

## Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held remotely on Thursday, 11 March 2021 at 4.30 pm

### Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Choudhry Humphreys Arshad Hussain S Khan Mullaney	Winnard Pollard	Ward	Sajawal

### Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Firth Jamil H Khan Mir Wood	K Green Sullivan	Griffiths	Khadim Hussain

### VOTING CO-OPTED MEMBERS:

Joyce Simpson  
Kathrine Haskett

Church Representative (CE)  
Parent

### NON VOTING CO-OPTED MEMBERS

Kerr Kennedy  
Tom Bright  
Dr Samina Karim

Voluntary Sector Representative  
Teachers Secondary School Representative  
Children's Social Care Representative

### Notes:

- Please note that, under the current circumstances only Members and Alternates on the Committee will receive paper copies of the agenda, however the agenda and reports can be viewed on the Councils agenda and minutes website five clear working days in advance of the meeting.
  - The meeting will be held remotely, Members and officers in advance of the meeting will be sent via email, instructions and a link on how to join the meeting remotely.**
  - A webcast of the meeting will be available to view live on the Council's website at <https://bradford.public-i.tv/core/portal/home> and later as a recording.

- Approximately 30 minutes before the start time of the meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Members and officers so that any issues can be raised before the start of the meeting. The officers presenting the reports at the meeting will have been advised by the Governance Officer of their participation and will be brought into the electronic meeting at the appropriate time.
- Members should be on their own when attending remotely and ensure that any confidential papers are not visible via the technology used.
- Any Councillors or members of the public who wish to make a contribution at the meeting are asked to email [jill.bell@bradford.gov.uk](mailto:jill.bell@bradford.gov.uk)/[fatima.butt@bradford.gov.uk](mailto:fatima.butt@bradford.gov.uk) by **10.30 am on Tuesday 9 March 2021** and request to do so. In advance of the meeting those requesting to participate will be advised if their proposed contribution can be facilitated and those participants that can be will be provided with details how to electronically access the meeting. Councillors and members of the public with queries regarding making representations to the meeting please email Jill Bell/Fatima Butt.

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**From:**

Parveen Akhtar

City Solicitor

Agenda Contact: Fatima Butt / Jill Bell

Phone: 01274 432227/434580

E-Mail: [fatima.butt@bradford.gov.uk](mailto:fatima.butt@bradford.gov.uk) / [jill.bell@bradford.gov.uk](mailto:jill.bell@bradford.gov.uk)

**To:**

**1. A. PROCEDURAL ITEMS**

**2. 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.

**3. 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.*

**4. MINUTES**

**Recommended –**

**That the minutes of the meeting held on 6 January 2021 be signed as a correct record (previously circulated).**

(Fatima Butt/Jill Bell – 01274 432227/4580)

## 5. 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.

(Jill Bell - 01274 43580)

## 6. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

The Committee is asked to note the referrals made to the Committee 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.

## B. OVERVIEW AND SCRUTINY ACTIVITIES

### 7. CHILDREN'S SERVICES IMPROVEMENT PROGRAMME

1 - 48

**The purpose of the report of the Strategic Director Children's Services (Document "AX") is to provide members with an outcome following the Ofsted Assurance Visit which took place from the 15th to 17th December 2020 and to appraise members with the Vital Signs report.**

**Recommended -**

**That this Committee notes the contents of this report and the progress being made.**

(Irfan Alam - 01274 432904)

### 8. QUALITY ASSURANCE AND AUDIT IN CHILDREN'S SOCIAL CARE

49 - 66

The report of the Strategic Director of Children's Services (**Document "AY"**) provides an overview of the quality assurance and audit process in Children's Services.

**Recommended -**

**That the Committee is respectfully recommended to note the changes to the QA and Audit team and support the ongoing work to strengthen this service.**

(Amandip Johal – 01274 431620)

**9. YOUNG CARERS**

67 - 74

The report of the Director of Children's Services (**Document "AZ"**) provides a requested update on the Scrutiny Committee recommendations made on 2nd September 2020, which were due on 6<sup>th</sup> January 2021 but deferred until 11th March 2021.

- (a) The success rate in getting Young Carers back to school following the Covid restrictions.
- (b) The success of the re-launch of the E-learning system.
- (c) The numbers of children who have become Young Carers as a result of COVID19 and how they are being supported.

The Young Carers Service is a commissioned service which meets the Council's statutory duty to provide an assessment for Young Carers, as well as providing other resources following assessment.

**Recommended -**

- (1) Overview and Scrutiny to receive this paper for information, note the progress and support continued development in our jointly commissioned service.**
- (2) To continue to receive annual reports from the service and that these are scheduled annually for June, to report on a full year of activity.**

(Cath Dew - 01274 437949)

**10. CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME 2020/21**

75 - 90

The report of the Chair of the Children's Services Overview and Scrutiny Committee (**Document "BA"**) includes the Children's Services Overview and Scrutiny Committee work programme for 2020/21.

**Recommended -**

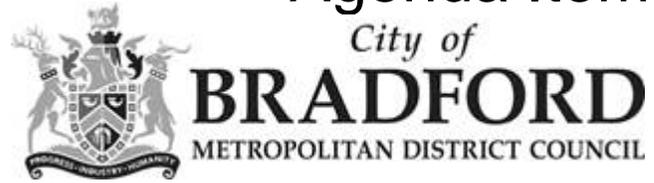
- (1) That members consider and comment on the areas of work**

**included in the work programme.**

- (2) That members consider any detailed scrutiny reviews that they may wish to conduct.**

(Mustansir Butt – 01274 43274)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



## **Report of the Strategic Director Children's Services to the meeting of Children's Overview & Scrutiny Committee to be held on 11 March 2021**

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**AX**

**Subject:**

**Children's Services Improvement Programme**

**Summary statement:**

The purpose of the report is to provide members with an outcome following the Ofsted Assurance Visit which took place from the 15<sup>th</sup> to 17<sup>th</sup> December 2020 and to appraise members with the Vital Signs report.

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Mark Douglas  
Strategic Director Children's Services

**Portfolio:**

**Children & Families**

Report Contact: Irfan Alam  
Phone: (01274) 432904  
E-mail: [Irfan.alam@bradford.gov.uk](mailto:Irfan.alam@bradford.gov.uk)

**Overview & Scrutiny Area:**

**Children's Services**

## **SUMMARY**

- 1.1 The Vital Signs report is Children's Social Care performance report. The report enables leaders and members of the Improvement Board understand and interpret the key trends in children's social care performance. The December Vital Signs report is appended for Member's perusal and scrutiny.
- 1.2 The OFSTED assurance visit took place from the 15<sup>th</sup> to 17<sup>th</sup> December 2020. The focus of the visit was to look at the quality and impact of key decision-making for children who need help and protection, children in care and care leavers, together with the impact of leadership on service development. A copy of the letter following the visit is appended.
- 1.3 Officers will be available to answer any questions.

## **BACKGROUND**

- 2.1 The Vital Signs report demonstrates that despite increased demand, compliance across the timeliness indicators remains good. However, it is of note that the percentage of Children in Care seeing a dentist has reduced further and is now the lowest it ever has been, this is attributed to the restrictions due to COVID, and is a national trend. The Children in Care Nurses are aware of this and are mindful of this when they complete health assessments. We have however commenced some focused work with carers to pick this back up.
- 2.2 The OFSTED assurance visit examined the quality and impact of key decision-making for children who need help and protection, children in care and care leavers, together with the impact of leadership on service development.
- 2.3 The letter from Ofsted recognises that:
  - leaders have achieved some positive steps forward in a challenging context;
  - have taken opportunities to maximise partnership working with other organisations, with a shared determination to focus on the most vulnerable children and families;
  - have been putting in place the basic infrastructure and practice standards needed to support improvement within the service;
  - have developed more effective oversight to support immediate decision-making when children are first referred to social care;
  - are renewing IT resources to better support frontline practice
  - have recruited to specialist posts and secured financial investment for children's services.
- 2.4 The strengthened partnerships that Ofsted recognise has helped Children's Services improve services for pre-birth and vulnerable children. Ofsted also note that many areas, especially our services for disabled children, safeguarding and education are working well.
- 2.5 However, it is recognised that there are still areas of weaknesses in achieving consistently good practice. The inspectors note that the Leadership Team are fully

aware of the challenges and are working through these. Of note, in view of our comprehensive improvement plan and self-assessment OFSTED did not make any priority recommendations following this visit.

### **3. OTHER CONSIDERATIONS**

3.1 Not applicable.

### **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 There are no financial issues beyond the additional social work resources that have already been secured to assist in the improvement journey. Any additional support required will be picked up and supported via the Enablers Programme.

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 Risks in relation to improvement are being picked up and managed through the Improvement Programme governance framework.

### **6. LEGAL APPRAISAL**

6.1 Not applicable.

### **7. OTHER IMPLICATIONS**

#### **7.1 SUSTAINABILITY IMPLICATIONS**

Not applicable.

#### **7.2 GREENHOUSE GAS EMISSIONS IMPACTS**

Not applicable.

#### **7.3 COMMUNITY SAFETY IMPLICATIONS**

Not applicable.

#### **7.4 HUMAN RIGHTS ACT**

Not applicable.

#### **7.5 TRADE UNION**

Not applicable.

#### **7.6 WARD IMPLICATIONS**

The Ofsted judgement affects all wards.

**7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS  
(for reports to Area Committees only)**

Not applicable.

**7.8 IMPLICATIONS FOR CORPORATE PARENTING**

All improvements across Children's Services will strengthen the Council's ability to discharge its Corporate Parenting responsibilities.

**7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None; the Ofsted report and Notice of Improvement are in the public domain.

**8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None.

**9. OPTIONS**

9.1 None.

**10. RECOMMENDATIONS**

10.1 That this Committee notes the contents of this report and the progress being made.

**11. APPENDICES**

11.1 Vital Signs report (December 2020).

11.2 Ofsted Assurance Visit Letter – 15-17 December 2020.

**12. BACKGROUND DOCUMENTS**

None.

# children AT THE heart OF all we do

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**BRADFORD**  
working in partnership

**Bradford Children's Improvement Board**  
**Vital Signs report**  
**December 2020 data**



*City of*  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

# Purpose of Vital Signs Report



## 01: Why

The Vital Signs report has been created to help all members of the Improvement Board understand and interpret the key trends in children's social care performance. It is hoped that this will help support a culture of challenge and support to assist Bradford through the improvement journey following OFSTED.



## 02. What

A report including a number of overall measures or 'Vital Signs' that are key indicators for the health of the Children's Social Care service. To assist non-specialist members of the board, a description of why each individual measure is important is included.



## 03. How

We have used the most up to date information possible from the children's social care systems, HR data and forecasts in order to provide a rounded assessment of recent trends. This report has also been discussed with the Children's Services department to understand what we are doing to address any issues identified by this assessment. To account for monthly volatility in social care data and allow a rounded, long term picture, this report focuses on long term trends.

# Vital Signs

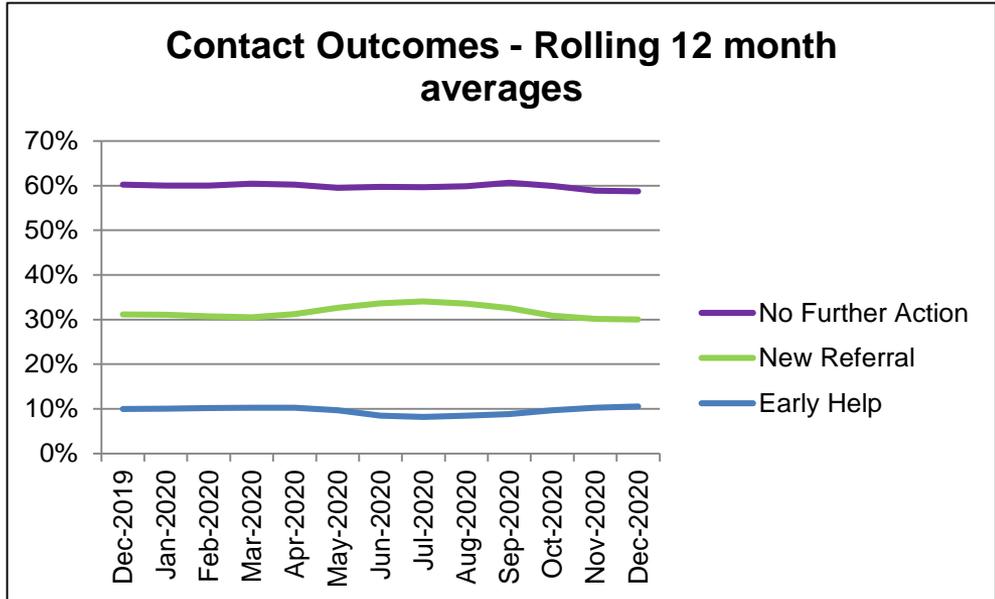
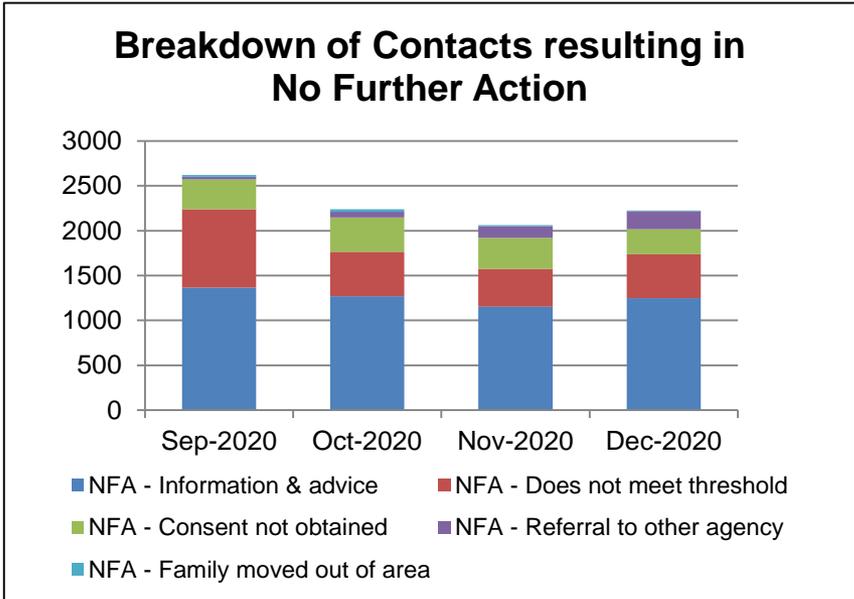
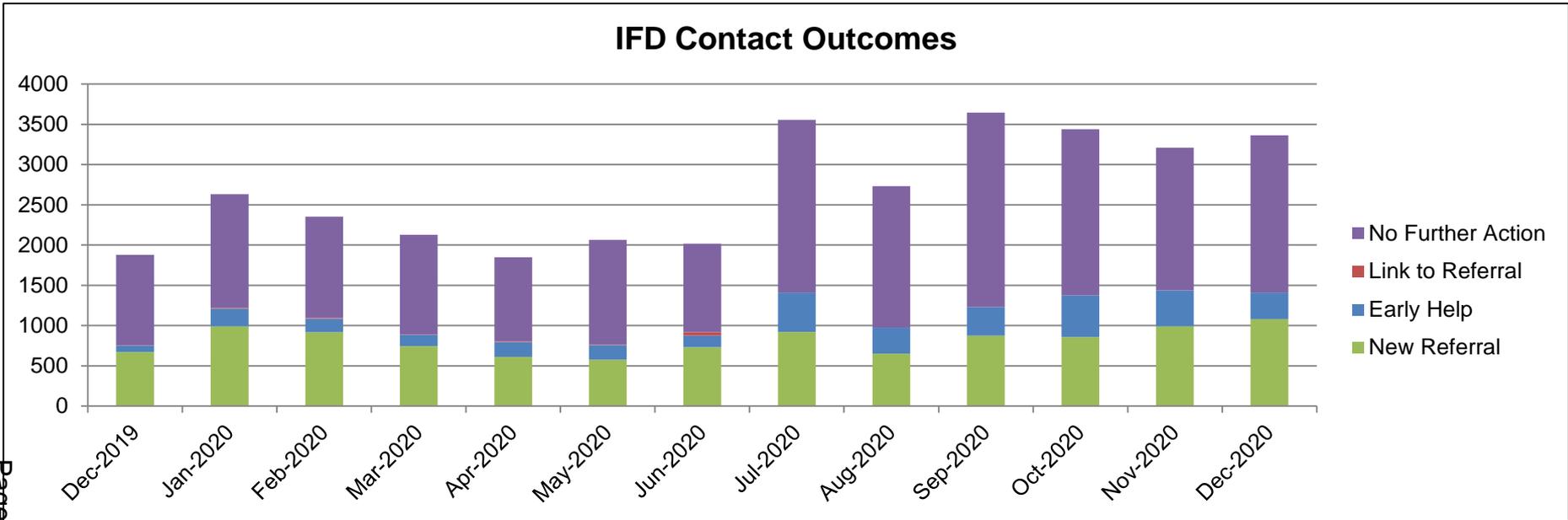
## Section 1: Demand

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# 1. Children's Social Care Contact

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# 1. Children's Social Care Contacts

## Why is this important?

- An effective service should be working with partners to limit the number of contacts that do not lead to a referral to ensure that demand is managed and dealt with appropriately.

## What is our current trend and what are we doing about it?

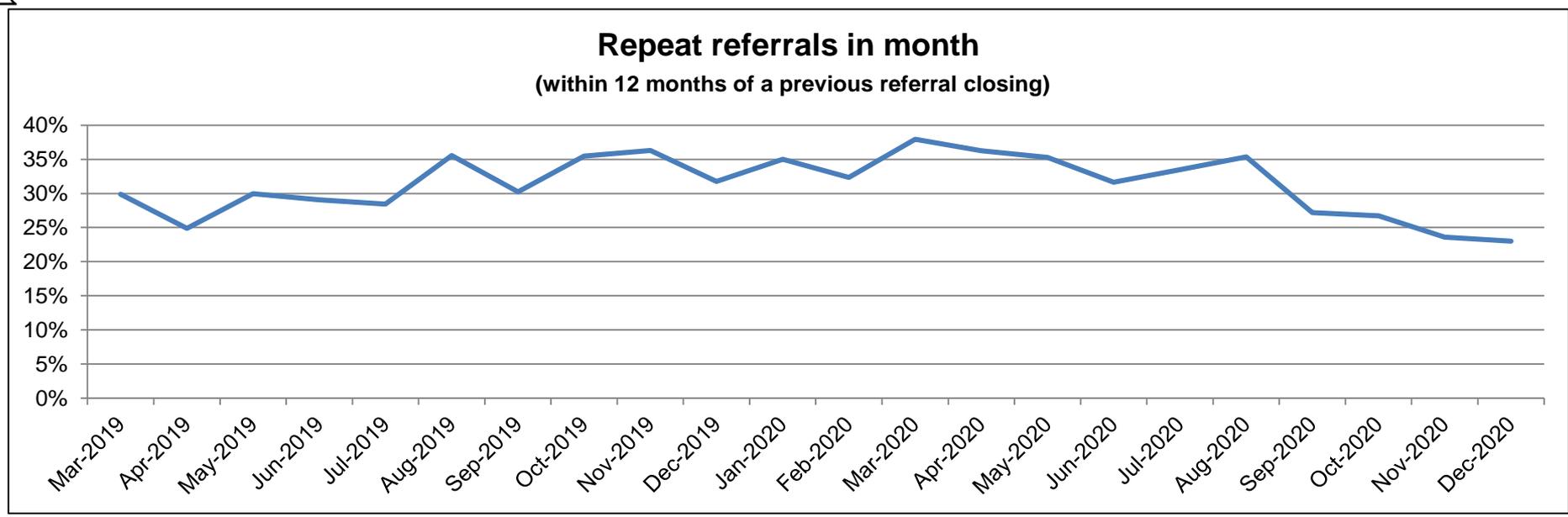
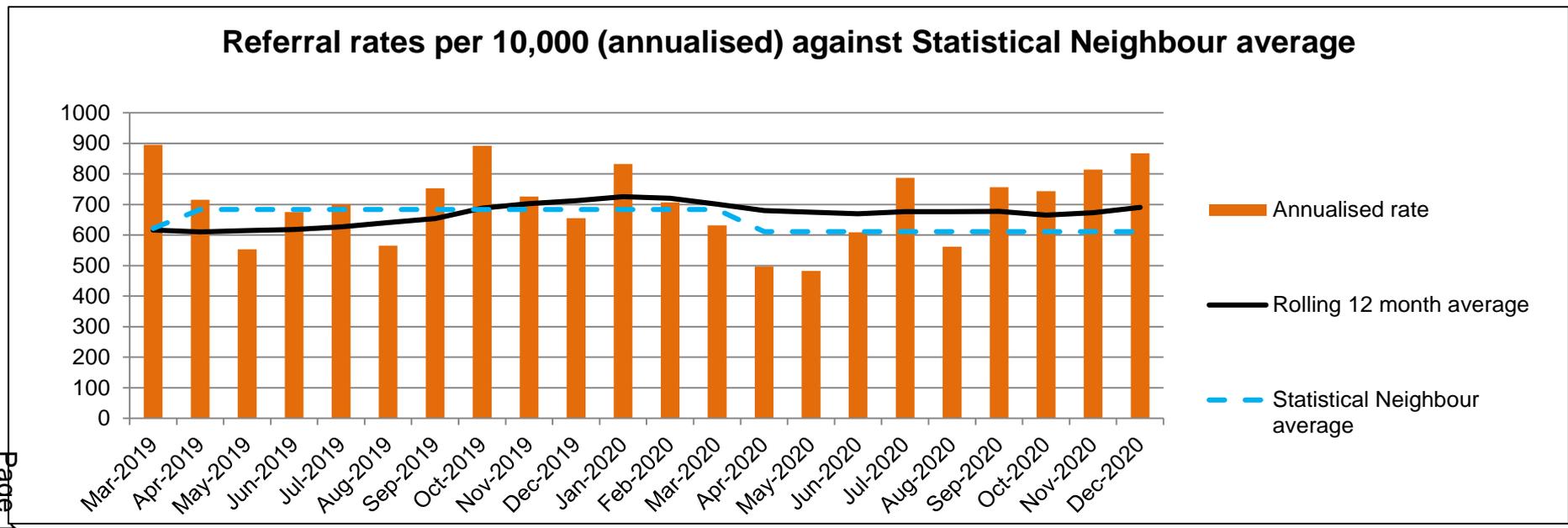
- The number of contacts being received into the Integrated Front door remains high. In December, we received 173 more contacts than the previous month. As would be expected, this resulted in a rise in the number of cases being progressed for a Social Work assessment. There is a concern that the number of children with low or emerging vulnerabilities, i.e. those referred to Early Help or another agency, are increasing during the course of the Covid19 Pandemic. The numbers of children being referred to Early Help services remains low and there is some further work being undertaken to understand the narrative behind this. Either, referrers are not requesting Early Help or the staff in the IFD are not consistently signposting to Early Help services.
- On 8<sup>th</sup> February 2021 we refined our contact form to assist us in accurately reporting our NFA data. Moving forward, our NFA data will only include cases that didn't meet the threshold for Early Help Support, cases where there has been no consent (and the threshold to override consent has not been met) and families who have moved out of area. By changing the way we report, Bradford's NFA data is expected to significantly reduce.
- Overall, the 12 month rolling average data details how the number of children and families accessing early help support has increased whilst the number in need of a statutory service has decreased. The service will continue to keep a close eye on this data and use the analysis to shape service delivery.
- Of note, In 2020, the number of referrals made to the IFD in Bradford are higher than all of our statistical neighbours. Re-referral rates in Bradford are lower than statistical neighbours, which suggest that we are making appropriate decisions to close a case following a period of assessment and support.



# Numbers accessing Early Help

This data will be reported on a quarterly basis whilst the system is developed and the Lead Practitioner role is further embedded.

# 2. Children's Social Care Referrals



# 2. Children's Social Care Referrals

## Why is this important?

An effective service works across all partners to make sure that the right contacts come through the front door and contact centre that result in a referral.

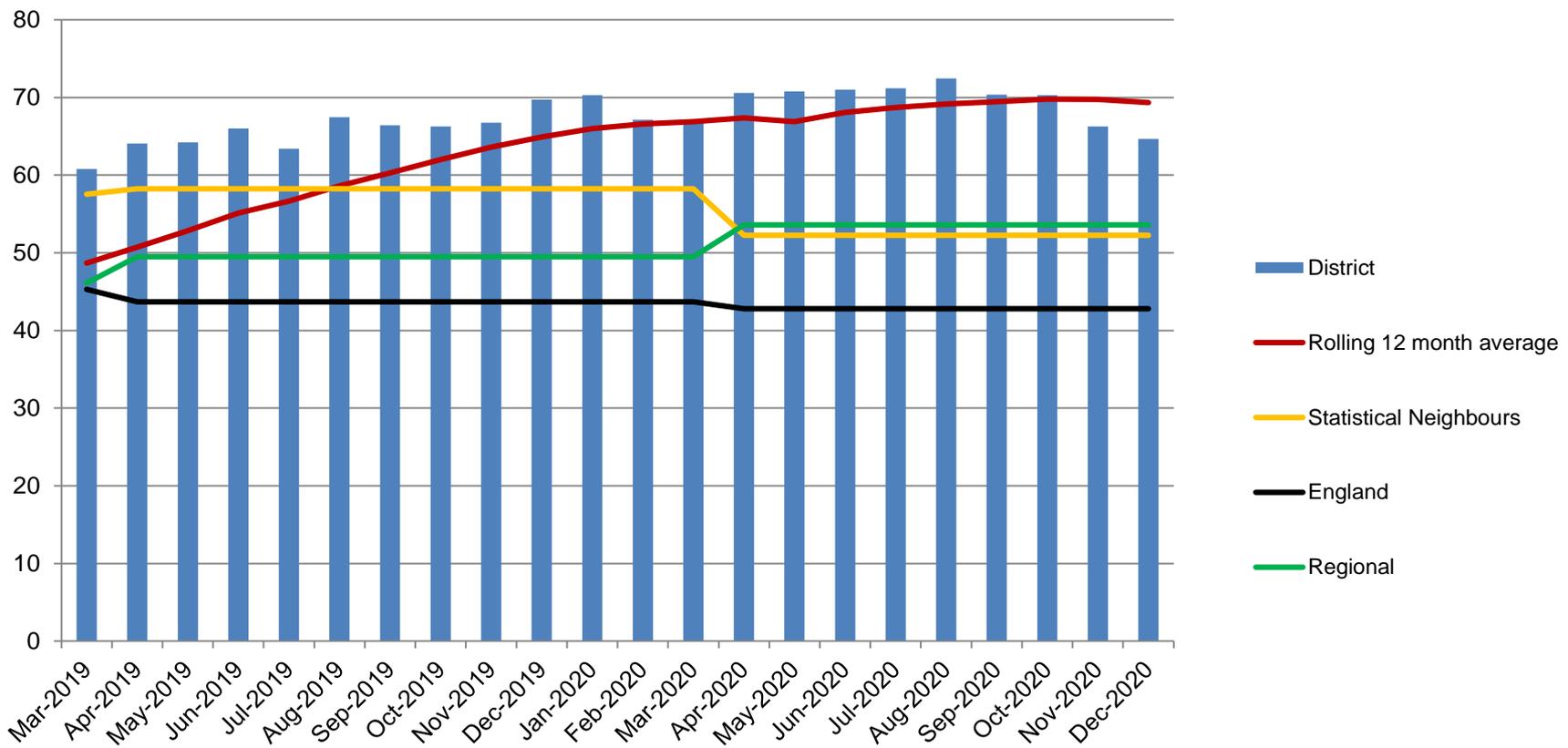
## What is the current trend and what are we doing about this?

- The data for December details how the referral rate in Bradford is higher than that of our statistical neighbours. Whilst this may raise some concern, it should be treated with caution, Bradford have received the highest number of contacts in comparison to all its statistical neighbours. In addition to this, some authorities who have a lower referral rate, have a higher re-referral rate than Bradford.
- Bradford applies a local measure to look at re-referrals which is :‘a referral being received within 12 months of a previous referral being **closed**.’ This measure is more helpful to assess the quality of our work, a high % would indicate that our intervention had not worked as cases are quickly coming back in. However, it does mean that there are no comparator data. Bradford’s local re-referral data shows that re-referrals have continued to decline since August 2020.
- Locality Service Managers will identify and track cases that have been re-referred to ensure learning is promoted across teams. Our audit activity across the department also helps us understand if we could have done anything differently to prevent a child from being re-referred into the service.



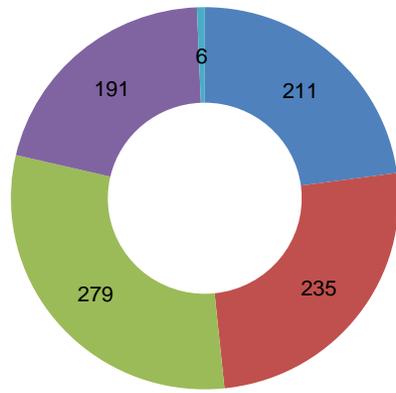
# 3a. Rate of Children Subject to a Child Protection Plan

Rate of children who are subject to a child protection plan, per 10,000 child population, relative to national and regional averages



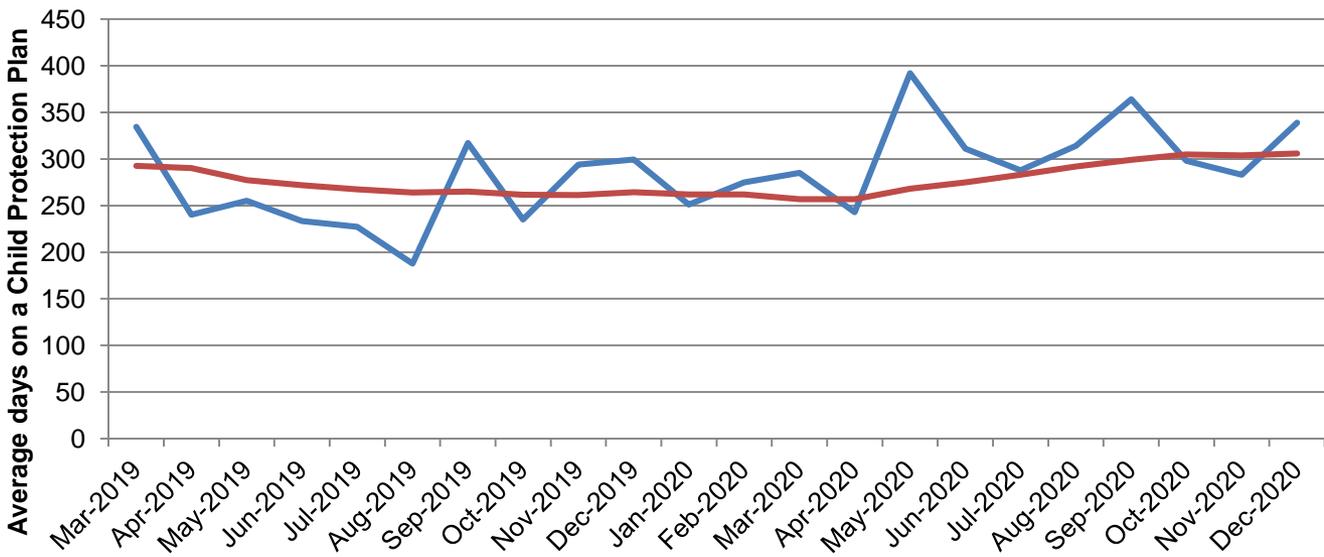
# 3b Length of time on Child Protection Plans

**Current CPP by length of time on plan**



- 1. under 3 months
- 2. 3 to 6 months
- 3. 6 months to 1 year
- 4. 1-2 years
- 5. 2+ years

**Average time on CP Plan (based on completed cases)**



- Average days on CPP for plans ending in month
- Rolling 12 month average days

# 3. Rate of Children Subject to a Child Protection Plan

## Why is this important?

- This is a key measure which can be compared with statistical neighbours.
- The length of time a child is subject to a Child Protection Plan is important because the longer a child remains subject to a Child Protection Plan the child's lived experience has not improved. Additionally, there is an increased risk of drift and delay in care planning for a child who remains subject to a Child Protection plan for a prolonged period of time.

## What is the current trend and what are we doing about this?

•The number of children subject to a child protection plan was 912 at the end of December; we have continued to see a steady decline with 884 children being subject to a child protection plan as of 09.02.2021.

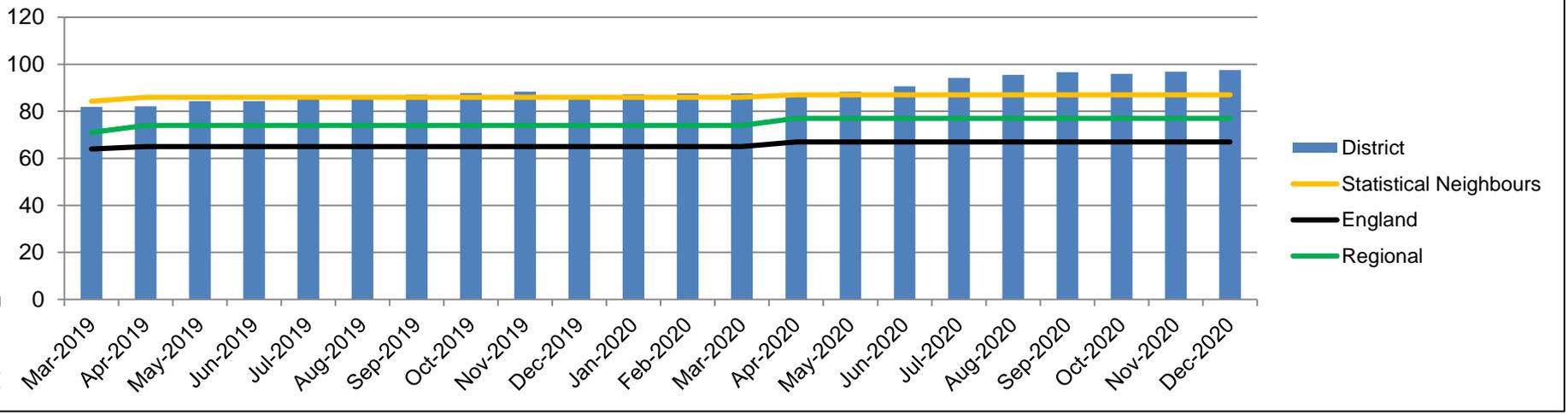
•Our rate of children subject to plans remains above our statistical neighbours at 67 per 10 000 children for 19/20 compared to 61 per 10 000 for 18/19. The statistical neighbour average has dropped from 58 to 52 per 10 000 children. Audit activity completed has noted that we continue to apply consistent thresholds. Work continues to focus on ensuring that we continue to support the right arrangements for children and young people, noting that Bradford has the lowest % of children becoming subject to a CPP a second or subsequent time in 19/20.

•As at December we had 191 children subject to a CP plan for 1-2years, this is a reduction from November when we had 198 children in the same category. We have also seen a reduction (albeit by 1) in our 2yrs plus category.

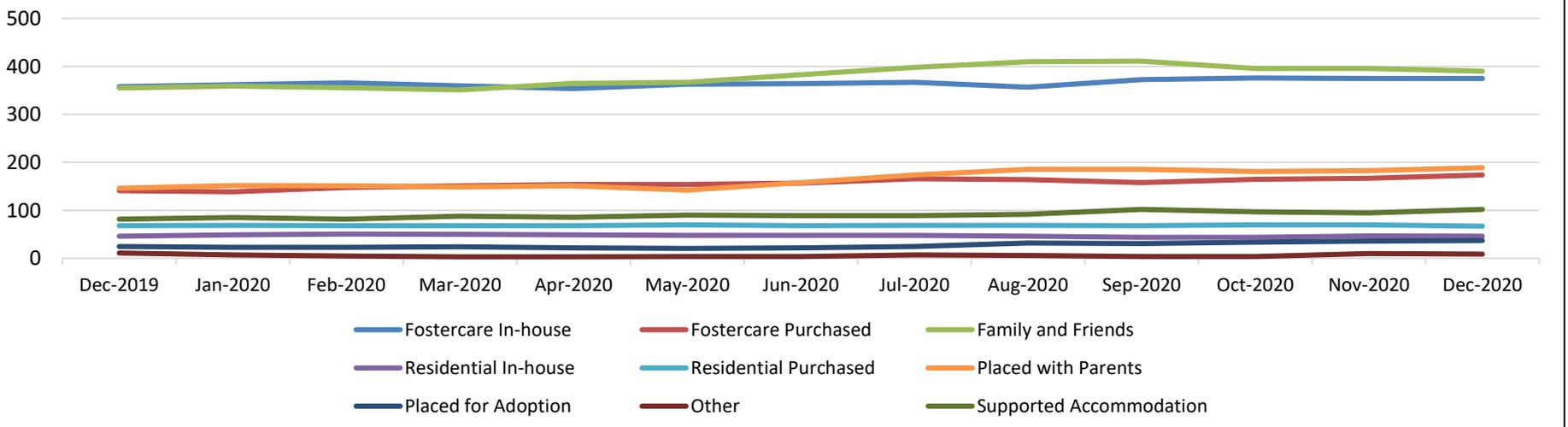
# 4. Trends in Children in Care numbers and comparison with other authorities

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**Rate of children in care per 10,000 child population, relative to national and regional averages**



**Breakdown of Children in Care Placement Types over time**



## 4. Trend and forecast numbers of children in care

### Why is this important?

- Local authorities that provide children's services are bound by a 'sufficiency duty', which is to provide, as far as is practicable, sufficient accommodation within the area that meets the needs of children in care from the area.
- A good handle on the increase in number and nature of children in care allows us to plan to deal with future service demand efficiently and effectively.
- Of the 1288 children in care on 30<sup>th</sup> June, 41% were in foster placements, 30% in Family & Friends placements, 9% in residential care, 12% placed with parents, 7% in supported accommodation and 2% placed for adoption.

### What is the current trend and what are we doing about it?

The total number of children in Care in December was 1387 compared to 1381 in November . In Dec 2020, 38 children were placed in Local Authority foster care and 32 children left the care of the Local Authority. There is a slight decrease in the number of children being placed in care compared to November.

Of the children 38 placed in care:

- 10 children ICO was made in favour of the LA, 2 were placed with parents under 38(6) and 2 with friends and families and 6 in foster care.
- 17 children were placed under Sec 20. Of these 10 young people were 16 yrs old and over. The 16 + youth homelessness team support and undertake joint assessments.
- 9 children the police used their powers of protection. It was 2 large sibling groups and one solo child.

Of the 32 children who ceased to be looked after :

- 19 young people reached moved to independent living.
- 1 child adoption order was granted.
- 3 children either Supervision order/ residence order granted by the court.
- 6 children returned back to the care of the parents
- 2 Children the carers were granted SGO.
- 1 Child the Care was taken over by another LA.

# Vital Signs

## Section 2: Timeliness

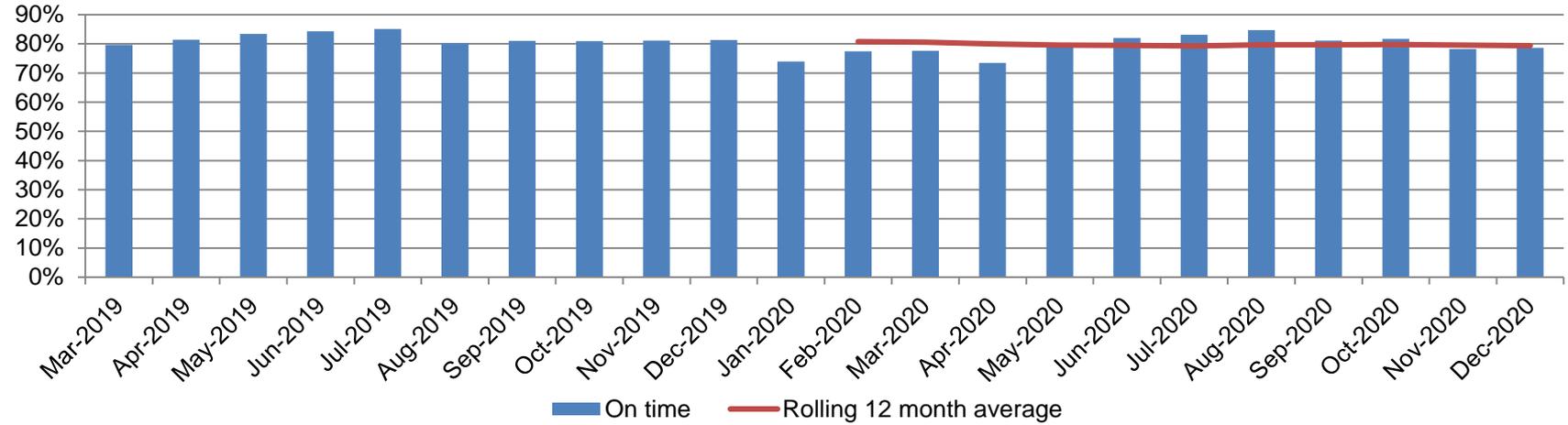


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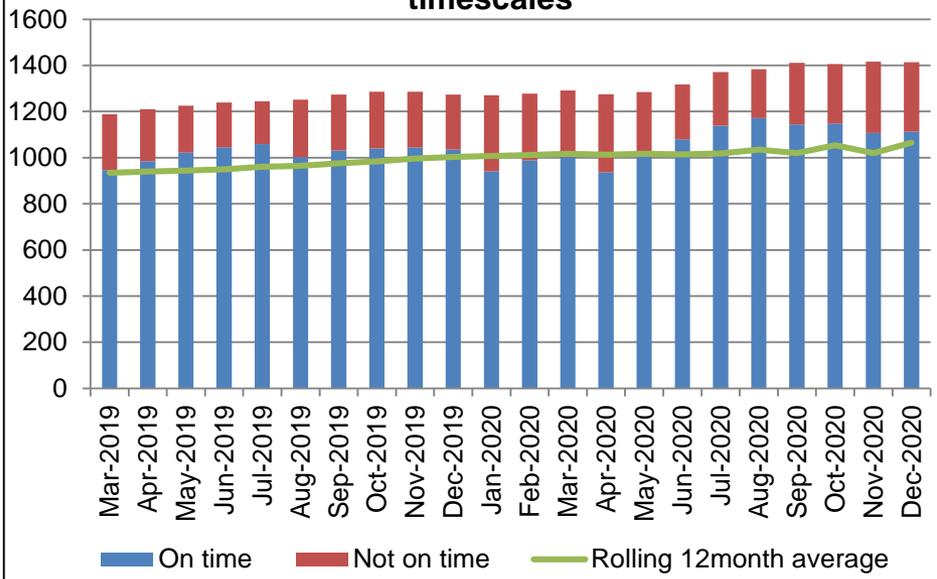
# 5. % visits completed on time

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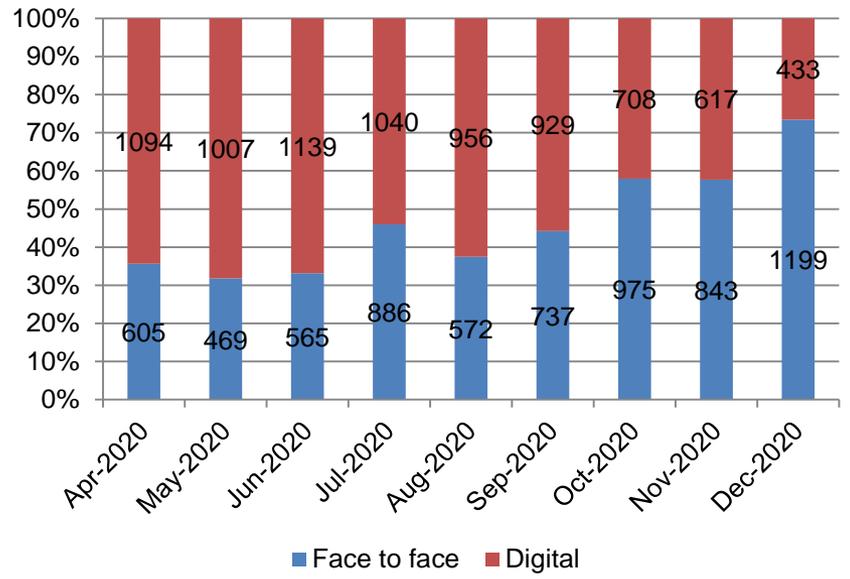
**% of Children in Care visited according to agreed timescales**



**Children in Care visited according to agreed timescales**

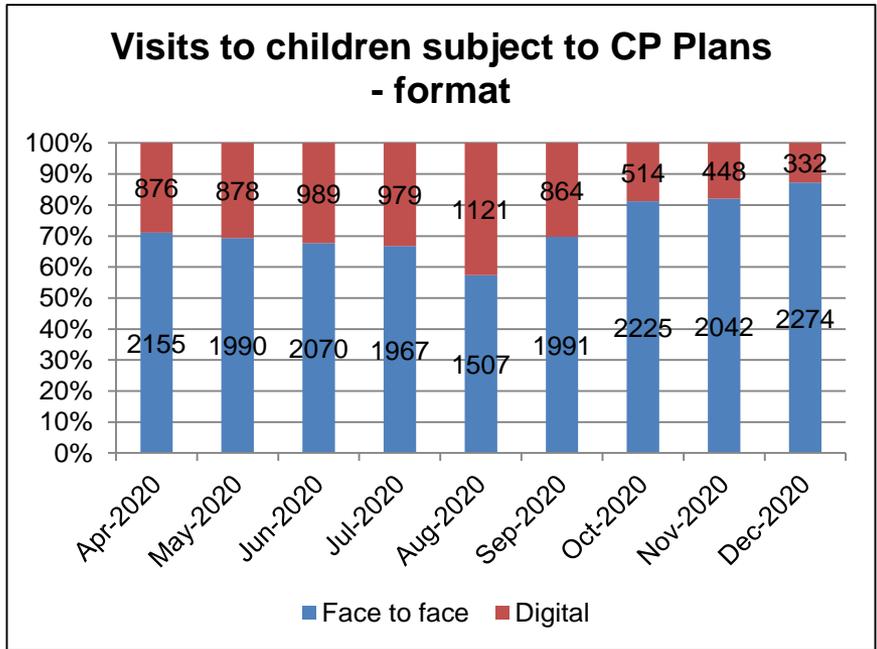
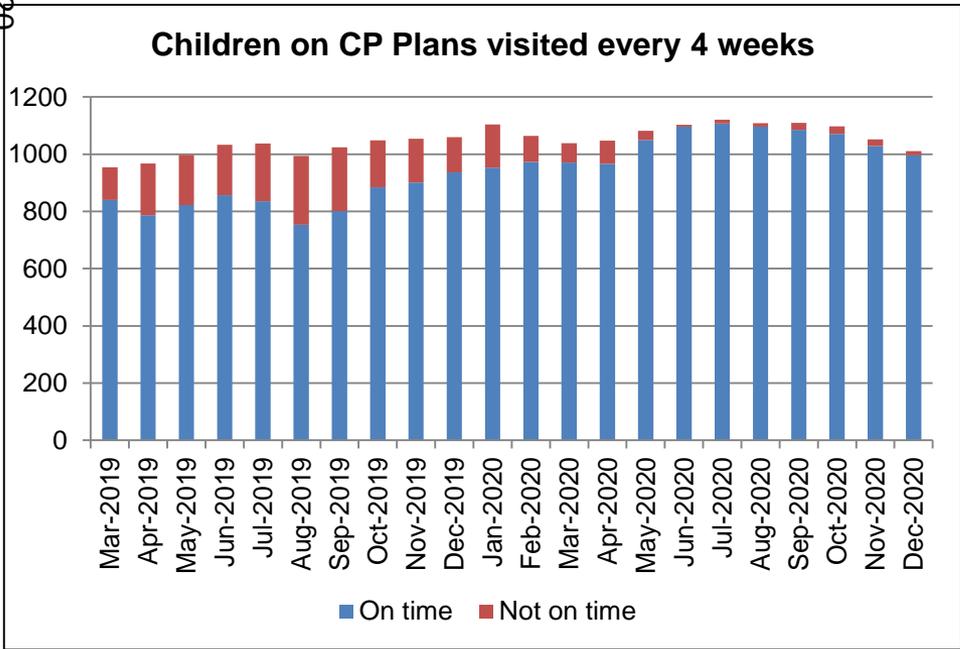
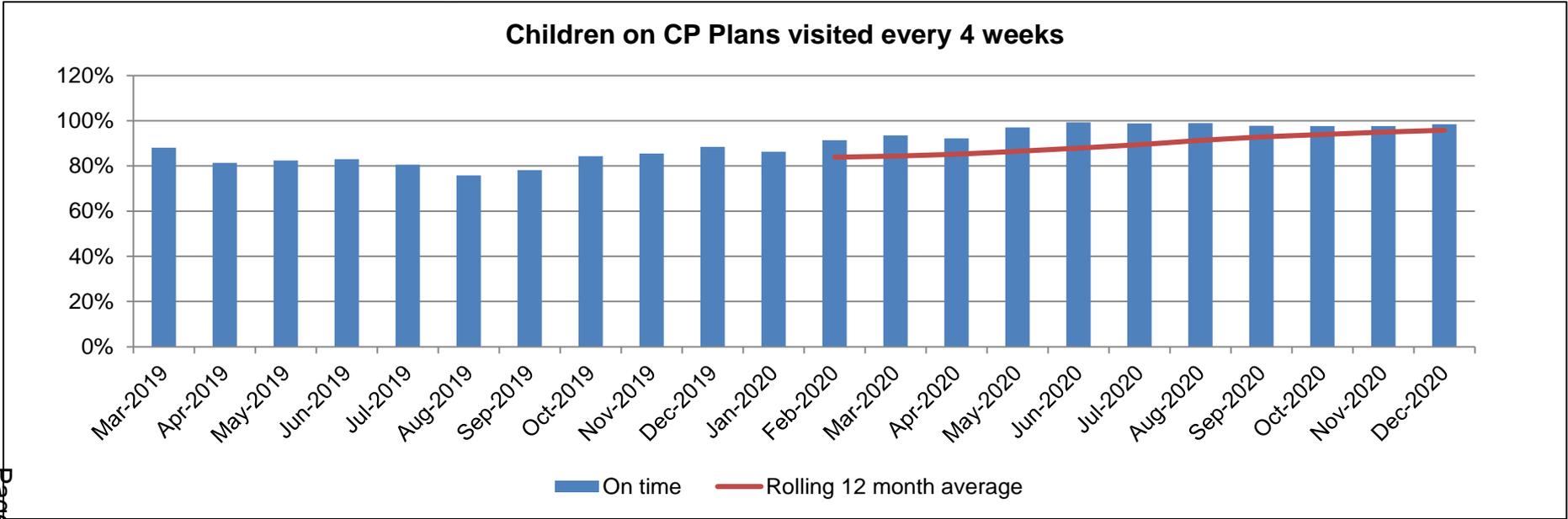


**Visits to Children in Care - format**



# 5. % visits completed on time

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# 5. % visits completed on time

## Why is this important?

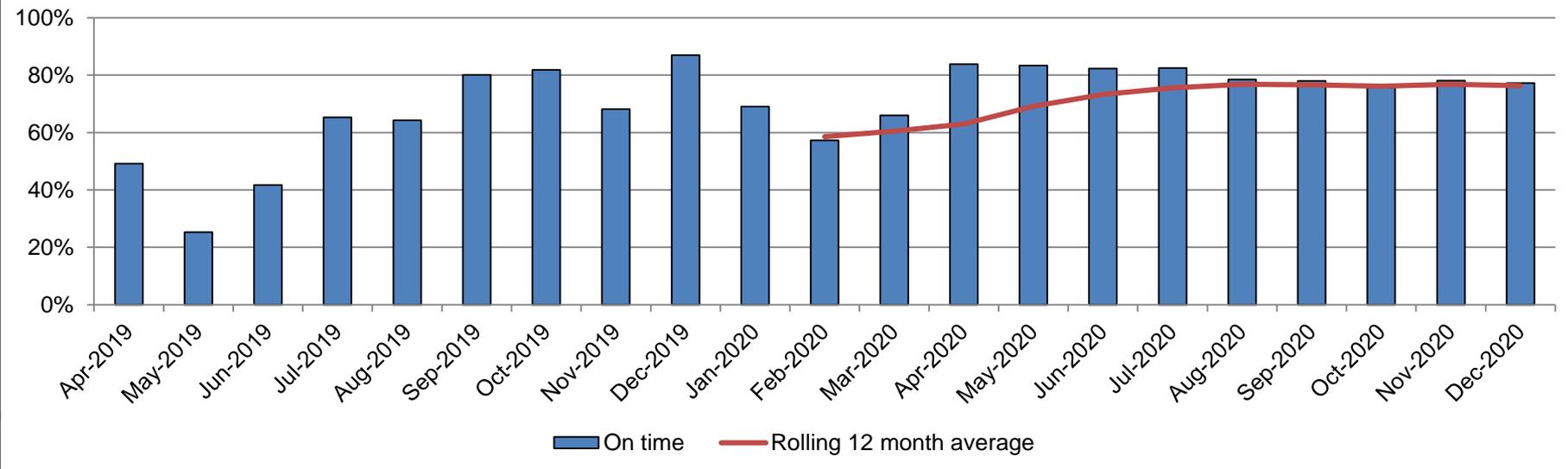
- For the safety of children and to ensure that they are having the right experience with appropriate outcomes, timely visits in line with our statutory requirement and Bradford's Practice Standards are essential.
- Children in Care in stable long term placements are visited every 12 weeks, with visits every 20 working days expected for the rest of the care population.
- Child Protection cases are expected to be visited 10 working days or more frequently if this is required as part of their plan.

## What is the current trend and what are we doing about this?

- Compliance has remained steady and the focus remains on improving the quality of these visits with various training / learning opportunities. Practice guidance has been re-issued and supporting webinar training is ready to be launched.
- Digital visits to children on a child protection plan are lower than face to face visits, which is in line with our practice guidance. The % of face to face visits to children on CP Plans was 87% in December.
- In December Children in care seen 78.64% compared to 78.18% Nov 2020. The proportion of face to face visits to Children in Care is at 75%. The social workers have tried to ensure that all the Children in Care have Family time with their families over the festive period, Burnet field centre was especially made COVID safe to allow Family time and the children were able to exchange presents with their families. It was a very successful event the foster carers , children and the families overall gave a very positive feedback.

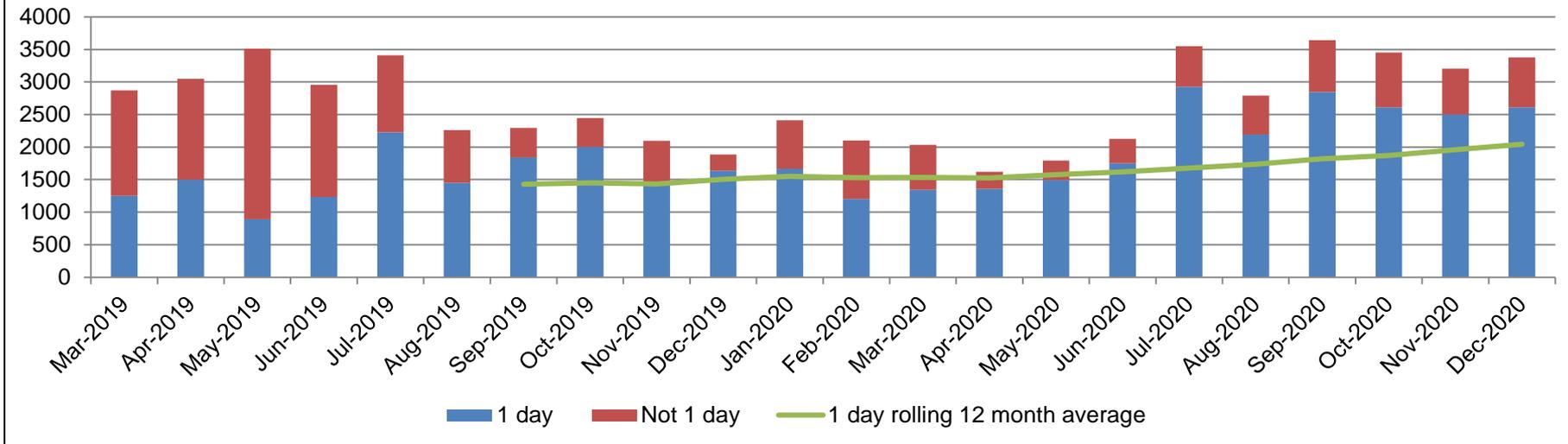
# 6. % of contacts with a decision in one working day

## % Contacts to Front Door completed within 1 working day



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## Contacts and timeliness



# 6. % of contacts with a decision in one working day

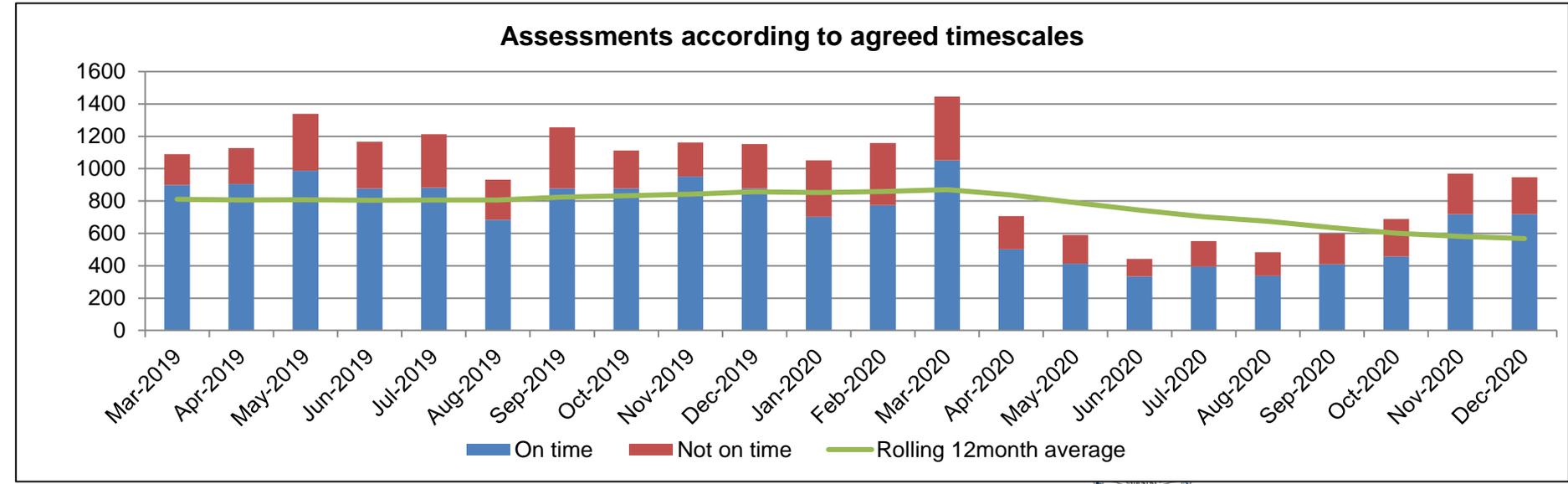
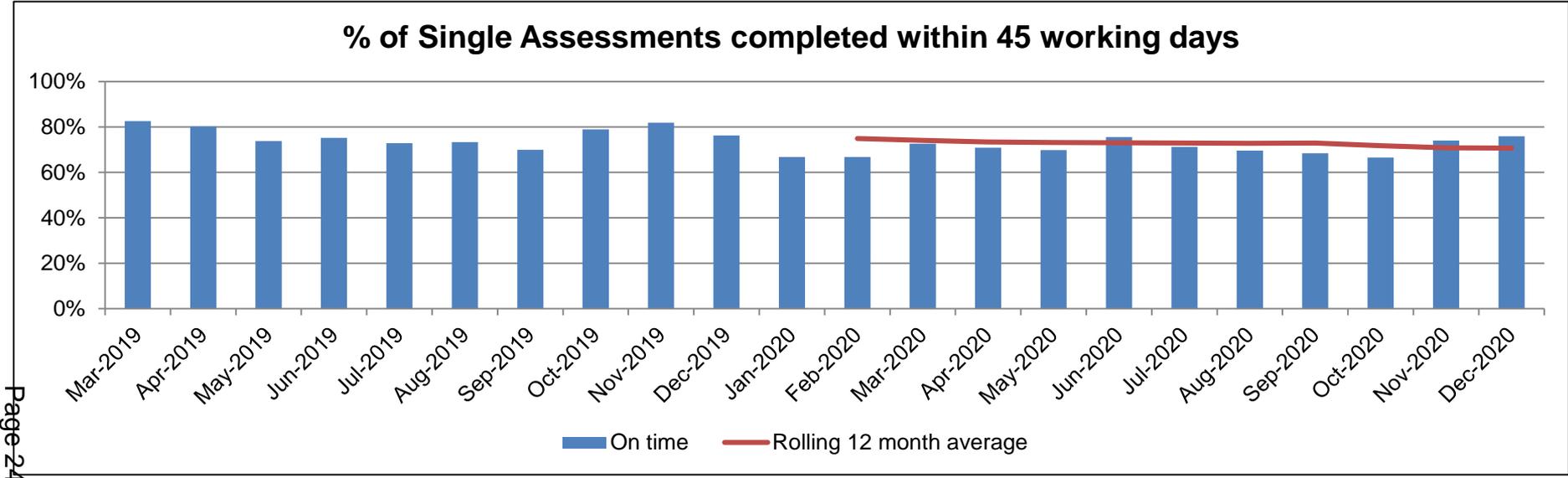
## Why is this important?

It is important that contacts received by the front door are dealt with quickly and efficiently. This ensures that children at risk are identified and safeguarded .

## What is the current trend and what are we doing about this?

- The percentage of contacts with a decision reached in 1 working day has decreased by 1% in December in comparison to the previous month. This is directly linked to the rise in demand. Generally, performance at the front door continues to be positive and in December, 77% of contacts were progressed within 1 working day.
- Demand at the front door has increased significantly when compared with the summer months. This rise in demand will inevitably impact on the timeliness of work being progressed. Alongside this, changes in pathways has meant that social workers in the Integrated Front Door (IFD) are screening cases that they previously wouldn't have done. An example of this is the way in which we now manage 'standard' domestic abuse notifications.
- Previously, all standard domestic abuse notifications were closed with an outcome code of 'does not meet threshold'. We have now re-routed all of these notifications through to the Early Help team in the IFD. The staff will screen these contacts and make contact with victims of domestic abuse and offer them an early help support service. This is designed to ensure there is a preventative response to Domestic Abuse across the district as opposed to a reactive one.

# 7. % of single assessments completed within 45 days



# 7. % of single assessments completed within 45 days

## Why is this important?

- A Single Assessment is an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents or carers to respond appropriately to these needs within the wider family and community context.
- While the Single Assessment is led by Children's Services, it will invariably involve other agencies or independent professionals, who will provide information they hold about the child or parents, contribute specialist knowledge and/or give advice/undertake specialist assessments.

## What is the current trend and what are we doing about this?

Demand for assessments in December remained high across all services, a total of 1640 assessments were completed, this is similar the November 2020 figures which includes assessments for new referrals and updated assessments. – Breakdown as follows:

New assessments: 947

Review / updated assessments: 693

The performance for assessments completed within 45 day statutory timescale has improved slightly for the month of December from 74% in November 2020 to 75% in December 2020 .

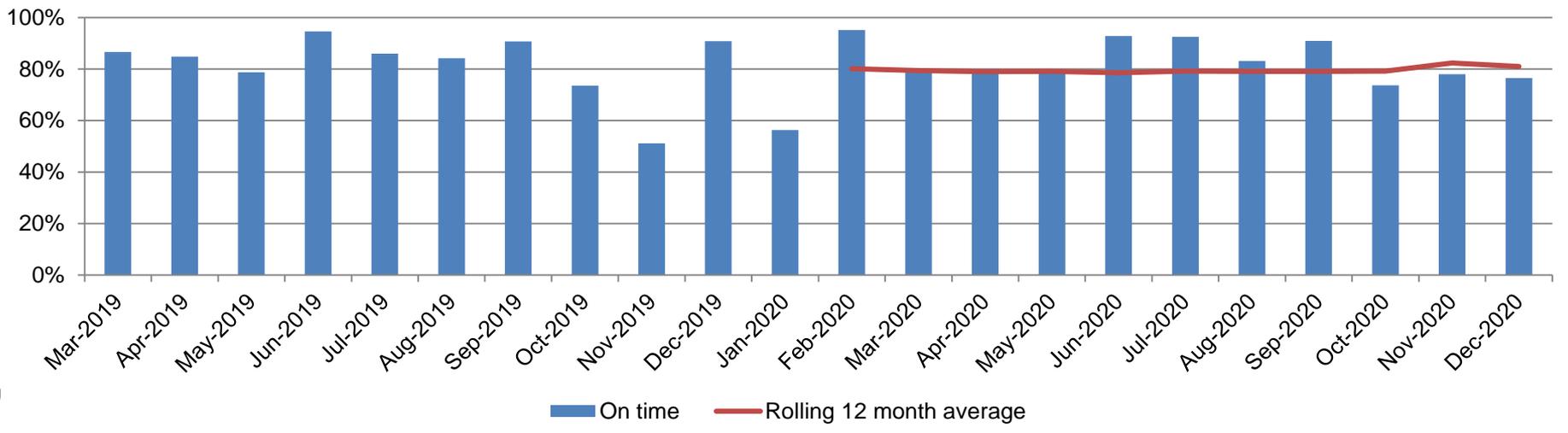
Improved performance with children seen during assessments has also increased from 77% in November 2020 to 80.5% in December 2020.

The rate of all children having their assessment of needs reviewed and updated as a minimum of every 6 months remains good at over 90%.

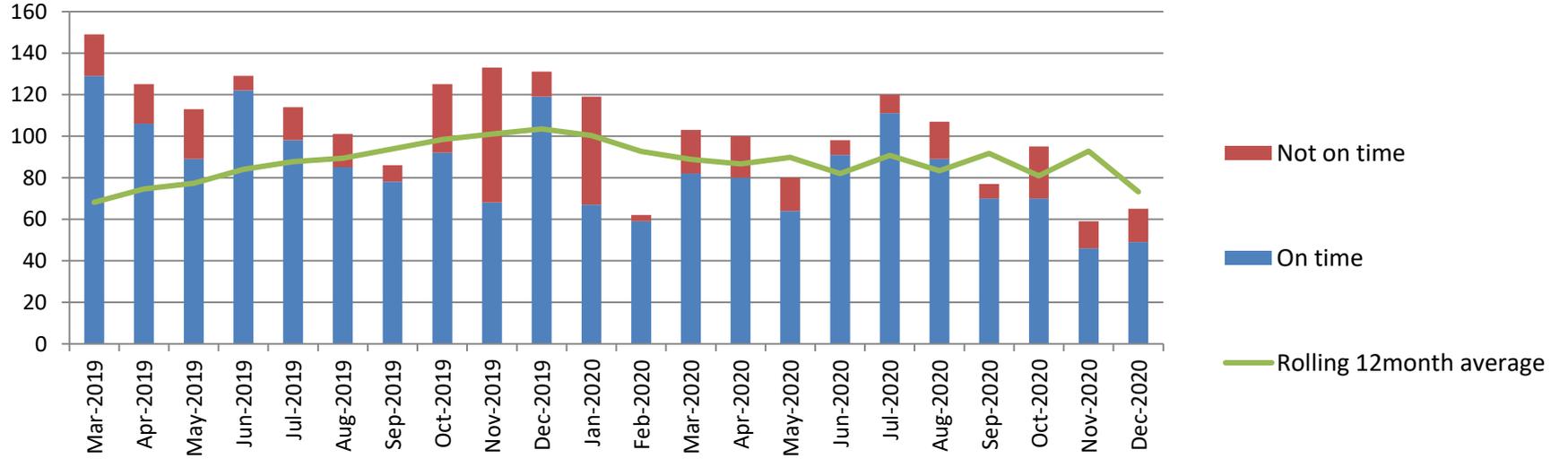
COVID has again been a significant factor in the Month of December with the highest number of staff absences recorded since the onset of the pandemic. This will naturally impact performance in terms of assessments being completed and written within the set timescale directed by managers so is reassuring that performance has slightly improved despite this.

# 8. % of Initial Child Protection Conferences within time

**% of ICPCs completed within 15 working days**



**ICPCs according to agreed timescales**



# 8. % of Initial Child Protection Conferences within time

## Why is this important?

Children who are required to go to a Child Protection Conference are potentially highly vulnerable. The process from Section 47 enquiries to Initial Child Protection Conference is how the determination is made on whether a child is at risk of significant harm and therefore needs to be made subject to a Child Protection Plan. It is key to children's safety that this process is completed in a timely way.

## What are we doing about this?

- In December 2020, 68 initial conferences took place of which 6 conferences were recorded as late; this equates to 16 children. This has impacted timeliness which is recorded at 76.5%.
- 6 conferences received late notifications from the social workers once the strategy meeting had taken place leaving conferences out of timescales.
- To support social workers, the unit is developing guidance and training for social workers to help them understand the process as part of the inductions. The trigger process is also being reviewed as part of the strategy meeting pathway in LCS. Practice guidance is also being completed for pre births to ensure that they are being presented at conferences when required within good timescales.



# Vital Signs

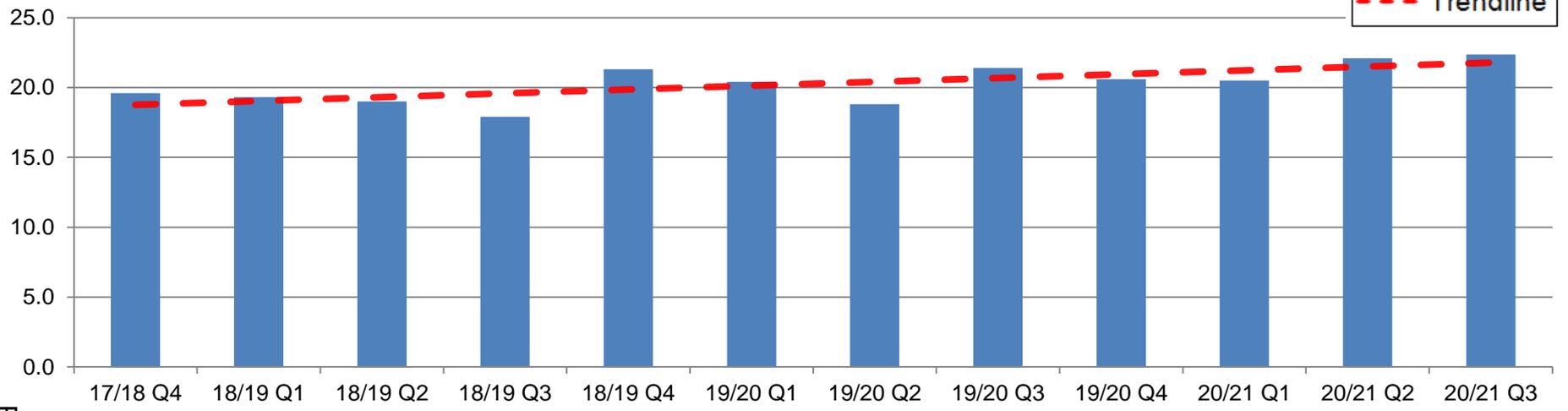
## Section 3: Social Care Management



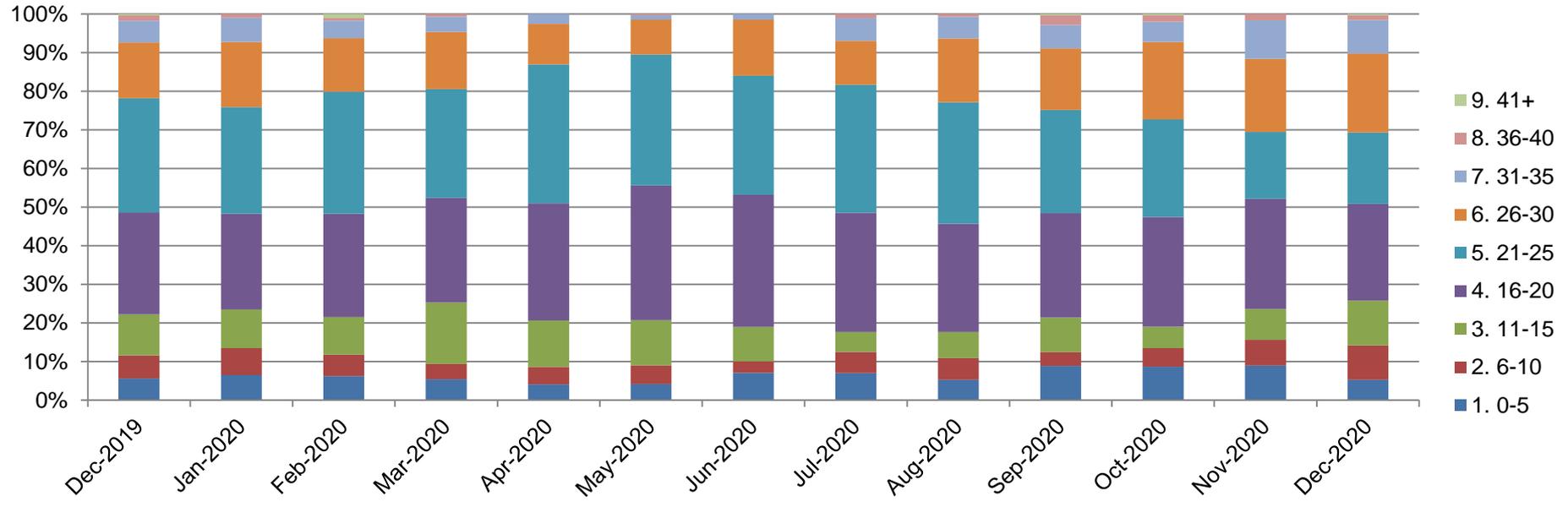
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# 9. Average Caseload

Average number of cases per FTE Social Worker



Proportion of workers (FTE) by caseload band



# 9. Average Caseload

## Why is this important?

This is important as a higher number of cases per social worker can limit their ability to provide an effective service.

## What is the current trend and what are we doing about this?

- The average number of cases held by a social worker has increased from Q2 at 22.1 to 22.4 Q3.
- The number of workers with more than 26 cases has increased across the Service.
- 5 fixed term teams are all in now in place, the final team which commenced on 07.02.2021. The fixed term teams have provided 29 additional SWs, although the number of vacant posts far exceeds the 29 posts.
- Where requested, we have increased business support capacity by recruiting interim staff and fixed term CRWs.
- Weekly caseload analysis is completed in respect of all workers with a caseload of 25+.
- The month of December saw a further rise in referrals and there is a correlation to large sibling groups of 5 or more children and those staff with larger caseloads.
- Currently there are no means to capture large family groups within the data reporting however this is considered within allocations by the respective team managers.
- The step down process has been reviewed and streamlined as a number of children were also sat with social workers with no active involvement pending closure from step down.
- The average caseload continues to be reviewed by Team Managers, Service Managers and Heads of Service on a twice weekly basis where plans are agreed to safely reduce caseloads where possible.
- The past 6 months has seen an increase in caseload. Over the past 6 months there was a net increase of 462 new assessments completed, compared to the preceding 6 month period.

# 10/11/12. Workforce

We are developing new and more analytical data which will be available from the January data report.

# Vital Signs

## Section 4:

### Effectiveness



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# 11. Improved life chances

Care leavers in education, employment or training														Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				
48.4%	49.4%	52.3%	53.3%	53.3%	53.5%	54.0%	53.1%	53.3%	50.9%	55.0%	56.2%	56.3%		65.0%	-	

Percentage of Care Leavers aged 16-21 living in suitable accommodation														Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				
91.2%	89.2%	89.0%	89.0%	90.3%	90.3%	90.3%	90.0%	88.8%	88.9%	89.4%	88.8%	86.1%		87.0%	-	

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The numbers of Care Leavers in education, employment or training has been maintained at 56%, it falls 10% below Bradford’s target. To increase our young people in EET there has been targeted work happening since October 2020. The impact of this targeted work is being scrutinised with recommendations being made in an improvement plan to increase the numbers of Care Leavers who are in EET, that will be presented to the improvement board.

LEAP’s work continues to focus on working in partnership with the virtual school ensuring all young people have what they need to engage in home learning (materials, lap-tops, tablets, wifi) and most importantly continue to be motivated to learn.

The target of 87% of Care Leavers in suitable accommodation has reduced slightly to fall just under 1% of the target. There were more young people in suitable accommodation in December and the number of young people who were in custody remains static but the overall cohort of young people increased between November and December.

# 12. Improved health and wellbeing

Percentage of Children in Care who had their teeth checked by a dentist (children who have been CIC for 12 months) in the year														Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				
93.5%	93.1%	94.0%	91.9%	90.7%	87.2%	85.7%	82.1%	77.2%	73.7%	66.1%	57.8%	49.9%		92.0%	-	

Percentage of Children in Care who had an annual health assessment (children who have been CIC for 12 months) in the year														Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				
91.0%	91.5%	92.3%	93.3%	91.7%	91.1%	92.4%	91.6%	89.3%	89.6%	89.4%	90.3%	85.7%		92.0%	-	

Percentage of school age Children in Care who have an up to date PEP														Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				
84.5%	84.7%	86.3%	85.1%	85.7%	91.4%	93.7%	93.6%	92.3%	88.9%	89.7%	87.8%	89.0%		95.0%	-	

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The percentage of Children in Care seeing a dentist has reduced further and is now the lowest it ever has been, this is attributed to the restrictions due to COVID, and is a national trend. The Children in Care Nurses are aware of this and are mindful of this when they complete health assessments. We have however commenced some focused work with carers to pick this back up.

The health assessments stands at 85.7%, the Children in Care Nurses are struggling to complete health assessments within time scales due to staff sickness/ staff cover and consent being provide in a timely fashion, at the last count they had about 195 health assessments out of time scales and they are working to get them completed. CSC and CIC health meet on a bi monthly basis to review the progress and monitor the health assessments.

The percentage of Children in Care with an up to date PEP is at 89%, which is slight better than the November figures, the CIC team continue to work with the Virtual school to ensure the Children in Care educational achievements remains a focus.

# 13a. Improved placement, practice and assessment

Percentage of Child Protection (CP) Plans lasting two years or more, in the year															Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20					
2.9%	2.7%	2.8%	2.3%	2.3%	2.2%	2.1%	2.2%	2.3%	2.1%	2.0%	1.9%	2.0%		3.5%	2.0%		

Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time in the year															Trend	Bradford Target	Statistical Neighbour Average
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20					
15.1%	15.3%	15.1%	15.2%	15.4%	15.1%	14.9%	15.2%	14.8%	15.9%	16.6%	16.1%	15.7%		14.0%	21%		

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The proportion of children on child protection plans lasting 2 years or more has slightly increased; we have 13 children in this cohort which equates to 6 families. All these children have been reviewed and there are clear plans in place to ensure that we are addressing any identified drift and delay.

The Service Manager, Safeguarding and Reviewing and the Child Protection Team Manager looked at the ICPCs started in October 2020 with previous CP plans ended within a 12 month period; the sample related to 23 families which equates to 42 children. The dip sample of these cases identified the following themes:

- Lack of focus on the impact of risk for the child subject to a CP plan as well as lack of social work analysis regarding the history of the family functioning especially for larger sibling groups where older siblings had been removed into care.
- Over focus on parental issues, with a lack of analysis on whether behaviours would be repeated.
- In a number of cases where the plan had been stepped down at the first CP review, there was an over reliance at looking at the case issues that presented at that point, rather than analysis of the whole journey and future outcomes.
- There was a lack of challenge from the CPC around seeking legal advice.
- Not all the right professionals were in attendance at conferences.
- The service will be taking forward identified recommendations including clear practice guidance when considering a repeat CP plan, training for CPC's to challenge the value of a repeat CP plan requests when being screened, ensuring that the right professionals are invited to the conferences and assessments and CP minutes needing to capture the experience for the child, whilst acknowledging the parental issues.

# 13b. Improved placement, practice and assessment

Number of episodes of Children in Care going missing during the month													
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
74	88	81	106	97	132	95	89	20	36	62	51	61	

Percentage of children looked after with three or more placements during the previous year															
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend	Bradford Target	Statistical Neighbour Average
13.5%	13.3%	13.5%	13.1%	12.9%	11.4%	9.4%	8.3%	8.5%	8.0%	6.7%	7.5%	7.5%		9.0%	8.9%

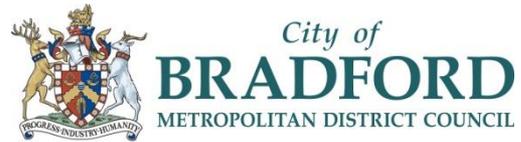
We have had an increase in missing figures however many of these are repeat episodes are in fact ‘absences’ that have been recorded as missing (inappropriately). Some residential providers haven’t been following the Philomena protocol and this is being reinforced to them. Since this data was published we have had a reduction in missing .

Percentage of children looked after with three or more placements has steadily decreased over the year but there was a slight increase in November/December, there is a continuing effort to reduce the number of placement moves .

The implementation of a new staffing structure within placement and coordination service has brought about a better and more structured management of how we source, review and QA our current and future placements.

Contracts with our providers will continue to be monitored rigorously to ensure placement stability and measure impact the placement has on the child.

We continue to work with private providers within Bradford to build specific needs led homes/ placements for our children.



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# Vital Signs

## Section 5: Partnerships



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# 14. Health Assessments

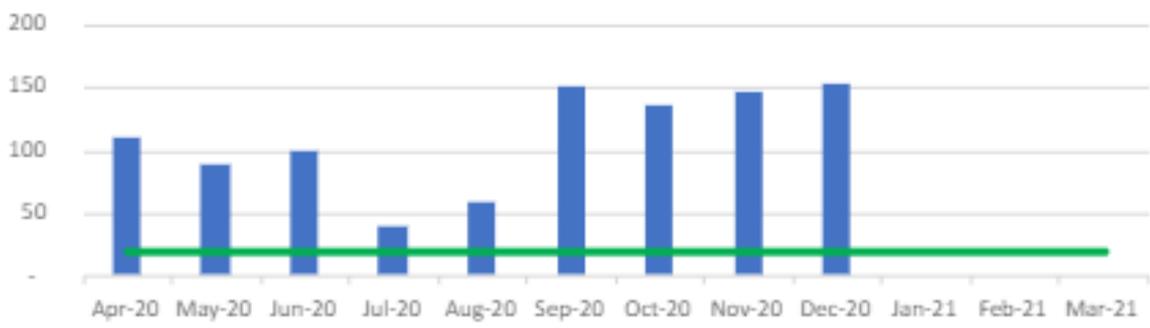
Total number of Children waiting awaiting an Initial Health Assessment: 195

*54 out of 195 have outstanding consent*



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Average waiting time for an Initial Health Assessment: 152 days



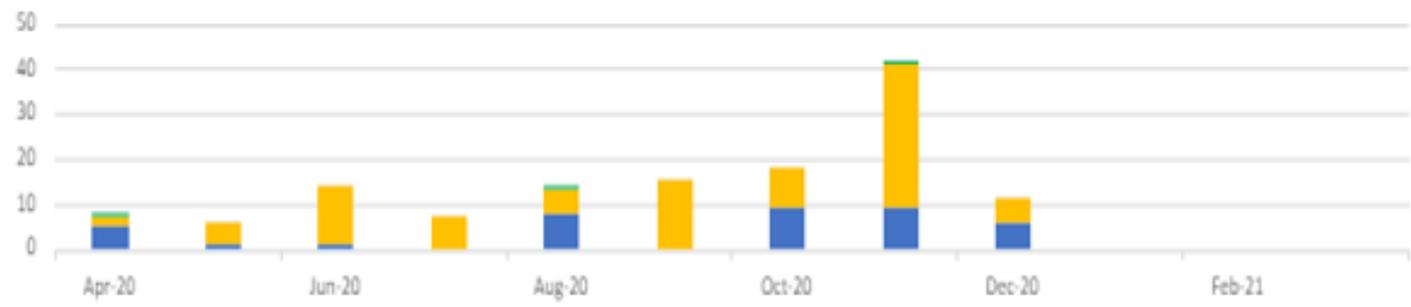
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# 14. Health Assessments

Location of the IHA's



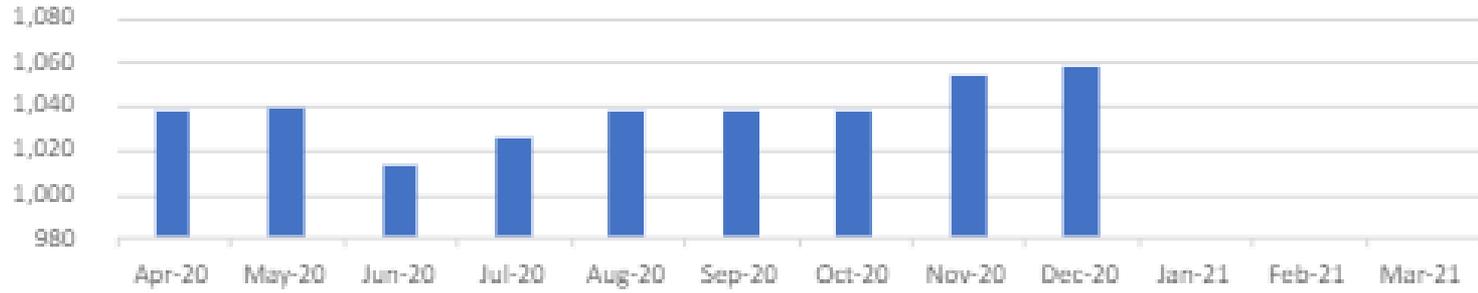
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- BFD: HW x 7 (*inc. 4 Covid Part 2*), AB x 2 & RS x 3
- AGH: GS x 2, SB x 1, GR x 1

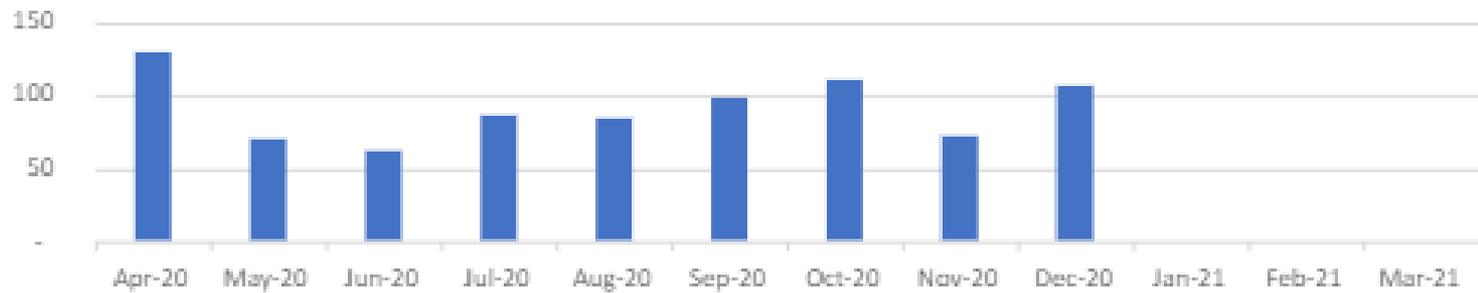
# 14. Health Assessments

Total number of CYP on Review Health Assessment Caseload: 1058



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Number of Review Health Assessments due in November: 106



# 14. Health Assessments

Number of Review Health Assessments completed within timescales: 26 (25%)



Total Number of Review Health Assessments Completed in December: 54



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12 February 2021

Mark Douglas  
Director of Children's Services  
City of Bradford Metropolitan District Council  
1st Floor, Margaret McMillan Tower  
Princes Way  
Bradford  
BD1 1NN

Dear Mr Douglas

### **Focused visit to Bradford local authority children's services**

This letter summarises the findings of a focused visit to Bradford local authority children's services on 15 December 2020. The inspectors were Her Majesty's Inspectors (HMIs) Jan Edwards, Brenda McLaughlin, Matt Reed, Neil Penswick and Malcolm Kirtley.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic.

The methodology for this visit was in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. This visit was carried out fully by remote means. Inspectors used video calls for discussions with local authority social workers, managers and leaders. The lead inspector and the director of children's services (DCS) agreed arrangements to deliver this visit effectively while working within national and local guidelines for responding to COVID-19 and meeting the needs of the local authority's workforce.

The visit looked at the quality and impact of key decision-making for children who need help and protection, children in care and care leavers, together with the impact of leadership on service development.

## Overview

The local authority's improvement following the judgement inspection in September 2018 has been slow. Progress was initially stalled by the early failure to understand the breadth of the inadequacy and by difficulties in achieving permanent appointments to the most senior posts. The current senior management team was not fully in place until March 2020.

While focusing on the recovery and improvement of the authority's children's services, leaders are also having to respond to pressing demands arising from the pandemic. Bradford has consistently had one of the highest infection rates in the country and has remained subject to either local or national restrictions throughout the first wave of the pandemic. Demand for children's social care has remained high.

Leaders have achieved some positive steps forward in this challenging context. They have taken opportunities to maximise partnership working with other organisations, with a shared determination to focus on the most vulnerable children and families. They have been putting in place the basic infrastructure and practice standards needed to support improvement within the service. They have developed more effective oversight to support immediate decision-making when children are first referred to social care. They are renewing IT resources to better support frontline practice. They have recruited to specialist posts and secured financial investment for children's services.

However, there remain some significant weaknesses in practice and oversight in frontline services, particularly as a result of continued workforce instability, high caseloads and ineffective casework planning. Senior leaders are fully aware of these challenges and are working to address them in the next phase of their improvement plan. Managers and social workers are starting to address the legacy of weak practice, although they recognise there is much still to be done to secure and sustain improvement.

Children in need and child protection plans are not always effective in improving children's circumstances. Some children in need cases are often closed or stepped down without evidence of sustained change, because management oversight has not thoroughly tested the impact of social work practice for children and families. Enduring drift and delay, due to long-standing poor practice, continue to affect some children. Consistency of social work practice remains an issue. Children in care have been well supported during the pandemic. However, care leavers receive an inconsistent service; while some are well supported, others have experienced poorer levels of support through the pandemic.

### **What needs to improve in this area of social work practice**

- The areas for improvement continue to be those identified at the ILACS inspection in September 2018. They have not yet been fully addressed and they

remain relevant two years on. Leaders have a good understanding of the areas for improvement, as reflected in their self-evaluation and ongoing improvement plans. Thus, the service is appropriately focused on raising the quality of management oversight and supervision, strengthening child in need and child protection planning, ensuring more robust monitoring and preventing delay for children in legal planning and in proceedings, improving support for care leavers, and progressing recruitment initiatives to ensure workforce stability and more manageable caseloads.

## Findings

- The new integrated front door (IFD), the service which receives contacts and referrals to children's social care, went live at the height of the first wave of the pandemic in June. The service has been operating at a time of very high demand, and with a dispersed workforce. While the IFD is still being embedded, and adapting to these new demands, practice here is improving. Better, more timely triaging of contacts, clear management oversight, effective use of agency and historical information and an informed analysis of risk lead to an appropriate determination of next steps in most children's cases. Issues of parental consent, which had been a problem since the judgement inspection, are now better understood.
- Strategy discussions are well attended and timely, and effective safety plans are developed to ensure children's immediate safety while section 47 enquiries are ongoing. These enquiries are thorough. Professionals speak to children as part of the process, so understand what life is like for them. This supports appropriate early decision-making.
- When children who receive early help have heightened needs, or concerns for them arise, there is an appropriate escalation through the IFD. However, some decisions to close work in children's social care are premature. In particular, some children in need cases are closed or stepped down to early help before goals have been achieved. Managers' oversight is not outcome focused, and it is not ensuring that any change is realistic and sustainable. Similarly, some child protection plans end before sustained change can be evidenced. This results in children coming back into the service and experiencing repeated services and interventions.
- Some social work assessments are too parent focused, and they do not always consider all children or adults in the household. In contrast to section 47 enquiries, there is little observation and analysis of children's lived experience within assessments.
- While there is good information-sharing between agencies in meetings about children, this does not always translate into proactive work to progress children's plans. In some cases, effective child protection work is making a significant positive difference for children. However, a lack of robust planning and management oversight mean that other children continue to experience drift and delay. For example, some children are exposed to neglect for too long before

action is taken to protect them. Similarly, over-optimism is resulting in a failure to take authoritative action soon enough in some cases where children are living in situations of domestic abuse. Leaders have taken steps to strengthen processes supporting management oversight and supervision, although the impact of these changes on the quality of practice is not consistent.

- Disabled children receive child-centred social work support which is making a positive difference for them. Transition planning for older disabled children is promoted early and is appropriately focused on their identified needs.
- Social workers have maintained relationships with children through continued face-to-face visiting, which is supplemented by virtual contact. A multi-agency COVID-19 team is equipped to undertake in-person visiting to households where there is a risk of infection. This has helped to ensure that the most vulnerable children are seen by professionals.
- Children's progress is hindered by too many changes of social worker and poor planning. Management oversight of children's cases has been more regular in recent months. However, a lack of sufficient challenge and direction makes it harder to drive change within families and improve outcomes for children.
- The complex safeguarding hub provides an authoritative and confident response for children at risk of exploitation. The hub's thorough screening of contacts and referrals about children, the specialist advice and consultation provided across the service and regular risk assessment meetings have strengthened practice in this area.
- Leaders have acted to strengthen legal planning and the quality of the monitoring of work undertaken before legal proceedings. However, oversight is still not robust enough to prevent drift for some children who are the subject of pre-proceedings and care proceedings.
- For those children recently brought into care, this was the right decision at a time of crisis in their lives. Leaders have recognised that not all child protection planning had been effective in reducing risk. Action they have taken to address risk has resulted in more children being brought into care in the first wave of the pandemic.
- There is a significant challenge in matching children to new homes, particularly when they come into care in an emergency. This makes it harder to sustain care placements and means that some children experience multiple moves and lack early stability. Social workers are not always considering wider family members as alternative carers early enough to prevent drift and delay before the child's permanent home is confirmed. In the first wave of the pandemic more children benefited from stable long-term homes. Foster carers are providing consistent care and support, at a time when children are feeling at their most anxious. Senior leaders know that sufficiency of placements is a challenge. They are working to address their understanding of local need, recruit more foster carers and to remodel the residential offer.

- The work of the independent reviewing officers and chairs of child protection conferences is beginning to have a positive impact on practice.
- Problems with Bradford's IT infrastructure not being able to support video conferencing for children's meetings have been a cause for concern. Leaders had plans in place to make video technology available following this visit.
- Staff have provided good support for children in care and for foster carers during the pandemic. Social workers undertake appropriate assessments to determine safe arrangements to ensure that children can stay in touch with their families. Foster carers and their wider families have played a key role in ensuring stability of care for children and in supporting their family time and ongoing learning.
- Children's emotional well-being needs are understood but are not always provided for in a timescale that meets their needs. Waiting times for child and adolescent mental health services (CAMHS) are unacceptably long. Leaders are continuing to challenge this with the clinical commissioning group.
- Children's social care and the virtual school are supporting improving educational outcomes for children in care. They have better attendance than their peers and reduced rates of exclusion. The clear majority of these children are progressing to employment, education and training. The new head of the virtual school is starting to build capacity in the service, which is leading work to improved focus in securing appropriate school placements and supporting children in care who have special educational needs and/or disabilities.
- Senior leaders are responding to a substantial rise in the number of children who have started to be home educated over the COVID-19 period, with an investment of significant resources. This has enabled staff to continue to provide appropriate monitoring and provide advice to families.
- The local authority's education team is providing extensive support to schools throughout the pandemic. Hub working has brought together schools, education advisers and education safeguarding officers. Developing detailed risk registers has helped schools to keep a watchful eye on the most vulnerable children. Furthermore, schools have been significant players in Bradford Council's 'No child goes hungry' campaign, through the provision of thousands of hot meals for children and their families.
- Young people who have left care receive an inconsistent service. The quality of the support they receive is too dependent on individual personal advisers. Some care leavers are benefiting from a high level of contact and effective support at this most difficult of times. However, the additional needs of individual young people during the pandemic have not been systematically assessed. This has left some without a clear plan of how they are to be supported. There is a lack of ambition for some care leavers and a failure of management oversight to consistently drive planning for these young people. Personal advisers' caseloads are too high for them to be able to consistently provide the level of support that many of these vulnerable young people require.

- The Bradford area has seen an increase in the numbers of young people who are youth benefit claimants. In this context, there has been a significant drop in the number of care leavers who have been able to maintain employment, education or training. While this has been an impact of the pandemic, some care leavers told inspectors that they had not received the right support and guidance for their education. Others have received better support, which has helped them secure college and university places and apprenticeships.
- Strategic partnerships and collaborative working have been enhanced through the leadership of the chief executive and DCS. The safeguarding partnership has also helped to keep vulnerable children in focus during the pandemic. Leaders swiftly established a COVID-19 scientific advisory group, ensuring that specialist knowledge and multi-agency intelligence is used well. Building on learning from the work of the specialist COVID-19 team, and capitalising on the new strengthened partnerships, leaders have recently brought in four health practitioners to work in social work teams, initially with a focus on pre-birth and vulnerable children.
- There is some limited use of the flexibilities available through amendment to regulations, mostly to vary visiting arrangements in line with an appropriate risk assessment. Shrewd budget planning has enabled the council to prioritise children's services for substantial capital and revenue investments, enabling improved capacity in the service.
- Improvements to quality assurance and management information are giving leaders a clearer line of sight to practice. The service's audits tell them that a significant majority of work is still not meeting their own basic standards. Leaders are focusing on the accuracy and consistency of auditing practice and on a more robust learning process, to strengthen social work services.
- Leaders understand that one of the greatest risks to ongoing improvement remains the challenge of recruiting to permanent social work posts, and in stabilising the workforce. While they have achieved some recruitment success for specialist and management posts, the service remains heavily reliant on agency social workers. New recruitment initiatives are targeting experienced social workers. However, considerable challenges remain, and improvement remains fragile while there is such workforce instability. The pandemic has hindered the delivery of face-to-face training for staff on new practice standards and associated form templates. This is a key part of the improvement plan. Leaders have put plans in place to progress this.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Yours sincerely

Jan Edwards  
Her Majesty's Inspector



## **Report of the Strategic Director of Children's Services to the meeting of Overview and Scrutiny Committee to be held on 3<sup>rd</sup> March 2021**

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**AY**

**Subject:**

**Quality Assurance and Audit in Children's Social Care**

**Summary statement:**

**This report provides an overview of the quality assurance and audit process in Children's Services.**

---

Richard Fawcett  
Assistant Director  
Safeguarding and Review,  
Commissioning and Provider Services

**Portfolio:**  
**Children's Services**

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**Overview & Scrutiny Area:**  
**Children's Services**



## **2. BACKGROUND**

### **2.1 Case file audit**

2.1.1 Case file auditing is an essential part of our quality assurance arrangements. Regular and in depth case file audits are a meaningful and useful method for understanding the experiences of our children and young people whilst examining practice against agreed Practice Standards, guidance, policy, and procedures.

2.1.2 The activity in this report relates to formal audit activity. This therefore does not reflect the routine quality-assurance that is conducted on a day to day basis by managers, practice supervisors and specialist workers such as Child Protection Chairs and Independent Reviewing Officers across the service, for example the need for most reports completed by social workers to be signed off by a Team Manager or higher before completion.

### **2.2 The purpose of audit**

2.2.1 Auditing provides a measurable assurance to senior management as to the impact our involvement has on children and families.

2.2.2 Auditing generates themes and learning which is analysed to make recommendations for organisational practice improvement/development.

2.2.3 Auditing is used in service to identify case management issues for individual children.

2.2.4 Feedback from auditing also provides information to identify learning needs and commission appropriate training and develop a learning culture by providing staff with an opportunity for in-depth reflection on their work.

### **2.3. Bradford's audit model**

2.3.1 Every month, Children's Services managers and Practice Supervisors complete case file audits. The audit case is allocated to managers via the central audit team, this ensures that managers will not audit work within their own team. Cases are selected by the QA and Audit team at random but within agreed parameters i.e. cases closed in the last 6 months, step up cases, cases where neglect is a risk factor etc. QA & Information Officers also undertake themed audits to understand practice in respect of a specific process, such as strategy meetings or for a group with specific needs. For example, children who have been referred because of concerns of domestic abuse. Themed audits are used particularly to explore and support organisational development and learning for the workforce.

2.3.2 The audit process is underpinned by a coaching model, with audits being completed

alongside social workers to provide them with an opportunity to reflect on their practice and develop professional competencies to improve their work.

2.3.3 Training and guidance is provided to all managers involved in auditing so as to ensure consistency in our auditing approach. A sample of completed audits are moderated each month to ensure quality and consistency in the auditing process. The moderation process allows the QA & Audit Team to monitor the grading quality of all audits, whilst providing in-depth support for auditors to develop their confidence.

2.3.4 The monthly audit format has recently been revised to measure performance against 9 key elements of practice, to increase focus on children's outcomes and to particularly reflect on:

- Timely identification, response and reduction of risk and need
- Assessments are timely, comprehensive, analytical and of good quality
- Plans and reviews drive progress towards positive outcomes
- Children and young people's voices and lived experience are at the centre of everything we do
- Families are appropriately engaged in the work
- Partner professionals around the family work collaboratively to improve children and young people's lives
- Management oversight ensures decision making is effective, proportionate and timely, and standards of work are good.
- Case records are correct and up to date
- Impact: how have we made a difference to the child or young person's life?

2.3.6 Alongside the routine monthly auditing programme there are additional formal audits undertaken within the service based on identified needs or areas warranting further enquiry or assurance. Examples of this include the routine multi-agency audit of referrals conducted at the Integrated Front Door and recent additional audit activity focussing on the response to referrals relating to children aged less than two during the pandemic.

## **2.4 Reporting**

2.4.1 Audit findings are presented to the Children's Social Care Management Team for action planning and cascading lessons learnt to frontline staff.

2.4.2 Audit findings are collated into a detailed, monthly report that is presented to the Improvement Board.

2.4.3 The monthly report is also shared with the Principal Social Worker so that identified strengths and learning can be incorporated into the training plan.

## **2.5 Quality Assurance & Audit Service**

- 2.5.1 It is important to note that the QA and Audit team sits outside the direct line management of the social work teams so as to provide independence.
- 2.5.2 As part of service improvement, case file audit functions for the Early Help service, YOT and Fostering will move to this team to ensure consistency whilst providing an understanding of the child's journey.
- 2.5.3 The team is newly reconfigured and will comprise a manager, 3 FTE auditors and business support. Recruitment is currently in progress.
- 2.5.4 A database has been commissioned to allow all quality assurance data to be held together, to enable better oversight and tracking. It will facilitate deeper analysis of audit findings and provide a single point of access for managers to review audit findings and supervision records for their teams.

## **2.6 Audit outcomes**

- 2.6.1 We can see that the quality of our audit activity is improving, with fewer audits being challenged and fewer grades being changed after moderation. This is being supported by a new, permanent QA Manager.
- 2.6.2 The findings of our own audit activity mirror the findings of our recent Ofsted Assurance Visit in that whilst good and even outstanding practice is identified, this is not consistent across the service. Key areas for continued improvement include the quality of assessments and the quality of children's plans.
- 2.6.3 Based on our recent audit activity we know that the quality of contacts made to the front door has improved and this indicates that thresholds are more widely understood across the children's workforce. This means that fewer cases are unnecessarily escalated into statutory child protection services. It is intended that as the early help offer and the role of Lead Practitioner is strengthened in Bradford this will support further improvement.
- 2.6.4 We have also identified that in the vast majority of cases the response to referrals is appropriate and timely, with good recording of the referral and response at our Integrated Front Door.
- 2.6.5 We have identified that despite a national concern about the increased vulnerability of children aged under two during the pandemic, we have not experienced a significant increase in Bradford. A focussed audit considered over 300 children referred to the service during the pandemic and identified timely and appropriate responses.
- 2.6.6 In 2018 Ofsted raised concern about the number of children referred to children's social care who were being inappropriately escalated into statutory child protection

procedures with Strategy Meetings being held unnecessarily. The recent audit of children under two identified that the children who had been referred did need a social care service and where a Strategy Meeting was convened, this was believed to be appropriate in all cases. Again this suggests improved identification of risk and appropriate application of thresholds.

2.6.7 Audit has confirmed that changes in social worker can impact the quality and in particular the timeliness of intervention. The stability of the workforce is a high-focus area for children’s social care and in particular the recruitment of experienced social workers. This is a challenge for all Local Authorities given the number of experienced workers who move into management or specialist posts, or who choose to work for an employment agency. These workers are in short supply and there is a great deal of regional competition. Nonetheless we are introducing new mechanisms to try to further stabilise our workforce including placing advertisements in professional publications and media and also working with employment agencies to secure permanent rather than agency staff. This work is underpinned by a new Workforce Development Strategy that is in the final stages of completion.

2.4.1 To address the learning identified in audits and improve the quality of our work with children and families, a focused approach of learning will be launched from March 2021. This will be a stepped approach to learning focusing on key areas to build good practice, whilst developing knowledge and confidence. The details of the programme are set out in Appendix 1.

## 2.5 The next steps

2.7.1 To drive practice improvement we need to embed a systematic approach that focusses on the key areas of work. We will do this by applying a focused lens on key areas of practice and provide staff with the opportunity to receive support and apply the learning. We know that our colleagues welcome a “step approach” to building good practice to develop their knowledge and confidence.

2.7.2 The following programme of focused learning will be delivered during the next 6 months.

<b>Month</b>	<b>Area of Practice Improvement</b>
March 2021	<b>Case Recording</b>
April 2021	<b>Case Summary</b>
May 2021	<b>Chronologies</b>
June 2021	<b>Voice of the child</b>
July 2021	<b>Effective working relationships with parents, carers and</b>

	<b>professionals</b>
August 2021	<b>Assessments</b>

2.7.3 Each month will be supported by a range of activities to embed learning for practitioners:

- Weekly bite size learning sent every Monday to all teams. Colleagues will be asked to reflect on the practice issue for that month. This will be done using various mediums such as webinars, videos, podcasts, statements, quotes and activities to promote curiosity and learning. This will be short and snappy with activities being no longer than 10 – 15 minutes.
- The monthly Learning and Practice bulletin will have a practice focus on the area of improvement.
- The Practice Supervisors will lead discussions / reflective sessions in the practice team meeting each month – the material will be provided by the workforce and learning service to promote discussion and explore issues identified by the team. It will also provide a forum to embed the practice standards as well as any relevant practice guides.
- During the month, the Practice Supervisor will complete a reflective discussion with each person in the team on the practice issue for that month This session will involve the Practice Supervisor and the worker looking at case files together, including one the worker has identified which they consider reflects good practice. To prepare for the session, practice supervisors will dip sample 2 – 3 cases prior to the session to identify themes or issues to inform the discussion. This will help to identify any staff that may need additional support; these staff can be prioritised to attend further training.

2.7.4 To embed this approach, the following will happen:

- Monthly Practice Supervisor sessions.
- Practice supervisors having minimum caseloads to complete the required reflective discussions.
- Head of Service/Service Manager dip-sampling on a monthly basis a small sample of cases to measure the impact of activity around the focused area of practice. The impact of this focused activity will also be monitored through the monthly audit activity that will continue as business as usual.

2.7.5 The support and the training offered to managers will mirror the schedule for practitioners and will be led by Service Managers and Heads of Service, supported

by the Learning and Development service:

- Learning sessions led by Service Managers and Heads of Service to ensure that managers have a clear understanding of the practice issue – review of practice standards and practice guides so that they are able to effectively quality assure with professional challenge when standards are not met.
- Reflective conversations – promoting a child centred approach. A series of coaching questions will be provided as examples to promote discussions that enable learning and professional curiosity.
- Dip sampling – promoting improved understanding regarding the quality of work prior to supervision.

2.7.6 At the end of each month, the team managers will provide an appraisal of their team in terms of what has worked well and what the outstanding challenges are so that any further support required can be implemented whilst recognising and sharing any examples of good practice.

2.7.7 Learning and Development service will offer support by providing training and material for each practice issue.

2.7.8 It is expected that this focused approach to learning will support colleagues to develop their understanding of what “good practice” looks like whilst improving the quality of service we provide to our children and young people. The impact of this training will be measured through the formal monthly audit alongside the informal dip sampling and QA processes in each team.

### **3. OTHER CONSIDERATIONS**

3.1 None.

### **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 N/A

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 N/A

### **6. LEGAL APPRAISAL**

6.1 N/A

### **7. OTHER IMPLICATIONS**

#### **7.1 EQUALITY & DIVERSITY**

7.1.1 N/A

## **7.2 SUSTAINABILITY IMPLICATIONS**

7.2.1 N/A

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

7.3.1 N/A

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

7.4.1 N/A

## **7.5 HUMAN RIGHTS ACT**

7.5.1 N/A

## **7.5 TRADE UNION**

7.6.1 N/A

## **7.6 WARD IMPLICATIONS**

7.7.1 N/A

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

7.8.1 N/A

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

7.9.1 N/A

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.10.1 N/A

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 NA

## **9. OPTIONS**

9.1 N/A

## **10. RECOMMENDATIONS**

10.1 The panel are respectfully recommended to note the changes to the QA and Audit team and support the ongoing work to strengthen this service.

**11. APPENDICES**

11.1 Appendix 1 - Case File Audit Tool Social Work Services

**12. BACKGROUND DOCUMENTS**

12.1 None



**Case File Audit Tool Social Work Services**

**1. Audit details**

Auditor Name	
Date audit completed	

**2. Service details**

Allocated Worker	
Team Manager	
Service/Team	
CP Chair/IRO (where applicable)	

**3. Child or young person's information**

ID Number	
Child / Young Persons' Full Name	
Gender	
Age	
DOB	
Ethnicity	
Primary Language	

<b>Child in Need</b> <input type="checkbox"/>	<b>Pathway Plan</b> <input type="checkbox"/>
<b>Child Protection</b> <input type="checkbox"/>	<b>No current Plan</b> <input type="checkbox"/>
<b>Child in Care</b> <input type="checkbox"/>	<b>Closed</b> <input type="checkbox"/>
<b>(To select a plan, click on the box)</b>	

**Disability**

Does the child or young person have a disability?			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Date identified	Nature of Disability	Impact/severity		

**Other Household Members**

Relationship	Name	Age	Gender	Ethnicity	Language

**Non-Household Significant Family Members & People**

Relationship	Name	Age	Gender	Ethnicity	Language

**4. Case overview**

Brief overview of the case to include short history, reason for current involvement and key issues.	
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**5. Audit**

## 5.1 There is timely identification, response and reduction of risk and need

Key standards	Y/N
The contact and referral was managed in a timely way: the right service was offered at the right time (consider the impact of repeat referrals on the child).	
Consent for referral (or dispensation) is recorded. Where consent has been gained, multi-agency information has been used to inform next steps.	
The screening of the referral appropriately identifies risk, considers the history of child or young person and their family and provides a child-focused rationale to support next steps.	
The strengths (as well as the risks) within the child or young person's family and network have been identified.	
The rationale for recommendations and decisions balances strengths and risks and references the threshold document (Continuum of Need).	
There has been timely transfer of the referral to the relevant team for assessment and there is an assessment plan on file.	
Following transfer there is evidence that the child or young person and their family have been informed about what is going to happen next and have been contacted within the 5-day timescale.	
Strategy meetings and S47 are conducted when thresholds are met, and within timescales.	
There is a realistic and effective safety plan in place to address any safeguarding concerns identified. The safety plan identifies roles and actions for everyone in the household (adults and children and young people, victims and perpetrators), as well as social care and partner agencies. If external family members are involved in the safety plan, their capacity to protect is properly assessed.	
The appropriate tools are used to assess risk. Risk assessments are completed without delay, particularly when subjects have been asked to leave the household.	
Periods where the child or young person has gone missing either from Education or Care are clearly recorded and there is a plan of action.	
There is evidence of management oversight with consideration given to escalation when limited progress has been made to manage risk and meet identified needs.	
<b>Outstanding <input type="checkbox"/></b>	<b>Good <input type="checkbox"/></b>
<b>Requires Improvement <input type="checkbox"/></b>	<b>Inadequate <input type="checkbox"/></b>
<b>Comment on the quality of the work: Have all the risks been identified for this child or young person? Does the plan effectively manage the risk? Include brief examples to support your judgment.</b>	

## 5.2 Assessments are timely, comprehensive, analytical and of good quality

Key standards	Y/N
The child or young person has an up to date assessment that accurately reflects their unique lived experience. They have been interviewed/observed throughout the assessment process and there is a perspective of their worries, wishes and lived experience over time.	
Diversity factors which increase the child's vulnerability are fully explored.	
The assessment analyses risks, needs, and protective factors, with the difference between historical concerns (static risk factors) and current concerns (dynamic risk factors) set out clearly.	
There is an analysis of parental ability to meet the child or young person's individual needs both now and in the future. The capacity of parents/ carers to change and sustain changes is assessed and support networks are fully explored.	

Statements by family members are backed up by independent evidence, such as triangulating information with partner agencies, discussions with children and young people, or social worker observation. The assessment demonstrates professional curiosity.			
The perspective of ALL the family/household members is evident in the assessment, not just that of the primary carer.			
All key professional partners are identified and their views recorded.			
The assessment has been completed within an appropriate timeframe, given the risks and needs of the child or young person. For assessments that have taken more than 10 days, there is management rationale for the extension and an assessment plan recorded on the file.			
Assessment tools, professional knowledge and research are used to understand the child or young person's situation and evidence harm and need.			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of the work: Does the assessment fully analyse the concerns identified in the referral and on the case file? Are the recommendations appropriate? Include brief examples to support your judgment.</b>			

### 5.3 Plans and reviews drive progress towards positive outcomes.

Key standards			Y/N
It is clear from the plan what needs to change, by who, by when and what are the consequences if the plan does not progress. (Plans are SMART).			
Over time, plans evolve and are regularly updated following review. They successfully reduce levels of risk and need and they are sensitive to the child or young person's timescales.			
<b>Reviews</b> evaluate progress against outcomes and actions from the plan, identifying who was responsible and what progress has been made. There is evidence of robust scrutiny and challenge.			
Reviews are timely, and minutes and updated plans are distributed to the family and partner agencies within <b>10 working days</b> of the meeting taking place.			
Steps are taken to ensure children, young people and their families are able to effectively participate in reviews and planning meetings (including parents who do not live in the child or young person's household).			
Where concerns are escalating or the plan is not progressing, decisive action is taken.			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of the work: Is it the right plan? Are you able to see progress for the child or young person? Include brief examples to support your judgment.</b>			

#### 5.4 Children and young people's voices and lived experience are at the centre of everything we do.

Key standards				Y/N
The child or young person's lived experience is explicitly stated in case notes, assessments and reports.				
The quality of the child or young person's relationships with parents/carers, family members and friends is understood. Their need for effective and stable caring relationships informs planning for permanence.				
Where the child or young person lives apart from significant family members/carers and friends, steps are taken to ensure family time is maintained, where this is in their best interests.				
The child or young person has positive relationships with their key workers in Children's Social Care and partner agencies.				
The child or young person is visited regularly (according to need/risk and in line with the practice standards); seen alone or observed in detail. There is evidence of meaningful engagement.				
Special provision is in place to support the child or young person if they have communication difficulties or require interpreters in order that they can speak to their keyworker directly.				
Direct work takes place in a confidential setting (outside the home if appropriate) and the work informs assessments, plans and reviews. Relevant direct work tools and resources, appropriate to age and understanding, are used and saved on the file.				
The child or young person's opinion and preferences are evident in assessments and plans, and when we are unable to support their preferences, there is rationale and evidence that this has been explained to them.				
Feedback on progress and outcomes is regularly sought from the child or young person.				
The child or young person is aware of their rights and has been advised of advocacy and complaints processes.				
<b>Outstanding</b> <input type="checkbox"/>		<b>Good</b> <input type="checkbox"/>		<b>Requires Improvement</b> <input type="checkbox"/>
				<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of the work: Based on the case file records, do you feel you know about this child or young person and what it feels like for them to live in this family? Are they being listened to? Include brief examples to support your judgment.</b>				

#### 5.5 Families are appropriately engaged in the work

Key standards				Y/N
Parents/carers understand what the concerns are, and their contribution to assessments and plans is documented.				
The view and roles of non-resident parents, siblings, other adult household members, extended family and significant others are clear. The child or young person's wider family and community network has been fully explored and opportunities for support maximised.				
There is evidence that the key worker has developed a relationship with parents/carers. Where the relationship is challenging there is evidence of discussions to address this.				
Written consent to share information with partner professionals is recorded on file.				
Any work completed with parents/carers by Children's Social Care or professional partners is reviewed to assess effectiveness.				
<b>Outstanding</b> <input type="checkbox"/>		<b>Good</b> <input type="checkbox"/>		<b>Requires Improvement</b> <input type="checkbox"/>
				<b>Inadequate</b> <input type="checkbox"/>

**Comment on the quality of the work: Are the family successfully engaged? Is there evidence of change? Include brief examples to support your judgment.**

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**5.6 Partner professionals around the family work collaboratively to improve children and young people’s lives**

Key standards	Y/N		
The right agencies are working with the family: the child or young person is successfully accessing universal and specialist services to ensure their needs are met.			
PEPS and EHCPs are reviewed within timescales.			
Key professionals are active partners in the plan: attending conferences and meetings; compiling reports; completing tasks allocated to them; and this is improving the experience and sustaining progress for the child or young person.			
There is evidence throughout the case file of effective collaboration, information sharing and appropriate challenge between agencies.			
Concerns by partner agencies have been addressed and feedback provided.			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of the partnership work. Include brief examples to support your judgment.</b>			

**5.7 Management oversight ensures decision making is effective, proportionate and timely, and standards of work are good.**

Key standards	Y/N
Supervisions are held within policy timescales. Actions are SMART and tracked.	
Supervisions include reflection, analysis and case discussion. The voice and lived experience of the child or young person is evident in the discussion.	
Management scrutiny and challenge is effective in ensuring tasks are completed to the required standard.	
There is consultation with line managers at appropriate points and senior manager footprint, Legal Gateway decision making etc., is evident on file.	
Case decisions include clear rationale recorded on the file.	
Care planning is evident to support permanency.	
Supervision and management oversight is effective in preventing drift.	
Actions in response to challenge from Safeguarding & Review, Court Work Team and from audit are completed and recorded on the file. There is evidence of escalation where required.	

There is clear rationale recorded for case closure. Managers have ensured all tasks have been completed and files are up to date.			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of supervision and management oversight: is there evidence of management grip? Include brief examples to support your judgment.</b>			

### 5.8 Case records are correct and up to date

<b>Key standards</b>	<b>Y/N</b>		
All the child or young person's basic personal and legal details including ethnicity, language, religion, nationality and disability are completed on the case record.			
The case file reflects the current household and important family members/significant others, especially people with PR, and contact details, risks, etc., are up to date.			
Case records are timely, succinct, grammatically correct, checked for spelling, jargon free and any abbreviations are explained. They are completed in accordance with the guidance and record all activity.			
The case notes link to and clearly advance the plan of work with the child or young person and their family			
The genogram is comprehensive ( at least 3 generations) and up to date.			
The case summary is personalised, up to date and is completed in the correct format allowing the child or young person's current situation to be understood quickly.			
The chronology is up to date and enables the reader to understand how the child or young person's journey impacts on them			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Comment on the quality of the case recording: is relevant information easy to find? Does the case record allow an understanding of the child or young person's journey? Include brief examples to support your judgment.</b>			

### 5.9 Impact: how have we made a difference to the child or young person's life?

<b>Key standards</b>	<b>Y/N</b>
The child or young person is safer and receiving better care as a result of Children's Social Care intervention.	
Whether at home or in an alternative placement, the child or young person is appropriately placed according to their assessed needs.	
Progress has been made towards the child or young person's permanence plan and this is being achieved without delay.	

The child or young person's long term outcomes have improved. They have the potential to be more resilient, socially included, less vulnerable and more likely to achieve in education.			
Life work is taking place to enable the child or young person to understand their journey.			
<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
<b>Give brief examples of the improvements in the child's life that have been made as a result of Children's Social Care intervention.</b>			

## 6. Overall Judgement

### Overall Grade

Please consider the grades you have given each section to inform your decision.

<b>Outstanding</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Requires Improvement</b> <input type="checkbox"/>	<b>Inadequate</b> <input type="checkbox"/>
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### Reasons for grading

<b>Summary</b>	
Give details of good practice that the worker has demonstrated	
Give details of any identified learning	
<b>List any immediate actions required in order to ensure that the child or young person is safeguarded.</b>	
Key worker's reflections on the case file <b>and</b> the audit outcome.	

## 7. SMART Recommendations -Specific, Measurable, Achievable, Relevant, Timely

<b>What</b> Outcome to be achieved for the child or young person	<b>How</b> SMART actions require to achieve the outcome	<b>Who</b> Who is to carry out the action?	<b>When</b> Deadline for completion
1.			
2.			
3.			
4.			
5.			
6.			

Any identified organisational and system learning points

What	How	Who	When

**8. Sharing the audit**

Date audit sent to Team Manager	
Date sent to Service Manager	
Date audit sent to Child Protection Co-ordinator/Independent Reviewing Officer (where allocated)	

**Other parties:**

Name	Role	When



## **Report of the Director of Children's Services to the meeting of the Children's Overview and Scrutiny to be held on Wednesday 11th March 2021**

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**AZ**

### **Subject:**

**YOUNG CARERS**

### **Summary statement:**

This report provides a requested update on the Scrutiny Committee recommendations made on 2nd September 2020, which were due on 6<sup>th</sup> January 2021 but deferred until 11th March 2021.

- (a) The success rate in getting Young Carers back to school following the Covid restrictions.
- (b) The success of the re-launch of the E-learning system.
- (c) The numbers of children who have become Young Carers as a result of COVID19 and how they are being supported.

The Young Carers Service is a commissioned service which meets the Council's statutory duty to provide an assessment for Young Carers, as well as providing other resources following assessment.

### **EQUALITY & DIVERSITY:**

Equality assessments – none.

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Mark Douglas  
Strategic Director  
Department of Children's Services

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### **Portfolio:**

**Children and Families**

### **Overview & Scrutiny Area:**

**Children's Services**

## 1. SUMMARY

- 1.1 The Young Carers Service is a jointly commissioned service with the CCG's which meets the Council's statutory duty to provide an assessment for Young Carers, as well as providing other resources following assessment.
- 1.2 **(a)** The success rate in getting young carers back into school has been good the Young Carers Service haven't had any families who haven't gone back into school, although some needed more support than other. The service is currently supporting approx. 70 young carers with the concerns they have about being in school. These are mostly about transferring the virus to loved ones at home or whilst they are in school worrying about their loved ones at home and how they are managing.
- 1.3 The service has had 50% more calls to adults than usual, this has been to reassure adults about the fears they have had about the virus and children going to school and the impact their worries were having on the children.
- 1.4 The service have not had to escalate any children for safeguarding reasons, they have continued to work with children who are already known to children's social care and this demand hasn't increased.
- 1.5 **(b)** The e learning is still struggling for staff across the District to find time to complete this. During April and May when schools closed there was a slight increase. The current licence ran out at the end of the year and we only had 89 out of 200 places taken up.
- 1.6 We had put the links to the e-learning on Bradford Schools On Line and circulated to Early Help and VCS staff on 5<sup>th</sup> November and we were hopeful that this would have generated an increase from 60. This approach seems to have been productive but only a further 29 people took up the training.**(more detail in 3.3)**
- 1.7 The service may buy another 200 licences for £2,500, however the lack of engagement does raise the question of the value of e learning, as many people agree to the concept and the thought of an e learning package generates interest and a good response when mentioned but people don't seem to then find the time to complete this. Carers Resource have been exploring other ways of informing people i.e. they recently delivered a bespoke training to 180 teacher training students which seems a far more effective way of engaging with people. We will continue to explore this with Carers Resource and look for other forums to deliver this. before we ask them to buy the licence. On line seminars have become more popular since covid.
- 1.8 **(c)** There hasn't been a significant Increase in the number of young carers because of covid 19. This is probably because statistically the evidence states Carers of any type, including Young Carers tend to be carers for a long time before they realise they have become young carers. There have been 53 new referrals in each Quarter since January 2020 so referrals remain static.

- 1.9 We also note it would be difficult for young carers to know about the Young Carers Service since March 2020 because usually Carers Resource would reach out to the general public in a variety of forums/ places none of which have been happening since the beginning of Covid.

## 2. BACKGROUND

The Children and Families Act 2014 states that “young carer” means:

‘A person under 18 years of age who carries out caring tasks and assumes a level of responsibility for another person which would normally be carried out by an adult’

This is taken to include children and young people under 18 who provide regular and on-going care to a family member usually because that family member has significant unmet care needs arising from disabilities, mental health needs or substance misuse. That care can involve:

- Emotional support
- Taking responsibility – giving medication, looking after siblings, paying bills
- Physical Care - personal care, helping someone to dress or move around, cooking, cleaning

- 2.2 Summer/autumn/winter 2020 has continued to be challenging. The pandemic has had an impact on young carers nationally, and those in Bradford have had an especially difficult time due to the extra restrictions of local lockdown. Young people are increasingly frustrated by purely online contact as ‘screen fatigue’ crept in.
- 2.3 The service has been able to meet one-to-one with some young carers, doing garden visits or walk and talk sessions in July and August. The service however, is always aware of the vulnerability of a lot of the families they work with, especially those in households with loved ones who have underlying health conditions for whom Covid is especially frightening.
- 2.4 A good way to interact with the young carers throughout covid has been to combine elements of ‘in person’ and ‘virtual’ work by delivering packs of cooking, art or craft equipment to their homes. This has enabled the service to see the families, have doorstep conversations to check how everyone is coping and then follow up with virtual group meetings for young carers to show each other what they have been doing/making while also socialising.
- 2.5 The service continues to offer a range of levels of support – in this quarter the service had contact with 481 young carers (or their parents/guardians). The service had 53 new referrals – processing these has continued to be difficult due to covid as usually the service meets the young carers in their school where they feel comfortable and they can speak freely without fearing they will be overheard by family members.
- 2.6 Some young carers have chosen to wait until the service can see them in school, others have been happy to do the initial assessment by phone, even on their

doorstep. The service has been as flexible as possible while keeping staff and families safe.

- 2.7 The service secured some more funding for July for 10 young carer emergency grants from Carers Trust. A lot was spent on IT equipment such as laptops, tablets and mobile phones along with wifi boosters and data and some went on hobby equipment to help wellbeing. The service had an offer of support from Bradford's Education Department but Carers Resource didn't need any additional IT resources.
- 2.8 Having moved the usual youth clubs online the service have had to keep adapting to keep the young carers interested and engaged. The service has listened to the young carers and changed times of clubs in line with what they requested and are currently running them at 6.30pm after the Young People have had a chance to eat and wind down a bit. The service will continue to monitor and react to feedback since those young carers who do attend the groups find them fun and valuable. Content includes games and conversations about isolation, stress relief and also what activities they can do at home when feeling frustrated.
- 2.9 The service has done a lot of engagement and participation work this quarter, involving Bradford young carers in regional and national programs:
- The radio program on BCB continues, although we have had to record it from people's own homes.
  - West Yorkshire and Harrogate Health Partnership have consulted with our staff and young carers to help develop:
    - a WY&H young carer app. This will include sources of support, ways to contact local services, a young carer cook book amongst other things
    - an awareness raising pack for schools (primary and secondary) including resources for an assembly and a PHSE lesson.
  - Together with the Youth Work Unit – Yorkshire and Humber young carers from Bradford are helping to design the young carer part of a new national resource on loneliness and isolation. The idea was to create a calendar to raise awareness and they will be working with an artist to do that.
- 2.10 When schools reopened in September, the service along with other youth services in the area, found a very mixed response to our offer to come into schools to help support young carers. The staff are going into those schools which are allowing external visitors, subject to risk assessments and all possible precautions. As the first half term has progressed, more schools have become used to the new systems of bubbles etc and are happy to accept visitors when support is needed. As schools have opened and closed the service has responded in the same way, going in when they can.
- 2.11 The service has recruited a new worker in the team for this coming year, funded as part of Youth in Mind +. This worker has enabled the service to cope better with the additional demands for support for 1:1 work which increased due to the pressure

that the pandemic has put on families and schools and the effect this has had on young people's mental health.

- 2.12 Nine months into the pandemic response young carers, along with the rest of society, are finding life challenging and difficult but the service have kept a really good level of contact with the families so they know Carers Resource are there to help when they require support. At the suggestion of a young carer, Carers Resource are introducing a 'Get Help Now' button to their website which will link young carers to 24 hour sources of immediate support should they need them.

### **3. OTHER CONSIDERATIONS**

- 3.1 That the service will continue to be creative and be supported by our other Early Help Services. We have organised joint on line bespoke modules with our Early Help Co-ordinators to look at the role of the Lead Practitioner with the Carer Resource and how they will get additional support for their families as they need it.

- 3.2 We will continue to assess the demands on our Young Carers service over the next 6 months for an increase in referrals given the Covid pressures on families.

#### **3.3 Website/e-learning/social media**

Traffic through the [www.youngcarersresource.org](http://www.youngcarersresource.org) website had increased this quarter with 1,962 views (as opposed to 1,413 in Q2).

Most users came to the site through a search engine and the most common search term was 'Bradford young carers'. People also found the site through the Carers' Resource main site, the Carers UK site and the Bradford Local Offer site.

The most viewed page was that describing the service available in Bradford. The Useful Links page was also well used with users clicking through to Young Minds, Kooth and Young Sibs.

There continued to be take up of the e-learning offer with a total of 89 learners having now taken the course. The breakdown by profession as follows:

BMDC	25
Education	28
VCS	25
Health	3
Police	2
Unknown	6

- 3.4 [The Carers' Resource - Bradford Young Carers](#) Facebook page increased its reach. Now with 119 followers this is proving a useful way to stay in touch with the families, keeping them up to date on the activities run by Carers' Resource as well as distributing useful information from other local and national sources. Recent posts include information about the Bradford Young Carers Book Club Initiative and the No Child Cold Grant Scheme.

### **4. FINANCIAL & RESOURCE APPRAISAL**

The funding resource implications for partners are as follows;

- City of Bradford Metropolitan District Council - £151,236
- Combined Clinical Commissioning Groups - £53,323

The annual contract value will be £204,559 per annum and we have procured for a 3 year contract 2019/20 to 2021/22 with the option to extend by one year and one further year.

There are no options for consideration presented as this is a statutory duty for the Council and its partners and part of the annual programme of work for the scrutiny committee.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The work undertaken by the providers and partners in relation to Young Carers, contributes to the Council priorities by ensuring: Young Carers are safe; that they are supported to achieve the best outcomes they can in relation to their education; and their emotional well-being is monitored with support offered as and when needed.

## **6. LEGAL APPRAISAL**

None

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

None

### **7.2 GREENHOUSE GAS EMISSIONS IMPACTS**

None

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

None

### **7.4 HUMAN RIGHTS ACT**

None.

### **7.5 TRADE UNION**

None

### **7.6 WARD IMPLICATIONS**

The service is District Wide.

**7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS  
(for reports to Area Committees only)**

None

**7.8 IMPLICATIONS FOR CORPORATE PARENTING**

None

**7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None.

**8. NOT FOR PUBLICATION DOCUMENTS**

None.

**9. OPTIONS**

None

**10. RECOMMENDATIONS**

10.1 Overview and Scrutiny to receive this paper for information, note the progress and support continued development in our jointly commissioned service.

10.2 To continue to receive annual reports from the service and that these are scheduled annually for June, to report on a full year of activity.

**11. APPENDICES**

None.

## **12. BACKGROUND DOCUMENTS**

This report provides an update on the needs of Young Carers following the implementation of the Children and Families Act 2014, Care Act 2014. It updates the previous annual reports presented on the 26th July 2016 and 27<sup>th</sup> September 2017 and 13<sup>th</sup> February 2019, 9<sup>th</sup> October 2019, 2<sup>nd</sup> September 2020.



## **Report of the Chair of the Children's Services Overview and Scrutiny Committee to be held on Wednesday 11 March 2021**

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**Subject:**

**BA**

**Children's Services Overview and Scrutiny Committee – Work Programme 2020/21**

**Summary statement:**

**This report includes the Children's Services Overview and Scrutiny Committee work programme for 2020/21.**

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Cllr Mike Gibbons  
Chair – Children's Services Overview and Scrutiny Committee

Report Contact: Mustansir Butt  
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**Portfolio:**

**Children and Families  
Healthy People and Places**

**Overview & Scrutiny Area:**

**Children's Services**

## **1. SUMMARY**

- 1.1 This report includes the Children's Services Overview and Scrutiny Committee work programme for 2020/21, which is attached as appendix 1 to this report.
- 1.2 Also attached as appendix to this report is a list of unscheduled topics for 2020/21.

## **2. BACKGROUND**

- 2.1 The Council constitution requires all Overview and Scrutiny Committees to produce a work programme.

## **3. OTHER CONSIDERATIONS**

- 3.1 The Children's Services Overview and Scrutiny Committee has the responsibility for "the strategies, plans, policies, functions and services directly relevant to the corporate priority about services to children and young people." (Council Constitution, Part 2, 6.3.1).
- 3.2 Best practice published by the Centre for Public Scrutiny suggests that "work programming should be a continuous process". It is important to review work programmes, so that important or urgent issues that arise during the year are able to be scrutinised. Furthermore, at a time of limited resources, it should also be possible to remove areas of work which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by members of the committee throughout the municipal year.
- 3.3 The work programme as agreed by the Committee will form the basis for the Committee's work during the year, but will be amended as issues arise during the year.

## **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 None.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 None.

## **6. LEGAL APPRAISAL**

- 6.2 None.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

Community Cohesion and Equalities related issues are part of the work remit for this Committee.

### **7.2 SUSTAINABILITY IMPLICATIONS**

None.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

None.

### **7.5 HUMAN RIGHTS ACT**

None.

### **7.6 TRADE UNION**

None.

### **7.7 WARD IMPLICATIONS**

Work of this Overview and Scrutiny Committee has ward implications, but this depends on that nature of the topic.

### **7.8 IMPLICATIONS FOR CORPORATE PARENTING**

This will be a key area of work for the Committee.

### **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None.

## **9. OPTIONS**

9.1 The Committee may choose to add to or amend the topics included in the 2020-21 work programme for the committee.

- 9.2 Members may wish to consider any detailed scrutiny reviews that it may wish to conduct.

## **10. RECOMMENDATIONS**

- 10.1 That members consider and comment on the areas of work included in the work programme.
- 10.2 That members consider any detailed scrutiny reviews that they may wish to conduct.

## **11. APPENDICES**

Appendix One – 2020-21 Work Programme for the Children’s Services Overview and Scrutiny Committee.

Appendix Two – Unscheduled Topics.

## **12. BACKGROUND DOCUMENTS**

Council Constitution.  
2019-20 Children’s Services Overview and Scrutiny Committee Work Programme.

# Democratic Services - Overview and Scrutiny

## Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

### Work Programme

Agenda	Description	Report	Comments
<b>Wednesday, 1st July 2020 at Remote Virtual Meeting.</b>			
Report deadline 18/06/20.			
1) COVID19 and how the pandemic has affected Children's Services across the	Verbal disucssion	Mark Douglas/Marium Haque/Irfan Alam/Jenny Cryer.	Discussions with the Children's Services Overview and Scrutiny Chair and Deputy Chair.
2) Resolution Tracking.	Monitoring the progress made against the recommendations of Children's Services Overview and Scrutiny Committee.	Mustansir Butt	Re-scheduled from cancelled meeting on Wednesday 15 April 2020.
3) Draft 2020-21 Children's Services Overview and Scrutiny Work Programme.	Discussing and agreeing the 2020-21 Children's Services Overview & Scrutiny Work Programme.	Mustansir Butt.	
<b>Wednesday, 5th August 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 16/07/20. Report deadline 23/07/20.			
1) Ofsted inspection of LACS - Improvement Plan	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
2) Care Quality Commission review in relation to CAMHS.	The Committee will receive a report detailing the outcome of the Care Quality Commission review in relation children who are looked after and safeguarding.	Mark Douglas/Irfan Alam.	Recommendationl from Corporate parenting on 15 April 2019.
3) Pupil Place Planning.		Emma Hamer/Phil Hayden.	Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

# Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

## Work Programme

<b>Agenda</b>	<b>Description</b>	<b>Report</b>	<b>Comments</b>
<b>Wednesday, 2nd September 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 13/08/20. Report deadline 20/08/20.			
1) Ofsted inspection of LACS - Improvement Plan	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	To also include Ofsted visit letters from October 2019 and February 2020.
2) Young Carers.	Report to focus specifically on the progress being made against key performance indicators and the new model for providing support to young people.	Cath Dew.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019. Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
3) SEND.	Progress against the SEND Action Plan be presented in six months, which also specifically focuses on areas of risk and the approaches being used to address them.	Jane Hall.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 29 January 2020.
4) Schools opening in September 2020.	Detailed information about how and the contingency plans in place that will allow education to take place/continue whether there is/is not a further/extended local lockdown	Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 5 August 2020.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

**Childrens Services O&S Committee**  
Scrutiny Lead: Mustansir Butt tel - 43 2574  
**Work Programme**

<b>Agenda</b>	<b>Description</b>	<b>Report</b>	<b>Comments</b>
<b>Wednesday, 7th October 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 17/09/20. Report deadline 24/09/20.			
1) Ofsted Inpsection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	detailed information on domestic abuse services in relation to Children's Services and the reasons for and actions being taken to reduce sickness absence in Children's Social Care - Children's Services Overview & Scrutiny recommendation from Wednesday 2 September 2020.
2) Re-opening of Schools following COVID19.	That a detailed report be presented to the Committee at its meeting in October 2020, which sets out the use of £1.2m additional funding allocated to support the post COVID19 recovery in schools.	Marium Haque.	Children's Servces Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
<b>Wednesday, 4th November 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 15/10/20. Report deadline 22/10/20.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Marium Haque/Sharon Sanders.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.

## Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

### Work Programme

Agenda	Description	Report	Comments
<b>Wednesday, 4th November 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 15/10/20. Report deadline 22/10/20.			
3) Bradford Safeguarding Children Board - Annual report	The Committee will receive a report monitoring progress of the new contract, including details of action taken to address any issues of	Lawrence Bone/Jane Booth.	Children's Service's Overview & Scrutiny recommendation on 13 December 2019 - to schedule for February 2020. Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
4) Children's and Young Peoples Mental Health.	That a progress report be presented to the Committee at the earliest opportunity that includes the Action Plan developed by the Children and Young People's Mental Health Sub-group and issues of concern raised regarding System One.	Irfan Alam/Sasha Bhatt.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 5 August 2020.
5) Sickness absence and Recruitment in Children's Social Care.		Richard Fawcett/Claire Threapleton	Children's Services Overview & Scrutiny Committee recommendation.
6) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
<b>Wednesday, 2nd December 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 12/11/20. Report deadline 19/11/20.			
1) Appointment of non-voting Co-opted Member, (Dr Samina Karim - University of		Mustansir Butt.	
2) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
3) Education Covid Recovery Improvement Programme.		Marium Haque/Sharon Sanders.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.

## Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

### Work Programme

Agenda	Description	Report	Comments
<b>Wednesday, 2nd December 2020 at Remote Virtual Meeting.</b>			
Chair's briefing 12/11/20. Report deadline 19/11/20.			
4) Family Hubs, Prevention and Early Help Intervention.	That the Committee receives a report in December 2020 and requests the attendance of officers from the Hubs to explain how the Hub Model was working and operating.	Mark Douglas.	Children's Services Overview and Scrutiny recommendation from Wednesday 4 September 2019.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
<b>Wednesday, 6th January 2021 at Remote Virtual Meeting.</b>			
Chair's briefing 10/12/20. Report deadline 17/12/20.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Education Covid Recovery Improvement Programme.		Mariam Haque/Sharon Sanders.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
<b>Wednesday, 3rd February 2021 at Remote Virtual Meeting.</b>			
Chair's briefing 14/01/21. Report deadline 21/01/21.			
1) Child Exploitation.	Further progress to be presented in 12 months, with a focus on the outcomes from the Pilot Projects. For officers to further explore opportunities from Government funding streams to enable service provision in this area and to report.	Mark Douglas/Irfan Alam/Lawrence Bone/Darren Minton/Jane Booth.	

# Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

## Work Programme

Agenda	Description	Report	Comments
<b>Wednesday, 3rd February 2021 at Remote Virtual Meeting.</b>			
Chair's briefing 14/01/21. Report deadline 21/01/21.			
2) Post 16 Education.	Report to focus on: the effectiveness of the approaches being used to encourage Young People to take up apprenticeships, on a ward-by-ward basis: a breakdown of employment figures across the District: The plan to improve level 2 and level 3 attainment:	Matt Findull..	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 29 January 2020.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
<b>Thursday, 11th March 2021 at Remote Virtual Meeting.</b>			
Chair's briefing 25/02/21. Report deadline 26/02/21.			
1) Ofsted inspection of LACS - Improvement Plan.	The Committee will receive a further update report on the work of the Improvement Board, along with the latest version of the "Vital Signs"	Mark Douglas.	
2) Young Carers - Interim Report. Overview &	To include:  success rate in getting Young Carers back to school following the Covid restrictions; (b)The success of the re-launch of the E-learning system; (c) The numbers of children who have become Young Carers	(a)The	Cath Dew. Children's Services  Scrutiny Committee recommendation from Wednesday 2 September 2020.
3) Audit findings relating to the quality of Social Work Practice.		Irfa Alam/Richard Fawcett.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

## Childrens Services O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

### Work Programme

Agenda	Description	Report	Comments
<b>Wednesday, 7th April 2021 at Remote Virtual Meeting.</b> Chair's briefing 18/03/21. Report deadline 25/03/21.			
1) Workforce elements of the Improvement	That Members also agreed to consider in more detail the workforce element of the Improvement Plan, with possibly having discussions with Children's Social Care Staff.	Mark Douglas/Irfan Alam.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
2) Youth Offending Team.		Lisa Brett/Sarah Griffin.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021.
3) Troubled Families Programme.		Chad Thompson.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021.
4) Procurement of Block Contract for Residential placements for Children in Care.		Mark Ryan.	Constitutional requirement.
5) Resolution Tracking.	Monitoring the progress made against the recommendations of Children's Services Overview and Scrutiny Committee.	Mustansir Butt.	

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# Democratic Services - Overview and Scrutiny

## Scrutiny Committees Forward Plan

### Unscheduled Items

#### Childrens Services O&S Committee

Agenda item	Item description	Author	Comments
1	Performance Outturn report	Phil Witcherley.	
2	Schools Forum.	Andrew Redding.	Monthly Electronic briefing to members.
3	Child Friendly City.	Sue Woolmore.	Stuart Smith suggested the report be presented to Children's Services Overview and Scrutiny, rather than the Improvement Board. Need re-scheduling from cancelled meeting on Wednesday 15 April 2020.
4	Informal information gathering sessions relating to the Alternative School Provision Scrutiny Review.	Mustansir Butt.	
4	Children's Services Overview and Scrutiny - Programme of Scrutiny Reviews.	Mustansir Butt.	Children's Services Overview and Scrutiny recommendation from Wednesday 9 October 2019.
	That a programme of Scrutiny Reviews be undertaken across key areas within Children's Services which include: (a) Alternative School Provision, (including Home Schooled Children). (b) Looked after Children. ©Children's Homes. (d)Fostering. €Children's Mental Health. (f)Recruitment and retention of Social Workers. (g)SEND, (Special Educational Needs and Disabilities). (h)YOT, (Youth Offending Team).		
5	School Organisation including school expansion programme, educational capital funding and academy converstaions.	Marium Haque.	Children's Services Overview and Scrutiny recommendation from Wednesday 5 August 2020.

## Childrens Services O&S Committee

Agenda item	Item description	Author	Comments	
6	This Committee requests that the Children's Services Overview & Scrutiny Committee considers aspects of the Impower Contract that relate specifically to Children's Services.	Mark Douglas/Chris Chapman/Parveen Akhtar.	Recommendation from Corporate Overview & Scrutiny Committee on Thursday 23 July 2020.	
7	Young Carers.	That an Annual Report on Young Carers be presented to the Committee in June 2021, which would include the full year activity.	Cath Dew.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
8	Special Educational Needs and Disability Reforms, (SEND).	Jane Hall.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.	
9	Commissioned Services for Children's.	Richard Forsyth/Jenny Cryer.		
10	Opportunity Area.	For the more up-to-date information relating to the Bradford Opportunity Area to be circulated to members within three months. Also for a progress against the programme to be presented to the Committee specifically focusing on outcomes for children, in 12	Kathryn Loftus/Lee Turner.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 15 January 2020.
11	Educational Standards - Early Years to Key Stage 4.	Future reports to contain details of key areas of improvement and actions being taken to continue to address them, focusing on the approaches being taken to improve Bradford Council's ranking in this area.	Marium Haque.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 15 January 2020.
12	Childrens and Young Peoples Mental Health.	That a progress report be presented to the Committee at the earliest opportunity that includes the Action Plan developed by the Children and Young People's Mental Health Sub-group and issues of concern raised regarding System One.	Irfan Alam/Sasha Bhatt.	Children's Services Overview and Scrutiny recommendation from Wednesday 5 August 2020.
13	School organisation including, school expansion programme, education capital funding and academy conversations.	That a report be presented to the Committee in 12 months, which also includes a breakdown of capital and ethnic mix of schools.	Marium Haque.	Children's Services Overview and Scrutiny recommendation from Wednesday 5 August 2020.
14	Impower.	This Committee requests that the Children's Services Overview & Scrutiny Committee considers aspects of the Impower Contract that relate specifically to Children's Services.	Mark Douglas/Joanne Hyde.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.

## Childrens Services O&S Committee

Agenda item	Item description	Author	Comments
15 Yong Carers.	That an Annual Report on Young Carers be presented to the Committee in June 2021, which would include the full year activity. report be presented to the Committee in January 2021, which includes: (a)The success rate in getting Young Carers back to school following the Covid restrictions; (b)The success of the re-launch of the E-learning system; (c)The numbers of children who have become Young Carers as a result of COVID19 and how they are being supported.	That an Interim	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
16 Special Educational Needs and Disability Reforms.	That a further report be presented to the Committee in January 2021also focusing on compliance.	Mark Douglas.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 September 2020.
17 Working together to safeguard children - The Bradford Partnership Annual Report 2019-20.	That a report be presented in 12 months time and in preparation, discussions to take place with officers, the Children's Services Overview and Scrutiny Chair and Deputy Chair to agreed on the key areas to be included in the report at the earliest opportunity.	Mark Douglas.	Children's Services Overview and Scrutiny Committee recommendation from Wednesday 4 November 2020.
18 Social Care Establishment.	That a report on the Social Care Establishment be submitted to this Committee in February 2021.	Irfan Alam.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
19 Raising Attainment Strategy.	That the Raising Attainment Strategy to be presented to this Committee in the New Year.	Marium Haque.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
20 Early Help and Prevention Service.	That the next report to this Committee should include targets and measures of performance, which demonstrate the effectiveness of the Family Hubs, as well as qualitative measures.	Lisa Brett.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 2 December 2020.
21 That the Committee keeps an overview of the Council's plans for remote learning taking place across the District and requests that officers present new information when it is available to the Committee.		Marium Haque/Sharon Sanders.	Children's Services Overview & Scrutiny Committee recommendation from Wednesday 6 January 2021.

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