


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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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