

## Introduction

The onset of covid-19 placed the Council on an emergency footing and required different ways of engaging with children and families and ensuring early help and statutory safeguarding arrangements have continued to be robustly delivered. The approach taken by the Council and partners has been to ensure we have continued to identify vulnerable children and deliver arrangements to ensure they receive appropriate support. A number of examples include;

- Early in the pandemic, the DCS with the support of the Council made the decision for children's social care to work across the Continuum of Need by extending the definition of "vulnerable child". The result of this has ensured any child who a partner agency identified as having additional vulnerabilities would be offered either early help or statutory support.
- Partners working with vulnerable children known to 0-19 services, CAMHS, and Schools applied a risk assessment in order to determine the level of oversight these children required. A dynamic risk register was developed and managed by our newly established Covid-19 outreach team with appropriate social work oversight. The covid-19 team works across the continuum of need and was available to visit children in households where there is a confirmed or suspected case of covid-19. This team is made up of social workers, health practitioners and education welfare officers and continues to remain in place.
- The Council's Chief Executive and Senior Management Team provided challenge, support and oversight in order to ensure that all children across the district were identified and supported.
- The Bradford Safeguarding Partnership facilitated weekly and now bi-weekly meetings for partners to reflect on risks, refine safeguarding responses across the sector and seek assurance from CSC in respect of the safeguarding arrangements.
- The education service worked closely with all schools to identify vulnerable children, ensure those who were not being seen by an education setting were made known to the service and a well established link was made with children's social care services.
- Prior to lockdown, the service had already developed covid-19 practice guidance for staff that have since reviewed and amended as restrictions have changed. This has provided safe working arrangements for staff and has ensured that practitioners have been able to visit and see children throughout the lock down period. This guidance has been critical in safeguarding Bradford's children.
- The Council organised food parcels for vulnerable children and established robust arrangements to ensure families were able to make contact with the Early Help Family Hubs for additional support. In addition, working through the education service the council agreed to provide additional support to schools to ensure any child who presented at an education setting, even if not on the role of that school was provided with a hot meal. This meant approximately 9000 meals were being provided on a daily basis to vulnerable children and head teachers have shown outstanding community leadership to support children.

Importantly during the Covid emergency improvement work has continued and progress made across a number of key areas. Following the last monitoring visit in February we have:

- Completed the recruitment of permanently established Head of Services posts which means all are now filled. This provides important stability for the service but also introduced technical knowledge and experience.
- Developed and implemented new forms to support social work practice including a new assessment template and new care plans.
- Developed and rolled out Practice Standards, supported by clear Practice Guidance that make sure practitioners are fully sighted on and understand the standards expected in their work with families.
- Recruited to practice supervisor and community resource workers which has significantly improved the early help offer to schools and support the development of the lead practitioner role.
- Developed the permanence tracker that means the service is fully sighted on the plans and progress of children who require permanency. This will help to ensure that children are moved to appropriate placements in a timely manner and prevent future delay.
- Continued to look after some of our most complex and vulnerable children in our children's homes with minimal disruption despite the changes to daily life brought about by the pandemic

Schools were supported via a daily email to all school leaders and CEOs from 23<sup>rd</sup> March from the Deputy Director, Education & Learning, to provide an update on local context and issues and DfE Guidance additions and changes. In addition, every school was provided with a Strategic Link to support with school issues. The PVI sector also received regular communication along similar lines to schools. The focus of the work and engagement with schools was firmly on vulnerable children and providing schools with support to provide childcare to vulnerable and key worker children.

In order to manage a coherent approach on monitoring, advising and supporting schools to manage cases of Covid 19, a close relationship and system was put in place with local Public Health to respond to COVID outbreaks in schools. This has proved to be successful and has enabled a robust response to helping schools to remain open to as many children as possible.

Attendance has been monitored daily throughout lockdown. Attendance is now monitored weekly. Current Attendance rates as at (23/10/20) was 92.4%.

Within the overall Bradford position, pupils with vulnerabilities have the following attendance:

- Pupils on a EHCP have an attendance rate of 85.3% (from 85.1%);
- Pupils identified as CIN have an attendance rate of 85.3% (from 84.6%);
- Pupils identified as CPP have an attendance rate of 81.3% (from 81.1%);
- Pupils identified as CIC have an attendance rate of 92.8% (from 92.7%).

Children Missing Education have remained a focus both during and post lockdown with 201 children open to the CME team. During the lockdown period, contact was made with all families whose whereabouts was known and were not on the roll of a school. Doorstep visits were undertaken, where necessary throughout the lockdown period.

Elective Home Education (EHE) is an area of significant and growing concern for Bradford. Bradford has been at the forefront of raising this as an area of concern with the DfE since July 2020. **740** children are currently recorded as Electively Home Educated. 9 children are current open cases to Children's Social Care and 106 have had historic CSC involvement.

Bradford Council has recognised the potential impact of Covid19 and the lockdown on the mental health and wellbeing of children. As part of the Educational Recovery Programme, which includes a commitment to extend the national laptop scheme to more children and young people, the roll out of food for families facing food poverty, and tuition in English and Maths for Y11 pupils at risk of underperforming, there is also the establishment of the Education Therapeutic Team (ETT). This team will be established during November and will casework identified families and children who have disengaged from learning and are struggling to overcome the barriers to re-engage with education. The Team will also be able to support groups of vulnerable children who may be at risk of disengaging from education to ensure that schools remain a key point of support for children and their families.

Finally, Bradford Children's Services has been committed to delivering good or better responses to the needs of children during the Covid-19 emergency period and will evidence a range of strategic and operational activity that has kept children safe. This included not taking advantage of relaxation of some regulations by central government and services in Bradford have, therefore, continued to work to the higher standards set out within the primary regulations.

## The experiences and progress of children who need help and protection

## Early Help

Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>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.</b>	<p><b>Lead Professional Assessment and Early Help Coordinators</b></p> <p>A recently launched Lead Practitioner Assessment (<u>September 2020</u>) and a revised Early Help offer ensures children and families with low or emerging needs can access support without the need for them to be referred to statutory services prematurely. The appointment of 12 Early Help Coordinators in each of Bradford's Locality Hubs ensures communities benefit from timely and local early help. Professionals across the partnership are also being made aware of the continuum of support available in Bradford which may mean some families don't always need to be referred for a statutory service.</p> <p>The launch of our Lead Professional Assessment has also created a shared professional accountability across the district, ensuring children and families can receive support at the earliest opportunity. For example, we have an Early Help Police Officer located with our Hub Manager in Keighley to support the engagement of Lead Practitioner role and to embed Prevention and Early Help within Policing teams.</p>	<p><b>Case studies</b></p> <p>Our case studies tell us that we are making a difference in terms of effective partnership working, meeting and addressing family needs in a timely manner. Our activity shows we have positive engagement from our partner agencies and that they have found the toolkit for single issues very useful in dealing with issues such as debt and housing for families. They tell us the toolkit has enabled them to tackle issues without having to go through the Integrated Front Door.</p> <p><i>"The parent was very happy as her son was able to have contact with his dad which helped his behaviour, mum's mental health was a lot more stable. She also accepted a place at school during the COVID19 period."</i></p> <p><i>BPP Primary school</i></p> <p><b>Engagement Strategy</b></p> <p>We know our Engagement Strategy is working because we have supported schools 1,160 times since 1 June. We have supported schools with 316 different cases giving advice at tier 2 for emerging needs.</p> <p>We know we are making a difference because our information on the role of EHC and LP on Bradford schools on line has been visited 2,254 since the 1<sup>st</sup> September to 21<sup>st</sup> October. The below quote demonstrates the impact of our work:</p> <p><i>"The support you have given me as DSL has been superb, you have been on the end of the phone to answer any queries or provide clarification on specific issues, you have also been into school which has been really useful - to have a face to the voice on the phone helps to develop a strong professional relationship. Having someone to talk through concerns and help with signposting has been extremely valuable to me, particularly during this difficult time. I really value your support."</i></p> <p>Vice Principle BPL Academy</p>	<ul style="list-style-type: none"> <li>Continue with our improvement journey providing high support and high challenge to other agencies in relation to supporting families by taking on the LP role. We are focusing on developing better quality feedback in relation to the impact the LP role is having on children and families.</li> <li>We aim to develop partnerships with befriending services as we know some families need longer term support to sustain good outcomes for their children.</li> <li>We are focusing on our partnership with our voluntary specialist Domestic Abuse services to pilot a preventative approach.</li> <li>We aim to recruit two family aid workers for each family hub to work hands on (Covid dependent) with families who require a brief period of intensive support through difficult periods.</li> <li>To improve our data 'gathering' so as to better measure impact.</li> </ul>
	<p><b>Families First</b></p> <p>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>We know we are making a difference to children and families because since April 2020 we have had:</p> <ul style="list-style-type: none"> <li>1688 eligible families have been attached to the programme</li> <li>662 successful PBR claims have been made resulting in £529,600 generated income for the LA</li> <li>We have already achieved 65% of our projected target for the 12 months and are on track to achieve 100% by Dec/Jan 2021.</li> </ul>	<ul style="list-style-type: none"> <li>We are using Families First (Troubled Families) Programme for Transformation across the Children's Workforce through the Governance of the Prevention and Early Help Partnership for Children and Families.</li> <li>We are using (MHCLG) Troubled Families Early Help System Guide to help reinforce partners' roles and responsibilities to work collectively with Children's Services to respond to Children's needs. Therefore, assessing and evaluating Bradford's'</li> </ul>

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				<p>partners maturity across the system which includes key thematic areas such as; Families, Communities, Workforce, Leaders and Data.</p> <ul style="list-style-type: none"> <li>To continue to achieve the projected monthly target of 85 successful PBR claims to ensure the programme reaches its maximum funding entitlement.</li> </ul>
<b>Parenting Programmes</b> Parenting programmes are being added to the new starter social worker training to help increase awareness and understanding of the programmes and referral pathways. We have recently updated the information on the family hub website for partners and parents to access.		<b>Parenting Pre and post measure</b> To measure the impact of the programmes we deliver, both pre and post standardised measures will be used for all parent programmes run by Bradford Children's Services..  Since start of Covid, majority of parenting programmes were delivered one-to-one with parents virtually, we know this has made a difference to families from the feedback we have received illustrated below;  <i>"When I first started the course. I was at rock bottom I didn't know which way to turn. The worker has helped me so much to understand meltdowns. She's given me confidence and our family seem to be getting on a lot more now, it's the best thing I ever did and has helped me so much".</i>  <i>'The Freedom group has had a positive impact on myself and my families wellbeing. At first I was very negative and anxious about attending the group and meeting other people and worried about sharing my story. The group was amazing and all the ladies in the group are survivors of domestic violence. We all become friends with each other and support each other in a positive way. Maybe with the awareness many people can be saved. The hosts talked through all the topics and provided us support according to our needs".</i>		<ul style="list-style-type: none"> <li>We aim to review the service delivery to consider individual offer 1-1 parenting for families that struggle to access a group.</li> <li>We are focusing on our parent journey booklet as this needs more child focused questions to reflect the voice of the child.</li> <li>Ensure pre and post measures reports are analysed and used to shape service delivery</li> <li>We aim to focus on our children with SEN and we will roll out the family Links additional needs programme in January 2021 (staff training is in Nov 2020) to reach families who are on the diagnostic pathway and struggling with the behaviour of their child.</li> </ul>

Identifying and responding to children's needs and appropriate thresholds				
Evaluation criteria and grade descriptors	What have we done and why?		How do we know we have made a difference and what risks have been identified?	Next Steps?
Professionals identify children and young people in need of help and	<b>Information and Advice Line</b> The launch (Sept. 2020) of an Information & Advice Line has provided all referring professionals with a direct link into the Integrated Front Door. A team of experienced		<b>Front Door Health Check</b> In July 2020, we engaged in a Health check of our Integrated Front Door peer. The outcome was broadly positive and in line with our self-assessment. A number of	<b>Recording System</b> The improvements made have been progressed amidst the backdrop of an outdated and challenging recording system. Much of our information in the Integrated Front Door is

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<b>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. Professionals understand thresholds. This leads to children and families receiving effective, proportionate and timely interventions, which improve their situation.</b>	<p>social workers are available to offer advice, guidance and support to anyone who may be worried about a child. By encouraging conversations, we are having early discussions about risk however we are also encouraging referring professionals to consider strengths, consent and existing safety for children. This has allowed us to ensure children's needs are responded to by the right service at the right time. With our 'Help or Harm' pathway now embedded, we are filtering all contacts in line with presenting needs. This ensures children and families can access Universal support, Early Help and Statutory Social Work services in a timely way.</p> <p>Our call data tells us that professionals are starting to use the Information &amp; Advice line more frequently and in spite of a sharp rise in the number of contacts, the number of referrals haven't increased at the same pace. In August 2020 we received 305 calls into the Integrated Front Door. The advice line went live in September and for the month we received 441 calls. For October so far we have received 376 calls and at the time of writing this report we have 7 working days remaining in the month. It is reassuring to see that we are having more conversations about children at the earliest possible opportunity.</p> <p><b>Performance Management</b> On average, around 80% of contacts are progressed within 1 working day of them being received. This has been sustained since April 2020 and is a result of tighter performance management. Performance data is tracked, analysed and shared with internal staff and the partnership on a weekly basis.</p> <p><b>Audit Cycle</b> To understand and promote consistent threshold application, in August 2020 we commenced an Audit Cycle in the front door. We have made a commitment to audit 40 children's records per month where the outcome of the contact has been 'Does not meet Threshold'. This has allowed us to scrutinise the thresholds being applied by referrers as well as our social workers and team managers. The summary and findings are shared with staff and partners at the end of each month. To promote a culture of shared learning in October 2020 we will be auditing 'with' our partners from the Police, Health and Education.</p> <p><b>Re-referral rates</b> During the last quarter, the average re-referral rate in Bradford was 32.9%. This is a slight reduction on the figure</p>	<p>strengths including effective management oversight, consistent application of our Continuum of Need document and timely progression of contacts were highlighted. Alongside some clear recommendations, the health check team identified some 'green shoots' of good practice. This tells us that we know ourselves well and are improving the quality and timeliness of our responses to children in Bradford.</p> <p><b>Performance Data</b> Our performance data tells us that 80% of our contacts are completed within 1 working day. This means that the vast majority of concerns referred into the service will receive a timely decision and response. Of note, all contacts marks s47 are risk assessed as RED and progressed as a priority.</p> <p><b>Audit Outcomes</b> The outcome of our monthly audits tell us that the vast proportion of contacts closed due to not meeting threshold have been appropriate. By the Service Manager and Head of Service being part of the audit activity this ensures senior leaders are cited on the quality of practice on the ground. Lessons learnt are shared with individuals and teams to promote a culture of learning and continuous development. There have been some cases where the auditors have not agreed with the outcome and felt further screening was required. For this minority of cases, contacts have been re-opened and the circumstances for these children have been re-assessed. This means that we are transparent in recognising times where we might not have got it right for a child and we have gone back to ensure remedial action is taken. In these cases, we have shown professional curiosity, accountability and a commitment to get things right for the child. Within our screening template we are considering 'child impact' to ensure the experiences and voices of children are considered in every contact.</p> <p><b>Feedback from partners</b> Our information and advice line coupled with the sharing of our audit outcomes has created a dialogue and ongoing conversation with our partners. This has helped us to articulate our rationale and share our 'workings out' in a way that hasn't been done before. Feedback from our partners tells us they find the new systems helpful are able to understand why some children would benefit from an</p> <p><b>Management Oversight</b> Each contact received into the front door is initially reviewed and RAG rated by a Practice Supervisor. This</p>	<p>inputted manually which can be extremely time consuming for staff. This has been particularly difficult when our weekly contact rates have exceeded 900 per week during September 2020. A review of our existing recording system has taken place and a timeline is being agreed to consider an updated system. This will also include a 'Children's Portal' which will accept electronic contacts as opposed to existing manual ones.</p> <p><b>Information sharing</b> Whilst information is shared with partners in the Front Door, this could be done more efficiently with the right systems and processes in place. Some authorities refer to this as a 'MASH' function which is being explored in Bradford. Whilst we have the resources and aspirations in place to progress this concept, it does require some clear operating guidance to support its success. The progression of this will be monitored in our Operational IFD Group (sits every 3 weeks) and our Strategic IFD Group (sits every 6 weeks).</p> <p><b>Developing a Learning Culture</b> The implementation of our audit cycle in the front door has been extremely helpful in identifying good practice as well as cases where we could have done things differently or better. This isn't just exclusive to social workers but has also helped referring professionals. This process is however in its infancy and needs to be sustained in order to promote continuous, meaningful multi-agency development.</p> <p><b>Contacts</b> The contact rate in Bradford is high with 3639 being completed in September 2020. In order to support good and outstanding practice, the contacts must be reduced to manageable levels. Whilst resources are in place to mitigate against the increased Covid 19 demand, it is challenging to drive forward improvements against this backdrop. The audit cycle and the Information and Advice line have been launched which will no doubt provide some mitigation, however both systems remain in their infancy and the impacts of this are yet to be seen.</p> <p><b>Early Help Offer</b> We will be looking at progressing some targeted sessions over the next few months to try and strengthen communication in this area. We have already commenced weekly virtual meetings between our staff in the Integrated Front Door and the locality Early Help Coordinators given their roles will complement one another.</p>

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	<p>for the previous quarter which was 34.9%. The re-referral rate is high and indicative of children's needs not being effectively understood and responded to. In turn, this results in children and families not receiving the right support at the right time. This has a direct impact on children in Bradford being able to achieve their full potential and also inflates demand for statutory services. The recent strategies outlined in this self-evaluation are expected to have a positive impact in this area. By offering examples of what good looks like we are able to incrementally embed the expectations that have been outlined in our recently launched 'Practice Standards'.</p>	<p>ensures oversight at the very beginning of a child's journey into our service. Once the screening has been completed, the contact is signed off by a Team Manager. This ensures all enquiries are cocooned in management oversight. This also means that worries about children in the front door are quality assured by the management group at multiple intervals supporting proportionate and balanced outcomes.</p> 	<p><b>Domestic Abuse</b> All Domestic Abuse notifications are screened and triaged in the Integrated Front Door. Our Operational IFD Group are currently focusing on developing clearer systems and pathways to ensure our responses are defined, understood and improved where required. We are working closely with our partners from the Domestic Abuse and Sexual Violence Service to ensure every aspect of the service is reviewed and considered.</p>

Making good decisions and providing effective help <sup>1</sup>			
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<b>Children and families experience child protection enquiries that are thorough and lead to timely action, which reduces the risk of harm to children.</b>	<p><b>Timeliness of Strategy Discussions / Section 47 Investigations</b></p> <p>The data indicates that for the previous 6 months a total of 2,391 strategy discussions have taken place of these 79.2% have been recorded on time.</p> <p>We are confident that s47 enquiries have continued progress in a timely manner despite the challenges of COVID 19 for children and can be evidenced in the ICPC data whereby for the same time period 86% of ICPCs have been held within 15 days of the strategy discussion commencing. This is an overall continued improvement trajectory, considering the data for the same period from Oct 2019 – March 2020, ICPCs held on time stood at 76%.</p> <p>Given the pressure of COVID on all agencies it is reassuring that overall performance in this area continues to improve and the pandemic has not negatively impacted within the child protection arena.</p> <p>The impact for children has been mitigated to ensure there is no delay in child protection enquiries progressing and safety plans being put into place to protect them whilst assessments are being completed and the right information obtained.</p> <p>Due to the administrative lag in formal recording of strategy meetings and to further evidence safety planning, managers, social workers, and frontline staff have been directed to add case notes on the child's file to ensure the safety plan is clear and visible following the strategy meeting, so that the plan and actions are unambiguous, whilst the task of writing the strategy meeting minutes is completed.</p> <p>The timeliness of S47 investigations is embedded within the performance management system (Power Bi) so Service Managers and Heads of Service can track these on a weekly basis. Coupled with the revised 'Request for CP conference' pathway, it is anticipated that we will continue to improvements in this area.</p> <p>With regards to the impact stemming from the pandemic, for children who are at risk of significant harm and</p>	<p><b>Performance monitoring</b></p> <p>The data highlights an increase in strategy discussions for the 3-month period of 1<sup>st</sup> April 2020 when the COVID lockdown occurred to 30<sup>th</sup> June 2020 a total of 1126 strategy meetings took place, of which 83% were within timescale, for the second period from 1<sup>st</sup> July 2020 through to 1<sup>st</sup> October 2020 1265 strategy discussions took place, an overall increase of 6%.</p> <p>The circumstances surrounding Covid 19 are thought to have contributed to the more recent increase in strategy with schools returning, and children becoming more visible to agencies. The increase in strategy discussions correlates with the increased referral rate from July 2020 and mirrors the national picture.</p> <p>On average the conversion rate of strategy meetings to s47 enquiry has increased from 69% to 72% in the previous quarter. For the quarter 1/7/20 – 1/10/20 a total of 452 s47 enquiries have been completed, of those enquiries 295 children became subject to a child protection plan, this equates to 65% of children progressing from s47 to ICPC who are not already subject to a CP plan.</p> <p>The conversion rate for children presented to ICPC and CP plan being agreed stands at 95% for this quarter and is an improvement from 88% as previously reported. This is an improvement and highlights that the right thresholds are being applied for children at risk of significant harm.</p> <p>For the remaining 35% of children who were subject to a s47 enquiry the conclusion can be drawn that they are already subject to a CP plan and further concerns have arisen, emergency and remedial action has been taken to safeguard children away from the risk mitigating the requirement for ICPC and for a small number of children enquiries have been completed but children are judged to be safe.</p> <p><b>Practice Supervisors</b></p> <p>We recognise the impact of practice supervisors both in terms of staff health &amp; well-being as well as improve quality without our practice. Below is a comment from an</p>	<ul style="list-style-type: none"> <li>To further improve the quality and embed the learning identified within the audits we will be implementing the below;</li> <li>Specific training for Team Managers is planned to take place in Nov.2020 to further support a consistent approach to decision making.</li> <li>A plan is in place to improve timeliness and quality of strategy discussion recording by increasing business support capacity within the locality teams and will reduce pressure within the system on frontline workers who currently complete the administrative minute taking function.</li> <li>The child protection working group will embark on a redesign of strategy discussion and s47 form in LCS to make the safety planning clear and prominent for each child and ensure that the safety plan weaves throughout all documents and interventions. This will be completed by March 2021.</li> <li>A rigorous audit schedule planned for the next quarter is anticipated to have positive impact in this area.</li> </ul>

<sup>1</sup> Focused on assessment, planning and review.

	<p>imminent harm, frontline practitioners have continued to see children face to face (with appropriate PPE) If necessary the specialist COVID team can be drawn upon to visit any home where there may be symptoms, risk of infection or parents raise this as a means of not allowing professionals to see children.</p> <p><b>Quality Practice</b></p> <p>We have successfully recruited to the Practice Supervisor role ensuring we have 1 in each locality 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.</p> <p>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 will provide clear direction and expectations for the workforce which will enable consistent improved performance and quality across the district.</p>	<p>ASYE highlighting the impact of the practice supervisor roles,</p> <p><i>"Gill is just amazing and given the current situation with working from home it has been reassuring that I can genuinely pick up the phone and she is there. Gill never lets you feel like you are pestering her, no matter how many times you call her and that's really important to me and I am sure other ASYEs and students as you feel like you don't want to be constantly pestering someone. Gill lets you offload and will very calmly guide you and give you the advice you need. Her calm collected response just reassures you that you're not alone although whilst working from home it may feel like that at times. Gill is like my Fairy Godmother and with her support I have learnt to have more confidence in my abilities and I can talk to her about where I need to develop"</i></p> <p style="text-align: center;"></p>
<p><b>Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations against staff is robust and effective.</b></p>	<p>We have Implemented the LADO module in LCS to record and track all allegations against professionals working with children and young people.</p>	<ul style="list-style-type: none"> <li>A Power Bi report is now available and provides data that is being collated and monitored.</li> <li>Since the beginning of February there has been 71 Allegations Management Meetings; of these 31 are referrals from Education.</li> <li>The data highlights that half of the Allegations Management Meetings are taking over 3 months to conclude.</li> </ul> <ul style="list-style-type: none"> <li>Further review of the PowerBI reports to use the data that is available is helping us to understand trends and timeliness of the service.</li> <li>Review Allegations Management Meetings that are taking over 3 months to resolve to understand the challenges.</li> <li>Develop a LADO specific audit tool by the end of March 2021 to enable quality conversations about the decision making to be used in supervision and in discussions with partner agencies.</li> </ul>
<p><b>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 outcomes.</b></p>	<p><b>Early Help Assessment</b></p> <p>In September we launched the new Early Help Assessment. The Early Help Co-ordinators have been delivering training to support partners to carry out Early Help Assessments and becoming the Lead Professional.</p> <p>In a two-week period ending 21st October we have had 11 completed Early Help Assessments supporting 27 children. These assessments have been supported by face to face modules guiding our partners through 'what a good assessment should cover' and 'how the impact should be evidenced' by the difference it makes to children and families lives.</p> <p><b>Single Assessment</b></p> <p>The new single assessment document went live in September 2020. Training was delivered to front line workers ahead of the go live date. It is too early to judge</p>	<p><b>Partnerships</b></p> <p>We are at the early stages of knowing what difference we have made but some of the assessments are progressing to Team Around the Family reviews. This means we are enhancing our multi-agency approach by sharing information and responding collectively. We have also received positive feedback form from schools which is demonstrated below;</p> <p><i>"I really appreciate your support regarding this case as it was stuck. School and other agencies were not in contact. With your help things have moved very quickly. The case is now stepped up and it will help child with the transition to his secondary school as well. RP primary school"</i></p> <p><b>Timeliness of Single Assessments</b></p> <p style="text-align: center;"></p> <p>Finalise the quality assurance framework for Early Help.</p> <p>Compliance with completing assessments within 45 days has been an improving picture however more data scrutiny is now required in terms of proportionate</p>

<p><b>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.</b></p>	<p>the full impact of the revised document however we anticipate the benefit for children will be quality assessments which supports the social worker to explore a working hypothesis, next steps and safety planning for children. The impact of the new assessment form will be judged by means of audit, quality dip sampling and use of data to determine if outcomes for children improve.</p> <p><b>Practice Guidance</b></p> <p>The newly revised practice guidance includes manager's allocation guidance to support social workers with assessment expectations. This should be clear within a child's file, identifying the minimum expectations including timeframe for the child to be seen and spoken to, referral history, the safety and support needs, which professionals to speak with and how to triangulate information to support assessment analysis and planning for all children.</p> <p><b>Practice Model</b></p> <p>The Practice model was agreed in October 2020 and is directly linked to the Quality Assurance Framework to ensure consistency in practice and a golden thread approach for children. The impact for children and families being a strengths based restorative social work approach that enables families to remain together safely where possible, ensuring the right children are receiving the right services at the right time.</p>	<p>For the period of 1st April 2020 to 1st October 2020 a total of 7,094 single assessments have been completed and of these 74.4% have been completed on time (within 45 working days). These include all new assessments and those that are updated for children on plans.</p> <p>There has been a slight decrease in assessment timeliness for the second period from 1st July - 1st October 2020 falling from 76.4 in time for the period April to June to 72.4% from July to October. The decrease in the performance data is due to the roll out of the new assessment form, it was identified that there was an issue within the form build which has now been addressed.</p> <p>There is now the ability for managers to set specific timescales for assessments to be completed dependent on the child's needs and assessment complexity. This is now performance managed during the weekly performance forecasting reports.</p> <p>90 % of children open to CSC have an assessment that has been updated within the previous 6 months. This tells us that children open to Bradford CSC receive updated assessments in a timely manner.</p> 	<p>assessments quantity, quality and timescales, review assessments and assessments stemming from new referrals. Once this data is fully known more analysis of progress can be formulated and how this translates to practice and impact for children will be provided. This is being supported by:</p> <ul style="list-style-type: none"> <li>• Practice Supervisors are continuing to support social workers and managers by modelling good practice, QA'ing assessment documents prior to manager sign off and next steps.</li> <li>• The assessment working group will focus on managing checkpoints, signing off assessments and guidance for managers. Further to this an assessment working document for social workers with a suite of assessment tools is being developed to further support social workers when engaging with families.</li> <li>• Specific training for Team Managers is due to take place week commencing 26th Oct 20 to develop critical enquiry and triangulation skills.</li> </ul>
<p><b>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</b></p>	<p><b>Children in Need</b></p> <p>We have a total of 1073 children who are subject to a CIN plan.</p> <p>Of the 1073 children, we have 260 children who have a complex health need or disability subject to CiN plans.</p> <p>Of the 260 children who have a complex health need or disability, 205 children have been on CiN plans for more than one year, including 175 children who have been on CIN plans for longer than two years due to the nature of their disability</p> <p>We have 73 mainstream children who have been on CiN plans for more than one year and 13 children who have been on a CiN plan for longer than two years. 7 of these children are linked to 2 families and have been reviewed by Heads of Service who are familiar with these children's cases. The reasons relate to the family having no recourse to public funds and are being supported by CSC.</p> <p>We know through local knowledge and management oversight that a number of children subject to child in</p>	<p><b>Timeliness of CIN</b></p> <p>All children have a re-assessment every six months and we can track this through the weekly performance data. This means that we have a good understanding of a child's current situation and can consider whether the plan should be stepped up or stepped down.</p> <p>CIN Reviews are held every four weeks and our current data (snapshot of 26/10/2020) shows that we are at 83.2%. This means that the majority of our children are having their plans reviewed regularly to prevent drift and have multi-agency oversight.</p> <p><b>Management Oversight</b></p> <p>To enable positive sustained outcomes for families we have implemented pathways for families to step down to family support, early help and universal services. Regular tracking meetings take place between Family Support/Early Help and Locality Service managers, enabling a clear and shared understanding of the Step down Process and agree cases that will be presented to the Early Help Multi- agency panel. This locality partnership panel enables a response to children and family's needs in a manner that is timely and supports</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Work with PSs in each area 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 CPD workshops.</li> <li>• Create a reportable process to measure step-downs to EH via LCS</li> <li>• Delivery of a presentation across the district by thematic leads to embed all practice standards, review LCS documents, dip sample to measure quality, impact analysis and measure improvements.</li> <li>• Thematic working groups to meet fortnightly to ensure progress is made and each area are delivering a consistent approach of training review and audit.</li> </ul> <p>Our IT systems provides us with live data about how many children are currently subject to CiN plans and for how long. Our systems will be developed to gather data to understand the number of children in need who have</p>

<b>does not meet their needs, or the risk of harm or actual harm remains or intensifies</b>	<p>need plans for protracted periods are those where there is a tandem order in place such as a supervision order or those who are subject to private law proceedings.</p> <p>We have recognised that the effectiveness of a CIN plan diminishes over a time. So that we can ensure children's outcomes are improved in a timely way and they and their families get the best support throughout the CIN process we have introduced the following:</p> <p><b>CIN COVID 19</b></p> <p>During the Covid pandemic we have maintained a close working relationship with education which has been vital. With data provided from education we have been able to quickly identify which of our children in need have been attending school and which children we are worried about and need additional support. Social workers have maintained regular contact with families throughout the pandemic, including supporting our children returning to school in September.</p> <p style="text-align: center;"></p> <p>Direct work to gather children's wishes and feelings and understanding their lived experiences during the Covid restrictions has continued by using WhatsApp meet them virtually.</p> <p>CIN Reviews have been held virtually ensuring a multi-agency response has still been in place</p>	<p>effective multi-agency working. Service Managers are able to then track these cases through performance data on Power BI as this identifies cases which have had a step down triggered on LCS. This data is shared at a minimum twice weekly with Team Managers and is also looked at during performance clinics and CIN Clinics.</p> <p><b>Step up/step down of cases:</b></p> <p>Throughout the pandemic children's cases have been stepped up and stepped down. Whilst we cannot provide the data in respect of the numbers this has continued to be tracked by HOS, SMs and TMs through supervision, performance clinics and meeting with early help/parenting support managers and locality service managers to ensure these children are getting the right service to meet their needs. Where cases are identified as needing to step up this is discussed in a multi-agency strategy meeting and tracked by team managers.</p> <p><b>Parental Feedback</b></p> <p>We have continued to support parents to improve the lives of their children during the pandemic by delivering services creatively. Provision of virtual support has been received well which is evidenced below by the feedback from a parent's midway review, who was referred to the virtual Freedom Programme</p> <p><i>"My keyworker has told me she has noticed that I have changed a lot since starting the course. I can see now what triggers may cause an argument between us both, we are trying to be more positive, communicate more; we are managing conflicts much more positively. I have also started counselling for my anxiety and my ex-partner is now also receiving counselling to help with his negative thoughts-it is working for both of us. Before I came onto the course I did not realise it would have such a positive effect on me. It has impacted on me in such a positive way-with my relationship-how I deal with extended family. I just have more awareness of what domestic abuse is, and what a tactics my ex will use"</i></p>	<p>been stepped up to child protection or stepped down to early help or family support. We currently gather this data locally through supervision, performance clinics and case file audits.</p> <p>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:</p> <ul style="list-style-type: none"> <li>- Work with Practice Supervisors in each area will deliver sessions for social workers and managers on SMART planning and ensuring that there are clear objectives, tracking and monitoring, time limited and impactful CPD workshops.</li> <li>- •Delivery of a presentation across the district by thematic leads to embed the practice standards and new LCS documents, the thematic leads will dip sample children's cases to measure quality, impact analysis and measure improvements</li> </ul>
<b>Initial Child Protection Conferences</b> <p>During the Covid pandemic we have continued to hold Initial Child Protection (ICPCs) and Review Conferences virtually. Since the 01.04.2020, there have been 579 ICPCs and 1482 review conferences. Timeliness of ICPCs has remained stable during Covid at 85.5% with 98% of review conferences taking place within required timescales.</p> <p>The number of children subject to a child protection plan has significantly increased since the previous quarter. At the end of September 2020 the number of children</p>	<p><b>Performance Monitoring</b></p> <p>In the period since the start of "lockdown" in March we have made 627 children subject to a CP Plan. In the same period 575 children have been stepped down from a CP Plan following multi-agency decision making.</p> <p>We have been addressing drift for children subject to long term CP Plans and have reduced the number of children subject to a plan for more than 18 months to 45. This is a significant reduction.</p> <p>The number of children subject to a CP Plan for more than two years has now reduced significantly from a</p>	<p>Quality of assessments – the new single assessment has gone live in LCS and will be used as the social work report for CPCs.</p> <p>Child participation and child friendly plans – new participation codes have been developed to launch in LCS to capture how children and young people are getting involved in the conferences.</p> <p>Further work to embed the new LCS forms to support SMART planning.</p>	

	<p>subject to a plan was 1009, with the highest peak in August at 1040.</p> <p><b>Planning</b></p> <p>There has been a focus on supporting SMART planning; an average taken over 6 months from the monthly audits since January 2020 indicates that Child Protection Plans continue to be considered the most comprehensive. This area of improvement has been further supported by the launch of the new CP Plan in LCS to support staff to develop clearer, more outcome focused CP Plans. The core group template has also been revised and launched in LCS to support work between conferences being purposefully to address the risks identified to inform what needs to happen next for children and families.</p> <p><b>Challenge and Resolution Process</b></p> <p>The new challenge and resolution process has provided an improved forum for the CPCs to evidence a more robust approach to addressing drift and delay for children and young people.</p> <p>Since its successful launch on the 08.04.2020 there have been 172 challenges completed –</p> <ul style="list-style-type: none"> <li>– 111 at Team Manager level</li> <li>– 44 at Service Manager level</li> <li>– 17 at Head of Service level</li> <li>– 1 at DD level</li> </ul> <p>Due to Covid all meetings have been held virtually with the majority successfully resolving at stage 1.</p>	<p>high point in July 2019 and there are currently 4 families, totalling 7 children who fall into this cohort. All of the cases have evidence of management oversight:</p> <ul style="list-style-type: none"> <li>– 2 of the 4 cases there has been challenge issued by the CPC to ensure that the identified issues are addressed with evidence of case discussions to ensure that there is a clear understanding of what work needs to be completed to progress the situation for the child.</li> <li>– 1 of the 4 cases has had an audit completed on it by the CPC resulting in a planning meeting in October resulting in a decision to bring the review forward and the assessment to be updated to reflect the situation better to support the decision to step down the plan.</li> <li>– 1 of the 4 cases evidences that there is ongoing work as the case has just stepped out of PLO. It is proposed that if the work continues positively then the review conference will be convened earlier.</li> </ul>	<p>Further work to develop the reporting on the reasons for challenge as part of the data pack; this will enable a more detailed understanding of issues that have required a challenge and the impact of these issues on safe arrangements for children and young people.</p> <p>Revising the CP quality assurance forms so that they provide a greater understanding of core issues through the child protection process whilst enabling the CPCs to fulfil the role of the “critical friend”. This will provide a clear reporting function to ensure that we are able to understand themes and practice to support practice improvement. It is 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.</p>
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<p><b>Children and young people are protected through effective multi-agency arrangements. Key participants attend multi-agency meetings (for example, case conferences, strategy meetings, core groups and multi-agency risk assessment conferences). 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.</b></p>	<p><b>Co-located Partners in the Integrated Front Door</b></p> <p>Bradford's Integrated Front Door is multi-agency by design and benefits from the co-location of various partners including colleagues from West Yorkshire Police, Health and Early Help. This allows for the effective exchange of information when decisions need to be made at contact/referral stage. For many children this has resulted in safety being created at a universal level ensuring a multi-agency plan is agreed alongside the least interventionist principle being applied. This concept has been further strengthened with the launch of our new Lead Professional Assessment. Professionals from Universal Services are able to use the framework, with guidance from their local Early Help Coordinators to provide early support to children and families with low or emerging vulnerabilities.</p> <p><b>Domestic Abuse - DRAM and MARAC</b></p> <p>A Daily Risk Assessment Meeting (DRAM) is held to consider all high risk domestic abuse incidents across the district. The meeting is chaired by West Yorkshire Police and Children's Social Care offer a contribution to</p>	<p><b>Audit Activity and Front Door Health Check</b></p> <p>Monthly audits of contacts/referrals coupled with the outcome of a recent Front Door Health Check tells us that we are routinely sharing information with our partners and using their contributions to support recommendations for children. This means that children are benefitting from multi-agency support planning which is more robust than decisions made by a single agency. Our performance data tells us that these initial decisions in our front door are timely as 80% of contacts are progressed in 1 working day. Audits of Strategy Meetings and Conferences tell us that in the main we are working together compliant and our partners from Health and West Yorkshire Police regularly attend and contribute to these key meetings.</p> <p><b>Education Safeguarding Team</b></p> <p>Whilst we do not have an Education representative in our Integrated Front Door, we have a strong and consistent dialogue with our colleagues from the Education Safeguarding Team. This allows us to share examples of good quality referrals and responses so</p>	<p><b>Education Representative in the Front Door</b></p> <p>A recommendation from our recent health check highlighted how we did not have an Education representative in the front door and this was considered to be a gap in service. There are plans in place to create and recruit to this post which will inevitably strengthen the quality of our responses to children and young people.</p> <p><b>Lead Professional Assessment</b></p> <p>Whilst our Lead Practitioner Assessment has been launched and we know there is an appetite from the partnership for this to be a success, it remains in its infancy. There have been some challenges with securing training virtually and we are still gathering data on how many LP assessments are being completed. It is hoped that we will be able to capture and evidence the impacts of this over the next few months.</p> <p><b>Children's plans</b></p> <p>We recognise that agreed actions for children are not always carried out in a timely way. This has created drift and delay for some children in Bradford which means they have been supported by a statutory plan for longer</p>
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<p>ensure appropriate safety plans can be formed. The existing process is being reviewed internally to ensure attendance and contribution is effective or whether any subtle changes to the process would add value. The DRAM Meetings are held in addition to weekly MARAC meetings.</p> <p>A weekly Multi-Agency Risk Assessment Conference (MARAC) is held to review all high risk cases of Domestic Abuse across the district. A representative from Children's Social Care attends this meeting to share information and contributes to safety planning. In some cases, this results in contacts being created for vulnerable children who were not previously known to the department. This allows us to ensure children who are witness to or implicated in Domestic Abuse have an assessment of need and subsequent support plan.</p> <p><b>Operational (3 weekly) and Strategic (6 weekly) Groups</b></p> <p>We have refreshed the Terms of Reference for our Operational and Strategic Groups in the Integrated Front Door. Our improvement plan is being driven by the partnership and not by an agency in isolation. We are keen to ensure that any changes or improvements in our service are agreed, supported and endorsed by our partners.</p> <p><b>Strategy Meetings and Child Protection Conferences</b></p> <p>Our audit activity tells us that Strategy Meetings and Child Protection Conferences are quorate and largely well-attended by multi-agency professionals. This creates a platform for information to be shared effectively so that multi-agency plans for children can be agreed. In spite of the challenges associated with Covid 19, virtual meetings have continued to take place so that risk and vulnerabilities can be managed and reduced. In the last quarter (July-September) 2756 core groups have been completed of which 90% (2483) were in timescales. This offers us some assurances that the circumstances for children experiencing significant harm are reviewed regularly.</p>	<p>that we are able to capitalise on positive practice. In addition to this we are able to escalate and overcome any challenges that may be specific to a certain school or designated safeguarding lead. In some cases, this has resulted in training needs being identified and delivered where necessary. This also means we are able to incrementally strengthen and foster relationships with schools across the district which can only have a positive outcome for the children who attend.</p> <p><b>Feedback from Partners</b></p> <p>For some time in Bradford our partners have felt there has been a 'done to' culture which has often stifled the pace of improvement. We are working hard to create a 'doing with' environment so that together we are able to improve outcomes for children in Bradford. Recent feedback from the partnership tells us that relationships are beginning to strengthen and the partners are starting to feel engaged and included in service improvements. A salient point from our health check detailed how there was '<i>a collective desire</i>' to improve the service which something we are embracing and building on. For our children in Bradford, this means they are surrounded by a system and network of professionals who are committed to improving outcomes.</p>	<p>than what may have been necessary. We also know that actions for our partners aren't always tracked by Social Workers and Managers which again can contribute to drift. To address, this we have refreshed our electronic forms and are developing practice guidance in specific areas. We are also undertaking audits of case files to see how well the recently published 'Practice Standards' are being applied.</p>
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Participation and direct work with children and families			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>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</b>	<p>Stabilising our workforce remains our biggest challenge. A separate report setting our approach to recruitment has been submitted separately.</p> <p><b>Practice Standards</b></p> <p>The Practice Standards include a strong theme of voice and participation running throughout all elements of the service. We have also completed our work on our practice model and will continue to use SOS as the basis</p>	<p><b>Children's voice and influence</b></p> <p>Our performance and monitoring data inform us that children are being seen regularly by their social workers. Although this was an initial challenge during Covid we have still seen children consistently both physically, ensuring we conduct safe practice in line with government guidelines as well as using a range of virtual platforms.</p>	<ul style="list-style-type: none"> <li>The biggest challenge relates to the stability of our workforce and the need to reduce the number of different social workers a child has. We are developing a new Workforce Strategy and looking at ways to attract social workers to join us and also to retain them.</li> </ul>
			<ul style="list-style-type: none"> <li>Developing new recruitment and retention plans as part of a new Workforce Strategy that aims to provide consistency of workforce and thus for children.</li> </ul>

Participation and direct work with children and families			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>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.</b>	<p>of our practice. SOS tools such as Three Houses will continue to be standard tools and our staff and partners are already familiar with these basic tools.</p> <p>All audit work includes the extent to which the child's voice is captured and evidence of direct work with the child.</p> <ul style="list-style-type: none"> <li>Visit performance monitored on a daily basis through accessible reports.</li> <li>During Covid-19 we have been able to continue to see children directly as well as by virtual visits.</li> <li>Launched a new suite of LCS forms. Voice of the child and the child's lived experience are key to this. Examples include the new Assessment form and a new LCS Supervision Form</li> </ul>	<ul style="list-style-type: none"> <li>Although there is much progress still to be made, we know the impact and influence of the practice standards has resulted in:</li> <li>Some excellent examples of children being supported to share their feelings e.g. the worry lion, 3 houses, advocacy</li> <li>Children and young peoples' needs and wishes are being considered in case work and this is being evidenced through case audits. We also see emerging evidence of the child's voice and experience being presented within reports to LGW Panel.</li> <li>Children and young people are being consulted on core documents and changes in social care practice through the improvement work plans.</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>The new Assessment Tool is still very new and our staff will need to get used to it. We will need to audit to identify the impact of this and the other new tools.</li> <li>The Participation and Voice Group has only met once so far but generated some exciting ideas. This group now needs to support the development of a Strategy and Action Plan.</li> <li>Start reporting on children seen alone.</li> </ul>
<b>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 practice and service development</b>	<p>NYAS are commissioned to provide support to children over the age of 8 to participate in the Initial Child Protection Conference (ICPC).</p> <p>We have now started a new Participation and Voice group.</p> <ul style="list-style-type: none"> <li>Between 01.02.2020 to 01.07.2020 a total of 138 referrals were received by NYAS. Of these 124 children have accepted the support of the advocacy service for the ICPC.</li> <li>2 children attended their meetings.</li> <li>There has been a slight reduction in referrals to NYAS.</li> <li>All referral have been responded to within timescales despite the difficulties presented by Covid 19.</li> </ul>	<p>Service manager feedback from a child in care dip sample of visits dated September 2020</p> <p></p> <p><i>Based on the quality of the visits I have graded this outstanding. The purpose of this is clear and the move to digital has not impacted on the quality. The Social worker captures the voice of the child both anxiety and happiness very well and her personality is evident. You get a real sense of who this child is and the relationship she has with the social worker. You see the plan progressing and the work being done to help the child understand what is happening. Every statutory visit is brought alive from the recording.</i></p>	<ul style="list-style-type: none"> <li>For young people and children with complex communication issues, social workers to be supported to capture observations and look at what this means for the child in terms of their wishes and feeling.</li> <li>Participation codes will be added to LCS to record when children when children have been asked and how they subsequently were involved in the conference.</li> <li>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</li> <li>To develop a participation strategy and plan to ensure the voice of the child is represented and acted upon through Early Help and CSC practice.</li> </ul>

Identifying and responding to all types of abuse recognising the vulnerability of specific groups of children.			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>Social workers recognise the factors 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</b>	<p><b>Children with a disability</b>            All aspects of SW procedures and process have been considered to ensure they are suitable for CWD.</p> <p>During the pandemic The provision offered by the two specialist residential homes that offered Short Breaks was altered on 25th March at the point the country was placed in lockdown to offer family sessions where only the child and family members could attend the residential home and use the service for a period of 3 hours after which there was deep cleaning completed to offer support to the next child and their family opportunity to use the residential home that was free of potential infection. The service also offered consultancy to a voluntary service provider on how the service provision was altered to offer a safe service.</p> <p>The Specialist Inclusion Project support young people with disabilities to access a range of Short Breaks activities. The young people supported have no access to universal services and do not meet the threshold for social care intervention or a social care package of support. The Specialist Inclusion Project want to ensure the young people of Bradford have a voice and control of their Short Break. Young people are involved in the design, delivery and oversight of our Short Break services offered by the inclusion project. a participation group consisting of a number of young people that were keen to developing Short Breaks.</p>	<p>There is good take up to Direct Payments in Transitions with all 48 young people who left education during summer 2020 being supported through flexible support planning arrangements.</p> <p>All of the children within CCHDT who received a package of care using specialist short break provision were offered and received an alternative package of care that was consummate with the holiday support package in place when children are not at school. For some children this was immediate but for other children there was a need to train staff or identify staff that could provide the alternate provision.</p> <p>All children within CCHDT who received a package of care through direct payments there was an increase of the package of care similarly offered which was consummate with the holiday support package offered. This was taken up based on assessed need or at request of the parent/carer. This has allowed children to receive support through the lockdown period and beyond.</p> <p>The two specialist residential homes offered 3 hourly sessions 3 times a day, 7 days a week. As the families and SW teams became aware of the provision the homes were usually fully booked. From April 13th 2020 to July 2020, a total of 36 children from 22 families have been supported through the following: 74 family sessions, 18 new to service families &amp; 4 current to Wedgewood short breaks attended, 18 additional siblings also benefited from the family sessions. In addition to this Wedgewood supported a young person to her end of life from Jan to the end of May 2020. Wedgewood is fully booked this October half-term for this provision.</p>	<ul style="list-style-type: none"> <li>• A restructure of the service provision offered for CWD has been recommended to allow for the social work teams to be aligned within a locality structure. The proposed structure will ensure CWD receive leadership and support from a permanent HOS.</li> <li>• The provision of specialist Short Breaks through the proposed restructure will be aligned within the provider services and benefit from the expertise within this service.</li> <li>• Provide additional training to Social Workers around the SEND code of practice and the support 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</li> <li>• The process at the IFD is being strengthened to ensure all children undergo an EHC assessment will have involvement from social care, either through EH or via a Single Assessment.</li> </ul>
<b>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.</b>	<p><b>Exploitation Hub</b>            Within the Exploitation Hub a Tri-weekly RAM (Risk Assessment Meeting) is held to consider the vulnerabilities and safety plans for children at risk of Exploitation. The meeting is attended by partners from Social Care, Police, Health and the Voluntary Sector. Actions plans are agreed to manage and mitigate risk. Due to a rise in demand over the lockdown period, the frequency of RAM meetings was increased to daily.</p> <p>Any children who are considered to be 'high risk and stuck' are discussed at our 6 Weekly MACE (Multi-</p>	<p><b>Audit &amp; Performance Data</b>            Our Audit activity tells us that the RAM and MACE have been effective in identifying and reducing risk. We have identified good practice examples so that we can replicate these responses and promote learning and consistency within the service. In some of these cases, missing children linked to county lines have been found and their safety has been secured efficiently following the MACE. In one example a child's missing status was raised to high by the missing Inspector and telecommunications work allowed for his location to be tracked off nearby telephone masts. This promptly</p>	<p><b>Review of Exploitation Hub</b>            We recognise that whilst many children receive an effective multi-agency response, we have some way to go before we are fully confident with having a consistently good response. A review of our existing Hub and pathways suggest we can produce data on exploitation across the district however struggle to demonstrate impact or distance travelled. For example, at present we know we have 293 children across the district with an exploitation marker. The majority of these children have emerging, moderate or significant vulnerabilities to sexual and criminal exploitation. Whilst</p>

<p><b>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</b></p> <p>agency Child Exploitation) panel. The MACE is chaired by strategic leads in Social Care and West Yorkshire Police. Senior managers from Health, Education and the voluntary sector are also present. Leaders are able to 'unblock' any resource issues and provide senior manager oversight so young people can access timely support. The meeting is split into two parts so that local issues, demographics and data are considered alongside specific cases.</p> <p><b>Criminal Exploitation</b></p> <p>The Youth Service Breaking the Cycle Team has developed its intensive support offer to criminally exploited young people. Recognising the push and pull factors of criminal exploitation we have piloted embedding a drugs worker into the team, and most recently 2 education safeguarding officers for children missing from education.</p> <p>With an engagement rate of 95%, the overall aim is one of harm reduction, protection and breaking the cycle of criminality. Work often starts on the street and through detached work sessions. Work is undertaken with young people 1-1 and with their wider peer group.</p> <p>Young people who are school refusers, managed move breakdowns, excluded or inappropriately home educated are a large proportion of the caseload. We actively work with the Education Safeguarding Team and with local schools and PRUs to support young people back into education.</p> <p>Our service has remained operational during the Covid19 pandemic and over the last 6 months we have received 110 new referrals. We are now seeing a rise in these referrals to pre-covid levels (7/8 per week). During Covid, it was important that we continued to maintain the intensity of support and that this was done face-to-face where possible. Young people have fallen into categories of "fearless" (still out and about, associating with peers and often not taking any harm reduction action), "fearful" (scared by the impact of the virus, worried about catching the virus and fearful of the consequences of this) and swathes of young people who have been "uninformed" (really confused about the rules and what could / could not be done, and believing all sorts of conspiracy theories). Our youth work team have developed different approaches towards young people to ensure that each young person continued to access the tailored support.</p> <p>We have adopted a whole range of new working practices including walk and talk, one to one cycle sessions, garden gate visits and moved some of our "Keep in Touch" / step down support to phones, texts and social media platforms. We have delivered self-help packs to young people who were in isolation to support</p>	<p>identified his location and led to agencies progressing an appropriate care plan for him.</p> <p><b>Breaking the Cycle – Feedback</b></p> <p>We know that we are making a difference, because young people are telling us and because they choose voluntarily to engage with us. We can evidence distance travelled through our use of a resilience framework. Our intensive work around ASB and problem solving occurrences has reduced reports of ASB in areas of the district and has brought partners in areas together to join up responses to safeguard children.</p> <p>In the last quarter (July-September) we have had 82 referrals into the project, each young person is linked to the RAM and exploitation hub for regular review and management of risk.</p> <p><b>Philomena Protocol</b></p> <p>The number of children in care missing from residential placements has reduced significantly since the launch of the Philomena protocol. The protocol ensures every child placed in a residential provision has their own personalised missing trigger plan irrespective of whether they have the propensity to go missing or not. The plan is agreed with the Social Worker, Residential provider and West Yorkshire Police upon a child being initially placed. It sets out the child's networks, frequent locations, key contacts and a photograph. In addition to this there are a number of reasonable actions agreed that the placement must carry out prior to the child being reported as missing. Below is an extract from one of our young people regarding their experiences of the protocol:</p> <p><i>"Knowing that the staff are going to look for me if I don't come home now makes me feel wanted and loved. This is the first time I have ever felt this way whilst in a care home"</i></p> <p>The principles adopted in the protocol in essence expect care providers to exercise normal parenting responsibilities and undertake reasonable actions to try and establish the whereabouts of the child. For example, a child who is late home from a party should not be regarded as missing until the carer has undertaken enquiries to locate the child. Our data regarding the number of children missing from care tells us that the protocol is having a positive impact. In addition to this, we are able to see resources being deployed for missing children at the right time which ensures interventions are efficient and effective.</p> <p><b>Trusted Relationships</b></p> <p>The objective of the Trusted Relationships Service is to reduce young people's involvement in exploitation and abuse, as victims and/or perpetrators, through:</p> <ul style="list-style-type: none"> <li>• increasing the consistency and quality of support for</li> </ul>	<p>their circumstances are reviewed and tracked in RAM meetings we know we need to get better at understanding the narrative behind our data and evidencing what difference the RAM has made for a particular child.</p> <p>To address this, we have developed a proposal to refresh the existing pathways which includes co-location with our partners, consultation/mapping opportunities and ensuring our locality social workers are engaged in delivering effective safety plans. In addition to this, over the next 12 weeks we will be reviewing our existing protocols and policies to satisfy ourselves that they remain fit for purpose.</p> <p><b>MACE – Audit activity</b></p> <p>Recent audits undertaken on children discussed at MACE identified how some cases were being presented prematurely. For some children, strategy meetings had not been held and care planning meetings were scheduled to take place after the MACE. This meant that the outcome from the panel was a list of operational actions as opposed to meaningful and creative safety plans being developed for children. In response to this we will be refreshing our terms of reference for the MACE and ensuring all cases due to be discussed have been quality assured by a Team Manager in advance of the meeting.</p> <p><b>Breaking the Cycle</b></p> <p>It is our intention to continue this work, getting upstream of what we know to be driving factors that push young people into a criminal or exploitative lifestyle. We have a desire to grow the team working on criminal exploitation to further enable us to intensively support more young people.</p> <p>We are also focussing on the exits of young people from working with the Breaking the Cycle project – we are looking at work experience placements and have linked with the Yorkshire Asian Business Network to secure 10 placements for Breaking the Cycle young people who have missed significant amounts of their education to offer a placement and potential growth into apprenticeship type opportunities. This work will allow Breaking the Cycle young people to become more equal to their peers</p>
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<p>mental well-being and bereavement packs for those who had suffered loss. The team have supported families who were known to be struggling or who had gone into isolation during the Covid period by taking food parcels and deliveries of fresh fruit and vegetables on home visits. This is something we were able to offer after having developed a partnership with the fruit and vegetable wholesaler in the district. We have also routinely issued hand sanitiser and face coverings to our young people.</p> <p>We have done a huge amount of education with all of our caseload about Covid19 and the silent carrying of the virus. We have helped young people who were 'fearless' to start to take precautions and reduce the risks to them and their families and we have seen and broken the cycle of criminality for some of our children despite the challenges of the Covid period.</p> <p><b>Missing &amp; Philomena Protocol</b></p> <p>All missing children have a return home interview to explore the missing episode and future safety. Return home interviews for looked after children are currently completed by our commissioned service Voiceability. For any children who are not looked after, the RHI's are completed by our in-house Missing Officers who are attached to the Exploitation Hub. We have made the decision to include the missing team within the Hub given the link between children experiencing exploitation and repeat missing episodes..</p>	<p>children and young people at risk of becoming involved in exploitation and abuse;</p> <ul style="list-style-type: none"> <li>• improving trust between young people and adults who are there to support them;</li> <li>• developing protective factors that build resilience in children and young people (including support networks; positive role models; sense of purpose; self-esteem; critical thinking skills).</li> </ul> <p>Referrals to the service are processed and monitored through the Integrated Front Door arrangements and specifically via multi-agency operational meetings held three times per week, known as the <b>tri-weekly RA meeting</b>.</p> <p>Restrictions have prevented delivery, TR providers increased the number of weekly interventions to reflect the nature of support available to compensate for the reduction in Face2Face support and improve trust. They increased focus on support networks such as family relationships providing a weekly check-in with parent/carer to support and signpost with wider household issues and increase protective factors in place. Buildings have now been re-opened and they are seeing more young people face to face at the office and in local communities by the wearing of masks and maintaining social distancing.</p> <p><i>'I would like to say thank you to you (Hilary) and Bev, L has had something every week to look forward to. L does not do well with being out of school and not having a routine and your group has given L a routine. L has been really happy to be there and comes back with smiles and talks about what has happened. Hope this continues, it's helped so much with mental health, especially in these uncertain times'</i></p>	
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Making good decisions for children																												
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?																									
<b>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.</b>	<p><b>PLO</b></p> <p>All children's cases that enter into PLO are considered at the legal gateway panel for approval. Children's cases are then reviewed every six weeks by the TM, SW, LA legal department, parents and their legal representatives. The total number of children subject to PLO continues to be high. Although between 1 June 2020 and 1 September 2020 this dropped from 148 children to 143. The children who entered PLO during 2020 have spent longer within the process than during the same period in 2019. 108 children who entered PLO during 2020 have remained in pre-proceedings for an average of four months. This tells us that social workers have not been able to engage with families effectively to promote change for children as quickly as is needed to improve their lived experiences.</p> <p><b>Permanence Tracker</b></p> <p>We have introduced and embedded a permanence tracker that is reviewed each month. Social Workers and Team Managers are being held to account in respect of the progress of the assessment and the interventions with children and families. We have introduced a checkpoint of 4 months when the case file is reviewed by the Service Manager of the Court Team and escalated to the Head of Service to have a case planning meeting. This is to understand the risks, the progress and planning for that child is understood and shared decisions can be made about how to progress the child's case.</p> <p>Since June 2020 we have seen a drop in the number of our children been subject to PLO for more than 6 months. This has reduced from 17 on 1 June 2020 to 8 children on 1 September 2020. We know that many of the children's cases extending over six months continue to involve changes of social worker and manager which has resulted in children's cases not being reviewed or progressed quickly. In addition, the use of expert reports during pre-proceedings has also contributed to the delay for some children. We know that a stable workforce is so important to address delay and we are working on a revised recruitment strategy.</p> <p><b>Legal Gateway</b></p> <p>We have agreed with our legal department that letters of instruction will be completed with two weeks of the legal gateway panel decision in time for the first PLO meeting. Between 1 June and 1 September 2020 the legal gateway panel agreed exit plans for 184 children. These have been stepped-down to Child Protection (76 children</p>	<p><b>Decision Making:</b></p> <p>The recommendation for PLO is presented to the legal gateway panel which enables robust decision making and guidance in respect of the letter before proceedings and the assessment plan. The evidence suggests that the current approach to progressing children's cases to pre-proceedings has become more robust over the last three months. There has been a significant increase of referrals to LGP being approved for pre-proceedings.</p> <p><b>Timeliness:</b></p> <p>We have seen an increase in the number of applications for public law orders for children who have been subject to pre-proceedings during the Pandemic. We know that due to government imposed restrictions as a result of Covid it has been more difficult for social workers to work as effectively with children and their families to address and progress the identified issues. This increase suggests that during the Covid pandemic an increased number of children were assessed as being unsafe and decisive action was taken to safeguard them.</p> <table border="1" data-bbox="1333 1055 2000 1650"> <thead> <tr> <th></th> <th>Entered PLO</th> <th>Stepped up to care proceedings</th> </tr> </thead> <tbody> <tr> <td>March 2020</td> <td>26</td> <td>8</td> </tr> <tr> <td>April 2020</td> <td>37</td> <td>4</td> </tr> <tr> <td>May 2020</td> <td>40</td> <td>23</td> </tr> <tr> <td>June 2020</td> <td>29</td> <td>31</td> </tr> <tr> <td>July 2020</td> <td>41</td> <td>32</td> </tr> <tr> <td>August 2020</td> <td>36</td> <td>7</td> </tr> <tr> <td>Sept 2020</td> <td>16</td> <td>7</td> </tr> </tbody> </table> <p>Since the relaxation of the Covid restrictions the number of escalations has reduced which may reflect the fact that social workers and other professionals have an increased oversight and are more assured that children are safe.</p> <p>Our data evidence's that since June 2020 we have seen a reduction in the number of children subject to pre-proceedings for more than six months.</p> <p>This could be due to the increase in the number of children being made the subjects of public law applications</p>		Entered PLO	Stepped up to care proceedings	March 2020	26	8	April 2020	37	4	May 2020	40	23	June 2020	29	31	July 2020	41	32	August 2020	36	7	Sept 2020	16	7	<p>The introduction of the Court Consultant role will support the oversight and progression of our pre-proceedings cases and ensure that children do not drift and they are not left in unsafe situations.</p> <p>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' knowledge or pre-proceedings.</p> <p>The Safeguarding, Reviewing &amp; 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.</p> <p>A review of children's cases where children have exited PLO and their circumstances have improved will enable us to understand the key indicators of success.</p> <p>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.</p> <p>The focus on promoting Family Group Conferencing and identifying supportive family members in pre-proceedings is essential. We will complete a piece of work to understand how many children are placed with family members following positive viability assessments completed within pre-proceedings</p> <p>We are providing a consistent message to team managers and social workers to progress children's cases to PLO where mothers are pregnant and have previous children removed so that we have early oversight and the parents receive appropriate legal advice and support.</p> <p>The public law thematic group is beginning to explore the quality of practice and identify the tools and guidance needed to support an improvement in practice, for example the template and guidance for sibling assessment is being re-written</p> <p>We currently rely on manual trackers to monitor our children subject to PLO. We need to review LCS processes so that they link to PowerBI to support collection of electronic data</p>	
	Entered PLO	Stepped up to care proceedings																										
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	<p>– 41%) or we have initiated public law proceedings (108 children - 59%).</p> <p><b>Audits outcomes</b></p> <p>The Service Manager for the Court Team is currently completing a deep dive audit into some of the 108 children's cases which have resulted in care proceedings. We need to know how long these children's cases have been within PLO so that we understand if the use of PLO has been effective, e.g. has it enabled the SW to grasp the issues for the child and swift action has been taken; or, has the use of PLO created a delay in permanent decisions being made for children.</p> <p>We know that the single assessments and parenting assessments often lack a clear analysis of the risks posed to children and do not reflect the child's lived experiences so introduced a new single assessment template which went live in September.</p> <p>We have introduced a new PLO 'letter before proceedings' template which sets out clearly the concerns and the roles and expectations of both the local authority, other professionals and the parent. We know that viability assessments are not always completed in a timely way so that children can be placed in family placements. We now directly address the need to identify alternative carers for children in our letter before proceedings.</p>	<p>It could also be linked to the embedding and use of the monthly tracker meetings. This enables SWs and TMs to maintain focus on progressing children's cases through PLO so that quicker decisions can be made for children</p> <p>It is evidence that we have a better oversight and we are better at understanding, progressing and reviewing children's cases so that they are not living in unsafe situations.</p> <p>We know that 41% of children's cases that enter PLO, exit without an application being made to the court. This is evidence that social workers and professionals have been able to support families to make the necessary changes to keep their children safe</p> <p>No children out of the cohort that exited PLO over the past 3 months have either escalated back into pre-proceedings or become children in care.</p> <p><b>Assessment Plan and Letter</b></p> <p>We have introduced a PLO letter template and an assessment plan. Both the letter and the assessment plan set out why the local authority have concerns about children, what needs to happen to reduce those concerns and who is going to be involved to support the parents to achieve a safe environment for children. This means that our intervention is focused and parents understand what is expected of them as well as the support they can expect from the local authority and other professionals working with the family. We are yet to see the impact of these documents as this has been recently implemented.</p>
<p><b>If it is not possible for children to return home, suitable and timely plans for permanence are made for them to live away from the family home.</b></p>	<p><b>Permanence Tracker</b></p> <p>Permanence trackers have been introduced in each locality where all the Children in care cases are tracked until permanence is achieved. The Heads of Service have oversight of the trackers. The trackers also track where life story work is being completed and flag the gaps</p> <p><b>Scheme of Delegation</b></p> <p>In February 2020 the Scheme of Delegation was changed to make it clear that Placement with Parents approval and approval of a Regulation 24 placement could only be given by a Head of Service. New template for Child's Care Plan went live in September, this ensures greater focus on the experience of the child and care planning. It is also simple so children and their families can understand the plan. Policies and procedures have been updated so all the children in Care have six weekly care planning meetings to ensure early permanence is achieved. Whenever there are placement breakdowns disruption meeting are held</p>	<p>– We had 1375 Children in Care as on the 30<sup>th</sup> Sept. In the last six months we had 279 children who became Looked after children and 140 Children ceased to be looked after children.</p> <ul style="list-style-type: none"> <li>– In the last 12 months 61 children have been made subject to an SGO</li> <li>– 13 children were placed for adoption in the last six months that equates to 9% of the CIC Cohort.</li> </ul> <p>A review of was undertaken of all care entrants to consider the reasons for entry to care. This review identified:</p> <ul style="list-style-type: none"> <li>– A significant number of children and young people who entered care and also left care during the period either due to becoming 18 or being rehabilitated to the care of a parent.</li> <li>– A greater number are now the subject of care proceedings with a number of potential outcomes.</li> </ul> <p>In all cases the review identified that the decision for the child to enter care was correct at the time and necessary</p> <p><b>What are our plans to maintain and improve practice?</b></p> <p>To ensure suitable and timely plans for permanence are made we need to implement the below changes;</p> <ul style="list-style-type: none"> <li>• Embed the mechanisms for tracking of care planning and permanence which have been introduced in localities in order to increase management grip and prevent drift.</li> <li>• We will evaluate the new Child's Care Plan template which went live in mid-September.</li> <li>• Embed the 6 weekly care planning meetings and disruption meetings to understand the experience of our children to ensure that we have the right plans to support the right outcome.</li> <li>• Develop a new template on LCS for 6 weekly Care Panning meeting which will enable us to monitor and measure the impact of Care planning meetings in achieving early permanence for Children in Care.</li> <li>• Training for social workers and IROs to understand permanence planning needs to be developed and rolled out January 2020.</li> </ul>

	<p>All the Friends and Family carers are being encouraged and supported to in seeking SGO for the children. This is to ensure children have permanence.</p> <p>Family Time has been promoted as much as possible since the COVID Lockdown.</p>	<p>to keep the child safe. Therefore, the decisions made at the legal Gateway meetings was appropriate and proportionate.</p> <p>Since COVID, Family Time has evolved, initially Family Time was virtual. The feedback from parents was positive, they felt they could read stories to their children. In May after conversations we began preparing buildings for face to face Family time. Risk assessments were completed and shared between facilities management and family hub managers and COVID certified building were agreed. From the 22nd June Face to Face family time was commenced. We agreed criteria for family time, babies that were born after 1st March 2020 and then cases in care proceedings where there is a compelling need for face to face contact for the purposes of an assessment to prevent delay in decisions being made for children.</p>	<ul style="list-style-type: none"> <li>• New SGO offer for foster carers and friends and family carers is being finalised, training for all the staff is being Rolled out by the end of January 2021</li> </ul> <p>Moving forward we are looking at a safer and robust Family Time, we are getting more buildings COVID safe to increase the face to face Family time.</p>
<p><b>If the plan for a child is to return home, there is purposeful work carried out with the family so that it is safe for the child to return. Further care episodes are avoided unless they are provided as a part of an appropriate plan of support.</b></p>	<p><b>Discharge of Care Orders</b></p> <p>A new tracking mechanism is now in place in each locality to ensure that plans to seek the discharge of Care Orders are implemented without further delay. Additional resources like CRW's and therapeutic social workers are in place to enable support for parents to be supported and cases to be reviewed to identify children who no longer require the protection of the care system.</p>	<p><b>Performance &amp; Monitoring</b></p> <p>We currently have 187 children living with parents whilst subject to either a Care Order or an Interim Care Order or under Sec 38(6). From the 187 children 113 (60%) are children on a Care Order and 74 on an Interim Care Order. The 187 children make 13.6% of the whole cohort of children in Care.</p> <p>In the last 12 months 83 children have ceased to be in care due to rehabilitation or discharge of care order.</p> <p>21 Care Order were discharged from April 2020 to September 2020. Courts are now listing cases for January 2021 for Discharge of Care Orders.</p> <p>During the COVID period all the Children who are placed with their parents were seen on a regular basis, to ensure their wellbeing. The social workers liaised with virtual school to ensure the children were attending school and had all the necessary equipment to complete their school work.</p>	<ul style="list-style-type: none"> <li>• We are updating our PWP guidance to ensure that social workers and IRO's understand the policy and procedures and consider permanence for the children.</li> </ul>
<p><b>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.</b></p>	<p><b>Wishes and Feelings</b></p> <p>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.</p>	<p><b>New System</b></p> <p>We are procuring a new application for seeking the views of children known to Children's Services. This will enable children to voice their lived experiences which will be central to our assessments and decision making.</p> <p>During the Covid Pandemic a lot of direct work with children and their parents has been using social media, such as WhatsApp. This has enabled social workers to maintain contact with children as well as engage them in new creative ways of working. Social workers have also completed assessment sessions with parents using social media so that decisions could be made for children to avoid any further delays.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Social workers will need the appropriate IT to be able to use the app with children</li> <li>• A training module will be delivered to SW and TM around the voice of the child</li> </ul>

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Participation and direct work with children in care and care leavers			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<p><b>Children in care and care leavers are helped to understand their rights, entitlements and responsibilities. They know how to give feedback or complain and understand what has happened as a result of their complaint. Their complaints are treated seriously and are responded to clearly. Urgent action is taken and services improve when necessary.</b></p> <p><b>Children and young people have access to an advocate and independent visitor when needed. Care leavers are well-informed about access to their records, assistance to find employment, training and financial support.</b></p>	<p><b>Independent Visitors and Advocacy Service</b></p> <ul style="list-style-type: none"> <li>Independent visitors and advocacy services are available to children and young people who are in the care either on a Care Order (full or interim) or via Section 20 (voluntarily accommodated) of The Children Act 1989. NYAS provide this service to children and young people in Bradford.</li> <li>NYAS now provide IV services for up to 40 children; this has increased from 30 in the last 6 months. Since 01.02.2020 there has been 21 referrals for new IV matches with 8 new matches being made during this time.</li> <li>There has been an increase in applicants wanting to be assessed as IVs for children in care; it is reported that this is linked to Covid 19.</li> <li>In terms of Issue Based Advocacy, NYAS have received 54 new referrals between 01.02.2020 and 31.07.2020. The referrals relate to a variety of issues from wishes and feelings work, change of social worker, change of placement and support to attend Child in Care Reviews. Information from NYAS highlights that children and young people engage well with their services resulting in closure of referrals; 34 referrals have been closed between 01.02.2020 and 31.07.2020. However, a large proportion of referrals remain open due being a delay in resolving issues. One of the most significant issues raised was regarding the response to complaints made by children; the process is highlighted as lengthy resulting in children often disengaging. This leaves children feeling that they have not been listened to or engaged in a meaningful way to resolve matters that are important to them.</li> </ul> <p><b>Complaints and Compliments</b></p> <p>An Annual Report is produced that covers complaints made in Children's Services, which is managed, corporately for audit and independence purposes. The Complaints Unit recorded 429 new complaints related to Children's Services during 2019/20, compared to 136 complaints the previous last year. Children's Services received 55 compliments compared to 41 in the previous year however we know we have received more which are evidenced in the monthly newsletters. We have recently build in new processes to ensure we effectively capture all compliments on our systems.</p>	<p><b>Feedback</b></p> <p>NYAS have managed IV visits throughout Covid 19 period, completing visits virtually. New matches have also successfully been completed during this time.</p> <p>The following is an example of how this is being managed –</p> <p><i>E is 11 years old and has lived with her carer for 4 years. E's social worker feels an IV would be beneficial as she is quite attached to carer and struggles to spend time with other adults, and would benefit from meeting someone new who is reliable. E's match was not found until after lockdown began, however the carer agreed it would be fun to meet her IV through Zoom chats. E and her IV had their first meeting with the IV coordinator through video, which was strange at first but E quickly got used to this and told her new IV about herself. After going through the rules and guidelines, E and her IV scheduled their virtual visits. Since then, they have had video chats regularly throughout lockdown and were planning to meet when local lockdown in Bradford was instigated again. E and her IV have only had their visits virtually, and so far have enjoyed getting to know each other, playing games and spending time together until they can plan their first socially distant meeting with all the precautions.</i></p> <p>Children's experiences highlight that they have found that the service has been invaluable with regards to developing confidence, supporting them at times when other changes are happening and supporting activities that have promoted good outcomes as highlighted by the following example:</p> <p><i>Referral received for wishes and feelings work for siblings, to support independent position of the siblings' view regarding their current situation. Previously an SGO had been agreed but when CSC consulted with birth parents, birth parents refused. The children had expressed to both their social worker that they are happy in their current placement and never want to return to their birth mum, and that they do not wish to have contact. Birth parents challenged this information questioning whether or not this is the view of the children or professionals. Due to the age of the children it was decided that Virtual Calling Via WhatsApp would be the best way to gain their views, support for this was facilitated by the Carers. It was also decided that a tool kit (worksheets) age relevant would be developed and sent out for the children to complete. To ensure the view</i></p>	<ul style="list-style-type: none"> <li>Improve communication with frontline services to ensure that IVs are updated regarding any changes in the child's life to ensure that involvement is effective and appropriate to meet the needs of the child.</li> <li>Maintaining regular contact with children and young people regarding decisions, being honest about expectations and responding to requests, when possible in appropriate time scales.</li> <li>Current review taking place on the complaints process and systems with a view to learning from complaints</li> </ul>

Participation and direct work with children in care and care leavers			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
		<p>were those of the child's thinking and not directive, the questions were open questions allowing them to write/draw freely how they feel about how the see things. Wishes and feelings gained via both methods have been shared with their IRO and Social Worker. The case is still ongoing; it is hoped by supporting the children to express their views wishes and feeling independently to Social Care that the birth parents will be able to see that the views gather are those of the child without influence. The Foster Carer did feedback that this was the first time the children had felt comfortable discussing their wishes and feelings with a professional and that they are really enjoyed completing their worksheets.</p>	
<b>The local authority celebrates the achievements of children in care and care leavers. It shows it is ambitious for their futures.</b>	<p><b>Inclusion and Achievements</b>            The Council runs events throughout the year where we take the opportunity to celebrate achievements and religious events, i.e. Eid, Christmas, Diwali</p> <p>The Virtual School holds an annual Education Achievement Awards Ceremony for its looked after children in March every year.</p> <p>This is a high profile event attended by the Bradford's Lord Mayor, senior council members and the Director of Children's Services and other members of the Children's Services Directorate.</p>	<p><b>Awards Event</b>            120 Children in care were nominated for awards to be held on the 4<sup>th</sup> April 2020, although the physical event had to be cancelled due to COVID-19 restrictions the certificates and awards will now be sent directly to the children to mark their achievements.</p> <p>The Deputy Director sends individual letters and cards to children on their achievements.</p>	<ul style="list-style-type: none"> <li>- The Virtual School's annual Educational Achievement Awards Ceremony for its Children in Care in March every year will be extended to encompass all the Children in Care. It will be called the Children's Achievement Award.</li> <li>- The planning for this event will begin in earnest in Nov 2020.</li> <li>- It is important to include the voice of the children in setting the event therefore members of the Children's Council will be included in planning for the event.</li> </ul>

Helping and protecting			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>Children in care and care leavers are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination.</b>	<p><b>Discrimination</b>            Bradford social care has a policy to support children in our care to have a right to feel confident that the home will provide a safe and supportive environment. Policy covers, definition of bullying, peer abuse, how to respond to bullying, notify record and review incidents.            All the children's homes have a statement (see below)</p>		
<b>Any risks associated with children and care leavers offending, misusing drugs or alcohol, going missing</b>	<p><b>Substance Misuse</b>            The number for substance misuse of children who have been in care continuously for 1 year is continue to be very low.</p>	<p>Over the last two years the Care Leavers Service have targeted the top 10 missing young people and looked at diversion activities and fast track relationship based practice. Examples have included a 6 session water</p>	<ul style="list-style-type: none"> <li>• The Care Leavers Service have reviewed this and are implementing a system whereby all missing young people are reviewed and a management footprint noted by the duty TM on a daily basis. This is to ensure management oversight</li> </ul>

<b>Helping and protecting</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
<b>or being sexually exploited or exploited in any other way are known well by the adults who care for them. Children receive help to reduce the risk of harm or actual harm. Children and care leavers are safe and feel safe. They are helped to understand how they can keep themselves safe</b>	<p><b>Missing</b></p> <p>The Care Leavers Service are notified on a daily basis if young people have been reported missing or have had an unauthorised absence out of hours. Allocated workers also receive Return Home Interview write-ups from Advocacy Focus when they are completed. Recommendations from the RH interviews are then followed up by the social worker and discussed with TM. Recommendations may include, Strategy Meeting, Missing Strategy, further direct work with young person regarding their missing.</p> <p>130 out of 1506 children in care had a missing incidents over the last 12 months, which resulted in an 86% of return to home interviews what</p>	sport activity sessions leading up to winning Bradford Young Persons Dragon Boat Race-	and ensure no young person slips through the net because SW or TM are on leave/sick.

<b>Health</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
<b>Children in care and care leavers are in good physical and mental health, or are being helped to improve their health. Their health needs are identified and met.</b>	<p><b>Health &amp; Wellbeing</b></p> <p>Health Support is provided to children in care and annual health checks and dental checks are carried out as a requirement to improve the health and wellbeing of our children who are looked after.</p>	We are pleased to have largely sustained compliance with health assessments for Children in Care, and the numbers of these actually rose by 111 to 959 due to the increasing size of the CIC population as a whole number of children in the cohort that is eligible for them. The percentage of health assessments completed on time only fell by one percentage points to 79% despite this increase in Cohort size and the very considerable difficulties of enabling health visits to go ahead during lockdown with the inevitable pressures of all services. Unfortunately, this position is not reflected for dental checks, due almost entirely the enforced closure of this sector due to the pandemic and it remains to be seen how this position can be recovered going forward.	The joint operational health and social care are working together to ensure that IHAs are completed within timescales.

<b>Learning and enjoyment</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
<b>Children and young people make good educational progress at school or other provision since being in care. They receive the same support from their carers as they would from a good parent.</b>	<p><b>Attendance and Progress</b></p> <p>Children's attendance and progress is closely monitored through Virtual School progress tracking and their personal education plans. A new process to complete PEPs using Bradford's Schools Online System has been approved which will allow for improvements in outcomes, efficiency and quality. The PEP format has also been amended to place the voice of the child at the forefront of the plan and strengthen their involvement in the preparation for the review.</p>	<p><b>Performance and Monitoring</b></p> <p>The completion rate for PEP's has declined from 91% in July to 83% in September; this is in the main due to the summer vacation period for schools. It is expected this will increase with the start of the school term. Weekly tracking data is provided to CSC team and service managers to monitor and address performance issues.</p> <p>Outcomes from the keeping in touch visits will be used to further inform school improvement planning for the</p>	<ul style="list-style-type: none"> <li>- The electronic PEP will be in place for primary children in January 2021 alongside training and guidance from the Virtual School for Designated Teachers and Social Workers. This will then be extended to include Secondary and Special Schools over the course of the Spring term.</li> <li>- The improvement plan for PEPs includes a process to ensure that PEPs are reviewed by the Virtual School before Team Managers approve the PEPs to be closed. This will allow those PEPs requiring</li> </ul>

Learning and enjoyment			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
	<p>The post 16 working group for children in care and care leavers has a draft action plan in place with 4 key work streams; reduction in NEET figures, improving progression to HE and EET, Providing individual support and Data intelligence.</p> <p>A digital inclusion strategy with significant resources allocated from the council has been agreed</p> <p><b>Quality Assurance</b></p> <p>The Quality assurance process for PEPs have been strengthened to include Practice Supervisors alongside the Virtual School Lead Teachers with audit summaries reviewed by the Virtual School Head and CIC Service Manager.</p> <p>Bradford's School Standards and Performance Education Advisors are undertaking focused visits with all Head Teachers to discuss provision and support for children in care.</p>	<p>Virtual school to raise the attainment of children in care and those previously in care.</p> <p>Destination information for September shows 95% of school leavers engaged in post 16 education provisions. Plans are in place for those without a place to secure appropriate provision.</p> <p>In QA Audits for September of 49 PEPS; 14 were graded as inadequate and 12 were graded as good or outstanding. 23 were graded as requiring additional information.</p> <p>All children in care aged 5 to 15 now have access to a suitable electronic device to support their learning which is maintained by Bradford Council.</p>	<p>additional information to be improved to good or outstanding.</p> <ul style="list-style-type: none"> <li>- Training will be made available to Designated teachers and social worker and virtual school to address the quality of the PEPs.</li> <li>- Develop an Inclusion protocol which it is expected all schools will follow. This will be intended to enhance the expertise and support available through school and the Council to meet the needs of children in care and reduce the risk of exclusion.</li> <li>- Introduce progression activities to support children in care with transition to FE and HE. Target resources through Virtual School and 16+ team to enhance support to post 16 learners at risk of becoming NEET or already NEET.</li> <li>- Extend the digital allocations to include children under the age of 5 and post 16 children in care and care leavers</li> </ul>
<b>Children and young people who do not attend school have prompt access to suitable good-quality registered alternative provision. There is regular review of their progress. Urgent action is taken if children are missing from education or if their attendance reduces.</b>	<p><b>Tracking Processes</b></p> <p>Attendance tracking processes have been improved to include children who may not be attending their 'on roll' school so there is a daily check on the attendance for every child in care, including those in FE, with the provision they attend. Social Workers and the Virtual School are also notified of daily absences.</p> <p><b>SEND</b></p> <p>Specific actions to reduce any delay in progressing the early identification of needs and provision for Children in Care are included in the SEND Integrated Assessment and Compliance work stream. The Virtual School has weekly meeting with the SEND Team Manager and is represented on EHC panel to ensure that the individual needs and circumstances of children in care are considered appropriately in statutory SEND processes.</p>	<p><b>School Places</b></p> <p>As of 20th March 2020 there were 3.9% of children in care who were unable to access their 'on roll' school. Dynamic tracking procedures are in place to monitor the progress and actions to secure rapid transition back into school. As a result, data from 28th September shows this figure has dropped to 2.4% of children in care unable to access their 'on roll' school.</p> <p>EHCP compliance rates for children in care have improved significantly and there has been a reduction in the number of children without a school place that can meet their needs.</p> <p>Partnership working has ensured that drift and delay in securing suitable provision for children in care with an EHCP has been reduced and suitable provisions are identified at an early stage.</p>	<ul style="list-style-type: none"> <li>• An increased allocation of resources from the virtual school to support children in out of area placements has been agreed.</li> <li>• An admissions protocol is under development with Admissions teams, SEND Teams and Social Workers to reduce any drift and delay in progressing school places. This has been delayed since quarter 1 due to the summer break for schools.</li> <li>• VHT will be invited to attend our new CIC Operations Group and also the CIC Strategic Group which is expected to go live in late September 2020.</li> <li>• Provide additional training to Social Workers around the SEND code of practice and the support provided in this respect from the Virtual School.</li> <li>• ensure the reviews of children and young people with EHCPs are aligned with care planning and personal education planning meetings to ensure that plans are mutually supportive.</li> </ul>
Children and young people enjoy what they do and have access to a range of social, educational and recreational opportunities. Adult carers have suitable delegated authority to	<b>Social education and recreational opportunities</b>	All our children have access to independent advocacy services and complaints and also Regulation 44 visits are conducted.	

<b>Learning and enjoyment</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
make prompt decisions about children's day-to-day lives.	<p>Within residential there are in-house and external activities that all our children access. We have young people attending cadets, football teams and swimming etc.</p> <p>Each week the home will have at least one group activity which is chosen by the YP. The recreational and educational activities are monitored and reported through the monthly Regulation 44 visit.</p> <p>Foster children also have a wide choice of activities, the carers are encouraged to participate in identifying each child interests and support this.</p>		

<b>Stability and permanence</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
<b>Children and young people are safe and settled where they live. They move only in line with care plans, when they are at risk of harm or are being harmed. They do not live anywhere that fails to meet their needs. They are able to live with their brothers and sisters when this is in their best interests, including when they are adopted. Children and young people have appropriate, carefully assessed and supported contact with family, friends and other people who are important to them.</b>	<p><b>Care Planning</b>            The child in care population rose by 7.7% in the year to 31 March 2020, following a rise of 17.5% in the previous year. We have strengthened our offer by;</p> <ul style="list-style-type: none"> <li>• Launched Fostering Friendly despite pandemic</li> <li>• 207 enquiries received despite pandemic</li> <li>• 85 initial contacts made despite pandemic</li> <li>• 51 virtual home visits undertaken to ensure progress during pandemic</li> <li>• Minimum of 3 virtual foster panels per month dealing with new approvals, foster carer annual reviews and long term matches</li> <li>• Delivery of virtual training for foster carers (skills to foster) and for staff</li> <li>• Introduction of virtual foster carer coffee morning</li> <li>• Development and implementation of the new foster carer review process</li> <li>• Development of Mockingbird in preparation for January 2021 launch</li> </ul>	<p><b>Placement Breakdown</b>            The percentage of children looked after with three or more placements during the previous year has dropped to its lowest point in nearly a year, from 11.5% in August 2019 to 8.4% in August 2020. Further information can be found in the vital signs report.</p>	<ul style="list-style-type: none"> <li>• Implement sufficiency action plan</li> <li>• Strengthen work at edge of care</li> <li>• Recruit more foster carers</li> </ul>
Children and care leavers who live away from their 'home' local authority have access to education and health services that meet their needs as soon as they move outside of their 'home' area. Placing local authorities notify the 'receiving' local authority that a child is moving to their area promptly and ensure that services are in place to meet the child's needs before the child moves.	<p><b>Outside Local Authority</b>            Bradford places children out of authority for a number of child centred reasons that consider safety, therapeutic placement and the suitability of support for Children. As review of the numbers of children who are placed out of District show that 170 children are currently placed out of district.</p>	<p>Performance against our Children in Care visits confirms that we have continued to keep in touch with all our children.</p> <p>We have a clear process in place to notify receiving LA when we place a child in their area.</p>	<ul style="list-style-type: none"> <li>• We have commenced a review of cases (High cost placements) with recommendations for individual children being made. In addition, this work is identifying emerging themes around specific aspects of sufficiency.</li> </ul>
<b>There is a sufficiently wide range and choice of placements available to meet the needs of children in care.</b>	<p><b>Placement Sufficiency</b></p> <ul style="list-style-type: none"> <li>• We have developed a new Sufficiency Strategy that is now in the final stages of approval before publication. The Sufficiency Strategy is supported by a detailed Action Plan</li> <li>• We have redesigned the Placement Coordination Team. This includes the employment of a Service Manager and additional staff to support family and placement finding.</li> </ul>	<p><b>Placement Allocations</b>            Since the start of lockdown placements have been found for 517 including children with complex needs. Work has also continued in respect of fostering recruitment and assessment and we have also launched Fostering Friendly, all designed to increase the number of in-house carers. Despite the pandemic:</p> <ul style="list-style-type: none"> <li>– 207 enquiries received</li> <li>– 85 initial contacts made</li> <li>– 51 virtual home visits undertaken</li> </ul>	<ul style="list-style-type: none"> <li>• The Sufficiency Strategy needs final CMT approval and publication.</li> <li>• The Action Plan will be reviewed within the service on a monthly basis.</li> <li>• Placement Coordination redesign will be presented to Trade Unions on 8.10.20</li> <li>• BPP expansion and reconfiguration proposals will be presented to Trade Unions in October 2020.</li> <li>• First meeting of CIC Strategic Partnership will take place in October.</li> </ul>

Stability and permanence			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
	<ul style="list-style-type: none"> <li>Posts are being transferred from the Placement Coordination Team to the Fostering Service specifically for family finding in respect of in-house carers. This is to ensure that we maximise our ability to utilise our in-house placements and to support matching.</li> <li>Review of commissioning commenced</li> </ul> <p><b>Fostering Service</b>            We have a minimum of 3 virtual foster panels per month dealing with new approvals, foster carer annual reviews and long term matches.            Delivery of virtual training for foster carers (skills to foster) and for staff           <ul style="list-style-type: none"> <li>Introduction of virtual foster carer coffee morning</li> <li>Development and implementation of the new foster carer review process</li> <li>Development of Mockingbird in preparation for January 2021 launch</li> </ul> </p>	<ul style="list-style-type: none"> <li>9 new approved mainstream fostering households</li> <li>21 mainstream fostering assessments underway with completion dates between December 2020 &amp; March 2021</li> <li>Minimum of 3 virtual foster panels per month dealing with new approvals, foster carer annual reviews and long term matches</li> <li>Delivery of virtual training for foster carers (skills to foster) and for staff</li> <li>Introduction of virtual foster carer coffee morning</li> <li>Development and implementation of the new foster carer review process</li> <li>Development of Mockingbird in preparation for January 2021 launch</li> </ul> <p>The impact of the pandemic on our children's homes has been less than expected and the homes have continued to operate as normal although the pandemic has created new challenges for example keeping the children occupied.</p>	
<b>Effective recruitment, assessment, training and support of carers (including, as appropriate, foster carers, adopters, special guardians and residential staff) ensure that children and young people receive high-quality, safe and stable care that meets their diverse needs.</b>	<p><b>Effective Recruitment and Training</b></p> <ul style="list-style-type: none"> <li>We have now recruited a permanent Service Manager and all TM posts are filled permanently which provides capacity, consistency and the ability to now drive forward with plans.</li> <li>Practice Supervisor post created for recruitment</li> <li>Marketing Officer in place</li> <li>Started discussions with an external marketing agency</li> <li>Relaunching Mockingbird</li> <li>New Skills Payment structure will also provide a clear development process for new carers and the potential for them to move to Level 2 and higher.</li> <li>Achievement of "Fostering Friendly" status in the Council Young people involved in selection and training process</li> <li>The frequency of BIFCA meetings has now increased and there is full service management involvement in these</li> <li>All in house foster carers are now affiliated members of Fostering Network</li> <li>The fostering IRO capacity has been increased</li> <li>We are in the process of commissioning an online training package for foster carers.</li> <li>Launch of annual Personal Development Plans (PDPs)</li> <li>There is now a complaints policy within the fostering service</li> </ul>	<p>Work has continued throughout lockdown in respect of fostering recruitment and assessment and we have also launched Fostering Friendly, all designed to increase the number of in-house carers. Despite the pandemic:</p> <ul style="list-style-type: none"> <li>207 enquiries received</li> <li>85 initial contacts made</li> <li>51 virtual home visits undertaken</li> <li>9 new approved mainstream fostering households</li> <li>21 mainstream fostering assessments underway with completion dates between December 2020 &amp; March 2021</li> <li>Minimum of 3 virtual foster panels per month dealing with new approvals, foster carer annual reviews and long term matches</li> <li>Delivery of virtual training for foster carers (skills to foster) and for staff</li> <li>Introduction of virtual foster carer coffee morning and daily online</li> <li>Q&amp; A with managers and SM</li> <li>Development and implementation of the new foster carer review process</li> <li>Development of Mockingbird in preparation for January 2021 launch</li> </ul> <p>Adoption work has also continued during Covid including:</p> <ul style="list-style-type: none"> <li>Monthly tracking meetings with OAWY</li> <li>17 Placement Orders granted since first lockdown</li> <li>22 children placed for adoption</li> </ul>	<ul style="list-style-type: none"> <li>Approval and publication of Sufficiency Strategy and Action Plan</li> <li>Ongoing review of progress of action plan</li> <li>Finalisation and Executive approval of new Fostering Skills payments system</li> <li>Peer review to understand current fostering practice and arrangements</li> <li>Review of fostering LCS system to support practice</li> <li>Extend Fostering Friendly scheme to private employers</li> <li>Launch of Mockingbird and first constellation in January 2021</li> </ul>

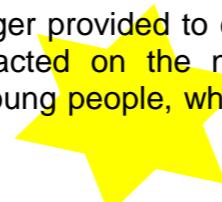
Stability and permanence			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
	<ul style="list-style-type: none"> <li>The arrangements for financial support of Special Guardianship Orders are currently being reviewed to enable foster carers (including Family and Friends) to choose an SGO without experiencing financial disadvantage.</li> </ul>	<ul style="list-style-type: none"> <li>23 children matched</li> <li>38 SHOBPA decisions by ADM</li> <li>5 children currently having introductions</li> <li>Work has also continued in respect of fostering recruitment and assessment and we have also launched Fostering Friendly, all designed to increase the number of in-house carers.</li> <li>We have been able to keep in touch with our carers during Covid including BIFCA meetings, daily Q&amp;A online and virtual coffee mornings so our carers have not felt isolated</li> </ul>	
<b>Children are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings influence the decisions about where they live. Children are helped to develop secure, primary attachments with the adults caring for them. They are helped to understand their life histories, experiences and identities.</b>	<p><b>Wishes and Feelings</b></p> <p>Life story work is identified as an area for improvement. Training and new tracking processes are now in place to ensure that children are more effectively prepared. PCT Service Manager, Fostering SM and Commissioning Manager are now part of the Participation and Voice Work-stream and will contribute to the P&amp;V Strategy and <b>Placement Matching</b></p> <p>To ensure children are matched effectively we are currently focusing on the below:</p> <ul style="list-style-type: none"> <li>Redesign of Placement Coordination Team in order to provide additional capacity for family finding</li> <li>Relocation of "family finding" capacity to Fostering Service</li> <li>Placement Coordination Team processes reviewed by new Service Manager</li> <li>Adoption Agency Decision Maker considers all adoption matches post-panel and has access to another ADM for consultation if required.</li> </ul>	<ul style="list-style-type: none"> <li>Adoption work has continued during Covid including:           <ul style="list-style-type: none"> <li>Monthly tracking meetings with OAWY</li> <li>17 Placement Orders granted since first lockdown</li> <li>22 children placed for adoption</li> <li>23 children matched</li> <li>38 SHOBPA decisions by ADM</li> <li>5 children currently having introductions</li> </ul> </li> </ul>	
<b>Adoption is considered carefully and promptly for all children who are unable to return home or to their birth families and who need a permanent alternative home. This includes good use of concurrent and parallel planning, the Adoption Register and Fostering for Adoption.</b>	<ul style="list-style-type: none"> <li>We have appointed an experienced Agency Decision Maker for adoption</li> <li>AD and ADM meet on a monthly basis with OAWY to consider individual case issues, themes and processes. Feedback is then provided to the CSMT on these themes.</li> <li>HOS group have now received training on ADM role to enable us to gradually move to a new model.</li> <li>OAWY adoption and SHOBPA guidance has been revised and redistributed to staff to give clearer guidance on the process. All forms are being added to Tri-X</li> <li>Monthly adoption tracking meeting now takes place between OAWY and each locality management team including HOS.</li> </ul>	<ul style="list-style-type: none"> <li>Adoption work has continued during Covid including:           <ul style="list-style-type: none"> <li>Monthly tracking meetings with OAWY</li> <li>17 Placement Orders granted since first lockdown</li> <li>22 children placed for adoption</li> <li>23 children matched</li> <li>38 SHOBPA decisions by ADM</li> <li>5 children currently having introductions</li> </ul> </li> <li>Requests for adoption allowance are now considered in a more timely and organised way. Positive feedback from OAWY.</li> <li>Some evidence of small improvement in the quality of CPRs although still a long way to go.</li> <li>Regular feedback from ADM to the service.</li> <li>Cases are now considered/approved by ADM in a timely way.</li> </ul>	<ul style="list-style-type: none"> <li>Joint audit work with OAWY and ADM</li> <li>Add new CPR guidance and docs to Tri-X</li> <li>Ensure our data matches OAWY</li> </ul> <p>Address practice issue - the extent to which family members are fully considered prior to SHOBPA. This has led to a number of cases being deferred and thus an impact on proceedings and timescales.</p>

<b>Stability and permanence</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
	<ul style="list-style-type: none"> <li>• OAWY are represented at management level at Legal Gateway and begin tracking cases with a potential adoption outcome at this point.</li> <li>• Training on CPR writing has been planned but delayed due to Covid 19.</li> <li>• A new process is in place for consideration and approval of requests for adoption allowances.</li> </ul>	<ul style="list-style-type: none"> <li>• ADM has access to the service to enable discussions, challenge and escalation. A number of "blocked" cases have been progressed.</li> </ul>	
<b>Fostering and adoption panels, and the respective decision-makers, ensure that children are effectively matched with families. Local authorities have arrangements in place to ensure consistently good practice and receive regular feedback on the effectiveness of the work of panels.</b>	<ul style="list-style-type: none"> <li>• Increased capacity in fostering service for long term matching</li> <li>• Fostering Panel and the Fostering Panel processes have a number of feedback mechanisms which assist in driving practice quality</li> <li>• Panel advisor provides written feedback on all cases to team managers</li> <li>• Fostering Panel also provide written feedback on documentation presented to them and on social workers' presentation within panel to aid development, identify trends in practice and support our understanding of their recommendations.</li> <li>• Regular Panel Business Meetings (min quarterly) allow us to share key feedback between the Fostering Service, Fostering Panel and ADM</li> <li>• Panel Member training and appraisals as well as the Panel Chair's annual report which all feed in to practice improvement.</li> <li>• Fostering Panel gains written feedback from subjects of panel (applicants etc.) on their experience of Fostering Panel which forms the basis of Fostering Panel improvement work.</li> <li>• We have appointed an experienced Agency Decision Maker</li> <li>• AD and Adoption ADM meet on a monthly basis with OAWY.</li> </ul>	<ul style="list-style-type: none"> <li>• Fostering and adoption panels have continued during the pandemic albeit held virtually. As a result there has not been a blockage or delay to decisions being made. A minimum of 3 virtual foster panels per month have continued, dealing with new approvals, foster carer annual reviews and long term matches</li> <li>• Adoption work has continued during Covid including: <ul style="list-style-type: none"> <li>- Monthly tracking meetings with OAWY</li> <li>- 17 Placement Orders granted since first lockdown</li> <li>- 22 children placed for adoption</li> <li>- 23 children matched</li> <li>- 38 SHOBPA decisions by ADM</li> <li>- 5 children currently having introductions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• We are currently in the process of reorganising how children entering care or moving placements are initially matched to fostering families to further ensure that there is full consideration of the needs of the child, the skills of the fostering family and a clear understanding of what support and training will be required to make the placement a success.</li> <li>• Relocation of resource from PCT to Fostering to have dedicated fostering family finders</li> <li>• The fostering family finding team will undertake Placement Agreement Meetings prior to placement (wherever possible) where all professionals relevant to the child will share information with the proposed fostering family and together they will create a plan of introductions and a plan of support for the placement.</li> </ul>
<b>Children who are adopted, their adoptive families, their birth relatives and adopted adults are informed, and are aware of, their entitlement to receive an assessment of their adoption support needs. When support is needed, it is provided quickly, effectively and leads to improved circumstances for the children, young people,</b>	<ul style="list-style-type: none"> <li>• Pre and post adoption support is a key part of the services offered by OAWY</li> <li>• Support includes peer mentoring, group activity for adopters and children and also access to the Adoption Support Fund following assessment of need. Where necessary the provision of support for therapeutic intervention is "match funded" by the Local Authority where the ASF allowance will not fully meet the need.</li> <li>• Bradford now has an AD designated as the link to OAWY and there are regular consultations and meetings with OAWY and the ADM.</li> <li>• Issued new guidance for our staff to support them.</li> </ul>	<ul style="list-style-type: none"> <li>• Support needs are assessed jointly with OAWY and support plans identified and approved by panel and ADM</li> <li>• Where financial support is required this is now quickly progressed</li> <li>• Where financial support is required after the case has closed to us, there are systems in place to enable these to be considered</li> </ul>	<p><b>Life story work</b></p> <ul style="list-style-type: none"> <li>• A new policy has been drafted for review and approval by senior leaders, alongside a practice guide to be launched by the end of October 2020.</li> <li>• A new E-learning package has been approved for all staff to complete as mandatory training.</li> </ul>

<b>Stability and permanence</b>			
<b>Evaluation criteria and grade descriptors</b>	<b>What have we done and why?</b>	<b>How do we know we have made a difference and what risks have been identified?</b>	<b>Next Steps?</b>
<b>families and carers involved.</b>	<ul style="list-style-type: none"> <li>Case tracking jointly by locality managers and OAWY</li> <li>Head of Service now meets regularly with our ADM</li> <li>New system in place to ensure that requests for financial support of adopters are assessed and considered in a timely way.</li> <li>There has been a tendering process completed to commission 120 Life Story Books and 120 Later Life Letters for children and young people where this remains outstanding. This process began in July 2020. During the review of the tendering process on 9th October 2020, it has become apparent there has been no interest shown on the portal from the providers who were invited to bid for the commissioned work. Hence it was agreed to open up the tendering process further and invite SW recruitment agencies. The tendering process ends on October 2020, We currently have two bidders for the work.</li> </ul>		

Care leavers and transitions			
Evaluation criteria and grade descriptors	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>Care leavers have timely, effective pathway plans (including transition planning for children in care with learning difficulties and/or disabilities). These plans address all young people's needs. Reviews of plans for care leavers are thorough and involve all key people, including the young person, who understands their pathway plan and contributes to its development. Plans for their future continue to be appropriate, as well as ambitious.</b>	<p><b>Care Leavers Pathway Plans</b> The completion of pathway plans is good currently standing at 95.1% (20-10-20). The 16+ team use the Leaving Well App where the emphasis is on the young person completing this ensuring their views and their voice is captured. This allows the pathway plan to have meaning and purpose for the young person as it is their document that has been created by the young person and informs planning.</p> <p><b>Personal Advisors</b> PA's are now being allocated as the young person reaches the age of 16 years to focus upon pathway plans and independence planning that the young person may benefit from. This is a significant development since the last monitoring visit – we now have dedicated PA's.</p> <p><b>Voice and Influence</b> Care Leaver ambassadors are involved in the revision of pathway plans to ensure the child's voice is being captured within the service improvement programme.</p>	<p><b>Leaving Well App</b> The leaving Well App works alongside of pathway plans and allows for children and young people to engage online using a format that is familiar to young people as with many other forms of communication used currently used today. The App allows monitoring of young people as it aligns the domains used within the pathway plan and corporate parenting for instance it asks the question do you feel safe where you live. This in turn enables young people to receive appropriate support. There are now care leaver ambassadors identified, who are actively engaged within the work being completed to improve services.</p> <p><b>Accommodation</b> We have 629 care leavers with a menu of options for moving into independence including staying put, supported lodgings and staying close running alongside of supported lodgings. The largest numbers of young people are moving onto Independent Tenancies and Semi-Independent Accommodation.</p>	<p>There are plans being discussed to identify IRO's who have/develop a special interest in leaving care and preparing young people for independence and working with children with a disability. There is a need to develop the transition planning for children who may have an emerging disability such as FASD or who have a diagnosis of autism without a learning disability diagnosis. This will allow the transition planning to become consistent across the board for all children.</p> <p>Review of the current Care Leavers' offer to ensure it is embedded within the local offer to young people to ensure:</p> <ul style="list-style-type: none"> <li>• Young people and their families receive good services that are widely available</li> <li>• Clear signposts to find information, gain advice and access support is available for all young people</li> <li>• Pathways are published and widely available</li> <li>• Information is available for young people, parents and carers and within a number of environments, including schools</li> <li>• Identify any unmet needs and lack of service provision to improve service delivery.</li> <li>• Map the customer journey</li> <li>• Set up a task &amp; finish group</li> <li>• Strengthen Early Help offer for young people</li> </ul>
<b>Care leavers develop the skills and confidence they need to maximise their chances of successful maturity to adulthood, including parenthood. Care leavers have trusted relationships with carers and staff from the local authority and develop supportive relationships within the community, including with family and friends. They receive the right level of practical, emotional and financial support until they are at least 21 and, when necessary, until they are 25</b>	<p><b>Independence</b> There are clear financial policies and procedures in place to ensure young people are financially supported. The local authority has a contract in place with Centre point to provide an individual tailored independence programme. Young people have access to independence programmes to work towards independence and support post-independence. There are block contracts in place with well-known providers to support with independence. There is a focus when working with young people to create and build networks and relationships within the community to support young people in stepping down into the community. During COVID 19 pandemic this is being emphasised with young people being part of community hubs and ambassadors of the community.</p> <p><b>Citizenship</b> Young people are supported to gain citizenship through LEAP who work with young people on what it takes to become a Bradford Citizen, where the young person will meet a Cllr for instance. The 16+ team have developed good relationships with legal firms who provide free legal</p>	<p><b>Young People's Feedback</b> Consultation with young people has allowed the service to recognise that there are good programmes for independence that prepare our children and young people, with some programmes being better than others. There needs to be consistency for all care leavers to be offered good quality independence programmes that consistently meet their requirements well.  Within the service it is considered successful for young people to have a handful of support in the community of at least 5 persons who are not professionals but are members of the community.</p> <p><b>Emotional Health and Well-Being</b> The links with Youth Services enhances and supports the young person's emotional well-being. Most recently during the pandemic there have been a high number of referrals (50) to Youth in Mind that have all been accepted</p>	<ul style="list-style-type: none"> <li>• There are plans for the 16+ service to develop its own independence programme to run alongside of the Housing Department and ensure our care leavers have reached a level of independence that is conducive to living a successful life in the community with good support networks available.</li> <li>• There is vision for early help panel to be specialised in areas of work including parents who are care leavers. The service has plans to become involved with fostering training to ensure young people are given every opportunity to develop independence skills in all areas of their lives. Support is also to be offered to residential settings and foster carers, there is the option of a taster flat for young people to hone their independence skills incrementally. There are plans for the PA's allocated to young people turning 16 years old to complete work in preparation for independence. This is to ensure it is not assumed the young person will be solely</li> </ul>

	<p>advice to ensure UASC are supported to gain eligible status.</p> <p><b>Contacts</b></p> <p>We have linked up with Youth Services during the pandemic and are working closely with the service to support children and have been able to complete visits and maintain contact with young people outside of normal working hours, including weekends.</p> <p><b>Assessments</b></p> <p>When there are young people who are to become parents, 16+ are involved in supporting the assessment of young persons and their pre-birth assessment. There is good engagement with care leavers nurses to ensure there is early notification.</p>	<p>due to COVID 19 and young people are receiving appropriate support.</p> <p>Young parents to be can struggle with pre-birth assessments; however, having support from the 16+ team allows the unborn child to be assessed and supports the young person through this process. A mother and toddler group was planned but unfortunately it was not launched due to the COVID 19 pandemic.</p>	<p>supported by their carer or by their key worker regarding independence</p> <ul style="list-style-type: none"> <li>Plans that were in place prior to the pandemic have been delayed and will be reviewed and put into place to allow young people to access the resource in a COVID safe environment that has any risk of infection reduced.</li> </ul>
<p><b>Care leavers move towards independence at a pace that is right for them. Young people are encouraged to remain in care until their 18th birthday when this is in their best interest. They can remain living with their carers beyond their 18th birthday or, if more appropriate, receive ongoing support to live in permanent and affordable accommodation that fully meets their needs</b></p>	<p><b>Accommodation</b></p> <p>There is a commissioning framework in place that offers quality assurance of providers and preferred providers. 16+ have good links with the placements team and will often work together to develop bespoke packages to support young people and ensure the accommodation meets their needs. There are few HMO's used but usually if used for under 18 year olds these are based on student accommodation model, with individual bedrooms and shared facilities.</p> <p>There are a number of young people where it is not appropriate to move into independence at 18 years and there is some flexibility and agreement for these young people to remain in care with a support plan to move in a more individualised person centred manner. The service has good relationships with social landlords where there is provision for floating support to be provided for 6 months post a move into independence to ensure the move into independence is at the young person's pace.</p> <p>There is a robust supported lodgings scheme that allows a staggered exit from care when deemed necessary to meet a young person's needs, this allows if necessary claims to be made for benefits at 18 years. A staying close network is in place in Bradford to allow young people additional support during transition into independence.</p> <p>There are good links with agencies including housing, housing benefit and DWP.</p> <p>There is a youth homelessness prevention officer with a 12 month initial contract, who has been able to engage young people who are identified as at risk of homelessness.</p>	<p><b>Transitions</b></p> <p>Due to Covid-19 the timeframes have been extended, to ensure young people have suitable support normally young people would have had to transition into independent living within a short timeframe of their 18th Birthday. However, during the pandemic it has not always been in the young person's best interest for this plan to progress. The service has worked with semi-independent providers to ensure that no young person has moved out post 18 and no evictions policy where possible was also applied.</p> <p><b>Partnerships</b></p> <p>Working in partnership with housing colleagues the service has successfully housed 2 chaotic young people and prevented street homeless as a result of the Covid-19 housing provision in the district.</p> <p>The 16+ service have supported successfully 8 young people who have presented as homeless during lockdown. This has involved securing accommodation, ensuring all basic needs have been met, assessments completed and on-going support provided to young people.</p> <p><b>Stability</b></p> <p>There are currently 48 young people in staying put arrangements. As a young person reaches the age of 16 years a named worker has responsibility for approaching foster carers to discuss arrangements for staying put and whether this may be a viable option. This allows forward planning to present at an early stage.</p>	<ul style="list-style-type: none"> <li>Establishment of Youth Homeless Project Plan is progressing which includes the development of Youth Homeless Plan, establishment of monthly multi-agency meetings and communication of outcomes and tasks across agencies to drive forward improvement, a collaborative approach in recognising roles and responsibilities within the Homeless Project Plan by all agencies (Children's Services, schools, colleges, housing, health), Review of current systems and processes for preventing homelessness.</li> <li>Identify better ways of working to improve outcomes by mapping against good practice frameworks used in other agencies focusing on innovation and what works well re: prevention, accommodation and support for young people. including Barnardo's and St Basil's</li> <li>Young people's views and their voice will be used to shape and adapt service provision. This includes information from student social worker and an apprentice who is currently gathering views about young person's accommodation. Using networking event for Young People's services to inform service provision and sufficiency</li> <li>Audit recommendations are used and will continue to be used to inform practice and improvements.</li> <li>Work will be completed to reduce evictions and homelessness through:</li> <li>conducting a review of eviction rates and explanations leading to eviction, develop practice standards for homeless provision and understand risks prevalent to homeless young people and ensure all needs are met</li> </ul>

<b>Care leavers have good education and employment opportunities, including work experience and apprenticeships. They are encouraged and supported to continue their education and training, including those aged 21 to 24 years. Care leavers are progressing well and achieving their full potential through either being in further or higher education or in their chosen career/occupation.</b>	<b>Higher Education and Employment</b> LEAP offers a 12 week programme aimed at enabling young people to gain basic Maths and English, this then allows the young person to access college or occasionally to attend the same course again. The 12 week course is run 3 times a year and is targeted at young people who have been out of education for a number of years.  Bradford currently supports 35 young people at University. Previously Bradford employers were offered incentives to offer young people apprenticeships which care leavers similarly had access to. Unfortunately the financial incentives are no longer provided to employers and this has negatively impacted on the number of apprenticeships available to young people, which in turn impacts upon care leavers 	There are 13 young people who have started the course with LEAP on this cohort. Numbers are restricted due to COVID 19 and these young people will be divided into 2 groups to allow for health and safety and infection control. Care Leavers are supported to attend university and their accommodation costs are met by the Local Authority. The council provides guaranteed interviews for apprenticeships to Care Leavers with Bradford Council.	<ul style="list-style-type: none"> <li>As part of the Carer Leavers Strategy we will be reviewing our arrangements as to how we support our Care Leavers in higher education to ensure that we remain in contact and that we work with the University to support any further needs they may have. Further work to understand other opportunities will be explored in the drafting of the new Care Leavers Strategy to support Care Leavers gain employment opportunities across the district. There are plans to look within CSC and at different sectors within the Local Authority to encourage partnership working.</li> </ul>
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## The impact of leaders on social work practice with children and families<sup>2</sup>

Strategic leadership			
	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
<b>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.</b>	<p><b>Strategic Leadership</b></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>Recruitment continues to improve at pace and we have managed to establish a stable leadership team. We have recruited a Specialist HR Advisor to develop our recruitment strategy.</p>	<p><b>Partnerships</b></p> <p>The partnership working is allowing us to continue to work towards an integrated system leadership model and improve whole outcomes for children, young people and families living in Bradford. This is demonstrated by the rapid response and implementation of the Covid-19 teams. Effective partnership working by pooling together resources to ensure the most vulnerable children and families are safe during the pandemic. This model of working provided an assurance that we were sighted on all children and enabled a timely response across the partnership.</p> <p><b>Recruitment and stability</b></p> <p>Permanent recruitment of the senior leadership team brings stability, vision and clarity for staff and members of the partnership. Staff morale and sickness levels have improved as a result of a stable leadership team despite the pandemic and the number of changes within the service. This was evidenced in the DFE visit which tells us the increased capacity in leadership has enabled us to support and develop our workforce as well as increased grip and management oversight. It was noted from staff that the new structure is providing 'inspirational leadership' as a foundation for future performance</p> <p>We have increased capacity within the workforce to support in meeting the level of need and demand by recruiting Practice Supervisors and Community Resource workers in each team. As a result of the increased workforce we have evidence to demonstrate an improvement in the quality of provision and staff health and well-being.</p>	
<b>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</b>	<p><b>Children's Services Improvement Plan</b></p> <p>The new plan enables Children's Services with partners 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</p>	<p><b>Progress Update</b></p> <p>There is good evidence of progress through the Children's Improvement Plan with an emerging offer of support to partners to take on the Lead Professional role to respond to families through early help and a clearer strategy for development. The developments of the front door are showing effective decision making and the collection of</p>	The publication and embedding of four scorecards across the system will provide the key measures to show progress being made. These scorecards cover the main areas of the system from early help; through the integrated front door; on to allocation and assessment and response to CIN and CPP; through to children in care and care leavers. All the scorecards have the same four elements:

<sup>2</sup> When reporting, it should be clear which tier of management the strengths and areas for improvement relate to.

<p><b>challenges in the local area. This is exemplified through accurate assessments of practice that drive improvement.</b></p> <p><b>The local authority, through performance management and monitoring, has an accurate and systematically updated understanding of its effectiveness and uses this to drive improvement.</b></p> <p><b>The local authority has a track record of responding appropriately, effectively and quickly to areas for development, service deficiencies or new demands, and shows resilience to new challenges. The local authority's self-evaluation of practice is accurate.</b></p>	<p>Bradford's own improvement practice. This is based on two key strands of activity:</p> <ul style="list-style-type: none"> <li>• <b>Project initiated improvement</b> – 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.</li> <li>• <b>Individual Heads of Service self-evaluation initiated improvement</b> – these are areas of improvement that are mainly localised; focusing on compliance and quality, requiring performance improvement through intervention by individual managers.</li> </ul> <p>This is supplemented with key actions led by partner organisations.</p> <p>the "Lived Experience" and the Voice of the Child is a central theme for <i>all</i> practice and runs <i>throughout all areas</i> of the revised action plan.</p> <p>The five key themes and priorities within the Improvement Plan are</p> <ul style="list-style-type: none"> <li>• Improving management oversight and quality assurance.</li> <li>• Prevention and Early Help.</li> <li>• Improving the Integrated Front Door (Front Door and MASH) arrangements.</li> <li>• Improving the quality of Social Care Practice.</li> <li>• Improving outcomes for Children in Care and Care Leavers.</li> </ul> <p>Progress on the plan is monitored every 6 weeks; along with key performance indicators and quality assurance being reported through vital signs and case file audit reporting. These are reviewed and challenged through the Children's Improvement Board and through internal meetings and Overview and Scrutiny.</p>	<p>intelligence is improving which was evidence through a recent peer review. The foundations of social care practice are now in place through effective management and programmed development work with compliance in practice improving. Although there is more work to be done for children in care and care leavers key strategies are drafted to provide the direction and better use of resource targeted at the needs of these children and young people and to support demand management.</p> <p><b>Vital signs</b></p> <p>The monthly report highlights our performance on key indicators and any emerging risks. Currently our data informs us that we are on an upward trajectory in terms of compliance which has improved over the last 6 months. This means we can now move onto the next step of our improvement journey and concentrate our efforts on the quality of practice.</p> <p><b>Audit Outcomes</b></p> <p>Approximately 60% of audits are completed in consultation with the social worker each month. Evidence from our survey indicated coaching audits are overwhelmingly seen as a positive addition by both auditors and practitioners and 77% of social workers could identify specific learning opportunities from the discussion. The consultation creates a 'window of enthusiasm' for the social worker and a follow up of 'actions from audit' indicate that some actions have been progress on 70% of case files, usually immediately around the time of the audit consultation. Actions currently tend to focus on process, but the conversations recorded on audits clearly indicate that good practice learning is also being discussed. Impact of audit on outcomes for children has not yet been measured.</p> <p>Audit is impacting on process - evident in the implementation of new procedures and practice guidance. There is work to do in embedding the learning for individual social workers, through training and support from the Practice Supervisors, to improve practice across the workforce that will translate into positive impact for children and families.</p> <p>There is consistent and regular attendance at the Children's Improvement Board from Senior Leaders within the local authority and partners. This continued during the immediate response to the pandemic with alternative ways of reporting progress and gaining feedback and challenge from leaders and partners. This supported to improvement journey to maintain some pace even when this was significantly challenging. We believe the partnership has been strengthened through the maintenance of the Board</p>	<ul style="list-style-type: none"> <li>• Process Measures</li> <li>• Quality Measures</li> <li>• Finance and VfM Measures</li> <li>• Outcome Measures</li> </ul> <p>Outcome measures and the difference in terms of impact is the most significant area of work required. The focus of work through the agreed plan with senior leaders is the quality of practice and the difference this makes. The Improvement Plan reflects this with some of the main development areas being:</p> <p>A greater understanding of the lived experience and greater engagement of children and young people in the work we do and listening to their needs and wishes when planning and delivering services</p> <ul style="list-style-type: none"> <li>• Delivering on key strategies that will drive practice and improve the deployment and management of resources to local needs. For example, Prevention and Early Help Strategy; Children in Care and Care Leavers Strategy; Sufficiency Strategy</li> <li>• Stabilise the social care workforce and developing effective practice through the priorities within the Workforce Strategy supported by the demand and cost appraisal</li> <li>• Improve the efficiency and effectiveness of practice through the Children's Services ICT Improvement Programme and Modern Working Programme</li> <li>• Improved commissioning arrangements including joint arrangements with partners to target resources to local and specialist needs.</li> </ul>
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		throughout and the refreshed plan targeted on the main areas of improvement	
<b>Strategic leaders ensure that relationships with key partners, including the health community, the police, schools, Cafcass and the family courts, provide a helpful and effective context for social workers and practitioners to work effectively with children and families.</b>	<p><b>Integrated Covid-19 (ICV19) Outreach team</b></p> <p>A partnership approach has been developed with the Bradford District Care Trust to identify children with additional vulnerabilities and health needs to 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.</p> <p>The Covid-19 team have been established to ensure visits can be undertaken to children and families where there are symptoms and/or a diagnosis of C-19 and it is necessary to see the children with their family in their homes.</p> <p><b>Visits to Covid positive children and families</b></p> <p>Number of visits: 17 families had CSC visits with 2 joint with HV from the Covid Team.</p> <p>There have been 9 health visits from the Covid Team</p> <p>Any families who are referred requiring a visit from a health perspective are discussed with social care to make sure there is no requirement for them to visit with health and vice versa.</p> <p>Children's Social Care referrals are considered by a manager and if appropriate a visit is planned. If it is not felt that a visit from the Covid Team is appropriate the reasons for this are fed back and advice given regarding visiting using 'normal PPE' and social distancing.</p> <p><b>Types of cases:</b></p> <ul style="list-style-type: none"> <li>• 1 Early Help (now in assessment),</li> <li>• 3 CIN (2 remain CIN, 1 CP),</li> <li>• 2 families in Assessment,</li> <li>• 11 CP families – 3 now CLA.</li> <li>• Health Visitors (6) – 3 weight measurements not requiring follow up. 2 children with complex health needs requiring assessment. 1 family who were presenting hard to engage who were subsequently moving.</li> <li>• School nurses (1) a health assessment on a family with a child on a CIN plan.</li> <li>• Children looked after nurses (2). 1 health assessment. 1 visit requiring follow up with the social worker due to concerns.</li> </ul>	<p>Children have been seen at home despite concerns members of the family have Covid-19 or symptoms, and an update regarding their home situation is shared with their social worker to inform future work.</p> <p>Of the families seen, 3 who were on CP plans at the time of the visit are now children in care.</p> <p>On one visit this was the plan at the time of the visit. For the others the visit informed updated assessments that led to plans to bring the children into care.</p> <p>As a result of the co-location and working together a pilot project has been established to have a health visitor based within a social work team, to work alongside SW undertaking assessments and implementing plans. This both builds the capacity of the SW team through having an experienced specialist nurse working there, alongside building the links and understanding between health Children's Social Care</p> <p>Feedback from workers undertaking the visits are that they have felt protected and the guidance was clear. They felt supported by both the clean nurse and the driver.</p> <p>Children and families have understood the need for someone to attend wearing full PPE and been fine with this.</p> <p><b>Working together</b></p> <p>There have been monthly joint integrated management board meetings.</p> <p>Monthly CSC meetings with key staff involved.</p> <p>Daily check ins with managers covering the team</p> <p>Data dashboard developed to record activity within the team, including visits.</p> <p>Established information re children identified as at risk from health colleagues and linked to CIN and on CP plans.</p> <p>Audit of small number of cases started to inform future practice jointly.</p> <p>By being co-located improved working relationships and understanding of different organisation between Care Trust and Local Authority and as a result pilot project where a nurse will be based within a social work team has developed.</p> <p>In addition to the Covid-19 team, Bradford's partnership came together strong to support children across Bradford. Evidence of this has been submitted in "any other" Annex A.</p>	<p>CSC 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.</p> <p>There is a need to ensure that staff from health and social care and other agencies who are working together from a base such as Westbourne Green have the necessary connectivity to be able to access their systems and this is being pursued.</p> <p>The pilot of having a health visitor based within a social work team is being implemented.</p>

Performance management			
	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
Management oversight of practice, including practice scrutiny by senior managers, is established, systematic and used clearly to improve the quality of decisions and the provision of help to children and young people.	<p><b>Management oversight and Quality Assurance</b></p> <p>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"> <li>• Simplified and embedded allocation of cases process &amp; practice.</li> <li>• Child Protection process &amp; practice.</li> <li>• Reviewed, up-dated &amp; embedded CIN process &amp; practice.</li> <li>• New CIN practice standards have been completed. HoS to embed in to practice.</li> <li>• Reviewed, up-dated and embedded Court proceedings and PLO process &amp; practice.</li> </ul> <p>Governance Process to embed standards of practice.</p>	<p>Monitoring &amp; 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>Creation of a supervision database:</p> <ul style="list-style-type: none"> <li>• as a central point to enable all personal/ professional supervision to be collated and linked with relevant information relating to performance, audits etc.</li> <li>• to support the identification of development needs for individuals and for the service to assist managers to manage performance more effectively.</li> </ul> <p>Implementation of a new LCS Form for case supervision.</p> <ul style="list-style-type: none"> <li>• A new form has been designed in consultation with TMs and Practice Supervisors and approved by CSCMT.</li> </ul> <p>The form provides a specific focus on the tracking of agreed actions and a greater focus on child's lived experience.</p>

Workforce			
	What have we done and why?	How do we know we have made a difference and what risks have been identified?	Next Steps?
Careful monitoring of workloads and oversight of the impact of wider systems on working conditions for practitioners ensure that practitioners 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	<p><b>Workforce</b></p> <p>The number of children &amp; families being referred to CSC has increased since the return of schools after Covid lockdown. This has resulted in some staff seeing an increase in caseloads.</p> <p>To combat this, we have:</p> <ul style="list-style-type: none"> <li>• Successfully recruited 40 permanent Practice Supervisors, with an additional 4 posts currently being advertised.</li> <li>• Successfully recruited into Service Managers &amp; Team Managers roles, creating stability within teams.</li> <li>• Successfully recruited 40 ASYE that will take on less complex cases.</li> </ul> <p>Undertook a review with staff to identify what tasks can be removed from front line social workers to release capacity</p>	<p>The increased workforce has resulted in a reduction of staff going off sick with work related stress/anxiety as well as reduced numbers of staff leaving the service. This tells us that we are making progress in terms of stabilising the workforce by ensuring we are supporting and building in capacity within the system. This also provides an assurance for staff members to feel they are delivering in safe and healthy working cultures and environments.</p> <p>Feedback via the Staff Reference Group and Practice Specialist (Improvement Team) is that frontline practitioners like the new up-dated Practice Standards as they clearly outline what is required with expected timelines.</p>	<p>The Deputy Director will continue to have oversight on caseloads, with HoS reporting on a weekly basis. Additional resource has been allocated to appoint 3 additional project teams that will focus on allocation and assessment, to reduce caseloads for a 12-month period.</p>

<p>experience of children and families.</p>	<p>to allow them to focus on developing meaningful relations with children and families. This has resulted in;</p> <ul style="list-style-type: none"> <li>• Successful recruitment of 40 new Community Resource Workers, with an additional 10 posts being created to meet the current demand.</li> <li>• New Practice Model has been developed, with relationship based practice at the heart, using Signs of Safety as an approach.</li> </ul> <p>A review and refocus of the Staff Reference Group has been undertaken which has resulted in increased membership, improved communications and input into proposed system changes including;</p> <ol style="list-style-type: none"> <li>1. Up-dated Practice Standards Booklet</li> <li>2. New Practice Model</li> <li>3. Staff Questionnaires</li> </ol>	<ul style="list-style-type: none"> <li>- Increase in assessments being undertaken on time</li> <li>- Increase in review meetings being made on time</li> </ul>	
<p>The local authority social care workforce is sufficient, suitably qualified and accredited to deliver high-quality services to children and their families. (For more information about accreditation, see the <a href="#">national assessment and accreditation system (NAAS)</a>). 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 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>	<p><b>Workforce Recruitment, Retention and Capability</b></p> <p>Centralised recruitment team has been established within CSC to improve the end to end recruitment process, resulting in the appointment of 167 permanent staff from 346 applications.</p> <p>Recruited a dedicated HR officer in August, who is now leading on the recruitment campaign and improving internal systems and processes including all marketing materials.</p> <p>New recruitment pack for managers has been developed and implemented with up-dated job profiles, competency based questions and scoring guidance/templates. Induction process has been reviewed and updated which is being rolled out to manager's week commencing 26<sup>th</sup> October 2020.</p> <p>Mandatory online training modules have been written and will be launched in November 2020 for all staff within CSC to complete within 3 months.</p> <p>Staffing structures have been produced for each service, highlighting vacancies currently covered by agency staff. New process for exit interviews has been developed and implemented to get a better understanding to why staff are leaving the service.</p>	<p>Centralised team in place, with tighter systems &amp; processes being embedded resulting in new recruits reporting through questionnaire, that it was a good process.</p> <p>Early stages. To date focus has been producing Business Case for additional resource for marketing material, remuneration package and up-dating recruitment portal. Increase in the number of applications and appointment of permanent staff.</p> <p>HoS now have a better understanding of the gaps within their service which they can closely monitor and respond to.</p> <p>Information is now captured and shared with Staff reference Group &amp; Improvement to enable us to develop a learning culture by understand the reason and ensure we are able to address concerns to limit individuals leaving for the same reasons again.</p>	<p>Last questionnaire circulated 3 months ago. Will undertake exercise again with new recruits week commencing 2<sup>nd</sup> November 2020 to inform improvements on the process. Produce marketing materials and launch recruitment campaign targeting level 3 social workers.</p> <p>Undertake review with managers on the use of the new recruitment pack and its effectiveness.</p> <p>New process to be launched with training being given to managers on how to conduct a good induction. Due to urgency, managers that have not completed Bradford's training on the different systems and processes currently in place (Evolve, HR Plus, Power BI etc.) will be targeted then up-scaled across the service.</p> <p>Test the new training modules and produce marketing materials to launch and capture data on who has completed.</p> <p>Develop a robust process that will intervene when a staff member has indicated that they are leaving the authority to establish why and identify if there are any interventions that can be put in place to prevent this from happening.</p> <p>Design and implement training on the new Supervision Data base then Launch.</p>

