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Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held on Wednesday, 26 July 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT	INDEPENDENT
D Smith M Pollard	Engel Mullaney Peart Shaheen Tait	Ward	Sajawal

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Rickard Riaz	Akhtar Bacon Abid Hussain Thirkill	J Sunderland

VOTING CO-OPTED MEMBERS:

Sidiq Ali	Parent Governor Representative
Claire Parr	Church Representative (RC)
Joyce Simpson	Church Representative (CE)
Gull Hussain	Parent Governor Representative

Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor

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To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meetings held on 14 March and 11 April 2017 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

To receive referrals that have been made to this Committee up to and including the date of publication of this agenda.

The Committee is asked to note the referrals and decide how it wishes to proceed, for example by incorporating the item into the work programme, requesting that it be subject to more detailed examination, or refer it to an appropriate Working Group/Committee.

6. APPOINTMENT OF NON-VOTING CO-OPTED MEMBERS

(Article 6.7.2 of the Constitution)

The Committee is asked to confirm and recommend to Council the appointment of the following non-voting co-opted representatives for the 2017/2018 municipal year:

NON VOTING CO-OPTED MEMBERS:

Health Representative: Tina Wildy

Teachers Secondary School Representative: Tom Bright

Teachers Primary School Representative: vacancy

Teachers Special School Representative: Irene Docherty

Voluntary Sector Representative: Kerr Kennedy

(Fatima Butt – 01274 432227)

B. OVERVIEW AND SCRUTINY ACTIVITIES

7. **Block contract call-off from the White Rose 16-25 years Leaving Care and Vulnerable Young People Accommodation and Support Framework, provided in accommodation situated within the Bradford & District boundary** 1 - 6

The Director of Children's Services will present a report (**Document "A"**) regarding two block contracts called off from the White Rose 16+ Framework Agreement in order to give Bradford Council more control over the provision of accommodation and support to young people 16+ and those leaving the care system. It is intended that the contracts will be commissioned at a lower weekly cost than the current weekly average framework spot price.

Recommended –

- (1) **That it be noted that new block call off contracts from the White Rose 16-25 years Leaving Care and Vulnerable Young People Accommodation and Support Framework, will be set up which will ensure Bradford Council can:-**
- (a) **Block purchase beds at a reduced rate.**
 - (b) **Guarantee 24 beds in the Bradford District to help to ensure that Bradford's young people can be accommodated and remain living locally.**
 - (c) **Bradford Council to make the required financial commitment during the lifetime of the contract.**

(David Byrom – 01274 432986)

8. **Updated Information for Members on the Workloads of Children's Social Care Services** 7 - 28

The report of the Deputy Director (Social Care) (**Document "B"**) presents the most recent information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st March 2017.

There has been a slight rise to the overall workloads of social workers, and pressures upon the service since the last report was presented. The report demonstrates that Social Work Services for Children & Young People in the District remain strong, robust and well managed.

Recommended -

That the Committee consider further reports in the 2017-18 work programme to ensure the continuation of safe workloads and practice into the future given the current financial climate.

(Di Drury – 01274 437077)

9. **Outcomes of the Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Bradford Metropolitan District** 29 - 74

Between 27 February and 3 March 2017, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Bradford. This inspection included a specific (“Deep Dive”) focus on our response to children living with domestic abuse.

The report of the Director of Children’s Services (**Document “C” – appendix 2 to follow**) summarises the outcome of the inspection and its implications for the district. The report outlines the strengths which the inspectors noted across the partnership and in relation to social care, and describes the partnerships plans to address the areas for development which were identified.

Recommended -

That the Committee notes the outcome of the inspection.

(Nick Simpson – 01274 439360)

10. **Children’s Services Overview and Scrutiny Committee Draft Work Programme 2017-18** 75 - 82

The report of the Chair of the Children’s Services Overview and Scrutiny Committee (**Document “D”**) presents the Committee’s draft Work Programme 2017-18.

Recommended -

That the Work Programme 2017-18 continues to be regularly reviewed during the year.

(Licia Woodhead – 01274 432119)

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Report of the Director of Children's Services to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 26 July 2017

A

Subject:

Block contract call-off from the White Rose 16-25 years Leaving Care and Vulnerable Young People Accommodation and Support Framework, provided in accommodation situated within the Bradford & District boundary

Summary statement:

To secure two block contracts called off from the White Rose 16+ Framework Agreement in order to give Bradford Council more control over the provision of accommodation and support to young people 16+ and those leaving the care system. It is intended that the contracts will be commissioned at a lower weekly cost than the current weekly average framework spot price.

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Education, Employment and Skills

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Overview & Scrutiny Area:
Children's Services

1. SUMMARY

- 1.1 The Department of Children's Services Leaving Care Service is seeking to block purchase 2 lots of 12 beds from the White Rose 16-25 years, Leaving Care and Vulnerable Young People Accommodation and Support Framework.
- 1.2 This will be provision in a group living environment in accommodation with a minimum of 6 and a maximum of 10 beds per property, located within the Bradford District boundary. The make-up of the 12 places in each contract will depend on the proposals put forward by bidding organisations.
- 1.3 The provision will be in a group living environment in accommodation located within the Bradford District boundary. The call off will be for an initial period of two years commencing 01 November 2017 until 31 October 2019, with an option for the Purchaser to extend for up to three further periods of one year. (a maximum total of 5 years).
- 1.4 The Council will only consider bids which are at least 10% below the Bidder(s) Framework Agreement registered weekly bed price, plus at least a further 10% reduction for the weekly void (unoccupied bed) price, should these occur.
- 1.5 The block purchase should prove more cost effective for the Council than spot purchasing off the existing White Rose Framework. It is anticipated that a saving of approximately £200,000 could be made over the contract period given an average 85% occupancy rate.

2. BACKGROUND

The Council currently has in place block contracts for leaving care accommodation that will end on the 31st October 2017. The Council is seeking to put in place new contracts that will ensure we have continuity of provision for this type of placement via this Call-Off Contract. The current contracts have strengthened our relationship with existing White Rose Framework Providers who have appropriate accommodation within the Bradford District Boundary, the new contracts will ensure continuity of this approach in the purchase of leaving care placements.

The contracts will be for supported housing to assist in meeting our statutory obligations to children who are in and leaving care and to ensure they are protected and enabled to lead fulfilling lives through the provision of high quality services.

The service must offer a group living communal environment with staff on site 24 hours a day, seven days a week to deliver programmes of support, dependant on the individual needs, to enable Young Persons to progress towards living in their own accommodation.

Greater consistency of placements has enabled the service to develop a stronger relationship with the Provider/s, enabling them to placement plan more effectively and therefore offer a lower weekly bed price.

3. OTHER CONSIDERATIONS

- 3.1 The majority of placements will be made for young people who are 16 and 17 years old, however in some cases the Purchaser may wish to accommodate young people post 18 years old and vulnerable young people between the ages of 18 and 25. The Service Provider will work in partnership with the Council's Allocated Worker and will work with and contribute to the Pathway / Personal Education Plan (or equivalent) / Youth Justice Service Plan / other applicable plan.
- 3.2 The Accommodation must provide a single room for each Young Person placed, with individual or communal, dining, kitchen and living space.
- 3.3 Where consideration is being given to placing a YP from an Authority other than this Council, in the accommodation being used for this Block Call-off, the Council must be consulted prior to the placement being confirmed.
- 3.4 At commencement of the contract all existing placements with the Provider may be transferred into the block arrangements at the discretion of the Council.
- 3.5 The contract will include provision for the Council to terminate this contract at any time if, in its reasonable opinion, the contract requirements are not being fulfilled.
- 3.6 The contract will also include provision for the Council to terminate the contracts by giving three month's written notice.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Under Contracts Standing Orders 4.7 before inviting tenders or quotations, the Authorised Officer must:
 - 4.7.1 for contracts with a total estimated contract value in excess of £2m, report details to the relevant Overview and Scrutiny Committee using the agreed pre-contract reporting process determined by the Assistant Director of Commissioning & Procurement. For clarity, details of call-off contracts from a framework do not need to be separately reported providing the original framework has been reported except where the relevant Overview and Scrutiny Committee request a separate report.*
- 4.2 There was an average of 41 Young People in Group Living - site based Supported Accommodation during 2016/17
- 4.3 It is anticipated that the cost of this call off contract (based on a 10% reduction on the average current spot prices for accommodation within Bradford District) would be approximately £500,000 per year. This means the estimated value for the initial 2 year contract period will be £1,000,000 with an addition £500,000 for each year extended. This gives a maximum total contract value of £2,500,000.

- 4.4 Any saving made through this procurement exercise will firstly address the current budget overspend and secondly contribute to the service budget savings requirement for 2017-18.
- 4.5 Refusals by the provider/s to take referrals must be detailed in writing and agreed by both parties. Any refusals not agreed by both parties will mean forfeiture of the weekly block and void bed cost until the placement is filled. This will minimise any potential void bed costs.
- 4.6 The block contract will be designed to allow Bradford Council to sell surplus provision to other Local Authorities, thereby mitigating the void bed costs.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 Potential bidders with existing homes may have young people residing in them from other Local Authorities. To facilitate the block arrangement there may be need for a planned and co-ordinated relocation of Children and Young People over a period of time thereby minimising any disruption to their placement.
- 5.2 Risk associated with poor performance of the Provider is mitigated by point 3.5 in Other Considerations giving the Council the ability to terminate the block arrangement.
- 5.3 Risk associated with falling demand is mitigated by point 3.6 allowing the Council to terminate this block call off contract at its sole discretion by giving three month's written notice.

6. LEGAL APPRAISAL

- 6.1 This procurement exercise is for the purchase of provision from White Rose 16-25 years, Leaving Care and Vulnerable Young People Accommodation and Support Framework, which is held by Leeds City Council on behalf of local authorities across Yorkshire and Humber.
- 6.2 The framework includes provision for the purchase of blocks of placements through mini-competition, this is the process that will be followed.
- 6.3 The Framework was advertised on the Official Journal of the European Union (OJEU), in accordance with the requirements of the Public Contract Regulations.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Purchase of block contract/s ensures more consistent availability of provision within the locality, enabling Bradford children to remain within the district and prevent placements potentially being at distance. This improves the outcomes for these young people as they will access services and maintain links locally.

7.2 SUSTAINABILITY IMPLICATIONS

The continued purchase through block contracts will provide savings for the duration of the contract as opposed to spot purchasing from the White Rose

Framework

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Local placements will reduce travel time and costs, for both the young people placed and the supporting professionals which will also have a positive impact on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

Existing providers on the White Rose Framework should have undertaken a locality risk assessment.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

10.1 That it be noted that the new block call off contracts from the White Rose 16-25 years Leaving Care and Vulnerable Young People Accommodation and Support Framework, will be set up which will ensure Bradford Council can:-

10.1.1 Block purchase beds at a reduced rate.

10.1.2 Guarantee 24 beds in the Bradford District to help to ensure that Bradford's young people can be accommodated and remain living locally.

10.2 Bradford Council to make the required financial commitment during the lifetime of the contract.

11. APPENDICES

None.

12. BACKGROUND DOCUMENTS

None.

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Report of the Deputy Director (Social Care) to the Meeting of the Children's Services Overview and Scrutiny Committee to be held on 26th July 2017

B

Subject:

Updated Information for Members on the Workloads of Children's Social Care Services

Summary statement:

The report presents the most recent information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st March 2017.

There has been a slight rise to the overall workloads of social workers, and pressures upon the service since the last report was presented. The report demonstrates that Social Work Services for Children & Young People in the District remain strong, robust and well managed.

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Portfolio: Health and Wellbeing

Overview & Scrutiny Area:

Children's Services

1 Summary

This report presents information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st March 2017. Earlier reports presented to committee have confirmed strong, robust and well managed Social Work Services for Children & Young People in the District. Information within this report therefore examines any changes in workload and demand on resources since that date.

2 Background

- 2.1 Since Lord Laming's Report in 2003 into the death of Victoria Climbié there has been a clear expectation from Government for Elected Members to be routinely and regularly informed of the workloads for Children's Social Care Services. The Government requires that information as set out in this report be regularly presented to Members to ensure that the Council is fulfilling its statutory duties.
- 2.2 The second Laming Report (2009) set out wide ranging recommendations following the death of Peter Connelly ("Baby P"). The impact of this case and subsequent child deaths in Doncaster and Birmingham resulted in increased demand for social care services in Bradford and nationally.
- 2.3 The Laming Report acknowledged that across the country there were serious pressures and demands on social workers, with some case loads being unmanageable and thus potentially putting the safety and welfare of children at risk.
- 2.4 Lord Laming also made clear that practitioners, teams and individuals should all have a mixed case-load of both child protection and children in need work. No social worker should handle only the more complex and emotionally demanding child protection cases. This report provides information to elected members that this recommendation has been put into practice in Bradford.
- 2.5 The most recent inspection of services for children in need, looked after children and care leavers within Bradford was conducted by Ofsted in February/March 2014. The outcome of this inspection was broadly positive with a small number of areas requiring improvement.
- 2.6 Information provided in this report is produced from information held on the Social Care Records System (LCS). Internal and external audits confirm that elected members can have a high level of confidence in the accuracy of information produced for this report. Bradford has consistently received the highest level of data confidence scores for the Department for Education's annual Children in Need statutory data return. There are minor adjustments to historical values presented to Committee in previous reports, as a result of delayed data entry within LCS; where there are significant variations, these are noted within the body of the report.

3 Report issues

3.1 Workforce/Workload Issues

- 3.1.1 The first section of this report presents workforce and workload information for care management services. This includes Social Workers and Community Resource Workers in the Multi Agency Screening Team (MASH) , assessment teams, children young people and family teams, specialist teams working with children with complex health and disabilities, teams working with looked after young people and the statutory work of the Leaving Care Team. The workload analysis does not include agency staff except where stated.
- 3.1.2 There are 187 Social Workers (175 full time equivalents) in Children’s Social Care directly employed by the Council. This is a reduction since March 2016 when there were 211. In December 2016 we changed the way we of calculate the number of social workers to exclude any with a zero caseload – this will include workers on maternity leave and long term sick leave. The decision was made because including workers who actually weren’t holding any cases was making the caseload average look lower than the true picture. There are 42 Community Resource Workers (CRWs) or 39 FTEs.
- 3.1.3 At 31st March 2017 there were 9 agency Social Workers and no agency CRWs being utilised within the social work services. The service has introduced tighter controls to reduce the number of agency social workers in the service. The length of time agency Social Workers have been in post is as follows:

0 - under 3 months
1 - 4 to 6 months
3 - 7 to 12 months
5 - over 12 months

- 3.1.4 Bradford has 46% of Social Workers (including agency workers) who are experienced social workers (previously called level 3 social workers) with high levels of experience and training. This percentage has dropped over the past year, from 51% in March 2016.
- 3.1.5 The average caseload per full time equivalent (FTE) Social Worker is 17.6 cases, an increase from 12.9 in March 2016. Within the long term Social Work teams this figure is 17.4 cases per FTE (compared to 14.9 in March 2016). Social Workers take on a mixed caseload of child protection and children in need work. The average caseload per full time equivalent Community Resource Worker is 11.7 (similar to 12.0 at March 2016). The most recent published figures from the DfE (2015-16) showed a national average of 16.1 cases per FTE social worker and a regional average of 15.6 cases.
- 3.1.6 We have developed a caseload weighting system to support social workers and their managers, which arose as a recommendation from the Health Check for social workers completed in 2016. The Principal Social worker has supported this development which is being piloted across several teams currently.
- 3.1.7 50% of looked after children cases are held by an experienced social worker, defined as at least 2.5 years post qualified. The average number of LAC cases held by each FTE worker is 7.1, rising to 14.9 cases for the dedicated Looked After Children Teams. This

is an increase from March 2016 when the average number of cases held was 5.8 (13.9 in the LAC teams).

- 3.1.8 All cases of children with a child protection plan are held by a qualified social worker. 32% of cases where a child has a child protection plan are allocated to an experienced social worker, a figure which has fallen from 49% in March 2016. Social Workers in the Children and Family Teams involved with Children with a Child Protection Plan hold on average 6.9 such cases, a higher figure than in March 2016 when it was 5.7.
- 3.1.9 59% of Public Law proceedings cases are allocated to an experienced social worker, a slight increase on 54% in March 2016. The average number of Public Law cases per FTE Social Worker is 2.7, also higher than the March 2016 figure of 2.3.
- 3.1.9 In summary, there has been increasing demand across much of Social Care over the past 12 months. This includes an increase in referrals, assessments (data in 3.4) and an increase in the number of care proceedings. Applications to Court for an order in care proceedings increased in 2016/17 to 261 children in Bradford, compared to 205 children for the previous year 2015/2016. An analysis of children becoming Looked After in 2016 indicated that 1 in 6 were from Central and Eastern European (CEE) backgrounds. A snapshot of children becoming Looked After in February 2017 demonstrated that half were not born in Bradford (either newly arrived communities of families that had relocated to Bradford for a variety of reasons).

(Refer to Appendix 1 – a) Workforce and b) Case Load analysis)

3.2 Child Protection

- 3.2.1 The overall trend in the numbers of children who are the subject of a child protection plan has been gradually rising over the last year, after a sharp fall between summer 2014 and May 2015; there were 568 at 31st March 2017 compared to 516 in March 2016. The numbers of children who became the subject of a plan has seen a similar rise over the same period, with 657 plans starting in the year to March 2017 compared to 533 in the year to March 2016. The numbers of children's plans ending has now begun to rise after a long period of falling, with 600 plans closed in the year to March 2017 compared to 523 in the year to March 2016; however the numbers of plans ending remains significantly lower than numbers starting.
- 3.2.2 The proportions of children subject to plans under each category at 31st March 2017 are: Physical abuse 7%; sexual abuse 8%; emotional abuse 50%; neglect 35%. These proportions are similar to those in March 2016. Quality assurance through 'challenge panels' indicates that reasons for a child requiring a child protection plan are accurately and consistently recorded.
- 3.2.3 The numbers of children subject to child protection plans within Bradford is broadly similar to regional comparators and slightly lower than the national average. The current rate of children subject to a child protection plan is 40.6 per 10,000 child population (at 31st March 2017) whereas the most recent published national rate is 43.1 per 10,000 and the regional average is 41.7 per 10,000 (at 31st March 2016). The introduction of Signs of Safety approach which is becoming embedded within the service is supporting the better management of risk and more positive work with families in the child

protection process.

- 3.2.4 During the year to 31st March 2017, 7.0% of children had become subject to a plan for a second time within 2 years, a slight deterioration compared to the previous year when it was 6.4%. Ofsted considers the percentage of children becoming subject to a Child Protection Plan for a second or subsequent time to be an important indication of the appropriateness of earlier interventions. A high rate is viewed as indicative of unsatisfactory outcomes to earlier plans.
- 3.2.5 The percentage of Child Protection Plans lasting for 2 years has remained steady over the last year, with 3.4% in the year to 31st March 2017; this compares to 3.3% in the year to 31st March 2016.
- 3.2.6 All children who are subject to a Child Protection Plan have an allocated Social Worker.
- (Refer to Appendices 2.1 – 2.4)
- 3.2.7 As at 31st March 2017 there were 300 children and young people identified as being at risk of child sexual exploitation (CSE).

3.3 Looked After Children

- 3.3.1 The number of looked after children has seen a sharp rise in the last 12 months. The number of children being looked after is 933 at 31st March 2017 – higher than the figure of 849 in March 2016. This equates to 67 children being looked after per 10,000 child population; this is higher than the national rate of 60 per 10,000 but lower than our statistical neighbour average of 78 per 10,000 (at 31st March 2016) (appendix – 2.5).
- 3.3.2 Strong permanence arrangements are a contributing factor towards reducing the upward trend of LAC, alongside closely monitored care proceedings cases and discharges of care order. There were 38 adoptions and 32 Special Guardianship Orders (SGOs) in the year to March 2017, compared to 71 adoptions and 42 SGOs in the year to 31st March 2016. 220 Looked After Children are in Family & Friends foster placements, more than the 201 in March 2016; there are ongoing Allowances being paid to families for 302 children on an SGO who were previously LAC.
- 3.3.3 There has been a sharp fall in our use of external residential care (see bed night calculator within Appendix 2). Between October 2016 and May 2017 use of external residential placements fell by 24% with internal residential increasing by 13%. As part of our strategy to reduce the use of expensive external residential provision and to ensure children are placed in family settings where possible we have increased our use of Independent Fostering Agencies (IFAs) by 38% over the same period. This strategy is forecast to achieve a saving of 324K in the financial year 2017/18. Following revisions to recruitment of foster carers we have approved a further 24 fostering households in Bradford since April 2017 with 2 households ceasing to foster. We are currently assessing a further 15 households who have expressed an interest in fostering for Bradford. Internal fostering remains close to capacity. We are on target for our DfE innovation funded “B Positive Pathways” programme to go live in September. This will enhance our edge of care work with adolescents, support adolescents to exit care, and by equipping staff to provide a more therapeutic environment in our homes we hope to

reduce placement breakdowns. The innovation programme will also enable us to establish 2 “Mockingbird” hubs to support foster carers to work with children with more complex needs.

- 3.3.4 The long term stability of Looked After Children has remained steady in the last year. 69.9% of children who had been looked after for two and a half years or more had been in the same placement for at least 2 years (compared to 69.5% the previous year). This is slightly better than the most recently published national average of 68% (March 2015). LAC children are allocated to CRW’s according to risk, with only lower risk and children in stable arrangements being allocated. Although this was not an issue at our last OFSTED inspection, and was not an issue for York during their OFSTED inspection in June 2017, our learning from Serious Case Reviews means that we are incrementally reducing the cases held in their own right by experienced Community Resource Workers. Where it is safe and appropriate to do so, this will occur by natural wastage (to prevent disruption to established relationships). In other cases, we are allocating Social Workers with experienced Community Resource Workers continuing to have active involvement in the work. We hope to have all cases allocated to Social Workers by November.
- 3.3.5 All Looked After Children have an allocated worker; most have an experienced Social Worker. Currently 95 cases are allocated to Community Resource Workers, much of which is work with young people preparing for moves into independent living.
- 3.3.6 The number of children subject to Public Law Care Proceedings cases has risen over the past 12 months. At 31st March 2017 there were 142 cases in Public Law Care Proceedings (there were 117 at 31st March 2016).

3.4 Referrals and Assessments

- 3.4.1 The number of referrals received by Social Care Services has increased to about 540 per month over the last year, compared to about 460 per month for the year before.
- 3.4.2 The number of assessments being undertaken by Social Workers is also high. About 880 assessments are carried out each month (this includes assessments in the long term teams), indicating a continuing high volume of in depth assessment work being undertaken.
- 3.4.3 The breakdown of Factors of Need associated with assessments carried out in 2014-2015 and 2015-2016 can be found in Appendix 2.7.

3.5 Children in Need

- 3.5.1 The total number of children being included within the CIN census in 2015-16 was 8518, compared to 8362 for the previous 12 months, indicating that an increased number of children are in contact with social care services compared to the previous year. There were 4065 children’s cases open as at 31st March 2017.

3.6 The Ofsted Improvement Plan

- 3.6.1 The child protection and looked after service was inspected as part of a three year

rolling programme by Ofsted in February and March 2014. The action (Appendix 4) sets out for the Committee the improvement actions taken and progress to date.

3.7 Workforce Development

- 3.7.1 Our social work recruitment takes place every month. The Principal Social Worker (PSW) is leading on this and has established a more streamlined process. We recently recruited 24 social workers with only 2 vacancies remaining. The next recruitment is targeted as experienced social workers to take place August. We still do have lots of interest to Bradford with the last recruitment having 59 applications. The PSW and Head of Social Work are working closely with workforce development colleagues on retention for experienced social worker initiatives, focused on manageable caseloads, regular good supervision and team support. We are also developing a leadership programme for team managers to support their professional development.
- 3.7.2 The PSW has also improved the induction process for newly appointed social workers who all now receive a comprehensive induction pack and induction programme. This has been well received by new starters. We also have good attendance at practitioner led forums to share knowledge across the service.
- 3.7.3 An issue arising from the Health Check for social workers was lack of IT equipment. 10 social workers have been issued with Samsung Tablets to pilot. This has been extremely positive and now agreement has been given to roll out a further 50 devices. Social workers are very excited about this as they believe it supports increased engagement with children and young people and also enables social workers to work more flexibly and saves time for other tasks.

4 Options

There are no options for consideration.

5 Contribution to Corporate Priorities

The work of Children's Social Care contributes to the Council priority of "Better Health, Better Lives".

6 Recommendations

That the Committee consider further reports in the 2017-18 work programme to ensure the continuation of safe workloads and practice into the future given the current financial climate.

7 Background Documents

None.

8 Not for Publication Documents

None.

9 Appendices

Appendix 1 – Workload & Caseload Analysis

Appendix 2 – Workload Pressures

Appendix 3 – Departmental Sickness Monitoring

Appendix 4 – Ofsted Inspection 2014 Improvement Plan

Appendix 1:

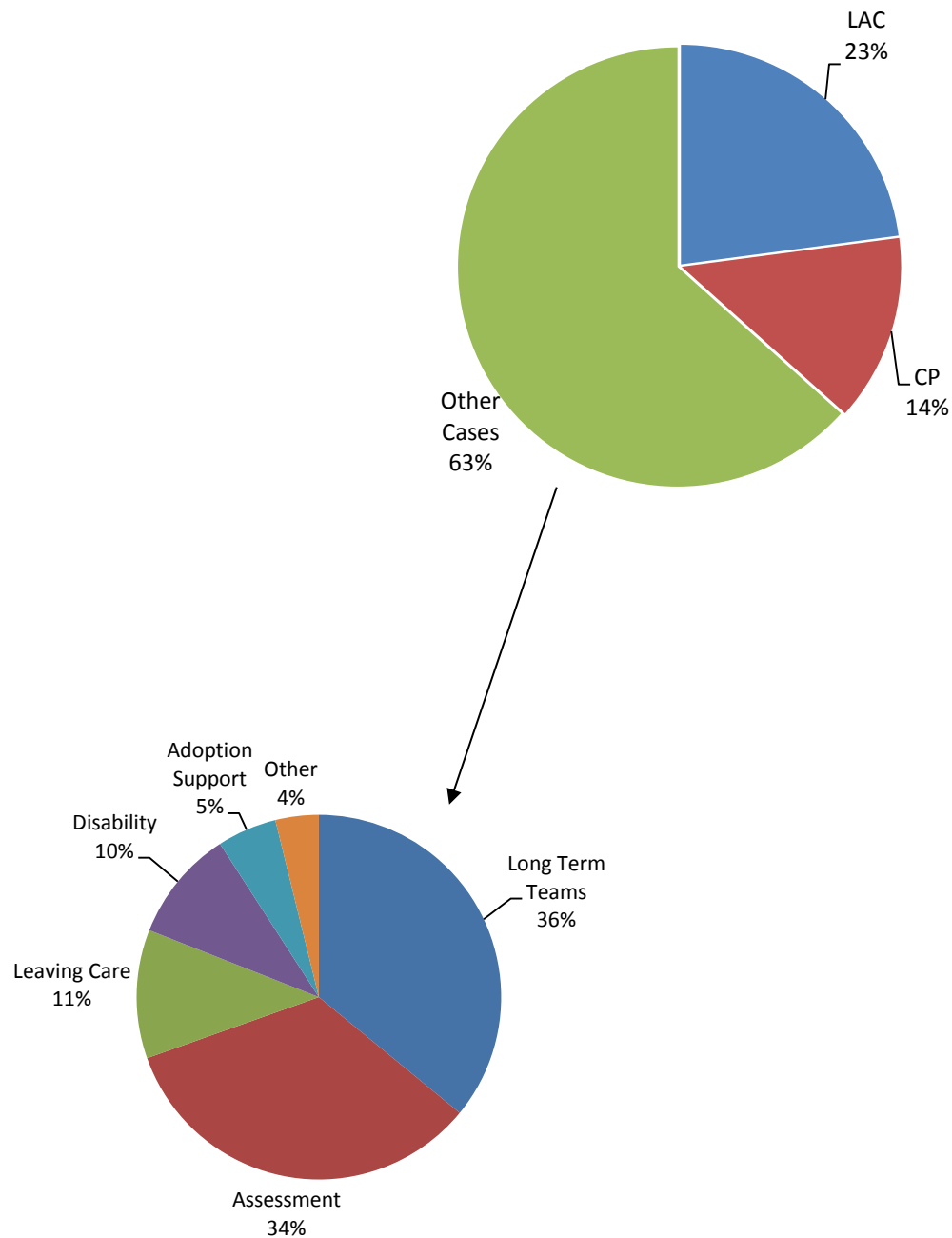
a) Workforce/Workload Analysis

		31st Mar 2016	30th June 2016	30th Sept 2016	31st Dec 2016	31st Mar 2017
Workforce Profile	Total number of directly employed Social Workers in post	211 195 FTEs	190 176 FTEs	211 199 FTEs	186 175 FTEs	187 175 FTEs
	Total number of directly employed Experienced (Level 3) Social Workers	102 92 FTEs	88 79 FTEs	89 80 FTEs	81 75 FTEs	82 76 FTEs
	Agency Social Workers	14 (6.7% of all SWs)	19 (9.7% of all SWs)	14 (6.6% of all SWs)	10 (5.4% of all SWs)	9 (4.9% of all SWs)
	Percentage of SWs who are at Experienced level (including agency)	51%	50%	44%	46%	46%
	Total number of directly employed Community Resource Workers (CRWs) in post	49 44 FTEs	50 45 FTEs	54 49 FTEs	44 40 FTEs	42 39 FTEs
	Agency CRWs	1 (2.3% of all CRWs)	1 (2.2% of all CRWs)	1 (2.0% of all CRWs)	None	None
Workload	Average number of cases per FTE Social Worker	12.9 (14.9 in Long Term Teams)	14.4 (17.1 in Long Term Teams)	13.8 (16.5 in Long Term Teams)	16.1 (17.6 in Long Term Teams)	17.6 (17.4 in Long Term Teams)
	Average number of cases per FTE CRW	12.0	11.8	11.5	12.4	11.7
	Average number of LAC cases (including cases in proceedings) per FTE LAC case holding worker	5.8 (13.9 for LAC teams)	6.5 (14.3 for LAC teams)	6.8 (15.0 for LAC teams)	6.6 (14.5 for LAC teams)	7.0 (14.9 for LAC teams)
	Average number of CP cases per FTE CP case holding worker	5.7	6.0	6.1	6.7	6.9
	Average number of cases in Public Law Care Proceedings per FTE PLCP case holding worker	2.3	2.5	2.8	2.4	2.7
Utilisation of Resources	Percentage of LAC cases allocated to an Experienced level Social Worker	51% (410 cases)	50% (411 cases)	48% (428 cases)	48% (421 cases)	50% (434 cases)
	Percentage of cases where a child has a Child Protection Plan allocated to an Experienced level Social Worker	49% (213 cases)	56% (227 cases)	44% (182 cases)	41% (178 cases)	32% (162 cases)
	Percentage of Public Law Proceedings Cases allocated to an Experienced level Social Worker	54% (63 cases)	62% (66 cases)	46% (73 cases)	52% (70 cases)	59% (84 cases)

b) Caseload Analysis

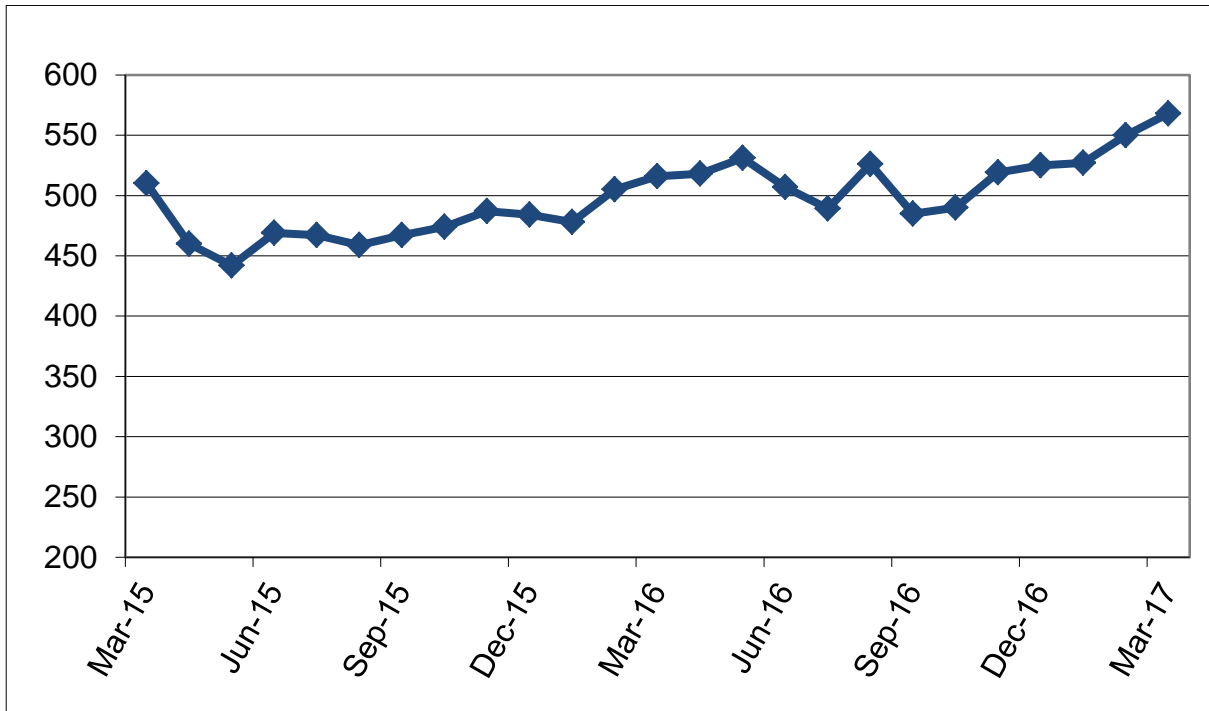
Active cases held by Social Workers and Community Resource Workers working in Care Management Teams at 31st March 2017.

Of the 4065 active cases held by Children's Social Care: 23% were looked after children (931), 14% were children who were the subject of a Child Protection Plan (558) and 63% were other Children in Need, including cases still undergoing assessment.



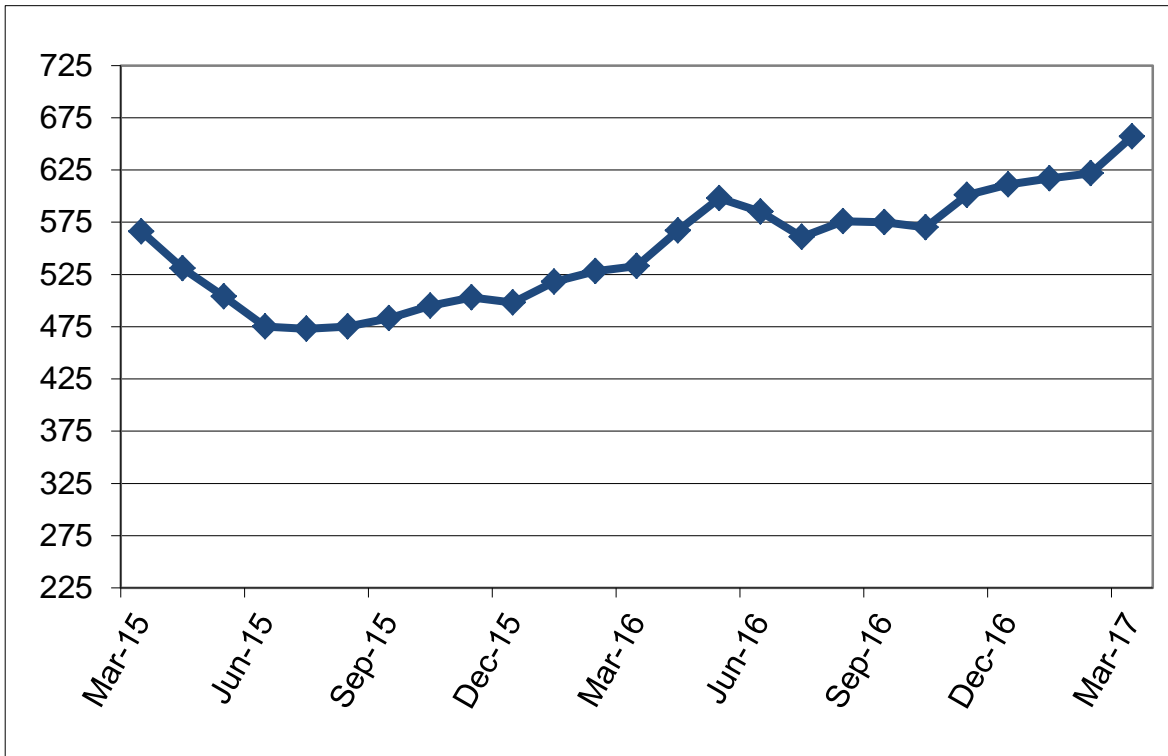
Appendix 2: Workload Pressures

**2.1 - Total number of children who are the subject of a Child Protection Plan
(March 2015 to March 2017)**



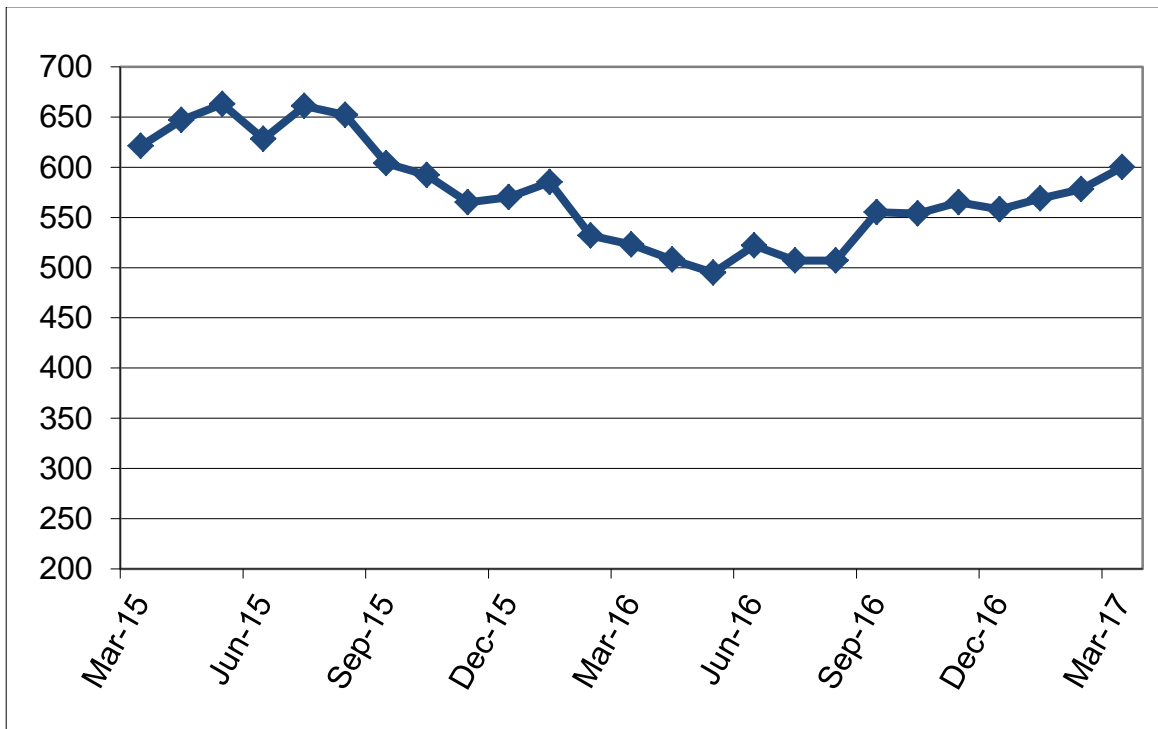
2.1 Total Children subject to a Child Protection Plan

**2.2 – Children becoming the subject of a Child Protection Plan
(March 2015 to March 2017)**



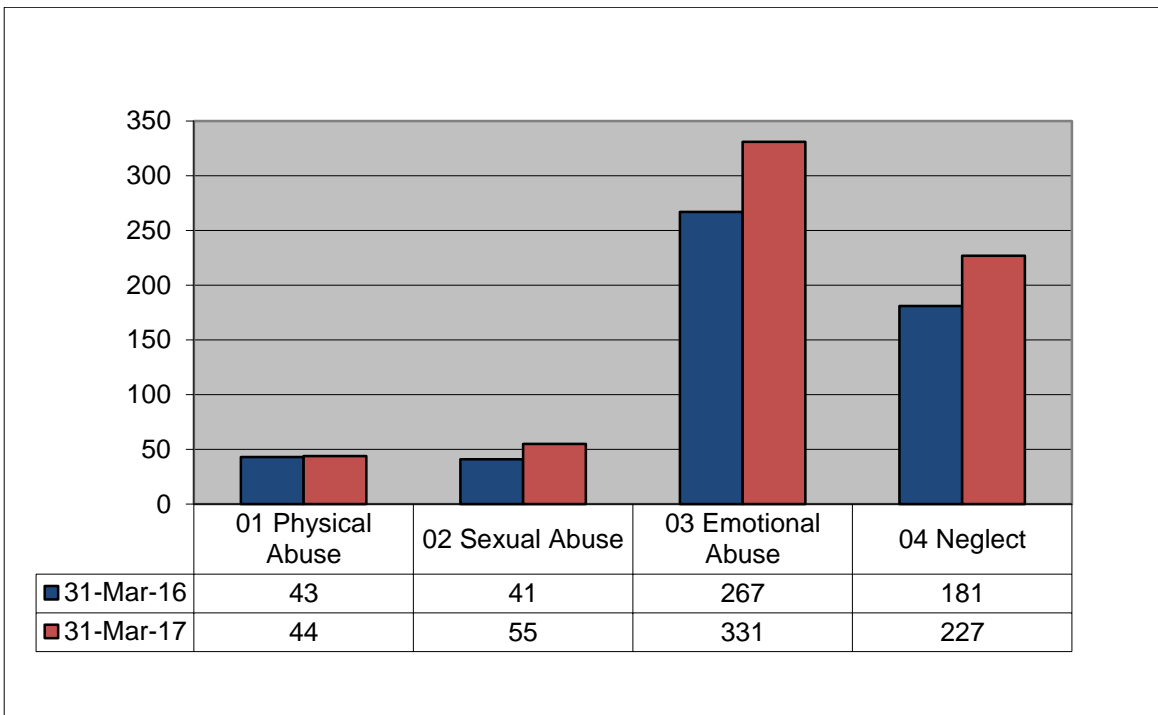
2.2 Children who became the subject of a Child Protection Plan

2.3 – Children ceasing to be the subject of a Child Protection Plan (March 2015 to March 2017)



2.3 Children ceasing to be subject to a Child Protection Plan

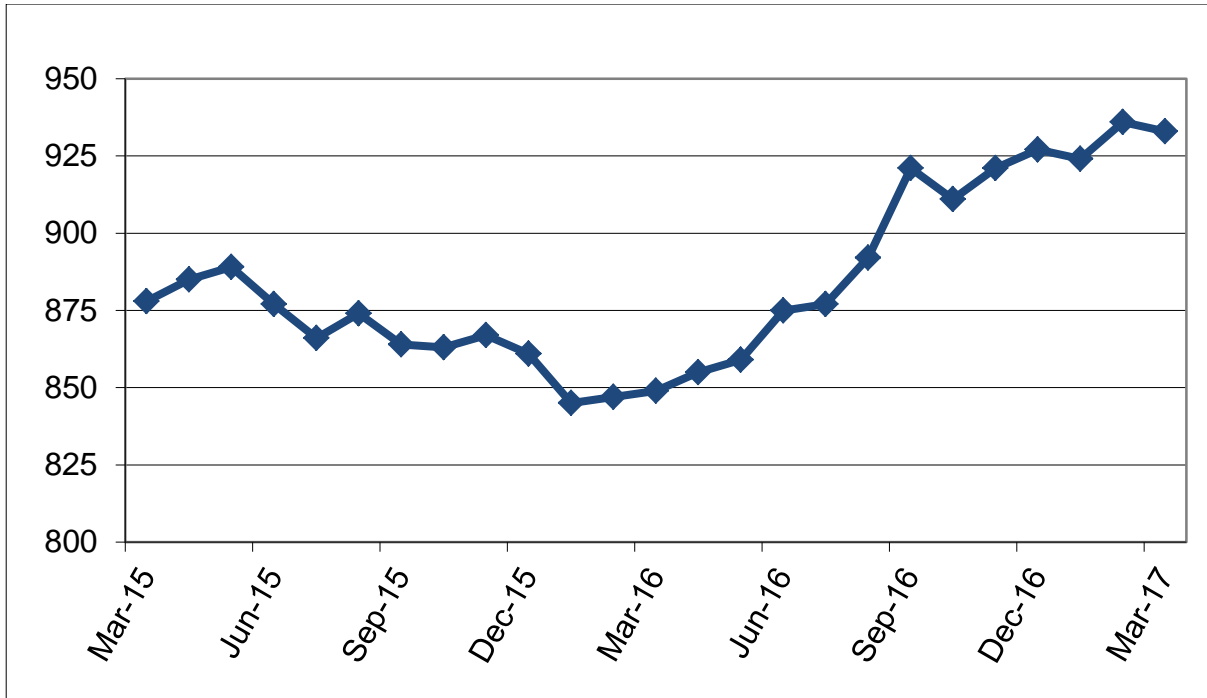
2.4 – Number of children becoming the subject of a Child Protection Plan in the years ending 31st March 2016 and 2017 by category of abuse



2.4 Children becoming subject to a Child Protection Plan in the year, by category of abuse

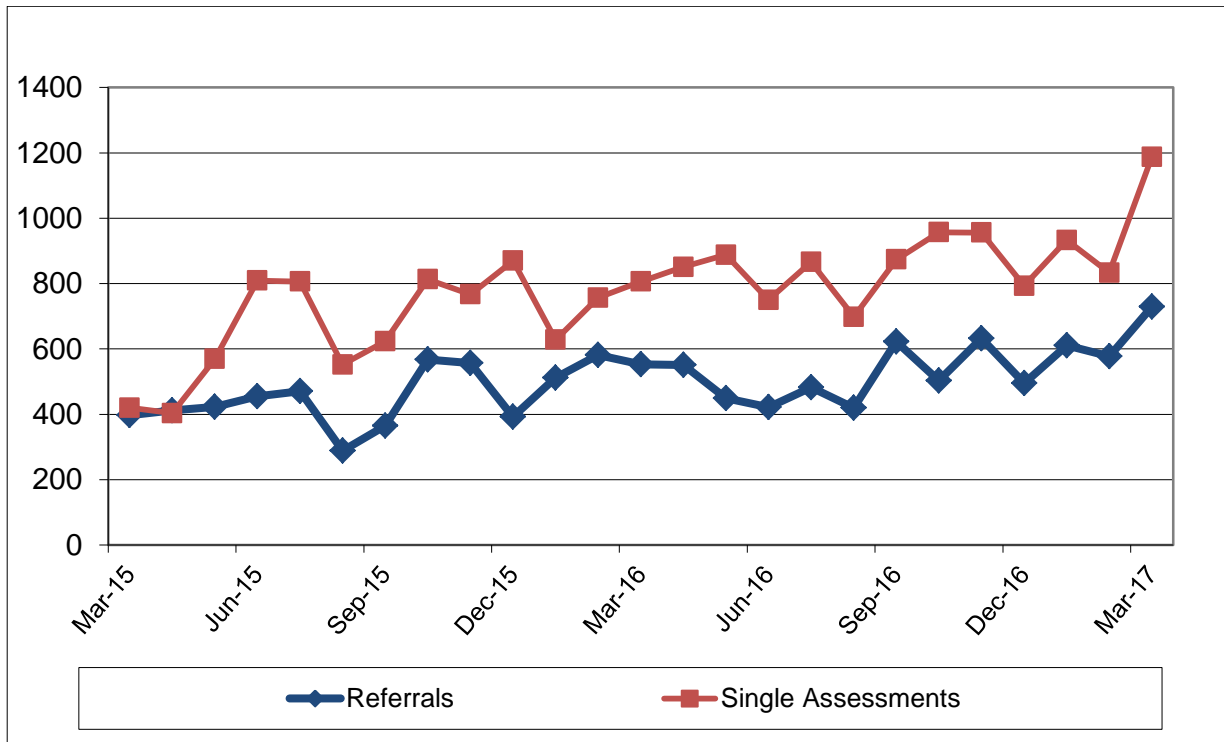
2.5 – Number of Looked after Children

(March 2015 to March 2017)



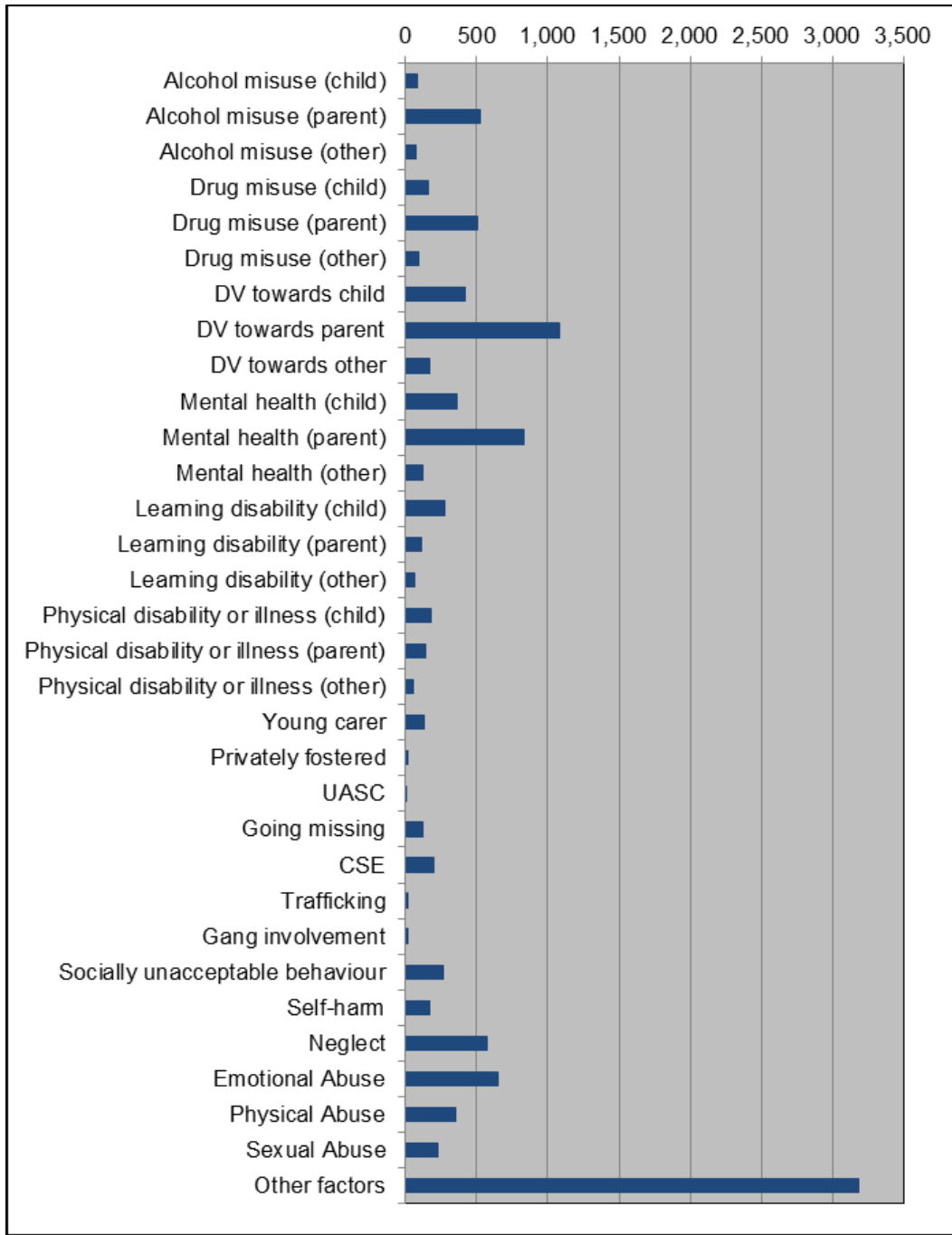
2.5 Number of Looked After Children

**2.6 – Referral and Assessment Activity
(March 2015 to March 2017)**

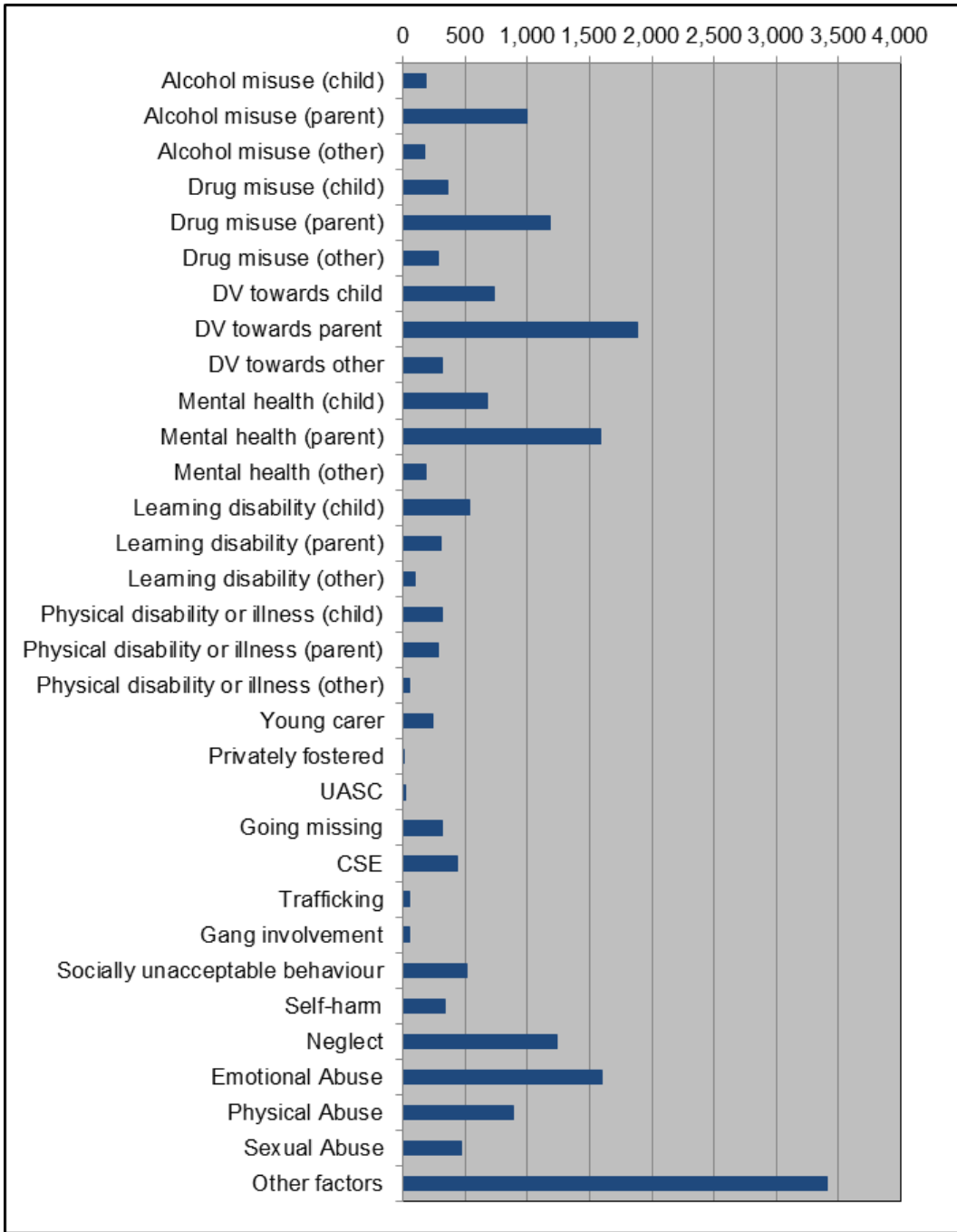


2.6 Numbers of Referrals received and Assessments completed each month

**2.7 – Factors of Need Identified by Assessments
(Financial Years 2014-15 and 2015-16)**



2.7 Factors of Need identified at assessment, 2015-16

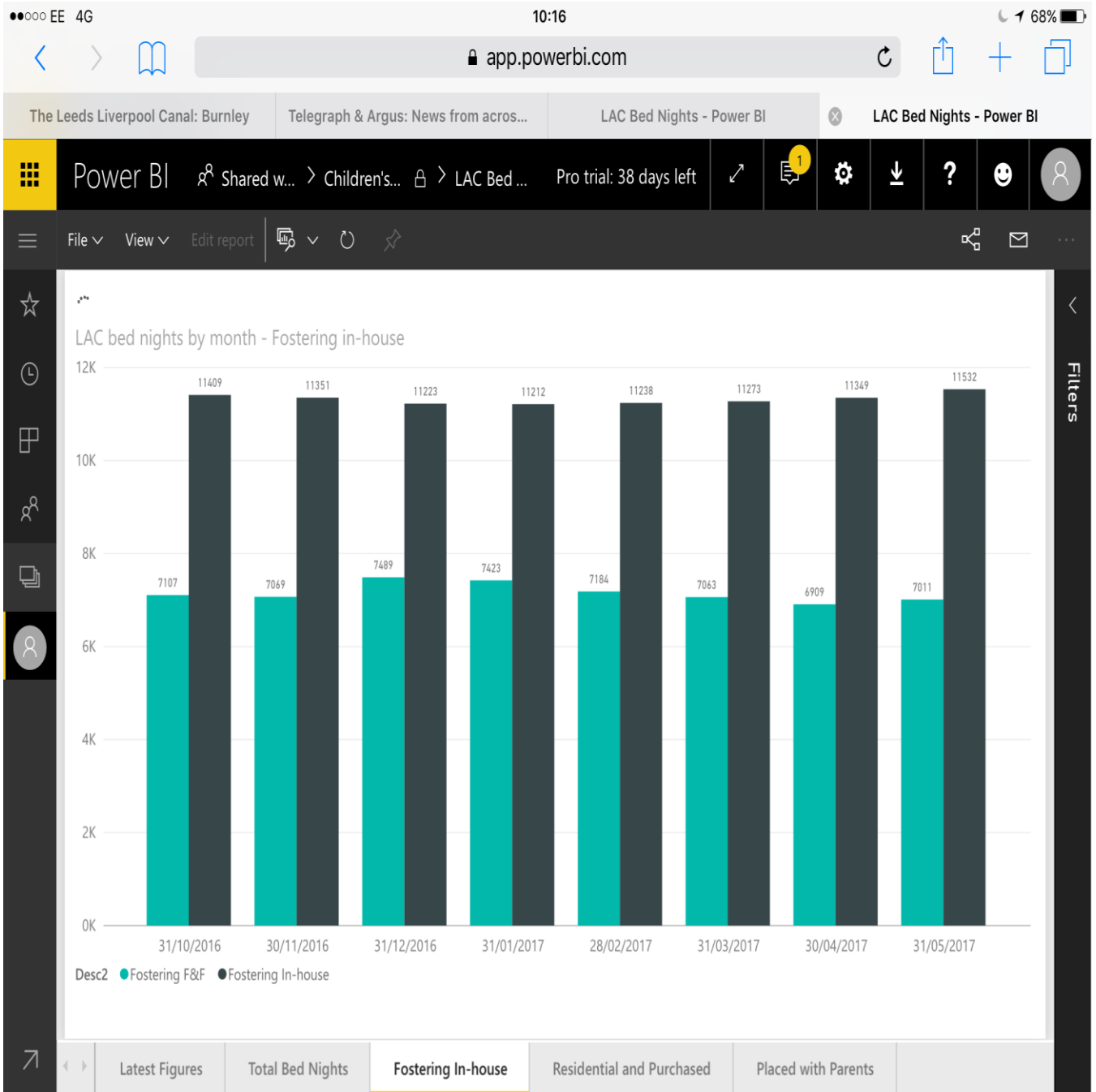


2.7 Factors of Need identified at assessment, 2015-16

Power BI interface showing a bar chart titled "Total LAC Bed Nights per Month" and a data table. The chart displays data from October 2016 to May 2017. The y-axis ranges from 25K to 29K. The data table shows the following values:






Month	Bed Nights
October 2016	28508
November 2016	28260
December 2016	28633
January 2017	28735
February 2017	28853
March 2017	28830
April 2017	28872
May 2017	29317

The interface includes a navigation bar with "File", "View", and "Edit report" options. The bottom navigation bar shows tabs for "Latest Figures", "Total Bed Nights", "Fostering In-house", "Residential and Purchased", and "Placed with Parents".





3.1 Departmental Sickness Monitoring Report October-December 2016

Dept/ Service	Section	Sub-Section(s)	Number of staff by end of Mar 2016	Average Number of Working days lost 1 Jan 2016 - 31 Mar 2016	Number of staff by end of Mar 2017	Average Number of Working days lost 1 Jan 2017 - 31 Mar 2017	Performance compared with previous year Arrow up = improvement Arrow down = decline
Children's Specialist Services			848.85	3.92	808.48	4.83	
	Child Protection	Childrens Safeguarding Administration Reviewing Team	41.03	5.03	44.74	0.64	
	Targeted Early Help	Early Help District Early Help Clusters Families First Co- ordination Youth Offending	233.01	3.40	192.70	4.39	
	Prevention/ Resources	Leaving Care Service Adoption & Fostering Children's Homes LAC and Leaving Care	551.58	4.31	374.01	5.53	
	Social Work Services	Disability Team & Family Centres Springfield Management Integrated Assessment Team Rooley Management Keighley Management Childrens Specialist Services	310.92	3.36	215.53	4.31	

Appendix 4. Service improvement plan - Inspection of services for children in need of help and protection, children looked after and care leavers. Inspection date: 18 Feb 2014 – 12 March 2014

Area of Practice	Area for improvement	Ofsted Expectation	Required Outcome	Performance Measure	Lead	Progress points	Timescales
Social Work: Section 47 Strategy discussions	Social workers and their managers do not regularly hold strategy discussions with the police before starting to carry out a child protection investigation. In addition, where the police are not involved, the recording of the discussion is not sufficiently detailed.	Ensure that all strategy discussions include the police as a minimum standard. The outcome of the discussion and agreed actions must be clearly recorded in a child's case file.	Strategy meetings are timely, accurately recorded and always involve both the Police and Social Care.	<u>Selective</u> Case File Audit. Initial Child Protection Case Conference minutes	Susan Tinnion, Service Manager	1. A dedicated Police Officer is allocated to the Integrated Assessment team. 2. Strategy discussions take place before a child protection investigation. 3. Written guidance to staff on the requirement to record this discussion in detail on the file.	(1) Completed 26.3.14 (2) Completed 3.3.14 (3) Completed 3.3.14
Child Protection Unit : Initial Child Protection Case Conferences	In over two thirds of cases, there has been unacceptable delay of up to six weeks in holding initial child protection conferences.	Take actions to increase and sustain sufficient capacity in the child protection conference service to meet service demands. Ensure that initial child protection conferences are held in a timely way that minimises risks to children and meets statutory guidance.	The Safeguarding & Reviewing Unit (S&RU) provide timely case conferencing and reviewing. There is a Business Process Review for S&RU which is completed. This has produced a more efficient streamlined service. The current number of conferences held on time is at 86%.	CS_N15a: ICPC's held within 15 working days of the start of the S47 enquiries. CS_N15b : Average working days between start of S47 enquiries and ICPC. Additional checks are being made to ensure this indicator is being counted in the correct manner.	Frank Hand, Service Manager, Safeguarding & Reviewing Unit	1. Agency staff in place to increase capacity for case conferencing. 2. Recruit two additional minute takers and Conference Chairs. 3. Complete business process review and implement improved minute taking and timetabling. 4. Work with partners through the Safeguarding Board and improved preparation for Case Conferences.	(1) Completed March 2014 (2) Recruitment completed September 2014 (3) Completed Nov 2014 (4) Completed Nov 2014
Social Work: Delay in Initial Child Protection Case Conferences	Where conferences have been delayed, managers decided that children should be visited by their social worker every week to help protect them. This has not happened in every case	Until improved performance in holding timely initial child protection conferences is demonstrated, ensure that all children have a robust plan, monitored by managers to minimise risk, and that they are seen at least weekly by their social worker.	Children whose ICPC is delayed have a robust plan and are visited at least weekly by their Social Worker.	<u>Selective</u> Case File Audit CS_N15a: ICPC's held within 15 working days of the start of the S47 enquiries. CS_N15b: Average working days between start of S47 enquiries and ICPC.	Di Watherston, Group Service Manager (Social Work)	1. Written practice guidance issued to all staff regarding the requirement. 2. Adherence to weekly visiting quality assured by Team Manager.	Completed April 2014
Child Protection Unit : Allegations against professionals and the role of the LADO	When allegations are made that professionals may have harmed children, cases are not progressed quickly enough on all occasions. There are delays in progress and management oversight in some cases.	Ensure sufficient capacity within the LADO service, so that allegations against professionals progress in a timely way and there is management oversight of all cases.	The Safeguarding & Reviewing Unit provide the LADO interventions and professional checks. Additional staff will increase capacity allowing additional oversight of cases. Processes for LADO work have been reviewed and finalised 28th July 2014.	<u>Selective</u> Case Audit around "Turn Around" time for professional checks. Timeliness reports via ProBase to benchmark performance. Comparison timeliness against performance of regional partners.	Frank Hand, Service Manager, Safeguarding & Reviewing Unit	1. Agency Staff in place to increase the capacity of the LADO service. 2. Written guidance given to staff on timeliness and management oversight on all case closed. 3. Recruit two additional staff for the child protection unit to undertake LADO work and case conferencing.	(1) Completed March 2014 (2) Completed April 2014 (3) To be Completed September 2014
Social Work: Statutory Assessment	In a very small number of cases social workers did not see children promptly enough.	Ensure all children identified as requiring statutory assessment are visited swiftly following receipt of the referral which identifies the concern.	Children are promptly seen upon statutory assessments commencing received	Local PI measuring time from 'trigger' event to end of assessment. <u>Periodic</u> Case File Audit	Di Watherston, Group Service Manager (Social Work)	Practice Guidance issued to all staff and Assessment Managers	Completed April 2014
Social Work: Children suffering neglect	A very small number of cases demonstrate delays in escalation for children who are experiencing chronic neglect and emotional abuse.	Social workers and their managers must decide to take stronger action more quickly in every case. i.e.: Where plans to reduce the impact of chronic neglect are not progressing sufficiently swiftly, ensure that assertive action is taken to escalate all such cases to a higher level of intervention.	Appropriate action is undertaken in situations of chronic neglect	<u>Selective</u> Case File Audit. CP Co-ordinators to quality assure PLO process by 3rd CPCC(10 month point)	Di Watherston, Group Service Manager (Social Work)	1. Practice guidance issued to all staff. 2. Family Justice Review & revised PLO embedded, with Case Manager appointed to track and quality assure plans and feedback on any undue delay. 3. Neglect refresher training by the BSCB Sept-December 2014	(1) Completed July 2014 (2) In place (3) Completed December 2014
Management: Supervision of practice	However, some staff in assessment teams report supervision is not always regular. The overall quality of supervision records need to better reflect challenge and to evidence reflective discussions.	Ensure that social workers and workers across all teams, particularly referral and assessment teams, receive regular supervision to support the complex work they are undertaking.	Supervision is appropriately challenging, recorded and audited on a regular basis.	<u>Selective</u> Case File Audit	Di Watherston, Group Service Manager (Social Work) & David Byrom, Group Service Manager (Resources)	1.Mandatory refresher Reflective Supervision Training delivered for all Child Protection Team Managers. 2. The Departments Supervision Policy is revised setting clear practice standards.	(1) Completed Sept-December 2014 (2) Completed July 2014

Private Fostering	There has been no formal oversight of private fostering (PF) arrangements or of children living out of area during this period.	Implement routine oversight of arrangements for safeguarding and promoting the welfare of privately fostered children, including work aimed at raising professional and public awareness of children who may be privately fostered.	BSCB is incorporating information regarding private fostering into its routine data set. A challenge panel focusing on children living apart from their parents will include a sample of private fostering cases. Promotional materials for professionals and the wider community regarding Private Fostering will be reviewed, revised and disseminated.	Data set : PF notifications, PF assessment, PF arrangements in place. Selective Challenge Panel completed and outcomes presented to Performance Sub-Group	Kate Leahy Service Manager. Paul Hill, LSCB Manager	1.Revised data set, including PF data approved by sub group 2.Regular reporting to inform BSCB challenge. 3.Challenge Panel to test inter-agency practice. 4.Revised promotional materials disseminated.	Completed; (1) Sept 2014 (2) Jan 2015 (3) To be completed April 2015 (4) To be completed April 2015
Multi-agency Data Set	Not all data and performance are monitored systematically and routinely. This means that BSCB is not always able to respond as quickly as it otherwise could. The development of a multi agency data set is ongoing	The BSCB should accelerate development of multi-agency data set and clearly record any challenge to areas of poor performance and the impact of the this challenge.	Revised multi-agency data set to be developed by Sept 2014. Working with other Y&H LSCB to explore the option of regional data set to assist benchmarking. Monitoring of challenge and impact to be better incorporated into BSCB minutes and reports.	Regular board scrutiny of data set and other performance information, challenge partners based on data set and follow through to impact	Saheed Khan, LSCB Performance	1. Revised data set agreed by BSCB performance sub group. 2.Data set populated and reported to sub group & full Board 3.Demonstrate and record impact of challenge based on performance data	Completed by: (1) Nov 2014 (2) Jan 2015 (3) To complete July 2015
Education Representation on Safeguarding Board	The absence of Head Teacher and FE College representation on the Board means that schools and colleges do not have sufficient opportunity to contribute to and influence the partnership at this level.	The BSCB should review the engagement of schools and FE colleges to ensure that they are fully represented on the Board.	Bradford Partnership currently seeking Head Teacher representation for full Board. Seeking single FE representative for Bradford, Shipley and Park Lane (Keighley) Colleges.	Representatives in place by October 2014 meeting of BSCB. More evidence of engagement of schools and FE colleges in safeguarding agenda.	Paul Hill, LSCB Manager	1.Agree representatives with primary & secondary partnerships and FE Colleges. 2. Agree mechanisms for dissemination & feedback	Completed October 2014
Learning & Improvement Framework	The local learning and improvement framework is under-developed, and ongoing work will strengthen capacity to improve the co-ordination of this work.	The BSCB should complete the implementation of a comprehensive local learning and improvement framework.	New comprehensive Learning & Improvement Framework to be agreed and implemented.	New Learning & Improvement Framework (LIF) accepted by BSCB in June 2014. Implementation monitored via learning & Development Sub-Group. LIF to be reviewed by December 2015.	Paul Hill, LSCB Manager	1. New LIF agreed by BSCB 2. Full implementation and Review of LIF.	(1) Completed June 2014 (2) Completed December 2015
Multi-Agency Training	Multi-agency training in the protection and care of children is effective and evaluated regularly for impact.	The BSCB should evaluate the impact of safeguarding training on the quality of frontline practice and outcomes for children as part of a comprehensive training needs analysis.	Revised Learning & Development Strategy to include mechanisms and measures for training evaluation. Use of on-line evaluation tool to be piloted.	Participants evaluation of training. Evidence of impact of learning from challenge panels.	Paul Hill, LSCB Manager	1.Publish new Learning & Development Strategy. 2.Pilot on line evaluation tool. 3.Report to Learning & Development Sub group on new impact measures	Completed March 2015



Report of the Director of Children's Services to the meeting of Children's Overview & Scrutiny Committee to be held on 26th July 2017.

Subject:

C

A report on the outcomes of the Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Bradford Metropolitan District.

Summary statement:

Between 27 February and 3 March 2017, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Bradford. This inspection included a specific ("Deep Dive") focus on our response to children living with domestic abuse.

This report summarises the outcome of the inspection and its implications for the district. The report outlines the strengths which the inspectors noted across the partnership and in relation to social care, and describes the partnerships plans to address the areas for development which were identified.

Michael Jameson
Strategic Director – Children's Services

Portfolio:
Education, Employment and Skills
Health and Wellbeing

Report Contact: Nick Simpson;
Executive Support Manager, Childrens
Services

Phone: (01274) 439360

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Overview & Scrutiny Area:

Children's Services

1. SUMMARY

Joint Targeted Area Inspection is an inspection of an area by four inspectorates, Ofsted (who led the inspection) the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation. Together they look at the arrangements to safeguard children and undertake a "deep dive" into a specific area, which, for this inspection, was children living with domestic abuse. The inspection is not 'graded' in any way, but its outcomes are published nationally in the form of a letter.

It is clear from the feedback received (The letter is attached at Appendix 1) that the inspectorates took a positive view of Bradford's work in relation to both individual agencies including children's social care, and across the children's partnership and identified many areas of strength. The report noted that:

"Leaders and partners have high aspirations for all children in Bradford. Across partners, there is commitment to continuous improvement to offer a wide range of high quality services to meet the diverse needs of children and families in the Bradford district. The determination of the partnership to tackle domestic abuse is evident in the level of resources that are committed to this end."

It also noted that *"The partnership in Bradford is well established and committed to driving improvement across services in responses to domestic abuse. There are many clear examples where joint working at a strategic and operational level is resulting in timely and effective responses to tackle domestic abuse. This provision of timely and good quality support to children and their families is reducing the risk of harm to many children."*

Crucially the inspectors concluded that *"families were receiving help that was making a real and positive difference to their lives"*.

Key Strengths identified in the report.

The "Front Door" to services for children across all agencies.

This element of the inspection looked at how children are dealt with at the first point of contact with all agencies across the system. Many strengths were identified including *"Very effective multi agency arrangements within the MASH"*. (Multi-Agency Safeguarding Hub). This is the large team sited in Sir Henry Mitchell House consisting of social care, police and health staff who review and assess all reporting safeguarding concerns relation to children. The reports says that *"Thresholds of need and intervention are well understood and applied by professionals in the MASH, & managers provide effective oversight of referrals"*. It concludes that *"Timely strategy discussions, and daily risk assessment discussions demonstrate a clear understanding of risk and produce agreed decisions"*. It also noted that *"police officers within the MASH & Domestic Abuse team recognise risk effectively & give good consideration to the needs of children"*

Leadership within Children's Services

The report praised leadership across the partnership in relation to domestic abuse. It looked at the Safeguarding Board arrangements and notes that *"Bradford Safeguarding Children Board (BSCB) is well-sighted on domestic abuse"*

The inspectors also noted strong leadership directly with the council, saying specifically in the report, *“Leadership within children’s social care is effective, and senior managers are creating a healthy environment in Bradford for effective social work to flourish. The Strategic Director Children’s Services (DCS) is focused on ‘getting the basics right’ in social work practice but also in innovating and using external sources of funding and expertise to drive new developments and approaches to providing effective support for children and young people.”*

The multi-agency work with children living with Domestic Abuse.

The report notes that *“Children who have witnessed domestic abuse are promptly referred for the help and support they need”* and that *“There are a range of effective and sensitive responses to those needs”* and that *“Children, young people and families have access to a wide range of services”*. The inspectors praised the notification system put in place in Bradford (which provides a notification to schools before 8am the next day of any domestic abuse call outs to families who have children in the school) , also noting the review of all cases by a social worker and police officer working together in the MASH.

Areas for Improvement identified in the report :

As expected, some areas of our work were identified which would benefit from further improvement. These include having a dedicated health professional in the MASH; designing a better multi agency safety plan for children who are in the period between referral/initial assessment and case conferences and addressing the impact of cumulative risk in situations where there are a number of repeated referrals with apparently low level risk. There were also some agency specific actions identified such as the need for the Community Rehabilitation Company to be more proactive in contacting Children’s Social Care. The report also highlighted the need to have stronger relationships between the BSCB, the Adult Safeguarding Board and the Community Safety Partnership to drive forward shared agendas such as domestic abuse, which cut across all three areas.

Moving forward

These identified “Areas for Improvement” are collated into a JTAI Action Plan. That plan is locally developed but then submitted formally to the four inspectorates. The action plan is currently being updated and will be circulated before the Committee meeting..

The on-going work and the action plan are monitored by the JTAI Readiness Board, chaired by Jenny Cryer, Assistant Director Performance, Commissioning and Partnerships, Children’s Services which meets every other month. This group reports to the Partnership Inspection Readiness Board which is chaired by Michael Jameson, Strategic Director. The plan is also subject to scrutiny via the Bradford Safeguarding Children Board (BSCB) “Performance Management, Audit and Evaluation Sub-Group”

2. BACKGROUND

Joint Targeted Area Inspection (“JTAI”) enhances but does not replace the routine inspection of the work of the local authority, health, the police and probation by their own inspecting bodies.

The “Joint Targeted Area Inspection” process was implemented in January 2016 in

response to the need to better assess the quality of the multi-agency work with children and families across the whole of a districts partnership.

Its identified focus is upon “arrangements and services for children in need of help and protection in local authority areas in England”.

Each inspection has two related aspects:

1. The quality of multi-agency work within the “Front Door” to children’s services.
2. The quality of multi-agency work in relation to a specific “Deep Dive” theme which changes each six months.

Over the 2 year period from January 2016, those specific themes were set out as:

- *Children at risk of CSE and / or Missing from Care, Home or School*
- *Children Living with Domestic Abuse*
- *Children subject to Neglect*
- *Children subject to sexual abuse in the family*

The JTAI in Bradford in February 2016 focussed upon the districts multi-agency work within our Multi-Agency Safeguarding Hub (The “MASH”, or “Front Door”) and multi agency work with children living with Domestic Abuse.

The scope of inspection is wide: Interviews with Elected Members and Senior Officers; Attendance at and observation of multi-agency meetings; close scrutiny of individual cases undertaken with the workers involved and, importantly, feedback from a selection of children, young people and parents / carers who are the recipients of the services we provide.

3. OTHER CONSIDERATIONS

The JTAI framework will continue to be used by the partnership as an improvement tool the partnership is currently working on neglect which is the current JTAI deep dive theme.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The positive outcome of the inspection ensures that the risks associated with external inspection have been mitigated. The governance for monitoring the outcomes is clear.

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are presented

10. RECOMMENDATIONS

10.1 That the Committee notes the outcome of the inspection

11. APPENDICES

11.1 Appendix 1 Letter: *“Joint targeted area inspection of the multi-agency response to abuse and neglect in Bradford Metropolitan District Council”*; Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation - 21st April 2017

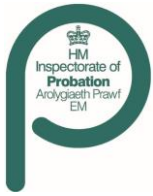
This is the letter received by the district following the JTAI inspection.

11.2 Appendix 2 (to follow) *“JTAI Action Plan”* - This is the Action Plan which was developed locally to address the identified areas for improvement. It was subsequently shared with the inspectorates. It, too, is referred to in Para 1 (Above). A meeting to be held on 13th July is expected to produce an updated version of the plan and this will be circulated by e-mail as soon as possible afterward.

12. BACKGROUND DOCUMENTS

None

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Care Quality
Commission



21 April 2017

Michael Jameson, Strategic Director of Children's Services, Bradford local authority
Sue Thompson Designated Nurse for NHS Airedale, Wharfedale and Craven CCG,
NHS Bradford City CCG and NHS Bradford Districts CCGs
Ms Helen Hirst – Chief Officer/Accountable Officer for NHS Bradford City CCG and
NHS Bradford Districts CCG and NHS Airedale, Wharfedale and Craven CCG
Mark Burns-Williamson OBE, Police and Crime Commissioner for West Yorkshire
Dee Collins QPM, Chief Constable of West Yorkshire police force
Charlie Jones, Manager, Youth Offending Team
Martin Davies, CEO, Community Rehabilitation Company
Lynda Marginson, CEO, National Probation Service
David Nivon, Chair of Bradford LSCB
Neville Hall Assistant Director CAF/CASS

Dear local partnership

Joint targeted area inspection of the multi-agency response to abuse and neglect in Bradford Metropolitan District Council

Between 27 February and 3 March 2017, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Bradford.¹ This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Bradford.

The inspectorates recognise the complexities for agencies in intervening in families where there is more than one victim and where, as a consequence, risk assessment and decision making has a number of complexities and challenges, not least that the impact on the child is sometimes not immediately apparent. A multi-agency inspection of this area of practice is more likely to highlight some of the significant challenges to partnerships in improving practice. We anticipate that each of these joint targeted area inspections (JTAs) will identify learning for all agencies and will contribute to the debate about what 'good practice' looks like in relation to children living with domestic abuse. In a significant proportion of cases seen by inspectors,

¹ This joint inspection was conducted under section 20 of the Children Act 2004.



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there were risk factors in addition to domestic abuse, which reflects the complexity of the work.

The partnership in Bradford is well established and committed to driving improvement across services in responses to domestic abuse. There are many clear examples where joint working at a strategic and operational level is resulting in timely and effective responses to tackle domestic abuse. This provision of timely and good quality support to children and their families is reducing the risk of harm to many children.

Staff in many agencies, including the voluntary and community sector, children's social care, the police, national probation services, youth offending teams and many health services, have a strong focus on understanding domestic abuse from the perspective of the child.

Initial responses to children who witness domestic abuse are a particular strength in most agencies, with prompt information sharing and assessments of the risk to children so that the vast majority receive the help and support they need in a timely way.

This effective joint working is also in place for children subject to child protection plans, and in the vast majority of cases seen, risk was reducing and children and their families were receiving help that was making a real and positive difference to their lives. Voluntary sector providers are an integral part of service to families and include specialist workers to ensure reach to some of the 'seldom heard' communities.

Joint planning and coordination of work is not in place at each stage of children's involvement with statutory services. Once children's needs have been assessed in the Multi-Agency Safeguarding Hub (MASH) and they progress to an assessment, there is not always a well-coordinated multi-agency safety plan in place prior to them becoming subject to a child in need or child protection plan. The impact of cumulative risks of children witnessing domestic abuse is not always recognised by professionals. In a small number of cases, this has resulted in delays in children receiving the help they need, and in particular long term coordinated support.

Not all agencies have systems in place to ensure that they can identify the risk of domestic abuse. For example, adult attenders are not always asked about parental or carer responsibility when they attend Bradford Teaching Hospital NHS Foundation Trust emergency department, and school nurse documentation does not prompt practitioners to ask direct questions and record answers about domestic abuse. Community Rehabilitation Company (CRC) staff are not consistently proactive in contacting children's social care to identify and discuss any child protection issues in



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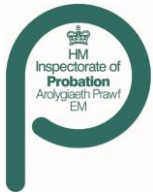
relation to perpetrators whom they are working with, including when perpetrators are due for release from custody.

Policies, procedures and protocols are not always in place to underpin effective joint working to prevent and respond to domestic abuse. For example, there is no information sharing agreement between the national probation service and the MASH, and the CRC do not have an up-to-date domestic abuse policy.

There is more to do to ensure a robust strategic overview of domestic abuse in Bradford, including the prevalence and nature of abuse and responses to domestic abuse across the Bradford district. The Domestic and Sexual Violence Board action plan does not have sufficiently clear or measurable targets to enable them to monitor progress in respect of key priorities. This means that it is difficult for leaders to plan effective commissioning of services and to develop services to meet changing needs. This is particularly critical given the recent changing demographic of the population of the Bradford district.

Key Strengths

- Leaders and partners have high aspirations for all children in Bradford. Across partners, there is commitment to continuous improvement to offer a wide range of high quality services to meet the diverse needs of children and families in the Bradford district. The determination of the partnership to tackle domestic abuse is evident in the level of resources that are committed to this end. These resources include: the wide range of services commissioned by the local authority for victims and perpetrators of domestic abuse; the range of group work available for perpetrators of domestic abuse, including those provided by the Community Rehabilitation Company; a number of innovative projects involving the police and the dedicated health domestic violence manager in the Clinical Commissioning Groups.
- There are very effective multi-agency arrangements within the MASH, particularly between the police and children's social care, with a dedicated domestic violence hub. This means that for children who have witnessed domestic abuse, agencies work together well to ensure a speedy response. All domestic abuse incidents reported to the police, where children are present, are risk assessed, and sent promptly to the MASH. When risks to children are first identified, MASH social workers and police officers act quickly to make sure that they have information from any agencies who know children and their families. This includes mostly good access to health services, especially health visitors, school nursing and the emergency departments of local hospitals. Assessments of risk in the MASH have children's needs and any risks to them as the key focus, and are based on

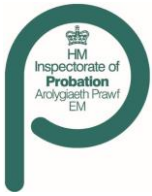


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information gathered in a timely way due to the effective working relationships between the majority of partner agencies.

- Children who have witnessed domestic abuse are promptly referred for the help and support they need. This includes early help support, a wide range of support from voluntary sector organisations or statutory involvement through Section 17 or Section 47 assessments. Thresholds are well understood and applied by professionals in the MASH, and managers provide effective oversight of contacts and referrals. There is also a strong dynamic system in place to ensure that children's needs are at the centre of decision making. For those children who need early help services, the police researcher working in the early help team reviews all cases to ensure that a full history is considered. This provides additional assurance, and where further risk is identified or a decision about the threshold is queried, children are referred back to the MASH for a reassessment of the risk based on the fuller picture.
- Schools in Bradford are notified within 24 hours of a child witnessing domestic abuse. Since the scheme was implemented in January 2017, 1,100 notifications have been made to schools. Early signs indicate that links between schools and targeted early help is ensuring that more children receive the support that they need at the right time. Designated police officers, linked to schools, provide safer relationship and internet safety education to pupils and receive notifications of domestic abuse that involve children who attend the schools for which they have responsibility. Police officers are therefore available to provide support and advice to schools where necessary.
- Strategy discussions in the MASH are timely and records demonstrate a clear understanding of risks and decisions agreed. Daily risk assessment meetings (DRAMs) between the police and IDVAs mean that all cases assessed as high risk are discussed within 24 hours, with evidence of good information sharing.
- Police officers within the MASH and domestic abuse team recognise risk effectively and give good consideration to the needs of children in the family. The detective sergeant in the joint investigation team based in the MASH checks all incidents that occur overnight to ensure relevant actions have been taken to keep children safe. Children at high risk of domestic abuse receive effective and sensitive responses from officers in the domestic abuse team. For example, an officer was seen to ensure alternative accommodation was found for one family experiencing domestic abuse. Timely and thorough investigations lead to the arrests of perpetrators when necessary.
- When adults attend Airedale General Hospital's emergency department, good attention is paid to identifying domestic abuse and the care arrangements and safety of children who are exposed to domestic abuse. Staff are well supported by appropriate assessment systems and documentation. A safeguarding screening checklist includes checks as to who has accompanied the child, who has parental responsibility and the nature of their interaction, and whether social



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services are involved, with tight scrutiny of children and young people who have attended twice or more frequently in the previous 12 months. Checks on domestic abuse and its impact on children is routinely and clearly recorded and appropriate referrals are made promptly to the MASH.

- Community midwives in Bradford Teaching Hospital NHS Foundation Trust (BTHFT) services are knowledgeable about the risks of domestic abuse and the additional risks to unborn children. They work well with the police and children's social care to both support mothers and keep children safe, with good management oversight provided by the named midwife.
- Where GP practices in Bradford have well established vulnerable families' meetings in line with best practice, information on known or emerging vulnerabilities including domestic abuse can be shared promptly between health visiting, school nursing and primary care. This is leading to effective and timely information sharing, which results in referrals or escalations of concerns to the MASH where appropriate.
- Leaders and managers in Bradford have a good understanding of the effectiveness of the 'front door' for their services. For example, the Joint Targeted Area Inspection (JTAI) task and finish group undertook a wide ranging assessment of the 'front door' of services, which has resulted in a detailed action plan. A range of actions for the partnership are in place, including improved quality assurance arrangements and multiagency audits on a quarterly basis.
- The NPS has children's safety at the forefront of its work. It shares information in a timely way with the MASH when an offender's circumstances change, to ascertain whether the changes have any safeguarding implications, including in cases when it is possible but not clear that children are involved. Offender managers are alerted to safeguarding concerns at the earliest opportunity so they can consider the implications when they undertake assessments and make decisions about offenders. Good communication within the NPS and with children's social care means that risks to children can be managed in a coordinated way. Quality assurance systems are in place to ensure that referrals to children's services are followed through and the outcome of the referral is recorded in every case.
- The Youth Offending Team (YOT) has access to the social care database, so can easily gather information about social work involvement. Staff are vigilant in ensuring that they understand children's wider circumstances, with good communication with health and education staff and regular home visits and contact with family members. This means that when children's circumstances change, the YOT can readily assess the level of risk, including risk of domestic abuse and is able to respond appropriately.
- In Bradford, strategic partnership oversight of domestic abuse is through the Domestic and Sexual Violence Board (DSVB), which is a multi-agency board currently chaired by the local police district commander (chief superintendent),

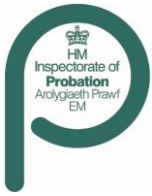


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with good representation from a wide range of partners including the voluntary and community sector. The DSVB structure has themed subgroups, with prevention, provision, protection and prosecution representing the key priorities of the board. There are clear examples of the areas in which the work of the board is having a positive impact, for example a focused initiative by the prosecution sub-group to reduce court-based attrition rates (the rate at which cases before the court are lost or dropped). To support this, the victim journey was mapped to identify the most appropriate times for interventions and support for survivors of abuse. Carefully timed interventions with victims are resulting in a small but significant reduction in attrition rates.

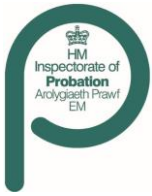
- Bradford Safeguarding Children Board (BSCB) is well-sighted on domestic abuse through the recent work of the JTAI task and finish group, which has undertaken an extensive review of domestic abuse, including a multi-agency audit of cases. The board challenged agencies to provide evidence of key areas of work around domestic abuse, the impact of this work and areas for development. This has given the board good oversight of key agencies' approach to identification and response to domestic abuse, and has enabled partners to understand each other's role and, importantly, those areas where further work is needed. Outcomes from this work include a revision of the threshold document and development of joint commissioning of services where gaps are identified. One example of this is a recent funding bid to support women and girls who have experienced violence but do not meet the threshold for statutory services.
- Children and parents who experience domestic abuse have access to a wide range of services to meet differing needs. This includes a number of commissioned services (eight in total commissioned by the local authority), as well as voluntary sector organisations that offer services. Effective commissioning of their specialist skills and knowledge adds considerable value to services offered to families. The range of services is impressive, including specialist workers to meet the needs of diverse communities and services for men who are victims of domestic abuse. One mother spoke powerfully of how the group work provided by one such organisation has helped her understand the impact of domestic abuse on her son and helps her to be aware of early signs of potential abuse in new relationships.
- This range of services to meet differing needs means that early help is available when concerns about domestic abuse first arise. When cases step up or down across the threshold to social work involvement, voluntary sector services are accustomed to retaining their involvement as part of planned intervention through child in need plans or core groups. This means there is consistency for children and their families who have often built strong relationships with workers. Close working relationships with social workers means that well-trained staff in the voluntary sector are fully included partners in 'Teams around the Family' and they are confident in taking the lead professional role.



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- Leadership within children’s social care is effective, and senior managers are creating a healthy environment in Bradford for effective social work to flourish. The Strategic Director Children’s Services (DCS) is focused on ‘getting the basics right’ in social work practice but also in innovating and using external sources of funding and expertise to drive new developments and approaches to providing effective support for children and young people.
- Frontline managers have good, timely access to performance information, enabling them to identify good performance, as well as areas where improvement is needed and trends in each team. Performance against key indicators is strong at the ‘front door’, demonstrating that when children are referred with concerns related to domestic abuse, these are responded to in a timely way. Managers have close oversight of work, which is effectively monitored to ensure that children get the right services at the right time, including services to protect them from further abuse.
- Social workers are well supported to enable them to work effectively with families. Caseloads are manageable and workers receive regular supervision. All social workers have had ‘Signs of Safety’ training and this is seen to be having a positive impact on practice, promoting a clear focus on risks and protective factors in many cases. Good engagement with children means that children’s experiences are understood by social workers and central to their interventions to ensure that children are safe and their needs met.
- The council has made a significant investment in ‘Signs of Safety’ training across agencies, rather than just children’s social care. This includes training frontline staff and senior managers across the partnership. All members of the BSCB have undertaken training, as has the Strategic Director Children’s Services (DCS). While training is ongoing, the early benefits of this approach are apparent, particularly at the front door: there are many examples of a shared understanding of risk and the approaches to the assessment of risk between agencies that result in a coordinated response to families.
- Both the lead member and the chief executive of Bradford council are very well informed about the diverse needs of children in Bradford and the quality of services to children in need of help and protection. Both regularly visit frontline services, including the MASH, and the lead member meets weekly with DCS and regularly with the police superintendent with responsibility for safeguarding. The ‘Young Lives’ organisation coordinates children’s attendance at the children and Young People’s Scrutiny committee, ensuring elected members are kept in touch with children’s views and experiences. There is effective and appropriate challenge from the lead member, chief executive and the scrutiny committee to officers to ensure that children’s needs are met.
- There are clearly defined police structures for dealing with domestic abuse, which have been supported by an investment of staff within the local police safeguarding teams, and in the MASH. Police are well engaged at a strategic and



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operational level, with many examples of innovative practice to improve reporting of domestic abuse and build confidence in the police across diverse ethnic groups. The local police have a culture of seeking improvement and learning, which is supported by a safeguarding central governance unit. This unit undertakes auditing and also commissions peer reviews into domestic abuse to better understand police responses to abuse. Learning from a recent audit has resulted in the improved management oversight of open domestic abuse incidents. These are now reviewed within 24 hours so that decisions can be assured by a manager.

- The NPS is committed to supporting local developments. For example, probation managers have undertaken 'Signs of Safety' training and have been involved in the development of the pilot of early help work in Keighley. The NPS is well represented at the LSCB and DSVB. Training in the use of the domestic abuse screening tool has been extended to probation service officers, who undertake much of the court work.
- YOT is an active participant of the BSCB and has undertaken 'Signs of Safety' training. There is strong representation from health in the service and access to CAMHS consultancy for higher risk young people. There are strong links with the police Integrated Offender Management (IOM) team, which assists with surveillance and disruption of persistent offenders, including domestic abuse perpetrators. Practitioners showed a personal commitment to young people and a strong value base. Management oversight was effective and practitioners described their supervision with managers as achieving an appropriate balance between compliance with process and reflective conversations about practice.
- Overall, the health service's leadership, management and strategic governance of safeguarding practice, including identifying and responding to domestic abuse, is good. Health leaders make a significant contribution to partnership working across Bradford to identify, support and protect children living with domestic abuse as they are well engaged with the BSCB and DSVB. There is some improvement needed in the frontline services' operational governance.
- The formation of the CCG collaborative for those three CCGS with only a single designated nurse for safeguarding is a strength as this has facilitated consistent and effective engagement of the health economy with the partnership arrangements through a single organisational interface. The designated nurse provides effective challenge to the health provider trusts through regular performance monitoring and scrutiny of safeguarding performance.
- The appointment of a dedicated health domestic violence manager to the CCG collaborative is innovative and a real strength for Bradford. The post gives flexible developmental capacity across the local domestic abuse and sexual violence partnership, bringing a health perspective to a range of different work streams that encompass health, social care and the voluntary sector. The role has a particular focus in driving improvement across primary care.



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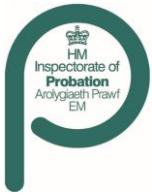


- Training across health agencies increasingly includes domestic abuse components, such as coercive control. Training recently delivered by Bradford District Care NHS Foundation Trust (BDCFT) included raising practitioners' awareness of diversity issues, such as men as victims and domestic abuse in LGBT relationships. There are sound safeguarding supervision arrangements across the health economy.
- Managers across health services are well sighted on cases held by their service in which there are known risks and vulnerabilities. Operational managers in the BDCFT, including those in adult services, understand the cohorts of children in need and child protection cases and the prevalence of domestic abuse cases within service caseloads. Health service leaders have a good awareness of the cultural diversity of the city's population and of how different cultural perspectives of domestic abuse can affect victim's ability to access support services.
- As a result of the above, managers have prioritised raising awareness across primary care and other health services of the need to reach out to different community groups. Health visitors are linked to specific community projects in order to 'bring health' to the community, to promote the healthy child programme and raise awareness of how to access support. This includes promoting the domestic abuse 'freedom programme'. Good use is made of local interpreters to ensure that health professionals can communicate properly, including with very vulnerable parents.
- Health visitors' records show good observation of children at homes where there is a risk of domestic abuse. This includes consideration of the impact on non-verbal children or those who may not be able to vocalise their feelings, therefore ensuring they can recognise and respond appropriately to the impact of domestic abuse.
- Most social work assessments are completed to a high standard. Extensive information gathering from partners and effective identification of historical factors lead to comprehensive assessments. Children's and parents' views are strongly represented and influence the focus of plans for them, and social workers take the time to get to know the children they work with. Assessments are routinely updated following review child protection conferences and this is good practice. Customary use of 'Signs of Safety' methodology means that in most cases seen, assessment information was drawn together into a clear and comprehensive analysis of risk and protective factors, and this supports sound decision making and planning.
- Outcomes for children and their non-abusive parents were improving in the vast majority of cases seen. This was as a result of effective joint working so that children and parents were getting help that was making a real and positive difference to their lives. Feedback from parents spoken to was mostly positive. One mother who had experienced domestic abuse talked very positively of the involvement of most agencies but in particular about social workers, school and



some health professionals. In talking about how the social workers have helped the family, the mother said, 'They've been really supportive. They have listened to me and involved me in plans about my children. My children now feel more secure and I can get hold of professionals when I need them.'

- Children and Family Court Advisory and Support Service (Cafcass) cases reviewed were thorough and comprehensive and evidenced analysis of risks to children. Recommendations made in each section 7 report were appropriate and reflected a fair and balanced approach.



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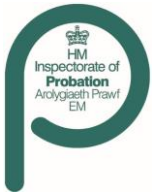
Case study: highly effective practice

There is a range of positive activities being undertaken by the police in Bradford as a single agency, together with partners, to support victims and also work with perpetrators. Examples include:

There is direct engagement with specific diverse communities or groups by the police to improve domestic abuse reporting, including seldom-heard groups. Examples include the local domestic abuse partnership inspector hosting a meeting in January with dedicated LGBT support workers from Bradford Women's Aid and Staying Put, as well as a transgender support service in Bradford, discussing ways to improve the support services for LGBT victims, and raising awareness amongst frontline workers who deal with abuse in LGBT households. There is also a dedicated Honour Based Violence and Female Genital Mutilation officer, who oversees all reported cases and liaises with other agencies, including Karma Nirvana. The partnership's chief inspector sits on a support group called 'Men Standing Up', which is a bespoke support service for male victims.

The police are facilitating cell interventions with those domestic abuse perpetrators detained in custody for cases assessed as standard and medium risk. Those detained are offered access to a domestic abuse perpetrator service (Choices) which provides support to better understand the causes and impacts of their behaviour. This voluntary service is co-located in the police station (three days a week). They have delivered 44 cell interventions, resulting in 14 people having accepted support, and three have been referred onto other agencies (Fresh Start, MSU, and First Response).

The police, together with local independent domestic violence advisor (IDVA), have commenced an innovative multi-agency response to high risk domestic abuse cases. Two police cars, staffed with a police officer and IDVA, provide a secondary response to domestic abuse incidents on Friday, Saturday and Sunday evenings. Reported early outcomes are: better engagement of victims and immediacy of safety planning. In one example, an IDVA was able to offer a change of locks, panic alarm and next day appointment with a solicitor, all prior to the release of the suspect. The joint working also provides an environment which enables the two agencies to understand their different roles, and how their joint services improve engagement, and the responsiveness of victims.



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Areas for improvement

Identifying and managing risk of harm at the 'front door'

- There has been no dedicated health professional in the MASH for the past 12 months. While arrangements to access information from health visitors, school nurses and the emergency departments at Airedale General Hospital and Bradford Royal Infirmary work well, information gathering from adult mental health, CAMHS and adult substance misuse is less well secured. Health participation in strategy discussions is inconsistent and may not always ensure that relevant information is shared and used to identify needs and analyse risk or assure compliance with Working Together 2015. The CCG collaborative and the provider trusts are in the process of determining their preferred model of MASH health presence and exploring resourcing options, but with no specified timescale, it is unclear when this will be resolved.
- Although there is good information sharing at the DRAMs, the actions raised are not always clearly recorded so that the outcome of the meeting, including the actions to be taken, is not routinely clear.
- In the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment, the police record the demeanour of children who are present or in the house when there is domestic abuse, but there is limited recording of officers speaking to children. This means that the impact of domestic abuse on the child is not always as complete as it could be in the initial risk assessment that goes to partner agencies.
- Although the MASH and other children's services teams routinely make checks with NPS for their involvement with adults linked to children, these processes are not supported by policy and procedure or an information sharing agreement. This means that actions taken to gather relevant information are dependent on the skill and knowledge of the individual worker.
- Adults who attend the BTHFT emergency department are not always asked about their parental or carer responsibility, including when domestic abuse is indicated. This means that risks to children may not be identified or understood, and in one case seen this resulted in children being left in the care of a perpetrator who had seriously attacked the children's mother.
- In BDCFT, there is no robust process of quality assurance of the written referrals being made into the MASH and this means that the trust cannot be sure that all referrals contain the necessary detail for social workers to make clear assessments of risk. This is recognised as an area for improvement by the trust's safeguarding team.
- School nurse assessment documentation does not prompt practitioners to ask direct questions and record answers in relation to domestic abuse. There is an over reliance on staff's professional curiosity to ask these questions but this was



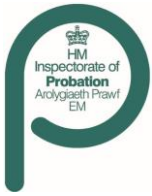
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not evident in cases seen. School nurse records are not always up to date due to administrative delays in scanning and uploading key documents, such as core group minutes and other child protection documentation. As a result, the school nurse team might not be aware of key information to guide their interactions with children and young people, particularly when domestic abuse might be indicated.

Response to children living with domestic abuse

- During the early stage of social work intervention, and after children's needs have been assessed in the MASH, cases progress for an assessment and further information is gathered. In some cases, there was not a clear multi-agency safety plan in place at this stage, prior to a child in need or child protection plan being agreed and put in place. A clear outcome-based plan for the child, with an identified key worker and core group, results from the initial child protection conference, but prior to this not all children benefit from an interim safety plan. In a small number of cases, this resulted in gaps in clear and coordinated safety planning to protect children at the early stages of engagement with the family.
- Not all records of management decisions in children's social care to undertake a Section 17 assessment of a child who is at risk of domestic abuse include a clear rationale for the decision.
- The impact of cumulative risks to children who are frequently witnessing domestic abuse is not always recognised by all professionals. For example, police officers effectively respond to immediate calls from victims of domestic abuse, ensuring that the victim and children are safe and those suspected of domestic abuse arrested. Frontline officers then complete their assessment (DASH). In a small number of cases, these officers did not identify the impact of cumulative risk when completing the DASH, which then had an impact on the level of response from agencies. In some cases, this meant there were delays in children receiving the long-term coordinated support from agencies that they needed. In addition, in a small number of cases, cumulative risks did not result in referral to the DRAM, and this is a missed opportunity to consider the impact of cumulative domestic abuse incidents.
- There is little evidence of joint investigations between the police and children's social care when the domestic abuse team is dealing with an investigation, as opposed to the child protection police team. While police do respond to incidents of domestic abuse, there are examples of missed opportunities for joint investigations. Although agencies work with the family with the primary intention of safeguarding the victim and the child and to share information, the opportunity for effective joint planning is sometimes lost due to a lack of joint investigations.
- The CRC is not consistently proactive in contacting children's services at an appropriate stage, from the case being allocated or prior to the release of a perpetrator from custody, to consider any safeguarding concerns. In a small



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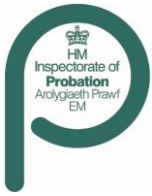


number of cases seen, this meant that risks to children were not considered and a coordinated response to manage risk was not in place.

- Chronologies of significant events in children's lives in health visiting and school nursing are not always up to date and therefore limit their use in providing a clear overview of the child's experiences. Social work chronologies are inconsistent in their inclusion of incidents of domestic abuse as significant events and so are of limited value when identifying historical patterns, and understanding the cumulative patterns of domestic abuse that a child may be experiencing. Written child protection plans do not set clear timescales so that core groups can set milestones to achieve identified outcomes.

Leadership and management

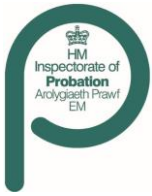
- While a wide range of positive work that has a real impact has been undertaken by the Domestic and Sexual Violence Board, there is more to do to ensure a robust strategic overview of the responses to domestic abuse across Bradford. The board has yet to identify clear targets and success measures to monitor the impact of their work and the action plan is still in draft. A clear and SMART action plan would improve the focus of the board in identifying some measurable targets, a baseline for the activity of the board and effective monitoring of progress in respect of key priorities.
- Although some work is in place to map the range of support on offer to children and families in Bradford who are subject to domestic abuse, there is not currently a clear strategic overview of what is available, or where and how many children and families are receiving support. This means that it is difficult for leaders to identify gaps in service and plan effective commissioning of services or to develop services to meet changing needs. There is a need to strengthen joint and single agency commissioning arrangements to ensure that these are based on a comprehensive understanding and analysis of prevalence patterns and trends of domestic abuse in the local area. This is particularly relevant given the recent changing demographic of the city and the high number of recent migrants.
- Despite clearly defined police structures for dealing with domestic abuse, further work is required to ensure that the processes, connectivity and planning between the DRAM and MARAC provide appropriate and timely safeguarding activity. The community safety partnership has identified funding to commission an external review of both the DRAM and MARAC.
- Some practitioners in children's social care and in CRC are not aware of how to refer to the MARAC, and minutes of MARAC meetings do not always evidence robust consideration of risks to children. MARAC minutes seen lacked clarity as to the actions that need to be in place to ensure that children are safe.



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- There is good use of non-molestation and restraining orders within Bradford to support the protection of victims. However, the enforcement of those orders by officers is inconsistent.
- Although the CRC has a current child protection policy, its broader public protection policies, including domestic abuse policy, are considerably out of date. In addition, management oversight of practice is inconsistent, so that risks to children are not always understood and information not consistently shared to ensure that risks are managed. Staff have not all received adequate training to ensure that they are clear about child protection procedures.
- Not all GP practices in Bradford hold vulnerable families meetings where information on known or emerging vulnerabilities, including domestic abuse, can be shared between health visiting, school nursing and primary care. As a result, some GP practices may be less aware and less well sighted on families with children living with domestic abuse than others. This was evident in one example where the GP had been less aware of risks to a child; in this practice, vulnerable family meetings were not in place
- Different information systems and information governance arrangements across the health community and in particular in BDCFT result in potentially key information not always being easily accessible to practitioners and managers within services. This, in turn, may not best facilitate effective multi-agency working. In the BDCFT adult substance misuse service, child in need and child protection plans and minutes of meetings and case conferences are held in separate paper files rather than being uploaded and properly secured on the electronic case record. This approach is creating fragmented case records.

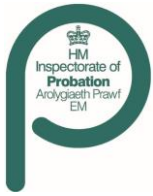


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Case study: area(s) for improvement

Multi-agency working is not always robust enough to ensure the full involvement of the Community Rehabilitation Company (CRC). Offender managers in the CRC do not always fully assess risks to children and take full account of historical information in deciding when to contact children's social care. High caseloads within the service impact on staff's ability to effectively manage cases when there are concerns about domestic abuse. Offender managers are required to attend mandatory domestic abuse and safeguarding training. However, there are gaps in their knowledge of processes for making referrals in relation to MARAC and where there are child protection concerns. In one case, an offender manager failed to recognise potential risks when an offender announced his intention, on release from custody, to spend time at the home of his new partner and baby. The reasoning given was that there had been no incidents of domestic violence reported to the police in respect of the couple. However, the history of domestic abuse perpetrated by the offender when he was in previous relationships was not taken into account. The offender manager was focused solely on working with the offender and not engaged with any other professionals or the family or new partner.



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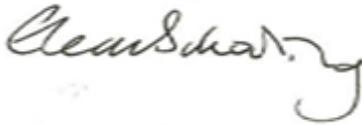
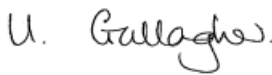




Next steps

The Director of Children’s Services should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving Cafcass, NPS, CRC, Clinical Commission Group and Health Providers in Bradford and West Yorkshire Police. The response should set out the actions for the partnership and, where appropriate, individual agencies.²

The local authority should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 24 July 2017. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	Care Quality Commission
 Eleanor Schooling National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary	HMI Probation
 Wendy Williams Her Majesty’s Inspector of Constabulary	 Helen Mercer Assistant Chief Inspector

² The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/ukxi/2015/1792/contents/made enable Ofsted’s chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.

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Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 1	1. There has been no dedicated health professional in the MASH for the past 12 months.	Sue Thompson, CCGs and Sue Tinnion, Children's Social Care	Draw up and implement plan to address this	Sept 2017	Post advertised in July. Interviews to be held in August
	2. Information gathering from adult mental health, CAMHS and adult substance misuse is not always achieved.		Action above will achieve this outcome		On-going
	3. Health participation in strategy discussions is inconsistent and may not always ensure relevant information is shared and used to identify needs and analyse risk.		Achieved immediately. To be subsequently audited to check continued success	Audit in July 2017	25 dip sample cases are audited each week and confirmation that action is completed

¹ The number relates to the bullet pointed lists of Areas for Improvement contained in the outcome letter from the inspectorates. L&M = Leadership and Management; DD = Deep Dive (individual cases); FD = Front Door

² Largely directly quoted from the outcome letter but with some editing

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 2	Although there is good information sharing at the DRAMs the actions raised are not always clearly recorded so that the outcome of the meeting, including the actions to be taken, is not routinely clear.	Sue Tinnion, Service Manager MASH. DCI Mark Long WYP	Action taken immediately. To be subsequently audited to check continued success	Audit in July 2017	<ul style="list-style-type: none"> • The DRAM template has been completely revised since the cases examined by the JTAI team. • It now contains specific Actions, including those already carried out and those allocated to each partner agency. • The DRAM minutes are checked by the DA Inspector each day and quality-assured.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 3	In conducting DASH assessments there is limited recording of police officers speaking to children.	DCI Mark Long	Review (and, if necessary, revise) and reissue guidance for police officers. Encourage compliance and check adherence	July 2017	<ul style="list-style-type: none"> • Capturing the voice of the child on the DASH forms is a continuing piece of work with regards to ensuring compliance. This compliance is monitored on a daily basis by DA staff in the MASH. Examples of poor quality are sent back to officers for improvement, copying in their line manager. • Immediately after the JTAI an email was sent to all frontline officers, reminding them of their responsibilities and the importance of listening to the voice of the child. • Training has recently been refreshed at dedicated DA training for ALL officers, in which the voice of the child was a key feature, including the importance of recording it and taking the necessary action. • Dip sampling of a small number of Occurrences' reveal that children are seen and briefly spoken to but it is still unclear what specific questions the officers ask the children. The latest training has picked this up and advised officers to specify the conversations held with children. • Such issues and further improvement to be raised by Bradford at the force-wide Domestic Abuse Improvement Meeting set up for July 2017, with a view to improving the DASH form to prompt officers to speak to children and record the outcome.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 4	There is no policy, procedure or information sharing agreement to support the making of routine checks of NPS by the MASH.	Gavin Lee, CRC and Joanne Atkin, NPS	Gavin Lee, Nasim Akhter (Domestic Abuse Lead CRC) to meet with Sue Tinnion from MASH and WY Police, 08/05/17, to discuss closer working covering policy, procedure and information sharing. Follow up liaison with NPS involving Nick Hawley CRC Community Director and Joanne Atkin, Assistant Chief Officer, NPS. Discussion at CRC Leaders' Away Day 19 May Review in June to update Bradford JTAI in July, including written guidance/protocol.	July 2017	<p>Gavin Lee has completed the written guidance, with Nick Hawley signing off with a covering email, 28/06/17. Attached is the guidance:</p>  <p>WY CRC Bradford District Safeguarding</p> <p>There are information protocols in place between the CRC and the NPS. The NPS will inform us if they have requested a safeguarding check at Court and record any outcomes</p> <p>Copies of the NPS generic information sharing agreements obtained, these are to be used now for any new agreements. Work to be undertaken to implement the national partnership framework for MASH, and how NPS works with Bradford MASH.</p>
FD 5	Adults who attend BTHFT emergency department are not always asked about their parental or carer responsibility, including when domestic abuse is indicated.	Karen Bentley BTHFT	Devise and implement short term arrangement pending on-going work to Electronic Patient Records system	<ol style="list-style-type: none"> 1. Sept 2017 2. Unknown: depends on EPR project 	On-going

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 6	In BDCFT, there is no robust process of quality assurance of the written referrals being made into the MASH.	Amanda Lavery, BDCFT	<p>12.4.17 discussed at safeguarding forum. Need for robust quality assurance process agreed.</p> <p>23.5.17 BDCFT JTAI action group meeting – Decision made that all common referral forms submitted to the MASH should be copied to the safeguarding team for quality assurance.</p> <p>28.6.17 Discussed at safeguarding forum. Agreed for process to be implemented by safeguarding team and to be added to the BDCFT safeguarding children policy. Staff to be made aware of the process through duty service, newsletter, website, training and supervision.</p>	Sept 2017	Complete

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
FD 7	1. School nurse assessment documentation does not prompt practitioners to ask direct questions and record answers in relation to domestic abuse. 2. School nurse records are not always up to date due to administrative delays in scanning and uploading key documents such as core group minutes and other child protection documentation.	Amanda Lavery, BDCFT	23.5.17 JTAI action group meeting. Action 1. School nursing has prompt on S1 template. This needs to be added to the template for LAC/YOT/Care Leavers. Progress : Work request submitted to the service desk requesting amendments to the LAC/YOT/LC template on S1. Work request completed 11.7.17	July 2017	Complete

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
DD 1	After children's needs have been assessed in the MASH, cases progress for an assessment and further information is gathered. In some cases there was not a clear multi-agency safety plan in place at this stage, prior to a child in need or child protection plan being agreed and put in place.	Jim Hopkinson, Children's Social Care & Frank Hand, Service Manager Child Protection	<ol style="list-style-type: none"> 1. CSC to address on records immediately 2. Audit with a view to providing assurance about implementation 	<ol style="list-style-type: none"> 1. Immediate 2. July 2017 	<p>Complete.</p> <p>This is now recorded in the section 47 record and highlighted on the case file summary screen</p>
DD 2	Records of management decisions in children's social care to undertake a Section 17 assessment of a child who is at risk of domestic abuse do not all include a clear rationale for the decision.	Sue Tinnion, Children's Social Care	Issue immediately addressed		Complete

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
DD 3	<ol style="list-style-type: none"> The impact of cumulative risks to children who are frequently witnessing domestic abuse is not always recognised by all professionals. In a small number of cases, this was evident in the DASH which then has an impact on the level of response from agencies. In a small number of cases cumulative risk did not result in referral to the DRAM, and this is a missed opportunity to consider the impact of cumulative domestic abuse incidents. 	DCI Mark Long, all agencies	<ol style="list-style-type: none"> Safeguarding and Professional Practice (SAPP) meeting to agree actions Review, determine necessary action (including issuing guidance, considering any training requirements) and implement As above 	<ol style="list-style-type: none"> Sept 2017 July 2017 July 2017 	<ul style="list-style-type: none"> The cumulative risk is now a key feature of safeguarding assessment of all DA incidents and the following processes have now been adopted across the District. Officers are required to research DA history prior to attending incident (or are briefed en route in emergency situations). This is reflected in their DASH risk assessment taken at the scene. The DAC'S have received additional instruction and training with regards to recognising cumulative risk. A new process has been established ensuring that the impact of DA on families is not minimised. When there are; <ul style="list-style-type: none"> 6 or more Domestic crimes (including domestic related stalking and harassment) in rolling 12 months; Rapid repeat 4 incidents within 1 month; ...staff are required to notify the Sgt, who will assess the safeguarding in place and whether any further measures/referrals are required to address the cumulative impact. The Sgt's assessment must be endorsed on Niche and may result in referral to the DRAM process. The Early Help Police team review all standard occurrences' for referral into the Early Help/Families First Programme. 3 or more reported incidents (where children were present) in 12 months, where consent for support has been provided, results in allocation to the Early Help Teams.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
DD 4	There is little evidence of joint investigations between the police and children's social care when the domestic abuse team is dealing with an investigation, as opposed to the child protection police team. While police do respond to incidents of domestic abuse, there are examples of missed opportunities for joint investigations.	DCI Mark Long, WYP	Review current processes, determine necessary actions and changes to operational processes	July 2017	<ul style="list-style-type: none"> • Work on-going to improve communication between the MASH DA Police Office/ Social Worker and the DAU Investigations Team. • Social Worker assigned to the victim and family to be identified on the DA Investigations NICHE OEL, so the investigating officer can link in with the SW throughout the investigation. • Likewise – details of the OIC to be provided to the MASH Social Worker so their computer system (LCS) identifies the OIC for the attention of the designated SW. • Outline of investigation plan and child/family assessment to be noted by each agency and direct actions to be tasked to the SW and OIC as deemed appropriate with appropriate timescales to ensure victim and children safeguarded and perpetrators dealt with accordingly.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
DD 5	The CRC is not consistently proactive in contacting children's services prior to release of a perpetrator from custody to consider any safeguarding concerns.	Gavin Lee, CRC	<p>CRC is reviewing its Through The Gate (TTG) work, including safeguarding children concerns – led by Nick Hawley Community Director, with input from local practitioners and managers. Each CRC Flex Team now has a designated TTG lead. Reminder sent, March 2017, regarding key contacts for CRC with Bradford Children's Social Care. Additionally, all CRC managers have agreed a plan of action for reviewing with practitioners the risk review flags, these include all safeguarding children concerns, domestic abuse, along with other significant risk factors, eg mental health and risks to staff. Furthermore, a programme of quality assurance, IQAM, is being rolled out over April to June which will set down regular and appropriate monitoring of the timeliness and effectiveness of CRC interventions.</p> <p>Review by managers in May, around key challenges and opportunities. Additional plans anticipated to enable progress on a range of areas including safeguarding children – relevant parts of this plan will be shared by CRC with BSCB.</p> <p>Updated written guidance will be produced and circulated to staff by</p>	July 2017	<p>Complete</p> <p>We are running a pilot at HMP Leeds to conduct enhanced assessments for DV perpetrators, part of this is to manage prison visits by children and ensure no breach of no contact requirements. Instructions have been sent to team manager emphasising the importance of safeguarding check for people coming out of Custody and that social care to be informed. Nick Hawley 04/07/17.</p>

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
DD 6	In one Cafcass case, the children would have benefited from further time with the family court advisor to fully explore their views about contact with their father.	Jo Sewell, Service Manager, Cafcass	Cafcass have challenged Ofsted about this, in light of comment on one case only, which Cafcass do not recognise as representative of their general practice. Awaiting response, this may therefore be removed from the final version of this plan.		
DD 7	<ol style="list-style-type: none"> 1. Chronologies of significant events in children's lives in health visiting and school nursing are not always up to date. 2. Social work chronologies are inconsistent in their inclusion of incidents of domestic abuse as significant events. 3. Written child protection plans do not set clear timescales so that core groups can set milestones to achieve identified outcomes. 	<ol style="list-style-type: none"> 1. Amanda Lavery 2. Jim Hopkinson 3. Jim Hopkinson 	<p>23.5.17 JTAI action group meeting.</p> <ol style="list-style-type: none"> 1. A chronology started for the purpose of requiring a multi-agency safeguarding response must have a clear end date and statement of reason for ceasing. Reissue guidance and conduct audit to check compliance. Incorporate into Standards of Practice Forum 12.4.17. 2. Reissue guidance and conduct audit to check compliance 3. Incorporate into Standards of Practice 	<ol style="list-style-type: none"> 1. July 2017 2. Sept 2017 3. Sept 2017 	<p>Action 1 Complete.</p> <p>2 and 3 on-going.</p>

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 1	The Domestic and Sexual Violence Board needs to do more to ensure a robust strategic overview of the responses to domestic abuse across Bradford. The board has yet to identify clear targets and success measures to monitor the impact their work and the action plan is still in draft. A clear and SMART action plan should identify measurable targets and support effective monitoring of progress in respect of key priorities.	Steve Hartley, Strategic Director, Place & Chief Supt Scott Bissett	Review current arrangements, develop and implement action plan	July 2017	On-going

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 2	1. There needs to be a clear strategic overview of the range of support available to children and families and the use of those services. It should support leaders in identifying gaps in service and plan effective commissioning of services or to develop services to meet changing needs.	Ruth Hayward, CCGs & Mary Brittle, Commissioning	Review and take to joint commissioners group. Draw up and implement joint plan Joint plan put in place	July 2017	On-going

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
	2. There is a need to strengthen commissioning arrangements to ensure these are based on a comprehensive understanding and analysis of prevalence patterns and trends of Domestic abuse. This is particularly relevant given the recent changing demographic of the city and the high number of recent migrants.				On-going
L&M 3	Further work is required to ensure that the processes, connectivity and planning between the DRAM and MARAC provide appropriate and timely safeguarding activity.	Noreen Akhtar, Domestic Violence Co- ordinator	Review commissioned January 2017, will commence April 2017 and aim to conclude by June 2017.	June 2017	On-going

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 4	1. Some practitioners in children's social care are not aware of how to refer to the MARAC.	Jim Hopkinson , Children's Social Care	Review processes and analysis of current referral numbers, identify learning and implement change accordingly	July 2017	On-going
	2. Ditto for CRC	Gavin Lee, CRC	<p>CRC has 2 lead practitioners for MARAC in Bradford, a manager lead and Case Coordinator input. CRC Partner Link Workers have a role here as they directly support the victims of domestic abuse where the perpetrator is due to attend our accredited group programme Building Better Relationships (BBR). This service from CRC extends to NPS offenders referred to BBR.</p> <p>By end May CRC will issue clear guidance for all practitioners regarding referrals to MARAC.</p> <p>Review in June to update Bradford JTAI in July.</p>	July 2017	<p>Complete.</p> <p>Please see the document attached under FD4.</p>

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
	3. Minutes of MARAC meetings do not always evidence robust consideration of risks to children and they lacked clarity as to the actions that need to be in place.	DCI Mark Long Heather Wilson, Chair of MARAC	Review arrangements, introduce SMART actions	<i>July 2017</i>	<ul style="list-style-type: none"> • Whilst MARAC discussions have always focused closely on any children involved, the Minutes did not always reflect the Actions allocated. Immediately after JTAI the recording of Actions were reviewed on MARAC minutes. They are now outlined more specifically by the Chair, ensuring they are SMART and there is full clarity on allocations. • Current independent review of MARAC being undertaken at this time. This will include recommendations around recording Actions and holding Action-Holders to account. • Early Help referrals (addressing concerns for the children) have been made, for a number of cases discussed at recent meetings, as the impact on children has been identified.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 5	The enforcement of non-molestation and restraining orders by police officers is inconsistent.	Mark Long, WYP	Review guidance and practice and take necessary action	July 2017	<ul style="list-style-type: none"> • Recent DA training has ensured that offences relating to BONM and BORO are dealt with appropriately when reported to the Police. Incidents are ALWAYS to be investigated; offenders arrested and brought to justice. • Such cases, if high risk, are automatically referred to DRAM/MARAC if appropriate. • Work on-going to improve the proactive checks around Non-Mol and Restraining Order adherence by the PWAS. • Consideration for tasking to PWA/Prevention/Problem Solving Sergeants to identify suitable PWA Police Officers to 'own' specific perpetrators' to carry out the necessary checks. • Briefing items are created on receipt of the orders received at the help desk and creation of NICHE occurrences' for the attention of the PWA'S. • IOM staff already carry out engagement/interventions with compliant subjects. These include checks around adherence of non-molestation and restraining orders. • Excellent communication between IDVAs and Police (and all other professionals) with regards to identifying breaches and reporting appropriately to the Police.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 6	1. The CRC's public protection policies, including domestic abuse policy are considerably out of date.	Gavin Lee, CRC	<p>Gavin Lee and Nick Hawley liaising with Interserve Justice regarding these concerns. A new and revised public protection policy has now been issued to Interserve owned CRCs, including WY CRC – this 216 page long document is a National document for both NPS (mostly) and CRC. Interserve Justice is developing it's own internal document in regards to Domestic Abuse and other Public Protection practices.</p> <p>Review in June to update Bradford JTAI in July.</p>	July 2017	No update from Interserve Justice, 04/07/17. Update required.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 6	2. Management oversight of practice is inconsistent so that risks to children are not always understood and information not consistently shared to ensure risks are managed.	Gavin Lee, CRC	<p>All managers are committed to consistent oversight of practice. This will be reinforced in the following ways: risk review checks undertaken and overseen by managers, as detailed above in DD5; IQAM quality assurance checks becoming core business; regular updates and practice discussions at management and team meetings; Community Director will raise with managers in supervision and appraisal meetings; team managers will do likewise with their staff.</p> <p>Progress against the JTAI action plan to be updated on a monthly basis at the District Managers Meetings</p> <p>Review in June to update Bradford JTAI in July.</p>	July 2017	No update from Interserve Justice, 04/07/17. Update required.

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 6	3. Staff have not all received adequate training to ensure they are clear about child protection procedures.	Gavin Lee, CRC	<p>Further reminder to be circulated regarding this training to be completed; this has been actioned. A check made on 18/04/17 confirms all staff in work have, at a minimum, completed the Level 1 online Safeguarding Children Training via the BSCB website.</p> <p>CRC is considering BSCB's Signs of Safety briefing/training for staff and we are having Early Intervention's Martyn Stenton speaking at managers' meeting in May.</p> <p>Review June to update Bradford JTAI in July.</p>	July 2017	Complete
L&M 7	Not all GP practices in Bradford hold vulnerable families meetings where information on known or emerging vulnerabilities including domestic abuse can be shared between health visiting, school nursing and primary care.	Sue Thompson, CCGs	Develop and deliver recommendations to GPs and consideration of incorporation into training and awareness sessions.	July 2017	<p>Complete</p> <p>GPs have been reminded via a newsletter and it's a constant theme in training and updates for GP Leads.</p>

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
L&M 8	<p>Different information systems and information governance arrangements across the health community and in particular in BDCFT result in potentially key information not always being easily accessible to practitioners and managers within services.</p> <p>In the BDCFT adult substance misuse service, child in need and child protection plans and minutes of meetings and case conferences are held in separate paper files rather than being uploaded and properly secured on the electronic case record. This approach is creating fragmented case records and is not compliant with NICE guidance.</p>	Amanda Lavery, BDCFT	<p>Assurance received that from 2018 all BDCFT services will be on SystmOne therefore all adult workers will have access to children's records.</p> <p>Discussed at safeguarding forum and with Caldicott Guardian. Service Managers made aware and actions taken. SMS services will no longer be provided by BDCFT from October 2017. AW asked to get new provider details. 14.7.17 Director of CGL organisation emailed to inform of JTAI recommendations for SMS service No other BDCFT services hold paper records.</p>	July 2017	Complete

Ref ¹	Area for Improvement ²	Lead	Actions	Timescale	Review
N/a ³	Roma heritage: mis-recording of nationality, spelling of names, and no CP minutes in mother tongue available to the family. Confusion about the differences and nuances between Czech nationality, Roma heritage, not picked up differences and cultural acceptability of DA in risk assessment	Jenny Cryer, Children's Services / Intelligence Sub-group / Diversity Advisory Group	Review and act accordingly (including providing information and possible training to staff) and conduct audit to check implementation	Sept 2017	On-going

³ This issue was raised by the inspectors in their verbal feedback but was not included in the outcome letter



Report of the Chair of Children's Services Overview and Scrutiny Committee to the meeting of the Committee to be held on Wednesday 26 July 2017

D

Subject:

Subject: Children's Services Overview and Scrutiny Committee Draft Work Programme 2017-18

Summary statement:

This report presents the Committee's draft Work Programme 2017-18

Cllr Dale Smith
Chair – Children's Services O&S
Committee

Portfolio:
Education, Employment and Skills
Health & Well Being

Report Contact: Licia Woodhead
Overview and Scrutiny Lead
Phone: (01274) 432119
E-mail: licia.woodhead@bradford.gov.uk



1. SUMMARY

1.1 This report presents the Committee's draft Work Programme 2017-18.

2. BACKGROUND

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. REPORT ISSUES

3.1 **Appendix 1** of this report presents the draft Work Programme 2017-18. It lists issues and topics that have been carried forward from the 2015-16 Municipal Year.

3.2 Work planning cycle

Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

Members may wish to amend the current work programme (Appendix 1) and / or comment on the proposed work planning cycle set out above.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. NOT FOR PUBLICATION DOCUMENTS

None

8. RECOMMENDATIONS

8.1 That the Work Programme 2017-18 continues to be regularly reviewed during the year.

9. APPENDICES

9.1 Appendix 1 – Children's Services Overview and Scrutiny Committee draft Work Programme 2017-18

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Democratic Services - Overview and Scrutiny

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2017/18

Description

Report

Agenda

Wednesday, 27th September 2017 at City Hall, Bradford.

Chair's briefing 11/09/2017. Report deadline 14/09/2017.

- 1) Young Carers
- 2) Fostering Review
- 3) Early Help
- 4) Schools Forum

- 5) Children's Services O&S Committee Work Programme

The Committee will receive an update report on Young Carers.

The Committee will receive a progress report on the Fostering review.

The Committee will receive a report on Early Help.

The Committee will receive an update report on the work of the Schools Forum.

The Committee will consider its work programme and make changes as necessary.

Jim Hopkinson

Jim Hopkinson

Judith Kirk

Andrew Redding

Licia Woodhead

Wednesday, 11th October 2017 at City Hall, Bradford.

Chair's briefing 26/09/2017. Report deadline 28/09/2017.

- 1) Education Standards and School to School Partnership arrangements
- 2) Child Sexual Exploitation

- 3) Bradford Safeguarding Children Board - 9 Point Strategic Plan

- 4) Children's Services O&S Committee Work Programme

The Committee will receive a report on Educational Standards 2017 - Early Years to Key Stage 4.

The Committee will receive a report on CSE which will include data on the number of children under 16 that have been diagnosed with a sexual transmitted disease, the number of children under 16 that have had multiple pregnancy terminations and numbers and what action has been taken in relation to historical cases.

The Committee will receive an update report on the 9 point strategic plan.

The Committee will consider its work programme and make changes as necessary.

Judith Kirk

Jenny Cryer

Jenny Cryer

Licia Woodhead

Wednesday, 22nd November 2017 at City Hall, Bradford.

Chair's briefing 06/11/2017. Report deadline 09/11/2017.

- 1) Workloads of Children's Social Care Services

- 2) Youth Voice
- 3) Schools Forum

The Committee will receive a report on the work of Children's Social Care Services, including information relating to the Service's key performance indicators.

The Committee will consider a report on Youth Voice.

The Committee will receive an update report on the work of the Schools Forum.

Jim Hopkinson

Heather Wilson
Andrew Redding

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2017/18

Description

Report

Agenda

Wednesday, 22nd November 2017 at City Hall, Bradford.

Chair's briefing 06/11/2017. Report deadline 09/11/2017.

- 4) SEND and the development of a new free school
- 5) Children's Services O&S Committee Work Programme

The Committee will receive a report on Special Educational Needs and the development of a new free school.

Judith Kirk

The Committee will consider its work programme and make changes as necessary.

Licia Woodhead

Tuesday, 28th November 2017 at City Hall, Bradford.

- 1) Children's Health

Joint meeting between Children's Services and Health O&S Committees

Wednesday, 13th December 2017 at City Hall, Bradford.

Chair's briefing 27/11/2017. Report deadline 30/11/2017.

- 1) Children Missing from Home and Care

The Committee will receive an update report on Children Missing from Home and Care, with information broken down by

Jim Hopkinson

The Committee will receive an update report on the Education Covenant, and that the Regional Schools Commissioner and leaders of the District's MATs be invited to the meeting.

Jenny Cryer

- 2) Education Covenant
- 3) Children's Services O&S Committee Work Programme

The Committee will consider its work programme and make changes as necessary.

Licia Woodhead

Wednesday, 17th January 2018 at City Hall, Bradford.

Chair's briefing 02/01/2018. Report deadline 04/01/2018.

- 1) Schools Forum
- 2) Recruitment and retention of Teachers
- 3) Neglect
- 4) Children's Services O&S Committee Work Programme

The Committee will receive an update report on the work of the Schools Forum.

Andrew Redding

The Committee will receive an update report on the recruitment and retention of teachers.

Judith Kirk

The Committee will receive a report on neglect

Jenny Cryer

The Committee will consider its work programme and make changes as necessary.

Licia Woodhead

Wednesday, 14th February 2018 at City Hall, Bradford.

Chair's briefing 29/01/2018. Report deadline 01/02/2018.

- 1) Better Start Bradford

The Committee will receive an update report demonstrating outcomes of the package of programmes being delivered by Better Start

Michaela Howell

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2017/18

Description

Report

Agenda

Wednesday, 14th February 2018 at City Hall, Bradford.

Chair's briefing 29/01/2018. Report deadline 01/02/2018.

- 2) Children's Centres

- 3) Children's Services O&S Committee Work Programme

The Committee will receive a progress report on Children's Centres including clarification of the relationship with health and midwifery.
The Committee will consider its work programme and make changes as necessary.

Judith Kirk
Licia Woodhead

Wednesday, 14th March 2018 at City Hall, Bradford.

Chair's briefing 27/02/2018. Report deadline 01/03/2018.

- 1) Workloads of Children's Social Care Services

The Committee will receive a report on the work of Children's Social Care Services, including information relating to the Service's key performance indicators.

Jim Hopkinson

Wednesday, 11th April 2018 at City Hall, Bradford.

Chair's briefing 26/03/2018. Report deadline 27/03/2018.

- 1) Schools Forum

- 2) Capital allocations and school expansion programme 2018-19

The Committee will receive an update report on the work of the Schools Forum.
The Committee will receive an update report on Capital Allocations and the School Expansion Programme.

Andrew Redding
Ian Smart

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