social and friendship group through BMF Life-skills



School placement stabilised & specialist school provision often avoided

Home-school relationship and communications improved



# Supporting transitions

## Key Challenges

- High anxiety of YP
- Year 6 - Year 7 transition concerns
- Year 11 to college transition concerns
- Non attendance at College
- High anxiety at home
- College placement at high risk
- College-school relationship strained

## BMF Enablers

- It is our experience that at the beginning of BMF involvement, everyone is anxious about the transition, young people, parents, schools and colleges
- What the BMF model provides, which is different from the norm, is that team members provide continuity throughout the whole process. Parents and Young people's anxiety decrease as we are, "with them on the journey" while at the same time we are supporting the school and college with their understanding and preparations
- This team works collectively to support YP. E.g. the Educational Psychologist and Youth workers talk through the worries of the young people and then provide support; practicing the journey from home to college, attending enrolment with young people etc
- Timing is crucial. Planning a timeline for meetings, events, journey practice etc. throughout the transition process is essential
- It is also important at the end of the process to talk through the successes and reinforce what everyone has accomplished



## Impact of BMF



Reduction in anxiety of YP-well being & motivation improved.



Increased social and friendship group through BMF Life-skills

Facilitate shared understanding between school and parent of young person's needs

College more aware of YP needs

Transition helps stability at College

Year 6 - Year 7 transition plan in place & placement stable



Greater attainment / Apprenticeships / Employment

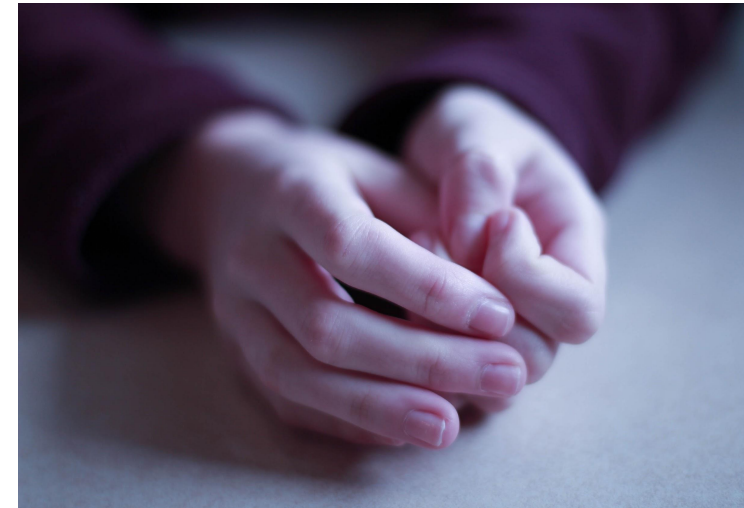
More independence e.g. in travel



# Supporting complex cases

## Key Challenges

- YP with complex Behaviour that challenges others
- YP may currently be LAC or high anxiety at home
- School placement in jeopardy
- Multiple professional teams involved



## BMF Enablers

- In more complex cases, BMF will be one of many teams/organisations who may be involved
- We acknowledge that for more complex cases, it is necessary to have experienced BMF team members with the appropriate level of skills
- We also acknowledge that other teams may have a set of constraints/ pressures e.g. case load, which may limit their capacity
- In the joint meeting, the BMF worker, "brings the BMF team with them" into the meeting. i.e. the attending BMF team member brings the multi-faceted knowledge of the young person, generated through BMF case discussions
- They hold onto BMF understanding of the young person and help fill in knowledge gaps and tie together actions and resources of the wider partnership group
- The attending team member uses the same BMF model/approach in discussions with other teams, substituting individual BMF team members with a whole team
- The BMF approach encourages others to think and act differently and empowers front line staff e.g. clinicians who are frustrated by their "standard" ways of working to push for change, e.g. meeting the young person at home

## Impact of BMF



BMF expertise used to review high care packages

School placement stabilised & placement in specialist school provision avoided

Greater understanding of YP needs at home & school

Supporting transitions from Tier 4 to bridging placements with the aim of family/kinship placement

The background of the slide is a photograph of a whiteboard. Several colorful sticky notes (yellow, orange, and pink) are attached to the board. Some of the notes have handwritten text, such as 'Felix', 'Lovely morning', 'Thoughtful', 'Eloise', 'Jenny is 45 yr', 'for success!', 'Spot out', and 'Jenny'. A large, semi-transparent green triangle is overlaid on the right side of the image, containing the main title text.

# Key interfaces with other teams and agencies

# Key interfaces with other teams and agencies

Schools, colleges, specialist and alternative provision	CAMHS including Crisis, in-patient	Special Educational Needs Assessment Services (SENAS)
<b>Top tips &amp; ingredients for success</b>	<b>Top tips &amp; ingredients for success</b>	<b>Top tips &amp; ingredients for success</b>
<p>Take time to understand schools' unique direction, culture and needs</p> <p>Build empathy and relationship with SENCOs and heads of year</p> <p>Provide schools with contact numbers of members of our team</p> <p>Be clear about our role and offer: to help them retain students, help them to build support network around the young person and support better assessments</p> <p>Be flexible - all schools are different</p> <p>Persevere - communication is hard but eventually they come round</p>	<p>Having trusted CAMHS staff as members of our multidisciplinary team; this cements trust and understanding of different cultures and language used</p> <p>Double entry (health and social care systems) is important to ensure visibility by CAMHS colleagues</p>	<p>Have people in the team who understand the technical and relational links between schools and SENAS</p> <p>Speak face-to-face; don't rely on email</p> <p>Get to know their culture and processes</p>
	Ealing Social Services, including MAST, SAFE, Contextual Safeguarding	Disability Employment Advisors (JCP)
	Ealing Youth Service and Connexions	Ealing Service for Children with Additional Needs (ESCAN)
Ealing Youth Justice Service, RISE		
Other community organisations, including CLEAR, Brentford Football Club Community Trust		



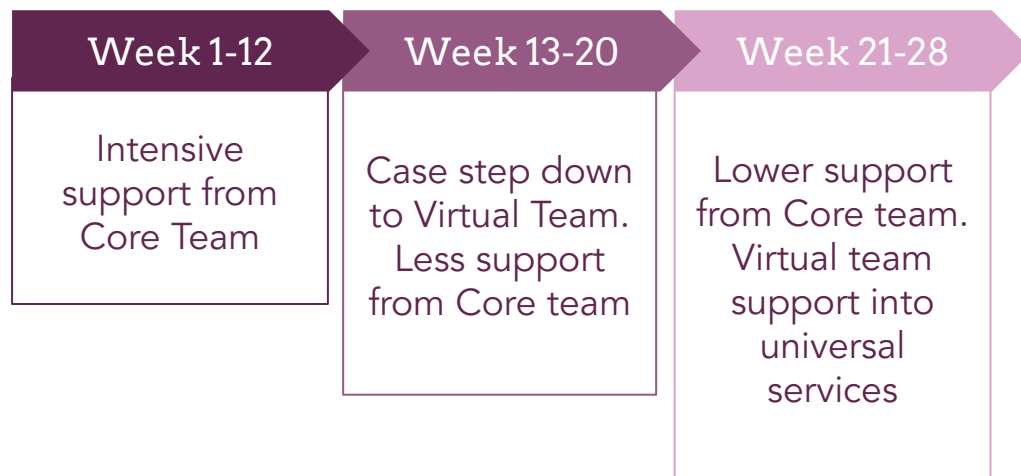
# **Learning and insight from implementing BMF in Ealing**

# Evolution of the BMF team model & ways of working

Once we began to develop the BMF model, it became evident at an early stage that we would need to change the BMF team structure and stages of intervention.

The original BMF model was to have two linked teams, who had defined roles within the 28 week case duration:

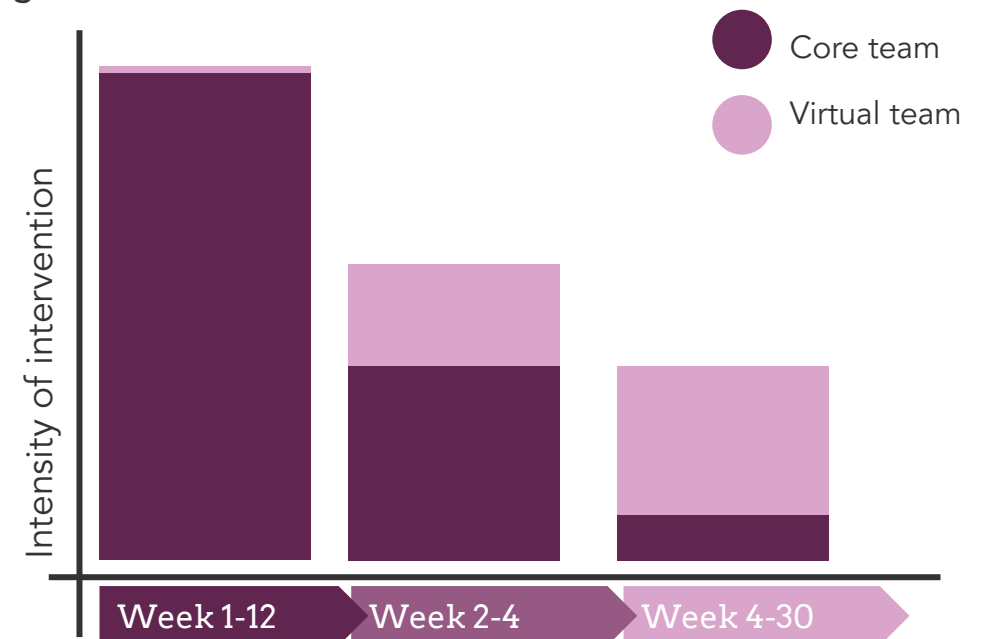
- The Core Team (Social Workers, Clinical & Educational psychologists, OT, SLT, 1 BMF Youth Worker)
- The Virtual Team (1 BMF Youth worker, 1 Connexions/ Youth Offending worker) and links to universal Youth Services



## Original Core/Virtual Team characteristics

- Clear but rigid structure
- Clear delineation between core and virtual team in decision making, process and time bound interventions
- Less likely to be responsive to young person's needs

## Original BMF Model





# Evolution of the BMF team model & ways of working

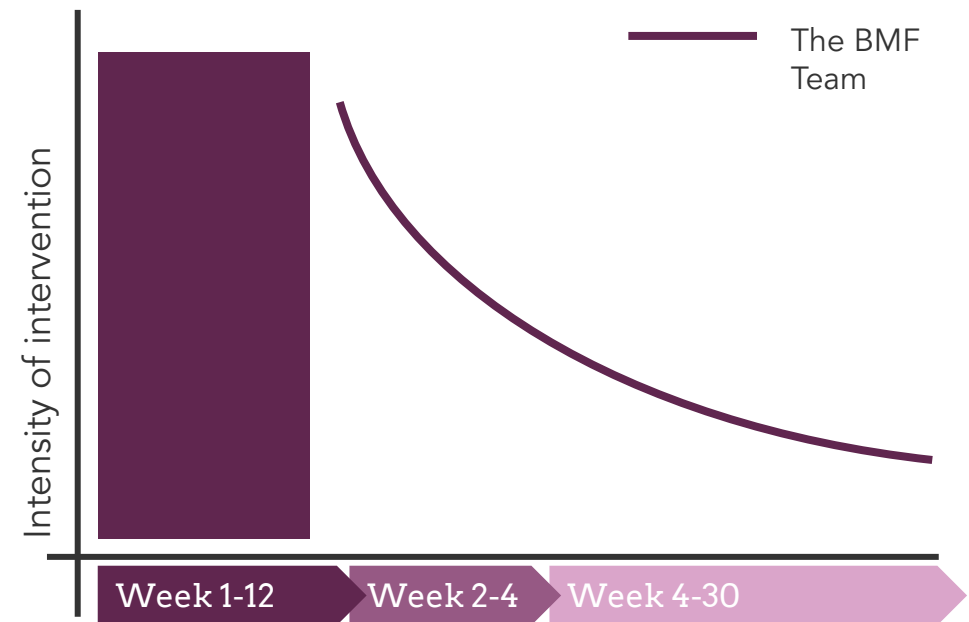
## Evolution of the team model and way of working

We merged members of the Core and Virtual teams into one BMF team and the advantages were quickly apparent

### One BMF team characteristics:

- More fluid and dynamic structure
- Whole team approach to decision making, process and actions.
- Greater understanding of each others strengths and greater holistic assessment enabled
- Much more responsive to young person's needs throughout the BMF intervention
- A more in depth description is outlined on the next slide

### Developed BMF Model



# What have we learned about the key processes?

## The importance of developing a shared language

- Terminology e.g. an “assessment” means different things in different disciplines. We have had to work hard as a team to understand different meanings for different disciplines. We had to create tools to help us, for example to explain different acronyms used in different services

## Measuring impact

- How we record outcomes of case progress has been an issue throughout the project. SDQ was unable to fully capture our outcomes; Suggest using goal-based outcomes, and would need to standardise assessments, demonstrating outcomes and tracking of activity

## Databases and information sharing

- The team have faced challenges in having to use and record on a number of databases (none of which “talk” to each other) and the coordination of information sharing across agencies. The majority of the team were duplicating work on two of the five databases in use which is unrealistic and time consuming
- The principle database chosen for case recording for BMF project (MOSAIC) has design limitations on data withdrawal for BMF work recordings
- The project learning is there is not one database that fitted the work and this area needs further consideration at a national level. Multi-disciplinary services need a database that fits their new ways of working

## GDPR

- Understanding how GDPR is implemented in different agencies took time. Our consent form had to be transparent regarding data sharing
- It took careful consideration, time and negotiation to design our consent form that was GDPR compliant and understandable to young people and families

## Referrals

- It is an ongoing process to understand what a suitable referral looks like

## Initial understanding the BMF model

- In the early period of BMF implementation, despite frequent briefings to teams and services, the unfamiliarity of the BMF team model made it confusing for partners to understand what was an appropriate referral. Further amendments to the eligibility criteria added to this confusion, however strategic stakeholders highlighted that these changes may have also increased BMF’s reach and impact
- The flexible approach of trialling new ways of working was noted as an overall strength of the programme

# What have we learned about the key processes?

## Thresholds

- Many young people referred to us were not meeting criteria for other services but had high levels of multiple need. The individual may not fit the criteria for individual service areas (e.g. SLT, CAMHS) but the needs all together accumulated to a higher need

## BMF model challenge-case duration

- In some cases it was challenging to complete BMF interventions within the prescribed 6-month timescale
- Longer duration of case holding impacted on other elements of BMF e.g. careers role / case management: holding cases impacted on ability to offer information, advice and guidance to more cases that would have benefited from it
- In future, what needs to be considered is potential for short term interventions after the 6 months.  
e.g. at a time of transition
- The time of year (within academic year) referrals were received, also had an impact on case duration

## Referral form

- We need the referral form to be completed as fully as possible, which helps us become more efficient and assists us to form a plan BUT it can be a barrier for referrers with a lack of time and can be frustrating when a case is not accepted
- Despite support to referring agencies, there was often not enough information on the referral form to make a decision and follow up work had to be undertaken before a decision could be made
- The team also developed a BMF scoring tool to help in the professional judgement of the case suitability for BMF support

## Recommendation: Introducing a two-stage process: Screening and then the referral

- What the screening could look like: - have an expression of interest / more rigorous suitability screening assessment tool, have a specific role for someone to focus on the screening which includes gathering info from relevant agencies, signposting not appropriate cases to other services. More experienced, more specialised person (screening officer) who could consistently mini assess cases. Have staff going into services such as YJS. Make sure the voice of the YP is included during the referral process
- If BMF do not take the case, to offer greater support to referrer to access services elsewhere

# Identifying the “building blocks” to support BMF

Ealing already had a number of project “building blocks” in place, which helped to quickly transition from project plan to implementation.

Having our own BMF office, where we can have informal case discussions

Weekly protected team time to discuss referrals and refine our model.

Smaller caseloads to enable the development & testing of the BMF model of delivery

Ethos embedded within the team that we share a commitment to all the YP we work with and encourage each other to take professional leaps

Freedom to draw on our own and our colleagues full and extensive range of professional skills.

Ability to work flexibly with complex systems and skilfully negotiate complex relationships within these systems

Budget that facilitated YP’s and family’s opportunities to improve quality of life

Excellent track record of design & implementation of Innovation projects. Governance, monitoring & financial structures quickly established

History & experience of joint commissioning across Ealing Local Authority and West London NHS Trusts when designing services

Health and Local Authority Services located in same building: Ealing Service for Children with Additional Needs (**ESCAN**)

Principles and practice of co-production with parents and young people at the heart of BMF development

Recruitment of a team with a high level of experience, ready to embrace innovative ways of working



# Glossary



# Glossary

## List of terms and abbreviations used throughout the handbook

- ASD- Autism Spectrum Disorder.
- BMF- Building My Future Programme.
- Brentford FCCST- Brentford Football Club Community Sports Trust. Working in partnership with Brentford Football Club, the Trust offers a portfolio of programmes in education, employability, sports participation, health and community engagement.
- CAMHS- Child and Adolescent Mental Health Services
- CLEAR- is a charity whose mission is to prevent, reduce and help children, young people and adults to heal from emotional trauma, in particular trauma that is linked to domestic abuse and sexual violence.
- Connexions- The service provides information, guidance and support for young people aged 13-19 (up to 25 for young people with learning difficulties and or disabilities) on topics including education and employment, housing, health, relationships.
- Co-production- A way of working where service users work together with those that provide services to come to shared decisions.
- DfE- Department for Education.
- Disability Employment Advisors (JCP) Job Centre Plus.
- EHCP- Education Health & Care Plan.
- EPCF- The Ealing Parent & Carer Forum (EPCF) is set up to give local parents a voice in planning and delivering services to children with disabilities/additional needs and is a key partner in the co-production of planning, development and implementation of the BMF programme.
- ESCAN- Ealing Service for Children with Additional Needs (ESCAN) is a multi-agency service run by the NHS and Ealing Council that gives both families and professionals a single point of contact for information, referrals, assessments and appropriate help for children and young people with special educational needs and disabilities living in Ealing.
- FTE- Full-time equivalent.
- GDPR- The General Data Protection Regulation. It is the core of Europe's' digital privacy legislation.
- ITSBS- The Ealing Intensive Therapeutic and Short Breaks Service (ITSBS) is a joint collaboration between the Ealing CAMHS-LD team and the Ealing Social Care Children with Disabilities Team. It aims to support young people with a learning Disability and challenging behaviours/mental health difficulties who are at risk of a move to a residential placement to remain within their family and community settings instead.
- Integrated Youth Service- Ealing has integrated the Youth, Connexions & Youth Justice Services.
- LAC- Looked After Child.
- LD- Learning Disability.
- MAST- Multi Agency Support Team. In Ealing, the MAST service provides statutory assessments and care planning for children who are the subject of Child Protection and Child in Need plans.
- MOSAIC- Mosaic is the social care case management software used in Ealing.

# Glossary

## List of terms and abbreviations used throughout the handbook

- NEET- Not in Education, Employment or Training.
- Ofsted- is the Office for Standards in Education, Children's Services and Skills. They inspect services providing education and skills for learners of all ages. They also inspect and regulate services that care for children and young people.
- PBS- Positive Behaviour Support (plan).
- RISE- An integrated end-to-end treatment and recovery service which offers a wide range of pharmacological and psychosocial interventions to Ealing residents 18 years and over, their families and significant others who are experiencing difficulties with their drug or alcohol use.
- SAFE- The Supportive Action for Families in Ealing (SAFE 0-18 service) is comprised of multiple agencies working in a collaborative manner, with the family at the Centre. They incorporate a range of professional perspectives to intervene in the most effective manner, at the earliest opportunity, in order to prevent children's needs becoming more severe and entrenched.
- SDQ- The Strengths and Difficulties Questionnaire (SDQ) was invented by child psychiatrist Professor Robert Goodman as an instrument for assessing the mental health status of young people.
- SEN- Special Educational Needs.
- SENAS- Ealing Council Special Educational Needs Assessment Service. Responsible for management of the statutory assessment, education health and social care (EHC) plan process, placement of children and young people in an appropriate education setting and ongoing review of placements.
- SENCO- A Special Educational Needs Coordinator (SENCO) is a teacher who is responsible for special educational needs in school. Every school in the UK is obliged to employ a SENCO as they ensure all students with learning disabilities are well equipped to obtain the right help and support they need at school.
- SEND- Special educational needs and disability.
- SLT- Speech and Language Therapist.
- Steering Group- a group of people who are in charge of managing or directing something.
- Tier 4 services- Child and Adolescent Mental Health Services (CAMHS) Tier 4 specialised day and inpatient units, where people with more severe mental health problems can be assessed and treated.
- Transforming Care cohort- Reference to the NHS Transforming Care Programme, which aims to make health and care services better so that more people with a learning disability, autism or both can live in the community, with the right support, and close to home.
- YJS- Youth Justice Service.
- YP- Young Person.

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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](https://youtu.be/3JThz_ybehA)

