

Bradford Children's Improvement Plan



Our Vision

“DEVELOPING A CHILD FRIENDLY CITY”

- ✚ Our children and young people are the future of Bradford.
- ✚ We are privileged to be the UK's youngest city, and want our 150,000 children and young people to be the driving force behind everything we do.
- ✚ We are committed to developing a Child Friendly City and an environment where all our children and young people can fulfil their potential, have high aspirations for themselves and their neighbourhoods and become adults who help to drive the prosperity of our district.
- ✚ The precondition for this is ensuring that every child, young person and family is safe and healthy.

Foreword

Bradford Council is committed to ensuring that all our children have the best possible start in life. We are proud of the great work that we already do across the district to give every child the opportunity to fulfil their potential. At our recent inspection, Ofsted found that the services we deliver to protect the most vulnerable children and young people are not meeting the high standards the children in the district deserve. We fully accept Ofsted's findings and are committed to a programme of rapid and sustainable improvement.

We have taken immediate action following the inspection to ensure the safety and well being of our children.

Our over-riding priority is to address the areas of improvement that have been highlighted by Ofsted. We are determined to focus on getting the basics right for children. Most importantly, we want to put children, and the quality of their experience, at the centre of what we do. Our aim is to move quickly to a position where our services are good or better for Bradford's children.

The experience and voices of children and young people are central to our improvement journey. Children and young people will have a strong voice in our plan through engagement activities. The test we will set ourselves is "*are our services the best they can be for our children?*"

A shared commitment

Bradford Council, together with its partners, is committed to working together to achieve rapid and sustained improvement in the experience of children and young people who require support, protection and care. We recognise that, whilst the council is accountable for the protection of children, that for all children to be effectively safeguarded, everyone needs to work together. We will only be able to achieve this if we listen to children and put their experiences at the centre of all that we do.

Cllr Susan Hinchcliffe- Leader of Bradford Council

Cllr Adrian Farley- Portfolio Holder for Children and Families

Kersten England – Chief Executive

OUR CHILDREN'S IMPROVEMENT JOURNEY

Bradford's Children's Improvement Journey will be delivered through five key themes as outlined below, that relate to the Ofsted recommendations and Bradford's vision in developing a '*Child Friendly City*' - with the central Theme being the 'Lived Experiences and Voice of the Child'.

1. The "*Lived Experience*" and the Voice of the Child

What do we mean?

Bradford is Britain's youngest city and our services need to be shaped by listening to the voice of our children and young people. This is not just a focus of Children's Services, but everything the council does. We need to find a range of ways to make sure this happens. For vulnerable children who need Social Care intervention, we need to make sure that they get the 'right help at the right time' and are protected from harm. Social Work records and reports must reflect what the world looks like for the child and wherever possible our children must have the chance to form stable and trusting relationships with their Social Worker. Children's lives should improve as a result of timely actions. We must make sure that all children understand their rights including those children who are in our care. We will take a corporate approach, learning from best practice, across the whole authority and with partners to become a 'Child Friendly Status' city.

What does this mean for children?

We will listen to what you say and use this to ensure you get the right help and support to make your life better.

2. Improving the quality of Social Work Practice

What do we mean?

We will strive for Social Work practice in Bradford to be consistently and clearly of a high standard, meeting or exceeding national standards and compliant with guidance. We will also improve the quality of our assessments and plans that will accurately and clearly set out vulnerabilities and what actions are required to improve children's circumstances and reduce risk. We will regularly review all Social Work practice to ensure it remains accurate and purposeful. Children will be seen and their voices will be heard.

What does this mean for children?

You and your family will get help when you need it and we will help you to understand what needs to change to keep you safe and well. If you cannot live at home, we will make sure you get the right support when you need it. If you live with a relative or friend which we call 'Private Fostering', we will make sure that you are safe. If we think things need to change in your family because we are worried about you, we will be really clear with you and your family about what needs to happen.

3. Improving the Front Door and MASH arrangements

What do we mean?

When someone refers a child or young person to us, we will quickly and thoroughly work out what needs to happen to make sure the child is safe. We will fully involve children and their families and seek consent from them to work with us from the start, unless this would increase the risks to the child. All children and young people who have been referred will have their needs and vulnerability accurately assessed and responded to in a timely way. We will respond in an open-minded way with a service that is individually tailored to meet the child and family's needs. Our services will follow all the relevant statutory guidance and legislation.

What does this mean for children?

When you, your family or a professional working with you first asks us for help, we will quickly make sure you get the help and advice you need. We will always involve you and your family in decisions about you, unless it would put you in danger to do so.

4. Improving management oversight and quality assurance

What do we mean?

We will ensure that the service is well led at all levels and there is clear oversight of all children and all aspects of work with children and families. The service leadership will be well informed about all aspects of the service and use this information to take timely action to anticipate and work together to solve problems.

We will continue to work together with partners to create robust and clear plans that improve outcomes for children. All Social Workers will receive regular, high quality reflective supervision and managers will have access to good quality management information to enable them to monitor performance and have a clear oversight about the work their teams carry out on a daily basis.

What does this mean for children?

Services that are there to support you will be well run, regularly checking that work is of the highest standard, open to challenge and ready to adapt quickly when needed.

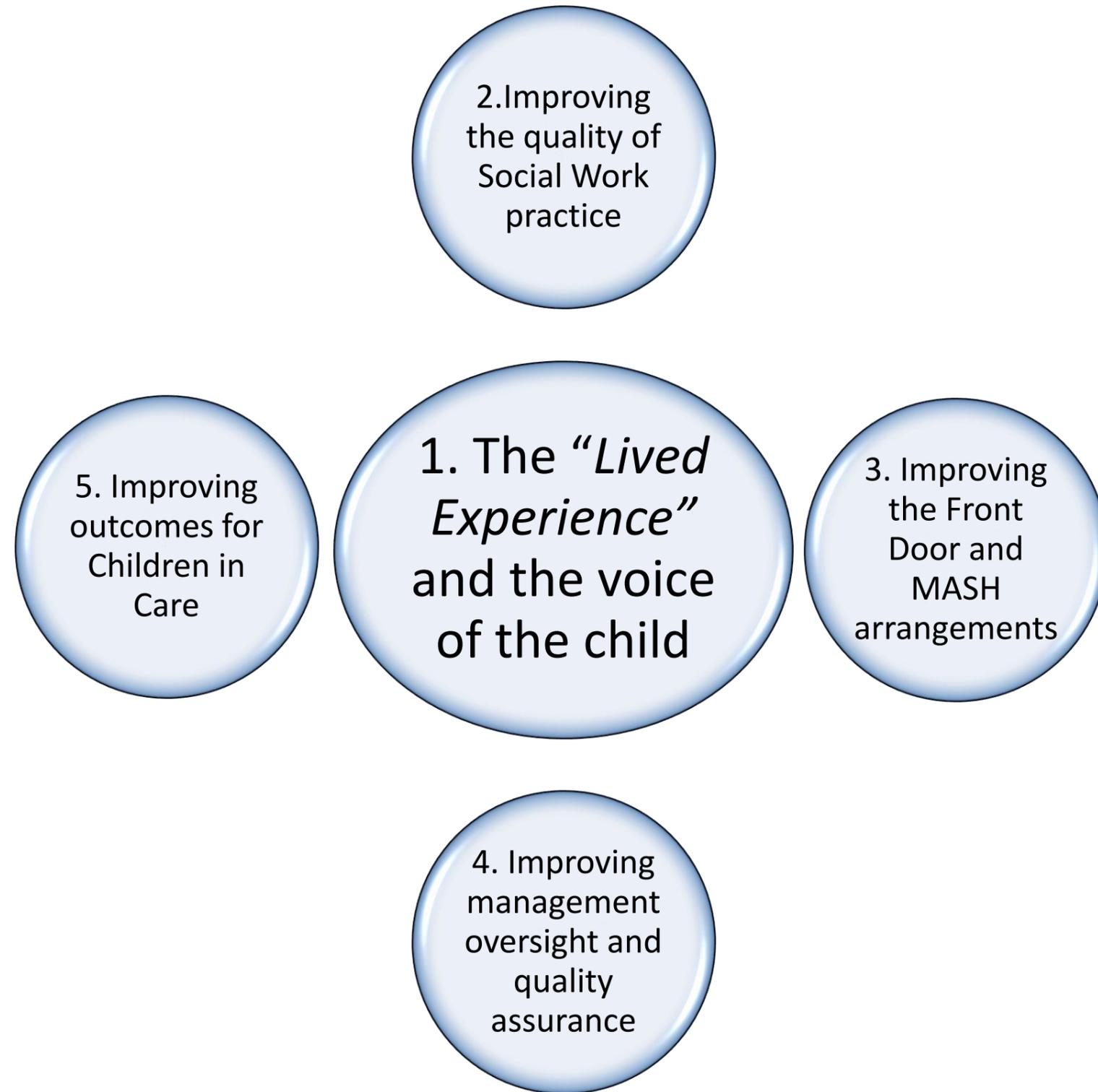
5. Improving outcomes for Children in Care

What do we mean?

The quality and availability of placements for Children Looked After will be sufficient to meet the current and anticipated needs of looked after children. Children will be able to understand their family background and Foster Carers will be well prepared and trained to undertake their role.

What does this mean for children?

If you need to be looked after away from your family, you will be able to stay near home and will be well looked after.



BRADFORD'S PRIORITIES

There are five themes structured under two workstreams; a) **Management & Practice** and b) **Partnerships**. Each workstream will have a Senior Responsible Officer (SRO) who will be held to account on progress and delivery by both the Council and the Bradford Children's Improvement Board. Each action in the plan will have a Lead Officer/s who will be held to account by the relevant SRO (see Appendix A for a list of Lead Officers)

WORK STREAM	PRIORITY	SRO
a) Management and Practice	Theme 1 “The Lived Experience”. Strengthening and developing our working practice with children and young people.	Strategic Director for Children’s Services
	Theme 2: “Improving the quality of Social Work practice”. Consistently identifying, assessing and responding to risk.	
	Theme 4: “Improving management oversight and quality assurance”. Strengthening management grip at all levels.	
	Theme 5: “Improving outcomes for Children in Care”. Developing and retaining sufficient placements, Foster Care training, and timeliness of access to mental health support for vulnerable children/young people.	
b) Partnerships	Theme 3: “Improving the Front door and MASH arrangements” – Strengthening our partnership working through improved development and changes within MASH. Reviewing our Early Help Offer.	Jointly owned with Director Health and Well-being, Strategic Director of Children’s Services & Children’s Trust/BSCB
<i>Cross cutting focus</i>		
Demonstrating a culture of strong partnership working, shared ownership and child centric values.		

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Introduction

The OFSTED inspection of Bradford's Children's Social Care Services took place between 17 and 28 September 2018. The inspection judged overall effectiveness to be inadequate, with poor quality Social Work practice and ineffective screening of contacts within the MASH, resulting in children in need of protection not being consistently identified and not receiving the right help at the right time to meet their needs.

This Improvement Plan for Children's Services has been developed in response to the OFSTED report findings, including 10 specific recommendations, and in recognition of our ambition for the children and young people of Bradford of living in a "Child Friendly City".

Our ambition is to deliver good quality services for children and young people. However, we acknowledge that in order to consistently "get to good", this will be a three to five year journey, requiring wider activity from the council and partners outside the plan.

For this plan to be successful, it will be dependent on a significant cultural change within Children's Services, the wider council and our partners, with a focus on:

- ✚ Creating an open environment where challenge is welcomed and views are respected.
- ✚ Reinvigorating and inspiring our staff to feel passionate about their work they do and the impact/difference this makes.
- ✚ Understanding the lived experiences of the child.
- ✚ Listening to our children, young people, families and ourselves.
- ✚ Developing a culture of performance management that drives improvements for children.

This plan supports our vision for all young people in Bradford, and aspirations described in the council's Corporate Plan.

The RAG table below enables the reader to track progress and offer critical challenge to the improvement journey.

Tasks and/or outcomes have not been met or timescale slipped	RED
Tasks and/or outcomes are on track; milestones met but not completed	AMBER
Tasks and outcomes are completed; performance is on target	GREEN
Task not yet started	GREY
Completed and signed off by the Improvement Board	BLUE

Sitting alongside this plan will be a performance tracker that will enable the Improvement Board to challenge and support progress.

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WORKSTREAM (a) – MANAGEMENT AND PRACTICE

Theme 1 The Lived Experience and the Voice of Children – Strengthening and developing our working practice with children and young people

Senior Responsible Officer (SRO) – Strategic Director of Children’s Services.

No.	Issue (Ofsted Ref)	Inspection recommendations and Additional Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
1.1	AFI 22	Increase the influence of children in care in decision making in Bradford.	1.1.1 Undertake a review with the Children in Care Council (CiCC) to co design a revised CiCC and to make recommendations for more opportunities to participate.	HoS TC&R	Elected Members	July 2019	Strengthened CiCC arrangement in place that evidences increased engagement with children. Positive feedback captured through the Children in Care Council. Survey of CiCC demonstrates increased engagements survey of Children Looked After demonstrates improvements. Baseline April 2019, annual survey from March 2020. % of LAC participating in reviews continues to be at over 91%.		GREY
	AFI29	Insufficient priority is being given to ensuring that the lived experience of the child is at the centre of the service improvements.	1.1.2 Introduce two-way feedbacks and publish, “you said, we did” every term.	HoS TC&R	Build a Girl BSCB partners	March; July; December 2019	The “You Said, We Did” report published 3 times a year evidences improved responses.		GREY
1.2	R 6a	All children to understand the services provided for them by all partners and why we are intervening and providing care.	1.2.1 Work with young people to develop age appropriate information packs and feedback opportunities.	HoS TC&R		June 2019	Information pack received by all children receiving services. Children in care survey shows an increase year on year in proportion of children who answer yes to the usefulness of information packs. Children have a better understanding of why statutory agencies are involved in their lives.	Advert for Participation Apprentice W/C 04-02-19 to work with CiCC. Privacy notice given to all children and young people and families updated summer 2018. A pack is in development for CLA and 16+ CiCC will have oversight. Date for completion 30.6.2019.	AMBER

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No.	Issue (Ofsted Ref)	Inspection recommendations and Additional Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
	AFI 23	All care leavers to have access to key documents.	1.2.2 Embed compliance with practice standards that ensure all care leavers are given this information and have a chance to talk about it.	HoS TC&R		July 2019	Care leaver's evidence through feedback report, satisfaction and can self-advocate. Performance reports show 95% of care leavers have been given their documents.	LCS reconfigured to report gaps on key documents (passport, NI, birth certificates)	AMBER
1.3	AFI 23	Use innovation to capture the voice of our care leavers.	1.3.1 Provide smart phones for all care leavers with Leaving Well App pre-installed.	HoS TC&R	Bradford College	June 2019	Evidence that all Care Leavers have been provided with a smart phone. Target 100% offered and 98% take up. Number and % using smart phones to keep in touch to be agreed with CiCC.	Pilot of 100 with phone and app currently in place with planned roll out of this to all care leavers as a 16 th birthday present from June 2019.	AMBER
			1.3.2 Develop an outcomes framework from Leaving Well application		Leaving Well developers	July 2019	Feedback from annual service helps informs on going service development and needs. Evaluation report considered and further action planned.		GREY
1.4	AFI 29	Maximise the use of Viewpoint to capture children's views and to act on these.	1.4.1 Practice guidance and management guidance leads to increased use of Viewpoint and this is reported regularly to CSMT and DMT every quarter with an action plan.	AD PCP		March 19 – baseline - % increase by March 2020	Quarterly View Point user report presented to CS management teams evidencing increased use of Viewpoint.	Viewpoint report produced quarterly from November 2018. Scheduled on DMT/CMT agenda. IRO are uploading consultation feedback onto LCS form January 2019.	AMBER
1.5	R 4 AFI 16	Ensure that the voice of children and young people is evident and clear in the records for each child.	1.5.1 Review and re-launch Practice Standards in relation to visiting children and recording the child's views. Roll out mandatory training for all staff on the new Practice Standards – capturing the child's voice.	Principal Social Worker	LSCB Training Sub group	March 2019 July 2019	All staff have completed mandatory training of the Practice Standards and have a good understanding of capturing the child's voice within their work.	Practice Standards have been reviewed against the visit schedule and being re-launched by the Principal Social Worker. Practice Standards sent to all new starters from February 2019 prior to starting. E-learning package is in development.	AMBER
			1.5.2 Undertake multi-agency audits to assess effectiveness of training and new Practice Standards around capturing the voice of the child.	AD - PCP	LSCB QA sub group	September 2019	Evidence through Audit reports and feedback from young people demonstrate improved focus on the voice of child.		GREY

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No.	Issue (Ofsted Ref)	Inspection recommendations and Additional Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
1.6	AFI 29	Improve and embed the Corporate Parenting commitment across the council.	1.6.1 All departments asked to provide a Corporate Parenting Plan and report this through the Corporate Parenting Committee.	HoS TC&R	Corporate and nominated agency partners	April 2019	Effective and fully functioning integrated Corporate Parenting board in place. 6 meetings per year held. Training has been completed. Corporate Parenting Plan has been developed and approved as measured by number of participants.	Elected Member handbook on corporate parenting has been reviewed and refreshed. Regulation 44 training delivered in November 2018 to elected members. Corporate Parenting training to the Corporate Parenting Committee to be delivered on 12 March in conjunction with the LGA.	AMBER
			1.6.2 In conjunction with the Children in Care Council, review and develop the Corporate Parenting committee focussing on structure, functions, responsibilities and training for board members.	HoS TC&R	Corporate and nominated agency partners	September 2019	Monitoring reports to Overview and Scrutiny evidence Council are fully meeting their statutory duties for children in care.		GREY
1.7	R6a	Improve the Council's response to 16 & 17 year olds who present as homeless.	1.7.1 Social Worker led team in place to assess needs of young people presenting as homeless.	DD CSC TC&R	Youth Homeless Team	April 2019	Audit sampling. Feedback from young people evidences improved experience. % of care leavers in suitable accommodation at 87% or above.	Social Worker in place in the Youth Homeless Team from October 2018 In service audits are commencing February 2019.	AMBER
			1.7.2 Develop clear information for young people on their rights as homeless young people and ensure these are shared and understood.	DD CSC HoS TC&R	Youth Homeless Team	April 2019	Young People's Guide published and accessible to young people.		GREY
			1.7.3 New management arrangement in the Youth Homelessness team in place to oversee this work.	DD CSC & HOS T & A HoS TC&R	Youth Homeless Team	January 2019	Improved responses to assessed needs shown through audit reports	Team Manager in place from November 2018	GREEN
			1.7.4 Enhanced case file audit programme in the Youth Homeless Team.	AD PCP	Youth Homeless Team	April 2019	Audit report shows improved performance.	Audit to commence in February 2019.	GREY
			1.7.5 Explore linking in Youth Homelessness with the Front Door to Social Care.	DD CSC & HOS MASH	Youth Homeless Team	May 2019			GREY

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Engaging with all children in Bradford									
No.	Issue (Ofsted Ref)	Inspection recommendations and Additional Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
1.8		Children's Plan: Improve engagement across the system in listening to the voice of children and young people in order to become a 'Child Friendly City'.	1.8.1 Develop a whole council, whole system approach-co produced with children and young people.	CEO	All council departments	July 2019 onwards	Strategy in place with SMART objectives.		GREY
1.9		Refresh the work of the Children's Trust.	1.9.1 The Children's Trust is focussed on improving evidence of listening to children and young people.	Chair of Children's Trust	BSCB	April 2019 onwards	Children's Trust actions achieved, evidenced in feedback from audits and "you said we did".		GREY
1.10	AFI 29	Improvements in Children's Services are informed by and respond to the voices of children.	1.10.1 Grant to enable suitable provider to engage children and young people in the development of the improvement programme.	AD PCP	Build A Girl	January 2019	Reporting from the contract and the group.	VCS organisation appointed project plan developed with young people by 31.3.2019.	AMBER
<p>How will we know that Children's Outcomes have improved?</p> <ul style="list-style-type: none"> ✓ More children telling us through case file notes, reviews, events and surveys that their outcomes have improved. ✓ More children participating in key decisions that affect them so they can tell us how their lives are better – direct and indirect feedback. 					<p>What will this look like?</p> <ul style="list-style-type: none"> ✓ The voice of the child is represented and documented in case files. ✓ Children know their rights and are empowered to tell us what matters to them. ✓ Children and young people are supported to contribute to or attend their reviews. ✓ Care and support plans reflect the identified needs and wishes of each child. ✓ Children in care (and all children in Bradford) feel they have more say in how the council and services are run. ✓ Clear processes are in place using a range of methods to make sure young people's voices are routinely heard. 				

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WORKSTREAM (a) – MANAGEMENT AND PRACTICE
Theme 2 Improving the quality of Social Work Practice – Consistently identifying, assessing and responding to risk

Senior Responsible Officer (SRO) – Strategic Director of Children’s Services - Gladys Rhodes White

No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
Good Quality Assessments and plans									
2.1	R 4	Improve the quality of assessments, plans and their implementation.	2.1.1 Undertake a review of assessment and plans and report the findings to agree corrective action	AD PCP		March 2019	Review completed, corrective action plan developed alongside revised practice standards document. Improved compliance with expectations evidenced through performance data and audit findings. Number of Inadequate audits reduced to 10% by July 2019, 5% by December 2019. Percentage of Good and Outstanding increased to 50% by July, 75% by December 2019. measured through assessment rate of 90% assessments completed within 45 days.	Task & Finish group set up led by HoS (SW), includes BSCB L & D training lead have met twice and reviewed current Assessment processes, practice model, documentation, recording on LCS Recommendations to be made to changes to current practice and documentation to BSCB PMAE group, LCS User Group and IEG (February) Recommendations will be actioned by the Head of QA and Safeguarding.	AMBER
			2.1.2 Enhanced audit activity to review assessments and plans and support and challenge staff.	AD PCP		March 2019	Improved compliance with expectations evidenced through performance data and audit findings	Audit of assessment work May 2019 to test difference made to practice and outcomes for children and consistency across Social Work teams.	AMBER
			2.1.3 Provide training for front-line Social Workers on preparing good plans.	PS		May 2019	Evaluation of learning programme demonstrates increased knowledge and skills. Improved compliance with expectations evidenced through	Programme in place. Programme evaluation in March 2019 Audit programme and PI data reviewed monthly. Social Workers will be provided with one minute guides to writing good plans and will have access to exemplar. Lunch and Learn sessions will	AMBER

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							performance data and audit findings.	incorporate how to prepare good plans for CIN, CP CLA. 100% of staff completing a Training Needs survey. Training needs survey demonstrates all staff engaging in CPD in a 12 month period.	
			2.1.4 <i>Lunch and Learn Back to Basics</i> sessions on specific subjects, sharing best practice /what works.	PS		September 2019	Improved compliance with expectations evidenced through performance data and audit findings.	These sessions started in January 2019, with a comprehensive plan over 12 months, covering all aspects of the core business. Success and the impact of this will be evidenced through data and audit.	AMBER
			2.1.5 Review business processes in LCS to ensure that these facilitate good planning.	DD CSC PS	Liquid Logic	April 2019	IGE action log; LCS changes made.	Review has started. Additional capacity brought in to drive improvements in LCS.	AMBER
2.2		Improving and strengthening CIN arrangements and ensure that effective plans are in place.	2.2.1 Review CIN processes and produce revised practice standards and performance framework.	DD CSC PS		March 2019	Actions taken leading to consistently good performance and improved outcomes for children. Evidenced through audit reporting and a review performance data to agree targets.	Review of Child in Need process completed (within CSC) by a Task Group led by Service Manager (MP). Recommended tightening timescales to bring more focus to the work and more timely review. Process is being shared with BSCB for consideration by partner agencies through PMAE sub group. Lunch and Learn sessions to remind Social Workers of practice standards for CIN and revised timescales and review process held on 29/01/19 and will be repeated early March. Training for Team Managers planned for 19/02/19.	AMBER
2.3	R5	Improve all aspects of multi-agency child protection work.	2.3.1 Review and embed the use of Signs of Safety within Child Protection planning ensuring that plans are SMART.	AD PCP	BSCB nominated partners (TBC)	March 2019	Impact review shows that SoS is used consistently.	Initial review of plans held with partners. Head of QA & Safeguarding to review plans and implement CPD.	AMBER
	AF17	Improve outcomes for Children on Child Protection Plans – avoiding drift and ensuring that the plan leads to improvement in the child's circumstances.	2.3.2 Undertake CPD with Child Protection Chairs and Team Managers in relation to good planning and escalation responsibilities.	AD PCP	BSCB	September 2019	Training completed leading to consistent approach to escalation evidenced through performance data.	This has been scheduled to start following the appointment of the new HoS.	GREY

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			2.3.3 Review CP Challenge to include time bound escalation and regular reporting to the Performance Group on issues.	AD PCP DD CSC	BSCB nominated partners	April 2019	Revised guidance in place; Monthly review of escalations shows a consistent approach.	Escalation process reviewed in December 2019 and refreshed with teams. Manual tracking in place February 2019. review of automated escalation July 2019.	AMBER
			2.3.4 Practice Standards are readily accessible to all Social Workers and Managers.	AD PCP & DD CSC	BSCB nominated partners	April 2019	Compliance with standards.	Practice Standards were revised in October 2018 and are available on a shared drive. They were also sent to all staff (October 2018). PSW will ensure all new starters get a copy as part of their induction. Practice Standards will be reviewed in April 2019 following review of our assessment, planning and review work and any changes incorporated.	AMBER
			2.3.5 Review of the 10 cases from audit where auditors expressed concern SD to review with Team Managers and CP Chairs.	DD CSC HOS – L		April 2019	Review undertaken; Corrective action to address findings are reflected in revised procedures showing increased compliance with audit actions.	Audit completed. Corrective actions completed. SD review with service pending.	AMBER
			2.3.6 Review Child Protection Conferences (including use of SoS) model within CP Plans and Core Group functions.	AD PCP	BSCB Nominated partners	January 2019 September 2019	Review completed; Audit reports show processes to be effective progressive improvement in rolling target of % ICPV held within 15 days. In month target of 90% or above achieved.	Review of process has started.	AMBER
			2.3.7 Review of all cases of CP over 2 years and report to Senior Managers with case level action for TMs.	DD CSC		Feb 2019 Feb 2020	Review report. Fewer children on plan for over 2 years.	Review to commence February with QA team assisting.	AMBER
			2.3.8. Process implemented for TMs to review all children subject to CP Plans at 12 months, to ensure children progress is timely.	DD CSC		Pilot January – March 2019 Then review	Pilot findings reviewed and guidance in place. Fewer children on plans for over 2 years.	Pilot in place until March 2019.	AMBER
			2.3.9 Introduce 18 month review and audit by CP Chairs.	AD PCP		June 2019	New process in place		GREY

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	R 6a	Improve oversight and monitoring of allegations against professionals.	2.3.10 Research best practice, and implement an enhanced system for tracking allegations. Management referrals to demonstrate enhanced oversight of the work.	AD PCP		April 2019	Upgrade in LCS to manage allegations effectively. Reports improved. Performance report developed to give LADO metrics on a monthly basis.	LADO module to LCS purchased with 'go live' date of 01/04/19.	AMBER
2.4	AFI 7	Improving social work practice. Resources and reducing caseloads.	2.4.1. See management actions. 4.1 -4.5	DD CSC					AMBER
			2.4.2 Develop smarter systems to support Social Workers recording allowing more focus on time spent with children.	AD OCX		June 2019	LCS more user friendly; Social workers report less time spent on LCS.	Review of LCS has started. Health check undertaken by Liquid Logic. Actions to be reported April 2019.	AMBER
2.5	R 10	Improving the quality of supervision.	2.5.1 Develop the Practice Supervisor role to support best practice (training/mentoring).	DD CSC		June 2019	Improved audit outcomes	Review of the PS role being undertaken currently with a view to reducing the number of Social Workers to supervise. Advert for more PS roles to support the Assessment Teams is currently being processed.	AMBER
			2.5.2 Audit supervision and feedback learning. Revisit to test for impact.	DD CSC		July 2019	Audit report shows compliance and quality improved.	Audit supervision scheduled for March 2019.	GREY
			2.5.3. Provide training on reflective supervision.	DD CSC		May 2019	Training delivered.	Trainer commissioned to provide training to Practice Supervisors and Team Managers to focus on good quality supervision including reflective supervision.	AMBER
			2.5.4 Revise practice guidance for managers.	DD CSC		Dec 2018 September 2019	Revised guidance published; Supervision audit report shows compliance and quality improved.	Practice Standards for Managers are incorporated in the Practice Standards but a stand-alone document is also being written by the PSW.	AMBER
			2.5.5. Improve Managers' induction programme and ensure completion by all new Managers.	DD CSC		April 2019	Workforce reports show all Managers complete induction programme.	Leadership Development Programme for all Team Managers (mandatory attendance one half day session per month) started on 23 January 2019. Programme developed in partnership with Bradford University and Bradford College.	AMBER
2.6	AFI 8	Ensuring clarity and timeliness for families in PLO and pre-proceedings work.	2.6.1 Review all cases in PLO and take immediate action to address issues of drift and delay. Maintain improved performance.	DD CSC		January 2019	Reduced average time in PLO More timely progression of legal process through	Up to date tracker in place which has ensured that there is a clear narrative for any case exceeding four months in PLO by December 2018. These are monitored in a time	GREEN

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							robust case handover. Legal Gateway Panel minutes.	specific way to ensure decisions are made timely.	
			2.6.2 Put in place a revised tracker. The Service Manager for Proceedings and the Head of Social Work to review this on a regular basis to ensure no drift and delay.	DD CSC		January 2019	Tracker in place. Regularly reviewed and showing evidence of timely actions.	New process for monthly tracker meetings in each of the localities in place which will ensure evidence of timely actions and review of progress during PLO. January 2019 there are six children subject to PLO which exceed four months and each with specific rationale which is evidenced for the timescale involved.	GREEN
			2.6.3 Implement Legal Workspace on LCS to provide better processes and reporting.	AD PCP		April 2019	Legal workspace in place resulting in improved performance and reporting.	Legal Workspace is now live and is being populated with all new PLO cases. A report for Power Bi is being developed and will be ready with meaningful performance data by April 2019.	AMBER
			2.6.4 Provide briefing for all managers on PLO expectations.	DD CSC		February 2019	Briefing delivered and attended by all relevant managers	Two lunch and learn sessions to take place during February to reinforce the good quality practice required during this process. Child and Family Team Managers to be briefed at a meeting February 2019	AMBER
2.7	AFI 7&8	Reduce drift and delay in planning for Children subject to plans and improving the use and effectiveness of the Public Law Outline (PLO)	2.7.1 Secure additional resources to deal with the current delays. Revise practice guidance.	DD CSC		February 2019 Link to audit plan timeframe	Revised practice guidance in place Audit shows an improving trend in timeliness and effectiveness of use of PLO.		GREY
			2.7.2 Formalise the role of Legal Gateway Panel in step down from PLO as well as step up.	DD CSC		February 2019	Revised ToR for Legal Gateway Panel (LGP) leads to timely actions.	Terms of reference agreed December 2018 reflects new process of step down at LGP and this ensures consistency of decision making.	GREEN
2.8	R 6a	Improve response to children in Private Fostering.	2.8.1. Review the Private Fostering Policy and practice guidance; working with partners to ensure that each agency has an action plan to promote awareness within their	DD CSC Link to BSCB		July 2019	Revised multi-agency policy in place. Increased notification of private fostering arrangements.	The policy and guidance is being reviewed. The Practice standards have been agreed; the guidance for workers is available in LCS. (January 2019) one minute guide in development	AMBER

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			organisation. Link to BSCB actions.				Multi-agency reporting of private fostering increased.	and lunch and learn session for practitioners with a separate session for team managers. Links with BSCB will ensure that partner agencies are aware of how to refer in a PF referral and what constitutes a PF placement. Private Fostering report to BSCB December 2018.	
Creating the operating environment									
2.9		Reduce delays in achieving permanence for children.	2.9.1 More specialist legal advisors to enable timely legal advice and support.	CS		December 2019	Timeframes for permanence planning improve	Additional Legal Advisor in place from December 2018	AMBER
2.10		Improve all aspects of workforce development and performance management.	2.10.1 HR support including dedicated HR business partner for 6 months to support transformation programme.	DHR		July 2019	Evidence of overall improved performance/staff survey feedback	Business case submitted January 2019	AMBER
2.11		Maximise efficiency through mobile working, use of tablets and other devices.	2.11.1 IT support. Consultant to support transformation of LCS functionality to support good social work practice and management.	AD – T		March 2019	Evidence of overall improved performance/staff survey feedback	SW have been issued with tablets.	AMBER

<p>How will we know that Children’s Outcomes have improved?</p> <ul style="list-style-type: none"> ✓ Children and young people will tell us that they feel safe and things are better for them as a result of our interventions. 	<p>What will this look like?</p> <p>Children who need to come into care do so at the right time/</p> <ul style="list-style-type: none"> ✓ Managers will be confident in having oversight of cases and driving improvement in their area/ ✓ Audit will evidence improved quality of casework. ✓ Social Workers will stay in Bradford for longer and we will have more experienced workers to balance the numbers of newly qualified staff. ✓ We will prioritise stability of social worker for our children and changes will be minimised. Where changes of workers have to happen the transition will be managed with children. ✓ Managers will be able to speak confidently about performance in their area and there will be evidence of support and challenge improving practice. ✓ Reflective supervision will be happening and there will be evidence that this stretches social workers and helps to improve practice and keep children safe
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WORKSTREAM (a) – MANAGEMENT AND PRACTICE
Theme 4 – “Improving management oversight and quality assurance” – Strengthening Management grip at all levels.

Senior Responsible Officer (SRO) – Strategic Director Children’s Services – Gladys Rhodes White

No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
Workforce stabilisation, workable caseloads, supervision and efficiency									
4.1	R 10 AFI 26; 30 & 32	Improve and develop workforce stabilisation and supervision.	4.1.1 Implement an improved recruitment and retention strategy. Including re-grading of Social Work Job Descriptions	DHR DD CSC		April 2019	Staff turnover has reduced to below national average of 15%. Re grading uplift approved, higher retention of experienced Social Workers achieved. Workforce strategy implemented. % of vacancies % or permanent staff in post	SW job descriptions went to Grading Panel on 31/1/19 Rolling recruitment process in place which has been successful in keeping up with vacancies and converting agency posts into Social Work posts. Recruitment and Retention Strategy in place. Retention payments made to SWs January 2019.	AMBER
			4.1.2 Review the process for conducting Exit Interviews to achieve greater take up.	DHR DD CSC		March 2019	86% of exiting employees complete. Analysis of information used to inform retention strategy. Absence data demonstrates a reduction in absence year on year.	PSW has put a strategy in place to ensure a greater take up which has been more successful in the second half of 2018. Social Work Health Check undertaken and reports to the Improvement Board March 2019.	AMBER
			4.1.3 Establish and embed a Team Manager and Practice Supervisor development programme through the ‘Teaching Partnership’.	DD CSC PSW		January 2019	100% attendance by all Managers and Practice Supervisors on the programme. Performance data and audit reporting	TM Development Programme is in place and launched in January 2019 This compliments other management training available via Frontline and Research in Practice.	AMBER

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No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
							evidences good management oversight in all cases.	Programme in development for Practice Supervisors although internal training is offered currently.	
			4.1.4 'First-Line' management course for aspiring leaders will be available to key staff.	DD CSC PSW		September 2019	Quarterly updates report that all first line managers have taken up training and report positively.	Cohort runs twice per year. Four Managers have completed this in 2018 and report it has impacted positively on practice. Four more staff are being supported to attend, starting in Spring 2019 .	AMBER
4.2	R 10	Improve the quality of supervision.	4.2.1 Develop a protocol and timetable for audits of Supervision as part of the QA process.	AD PCP		July 2019	Audits show progress. 100% of supervisions being carried out and recorded.	Supervision audit is now in the audit plan to commence in March 2019.	GREY
Culture of High Support and High Challenge									
			4.3.1 Review caseloads and deliver manageable caseloads	SD CS		June 2019	Performance clinics show caseload numbers of 18 for SWE and 16 for ASYE.	Caseloads monitored weekly show high case loads in some teams. Additional agency SW retained and additional team created. Additional locality service resource agreed and in development.	RED
4.3	AFI 6 AFI 7 AFI 8 AFI 20 AFI 23 AFI27	Strengthen accountability across the service and develop a culture that supports excellent performance, through a combination of robust action planning, formal monitoring and action to ensure consistent compliance	4.3.2 Review governance and accountability framework	SD CS		March 2019	Meeting structure and ToR Feedback from managers and evidence from cases through audit demonstrates effective management oversight number of performance reports prepared and disseminated within period Number of		GREY

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No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
							performance reports accessed .		
			4.3.3 Introduce management standards to ensure clarity of expectation in relation to management accountability.	SD CS		April 2019	Management standards; Review scheme of delegation/ decision making		GREY
			4.3.4 Agree an enhanced approach to managing performance across the service and apply this consistently. Develop a culture of continuous improvement across the service.	SD CS		From May 2019	Monthly reporting on all aspects of workforce management considered and acted on by DMT	Revised performance monitoring in place through team performance clinics. Performance lead recruited (January 2019) to review current data.	AMBER
			4.3.5 HR 'advice/drop in' sessions for managers in relation to managing performance issues.	SD CS		February 2019	Managing performance is more effective as demonstrated through workforce reporting		GREY
4.4		Develop and sustain a positive working culture across the service that improves two way communication between staff and Senior Leadership.	4.4.1 Implement an enhanced staff engagement and communication strategy (see separate strategy for details).including staff survey, video blogs, suggestion boxes.	SD CS		December 2018 On-going through 2019 then review.	Strategy in place; Feedback from staff that they feel valued and listened to.	Communication Strategy in place and agreed December 2018 IB. Video blog produced December 2018, fortnightly I DCS update to staff and partners sent via e mail alert system from January 2019.	AMBER
4.5	R2,4,5, 10 AFI 27	Improve the quality and accessibility of guidance across all areas of practice for Practitioners/ Managers and QA.	4.5.1 Produce 'one minute' guides focusing on <i>back to basics</i> approach describing what Good looks like and compliance expectations.	DD CSC		May 2019	Feedback from staff. Improvement in audited outcomes.	One Minute Guides available to staff to support the back to basics programme from January 2019 and this will be rolled out to cover all aspects of the work by May 2019 .	AMBER
			4.5.2 Make practice standards accessible in all work areas.	DD CSC		March 2019	Spot checks while walking the floor		GREY
			4.5.3 Put in place "themed months" focussing on one area of improvement each month e.g. Life Story Books; Listening and responding to the Voice of the Child.	DD CSC		Starting March 2019		Themed months for <i>lunch and learn</i> sessions have commenced. February is focused on legal processes.	AMBER
			4.5.4 Offer lunch and learn	DD CSC		Starting March	Feedback from	Programme of <i>Lunch and</i>	AMBER

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No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
			sessions on key practice areas			2019	staff that these are helpful and address areas for improvement.	Learn sessions started January 2019.	
Good quality management information supports robust oversight and monitoring									
4.6		<p>Improve accessibility, accuracy, comprehensiveness, and rigour through introduction of effective performance arrangements by the service.</p> <p>Improve the functioning and efficiency of the client records system</p>	4.6.1 Review all performance data sets and reporting schedules; leading to an agreed set of key performance reports.	AD OCEX		June 2019	Easy to access data sets in place for all teams	Data lead recruited and review underway. New reports prepared for the MASH (January 2019) and Team Summary reports (December 2018) .	AMBER
			4.6.2 Ensure appropriate training and support to improve Managers' capacity to analyse data and use this to improve service planning.	AD OCEX		April 2019	Increased use of reporting tools by all Managers 100& managers attend training in 12 month period		GREY
			4.6.3 Put in place performance clinics for all service areas.	DD OCEX		On-going through 2019 then review	Performance clinics are service led and have a positive impact on performance	Performance Clinics in service run by Service Managers from November 2018	AMBER
			4.6.4 Action the LCS health checks recommendations to maximise operational effectiveness.	DD OCEX		June 2019	Business processes improved	Data review started January 2019.	AMBER
			4.6.5. Respond to Peer review feedback in relation to client information systems usage	DD OCEX		June 2019	Business processes improved	Data review started January 2019.	AMBER
4.7		<p>A refreshed Quality Assurance strategy and action plan drives improved outcomes for children and their families and reported performance.</p>	4.7.1. Ensure that performance reporting reflects practice standards across all elements of Children's Services.	DD OCEX		June 2019	Refreshed performance reports reflects all elements of Children's Social Care	Data review started January 2019.	AMBER
			4.7.2 Undertake a review of all cases for children in Help and Protection. Carry out remedial actions and report and action learning.	AD PCP		November 2018	Review completed. Assurance provided that children were safe.	Review taken place and corrective actions tracked.	AMBER

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No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
			4.7.3 Apply a robust and comprehensive Quality Assurance and audit plan (to include enhanced auditing, coaching and regular reporting)	AD PCP		February 2019	Plan supports continued improvement required to deliver good outcomes.	Audit plan in place January to December 2019. Audit outcome reporting to the Improvement Board and Service on a monthly basis from February 2019.	AMBER
Improve partnership working									
4.8	R5	Improve all aspects of multi-agency child protection work	4.8.1 Ensure ownership of improvements by all partners using the BSCB; MASH Strategic Group; Children's Trust.	AD PCP		January – June 2019	Positive feedback from the partnership. Multi-agency sign up to the Improvement Plan.	MASH Strategic Group established December 2018. Reports to Children's Trust BSCB and Health and Wellbeing Board. Meetings held with partners in relation to changes to consent.	AMBER
4.9			4.9.1 Establish MASH Strategic Board to improve multi-agency practice at the Front Door.	SD CS		December 2018		MASH Strategic Group established December 2018. Review undertaken by the group.	AMBER
Creating the operating environment									
4.10		Sufficient, skills, capacity and leadership across the system combined with admin support to keep trackers updated	4.10.1 Review the barriers to strong performance monitoring and accountability and make necessary investments based on these findings	DHR	Police Health Education	March 2019	Improved maintenance and use of management information across the service	Review underway	AMBER
		Use of admin support to reduce the burden on SW and TMs.	4.10.2 Maximise the functionality and ease of use of IT systems – LCS to support administrative tasks.	AD PCP/Head of IT		June 2019	Performance reports, feedback from Ofsted and staff	Business case submitted January 2019. Business process review agreed .	AMBER
		Inefficiency across the service, allowing front line staff to prioritise work with children.	4.10.3 Respond to feedback from Staff engagement sessions.	AD PCP		On-going from January 2019	"You Said We Did" reports	Suggestions received from staff and logged and feedback provided. Roll out of Smart phones commenced.	AMBER
4.11		Develop and sustain a positive culture across the service that supports good working conditions for all	4.11.1 Dedicated HR support linked to transformational change plans in Help and Protection service	DHR		July 2019	Reduced turnover of SW staff.	Business case submitted January 2019	AMBER

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No.	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
		staff.	4.11.2 Implement an enhanced staff engagement and communication strategy that ensures positive responses to feedback from staff regarding working conditions and management culture.	DHR		Throughout the year with review in December 2019	Strategy in place; new channels to staff who feel valued and listened to	Communication Strategy in place. December 2018	AMBER
4.12		Improve the use of performance analytics and management information.	4.12.1 Performance team and service working collaboratively to develop a constructive performance culture.	AD - OCEX		Monitoring visits throughout 2019	Evidence of overall improved performance/staff survey feedback Performance processes and tools revised by July 2019	Review of performance data underway February 2019	AMBER
How will we know that Children's Outcomes have improved?				How success will be measured					
<ul style="list-style-type: none"> ✓ Children and young people will tell us that they feel safe and things are better for them as a result of our interventions 				<ul style="list-style-type: none"> ✓ Improved compliance across all areas of the service ✓ Improved management information leading to an accurate perception of quality of the service ✓ Robust and responsive management action to correct poor performance ✓ Reduced SW caseloads ✓ Reduced staff turnover- improved stability of the workforce ✓ Improved partnership working ✓ Increased innovation and collaborative working 					

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WORKSTREAM (a) MANAGEMENT AND PRACTICE

Theme 5 – Improving outcomes for Children in Care – Developing and retaining sufficient placements, foster care training, and timeliness access of mental health support for vulnerable children/young people

Senior responsible Officer (SRO) Strategic Director Children’s Services – Gladys Rhodes White

No	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date and Progress Summary	RAG rating Progress
5.1	R 7	Reduce the numbers of Children Looked After through an effective ‘Edge of Care’ offer.	5.1.1 Continue to invest in successful Be Positive Pathways (BPP) edge of care programme.	DD CSC HOS -TA	Corporate Parenting partners VCS Health West Yorkshire Police	Quarterly reviewing and forward planning December 2018- September 2019	Fewer teenagers coming into care. More children returning home appropriately and quickly Reduction in the average duration of care episodes	CLA has increased by 11% in the last 12 months of cases worked by BPP 90%+ return home Of the young people admitted to the children’s home 39.1% subsequently returned home.	AMBER
			5.1.2 Review impact and design a sustainable service based on lessons learned from the pilot programme.	DD CSC HOS -TA				Targeted early help locality model established and embedding to service. risk identified in relation to staff vacancies resulting in allocation pressure. Some capacity being provided by VCS.	RED
			5.1.3 Sustainability planning with partner agencies from March 2019 onwards.	DD CSC HOS -TA				Planned meeting with partners regarding sustainability post 2021.	AMBER
			5.1.4 Investment in Connected Person’s Team to identify family members earlier so that more children achieve permanency through SGO.	DD CSC HOS - TA				Impact September 2019	Viability Assessments to be transferred to SGO Team % Increase in use of SGOs as proportion of permanency outcomes

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			5.1.5 Identify Children Looked After with potential to be reunified with family through Permanence Panel and develop intensive intervention to support reunification.	DD CSC HOS - TA		Impact September 2019	More children returning home from care % returning to live with parents as a proportion of outcomes increases.	Permanence Panel is systematically reviewing caseloads held in the service to ensure permanence is delivered needs data	AMBER
5.2	R8	Provide Life Story Work for all children in care.	5.2.1 Deliver training to all Social Workers in relation to Life Story Work (LSW) and its importance for children.	HOS - TA		May 2019	Children Looked After (CLA) receive/ have Life Story Work completed in a timely way. Performance and audit data evidences increased number of children with Life Story books.	External trainer has been commissioned to deliver life story work training to key staff who will then disseminate the learning to the workforce. Task and finish group established Task and finish group will write guidance and offer lunch and learn sessions and offer consultancy to social workers in relation to life story work.	AMBER
			5.2.2 Develop one minute guides for practitioners about life story work.	DD CSC		March 2019	Guides available lead to improved quality and consistency of LSW	Task & Finish group in place led by SM to develop a toolkit to cover the whole journey in care One minute guide is in progress	AMBER
			5.2.3 Adapt LCS to provide reporting and storage for Life Story Work.	DD CSC		September 2019	100% of CLA have accessible and meaningful personal history material. Demonstrated through audit sample	This has been agreed and is in LCS project plan	AMBER
			5.2.4 Implement Management standards in relation to Life Story Work and ensure capacity to complete.	DD CSC		June 2019	System reporting; Viewpoint All CLA have LSW offered. Demonstrated through audit sample		GREY
5.3	R8 AFI 17	Ensure that all foster carers complete mandatory training. Capture feedback from	5.3.1 Review and re-launch the learning and development offer to all Foster Carers including progression and on-going Continuing	HoS -TA		May 2019	All Foster carers have undertaken mandatory training.	Supervising Social Workers & Foster Carers are working on the CPD pilot 31-10-19 To roll out to all foster carers	AMBER

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		foster carers to help inform future service need	Professional Development (CPD).			December 2019	Performance data evidences increased take up of CPD portfolios.	after the pilot.	
			5.3.2 Induction pack in place for all new Foster Carers.	HoS TA		May 2019	Packs have been provided to new foster carers.	Completed	GREEN
			5.3.3 Review the Foster Care Agreement / Foster Care Charter.	HoS CLA Fostering SM		May 2019	Revised agreement in place	Communication with all Foster Carers, to complete by April 2019	AMBER
			5.3.4 Improve monitoring and reporting of foster carer training using Evolve.	HoS CLA Fostering SM		June 2019	Accurate reporting		GREY
			5.3.5 Consult with Foster Talk to lead in addressing foster carers support needs.	HoS CLA Fostering SM		March – April 2019	Feedback from foster carers informs revised strategy		GREY
			5.3.6 Re launch a Fostering Association in Bradford.	HoS CLA Fostering SM		April 2019			GREY
5.4	R7 AFI 17	Ensure there are enough local placements to meet the needs of children.	5.4.1 Develop and deliver an effective sufficiency strategy that includes an internal review of foster placement availability and a needs analysis to generate options to stimulate the provider market.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019	Placement Sufficiency Strategy evidences significant increase of in house placements.	Detailed proposals are being developed to increase the internal capacity and range of internal placements available. This proposal includes exploring the following: <ul style="list-style-type: none"> • Emergency Foster Carers • 28 day crisis placements • Overnight and respite placements • Single placements 	AMBER
		Develop and improve assessments to avoid placement breakdown.	5.4.2 Develop local unregulated setting for emergencies.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019	Increase of in house foster placements	Consultation with Ofsted to revise provision at Meadowlea to create overnight emergency provision.	AMBER
			5.4.3 Re launch crisis care fostering scheme.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019	Improved recruitment and retention of in house foster carers recruited.	Request sent to all employees 17-01-19. Due diligence with North Yorkshire PIP to review any conflict of interest.	AMBER

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			5.4.4 Explore external unregulated settings.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019		Visit to external provision to determine suitability. Wedgewood Bungalow to be developed as a shared care respite provision.	AMBER
			5.4.5 Continue to drive internal fostering recruitment.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019		32% increase in referrals 20 new foster carers approved with 5 due for approval in this financial year. 18% increase with 20 In line for 47% increase with 25 new households.	AMBER
			5.4.6 Revive the shared care-fostering scheme.	HOS –TA HoS CLA Fostering SM		December 2018 December 2019		Shared Care to move into CWD service and full service review.	AMBER
5.5	AFI 17	Improve the matching of children and carers to reduce placement breakdown.	5.5.1 Review and redesign Placement Coordination Service and linked systems and guidance to ensure consistency and improve placement choice and quality.	HOS –TA HoS CLA Fostering SM		April 2019	New Placement Coordination service in place; placement stability improved. % of children LAC with three or more placements reduces to 9% or below % of LAC children in a placement for 2 year or more is 70% or above.	Referral meeting occurs bi-weekly chaired by the Manager of Placement Coordination and attended by the children’s homes managers, supported by a psychologist. Fostering Service and Through Care leading on placement stability task finish group to reduce the number of placement moves and improve matching.	AMBER
5.6	AFI 18	Improve arrangements for keeping in contact with important people for children Looked After.	5.6.1 Improve compliance with practice standards to ensure that contact with important people is facilitated where appropriate for Children Looked After.	HOS -TA		May 2019	Wherever possible, all CLAs have meaningful family time with important people in their lives.		GREY
5.7	AFI 19	Improve timeliness of access to Mental Health support for Children Looked After	5.7.1 Detailed improvement plans are set out in the Future in Mind strategy.	HOS -TA	CCG/CAMHS	November 2019	Performance data evidences increased number of CLA accessing Mental Health services in timely way.	Internal TSW offer established within the Through care team Fast track with CAMHS explored where early triage identifies need Current waiting list is 12 months for specialist CAMHS	RED

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<p>How will we know that Children's Outcomes have improved?</p> <ul style="list-style-type: none">✓ More children are able to stay with their family and friends.✓ Children Looked After are doing well in school and tell us that they have someone to support them	<p>How success will be measured</p> <ul style="list-style-type: none">✓ Reduce total number of CLA✓ Measures for improved offer for 16 & 17 year olds✓ More local placements -✓ Reduced reliance on externally purchased placements and associated costs✓ Improved matching / placement choice✓ More children leave care through increased use of SGO✓ Increase the number of nights respite
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WORKSTREAM (b) – PARTNERSHIPS

Theme 3 – Improving the Front Door and MASH arrangements – strengthening partnership working through the revised development of the MASH and Early Help Offer

Senior Responsible Officer (SRO) – Strategic Directors of Children’s Services & Senior Officer’s for Police and Health

No	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
3.1	R 1	Improve the identification and response to risk, particularly longer-term impact of domestic abuse and neglect.	3.1.1 All contacts (including neglect) handled by MASH.	DD – CSC & HOS for MASH	Nominated MASH Partners	January 2019	Audit and performance reports demonstrate improved consistency in applying thresholds and appropriate responses to risk and harm. % of contacts and outcomes measured to demonstrate improvement.	All Safeguarding contacts, including neglect are now routed through the Front Door.	GREEN
			3.1.2 Recruit a Head of Service for Front Door and MASH	DD – CSC & HOS for MASH	Nominated MASH Partners	February 2019	Successful appointment of an experienced HOS.	Interim in place. Permanent position out for recruitment interviews February 2019.	AMBER
	AFI 2	The screening of contacts to the MASH is ineffective, resulting in children being in potentially harmful situations where the contact had been closed by the MASH or inappropriately stepped down to Early Help.	3.1.3 Protocols put in place for recording contacts and Social workers based at the Contact Centre to oversee calls and provide advice.	DD CSC HOS for MASH	Nominated MASH Partners	February 2019	Performance tracked showing an improving trend against all Front Door performance measures. This includes % of strategy discussions in the MASH in month completed within 4 hours increases to 80% or above in year 1, 90% in year 2. % of contacts competed in one working day increases to 80% year 1. % of referrals to the MASH of cases opened within 12 months of a previous referral 20% or lower.	Social worker in the Contact Centre reviews all e mails and advises on calls. HoS has put in place new protocols from January 2019 Daily ‘dip sample’ audit takes place from January 2019.	AMBER
			3.1.4 MASH performance is reviewed weekly to monitor performance against targets in the performance framework	DD CSC HOS for MASH	Nominated MASH Partners	February 2019	Performance report in place; targets set, and performance improves.	Draft dashboard in place to enable weekly reporting. Data report requested.	AMBER
			3.1.5 Merge the Early Help Gateway and MASH and introduce an integrated process at the Front Door.	DD CSC HOS for MASH	Nominated MASH Partners	February 2019	Integrated Front Door operational.	EH Gateway is now situated within the MASH. Further reviews will take place February 2019.	AMBER

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No	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress
	AFI5	Reduce the three week waiting time for Early Help allocation	3.1.6 Review of Early Help workload and capacity; end to end performance reporting on Early Help intervention to improve timeliness and management oversight.	DD CSC HOS for MASH	Nominated MASH Partners	February 2019	Performance data and audit evidences improved timeliness of allocation of work to Prevention and Early Help service	The review has commenced. End-to-end reporting is currently not on one dashboard.	AMBER
3.2.	R 5 AFI 3	Too many children being subject to unnecessary and disproportionate Social Work Processes	3.2.1 Establish MASH Strategic Board to improve partnership understanding of thresholds, accountability and the development of shared expectations in relation to gaining consent.	SDCS	All Nominated MASH Partners		Board meeting minutes reflect improved partnership working and shared understanding of thresholds and consent requirements.	MASH Strategic Board established. Threshold events scheduled February 2019.	AMBER
			3.2.2 Establish MASH Operational Task and Finish Group. To lead the activity identified at MASH Board.	DD CSC HOS MASH	All nominated MASH Partners	April 2019	Task group in place and supporting continued improvement in integrated working with improved consistency and timeliness of responses	Regular meeting scheduled. Link to the Strategic Group is being developed.	AMBER
3.3	R 3 R 5	Children who are already allocated to a SW are being opened as a new contact; Improve accuracy of data re: contacts; improve customer service experience for children, families and partners.	3.3.1 'Process map', to be revised and issue new guidance re telephony standards to include guidance on Contacts on open cases.	HOS MASH		February 2019	Standards in place. All workers have a phone, children, families and partners can speak to the right person about a child. QA audits and performance data evidence shows consistency of applying standards.	This is in the planning phase and process mapping has commenced.	AMBER
3.4	R 1 R 3	Quality Assurance of impact of improvements on timeliness and quality of Front Door responses.	3.4.1 Arrange a Peer review of Front Door including MASH processes – by the Partner in Practice Doncaster CT	SD CS		December 2018	Peer review report received and responded to.	Peer Review took place in December 2018. Report received and actioned	GREEN
			3.4.2. Following PiP Peer Review and in response to the findings- re-model Front Door arrangements.	SD CS		June 2019	Re-modelled Front Door operational and partnership arrangements support improved performance and consistency of decision making.	Re-modelling of processes now underway. To be reviewed and monitored. Plan in place by 16.2.2019.	AMBER
			3.4.3 Undertake multi-agency audits.	SD CS		4 times per year	Audit report through BSCB show positive outcomes.	Audit plan in place. From January to December 2019.	AMBER

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No	Issue (Ofsted Ref)	Inspection recommendations and Areas for Improvement	Action	Lead	Partner Involvement	By When	Success Measures	Date & Progress Summary	RAG rating Progress		
<p>What will this look like?</p> <ul style="list-style-type: none"> ✓ Fewer contacts to social care as children are safeguarded in universal services and the right contacts are then made to social care ✓ Fewer children come into our services following repeat referrals ✓ 100% compliance in gaining the consent of families when this is required ✓ Contacts and referrals are dealt with in a timely and proportionate manner ✓ Partners and peers are confident about our Front Door arrangements 				<p>How will we know that Children's Outcomes have improved?</p> <ul style="list-style-type: none"> ✓ More children will receive help through universal and early help provision to remain safe, have access to school, training or work, be healthy and living with their families or an appropriate alternative. ✓ Children and families tell us they were helped early enough ✓ Fewer children suffering significant harm 							

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Each action within the plan will have a lead officer who will be held to account on progress and successful delivery by the relevant SRO. These are outlined in the table below.

LEAD OFFICERS/PARTNER'S INVOLVEMENT			
INITIAL	NAME & DESIGNATION	INITIAL	NAME & DESIGNATION
CEO	KERSTEN ENGLAND – CHIEF EXECUTIVE OFFICER	AD-OCEX	DW – ASSISTANT DIRECTOR OCEX
SDR	JOANNE HYDE – STRATEGIC DIRECTOR RESOURCES	DB/SM	SERVICE MANAGER FOSTERING
SD CS	GLADYS RHODES WHITE – STRATEGIC DIRECTOR CHILDREN'S SERVICES	BSCB	BRADFORD SAFEGUARDING CHILDREN'S BOARD
SRO	POLICE	CCG	CLINICAL COMMISSIONING GROUP
DHR	ANNE LLOYD – DIRECTOR HUMAN RESOURCES	CPB	CORPORATE PARENTING BOARD
CS	PARVEEN AKHTAR – CITY SOLICITOR	CAMHS	CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
DD CSC	JIM HOPKINSON – DEPUTY DIRECTOR CHILDREN'S SOCIAL CARE	HWB	HEALTH AND WELLBEING BOARD
AD PC	JENNY CRYER – ASSISTANT DIRECTOR – PERFORMANCE, COMMISSIONING & PARTNERSHIPS	CTB	CHILDREN'S TRUST BOARD
HOS - L	DI DRURY – HEAD OF SERVICE LOCALITIES	SRO	HEALTH
HOS - TA	DAVID BYROM – HEAD OF SERVICE THROUGH AND AFTER CARE		
HOS – MASH	PETRA PANKOVA – HEAD OF SERVICE, MULTI AGENCY SAFEGUARDING HUB		
PSW	TRACI TAYLOR – PRINCIPAL SOCIAL WORKER		
AD - T	DC – ASSISTANT DIRECTOR TRANSFORMATION		