

Introduction

This self-assessment will be an overview in respect of *Help and Protection* and *Leadership* whilst providing a summary on our progress with the improvement plan.

Improvements continue to be implemented despite Covid-19

Despite the Covid-19 pandemic, which has put the Council on an emergency footing, we have continued to work through our improvement plan. A huge amount has been done by both our Council teams and our partners to implement new and more flexible ways of working to ensure vulnerable children are kept safe during the coronavirus lockdown. In spite of the lockdown, all performance against key indicators is on an upward trajectory.

Further to the last monitoring visit, key elements of the improvement progressed (this is not an exhaustive list!)

- A permanence tracker has been developed from scratch and is actively being populated. This will help monitor the progress of all placements far more closely.
- Key Social Work documents have now been re-written and are now compliant with statutory requirements. These are with ICT colleagues so that they can be developed into online formats to make it easier for staff and for tracking.
- The Early Help Module has gone live - we will finally address the long standing issue of high volumes of no further action (NFA) cases at the front door.
- Supervision policy is now in draft and being consulted on.
- A new challenge and resolution process has been implemented for Child Protection Co-ordinators and for the Independent Reviewing Officers to prevent drift and delay.
- The permanence tracker is supporting to identify children who have not had life story work – we know that we need to get much better at Life Story work and are in the process of commissioning this work for children who have not had any life story work.
- We now have a monthly tracking meeting with One Adoption West Yorkshire as well as our own internal tracking.
- We have developed the YOS improvement plan and re-established the Management Board.
- We have invested in Family Finding Social Work posts and developed the Family Finding / Matching process.
- Placed Be Positive Pathway's as a priority across the partnership arena.
- We have developed our Fostering Fees policy together with an implementation plan.
- Our SGO policy is now in draft and awaiting legal advice.
- We have invested in the PAUSE programme which will go live by December 2020.
- 12 Early Help Co-ordinators are now in post.
- We have recruited a Specialist HR Advisor to develop our recruitment strategy.
- We have refreshed the Children's Social Care Procedures on Tri-X and developed a suite of practice guidance.

Developed and implemented new Practice Standards which will improve our day-to-day work

A key piece of work that has been finalised has been the introduction of new practice standards. These have been produced for all colleagues who work across Early Help, Youth Offending, Children's Social Care, Business Support, Fostering and Residential Services. The standards have been developed with colleagues across the service and will form the basis of how our work is approached. The standards will be supported by a programme of training and learning. It's imperative that all the work that is done on a daily basis with children, young people and families is consistent and clear, these new standards will help our staff do that and form a key part of the improvement journey and are non-negotiable. The aim now is to always strengthen and improve how work is carried out, and these will be reviewed on a regular basis as the improvement journey moves forward.

Improving our Integrated Front Door (IFD)

The leadership team in the IFD is now all permanent and there are no interim or agency staff in management roles. A permanent management structure brings stability, vision and clarity for staff and members of the partnership.

Nabeel Hussain is the Head of Service with responsibility for the Front Door. Nabeel joined Bradford in March 2020. Chatty Athwal is the newly appointed permanent Service Manager in the Front Door and commenced her role in April 2020. In addition to this, there are now five permanent Team Managers and two permanent Practice Supervisors which has resulted in a strong foundation to support and guide staff. The IFD is operating a business as usual approach in spite of the challenges associated with Covid-19. The Council have made a significant investment into ensuring all staff in the Front Door have the equipment enabling them to work remotely. The effort and planning to support the function of a 'virtual Front Door' has been significant and this could not have been achieved without the support of our partners. A virtual management meeting is held every morning to discuss staffing issues, demand and daily tasks. Any concerns are identified early and shared with the Service Manager where necessary.

The service has remained operational and responsive during these unprecedented times. In addition to this, for week commencing 13 April (post bank holiday), 89% of contacts were progressed within one working day. For week commencing the 25 April, 85% of contacts were progressed within 1 working day. This is the highest return there has been for some time and is testament to how hard staff are working. There will be a 'Front Door Health Check' on 23rd/24th July, led by a team of external peers who will have the following key lines of enquiry:

- Effectiveness of Thresholds; Consent; Step Up/Down;
- Effectiveness of decision making and management oversight;
- The quality of assessments;
- Strength of partnership contribution;
- Effectiveness of QA (through audit analysis).

The health check will be really useful in determining the accuracy of our self-assessment and what our 'next steps' need to look like.

Recruitment:

We are committed to having a Practice Supervisor in every team to help us to focus on the quality of our assessments and embedding the practice standards. We also aim to have a Community Resource Worker in every team by the end of August to work directly with Social Workers in the delivery of family learning & parenting programmes, as well as an increase in Business/Administrative support in every team, which will be 1 to every 4 social workers. We are currently working on finalising our business case which will set out our remuneration offer to attract more experienced social workers. The business case is currently with HR and Finance colleagues for costings.

Since the last monitoring visit we have recruited to the following roles:

Role	Number applied	Number shortlisted	Number appointed	Number of vacancies (Established posts)
ASYE	74	71	29	45
Level 2 & 3 SW	15	12	5	44
Practice Supervisor	41	35	26	7
Team Managers	12	12	6	6.5
Service Managers	16	11	3	0
Perm CRW	32	23	16	25
Temp CRW (now ASYE)	32	15	15	0
TOTAL	205	179	100	123.5

Up and coming work

Over the coming weeks and months there are a number of areas we will be focusing on:

- Life Story work – When preparing for the last monitoring visit, it was identified that our approach to life story work needed to be strengthened. There is also a need to develop some practice guidance on this and provide training. The guidance will be developed by the end of July with a plan to commence work with young people who are waiting to have lift story work over the summer months.
- Care planning meetings – practice guidance was developed and shared in February 2020. We will be monitoring its impact by way of a focused audit.
- Effective supervision – we are working on training for managers around what constitutes good supervision in line with the launch of the draft supervision policy.
- Chronologies – the practice guidance has been drafted and once fully implemented will help overcome the inconsistent approach Ofsted identified.
- Voice of the child – improvement is now being observed in how this is recorded on the files. An audit to measure impact will be undertaken in the coming months.
- Quality of assessments – a new assessment template is being built which went into test at the end of June and will be ready for implementation by early August.
- Quality of care plans – the three main care plans (Children in Need, Child Protection and Children in Care) are with ICT colleagues and online versions of these will go into test as soon as they have been built.
- In addition to the set up of weekly recruitment panels from 2019. A temporary centralised recruitment team has been established within Children Social Care that has responsibility for the co-ordination of the start to end recruitment process, resulting in candidates being interviewed within 5 working days of the closing date of applications. This will help speed up recruitment and reduce the need for agency staffing.
- Final stages of completing the sufficiency strategy document with clear action plan, governance and reviewing processes.

Revised Children's Services Improvement Plan

The post Ofsted Improvement Plan is in the final stages of being revised. Bradford has had four monitoring visits from Ofsted, the last one in February 2020, which have all provided valuable feedback and learning. This new plan supports us to take forward Ofsted feedback and learning, along with the services' own self-evaluation which Ofsted recognise as a strength in that it sets out what needs to improve. The new plan enables Children's Services to reflect on progress; consolidate the work done to date; and prioritise and re-focus on the work required as the improvement journey continues to move forward. The improvement framework encompasses and is informed by external scrutiny and assurance through Ofsted along with Bradford's own improvement practice. This is based on two key strands of activity:

- **Project initiated improvement** – these are areas of improvement that are whole system or service wide. They are significant changes in practice and structure that would not be achieved by a single service or manager alone.
- **Individual Heads of Service self-evaluation initiated improvement** – these are areas of improvement that are mainly localised; focusing on compliance and quality, requiring performance improvement through intervention by individual managers.

Together the two strands of improvement activity will deliver Bradford's post Ofsted Improvement Plan and provide a robust assessment of what is done well, where improvement needs to happen and what the service is doing to achieve it.

Our challenges:

- Improving the quality of our practice, so that it is consistently good.

We are confident that we have laid some firm foundations upon which good practice can be built, however, we recognise that in order to see and feel the desired impact, we need to recruit and stabilise our social work workforce

- The development of a supervision and audit data base – this is currently in the ICT work programme being scoped. This is a key area to support ongoing understanding regarding the quality of practice, linking into individual workers to help us identify their strengths and learning and as well as understand the learning and development needs of our whole workforce

Safeguarding Partnership

A sub-group of the Safeguarding Partnership chaired by Jane Booth, is meeting weekly to consider key safeguarding risks or challenges across all key agencies working with children and to confirm the arrangements they have in place to ensure that professionals continue to have oversight of children across the District.

The Safeguarding Partnership recognises the reduction in referrals to children's social care and has shared this concern with their respective workforce so that professionals can exercise due care and vigilance whilst carrying out their duties. Additionally, the Safeguarding Partnership has commissioned a series of social media safeguarding awareness posts across a number of platforms.

Integrated Covid-19 (ICV19) Outreach Team

In response to the reduction in the number of referrals to children's social care, a partnership approach has been developed to identify children with additional vulnerabilities and ensure that risk is being appropriately managed by the lead agency or that they receive appropriate early help support or are stepped up to statutory social work services. The Covid-19 Team is also available to visit children and families in their homes where an infection is known or suspected to have occurred.

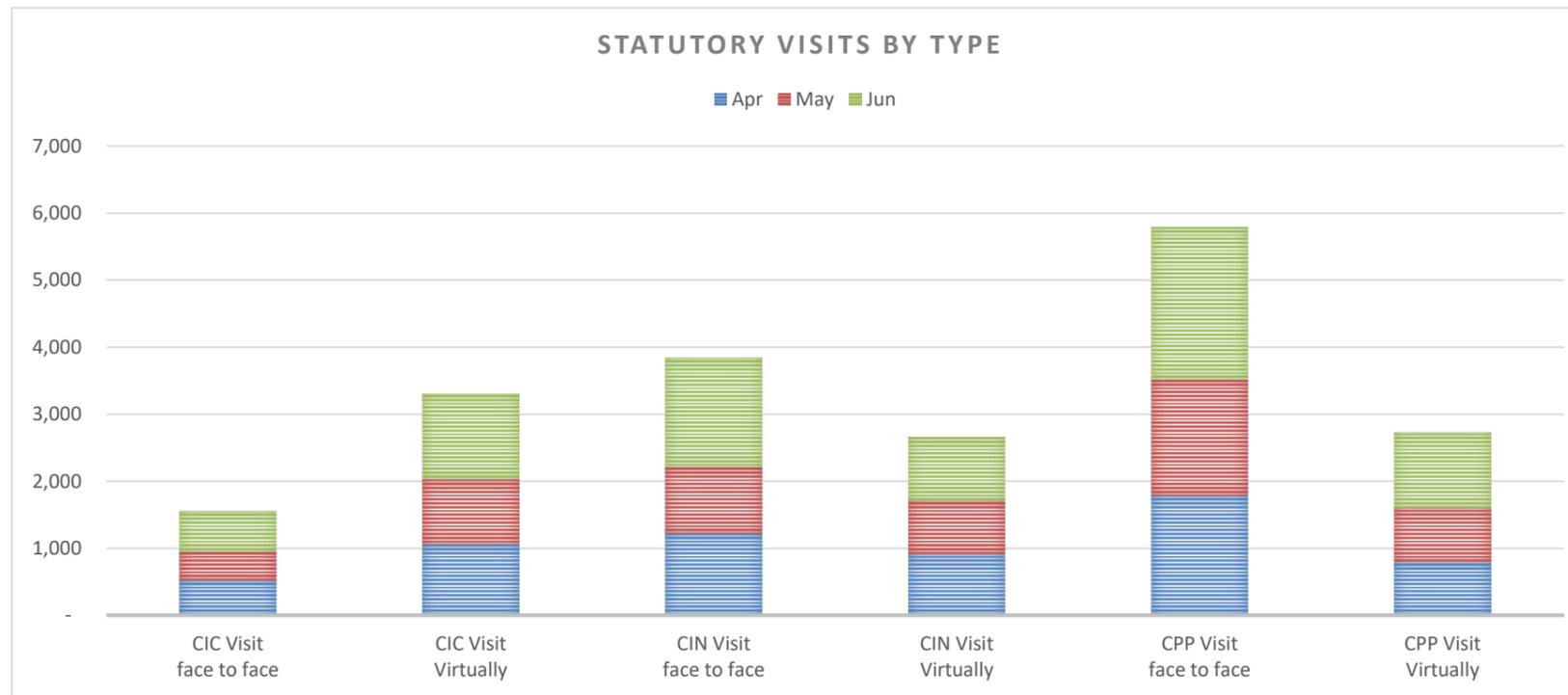
Working with Bradford District Care Trust, Children's Services has ensured individual risk assessments have been undertaken on all children known to either health visiting or school nursing services. These risk assessments have identified children as being low, medium or high risk in respect of vulnerability and determine which families need a joint health and social work visit. Assessments will be updated across all risk categories on a weekly basis and children stepped up or down as appropriate. Children who are deemed to be a low or medium risk will be retained within the normal agency processes but any child who is deemed by any single agency to be high risk will receive a joint health and social care assessment visit. The work of the team is supported by operational guidance developed by the partnership.

The team receives referrals from locality social work teams, the youth offending service, early help coordinator's, SEND services, the complex care nursing team, school nursing and health visiting teams where suspected or confirmed cases of Covid-19 are identified and will ensure children continue to be seen

Statutory Visits 01 April 2020 to 30 June 2020

Despite the lockdown restrictions, we have continued to visit children at home whilst following social distancing rules. Between 1 April 2020 to 30 June 2020, Social Workers have recorded a total of 19,902 visits of which 11,193 (56.2%) were face to face visits and 8,709 (43.8%) 'virtual' visits, as detailed below.

The number of statutory visits recorded, both face to face and virtually, is broken down by type of visit and locality / service area in the chart below.



The experiences and progress of children who need help and protection

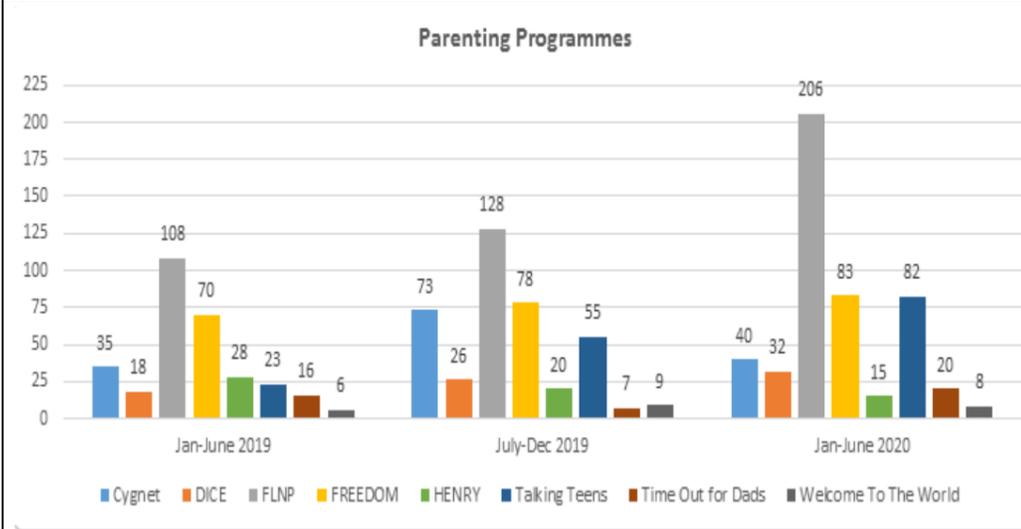
- **Early Help**
- **Identifying and responding to children's needs and appropriate thresholds**
- **Making good decisions and providing effective help**
- **Management oversight of frontline practice**
- **Participation and direct work with children and families**
- **Identifying and responding to all types of abuse recognising the vulnerability of specific groups of children**

Baseline

Evaluation criteria and grade descriptors	What do we know about the quality and impact of social work practice with children and families	How do we know it?	What are our plans to maintain and improve practice?								
<p>Early help Children, young people and families are offered help when needs and/or concerns are first identified. The early help improves the child's situation and supports sustainable progress. The interface between early help and statutory work is clearly and effectively differentiated.</p>	<p>The Prevention and Early Help service, in its current structure, went live from January 2020. The structure includes a Head of Service, 1 Service Manager, 4 Locality Hub Managers and 12 Early Help Coordinators.</p> <p>There are Four Locality Family Hubs which serve families and communities across Bradford district</p> <p>Family Hubs are developing an integrated local offer to families within each locality. Professionals from a number of statutory, voluntary and community based organisations collaborate to ensure that there is a joined up and locally responsive offer to support all families, children and young people in their locality.</p> <p>Co-located are family support key workers and their managers, prevention (parenting) workers and their managers, social workers (West only), health professionals such as health visitors, schools nurses and midwifery services, work coaches from DWP and police officers.</p> <p>An Early Help Toolkit was developed by the Early Help Coordinators (EHCs): providing advice and information about tackling a wide range of needs that pupils and their families are likely to experience and that may negatively impact on family outcomes, such as debt, benefits, and housing and health services.</p>	<p>We know this works as we have tested and trialled the initiative with 4 Early Help Coordinators which resulted in a 51% reduction in the number of referrals between December 19 to Feb 2020 to the front door for those schools.</p> <p>The numbers of families from the start of Covid 19 in March to close of play on Tuesday 16th June supported are as follows:</p> <table style="margin-left: 20px;"> <tr><td>Keighley/ShIPLEY</td><td>516</td></tr> <tr><td>West</td><td>764</td></tr> <tr><td>South</td><td>348 – all new staff</td></tr> <tr><td>East</td><td>1,094 – well established team from the start.</td></tr> </table> <p>Feedback from partners;</p> <p><i>"We really do value your support, this is just what we needed" and "We now understand the difference between the levels of need and know when we need to be providing support and when we need to refer".</i></p> <p>Fortnightly Family Hub Panel meetings bring a wide range of agencies together to consider the needs of families with additional needs. Locality based network meetings are coordinated by the Early Help Co-ordinators to support practice development and learning for all professionals working with children and families in the locality.</p> <p>One high school has told us that they have avoided making seven referrals to CSC front door, through using the toolkit. <i>"I referred 2 parents for drug support, organised food bank vouchers and gave out the benefits contact number, all quicker than it would taken me to complete one MARF".</i></p>	Keighley/ShIPLEY	516	West	764	South	348 – all new staff	East	1,094 – well established team from the start.	<p>We need to continue to embed the Scorecards to collate data and intelligence to shape and direct Early Help priorities and manage performance which will support to develop high performing teams.</p> <p>To continue to support and encourage the promotion of early help and effective engagement of partners in the role of Lead Practitioner and locality services in Family Hubs by;</p> <ul style="list-style-type: none"> • Developing a communication plan to promote consistence messages and practice keeping the project on track and focused. • The completion of the EHM function to be able to share record and review our early help co-ordinators impact across the District, we hope to have this in place for September. • To embed the early help co-ordinators within localities and increase capacity across the whole system to effectively identify and respond to the level need. <p>A key strand of the improvement journey is to improve the functioning of the early help system across the district which key documents and workforce development programmes are in development.</p> <ul style="list-style-type: none"> • The Lead Practitioner Handbook: providing the rationale, operating guidance and sources of support for those who may take on the lead practitioner role for children and families known to them through their professional role, such as learning mentors, school based safeguarding leads, health visitors and school nurses, police officers etc.
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	<p>Families First We have exceeded the Families First (Troubled Families) Programme forecast for achieving sustained and significant outcomes for families and therefore for income generation through Payment by Results. Improved performance has continued to pick up pace throughout the year with 50% of all results claimed during the 5 years of the programme having been claimed in the last 2 quarters of 2019/20.</p> <p>Parenting Programmes The prevention service consists of 4 family hub teams (South, East, West, Keighley/Shipley) which has a parenting coordinator and 7 FTE prevention workers. The service is led by the locality Head of Service. Their remit is to deliver evidence based parenting programmes, ensure whole family working and team around the family approach. The programmes range from Antenatal (Welcome to the World) to teenage years (Talking Teens) and some targeted themes such as Domestic Abuse (Freedom Programme), Autism (cygnet programme), including dads and male's carers (Time off for dads programme). There are a number of ways</p>	<ul style="list-style-type: none"> • 2,560 claims for positive outcomes for families over a sustained period, including; • 447 adults gaining and keeping a job- helping to lift children out of poverty and improve aspiration; • £1,297,600 income generated to support service transformation and early help for families in 12 months; 72% improvement over the previous year; • Improved partnership working, better information sharing, more analytic capacity and improved strategic leadership have contributed to this success; • Improving and sustaining the impact of this programme is integral to the Children's Service Innovation and Improvement Programme. 	<ul style="list-style-type: none"> • The Early Help Assessment and Planning Tool: a form to record consent, capture details of the family, identify strengths and needs, with a scaling tool and action focussed questions that will lead those involved to develop a SMART support plan for the family (ultimately this will become an on line form within EHM) • A multi-agency learning programme: supports lead practitioners and their organisations to recognise and acquire the skills and knowledge to perform the role effectively. • A Quality Framework and multi-agency network based on an Appreciative Inquiry is being developed to look at quality Early Help Assessments completed and case studies based on key themes to share <p>The formal route for approval of these multi-agency documents is through the Bradford Safeguarding Partnership. The documents have been considered by the BSP's SAAP Group earlier in the month (7th and 14th July). We will launch the documents and training programme in September.</p> <p>To continue to improve impact /sustainability of Families First transforming and supporting the integration of services around families' needs. To ensure strong performance against Troubled Families targets that maximises payment by results</p> <p>The national Troubled Families Programme is continuing into 2020/21 which provides income for key services to continue as we develop a sustainable approach through an early help offer for children and young people further.</p> <p>To Improve the quality and effectiveness of LA Parenting Programmes and Family Support we are in the process of;</p> <ul style="list-style-type: none"> • Implementing a new Practice and Quality Assurance Framework for Parenting Programmes. • Implementing competency framework for Parenting Workers to deliver effective practice. • Embed a Practice model for Family Support providing a recognised framework for practice which supports staff to be confident in their work with families.
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to access this service which can include direct referral, self-referral or referral via the Integrated Front Door



There has been a significant increase in participation rates from Dec 2019 to June 2020. However due to Covid we are expecting a temporary dip in the number accessing the groups.

Parent's comment;

"I never thought or comprehended just how much the freedom project would give me reassurance in myself and help me see, understand and accept what has been happening for so long. I felt undeserving, alone, hopeless, and broken, everyday was a struggle to maintain the facade; I was exhausted and things were escalating. You made me feel comfortable, you listened, you understood".

We ensure the groups are of good quality by observing groups on the programme. A nominated officer will observe the groups and activity seek feedback from parents attending the group.

Case File Audits

The audit process: All Family Support Co-ordinators, Service Managers and Heads of Service undertake one audit per month. All audits are to be co-ordinated by the Quality Assurance Team. Auditing is undertaken using the case file audit form.

	Number audited	Good	RI	Inadequate
July-December 19	29	(41%)	12 (41%)	5 (18%)
Jan 2020-June 2020	25	48%	48%	4%

Although there has been marginal improvement in cases that are graded 'good', the pace of improvement has been slow. Detail analysis of audits has highlighted the areas of concerns to be with case file assessments and reviews.

Allocations:

KPI	Q1 19/20	Q2	Q3	Q4
% allocated within 5 days from receiving referral in Hub tray	27.2	35.3	76.7	54.7

Meeting Key Practice Standards

Currently data is only available for allocations and assessments. The data for other KPIs are in development and will show % reviews and TAFs completed within timescales.

- Reviewing process for Quality Assurance measures and audit.

Work to improve the quality of assessments is being undertaken by Family Support Co-ordinators within supervision with key workers. The expectation is that the number of audits graded at 'good' will increase by 10% in the next quarter and there will be no 'inadequate' audits.

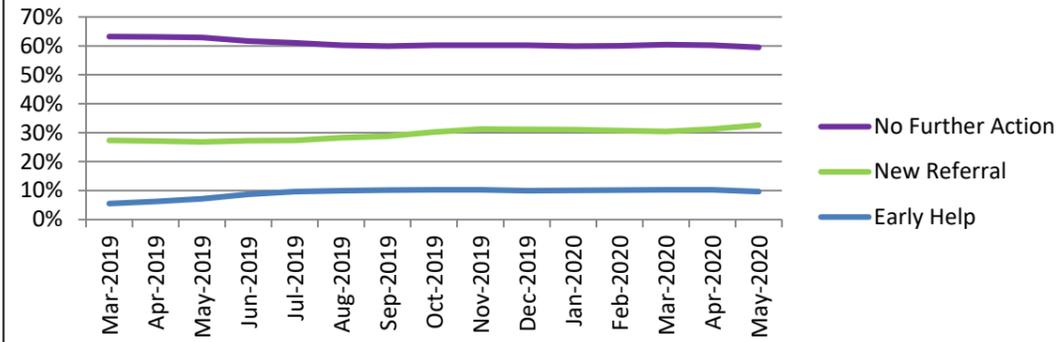
	<p>Number of re-referrals Number of children receiving EH support shows an upwards trend indicating more families are receiving support. Once families have received EH, the rate of re-referrals have been declining steadily across the quarters, highlighting the work done is continues to be sustained.</p>	<p>Assessments:</p> <table border="1"> <thead> <tr> <th>KPI</th> <th>Q1 19/20</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>% completed within 15 days of allocation</td> <td>24.2</td> <td>32.8</td> <td>41.9</td> <td>53.6</td> </tr> </tbody> </table> <p>Trajectory shows upward trends for assessments. The expectation is this will continue to increase each quarter. The new practice standards have increased timescales. This will positively impact the number of allocations and assessments completed within the stipulated timeframe with expected minimum increase of 10% per quarter.</p> <p>Over period April 2019 – March 2020</p> <table border="1"> <thead> <tr> <th>Performance Measure</th> <th>Q1 19/20</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Rate of children receiving EH support per 10,000 population</td> <td>67.50</td> <td>58.32</td> <td>63.28</td> <td>77.76</td> </tr> <tr> <td>% Re-referrals for EH services (defined as case allocated in period and previously closed within last 12 months)</td> <td>21.4</td> <td>22.3</td> <td>12.0</td> <td>11.9</td> </tr> </tbody> </table>	KPI	Q1 19/20	Q2	Q3	Q4	% completed within 15 days of allocation	24.2	32.8	41.9	53.6	Performance Measure	Q1 19/20	Q2	Q3	Q4	Rate of children receiving EH support per 10,000 population	67.50	58.32	63.28	77.76	% Re-referrals for EH services (defined as case allocated in period and previously closed within last 12 months)	21.4	22.3	12.0	11.9																																																								
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<p>Identifying and responding to children's needs and appropriate thresholds Professionals identify children and young people in need of help and protection. They make appropriate referrals to children's social care and are able to access social work expertise and advice. There is a timely and effective response to referrals, including out of normal office hours.¹ Professionals understand thresholds. This leads to children and families receiving</p>	<p>Identifying and responding to children's needs and appropriate thresholds Front Door We have strengthened our partnership working through improved development and changes within MASH and the Integrated Front Door (IFD) by;</p> <ul style="list-style-type: none"> Establishing a Task and Finish Group with partners and improved understanding of the roles and functions of the Integrated Front Door. Mapped the current process and model of practice of the Integrated Front Door. Started to understand the Special Educational Needs and Disability process and develop specific practice through the Integrated Front Door. Improved the collection of joint intelligence and effective decision making to support children and families to receive the right support as early as possible. 	<p>LCS Contact Outcomes</p> <table border="1"> <caption>LCS Contact Outcomes Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>New Referral</th> <th>Early Help</th> <th>Link to Referral</th> <th>No Further Action</th> </tr> </thead> <tbody> <tr><td>Mar-2019</td><td>1000</td><td>500</td><td>200</td><td>1300</td></tr> <tr><td>Apr-2019</td><td>800</td><td>400</td><td>100</td><td>1500</td></tr> <tr><td>May-2019</td><td>700</td><td>300</td><td>100</td><td>1700</td></tr> <tr><td>Jun-2019</td><td>600</td><td>300</td><td>100</td><td>1400</td></tr> <tr><td>Jul-2019</td><td>500</td><td>300</td><td>100</td><td>1500</td></tr> <tr><td>Aug-2019</td><td>400</td><td>200</td><td>100</td><td>1100</td></tr> <tr><td>Sep-2019</td><td>300</td><td>200</td><td>100</td><td>800</td></tr> <tr><td>Oct-2019</td><td>400</td><td>200</td><td>100</td><td>1100</td></tr> <tr><td>Nov-2019</td><td>300</td><td>200</td><td>100</td><td>800</td></tr> <tr><td>Dec-2019</td><td>200</td><td>200</td><td>100</td><td>700</td></tr> <tr><td>Jan-2020</td><td>300</td><td>200</td><td>100</td><td>800</td></tr> <tr><td>Feb-2020</td><td>200</td><td>200</td><td>100</td><td>700</td></tr> <tr><td>Mar-2020</td><td>100</td><td>200</td><td>100</td><td>600</td></tr> <tr><td>Apr-2020</td><td>100</td><td>200</td><td>100</td><td>500</td></tr> <tr><td>May-2020</td><td>100</td><td>200</td><td>100</td><td>500</td></tr> </tbody> </table>	Month	New Referral	Early Help	Link to Referral	No Further Action	Mar-2019	1000	500	200	1300	Apr-2019	800	400	100	1500	May-2019	700	300	100	1700	Jun-2019	600	300	100	1400	Jul-2019	500	300	100	1500	Aug-2019	400	200	100	1100	Sep-2019	300	200	100	800	Oct-2019	400	200	100	1100	Nov-2019	300	200	100	800	Dec-2019	200	200	100	700	Jan-2020	300	200	100	800	Feb-2020	200	200	100	700	Mar-2020	100	200	100	600	Apr-2020	100	200	100	500	May-2020	100	200	100	500	<p>The Early Help Module went live on the 24th of June we will finally address the long standing issue of high volumes of no further action (NFA) cases at the Front Door. Monthly reviews will take place as part of performance clinics to track effectiveness and any areas of improvements.</p> <p>Further development of one Front Door; including Information, Advice and Guidance for Parents and Practitioners to support lower level needs. Work will include quality and timely collection of information from partners for the statutory process for SEND.</p> <p>Embedding of the Scorecard will provide data and intelligence to direct IFD work priorities and manage performance.</p>
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¹ This includes referrals to the Local Authority Designated Officer.

effective, proportionate and timely interventions, which improve their situation.

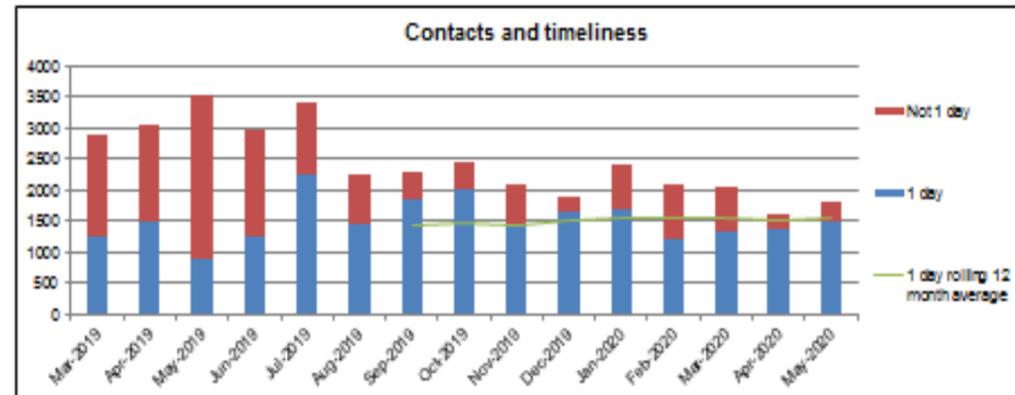
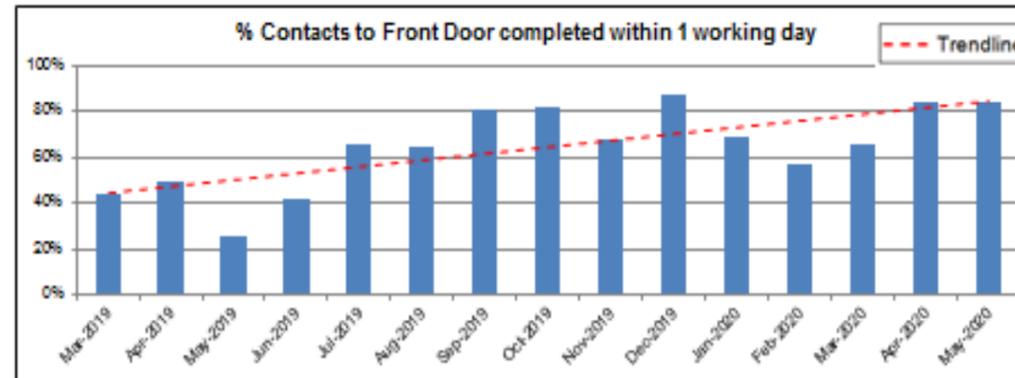
In February 2020 the number of contacts completed in 1 working day was 57%. Since this time, there has been a sharp increase in performance at the Front Door and since April, over 80% of contacts are consistently being completed within 1 working day.

Contact Outcomes - Rolling 12 month averages



There has been a decrease in NFA's which have stabilised at around 60% over the past 12 months.

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



Children's Social Care Referrals

Since the Pandemic, the number of referrals has decreased across all agencies, however, the largest single reduction has been from schools. These figures are similar to those seen during the summer six-week holiday period but the current lockdown arrangements bring additional vulnerabilities for vulnerable children who are confined in homes where abuse or neglect may be present.

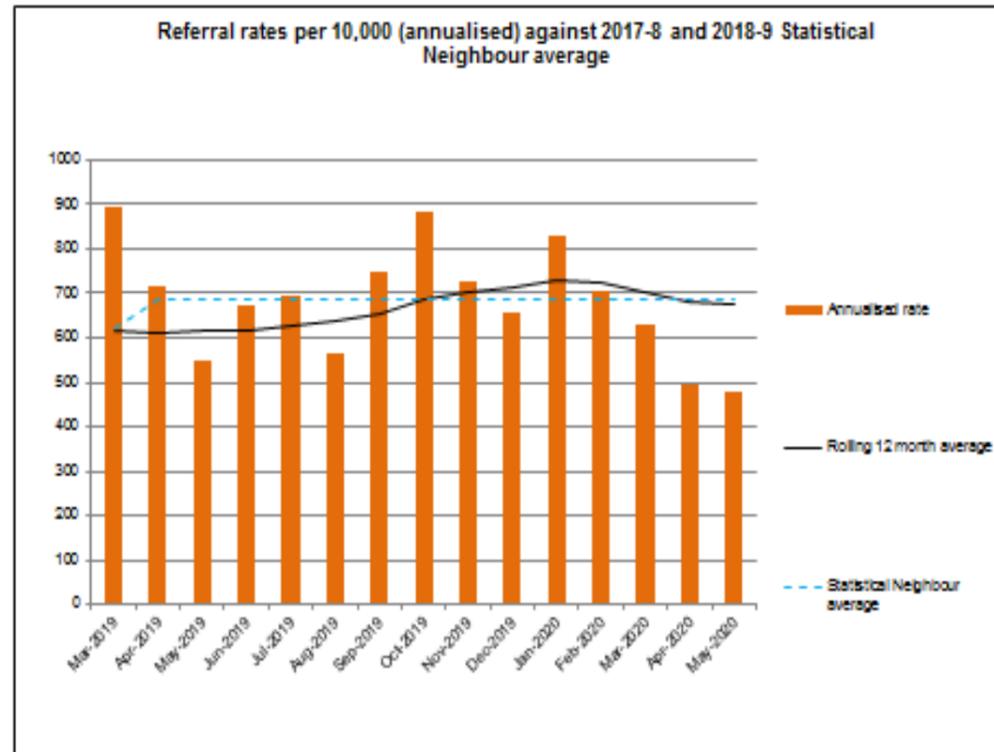
Re-Referrals Rates

The rate of re-referrals within 12 months per 10k pop to CSC has also risen in this period having been controlled in the year 2018-19, although this is now broadly in line with the regional average. This may be due to the poor quality of previous assessments and resultant interventions as identified in the 2018 ILACS inspection needing rectification.

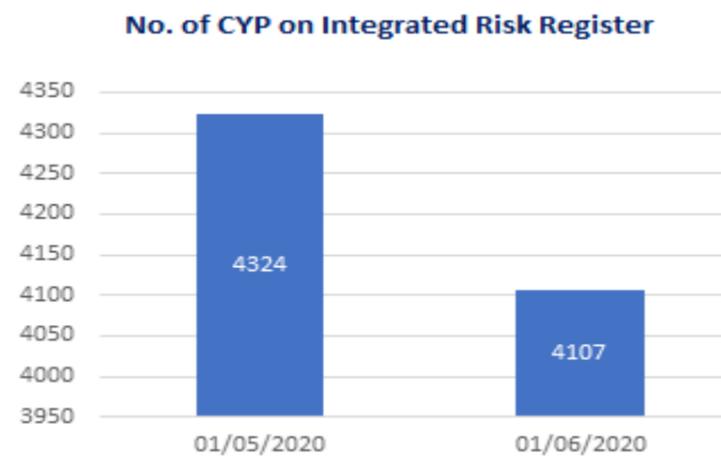
Integrated Covid-19 (ICV19) Outreach team

A partnership approach has been developed with the Bradford District Care Trust to identify children with additional vulnerabilities and ensure that risk is being appropriately managed by the lead agency or that they receive appropriate early help support or are stepped up to statutory social work services.

2. Children's Social Care Referrals



Referrals have significantly reduced from the sharp increase in January from a rate of 831.5 per 10k pop to 478.1 per 10k pop in May although they were a ready on a downwards trend in Feb and March. The referrals are anticipated to increase as the lockdown restrictions are eased.



In response to the reduction and limitations on being able to see children during lockdown, a sub-group of the Safeguarding Partnership are meeting weekly to consider key safeguarding risks or challenges across all key agencies working with children and to confirm the arrangements they have in place to ensure that professionals continue to have oversight of children across the District.

The Safeguarding Partnership recognises the reduction in referrals to children's social care and has shared this concern with their respective workforce so that professionals can exercise due care and vigilance whilst carrying out their duties. Additionally, the Safeguarding Partnership has commissioned a series of social media safeguarding awareness posts across a number of platforms.

To ensure we have enough capacity within the system once the lockdown eases to respond to the effects of Covid 19. We have sought additional resource to support the timely and effective triage of an increased number of domestic abuse referrals.

We are proposing that the social work component of the Covid-19 Team be able to continue until June 2021. We are proposing that a practice supervisor and experienced social worker are appointed to continue working within the integrated Covid 19 Team as well as to support and offer expert guidance to staff across children's social care, to ensure safe working practices during the continued pandemic.

To develop the Q & A tool for documentation to use for dip sampling to check quality and highlight key learning and challenges which will support in shaping future provision.

To audit current integrated working by;

- Undertaking a deep dive into a sample of cases added to the register.
- Themes and trends found will inform recommendations for future service design, highlight if current pathways and frameworks are

<p>Making good decisions and providing effective help² Children and families experience child protection enquiries that are thorough and lead to timely action, which reduces the risk of harm to children.</p>	<p><u>Making good decisions and providing effective help³</u> Section 47 Strategy Discussions</p> <p>In preparation for this Self-Assessment, a total of 88 Strategy Discussions and 74 s47 Investigations have been audited which equates to almost 10% of the total number completed by the locality social work teams.</p> <p>The dip sample identified that the threshold was applied correctly in 95% (84/88) of the strategy discussions. The audits evidenced that the right decisions are being made and families are receiving the right support at the right time.</p>	<p>The graph below details the total number of strategy discussions completed across Bradford over the last 6 months. The data also highlights the number of strategy discussions which subsequently led onto a S47 Investigation. Strategy discussions across Children's Services have been initiated in the following service areas with the vast majority taking place in the Locality Service;</p> <ul style="list-style-type: none"> • Integrated Front Door • Locality Service (CIN/CP/CiC) • Fostering Service • Care Leavers & Through Care Service • Children with Disabilities Service. <table border="1"> <caption>Strategy Meetings Completed and Resulted in a S47</caption> <thead> <tr> <th>Month</th> <th>Number of Strategy Meetings completed</th> <th>Resulted in a S47</th> </tr> </thead> <tbody> <tr> <td>Nov-19</td> <td>635</td> <td>376</td> </tr> <tr> <td>Dec-19</td> <td>517</td> <td>359</td> </tr> <tr> <td>Jan-20</td> <td>617</td> <td>503</td> </tr> <tr> <td>Feb-20</td> <td>453</td> <td>290</td> </tr> <tr> <td>Mar-20</td> <td>451</td> <td>361</td> </tr> <tr> <td>Apr-20</td> <td>366</td> <td>256</td> </tr> </tbody> </table> <p>The data highlights how there have been an overall reduction of strategy discussions since January 2020. More recently the circumstances surrounding Covid19 are thought to have contributed to the decline. On average, 69% of strategy discussions have resulted in a S47 enquiry.</p> <p>The graph below details the number of S47 investigations conducted over the past 6 months alongside those that led to an Initial Child Protection Case Conference.</p>	Month	Number of Strategy Meetings completed	Resulted in a S47	Nov-19	635	376	Dec-19	517	359	Jan-20	617	503	Feb-20	453	290	Mar-20	451	361	Apr-20	366	256	<p>fit for practice and what 0-19 Integrated Service Best Practice Standards look like.</p> <p>To further improve the quality and embed the learning identified within the audits we will be implementing the below;</p> <ul style="list-style-type: none"> • To establish the Practice Supervisor role which has been approved and we are currently recruiting to one PS per team. The objective will be for these practitioners to take the lead on promoting learning and development with individuals and their teams as a whole. For example, focusing on SMART planning which has been identified as an area of improvement and ensuring that there are clear objectives set when reviewing plans for children. • Specific training for Team Managers will be required to support them in chairing strategy meetings and to ensure there is a consistent approach adopted across the management group. • Whilst systems and forms are important in promoting compliance, the culture and skillset of the workforce is equally as important. The recent launch of revised practice standards coupled with a rigorous audit schedule is anticipated to have some impact in this area. This development remains in its infancy and we hope to see some initial impact in 6-8 weeks.
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² Focused on assessment, planning and review.

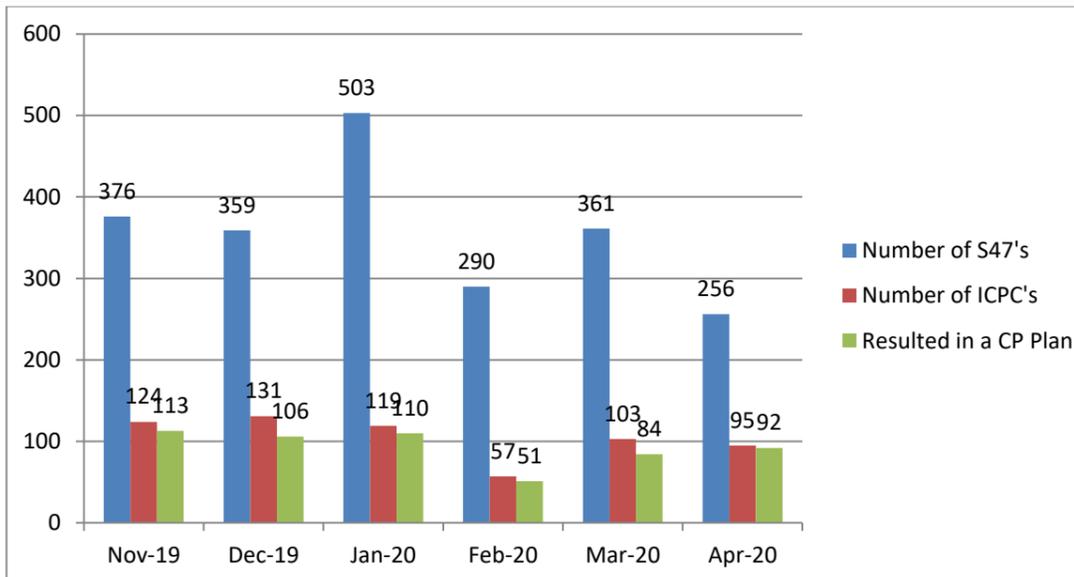
³ Focused on assessment, planning and review.

Section 47 Investigations

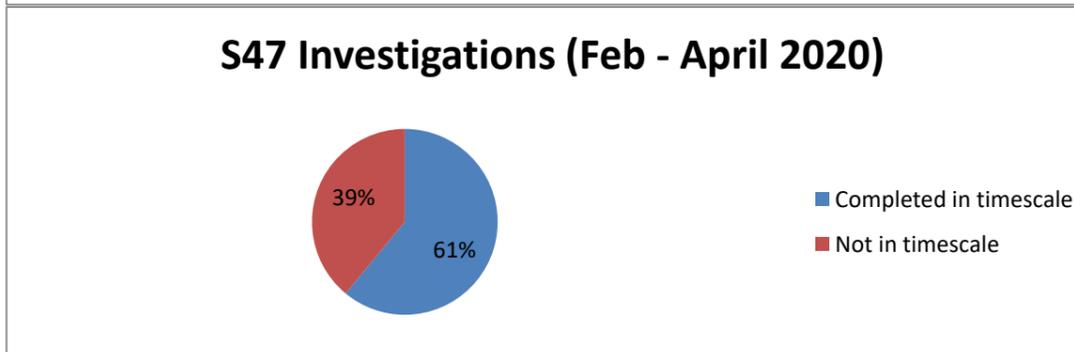
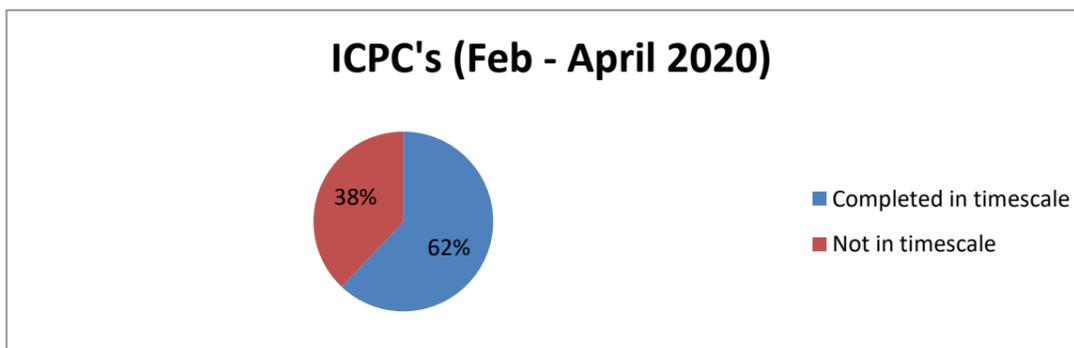
Audits have shown that in most cases the right children are being identified and presented at ICPC, ensuring they are receiving the right support at the right time.

To understand the quality of S47 investigations being completed, a number of key lines of enquiry have been explored via a dip sampling process. In order to capture the current themes, the dip samples have focused on children subject to S47 investigations over the last three months. A total of 74 S47 Investigations have been audited which equates to almost 10% of the total number completed by the locality social work teams.

Where children's circumstances are presented at an Initial Child Protection Conference, the conversion rate to a child protection plan reassuringly suggests the right cases are being identified and discussed with multi-agency partners. The circumstances for these children will also be reviewed by an Independent Conference Chair, resulting in an additional tier of quality assurance and restorative challenge.



The data highlights how on average, around 29% of S47 Investigations lead to an Initial Child Protection Case Conference being convened. On average, 88% of children are subsequently supported by Child Protection Planning following the initial conference.



From the audit sample, 61% (47/77) of S47 investigations were completed within timescales. Drift and delay was identified in 39% of the cases audited. This largely related to the recording of investigations as opposed to children not being visited in a timely way. The data above details the direct correlation between timeliness of S47 investigations and Initial CP conferences being convened within 15 working days of a strategy discussion. The almost identical data supports a direct impact of delayed S47's on timely ICPC's being convened.

The timeliness of S47 investigations will be embedded within the performance management system (Power Bi) so Service Managers and Heads of Service can track these on a weekly basis. Coupled with a newly revised 'Request for CP conference' pathway, it is anticipated that we will see some improvements in this area. A clear message has been delivered to social workers and managers in the interim regarding the expectations of securing safety and concluding investigations for children in a timely way.

Assessments and plans are dynamic and change in the light of emerging issues and risks. Assessments (including early help assessments) are timely and proportionate to risk. They are informed by research and by the historical context and significant events for each child. They result in direct help for families if needed and are focused on achieving sustainable progress for children. Help given to families is proportionate to the level of need. Information-sharing between agencies and professionals is timely, specific, effective and lawful.

Assessment and Plans

Early Help Assessment

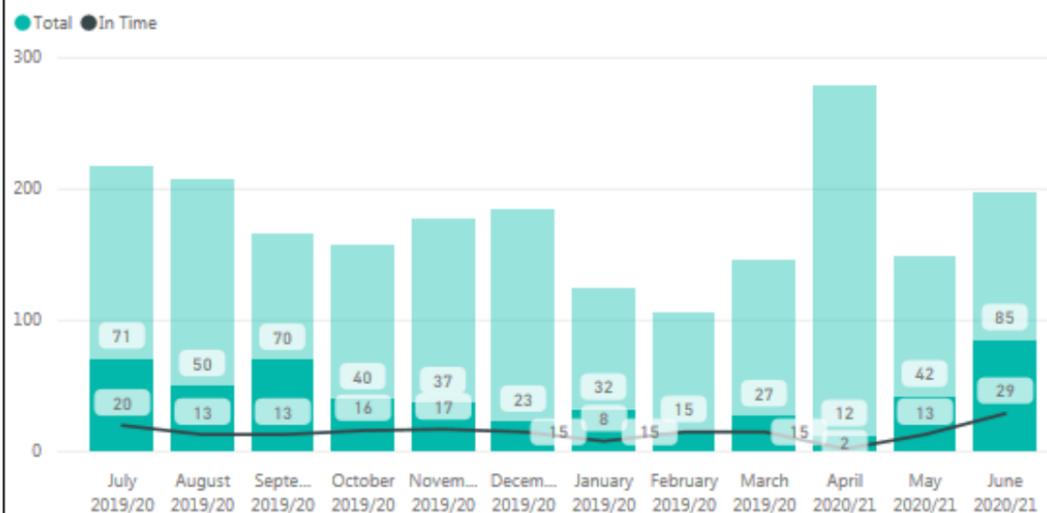
A new Early Help Assessment will be rolled out to all partners by the end of quarter 3. Whilst this exciting work is most certainly a step in the right direction, at present it remains in its infancy and it is hoped that with time we will be able to see the impacts of this resulting in an increase of referrals to Early Help.

Single Assessment

Whilst the trend line indicates that there has been an overall decline in performance for this indicator over the last 12 months, given the increase in demand and the volume of assessments completed within timescale, it must be acknowledged that this indicator overall is heading in the right direction. For example, on average the number of assessments completed on time per month has increased by 70 assessments between April 2019 and April 2020. Overall, this is a positive picture given the challenges associated with service delivery during Covid 19.

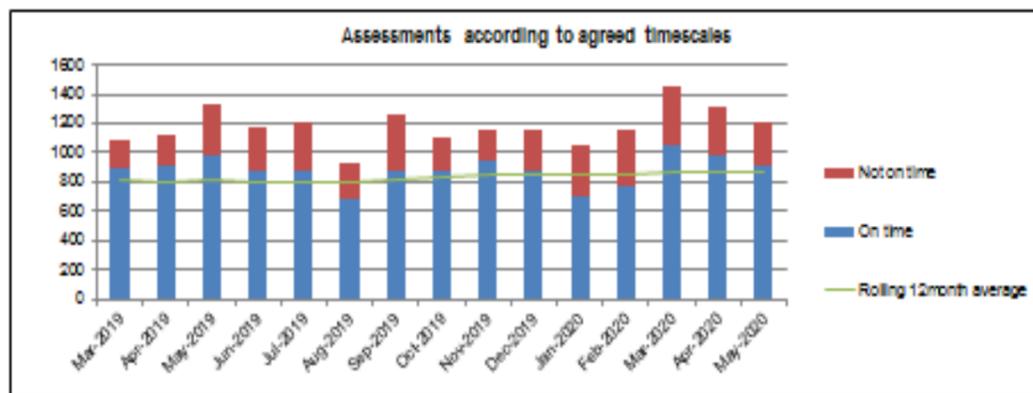
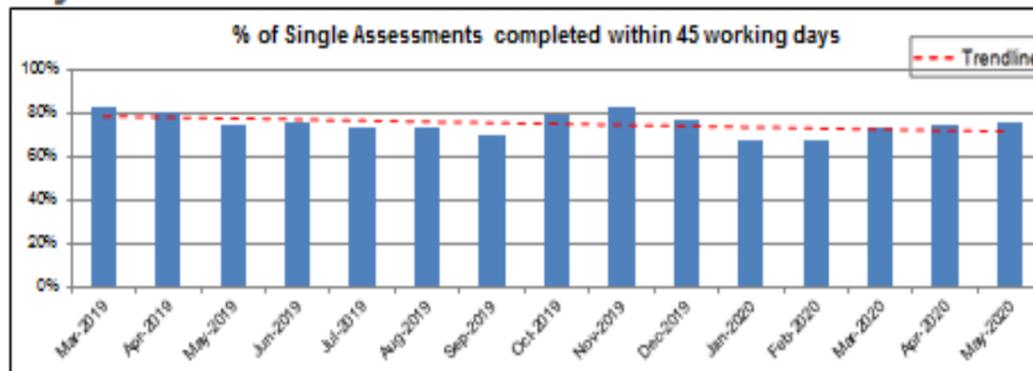
We have completed a total of 6,194 assessments in the last 12 months. The assessments have identified domestic abuse being the highest category, followed by mental health and then neglect.

Total and In Time by FYMonthDue



Over the last 12 months 504 Early Help Assessments have been completed with consistent numbers over the months however there does seem to be an increase in April having the highest figure over the last 12 months. The concern has been around timescales with only 35% completed on time; this is currently being reviewed to ensure targets are realistic and achievable.

7. % of single assessments completed within 45 days



To monitor and review the Early Help Assessment identifying what's working well and any areas of improvement.

Although the compliance is an improving picture there is still work to be done to ensure robust and strong quality assessments are embedded, this is being supported by:

- The recent launch of revised practice standards coupled with a rigorous audit schedule is anticipated to have some impact in this area.
- A newly developed Practice Supervisor role.
- There is an increased sense of stability in the management structure following a series of permanent appointments. We would therefore expect to see a continued improvement in this area.
- The Practice model is out for consultation once agreed this will provide a robust framework around practice models based on research and evidence. The practice model is directly linked to the Quality Assurance Framework to ensure consistency in practice and a golden thread approach.

Children in need of help and/or protection have a plan setting out how they will be helped, how their needs are going to be met and how risk will be reduced within the timescales appropriate for the child. If families refuse to engage, clear contingency plans are in place. These are based on the assessment of need and risks to the child. Action is taken to avoid drift and delay. Plans and decisions are reviewed. Alternative decisive action is taken if the circumstances for children do not change and the help provided does not meet their needs, or the risk of harm or actual harm remains or intensifies.

SMART Plans
 To improve overall outcomes, it is essential that plans are effective and robust. The Heads of Service have facilitated bi-weekly, thematic task & finish groups to focus on processes and procedures around Allocation & Assessment, Children with Disabilities, Child Protection & Children in Care/Care Leavers. In addition we have;

- Established a Court Proceedings Task & Finish group to review systems & process to address issues relating to drift & delay.
- Delivered:
 - New up-dated Practice Standards Booklet
 - Improved Children in Need Plan
 - Improved Child Protection Plan
 - Improved Care Plan
 - Updated ICPCCC Minute Template
 - Improved Outline Plan.

All of the above templates are in the process of being tested in Liquid Logic.

Edge of Care

Intensive Family Support

Intensive Family Support work with children and families involved with Children's Social Care where there are concerns about neglect.

Intensive Family Support; offer families up to three sessions a week, working with families for between 6 and 26 weeks.

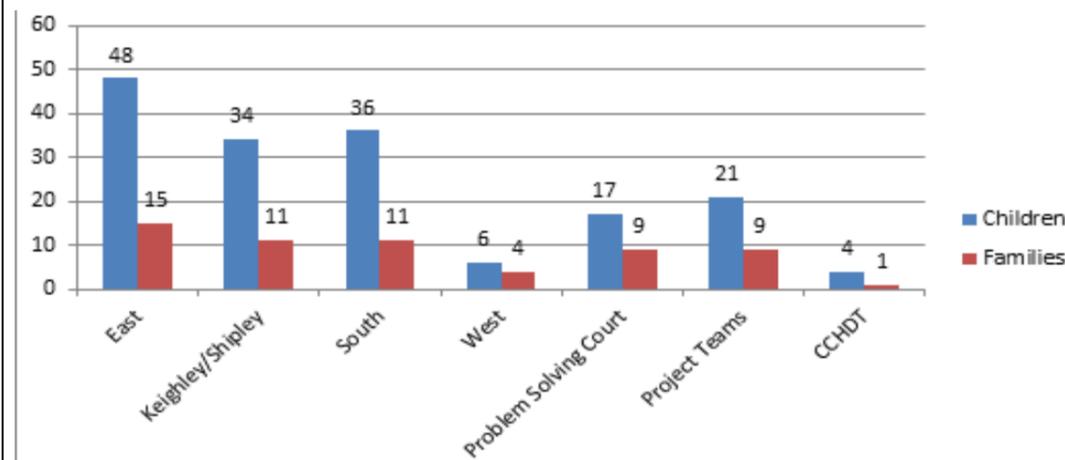
Support is mainly focused around routines and boundaries (including school morning routines and bedtimes), basic care (including personal hygiene, caring for new babies, safety and supervision), home conditions, parenting, budgeting and support to access other services where appropriate.

The team offer practical hands on support as well as advice and guidance using evidenced based programs and visual resources, tailoring support packages to individual family needs

The majority of children supported by IFS are under the age of 11 (83%). With the largest group being the 6-11 year olds.

Impact to be reviewed once all the revised templates and processes are in place by the end of August 2020. We envisage these changes will implement the following improvements;

- Ensure right support at the right time by the right service.
- Reflective/ critical assessments and plans.
- Develop a common language and thread from EH to CIC providing a wrap around service across the continuum of need.
- Ensure services are meeting the level of need and demand within a holistic approach working with families to enhance quality of life and overall outcomes.



The number of children currently open to IFS at present is 166 (60 families) The graph above offers a breakdown in relation to number of referrals by areas for the current 166 children.

To continue to improve standards and performance of social work practice working with children and families known to Children's Social Care by;

- Reviewed, streamline and embedded Child and Family Assessment process and practice.
- Simplified and embedded allocation of cases process and practice.
- Reviewed, up-dated and embedded CIN process and practice.
- Monitoring & Review Framework for Social Work Standards & Practice.
- Governance Process to embed standards of practice.
- Chronologies – the practice guidance has been drafted and once fully implemented will help overcome the inconsistencies.
- Use data of Scorecard to direct social work priorities and manage performance.

Specific actions for Intensive Family Support

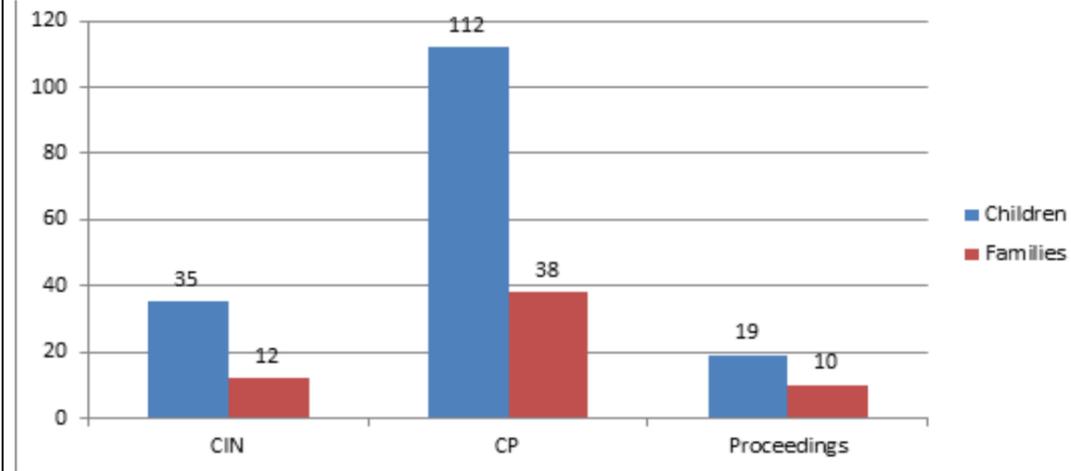
Case supervision template to be revisited to provide a more reflective and robust supervision framework, to incorporate CSC practice standards. To be implemented in the next month.

KPI's to be determined and shared with the team and CSC managers to include escalation processes for referrals, initial contact with social workers and families, attendance at meetings and case closures. To be implemented in the next 3 months.

Sessions to be completed with team to ensure case plans are SMART and offer a clear picture of IFS offer to the family. To be completed within the next three months.

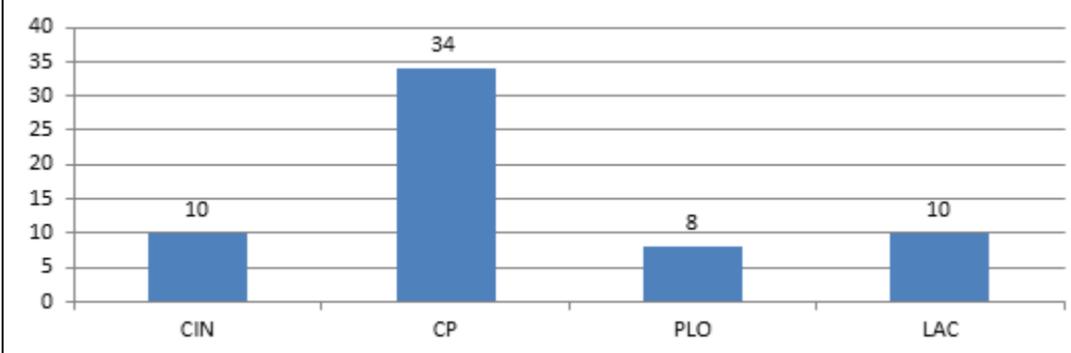
Case closure paperwork to be reviewed to evidence in all cases impact of IFS involvement on the family to include, parents, children and social workers views where appropriate. To be completed within the next three months in line with change in case planning and supervisions.

Feedback from families to be sought and recorded on a more regular basis. Ongoing process over the next 3-6 months.



68% of children referred to IFS are subject to CP planning for neglect and have all been on CP plans for less than 12 months. IFS made the decision not to accept referral for children that had been subject to CP planning for over 12 months to prioritise limited resources to where they would have the greatest benefit with families being motivated to make changes.

The number of families currently open to FGC at present is 62. The graph above offers a breakdown in relation to number of referral by areas.



The majority of referrals, 55%, are currently for CP cases looking for family support plans and respite to address some of the issues identified as part of the CP process. LAC referrals are often made to support families with contact plans or family support around the placement if the child is placed with friends and family.

Of the 62 open referrals the FGC team are currently working, 20 families have recently been allocated and workers are making initial contacts with social workers and families to explore the FGC process. 26 Families have agreed to FGC and preparation is underway, 16 Families have had successful FGC's and have plans in place to review them in 6-8 weeks.

Family Group Conferencing

Family Group Conferencing Service works with children and families involved with Children's Social Care in any circumstance where there is a benefit for the family having a support network and or the need for viabilities.

Family Group Conferencing aims to facilitate FGC's in 6-8 weeks offering families a confidential, independent and voluntary service that allows them to create their own family plans that CSC agree as long as they are safe and legal.

The team also offers mediation sessions to support family members to attend their FGC's and as a stand alone service to support with communication and contact plans.

A robust case monitoring system has been introduced to capture FGC data due to not recording on LCS to maintain confidentiality. The team is regularly updating the system with BSO support to prevent drift and delay with cases and ensure that the appropriate data is recorded and collated to support with service improvements. This has highlighted areas for development that will be addressed with KPI's (see section 3).

The team has adapted the FGC process following advice and guidance from the Family

Waiting times for allocations need to be improved as well as referrals that are appropriate to the service this is being addressed currently with the Edge of Care project, which should provide a streamlined service for referrals and the right families assessing the right support at the right time.

An End to End review is currently being undertaken of the Liquid Logic recording system. As the current system does not offer an opportunity for IFS to record on the system other than case notes. The hope is that the new system would allow forms to be created for IFS from referral to closure, making it easier to collate and access data and ensure consistency across cases.

Specific actions for Family Group Conferencing

Case supervision template to be revisited to provide a more reflective and robust supervision framework, focusing on FGC practice standards. To be implemented in the next month.

To explore recruiting a pool of casual FGC coordinators to cover leave and sickness and increased demand in referrals to prevent families waiting for a service.

Ensuring that children's views are incorporated into all family plans as standard, with a clear indication on the family plan of what children would like to happen, this can be taken from other professionals contact with the children if relevant. If the children do not wish for their views to be shared or we have been unable to obtain them this needs to be recorded with a clear acknowledgement of how, when and by whom the children's views will be sort and how the plan will be adapted if needed. This will be discussed in supervision and included in KPI's. To be implemented over the next 1-2 months.

KPI's to be determined and shared with the team and CSC managers to include escalation processes for referrals, initial contact with social workers and families, attendance at meetings and case closures. To be implemented in the next 3 months.

All cases entering the PLO process to be offered an FGC from LGP, worker will contact social workers to

Right's Group (FRG) to facilitate video and conference call FGC's allowing families opportunities to discuss support they are able to offer to address CSC concerns and keep their children safe. Viabilities have also being identified through this process.

Children's views are integral to FGC's and FGC coordinators in the majority of cases spend time with children listening to their views, this is not however always recorded on family plans. Where children's views are identified and shared, families are able to make plans that address their needs and concerns (see section 3).

Be Positive Pathways Initiative

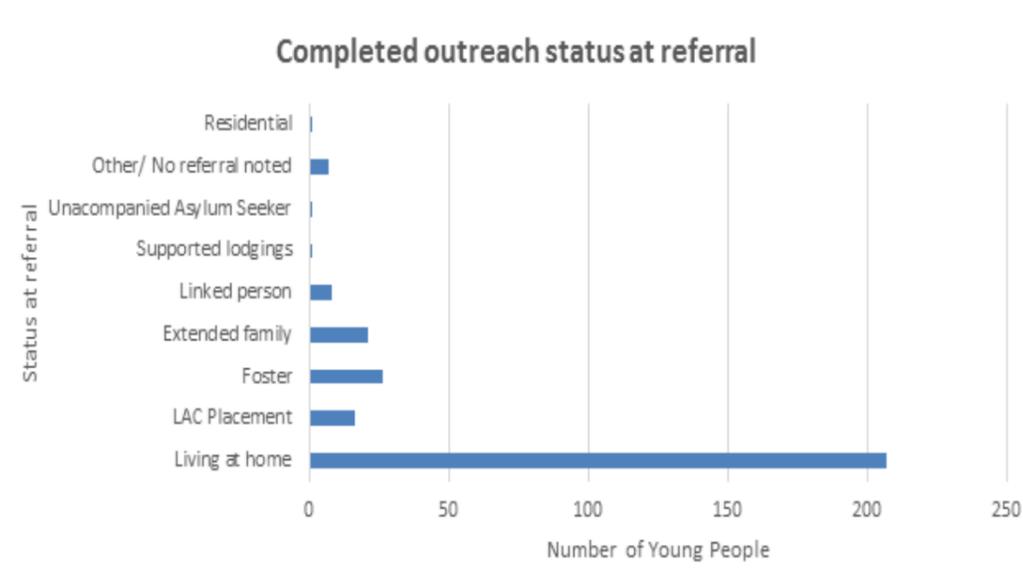
BPP supports young people from the age 11 to 17 who are on the Edge of Care and involved with Children's Social Care. The main reason for referral into BPP is around parenting difficulties, followed by at risk of/subject of CSE and followed by socially unacceptable behaviors.

The BPP Initiative has the support of a dedicated health team which consists of Forensic and Clinical Psychologists, Speech & Language Therapists and Occupation Therapist. The health team supports the work of the both the BPP Hub and Outreach and also the three Specialist Children's homes that are part of the BBP Initiative.

Working with families considered to be 'edge of care' involves consultation or direct assessment and intervention with young people and carers. The role also involves supporting staff and young people across other Council residential homes, where there is a specific need for consultation, assessment or intervention. The Psychologists lead on Neurodevelopmental assessment referrals or where appropriate, completion of full assessment; this may include developmental history, social observations, QB test, ADOS, WISC and JAC clinic.

Training for residential staff, both formal training offerings and informal training/support sessions via staff team meetings is also part of the Psychologists remit.

The role of the Speech and Language Therapists is to work with the young people to improve their understanding, speaking and language skills.



The majority of outreach cases were 'Living at Home', followed by those living in 'Foster Care' and then with 'Extended Family'

complete referrals to streamline the process. To start with the next 2 weeks.

Feedback from families to be sought and recorded on a more regular basis. Plans in place for how this will happen so to start in the next month.

The securing of the Wedgewood Bungalow (Crash Pad) for the Residential Service will open up an invaluable resource that has a multitude of uses which will better meet the needs of certain young people needing to be looked after at short notice and when their needs and the needs of other young people would be best met in a singleton placement

Recruitment is underway to fill a number of Residential/Outreach positions (7.5) and we are looking at the induction and support process for these new workers and the necessary performance management of these workers in the future, ensuring the outreach service is working effectively and getting the very best outcomes.

Developing our Edge of Care offer

To improve the support children and young people receive on the edge of Care we have collated information to provide an insight into the needs of children and families, through a review of requests for service to the Intensive Family Support team (including the Family Group Conferencing team) and the B Positive Pathways (BPP) team and the service responses to help us to identify where there are potential gaps. This will support to minimise the need for children to come into care and opportunities to reduce the time in care.

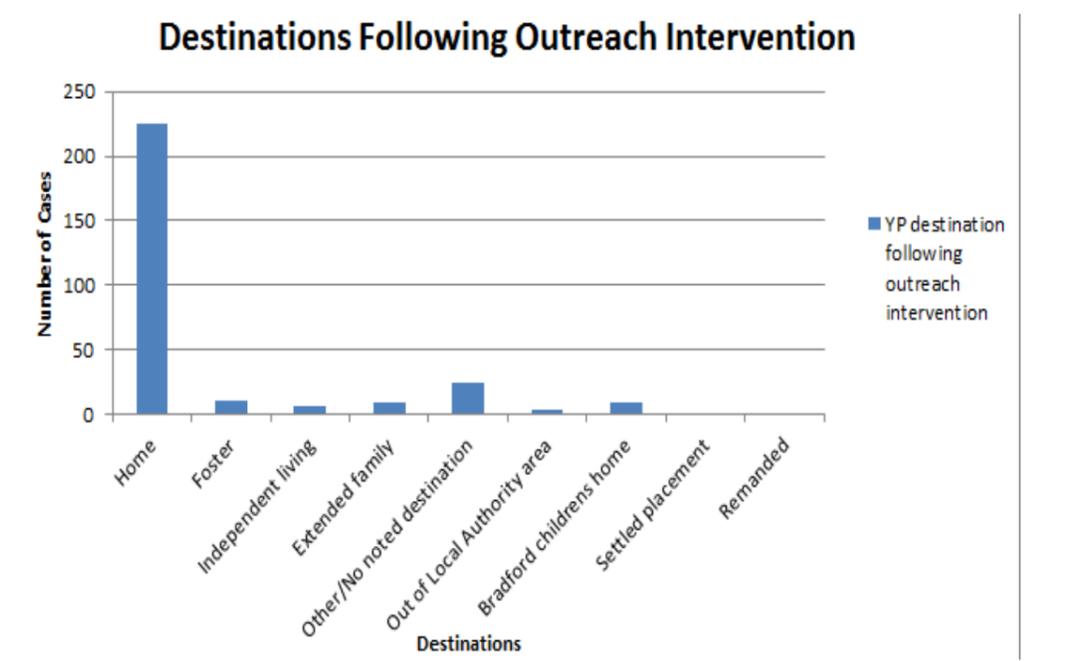
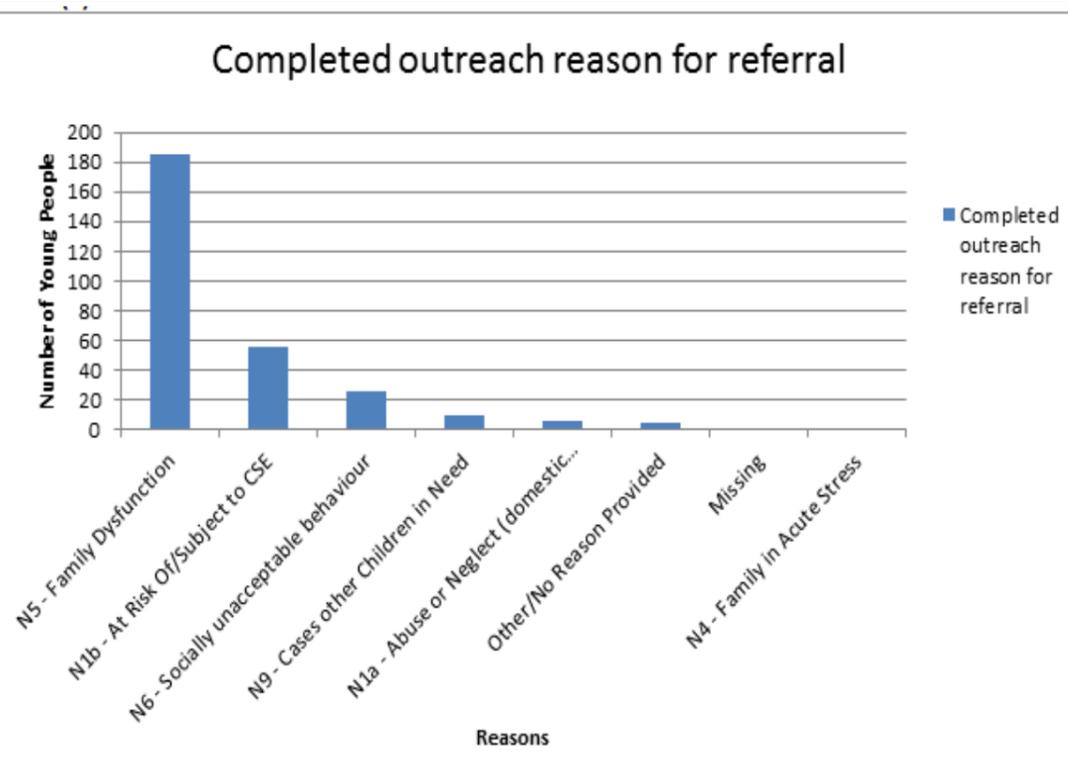
Our Occupational Therapist focusses on both resuming and developing the skills that young people need to help promote recovery. The Initiative has the additional support of a Specialist Teacher, who has extensive experience in the role of a SENCO within schools.

The Initiative also has the support of two PCSO's who build trusting relationships with the young people in the Initiative and offer guidance and support around behaviours and minor criminal matters.

The BPP Initiative covers the whole of the Bradford district and can work with up to 80 to 100 young people and their families/carers at any one time.

The aim is to support young people and their families to make the necessary changes so that the young people are able to remain at home if they are not looked after or in their current placement if they are in a foster care placement, ensuring permanency for the young person.

The initiative has the additional resource of 4 emergency beds at the Hub, where the aim of the plan is to quickly return the young people home with the transitional support of a Residential/Outreach worker, to ensure the return home is successful.



Shows the destination of the young people after BPP interventions with remaining at 'Home' being by far the greatest number.

Children in Need

We have a total of 1,058 children on a CIN plan with Disabilities being the highest with 259. The highest numbers of children remain on the CIN plan for under 3 months followed by 6-12 months which indicates interventions are supporting families to make sustainable changes and step down from CIN plans within reasonable timescales.

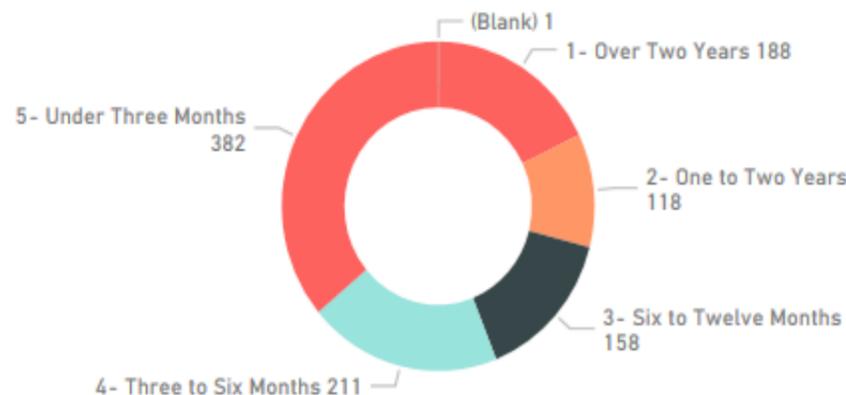
A weekly performance clinic chaired by the Service Manager and overseen by the Head of Service has recently been embedded as part of 'normal business'. The expectations around children being seen and their plans being reviewed regularly is reinforced which has contributed to the overall performance figures being positive. It is hoped that by sustaining a foundation of compliance, it will support us in shifting our focus on to quality and consistency for our children in need.

CIN Audits

To ensure quality and identify gaps CIN audits have been conducted;

- Improved compliance provides a starting point for improvements in quality.
- All of the files looked at in this sample have had evidence of management oversight, particularly in the form of allocation notes and monthly supervision.

CIN by Length of Time on Plan

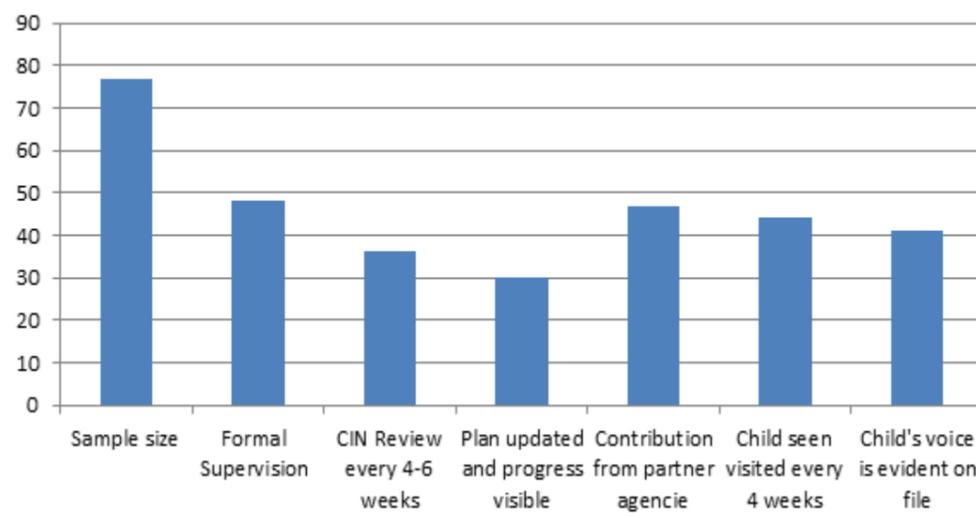


% CIN Reviews up to date



The above graph evidences localities reaching 90% or above apart from South who are just under for reviews completed in time, with a total average of 89.3 % CIN reviews up to date.

Audit Outcomes - All



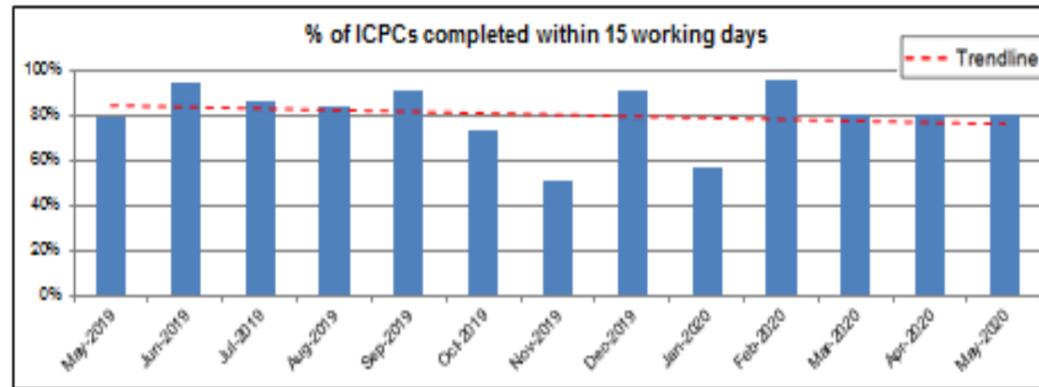
The below actions have been identified to address key areas of improvement in relation to the CIN audit findings ensuring a learning culture is embedded:

- Work with PSs to deliver sessions for social workers and managers on SMART planning and ensuring that there are clear objectives, tracking and monitoring, time limited and impactful.
- Increased focus on elements of CIN performance by HOS and SM specifically CIN reviews which have not been a primary focus thus far.
- Regular meetings to take place between Locality Service Manager and Early Help Service Manager to review the quality of 'step down planning'. Safety plans should be visible, understood and tested for an agreed period prior to a case progressing to closure.
- Inclusion on CIN Plans and Reviews on the new QA calendar.
- Launch the revised CIN Review and CIN Plan templates.
- Implement the LCS Supervision Form which will assist with strengthening management oversight and avoiding drift and delay.
- Provide clarity to staff on expectations in respect of Supervision Orders and in cases where our role is to prepare a S7 report but there is no other evidence of need beyond the private law matter.

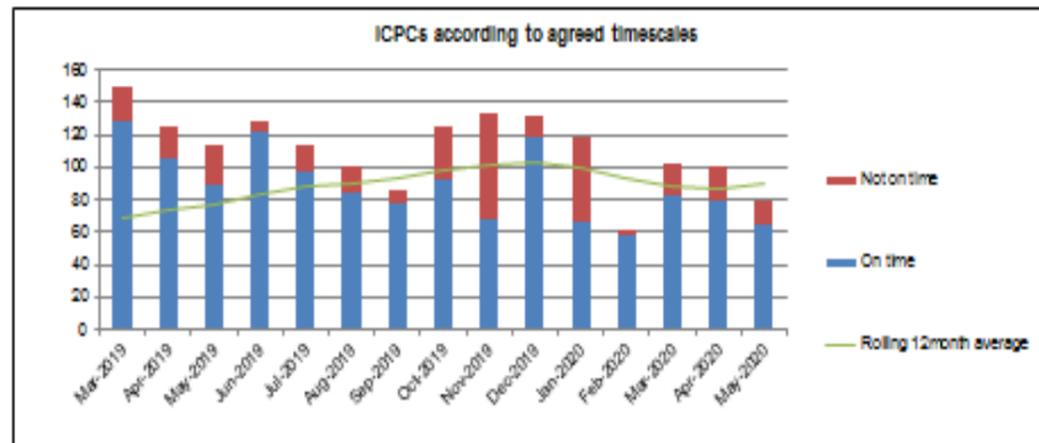
ICPC

Following the controls introduced in January 2020, the volume of ICPC's held on time has improved and appears to be sustained we know this as the graph evidences the last 3 months being consistent at 84% of ICPC being completed on time.

8. % of Initial Child Protection Conferences within time



To sustain an increase in the timeliness of ICPC which have stabilised at 84%. We need to concentrate our efforts on narrow the gap of those that are not being completed on time.



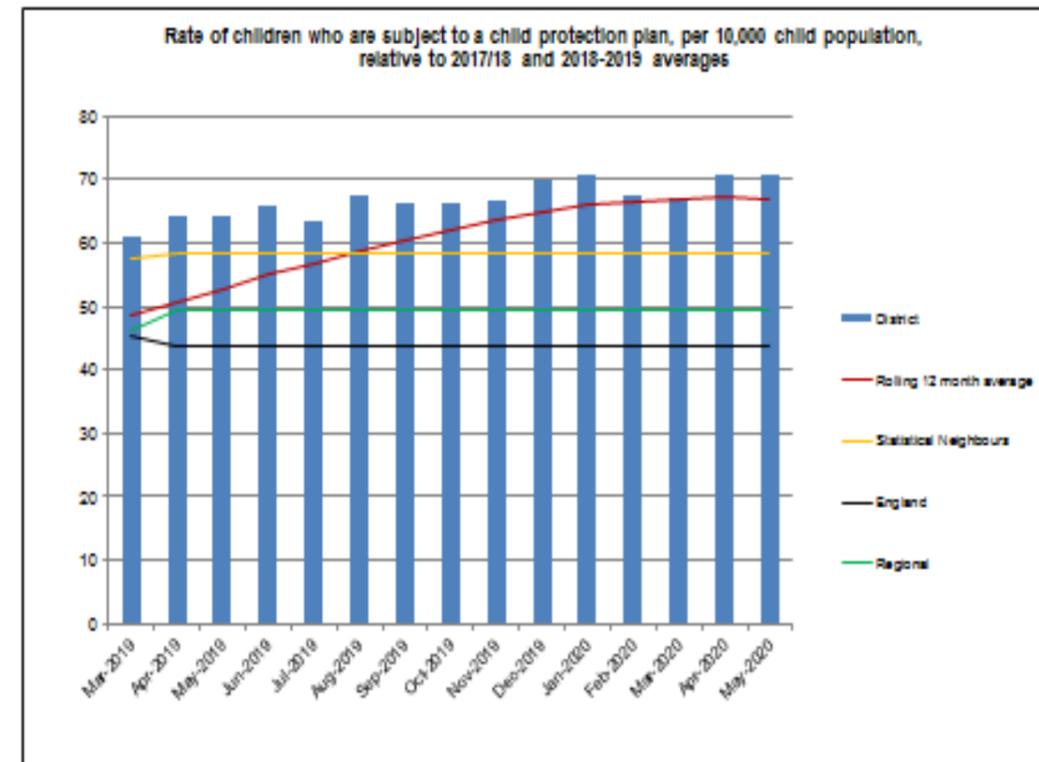
The reasons for delay continue to be related to notifying the unit in time and delay in the process being triggered in LCS. Information has been shared with social worker and team managers about the process and the necessity for the notification and the ICPC trigger to be completed asap. Details regarding late ICPCs are shared with HoS.

Rate of CPP

The number of children subject to a child protection plan was 1,000 at the end of April. Over the past 4 months, the increase in rate of children subject to a CP plan has slowed down.

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

Our rate is above the statistical neighbour average (2018/19); audit activity has highlighted that we are applying consistent thresholds regarding decisions to make children subject to child protection plans.



The audit completed in January 2020 identified that we are making appropriate and timely decision making in 80% of the cases reviewed.

We recognise that when children have been subject to a child protection plan for over two years', they experience drift and delay. To address the issues and concerns identified, the new team manager for the child protection service has been given a clear remit to focus on challenging decision making for this cohort of children. This is working positively to address the drift and delay for these children but also to challenge social work practice and embed a reflective culture.

Legacy Cases

The number of children subject to child protection plans for over two years has shown a steady decline; this is positive progress.

All child protection plans are now reviewed at 13 months by team managers and service managers embedding high support and high challenge practice.

Timeliness of CP Visits

The data for April is slightly better than the data received for March and it is expected that the figures for May will build upon this progress even further. With a newly established permanent leadership team, there is an increased level of governance around performance data which is tracked on a twice weekly basis.

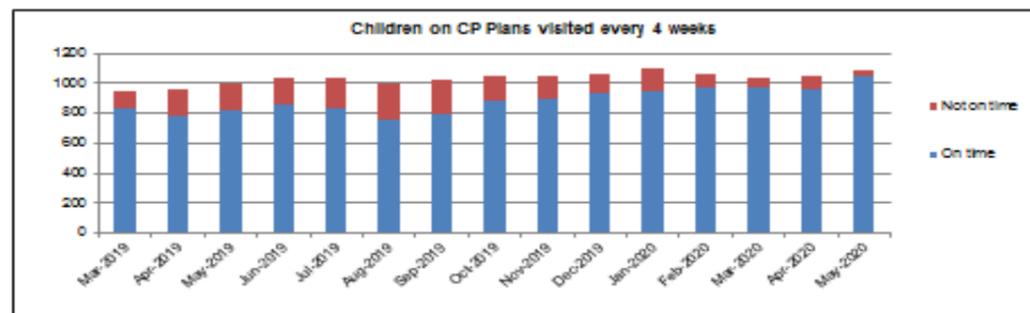
The data suggests that we are on an upwards trajectory in relation to the timeliness of visits for children in care. We have also managed to narrow the gap by reducing the number of visits not being completed from 81 in April to 32 in May.

Length of CPP

Percentage of Child Protection (CP) Plans lasting two years or more, in the year														Trend	Bradford Target	Statistical Neighbour Average
May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20				
3.4%	3.1%	3.3%	3.2%	2.8%	2.8%	2.8%	2.9%	2.7%	2.8%	2.3%	2.3%	2.2%		3.5%	1.5%	

Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time in the year														Trend	Bradford Target	Statistical Neighbour Average
May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20				
17.9%	17.6%	16.3%	16.4%	16.1%	14.9%	15.2%	15.1%	15.3%	15.1%	15.2%	15.4%	15.1%		14.0%	20%	

5. % visits completed on time

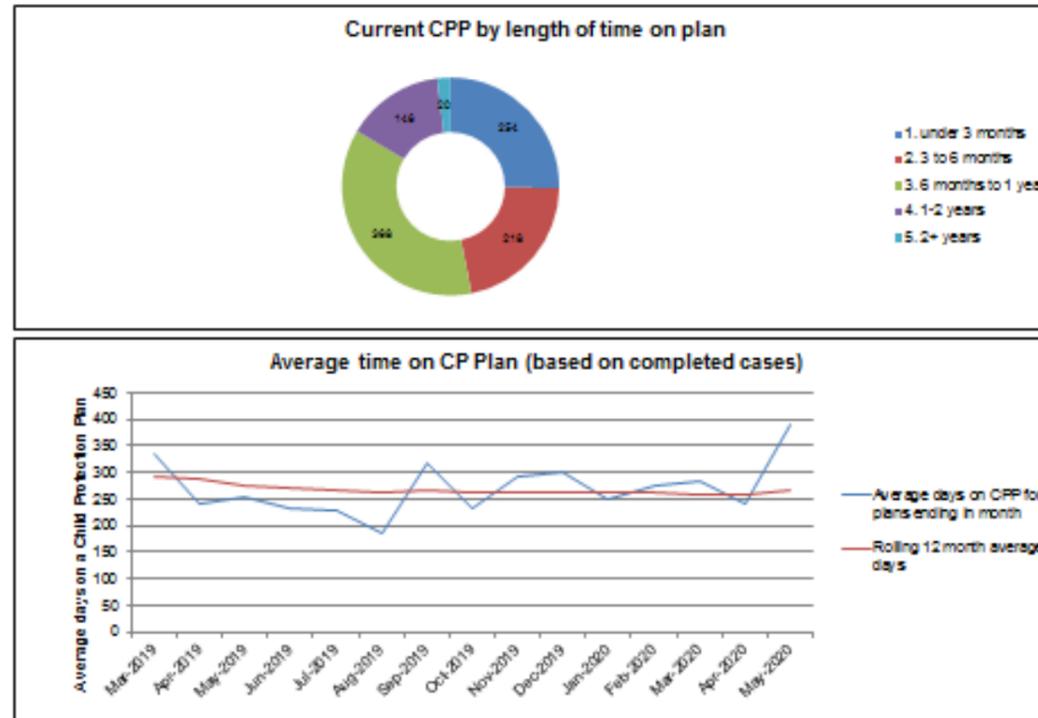


Timeliness of CP Reviews

Data for the last 6 months' highlights that reviews are completed on time with a total average of 98.5%

In terms of length of time on a plan, there has been a drive on reviewing cases over 18 months alongside implementing a new process where CPCs are undertaking a review and a discussion with locality SW and TM to look at the plan to ensure that this remains appropriate and necessary. Whilst there has been some positive work completed to reduce these number, further work needs to be done to reduce the number of children subject to plans for over 18 months whilst working to ensure that there is no drift or delay for all children subject to plans.

3b Length of time on Child Protection Plans



The breakdown of timescales is as follows –

- Children subject to plans over two years – 19. This equates to 8 families. The oldest case involves two children who have been subject to a plan since 2016.
- Children subject to plans between 18 months to 2 years – 24. This equates relates to 11 families.
- Children subject to plans between 12 to 18 months – 143
- Children subject to plans between 9 to 12 months – 149
- Children subject to plans between 6 to 9 months – 214
- Children subject to plans between 3 to 6 months – 201
- Children subject to plans under 3 months – 250

Over 50% of the cases are held within the East and South locality and there appears to a disproportionately low number of CP for children with disabilities.

Practice areas –

- SMART planning – this is a critical area to support planning and intervention to be purposeful and effective. Objectives need to be clear and support the areas of concerns identified. CPCs have been asked to start drafting a SMART plan but this is a new process to support locality work. SMART planning is scheduled to be an area on the new L and D bulletin and will be the focus for the PS session in July 2020 which will then be the focus of work for the coming month in terms of driving improvement in their respective teams. This approach alongside the changes to LCS should have a positive impact in this area. It is anticipated that it will also help reduce the drift and delay in the system and achieve permanence planning more robustly.
- Quality of assessments – work needs to be completed on using the new assessment form (when it goes live) to ensure that assessments are robustly identifying the risks. Practice supervisors will co-work with Social Workers to update assessments for children who are 'stuck' on Child Protection plans.
- Quality of core groups - new template has been circulated and is now in use to support the work being completed between conferences being used purposefully to address the risks identified to inform what needs to happen next for children and families. This will assist with improving focus and ensuring that plans remain purposeful to enable change.
- Quality of visits – support needs to be developed and provided from the practice supervisors to drive improvement regarding how visits are planned, completed and recorded on the system to reflect the work completed and how it is making an impact for the child.
- The Child Protection Coordinators (CPC) need to develop a more engaged and prominent role in CP cases to ensure that there is no drift or delay, the plan remains purposeful and is responsive to the changing circumstances of our children and families. The new review process is supporting relationships to develop and provide a forum for discussion. However, the CPCs need to ensure that they are filling the role of a “critical friend” and QA; it is

Data and audits are evidencing that we are improving compliance across our work in child protection. We need to build on this to ensure that the quality improves to support good service delivery.

Management Oversight

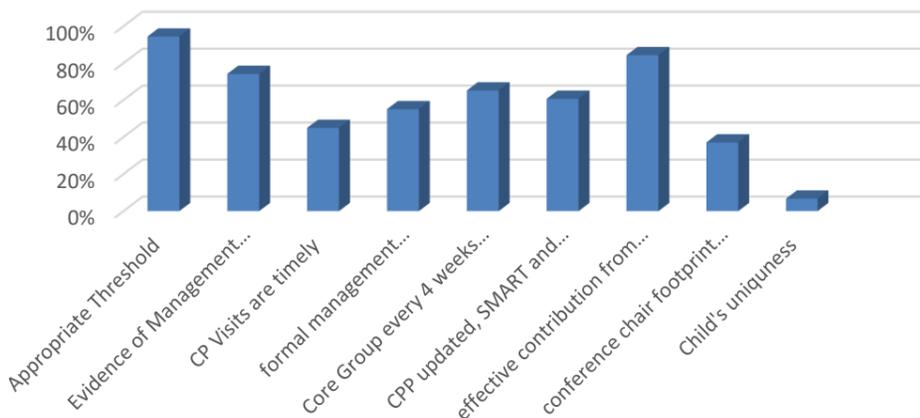
Performance data highlights that the implementation of supervision is increasing; the area of improvement is quality.

A new resolution and challenge process was implemented in April 2020 with practice discussions to take place to support the use of informal and formal challenge and how this is evidenced on the case file. It is difficult to assess the impact of the process as the data/ evidence has not yet been made available in Power Bi.

Step Up and Step Down

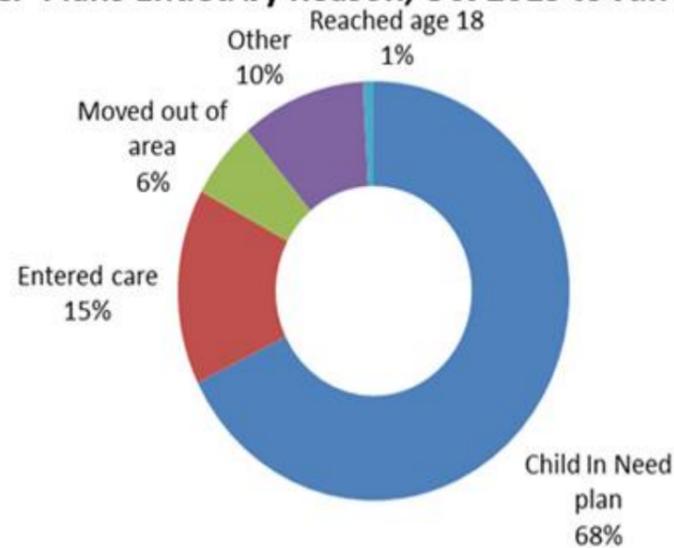
In the last 8 months 68% of CP cases have stepped down evidencing the impact of targeted interventions and sustained improvements made by families.

Child Protection Case file Audit Findings (% of audited cases compliant)



Recent dip sampling audits undertaken across all 4 localities highlighted that thresholds are being applied appropriately and that there is effective contributions from partner agencies.

CP Plans Ended by Reason, Oct 2019 to Jun 2020



Reason Ended	CP Plans Ended
Child In Need plan	463
Entered care	103
Moved out of area	41
Other	70
Reached age 18	6
Total-	

Over the last 12 months Early Help services have stepped down 1731 families and stepped up 247 families, this is linked to identification of increased risk placing the child/ young person at significant harm.

therefore proposed that CPCs complete an audit after each initial conference and the one at the 9-month point to review the quality of the work and the impact that this is having for children and families. CPCs also need to develop their confidence with the new resolution and challenge process. Further work and support is requested to develop the reporting mechanism for Power Bi to monitor and review the performance of CPCs.

- A new challenge and resolution process has been implemented for CPCs and for the Independent Reviewing Officers to ensure that we are avoiding drift and delay.

<p>Children and young people are protected through effective multi-agency arrangements. Key participants attend multi-agency meetings.⁴ These meetings are effective forums for timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales and the help and protection provided reduce risk and meet need.</p>	<p>Multi-agency working Audits have identified across the spectrum of cases that conferences are quorate and partner agencies are engaged in plans. Review of agency attendance at initial and review conferences highlighted that there is good attendance from social workers, police, health visitors and education.</p> <p>Core Groups Data highlights that 5,244 Core Groups have taken place in the last 6 months, 88.3% were completed on time.</p> <p>MARAC Early discussions have commenced re the role and contribution of CSC in the MARAC. The process will be reviewed and adapted where required</p> <p>Strategy meetings While conducting a dip sample audits the auditors did consider the impacts of partnership working in strategy discussions and identified to monitor the attendance of partners from Police and Health Services which is sometimes inconsistent.</p> <p>Police Protection From the 1st January 2020 to 30th June 2020 we have had a total of 25 police protection cases which have resulted in;</p> <ul style="list-style-type: none"> • Family & Friends 3 • Fostering 20 • NHS/Hospital 1 • Residential 1 	<p>Core Groups On Time</p> <p>From the dip sample, 93% (82/88) of strategy meetings were compliant with Working Together (2018) guidance and featured attendance from Social Care, Police and Health colleagues.</p>	<p>There is further work to be completed to ensure that reports are completed in time so that information can be shared with the family and professionals prior to the meeting to ensure that it is effective and focused.</p> <p>MARAC Complete review of the current arrangements for MARAC meetings to ensure the arrangements are consistent, at the right level and Children's Services are effectively contributing to the multi-agency approach to have clear understanding of roles, responsibility and accountability</p>
<p>Management oversight of frontline practice Decisions are made by suitably qualified and experienced social workers and managers. Actions are clearly recorded. Systematic and high-quality management oversight of frontline practice to drive child-centred plans and actions within the</p>	<p>Management oversight and Quality Assurance 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. We have implemented the following to improve management oversight;</p> <ul style="list-style-type: none"> • Simplified and embedded allocation of cases process & practice. • Child Protection process & practice. 	<p>Monitoring & Review Framework by establishing the Practice Standards Audit Tool which has been developed and will be implemented by the new Practice Supervisors to ensure the standards are embedded and quality of practice is improved.</p>	<p>New supervision policy due to be launched by August 2020 which will includes procedure, standards and guidance for staff.</p> <p>Creation of a supervision database:</p> <ul style="list-style-type: none"> - as a central point to enable all personal/professional supervision to be collated and linked with relevant information relating to performance, audits etc. - to support the identification of development needs for individuals and for the service to assist managers to manage performance more effectively.

⁴ Case conferences, strategy meetings, core groups and multi-agency risk assessment conferences (MARAC).

<p>timescales appropriate for the child. Effective and timely planning, support and decision-making takes place during pre-proceedings work.</p>	<ul style="list-style-type: none"> Reviewed, up-dated & embedded CIN process & practice. New CIN practice standards have been completed. HoS to embed in to practice. Reviewed, up-dated and embedded Court proceedings and PLO process & practice. Governance Process to embed standards of practice. 		<p>Implementation of a new LCS Form for case supervision.</p> <ul style="list-style-type: none"> A new form has been designed in consultation with TMs and Practice Supervisors and approved by CSCMT. The form provides a specific focus on the tracking of agreed actions and a greater focus on child's lived experience.
<p>Participation and direct work with children and families Children, young people and families benefit from stable and meaningful relationships with social workers. They are consistently seen and seen alone by social workers if it is in the best interests of the child. Practice is based on understanding each child's day-to-day lived experience. Children are safer as a result of the help they receive.</p>	<p>Participation and direct work with children and families All projects within the four Improvement Programmes contribute to the Lived Experience theme within the Ofsted Improvement Plan. This will strengthen and developing our working practice with children and young people.</p> <p>In line with Signs of Safety direct work is implemented on a regular basis using tools such as the 3 houses which is evident in case files.</p>	<p>Although there is much progress still to be made, there is evidence that:</p> <ul style="list-style-type: none"> Children and young peoples' needs and wishes are being considered in case work and evidenced through case audits. Children and young people are being consulted on core documents and changes in social care practice through the improvement work plans. Voice of the child/young person is heard through offering a return home interview to every child/young person who goes missing in the Bradford District gives the child/Young person the opportunity to be heard & help understand and address the reasons why a child/young person goes missing. <p>Practice Standard guidance in relation to direct work;</p> <ul style="list-style-type: none"> I use direct work tools that are engaging and appropriate to children's age, need and level of understanding; I take the time to get to know the child that I work with; I listen to what children want, making sure that this informs my work and recommendations; I understand each child's journey, circumstances and family background from reading their file; I talk to the child to understand what is important to them and what is happening for them; The child's voice is recorded clearly in all my assessments and plans; I record information clearly and accurately so that a child is able to understand decisions that have been made about what is happening should they want to read their file. 	<p>We are currently identifying children who have had or not had life story work using the permanence trackers. For those children who have not had life story work, we will commission this work to be completed as a matter of urgency.</p>
<p>Children and young people are listened to. Practice focuses on their needs and experiences and is influenced by their wishes and feelings. Children, young people and families have timely access to, and use the services of, an advocate. Feedback from children and their families about the effectiveness of the help, care or support they receive informs</p>	<p>The child's voice Recent section 47 audit sample identified the child's voice was evident in 44% (34/77) of cases. Where the child was seen and spoken to alone, the outcome of this contributed to the recommendations and next steps.</p> <p>Advocacy Services NYAS are commissioned to provide support to children over the age of 8 to participate in the Initial Child Protection Conference (ICPC).</p>	<p>Between 01.01.2020 to 21.05.2020 there have been a total of 98 referrals. Of these 92 children have accepted the support of the advocacy service and 4 has refused. NYAS have represented 80 children, 3 of whom attended their meetings.</p>	<p>To ensure the child's voice is captured and at the heart of all what we do the below practice needs to be embedded;</p> <ul style="list-style-type: none"> Training for all team managers is being rolled through September and August to develop skills in triangulation of assessments and recognizing where there are gaps in evidence or where the child's voice and identify needs are not captured. An End 2 End review is currently being undertaken of the Liquid Logic recording system building in a section on the child's voice into the S47 record will support a non-negotiable culture of this being consistently captured. For young children and for children with complex communication issues, social workers to be

<p>practice and service development</p>			<p>supported to capture observations and look at what this means for the child in terms of their wishes and feeling.</p> <ul style="list-style-type: none"> • Participation codes to be added to LCS to record when children when children have been asked and how they subsequently were involved in the conference. • Young people's views to be captured in the minutes of meetings; templates have been changed and the minutes have a section that specifically relates to the child <p>To develop a Child and Young Person Participation approach, strategy and plan to ensure the voice of the child is represented and acted upon through Early Help and CSC practice.</p>
<p>Identifying and responding to all types of abuse recognising the vulnerability of specific groups of children. Neglect, sexual abuse, physical abuse and emotional abuse are effectively identified and responded to. Children and young people who live in households, where at least one parent or carer misuses substances or suffers from mental ill-health or where there is domestic violence, are helped and protected.</p>	<p>Identifying and responding to all types of abuse recognising the vulnerability of specific groups of children</p> <p>Domestic Abuse</p> <p>Domestic abuse notifications are identified triaged and progressed by the IFD. Ensuring vulnerable children receive the right support, from the right service at the right time.</p> <p>The Youth Service Breaking the Cycle Team work with many young people where they are living in a family that has a multitude of support needs. Often this presents itself in adult behaviours, ineffective parenting and boundary setting and young people who are not supported to transition into adulthood by family members and carers. We work hard to ensure that we identify early the influencing factors in a young person's life, to draw in other services as appropriate to support parents. We will work with young people to develop their resilience and to ensure they have well considered safety plans for situations that are out of their control and that they have trusted adults who they can talk to about the difficulties they may be facing at home.</p>	<p>Total number of Domestic Violence for 2nd July 2019 to 2nd July 2020 which resulted in the following outcomes;</p> <ul style="list-style-type: none"> • Contacts 4027 • Progressed to Referral 1086 • Progressed to Assessment 705 	<p>To further strengthen out Domestic Abuse service we plan to;</p> <p>To ensure continuous improvements to our response to DA the quality of this work will be scrutinised by a front door health check due to take place on 22nd July.</p> <p>Embedding of the practice model guidance by completing the Neglect toolkit and DASH RA as a second assessment to strengthen and deepen our understanding of needs, risks and resilience factors across the Continuum of Need</p> <p>Development of a comprehensive, mandatory training programme to ensure all staff (across all relevant services) are trained:</p> <ul style="list-style-type: none"> • to an appropriate level that provides the right skills and knowledge about domestic abuse. • to recognise the indicators of domestic abuse, specifically relating to the DASH assessment. <p>Development of a Domestic Abuse team delivering therapeutic interventions to support children and families who are or have been subject to domestic abuse. The delivery model will offer targeted one to one interventions as well as group based activities implementing a trauma based model focusing on emotions and feelings.</p> <p>Themed audits undertaken specifically on DA to improve quality of practice and highlight areas of concern.</p>
<p>Social workers recognise the factors</p>	<p>Children with a disability</p>	<p>KS1 to 2 progress measures for CLA with SEN (E and K) has shown significant improvement from 2018 to 2019 to be above both regional and national averages</p>	<p>Provide additional training to Social Workers around the SEND code of practice and the support</p>

that can make children more vulnerable and tailor their interventions appropriately. This includes, but is not limited to, disabled children, children who are privately fostered, children not attending school, vulnerable adolescents and children at risk of radicalisation or exploitation or becoming involved in gangs.

The Virtual School has 2 qualified SENCOs and since September 2019 have expanded this with a further 3 staff appointed to support the identification and assessment of CLA SEND needs. Schools and Social workers have access to specialist support and expertise to ensure provision meets the needs of CLA from a dedicated team in the Virtual School.

Since September 2019 the Virtual school have introduced a specific Personal Education Plan for all CLA in specialist provision. Since February 2020 biweekly meetings are held between managers in the Virtual School and the SEND team to progress individual CLA cases and the Virtual School is also represented on the LA EHC panel

SEND

We have established close relationship with the children with disability team and the adult disability team. These teams consistently attend annual reviews, provide specific advice with social care outcomes and provision. Decision about direct payments is made at EHC panel where there is health/CCG school and LA education attendance

Radicalisation & Exploitation

The Youth Service Breaking the Cycle Team are a focussed intensive intervention project, working with vulnerable young people who are not attending school, at risk of radicalisation, exploitation and involved in gang and organised crime activity. We consider the staff team who work this project to be specialists in these areas and using a youth work approach to the work we currently have an engagement rate of 95% of those referred into our project. Our overall aim is one of harm reduction, protection and breaking the cycle of criminality. This means that work often starts on street based locations and through detached work sessions, working with referred young people 1-1 and with their wider peer group.

for CLA with SEN. KS4 Progress 8 and progress in Maths and English for CLA with SEN show similar improvement from 2018 to 2019 to be above both regional and national averages.

SEN (CLA) 2017		Average Progress Score		
KS1 to KS2	Progress 8	English	Maths	
National	-1.64	-1.83	-1.3	
Yorks and Humber	-1.64	-1.93	-1.32	
Bradford	-1.37	-1.66	-1.12	
SEN (CLA) 2018		Average Progress Score		
KS1 to KS2	Progress 8	English	Maths	
National	-1.64	-1.84	-1.29	
Yorks and Humber	-1.66	-1.89	-1.3	
Bradford	-1.68	-1.68	-1.32	
SEN (CLA) 2019		Average Progress Score		
KS1 to KS2	Progress 8	English	Maths	
National	-1.64	-1.82	-1.26	
Yorks and Humber	-1.52	-1.71	-1.1	
Bradford	-1.25	-1.39	-0.86	

The SEN cohort consists of 4415 children in total.

The project has operated since January 2019 – during that time we have had just under 388 young people referred to the project. We have 120 open cases and of these:

- 76 / 63% are at risk of or involved in Serious Organised Crime
- 66 / 55% are at risk of or involved in Urban Street Gangs
- 75 / 63% are at risk of or involved in County Line activity
- 103 / 85% are identified as being either criminally exploited/ exploiting others or both
- 51 / 42% have had a higher than yellow warning ASB sanction
- 51 / 42% have indicators for weapons – either as known carriers, found in possession of or have used in offending behaviours
- 84 / 70% have indicators for drugs – either as drug misusers, suppliers of or found in possession of at point of arrest
- 95% of referred young people have voluntarily engaged with us and using our resilience framework 202 young people have gained recorded outcomes (where

provided in this respect from the Virtual School. Expand the capacity of the Virtual School to provide support for children in out of area placements.

There is a high level of variability of locality social worker contribution to annual reviews and providing advice which is specific in terms of social care outcomes and provision to meet those outcomes during the EHC needs assessment process.

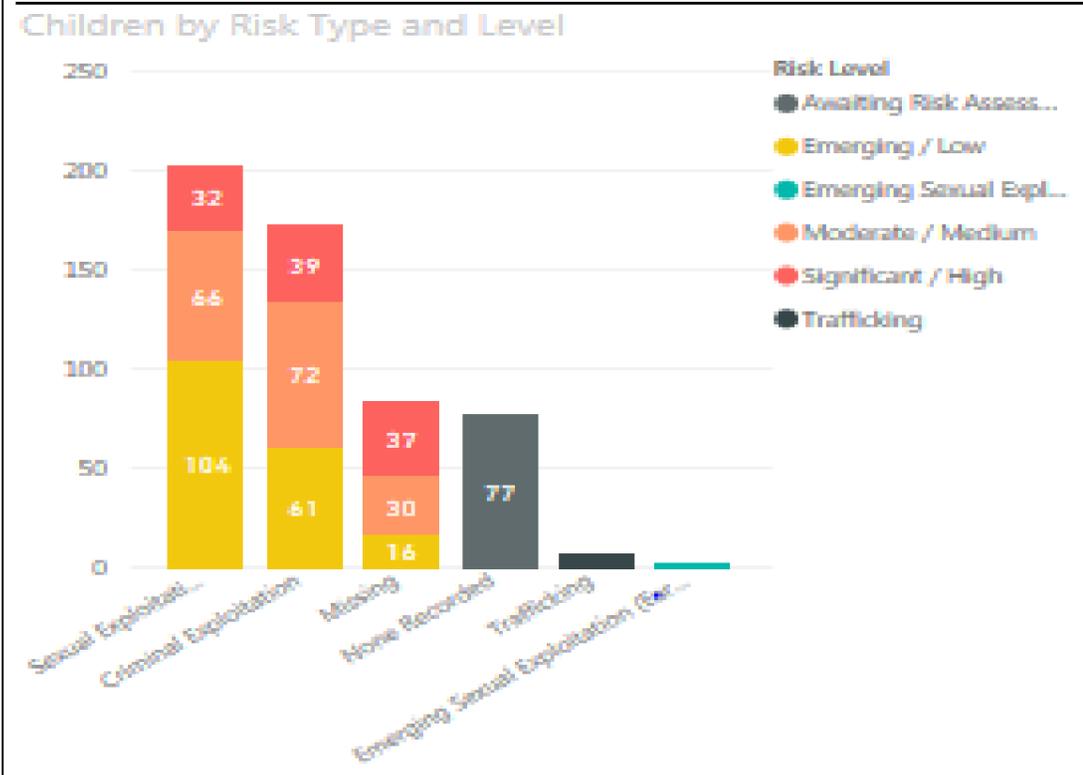
Young people who are school refusers, managed move breakdowns, excluded or inappropriately home educated are a large proportion of our caseload. We actively work with the Education Safeguarding Team and with local schools and PRUs to support young people back into education. We run "moving up" transition sessions in the school summer holiday period to enable smoother transitions for young people who are moving schools between years 6 and 7, with an aim to ensuring they are more confident and able to manage the transitions.

CSE

Within the Integrated Front Door there is a specialist CE unit that flags all cases identified on the ICS system and then monitors them through the Tri-weekly Risk Assessment meetings (RAM). These RAM meetings are held on a Monday, Wednesday and Friday. This is a multi-agency meeting with voluntary providers also in attendance. The unit reviews all children open due to CE and have various flags for different areas of concern. Missing young people are also monitored through this process. Some children may have multiple flags in place which may increase the level of risk and vulnerability. The CE unit then selects cases of High concern to present at the Multi Agency Child Exploitation meeting (MACE) that is held every 6 weeks.

The MACE panel has a strategic lead from all agencies and voluntary providers in attendance, which provide relevant updates from their respective areas for example CE 'hot spots' and key perpetrator information. In the afternoon, Social workers and Managers attend and provide an up date on specific children deemed at high risk, or that may be deemed to be drifting without a clear plan of action. These cases are reviewed and agencies provide information to ensure all aspects of safety planning is in place and to determine what further action is required at a strategic level to assist progress or provide solutions.

distance travelled is evidenced). 49 individual young people have gone on to successfully complete a Lord Mayors Award Accreditation.

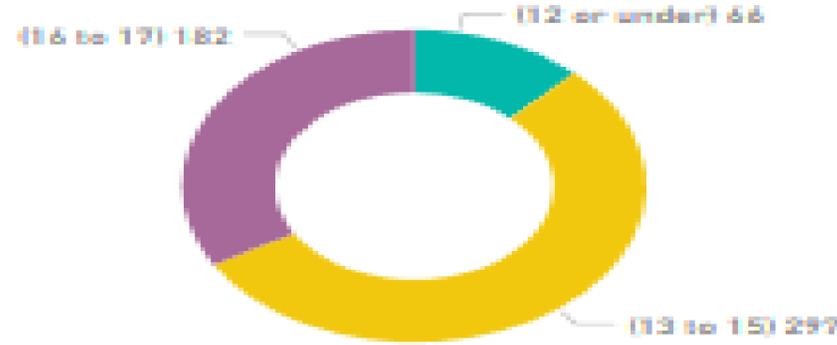


Total number of children at risk in the above categories is 341 who currently have completed assessments. If we add the awaiting assessments the total number of children is 418. Sexual exploitation is the highest risk in terms of volume with 200 children however criminal exploitation has the most children within the significant high risk category.

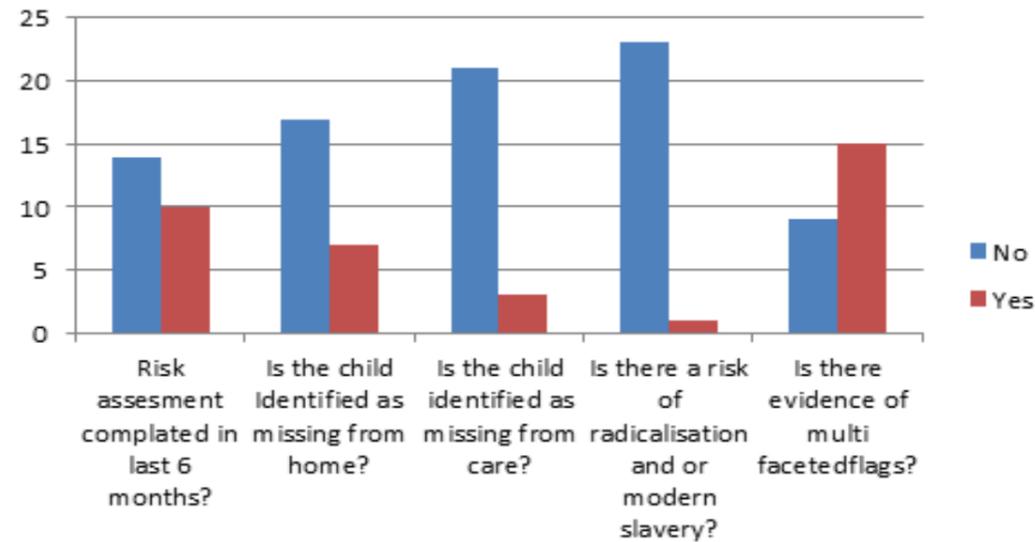
CSE Audits

A dip sample of 10% of CE cases from February, March and April 2020, held across the district will provide a view of how we are supporting young people exposed to CSE.

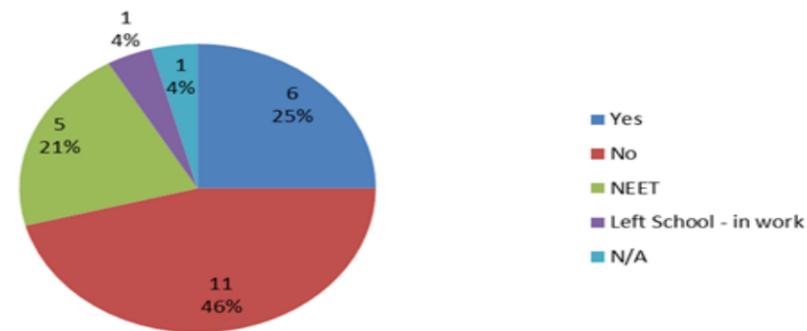
Children by Age



Audit Findings



Is the child identified as missing from education



Whilst the data provides a basic overview of the ages and types of child exploitation across the district, at present we are unable to determine whether change. The following actions and recommendations will be implemented;

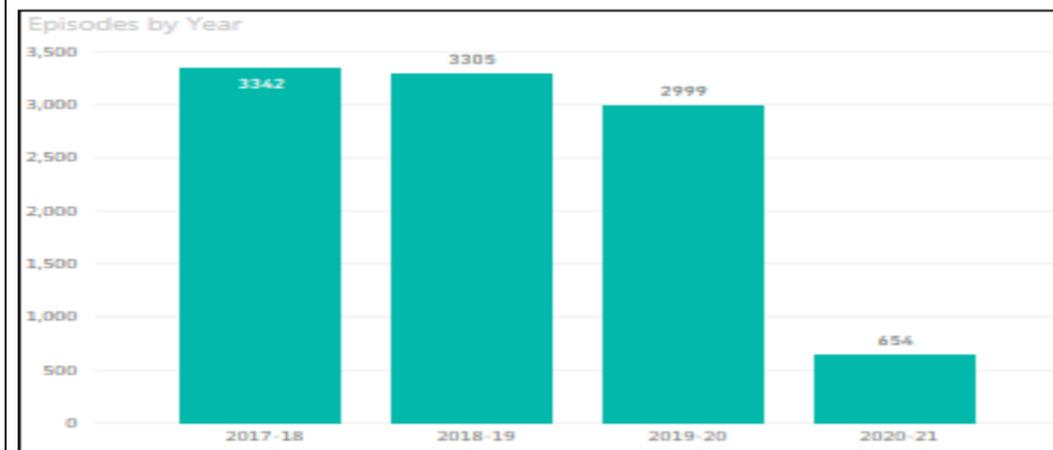
- Revised operational guidance and terms of reference to be produced for the CE hub with a contribution from partner agencies.
- A review of the current CE protocol to ensure this is fit for purpose and reflective of the issues experienced by young people across the Bradford district.
- The role and function of the CE Hub to be clearly defined.
- Bespoke Exploitation training to be commissioned and delivered to social workers across the district.
- Clarity to be offered by partners on how they can tangibly support disruption and increase safety.
- Closer relationships to be forged with community based services (hotels, hospitality industry and taxi's) given they have a pivotal role in disruption.
- Mapping exercises to be undertaken in the Hub so we understand 'individuals' and 'groups' to identify patterns.
- Workshops need to be held inviting in services that specialise in the area of CSE and CE to help the Social Worker to identify victims of CSE and CE.
- Supervisions will be able to identify possible victims of CSE with an in-depth discussion about the child and family life, and mapping peer group relationships.
- Direct work tools will be formulated/used/bought in order to capture the child's lived experiences more appropriately.

Children and young people who are missing from home, care or full-time school education (including those who are excluded from school) and those at risk of exploitation and trafficking receive well-coordinated responses that reduce the harm or risk of harm to them.⁵ For those who are missing or often missing, there is a clear plan of urgent action in place to protect them and to reduce the risk of harm or further harm.

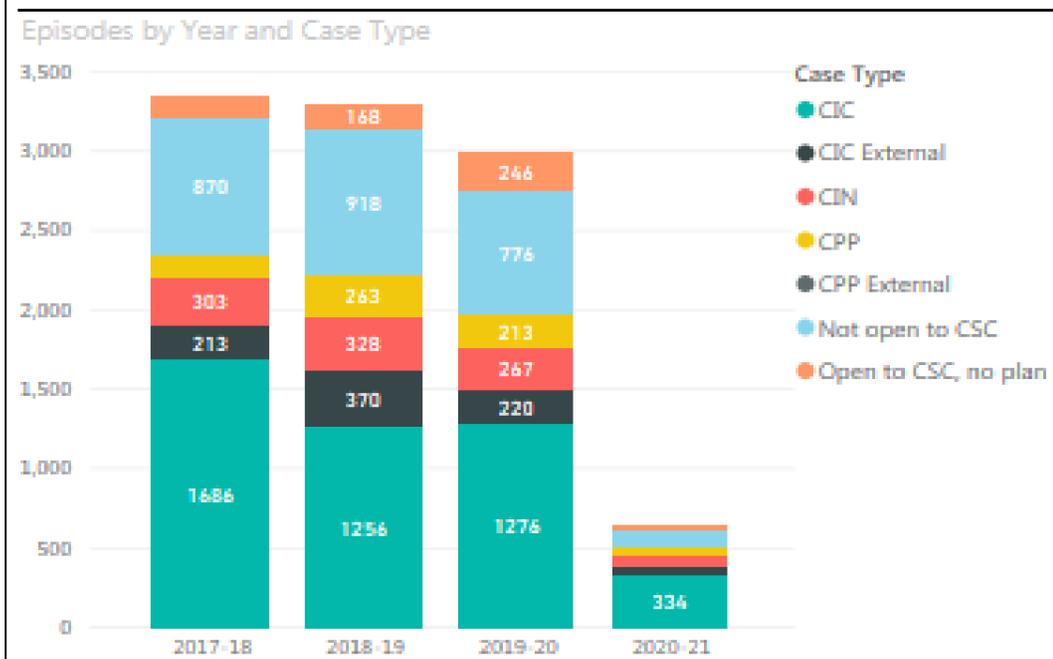
Missing
 Missing Support team undertake preventative work with not only with the child or young person but the whole family/carers/placements. The team work in partnership with the police and any other professional involved with the child/young person.
 The missing figures evidence the work we are undertaking is working and identifies areas where we need to focus on in order to reduce this further improving the outcomes for children and young people and ultimately reducing the risks associated with going missing. Bradford has seen a steady decline in missing from both in care and out of care over the past few years.

Voice of the child/young person is heard through offering a return home interview to every child/young person who goes missing in the Bradford District gives the child/Young person the opportunity to be heard & help understand and address the reasons why a child/young person goes missing.

Continue with education placements, SW other professional's working with the child/young person. Continue with the excellent partnership working with the police. Looking at innovative ways to continually improve the service we offer our Children and Young people who go missing. Building effective working relationships with the, families, carers, SW & placement's.



We are currently working with a total of 2575 children with missing episodes, the number of children is on a downwards trend over the past few years. CIN seem to have the largest numbers of missing children.



⁵ The local authority has arrangements in place to identify the number of children not in full-time school education and to respond if there are concerns about their welfare.

The experiences and progress of children in care and care leavers

- Local Family Justice System
- Making good decisions for children
- Participation and direct work with children in care and care leavers
- Helping and Protecting
- Health
- Learning and enjoyment
- Stability and permanence
- Care Leavers and Transitions

Baseline

Evaluation criteria and grade descriptors	What do we know about the quality and impact of social work practice with children and families	How do we know it?	What are our plans to maintain and improve practice?																																												
<p>Making good decisions for children Children and young people become looked after in a timely manner and in their best interests. Decisions that children should be in care are based on clear, effective, comprehensive and risk-based assessments, involving, if appropriate, other professionals working with the family.</p>	<p><u>Making good decisions for children</u></p> <p>Pre-Proceedings</p> <ul style="list-style-type: none"> • Since January 2020 there has been a significant increase in the number of children subject to PLO/pre-proceedings. As of 5 June 2020 there were 148 children within 64 families – an increase of 55%. • The percentage of children subject to pre-proceedings across the localities and CCDHT ranges from 0 to 6.7 % of total caseloads. This difference requires further understanding. • 12.8 % of our children have been subject to PLO for more than 6 months. This is a considerable increase and suggests that children may be living in unsafe situations for too long. • Most of the cases extending over six months have involved changes of social worker and manager which has resulted in children's cases not being reviewed or progressed quickly. • The use of expert reports during pre-proceedings has contributed to the delay in 2 of the cases involving three children. • The lack of any children subject to pre-proceedings in CCHDT is noteworthy and an understanding of this being sought. • A dip sample of PLO pre-proceedings letters of cases before LGP on 28 May 2020 highlighted that while there is evidence of good practice there are also areas for improvement. Many of the letters did not consider the impact on the child and many lacked clear expectations and targets for parents. 	<p>Total number of children subject to PLO since January 2020:</p> <table border="1" data-bbox="1353 877 2154 1161"> <thead> <tr> <th>Month</th> <th>Total number cases in pre-proceedings</th> </tr> </thead> <tbody> <tr> <td>January 2020</td> <td>82</td> </tr> <tr> <td>February</td> <td>94</td> </tr> <tr> <td>March</td> <td>105</td> </tr> <tr> <td>April</td> <td>134</td> </tr> <tr> <td>May</td> <td>149</td> </tr> <tr> <td>5 June</td> <td>148</td> </tr> </tbody> </table> <p>Total number of children subject to PLO at <u>5 June 2020</u> broken down into timescales and localities:</p> <table border="1" data-bbox="1353 1335 2139 1829"> <thead> <tr> <th>No. of Months in PLO</th> <th>Number of children subject to PLO</th> <th>East</th> <th>West</th> <th>K&S</th> <th>South</th> </tr> </thead> <tbody> <tr> <td>6 + months</td> <td>19</td> <td>2</td> <td>11</td> <td>0</td> <td>6</td> </tr> <tr> <td>2 - 6 months</td> <td>87</td> <td>24</td> <td>16</td> <td>12</td> <td>35</td> </tr> <tr> <td>Less than one month</td> <td>42</td> <td>9</td> <td>6</td> <td>7</td> <td>20</td> </tr> <tr> <td>Total</td> <td>148</td> <td>35</td> <td>33</td> <td>19</td> <td>61</td> </tr> </tbody> </table> <p>The number of children exiting pre-proceedings has increased dramatically during April. The graph provides a</p>	Month	Total number cases in pre-proceedings	January 2020	82	February	94	March	105	April	134	May	149	5 June	148	No. of Months in PLO	Number of children subject to PLO	East	West	K&S	South	6 + months	19	2	11	0	6	2 - 6 months	87	24	16	12	35	Less than one month	42	9	6	7	20	Total	148	35	33	19	61	<p>Improving our response to pre-proceedings PLO work by;</p> <ul style="list-style-type: none"> • The evidence suggests that the current approach to progressing cases to pre-proceedings has become more robust over the last six months. There has been a significant increase of referrals to LGP being approved for pre-proceedings. • We need to consider an effective escalation process for all PLO cases that reach 6 months for challenge and scrutiny so we can address and prevent drift and delay. This could be through the care planning process with the HoS or the case could be presented back to LGP. • The introduction of the Court Consultant role will eventually support the oversight and progression of our pre-proceedings cases and ensure that cases do not drift and children are not left in unsafe situations. • Practice Standards and thematic audits will improve and measure the quality of our pre-proceedings work. Alongside this a public law training module is being developed which will support social workers' learning. • The public law task and finish group is beginning to explore the quality of practice and evidence ways all public law can be improved. • The quality of PLO letters before action (PLO letters) remains variable and many lack SMART actions and focus on child impact. A review of the letter format is taking place and guidance will be developed.
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	<p>Analysis of outcomes for children who have exited pre-proceedings from January 2020 to May 2020</p> <ul style="list-style-type: none"> 153 children became the subject of pre-proceedings between January and May 2020. 72 children in total exited pre-proceedings over this same period. The number of pre-proceedings cases has been steadily rising since the beginning of the year. April and May saw the largest rise in the number of pre-proceedings work - we cannot underestimate the impact of the current lockdown on this increase. <p>Outcomes for children who exited pre-proceedings from January 2020 to May 2020:</p> <ul style="list-style-type: none"> 48% of children who entered pre-proceedings were diverted away from care proceedings. The duration within pre-proceedings for these children ranged from 0.4 months to 11.9 months. With the median duration being 6.3 months. No children out of the cohort that exited PLO over the past 6 months have either escalated back into pre-proceedings or become children in care. There is evidence that for the 52 % of children where the decision was taken to issue care proceedings the time in pre-proceedings was on average 2.7 months which provides evidence that fairly swift action has been taken to safeguard those children where risks are deemed unmanageable. 	<p>very erratic picture in respect of the children who exit pre-proceedings and we need to understand this better.</p> <table border="1" data-bbox="1353 233 2154 726"> <thead> <tr> <th>Month</th> <th>No. of children entering pre-proceedings</th> <th>No. of children leaving pre-proceedings</th> </tr> </thead> <tbody> <tr> <td>January 2020</td> <td>24</td> <td>8</td> </tr> <tr> <td>February</td> <td>26</td> <td>11</td> </tr> <tr> <td>March</td> <td>26</td> <td>13</td> </tr> <tr> <td>April</td> <td>37</td> <td>6</td> </tr> <tr> <td>May</td> <td>40</td> <td>34</td> </tr> <tr> <td>Total</td> <td>153</td> <td>72</td> </tr> </tbody> </table> <table border="1" data-bbox="1353 800 2133 1100"> <thead> <tr> <th>Current Status</th> <th>No. of Children</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Case Closed</td> <td>7</td> <td>10 %</td> </tr> <tr> <td>Child Protection Plan</td> <td>20</td> <td>28%</td> </tr> <tr> <td>Child in Need</td> <td>7</td> <td>10%</td> </tr> <tr> <td>Care Proceedings</td> <td>38</td> <td>52%</td> </tr> <tr> <td>Total</td> <td>72</td> <td>100</td> </tr> </tbody> </table>	Month	No. of children entering pre-proceedings	No. of children leaving pre-proceedings	January 2020	24	8	February	26	11	March	26	13	April	37	6	May	40	34	Total	153	72	Current Status	No. of Children	Percentage (%)	Case Closed	7	10 %	Child Protection Plan	20	28%	Child in Need	7	10%	Care Proceedings	38	52%	Total	72	100	<ul style="list-style-type: none"> The introduction of assessment plans, currently being piloted within care proceedings work will be considered for use during pre-proceedings to enable a focused approach that will evidence clear expectations and targets. The Problem Solving Court Team will be completing pre-birth assessments involving unborn children to parents who have had a previous child subject to Public Law proceedings. The Safeguarding, Reviewing & QA Unit will begin a deep dive audit into the quality of our PLO work which will provide comprehensive feedback of our strengths and vulnerabilities. A review of cases where children have exited PLO and their circumstances have improved will enable us to understand the key indicators of success. A training module is being developed to improve, develop and support SW and TM knowledge of PLO pre-proceedings work. Review of the PLO letters format, with new guidance to be developed. (To include SMART actions and child impact). Introduction of early intervention processes within the Problem Solving Court Team to enable the completion of pre-birth assessments involving unborn children to parents who have had a previous child subject to Public Law proceedings.
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<p>The wishes and feelings of children, and those of their parents, are clearly set out in timely and authoritative assessments and applications to court. Assessments of family members as potential carers are carried out promptly to a good standard.</p>	<p>Wishes and Feelings This is an area that we recognise requires significant improvement in terms of evidencing how we capture children's and young people's wishes, feelings, views and thoughts we are currently;</p>	<ul style="list-style-type: none"> We have agreed that MOMO will be the application used going forward to gather views of children known to Children's Services. 	<p>We are currently Developing an overarching strategy and plan for children and young people participation and 'voice' incorporating all areas of practice with clear actions and measures of progress.</p> <p>The child's and young people voice's will be captured in all what we do evidenced through;</p> <ul style="list-style-type: none"> Audits Focus Groups Service planning and direction Care Council Strategic planning and strategies. 																																							

The impact of leaders on social work practice with children and families⁶

– Strategic Leadership, Learning Culture, Performance Management, Workforce

Baseline

Evaluation criteria and grade descriptors	What do we know about the quality and impact of social work practice with children and families	How do we know it?	What are our plans to maintain and improve practice?
<p>Strategic leadership</p> <p>The leadership of the council, including the Chief Executive, Lead Member (and other Members) and the DCS recognise and prioritise the needs of children and this is reflected in corporate decision-making, action and active attendance at key committees and boards.</p>	<p>Strategic Leadership</p> <p>The Director of Children's Services has been particularly proactive in his work with all key strategic partners impressing upon them the importance of the partnership in matters relating to children. The DfE continue to provide external support and challenge by way of allocating an independent chair for our improvement board. The partnerships have developed the below shared commitment;</p> <p><i>"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."</i></p> <p>Cllr Susan Hinchcliffe - Leader of Bradford Council Cllr Adrian Farley - Portfolio Holder for Children and Families Kersten England – Chief Executive</p>	<p>DISTRICT AND COUNCIL GOVERNANCE DIAGRAM</p> <pre> graph TD WB[WELLBEING BOARD Outbreak Control Board (Chairs of Strategic Partnerships)] CG[COUNCIL CMT] CRO[COUNCIL OPERATIONS AND RESOURCING (THEME 4 ESSENTIAL SERVICES)] T1[THEME 1 - VULNERABLE PEOPLE] T2[THEME 2 - COMMUNITY SUPPORT] T3[THEME 3 - BUSINESS RESILIENCE] SP[STRATEGIC PARTNERSHIPS] HCEB[HEALTH & CARE EXECUTIVE BOARD] CSB[CHILDREN'S SYSTEMS BOARD] SCP[SAFER COMMUNITIES PARTNERSHIP] SCS[STRONGER COMMUNITIES PARTNERSHIP] EP[ECONOMIC PARTNERSHIP (Economic Recovery Task Force)] CP[CULTURAL PARTNERSHIP] SDP[SUSTAINABLE DEVELOPMENT PARTNERSHIP] EPLG[EXECUTIVE GROUP / PUBLIC SERVICES LEADERS GROUP (CEXs Partner Organisations)] IB[IMPLEMENTATION BOARD (Oversee resourcing and capability)] SAG[Scientific Advisory Group / intelligence] SCE[Shared Comms and Engagement] CVI[Community voice and influence] PSS[Partnership secretariat / support] WB --- SP WB --- EPLG SP --- HCEB SP --- CSB SP --- SCP SP --- SCS SP --- EP SP --- CP SP --- SDP EPLG --- IB IB --- SAG IB --- SCE IB --- CVI IB --- PSS CG --- CRO CRO --- T1 CRO --- T2 CRO --- T3 </pre>	<p>To continue to work towards an integrated system leadership model and improve whole outcomes for children, young people and families living in Bradford.</p>

⁶ When reporting, it should be clear which tier of management the strengths and areas for improvement relate to.

The Chief Executive and Lead Member are well informed and hold the DCS and their leadership team to account for the quality of practice and the challenges in the local area. This is exemplified through accurate assessments of practice that drive improvement.

Improvement Strategy

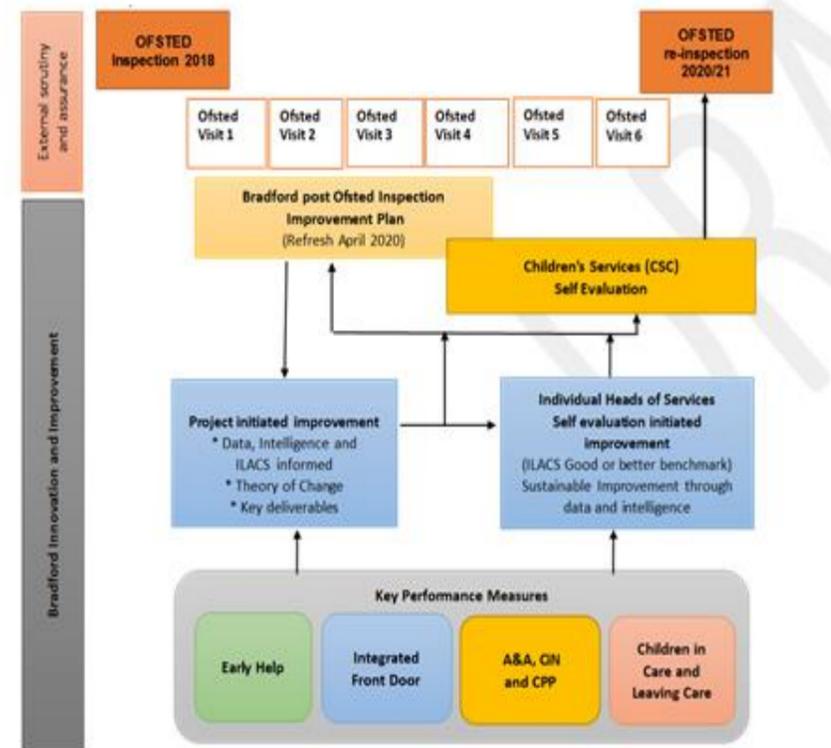
The new plan enables Children's Services to reflect on progress; consolidate the work done to date; and prioritise and re-focus on the work required as the improvement journey continues to move forward. The improvement framework encompasses and is informed by external scrutiny and assurance through Ofsted along with Bradford's own improvement practice. This is based on two key strands of activity:

- **Project initiated improvement** – these are areas of improvement that are whole system or service wide. They are significant changes in practice and structure that would not be achieved by a single service or manager alone. **Individual Heads of Service self-evaluation initiated improvement** – these are areas of improvement that are mainly localised; focusing on compliance and quality, requiring performance improvement through intervention by individual managers.

The six key themes and priorities for within the Improvement Plan are;

1. The "Lived Experience" and the Voice of the Child – This is a central theme for all practice and will run throughout all areas of the revised action plan.
2. Improving management oversight and quality assurance.
3. Prevention and Early Help.
4. Improving the Integrated Front Door (Front Door and MASH) arrangements.
5. Improving the quality of Social Work Practice.
6. Improving outcomes for Children in Care and Care Leavers.

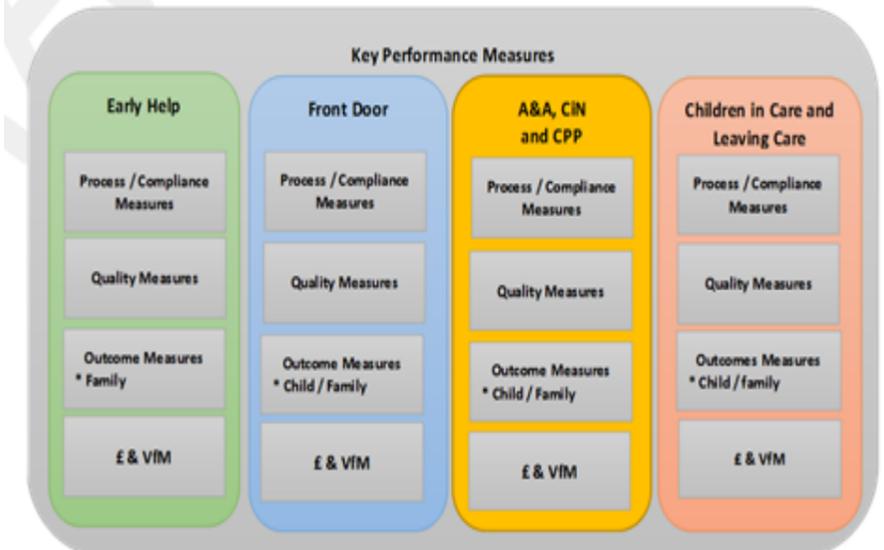
Together the two strands of improvement activity will deliver Bradford's post Ofsted Improvement Plan and provide a robust assessment of what we do well, where we need to improve and what we are doing to achieve it.



There are four scorecards (in development, building on the Vital Signs reports) within our Framework for Improvement that will provide the Children's Services system with key performance measures and evidence of improvement over time.

These are an accumulation of data and intelligence that follow the response to a child's needs from:

- Early Help where there are identified additional and multiple needs;
- To how decisions are made and supported through the Integrated Front Door; and
- The support a child or young person receives through a statutory response from Children's Social Care as needs require.



Workforce
Careful monitoring of workloads and oversight of the impact of wider systems on working conditions for practitioners ensures that they have the capacity and ability to develop meaningful relationships with children and families. The impact of any systems change is well-managed with a sustained focus on the experience of children and families.

Workforce
 Whilst the trend over the past 12 months has been an increase in case load per social worker, this is in line with the trends in numbers of children in care outlined in the forecasting section of this report.
 The service now has access to bi-weekly data on caseloads which shows the number of workers who have above 26 and below 10 cases.
 The proportion of workers who hold more than 26 cases has continued to reduce up to May 2020.
 In order to return caseload levels back to where they should be there has been a successful recruitment drive of Practice Supervisors. These practitioners will support social workers and team managers in the identification and progression of cases to step down or close to Children's Services. Continued recruitment of Social Workers from ASYE through to experienced workers will ensure a varied skillset amongst the workforce.



There is also a recruitment drive for Community Resource Workers who will support Social Workers in delivering early intervention to children and their families.
 The average caseload is reviewed by Team Managers, Service Managers and Heads of Service on a twice weekly basis where plans are agreed to safely reduce caseloads where possible.

The local authority social care workforce is sufficient, suitably qualified and accredited to deliver high-quality services to children and their families.⁷ Managers and practitioners are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the training and professional development of social

Workforce Recruitment, Retention and Capability

- The core leadership has been strengthened through the recruitment of permanent Heads of Service.
- Reviewing of established / non-established posts/staff within Children's Social Care against the needs and demands of children. There will be a clear plan to remodel social work teams to include Practice Supervisors, Business Support, Community Resource Workers by the end of September 2020.
- Established a Staff Task & Finish Group with weekly meetings taking place to review and up-date job profiles, progression pathways and CPD opportunities.

Restructure of Childrens Social Care concluded and implementation from 6 January 2020 and all teams are now located in the appropriate part of the service. Work is now taking place to ensure that our resources are deployed across the service based on demand.

- Head of Service - 6 Heads of Service are now permanent.
- Service Managers - permanent appointments have now been made to all vacant Service Manager posts.
- Team Managers – permanent appointments continue to be made on a rolling basis.
- Experienced Social Workers – weekly recruitment panels considering applicants as they apply – advert remains open as part of rolling recruitment process.
- Permanent Practice Supervisors are now being recruited to all teams and a number of permanent appointments have been made with a number of internal and external candidates being appointed.
- Additional Children's Resource Workers (CRW) posts being created with 16 new appointments to date. Interviews are continuing over the coming weeks to ensure a minimum of one (CRW) per team, to support the delivery of social work services.

We have established a temporary centralised recruitment team within Children Social Care with support from HR that has responsibility for the co-ordination of the start to end recruitment process, resulting in candidates being interviewed and appointed within 10 working days.
 Review social work tasks that can be transferred into other roles to release capacity within the system ensuring that the right resource are in the right place to maximise productivity.

Remuneration package

- Finalise remuneration package for L3 locality social workers.

Create Senior HR programme (strategic and operational) capacity within CSC

- A senior HR Programme Lead for Children's Services has been recruited, who will lead on all aspects of HR/workforce, with initial priority areas in recruitment, enacting remuneration package changes, job evaluation and grading.

Recruitment

- Develop and launch a recruitment campaign September 2020.

⁷ This will depend on how the local authority uses the National Assessment and Accreditation System to embed the knowledge and skills statements, and the post-qualifying standards for child and family social work. Accreditation is expected to be available nationally from 2020.

<p>workers and managers. Leaders and managers have created an environment where good social work can flourish and this is evident in the overall quality and impact of social work.</p>	<ul style="list-style-type: none"> – Completed the review of job profiles for the following posts: <ul style="list-style-type: none"> – Community Resource Workers – Contact Supervisors – Child Advisors – Created new job profile for Personal Advisor for Care Leavers and submitted to be evaluated. • Reviewed “Bradford’s Offer” to encourage social work practitioners to apply to work for Children’s Services. • Drafted a business case outlining a proposal for new “Bradford Offer” incorporating golden hello payment, retention payment, “Support System” which will provide social workers with the capacity and skills to focus on social work and not administrative tasks. Requires consultation and costing. <p>Workforce Development Strategy for Social Work and Social Care Leaders</p> <ul style="list-style-type: none"> • Reviewed the policy and research literature that examines workforce issues in social work and allied professions • Consulted with workforce development, training and education specialists • Surveyed and consulted with the current workforce • Prepared a briefing paper that summarises the evidence and recommends a strategic plan designed to achieve excellent working conditions, good support systems, competitive salaries and supportive management. <p>Placed the social work practice model at the centre of the workforce development strategy, Bradford’s offer to employees being the opportunity to do proper social work that makes a difference.</p>	<ul style="list-style-type: none"> • ASYE Social Workers – regular appointments are being made to fill vacant posts including the retention of Social Work Students who wish to remain with us when they are qualified. • ASYE progression panels are held each month to consider those NQSW’s eligible for progression to Level 2. • We have broken the cycle in June with more starters than leavers. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Between the 6th April—8th June 2020 we have appointed 72 permanent staff to join Bradford Children Social Care: Applications received are from candidates from: Bradford, Essex, London, Birmingham and Wales. Word is getting out that Bradford is indeed the place to be!</p> </div>	<ul style="list-style-type: none"> • Identify gaps in guidance or knowledge and develop recruitment support tools that will cover these from vacancy control through to on-boarding, and training and implement solutions to bridge the gap and make enhancements. • Contribute to wider Council review of recruitment process (including system review). • Review and improve how we promote and market vacancies – development of microsite/portal etc... that has a front page outlining what Bradford has to offer and showcases staff in these roles from lived experience. Use of social media etc... • Use the Council’s total rewards statement (benefits) as part of developing a recruitment pack that will incorporate information on Bradford and our offer. <p>Interview & Selection</p> <ul style="list-style-type: none"> • Develop local recruitment/interview pack which includes competency based questions for key roles. • Create a centralised system that holds all of the above information for managers to access. • Dedicated Business Support to co-ordinate and up-load all relevant documentation onto the system on a weekly basis, including sending out request for reference, DBS etc and to oversee/co-ordinate the return of all relevant documentation in a timely manner to ensure that there is no drift and delay. • Review & refresh current process of how we track the return of documentation and proceed to issuing contract of employment. • Identify key person who will have responsibility for ensuring that copy of SW registration is submitted on annual basis – e.g through existing systems or new that is monitored on weekly basis. <p>Contract & Joining Organisation</p> <ul style="list-style-type: none"> • Welcome pack for new starters which includes: Personalised welcome from CEO, overview of Children Services, start date/time, who to meet on first day, overview on what will happen. • Induction pack for managers which includes what you need to know do as a manager and links to key documents, policies & procedures. • Review how all of the above is promoted/shared on Bradnet and as part of our attraction strategy. <p>Exit Interviews & leavers</p> <ul style="list-style-type: none"> • Embed and optimise use of the HR Dashboard undertaking analysis of category of staff leaving the service and reasons why. • Contact staff that have left the authority in the past 6 months to gain understanding of why. • Review process for service exit interviews. Develop a Council wide Exit Questionnaire. • Review process and communications for connecting leaver and vacancy control/filling systematically across managers to ensure posts can be advertised quickly. <p>Agency Recruitment and Management</p> <ul style="list-style-type: none"> • Permanent posts being filled, • Review current process/templates for agency requests.
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			<ul style="list-style-type: none"> • Tighter controls on agency staff being transferred into other positions without going through proper process. • Forward planning for those due to retire/maternity leave. Review & up-date current process. • Review and up-date current agency list as it is not consistent with the number of permanent established posts. • Embed and refine process to systematically make contact with agency staff to encourage them to apply to become permanent after 4 weeks. <p>Staffing Structures & Details</p> <ul style="list-style-type: none"> • Copy of staffing structure for each service outlining established posts & names, and if covered by Agency, a clear record of cover in place and to what date. • Dedicated support to check and up-date on a weekly basis and ensure information is updated on the relevant systems or portals. <p>Attendance Management</p> <ul style="list-style-type: none"> • Embed and optimise use of the HR Dashboard undertaking frequent analysis of staff absence – duration, support and ensure effective, supportive, timely management interventions and pick up performance with individual managers. • Ensure immediate referral to employee health and wellbeing services (Occupational Health) for staff absent relating to mental health/stress. • Frequently review long term and frequent short term sick absence data and look at interventions/support to get people back to work. <p>Job Evaluation & Appeals</p> <ul style="list-style-type: none"> • Develop a forward plan schedule for CSC job evaluation and grading panels • Provide managers, especially new managers with support on coaching through process of job design/profile development <p>Performance Management (Capability)</p> <ul style="list-style-type: none"> • Frequently analyse and report through HR Dashboard and Evolve Learning Management System the data on recruitment, retention and training undertaken by staff to ensure it is effective and feed learning into future decisions. • Undertake a skills analysis of CSC workforce, data captured inform HoS on service requirements relating to skills & training. • Run frequent Evolve LMS reports to monitor that all staff complete statutory & mandatory training requirements – data protection etc. • Review & develop training programme for managers on performance management.