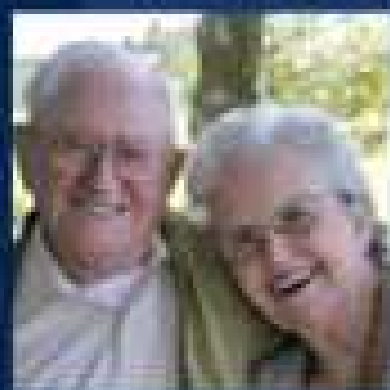


Bridgend County Borough Council Director of Social Services

Annual Report 2012/13



**Director of Social Services Annual Report
2012 - 13**

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Part One - Overview and Summary

About Bridgend

- 1 Bridgend County has a population of just under 140,000 (2011 census) making it an average-sized local authority area in the Welsh context. In common with many parts of Wales, Bridgend has a range of communities but overall deprivation levels are higher than the national average with 28.2% of local areas being amongst the top 20% of deprived areas in Wales (Wales Index of Multiple Deprivation average in 2011 was 18.9%). The link between deprivation and the need for support is well established and, hence, we have higher numbers of referrals for services compared with other authorities of a similar size with lower deprivation levels.
- 2 The rate of 'long term health problems or disability' currently stands at 25%, which is above the Welsh average of 23%. The percentage of people under 65 who claim incapacity benefits (6,000) or severe disablement allowance (760) in Bridgend is higher than the average across Wales: 4.8% in Bridgend compared with the national average of 4.1% (2011).
- 3 Bridgend has a strong history of partnership working and, through the Local Service Board, has developed a Single Integrated Plan which sets out an ambitious programme for improving lives in the county borough and making it a great place to live and work:
www.bridgend.gov.uk/web/groups/public/documents/report/108456.pdf
- 4 The Council has a big part to play in realising these ambitions and the Corporate Plan at
www.bridgend.gov.uk/web/groups/public/documents/marketing/107869.pdf
sets out how we will work with local people to improve lives. Key to this is how we will work with partners, service users and carers to improve the way that we enable people to live more independent lives, support children and families to maximise their potential, and help protect people from harm.
- 5 The year 2012-13 saw considerable change in Bridgend County Borough Council. There have been significant changes in senior management, an interim Corporate Director of Wellbeing took up post in May 2012 and a new Chief Executive arrived in September 2012.
- 6 Following the elections in May 2012, there were a number of newly elected members although the composition of Cabinet remained relatively consistent. The Cabinet Member responsible for Adult Social Care remained unchanged and the Cabinet Member previously responsible for Resources took over the Children and Young People's portfolio.

About Social Services

- 7 At any time, we work with more than 1,000 children in need and their families (about 3.6% of the under 18 population which is a slightly higher rate than in

comparable authorities in Wales). We have parental responsibility (sometimes shared) for well over 350 children and there are usually 120 to 150 children on the Child Protection Register. The Bridgend position for all these populations shows an upward trend in line with the national picture.

- 8 Every day, we support around 3,060 adults (29.6.% of whom are aged between 18 – 64 with 70.4% being over 65) to live more independent lives through a range of services, including support in the home and local communities, and specialist support such as reablement. In addition we support 561 people in long term care home placements (11.4% of who are aged between 18 – 64, with 88.6% being over 65).
- 9 We employ some 1,400 staff (40% work full time and 60% part time) in our social care services across safeguarding and family support and adult services.
- 10 Social care is mainly delivered by organisations other than the Council. There are over 80 organisations, both small and large, providing social care services in Bridgend, including private businesses, social enterprises and voluntary organisations. A great deal of the care provided in our communities comes from individuals, providing care and support to family members and friends.

About this report

- 11 The aim of this report is to provide the Council and people living in Bridgend with an overview of how well we are delivering our social care responsibilities. It is not intended to be a comprehensive description of all our services, but aims to highlight the progress we have made during the year and to identify where improvements are needed during 2013-14. The detail of how we will address these priorities is set out in the business plans for the services and will be reported on in the next annual report.
- 12 This is the fourth annual cycle of the arrangements, introduced in 2010, which require local authorities to produce an annual report on social services - setting out the strengths in the services and the areas identified as needing development. The process we undertake is known as the Annual Council Reporting Framework (ACRF) and involves a detailed analysis, based on evidence, of every area of our work. Many people contribute to this work, including a joint scrutiny panel made up of representatives from the Health and Wellbeing and Children and Young People Overview and Scrutiny Committees who provided valuable feedback on the draft report.
- 13 The report is in four parts. This, the first part, provides an overview for Bridgend, explains changes in context, and summarises the main achievements of 2012-13 and the priorities for social services in 2013-14. The second and third sections provide more detail about our two main service areas: safeguarding and family support and adult social care. The analysis for each area draws on performance data for each service area, as well as feedback from service users, carers, staff and partners. We have included some examples about real people to give an illustration of the impact that our services have on people's lives. The final part of the report is a glossary of terms.

How we did in 2012-13

- 14 Last year, we identified the main challenges for **Safeguarding and Family Support** in 2012 – 13 as being:
- the sustained pressure on resources in response to high, and growing, numbers of looked after children (LAC);
 - maintaining fully staffed, confident, competent and motivated safeguarding teams with manageable caseloads;
 - delivering the service within budget;
 - ensuring that all care plans focused on improving outcomes for children and young people; and
 - ensuring there were good links between early intervention and prevention services and those providing intensive support to families with more complex needs.
- 15 In the challenging context of rising numbers of looked after children, we were unable to deliver the service solely within the directorate budget, although an ear-marked corporate reserve did mean that expenditure was managed within the overall budget available. However, we were able to maintain good performance across many areas, notably:
- Improved timeliness of responses***
- 98% of all contacts made were reviewed within 24 hours.
 - 98% of reviews of LAC, children on the Child Protection Register (CPR) and Children in Need (CIN) were carried out within the statutory timescale compared to 87% the previous year.
- Improvements in planning for LAC***
- 96% of LAC had appropriate care and permanence plans in place within required timescales.
- Improvements in Pls across a wide range of activities***, including:
- 88% of young people formerly looked after at the age of 19 were engaged in education, training or employment compared with 29.4% the previous year.
 - we exceeded (by 50%) our target for approval of adopters for children to be placed with for adoption.
- 16 We also benefitted from a stable workforce with, during the year, for the first time in many years, all teams being permanently staffed. Staff retention rates have significantly improved and we have also been effective in attracting new recruits. Many staff, including team managers, have benefitted from improved supervision.
- 17 We have maintained the improvements in the quality of our practice and performance despite increased demands across the service. This upward trend is not unique to Bridgend and a similar pattern has been seen in some other parts of Wales and the UK. Such demands have put pressure on the service, but huge efforts have been made to ensure that assessments are completed in a timely

fashion and that the right support is put in place to safeguard and support children and young people, and their families.

- 18 These demands also present challenges when we are trying to increase our focus on early intervention and prevention so that services are available to support families when problems first start to arise.
- 19 Demand for **adult social care services** has also continued to grow reflecting the ageing of the population, the increase in young people with complex needs moving into adulthood and a rise in the prevalence of mental health and substance misuse problems. In order to respond to this increase in demand, and changes in what people expect from our services, we are continuing to implement an ambitious programme to remodel services.
- 20 Our main priority has continued to be the delivery of better integrated services to support independence, choice, empowerment, dignity and respect. We have made significant progress in strengthening our reablement services and establishing the integrated community network teams, for instance, through:
- opening a six-bed residential reablement unit which provides on-going multi-disciplinary assessment and reablement programmes with 24hr support over an agreed period of time;
 - establishing three multi-skilled community network teams supported by a single integrated referral centre;
 - creating the Community Resource Team (CRT) which provides multi-disciplinary interventions to adults with complex needs and long-term limiting illness in order to support them to lead as full a life as possible.
- 21 Other service achievements in 2012 - 2013 include:
- stronger links and more formal joint working relationships with the Western Bay Regional Collaboration;
 - a new local primary care mental health service;
 - a new enabling homecare service for people with dementia;
 - the development of a Carers Information and Consultation Strategy in partnership with Abertawe Bro Morgannwg University (ABMU) Health Board;
 - collaboration with the third sector to develop a number of community cafes across the county borough;
 - significant developments in communicating and working with people with complex needs;
 - the development of an improved, integrated approach to the monitoring of care in residential and nursing homes;
 - reductions in both the number of unallocated cases and the length of time cases have remained unallocated.

Financial sustainability

- 22 Despite the challenging budget settlement, the Council was again able to address some of the financial pressures facing both adult and children and young people

services, and staff have worked hard to find more efficient and effective ways to respond to needs in the local community.

- 23 The 2012-13 net budget for social care services was £54.32m, an increase of £1.42m on 2011-12. The Council agreed this increase in recognition of the additional social care pressures arising from demographic growth, changing service demands and expectations and specific cost pressures within the care sector. The £54.32m was allocated as follows:

	Gross Expenditure	Income	Net Budget
	£m	£m	£m
ADULT SOCIAL CARE			
Support for people living at home			
• Home Care	8.57	(1.51)	7.06
• Supported Living schemes	9.33	(5.90)	3.43
• Direct Payments, Meals at Home, Equipment and Adaptations	2.77	(0.30)	2.47
Support for people in the Community			
• Residential & Nursing Care – Long Term & Short Breaks	19.33	(7.42)	11.91
• Day Care/Other services	7.31	(2.70)	4.61
Assessment and Care Management	4.69	(0.75)	3.94
Support Services and Central costs	3.54	(0.48)	3.06
ADULT SOCIAL CARE - TOTAL	55.54	(19.06)	36.48
SAFEGUARDING AND FAMILY SUPPORT			
Children Looked After	10.72	(0.96)	9.76
Family Support Services / Youth Justice Services	3.13	(1.25)	1.87
Commissioning and Social Work	4.08	(0.05)	4.03
Other Children's services and Management and Support	2.19	(0.00)	2.19
SAFEGUARDING AND FAMILY SUPPORT - TOTAL	20.11	(2.27)	17.84

Despite the additional resources, actual spending in 2012-13 exceeded the budgets in both adult social care and children's services.

	Budget	Actual Spend	Overspend
	£m	£m	£m
Adult Social Care	36.48	36.74	0.26
Safeguarding and Family Support	17.84	19.04	1.20
TOTAL	54.32	55.78	1.46

- 24 The overspend was a little lower than the £1.5m in 2011-12 and mainly related to the continuation of pressures in specialist placements for looked after children.
- 25 The future financial prognosis for local authorities in Wales looks bleak. In anticipation of this, Bridgend CBC has further developed its medium term financial

plan which sets out our response to the ever-increasing financial challenges the Council will face over the next few years. The plan acknowledges that the way we do business must be as efficient as possible, but recognises that this alone will not deliver the savings we need in order to stay within the budget available. We have, therefore, embarked upon an ambitious programme to change and stream-line services. We are changing the way that we deliver services so that they are more customer-focused, sustainable into the future and reflect national policy drivers such as the need to promote independent living and provide early intervention which prevent escalation of need. However, we will also need to consider both our policies and thresholds to ensure that what we deliver is affordable in these austere times and prioritises those with greatest needs.

- 26 Detailed plans have been developed for both children's and adult services to ensure that the savings that need to be achieved are realised. Staff from across the services have had the opportunity to contribute to the financial plan, recognising that, as well as the big changes we need to make, there are lots of small things that we can do differently that will make us more efficient.

Areas needing improvement and future challenges

- 27 Every year, we identify areas for improvement, and future challenges, as part of our annual review and business planning processes. We also take account of the findings of inspections and lessons learnt from sources such as analyses of case reviews and complaints received.

Inspection outcomes

- 28 In October 2012, the Council was inspected by the Care and Social Services Inspectorate, Wales (CSSIW) on the statutory role of the Director of Social Services. The inspection was a pilot, the first of several across Wales that contributed to a thematic inspection on the role of the Statutory Director of Social Services. The main focus of the inspection was on the arrangements that the Council had put in place to fulfil the responsibilities in the Statutory Guidance on the Role and Accountabilities of the Director of Social Services (WAG, June 2009).
- 29 CSSIW did not publish individual reports on each of the local authorities that were inspected as part of this work but they did publish an overall report in June 2013. Bridgend Council did, however, receive feedback prior to this. Much of this was positive, recognising that a significant corporate profile had been afforded to social services, but there were concerns about the broad scope of responsibilities being vested in one person who was not a social work professional. The feedback confirmed that:
- the Council's constitution met the requirements in relation to the Director of Social Services role and was supported by a formal protocol setting out roles and responsibilities;
 - strong systems have been developed that supported the Director of Social Services to receive and provide relevant information, assistance and challenge from and to other parts of the organisation in relation to performance and workforce issues; and that

- overall, offices and members were confident that there is enough robust challenge to avoid complacency and provide assurance regarding social services performance.
- 30 For both **children's** and **adult's social services**, only the usual regulated services were inspected in 2012-13 in line with the annual requirement. All services had favourable inspections with good practice highlighted and no major issues identified.
- 31 During 2012-13, a total of 47 complaints were received and addressed in accordance with the Statutory Complaints Procedure. The three most common areas of complaint were quality/level of service/standard of care, missed/late appointments/time of visits and lack of/poor communication. Of these complaints, only 22 were fully upheld.

Serious Case Reviews

- 32 In the 2012-13, the Bridgend Local Safeguarding Children Board published 5 serious case reviews. Independent overview authors have commented that the management review reports provided by our Council services were of a high standard providing a full and comprehensive review of the involvement and the lessons to be learnt. The reviews identified a range of concerns across a number of agencies, but the issues for Safeguarding and Family Support identified in those particular cases included:
- poor quality assessment and flawed decision-making;
 - ineffectiveness of response;
 - a failure to understand that responsibility for the protection of children remains until the child reaches the age of 18 years;
 - management oversight and supervision;
 - listening to and engagement with children and families;
 - implementation of child protection procedures;
 - case recording;
 - understanding of domestic abuse, neglect and parental mental health issues.
- 33 To address the learning points arising out of reviews, the following are examples of actions that have taken place:
- the Public Law Outline processes have been reviewed and new guidance written, launched and promoted;
 - an audit of current workforce has been undertaken to identify any staff who are required to attend specific core training;
 - training on direct work with children with specific reference to working with young people has been planned and training in respect to "youth mental health first aid" has been commissioned;
 - new guidance on ascertaining the wishes and feelings of young people and reaching sound judgements has been incorporated into core multi-agency training.

In addition to the learning events that have taken place, further training is planned for 2013/14 on:

- adults who sexually abuse children
- multi-agency training on undertaking and contributing to initial and core assessments
- working with uncooperative and hostile families
- joint investigative interviewing of children training as part of child protection enquiries
- the management and practice of child sexual exploitation cases

- 34 Social workers and social care staff across Safeguarding and Family Support and Adult Social Care are now issued with a continuous professional development portfolio and are encouraged to record and reflect on learning opportunities undertaken. The content of core multi-agency safeguarding training is regularly reviewed to ensure that it is compliant with LSCB procedures and guidance. Training reflects current practice and the management of cases; this is further strengthened with the involvement of practitioners in the facilitation of training.

Challenges

- 35 For children's services, the over-riding challenge will be to keep vulnerable children safe when resources are severely constrained. We have been analysing the characteristics and trends related to our looked after children population and learning from successful work elsewhere. We need to refresh our strategy for reducing the number of looked after children since this will help keep our early intervention and prevention work targeted and affordable.
- 36 These challenges will be exacerbated by the fundamental changes arising from the Family Justice Review. The new requirement for care proceedings to be concluded within a 26 week time frame will place added pressures on already over-stretched staff, including front-line social workers, managers and legal advisers.
- 37 For adult services, the main challenge for the council continues to be how to transform more traditional service models to meet future needs and expectations, such as set out in the Social Care and Wellbeing Bill, and, critically, to be sustainable into the future. We need to promote greater independence, choice and flexibility - as these will support both wellbeing and future sustainability.

Our priorities for improvement 2013 -14

- 38 The Council's Corporate Plan 2013 - 2017 '*Working Together to Improve Lives*' sets out our aspirations for the county borough with a clear set of priorities. The plan recognises the challenging times ahead and acknowledges that there will be less to spend on services despite increasing demands. The Council will continue to provide a wide range of social services, however, there will be a focus on a few priority areas in order to ensure on going improvements. Our priorities for improvement are set out in more detail in Parts Two and Three of this report. A key aim will be maintaining high quality services in a particularly difficult financial

context which affects not just the Council but also our partners and many of our service users too.

39 In **Safeguarding and Family Support**, our priorities for improvement in 2013-14 can be summarised as:

- maintaining quality in social work practice, through improving workload management, how we share learning, effective supervision and support for the high number of newly qualified staff;
- improving the engagement of service users, including better capture of their views and making more information available;
- extending the reach of integrated family support services to further support both earlier intervention and families with acute and complex needs;
- increasing the number and range of both fostering and adoption placements available;
- continue to implement the improvement activities identified as part of the *Workwise* project and the Information and Communications Technology (ICT) strategy;
- continuing to improve outcomes for children and young people by delivering on key requirements such as timely statutory visits, personal education plans and health assessments, alongside robust permanence plans that minimise unnecessary moves;
- Improved support for looked after children; in particular minimising school moves and the provision of annual health assessments.

40 One of the priority areas in the Corporate Plan is '*Working Together to help Vulnerable People to Stay Independent*'. In **Adult Social Care**, this means we will:

- work with service users, carers and all partners to enable more people to live independently;
- help our partners, especially in the third sector, to develop and expand their services to help people to stay physically and mentally healthy;
- provide support to carers to enable them to continue in their caring role;
- work with partners to develop a broader range of accommodation options and support for those vulnerable and older people who need help to achieve or sustain independence;
- work with partners across the Western Bay area to enable better outcomes for older people and people with learning disabilities and mental health conditions. In doing this, we will avoid duplication, reduce costs and improve the quality of the information and advice for citizens;
- focus on improving health outcomes for older people and their carers by working with partners to develop services that enable older people to live healthy, independent and engaged lives.

Leadership and culture

41 Bridgend County Borough Council is a learning organisation and we recognise the need for effective leadership and management at all levels of the organisation.

We are ambitious for the people of Bridgend and embrace collaborative working as most likely to lead to improvements.

- 42 From summer 2011, we worked with partners to transform our partnership arrangements in line with Welsh Government guidance 'Shared Purpose – Shared Delivery'. The Health, Social Care and Wellbeing Board and the Children and Young People's Partnership have now been replaced by a People Partnership Board. In 2012, we produced, with our partners a single integrated plan 'Bridgend County Together' to set out our aspirations and priorities for local people.
- 43 Within the authority, we continue to take forward workforce development including a management and development programme designed to improve our management and leadership capacity. The feedback from the programme has been positive. Throughout the year, the Chief Executive has held sessions with senior staff from across the Council. These have focussed on transformational change, particularly in lean times. The Council continues to promote initiatives such as 'Workwise', aimed at improving efficiency, which has been utilised in both adult and children's social care services.
- 44 Across the social care functions, there is a strong emphasis on empowering leaders and managers and initiatives such as 'pride in practice' developed within older people services have demonstrated the clear line of sight from the corporate plan through to front line services.

Corporate Parenting

- 45 The Council's Corporate Parenting Cabinet Committee was established in 2009 and provides a vehicle for elected Members to consider what needs to be done in relation to the wellbeing and progress of looked after children and young people. The Committee membership comprises all of the Cabinet, including the Leader and Deputy Leader, plus non-executive, overview and scrutiny members covering service areas from across the whole Council.
- 46 During the year 2012-13, the committee has received many reports including the CSSIW Inspection Report on Bridgend's arrangements for looked after children and young people; the emerging findings from the Regional Advocacy Commissioning Project strategic needs assessment in relation to the authority's statutory duties; updates on performance data and Post 16 Service Developments (Just @sk Plus); the qualifications and educational performance achieved by looked after children for the academic year 2011/12; the Statements of Purpose for Fostering, Adoption and Children's Homes and the Adoption Service Annual Report 2012/2013.
- 47 Members of the Committee have had opportunities to meet with looked after children and young people and have attended events to celebrate their achievements. The Head of Safeguarding and Family has facilitated training for members on their corporate parenting responsibilities to ensure that they are well informed on the range and scope of the services in place for looked after children. Members have also received briefings about the Council's arrangements for permanency planning for looked after children including Adoption. There has

been an active interest from Members to learn about the issues facing young people leaving care and a continued commitment as corporate parents to have the same aspirations for Bridgend's looked after children as parents would for their own children

Social services management arrangements

- 48 Arrangements in Bridgend mean that two of the three corporate directors (Corporate Directors of Wellbeing and Children) have a direct role in the delivery of social care functions. This means that the voice of social care is well represented at the Corporate Management Board. Until March 2012, the Corporate Director of Wellbeing held the statutory position of director of social services but this now rests with the Corporate Director for Children. There is a protocol which sets out respective roles and responsibilities within Bridgend County Borough Council to ensure that the authority is meeting legislative requirements, including section 7 of the Local Authority Social Services Act 1970 and section 27 of the Children Act 2004. The effectiveness of the protocol relies on good communication which is achieved through a range of activity including regular meetings.
- 49 Joint meetings with the directors and the heads of service for adult social care and safeguarding and family support services also ensure that the cross sector issues are managed effectively.
- 50 A Corporate Programme Management Board oversees priority programmes for the Council. These were reviewed and changed in summer 2013 but in 2012-13, the following programmes had significant linkages with our social services work:
- Supporting Vulnerable Children 2
 - Integrating Health and Social Care
 - Remodelling Adult Social Care (RASC)
 - Collaboration
- 51 The Welsh Government is keen for local authorities to engage in collaborative arrangements, in order to achieve both efficiencies and share good practice. The Council has embraced this agenda positively and there are many examples of well-established and new collaborative arrangements supporting our social care and safeguarding delivery. Over the last year, for instance, Bridgend has been leading a project on the development of regional commissioning for advocacy for children and young people, initially involving five local authorities and two health boards. We have supported and led developments in relation to setting up collaborative, regional boards both for safeguarding children and vulnerable adults.

Community coherence

Involving service users and carers

- 52 Across social care, our approach in working with individuals and families is to 'co-produce' care plans which clearly set out the outcomes expected. Listening to the

needs of individuals, their families and carers is an important part of this process and we have mechanisms for recording how well we do this.

- 53 We have worked with ABMU Health Board to embed the arrangements for delivering the Mental Capacity Act and the new Mental Health measure to ensure that the needs and rights of those who do not have capacity to represent themselves are managed appropriately. With the health board, we commission an independent advocacy service to support individuals.
- 54 When planning services, we try to ensure that service users are involved in the shaping of services. For example, in remodelling our learning disabilities services, we sought and listened to the views of people using our services, their families and carers.

Equality and diversity

- 55 In Bridgend County Borough Council, we are committed to promoting equality and openly valuing diversity in all our roles – whether as service provider or employer. Equality lies at the heart of everything we do and means that we understand and tackle barriers so that everyone has a fair chance to fulfil their potential. We aim to offer services and employment opportunities which are responsive to people's diverse needs. As well as considering equality and diversity dimensions in service delivery, the Council is also working on broader issues such as transportation and access, fostering good relations, communication, consultation and engagement.

Part Two – Safeguarding and Family Support

Context / Overview

- 56 This is the fourth report on the Safeguarding and Family Support Services (SFS) in Bridgend written by the Head of Service within the Annual Council Reporting Framework. Based primarily on self-assessment, it has also been informed by feedback and consultations with a range of colleagues within the service, partner agencies and service users themselves. Consideration has been given to the range, quality and effectiveness of our services with particular attention given to how services are impacting on outcomes for the children and families that we serve.
- 57 Safeguarding children is everybody's business and in Bridgend we recognise that this is an area which we have to get right in order to allow every child and young person in Bridgend to remain safe from harm and to achieve their full potential.
- 58 The role that public services play in safeguarding children continues to attract significant media and public attention. There is no doubt that high profile, child abuse cases, publically reported in England and Wales, continue to influence a steady increase in the number of children placed on the child protection register and those who become looked after. In Bridgend, this is also influenced by high numbers of reported incidence of domestic violence where children have been present, parental substance misuse and the associated neglect of children. Comparatively higher rates of teenage pregnancies in Bridgend have also resulting in an increase of babies becoming looked which continues to be an issue of concern. Responding, the Council has invested in an array of new preventative and early intervention services and services providing intensive family support to families with children on the edge of care. Appendix 1 provides an illustration of the current management structure of Bridgend's safeguarding & Family Support Service.
- 59 In 2012-13, the service received 3,142 contacts from professionals and members of the public and, of these, 1,007 were assessed as referrals where a form of safeguarding intervention was required and where initial assessments were initiated. In addition to these initial assessments, a further 398 assessments were completed arising out of new concerns raised on existing open cases. In total, 1,405 initial assessments were completed throughout the year. Initial assessments establish whether a child is in need and additionally whether the child is in need of protection. These assessments must be completed within 7 working days of the referral being received. Once an initial assessment has established that a child is in need, a decision should be made about whether to complete a core assessment. The core assessment builds on the initial assessment and is an in-depth assessment which examines the developmental needs of the child, the capacity of the parents or care givers to respond to their needs within the family and community context. The core assessment can provide a sound evidence base for professional judgements on whether services would be helpful to a child and family, and, if so, the types of service most likely to bring

about good outcomes for the child. During 2012-13, 502 core assessments were also completed.

60 In Bridgend, the number of Looked After Children (LAC) rose by 12.2% from 345 on the 31st March 2012 to 387 on the 31st of March 2013. The number of children on the Child Protection Register (CPR) also rose from 131 on the 31st March 2012, to 161 on the 31st of March 2013, a 23% increase.

61 During 2011-12, whilst it was acknowledged that the service had shown continuous improvements in both performance indicators and the quality of provision, it was acknowledged that there were still some areas where service improvements could be made. It is in these areas, coupled with areas noted for improvement in the CSSIW 2012-13 Annual Performance Assessment Report, that we have continued to focus our efforts for improvement throughout the past year.

62 **Service Achievements in 2012–2013 include:**

Improved timeliness of responses e.g.

- 98% of all contacts made were reviewed within 24 hours.
- 88% of initial assessments completed within statutory timescales.
- 98% of reviews of LAC, children on the CPR and Children in Need were carried out within the statutory timescale compared to 87% the previous year.

Improvements in planning for LAC

- 96% of first placements during the year began with a care plan in place compared to 89% in 2011-12.
- 96.5% of LAC had a plan for permanence in place at the second review due date compared to 93.8% previously.

Maintaining a stable workforce

- Workforce remained stable with all teams being permanently staffed; retention rates significantly improved and team managers have benefitted from improved supervision.

Improvements in PIs across a wide range of activities, including:

- 100% of eligible children had a pathway plan in place as required throughout the year compared to 96.2% the previous year.
- 88% of young people formerly looked after at the age of 19 were engaged in education, training or employment compared with 29.4% the previous year. This is a significant improvement.
- The Adoption Service exceeded its target of 14 children to be placed for adoption with 21 children actually being placed.

Service developments:

- The Just @sk Plus Service, launched in 2011-12, became fully operational and delivering holistic, effective services to young people 15 - 25 years old.
- Regional IFFS service launched in February 2013.

63 In **Safeguarding and Family Support**, our priorities for improvement in 2012-13 can be summarised as:

- maintaining quality in social work practice, through improving workload management, how we share learning, effective supervision and support for the high number of newly qualified staff;
- improving the engagement of service users, including better capture of their views and making more information available;
- extending the reach of integrated family support services to further support both earlier intervention and families with acute and complex needs;
- increasing the number and range of both fostering and adoption placements available;
- continue to implement the improvement activities identified as part of the *Workwise* project and ICT strategy;
- continuing to improve outcomes for children and young people by delivering on key requirements such as timely statutory visits, personal education plans and health assessments, alongside robust permanence plans that minimise unnecessary moves;
- Improved support for looked after children; in particular minimising school moves and the provision of annual health assessments.
- Refreshing the strategy to reduce the increasing numbers of looked after children and those on the child protection register.

GETTING HELP

Access to Services

64 Our Safeguarding and Family Support Services (SFS) aim to safeguard and promote the welfare of children and young people who are in need. Services are either provided directly or commissioned to support children and young people who need them to achieve their full potential. We have good arrangements in place for children, young people and their families to access help, advice and support around the clock. Our Emergency Duty Team (EDT) responds to concerns about the safety and protection of children raised by professionals and members of the public outside of office hours.

65 Our county-wide Assessment Team, open during normal office hours, receives contacts and referrals from members of the public and professionals in respect of safeguarding and child welfare matters. During 2012-13 the Assessment Team received slightly fewer contacts than in the previous year, 3,142 compared to 3,201. This decrease is likely to have been partly influenced by the Council's improved multi-agency prevention, early intervention and family support provision.

- 66 Nearly all contacts received by the service were reviewed, and a decision made about the necessary course of action, within 24 hours of the initial contact (98.2% compared to 92.8% last year). Where people are eligible for a service, we endeavour to provide good and timely responses to their needs. To ensure this, there are robust screening processes in place which promptly assess needs and the risk of harm in order to ensure that appropriate interventions ensue. In 2012-13, the percentage of referrals that were re-referrals within 12 months was 12.3% compared to 9.1% in 2011-12.

- 67 In 2010, we established a joint project with the police to jointly assess, on a daily bases, all reports of domestic abuse which could impact on the welfare of children.

- 68 The joint screening was incorporated into core business following the cessation of the formal project, so is no longer a project as such. Since the Police have moved to a new 'hub' in Cowbridge, they have been very clear in saying that they can no longer continue to maintain the database which captures those cases that are screened out, due to the volume of work now that they cover a larger geographical area. On that basis, there has been some discussion with Health and Education in terms of other mechanisms to ensure that our decision making at the joint screening stage is robust and to seek agreement for changes in the current processes. Consequently, our processes are likely to change in July 2013 after a review meeting with the Police. However, this will make future data capture more challenging with regards to those PPD 1s screened out.

- 69 More positively, the working arrangement has continued to strengthen professional relationships between the Assessment Team and the Police and over the last year we have been sharing knowledge/ experiences/practices with other local authorities.

	PPD1 Num	PDD1 %
PPD1 Screened out on the day received	1142	41.0%
PDD1 Contacts that have come into BCBC	1646	59.0%
Total PPD1 Contacts	2788	100.0%

- 70 Of the 1,405 initial assessments completed throughout the year 88.3% were completed within statutory timescales, compared to the previous year's figure of 92.1%. This slight drop in performance comes within the context of significantly increased work pressures placed on social workers as a result of rising LAC and CP numbers during the year. For the contacts made to the Assessment Team that did not proceed to initial assessment, appropriate advice/information was provided or referrals were made to other means of advice and family support.

- 71 We provide a comprehensive range of information to children, young people and families about the services available, how these can be accessed and what they can expect to receive. During 2012-13, we refreshed the information available to children who may become looked after, those who are looked after and those who have been looked after. We have also refreshed the information available to children and families in respect of our child protection procedures and, in particular, information about what families can expect when attending case conferences, including information on how to complain.

- 72 In Bridgend, we actively promote feedback from service users about the full range of services we deliver. This is used to help shape and refine the way we do things in order to achieve improvements. Feedback is gathered through questionnaires, face to face consultations and participation events with children and young people. When cases are closed, questionnaires are sent to parents/ carers and the children themselves seeking feedback on what they felt about the service they received. A quarterly report is produced that collates and analyses the returned SNAP questionnaires which is shared with managers so they can understand how service users feel about the service they have received.
- 73 During 2012-13, the service received 63 compliments from service and professionals engaged with our services compared with 46 in 2011-12. The table attached (Appendix II) provides some examples of compliments received throughout the year.
- 74 During 2012-13, we received 67 unregistered complaints which were quickly dealt with by Team Managers. We received 15 formal complaints which were dealt with at stage 1 of the complaints procedure, meaning they were resolved informally by front line managers, avoiding further investigation. All complaints are taken seriously, investigated and aim to seek prompt resolution. Examples of these are detailed in the table attached (Appendix III).
- 75 Service users who are in receipt of either short or long services are encouraged to participate in all stages of the care planning and review processes. A partnership approach is taken with service users and other agencies, such as health, education and the police in order to achieve more positive outcomes for children and young people.
- 76 Mechanisms are in place within our quality assurance framework, which include consideration of how well the child and family are being consulted and engaged in relation to care plans. Case notes are also reviewed by managers as a further means of evidence of engagement and consultation with the child or young person in respect to care planning. To ensure that our care planning processes for children evidence effective engagement with children and young people and to ensure that their wishes and feelings are recorded, during 2012-13, many of the councils ICS exemplars have been redesigned, including initial and core assessments, to include mandatory data fields to record whether the child has been seen during the assessment process and to record his/her wishes and feelings. In addition, ICS exemplars for LAC, CP and CIN cases now all have mandatory data fields for recording the child's wishes and feelings.
- 77 Efforts are made to ensure that parents and carers provide their views by contributing to written assessments, attending review meetings and providing feedback on the range of services they are in receipt of.
- 78 We encourage the attendance of children, young people and their parents are encouraged to attend LAC, CP and CIN reviews and their contributions are clearly recorded. Independent Reviewing Officers (IRO) routinely meet with children,

young people and their parents prior to review meetings, or outside of such meetings if they are unable to attend.

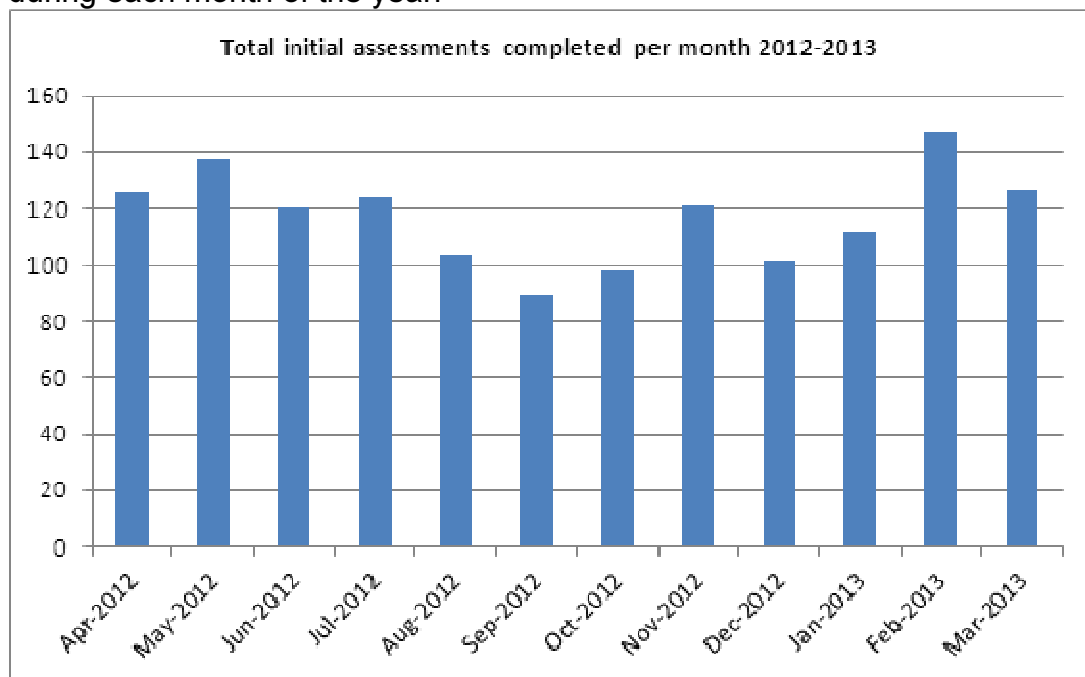
79 When initial assessments are undertaken, we monitor the percentage of assessments where children are seen alone by the social worker. In 2012-13, this was 54% compared to 49% the year before. To ensure that practitioners are being proactive in engaging and consulting with children and their families, our quality assurance framework implicitly considers engagement and consultation with the child, particularly in respect of care planning. In the autumn 2012, a senior officer was appointed to be responsible for service improvement with a particular focus on improving the quality of care planning.

80 Key Area for Improvement

- Improve the number and range of foster placements available.

Assessment/Case Management Services

81 2012-13 proved to be another busy year for our assessment/case management teams. The table below illustrates the number of initial assessments completed during each month of the year.



Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Total
126	137	120	124	103	89	98	121	101	112	147	127	1405

82 Last year, it was reported that significant improvements had been made in performance in relation to the completion of core assessments within prescribed timescales, with 79% of core groups being held within timescales. We acknowledged, however, that more effort was required to improve the consistency of the quality of assessment. This year, 73.3% of all core assessments were completed within statutory timescales, which is a fall in performance. However,

we are confident that the quality of assessments has improved with greater detail recorded of service users' wishes and feelings. This has been influenced by enhanced team based training, individual mentoring, supervision and audit activity.

- 83 For many years, like other local authorities, we have been consistently challenged due to the high number of social work vacancies within our assessment/case management teams, which led to an over reliance on agency social workers in the past. However, throughout 2012-13, our workforce remained generally stable resulting in staff in post being predominantly permanently employed. At the end of the year, there were very few vacancies. Retention rates across the whole service improved except for the final quarter of the year when the service did experience a number of social workers leaving to take up promotional opportunities internally or to work in local authorities nearer to their home. During the year, 13 social workers left and 30 new appointments were made, including 9 newly qualified social workers. During 2012-13, 11 social workers successfully completed their first year in practice.

Case Management

- 84 Throughout 2012-13, the number of children and young people who had open and active allocated cases within our Safeguarding and Family Support teams increased to 1,441 on the 31st March 2013 from 1,374 on the 31st March 2012. This is a 4.9% increase on the previous year. The chart below shows the breakdown of open cases to each of the service teams on the 31st March 2013.

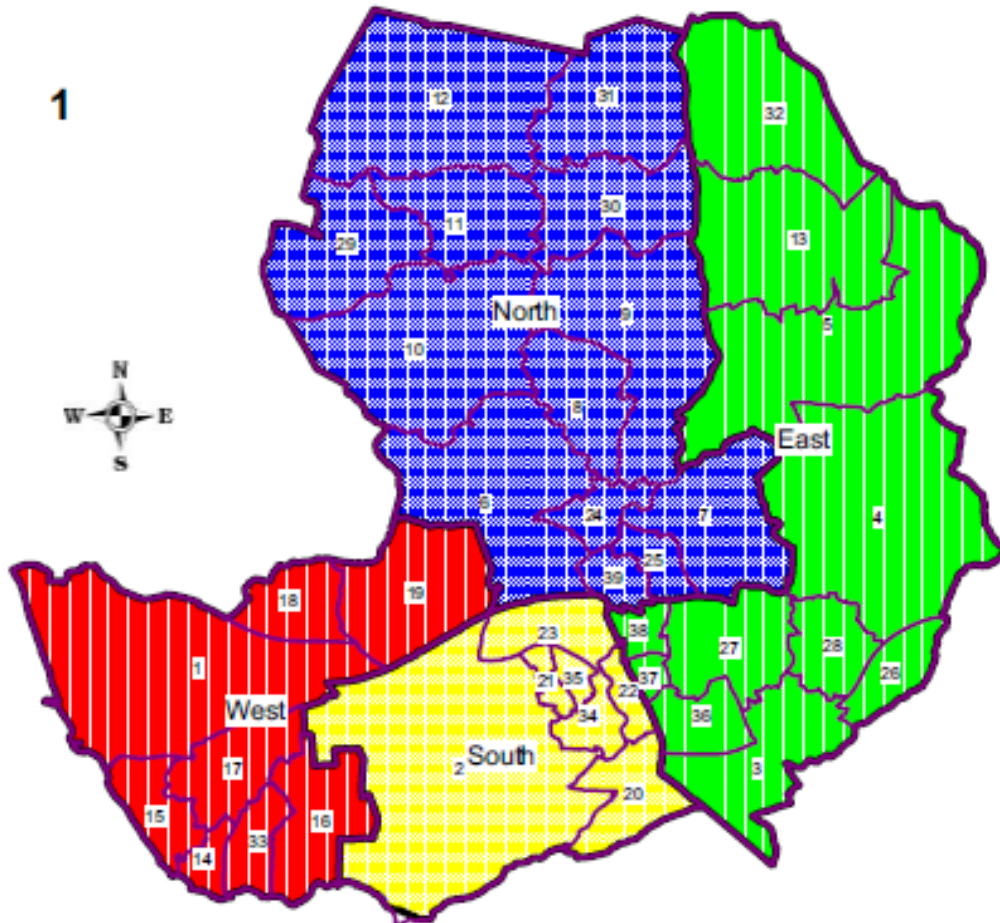
Safeguarding and Family Support Service Teams

Team	Children in Need	Child Protection	Looked After Children	Grand Total
Adoption Team	2		8	10
After Care Team	96		33	129
Assessment Team	157	1	10	168
Bridgend Foster Care Team	4			4
Disabled Children's Team	192	3	17	212
Safeguarding Team East	121	23	64	208
Safeguarding Team North	150	61	59	270
Safeguarding Team South	90	34	89	213
Safeguarding Team West	105	39	81	225
Youth Offending Team	1		1	2
Grand Total	918	161	362	1441

- 85 Inevitably, the increase in open cases across safeguarding teams has resulted in higher caseloads for many social workers. In response, the Council will be investing in the creation of an additional safeguarding team manager and a number of new social work posts. This will result in team managers having fewer social workers to supervise and social workers having smaller caseloads. Our four safeguarding teams have continued to provide services to children and families on a locality patch basis. The diagram below illustrates the localities within Bridgend which each of the four safeguarding teams team serves, along with the Wards. The Just @sk Plus Team, Assessment Team, Disabled Children's Team Youth

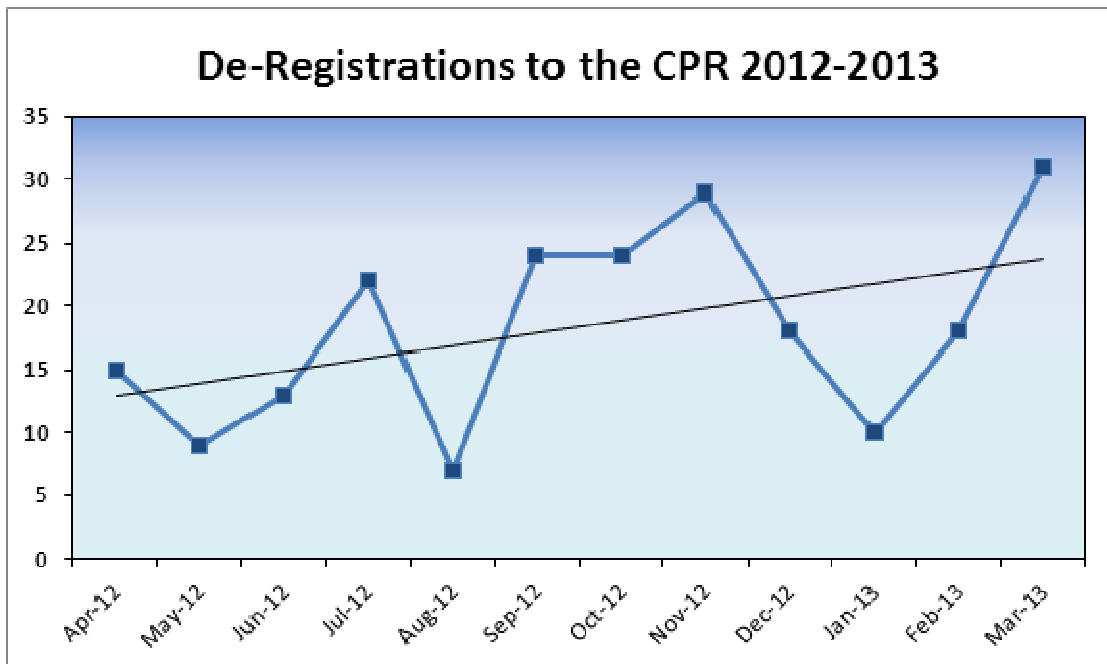
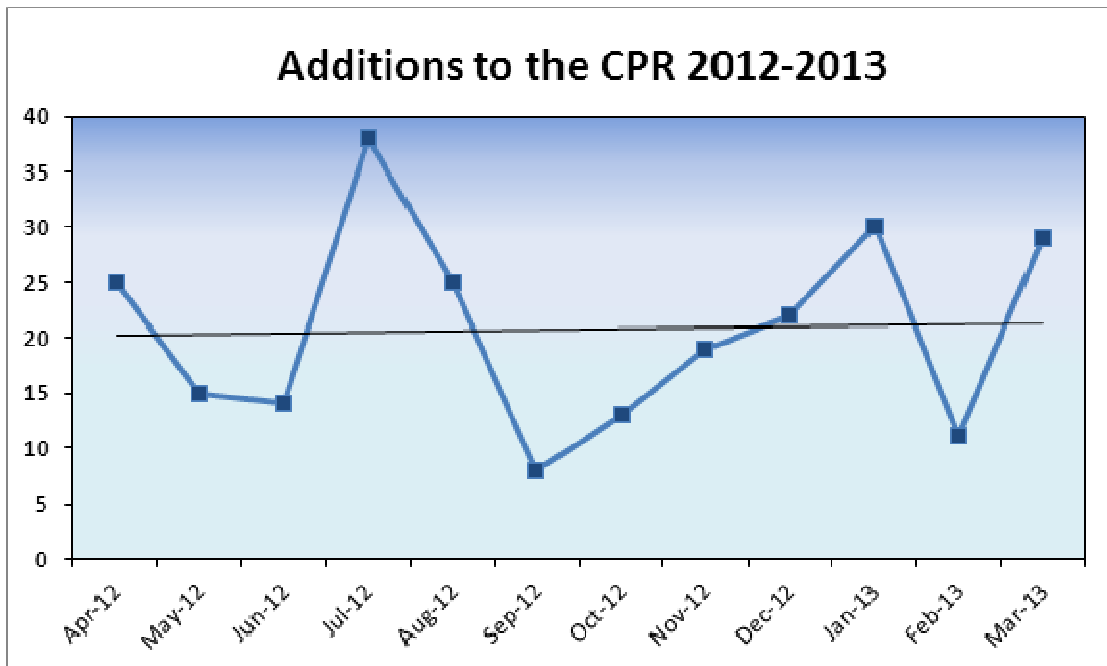
Offending Team, IFSS, Family Support Team, Adoption, Fostering and our Connecting Families Team all provide county wide services.

Safeguarding Teams Geographical Boundaries Within the Borough with Electoral Divisions



Child Protection Activity

86 Throughout 2012-13, all child protection cases were allocated to qualified social workers. The names of 249 children were added to the Child Protection register (CPR) compared to 166 in 2011-12. 220 children's names were removed from the CPR, compared to 197 in 2011-12. This demonstrates significant child protection activity throughout the year. The tables below show the pattern of CP registrations and de-registrations during the year.

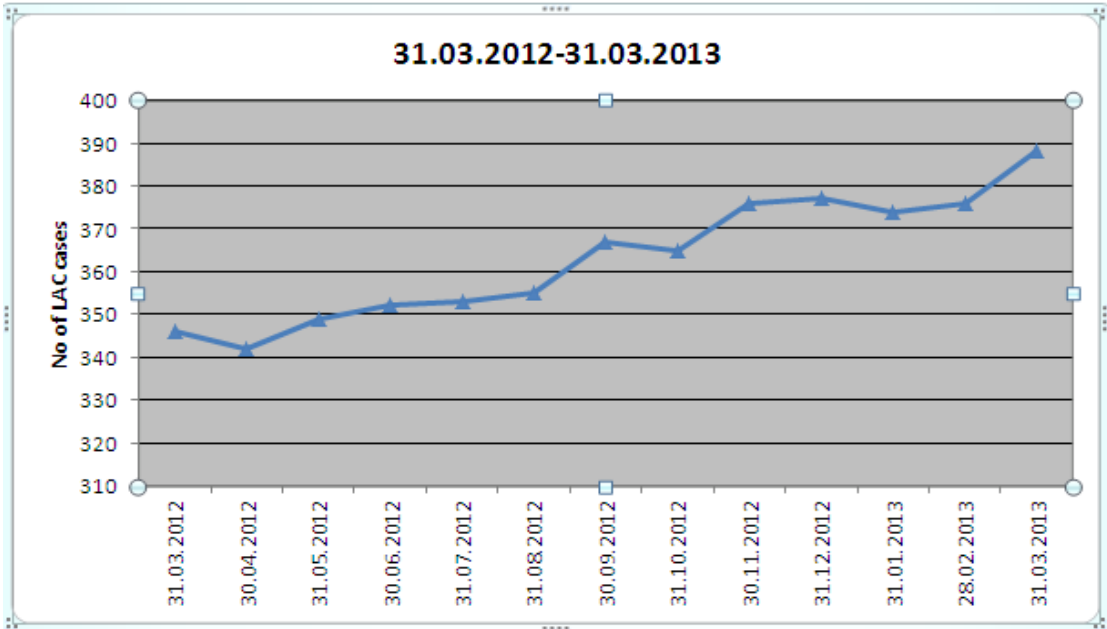


87 During 2012-13, 91.7% of initial child protection case conferences were held within 15 working days of the strategy discussion and 87.6% of initial core groups were held within 10 working days of the initial child protection case conference in line with agency and Welsh Government expectations. For CP reviews 98.7% were conducted within statutory timescales throughout 2012-13. This is a significant achievement in the context of increasing workloads and the associated pressures and demands placed on the service.

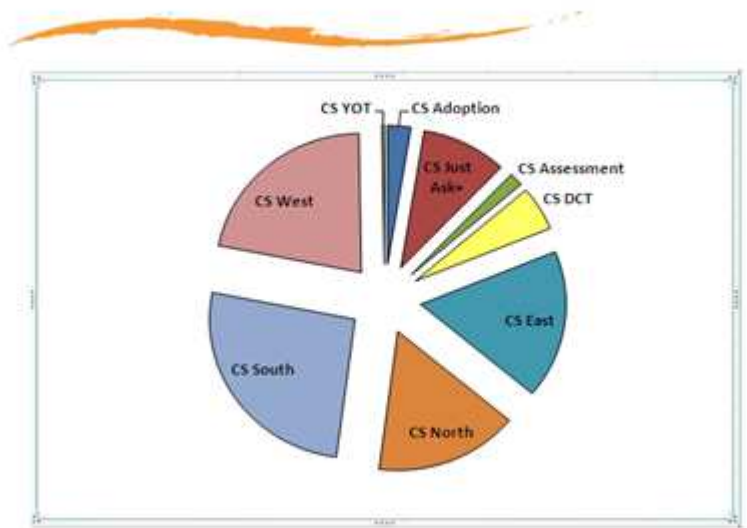
Looked After Children

88 Despite the 12.2% rise in the number LAC in Bridgend, at no point did a LAC case remain unallocated. We acknowledge, however, that there were occasions when

LAC cases have not always been allocated to a qualified social worker. On these rare occasions, LAC stable cases are allocated to social work assistants who have held these cases for several years and are closely supervised by qualified senior social workers. Notwithstanding this, we have increased the percentage of our LAC cases allocated to qualified workers from 91% in March 2012 to 93% on the 31st March 2013. The table below shows the pattern of the increase in LAC numbers throughout the year;

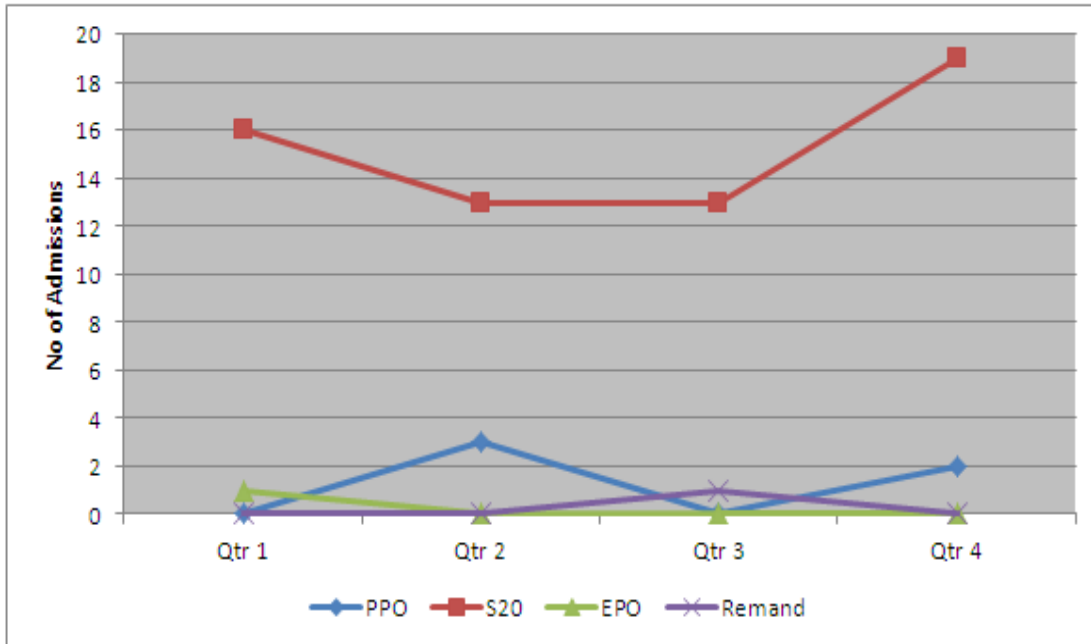


LAC Population per Team at 31.03.2013



Inevitably throughout the year, children become LAC as a result of emergency situations through a number of legal routes. The table below shows the legal status of children who became LAC as a result of emergency situations.

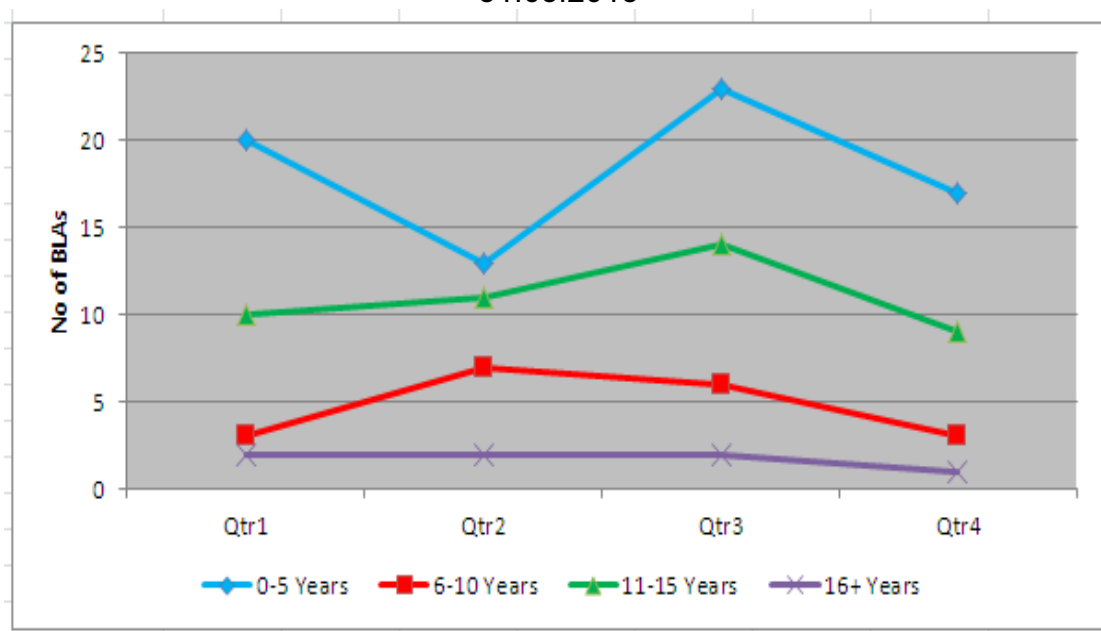
Legal Status of Emergency Admissions
01.04.2012 – 31.03.2013



Key: PPO – Police Protection Orders. EPO – Emergency Protection Orders
S.20 - Accommodated by agreement with the parents. Remand. Remanded into the care of the LA.

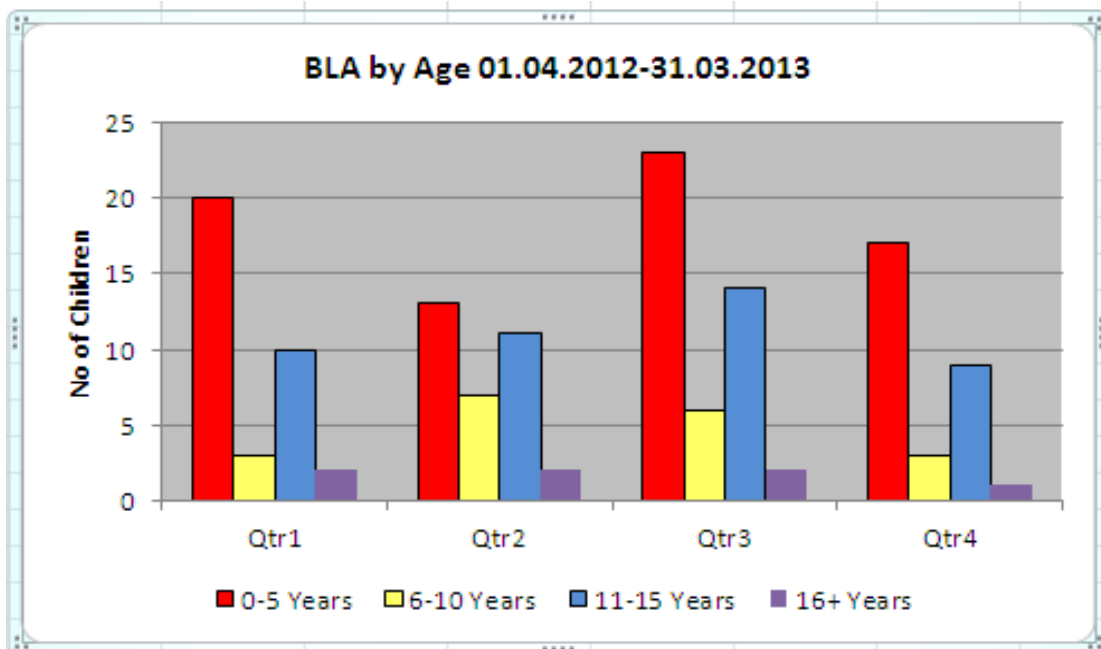
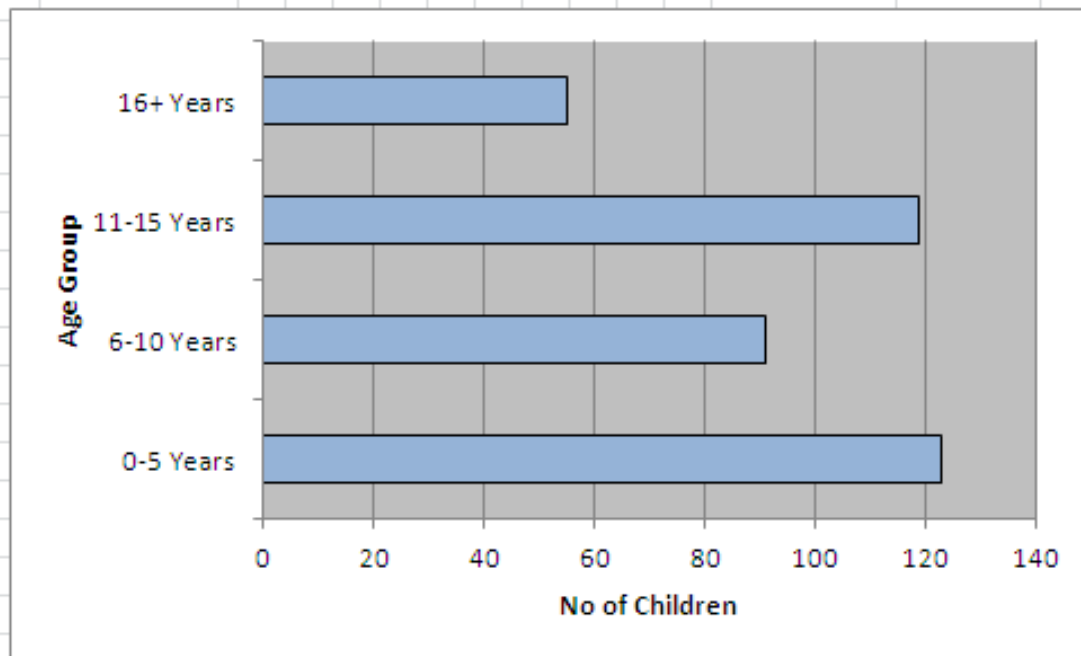
The table below shows the age profile of children who became LAC throughout 2012/13

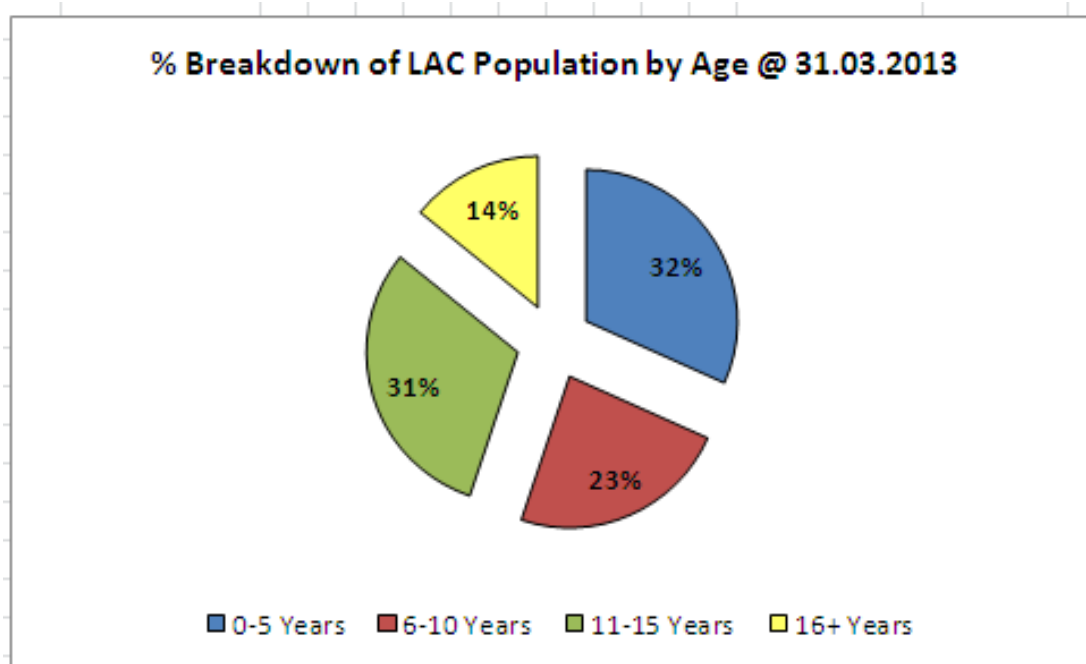
Become Looked After by Age
01.04.2012 –
31.03.2013



The tables below shows the breakdown of Bridgend's LAC population at 31st March 2013. This clearly illustrates that a higher proportion of LAC are within the 0-5 and 11-15 year old cohort.

BCBC LAC Population by Age at 31.03.2013



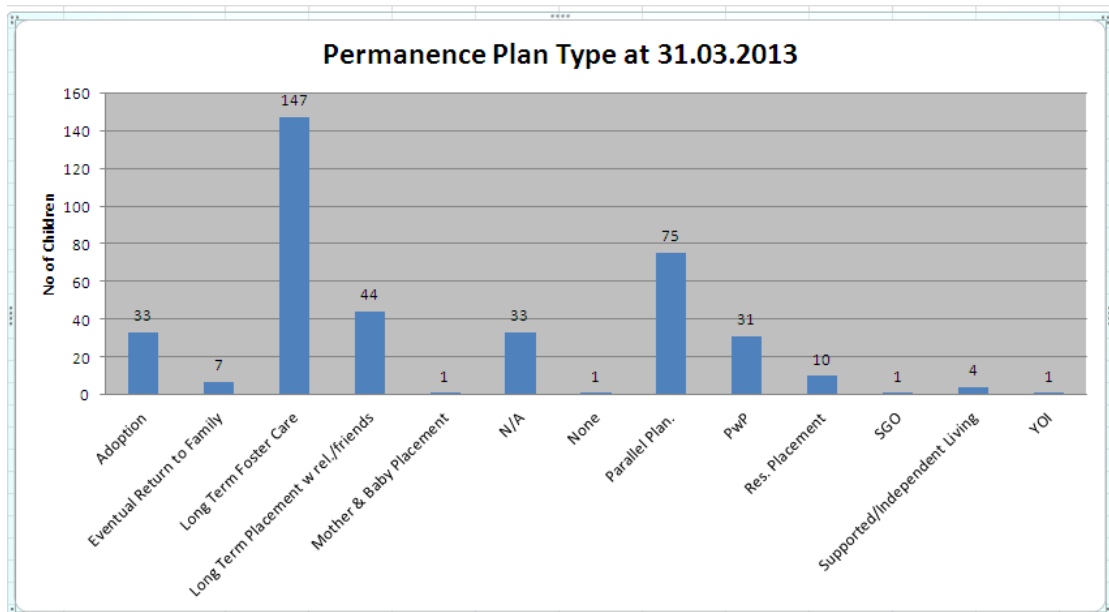
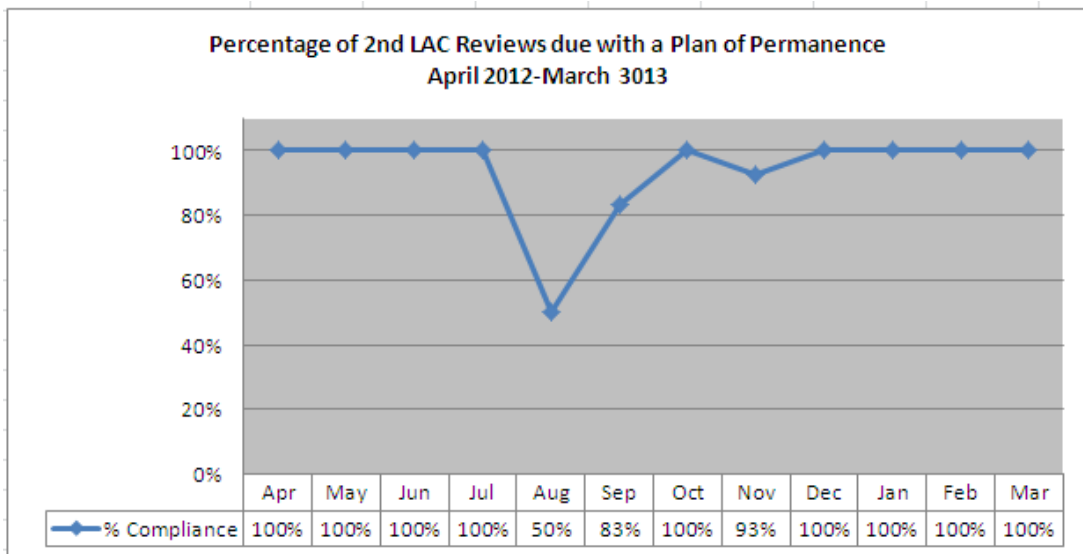


- 89 Throughout the last year, children and young people have continued to benefit from having a dedicated LAC Health Visitor based within the safeguarding and family support service working closely with social workers to ensure that the specific health needs of all LAC, irrespective of their age, are constantly promoted and considered paramount. Social workers have also benefitted from our established working relationship with CAMHS through monthly triage clinics.
- 90 The increase in both the number of children added to the child protection register and the increased numbers of looked after children during the year has required us to increase the number of legal surgeries held. These meetings are now held weekly to consider our duty to apply legal safeguards as appropriate in line with the Public Law Outline (PLO). Legal surgeries are attended by a senior lawyer, principal officer and key professionals involved in the cases being considered. Between 1st April 2012 and 31st March 2013, 32 full Care Orders and 73 Interim Care Orders were granted by the courts and during the same period, 4 Interim Residence Orders, 3 Residence Orders and 14 Special Guardianship Orders were also granted by the courts. 13 Care Orders were discharged.

Permanency Planning for LAC

- 91 We continue to implement a specific project aimed at ensuring that all LAC have a permanent plan for their long term future. The purpose of permanency planning is to give each LAC a greater sense of security, and, if possible, a stable family life. We have recruited an additional social worker specifically to progress plans for children and young people where it has been identified they would more appropriately be looked after under the auspices of either a residence or special guardianship order.
- 92 During 2012-13, 95.7% of LAC placements began with a care plan in place at first placement compared to 88.7% the previous year. There has been sustained improvement throughout 2012-13 in the number of Looked After Children who had

a permanence plan in place at their second LAC review, resulting in 96.5% of looked after children having a permanency plan in place throughout the year. It is acknowledged that all LAC children require a plan for permanence to ensure stability and to avoid them drifting in care.



- 93 Performance in relation to personal education plans (PEPs) being in place for LAC within 20 days of a child starting school has also improved as a result of embedding a more robust reporting system that better captures compliance and completion of PEPs. At the 31st March 2013, 56% of all Looked After Child had a PEP in place within 20 school days of entering care or joining a new school.
- 94 Last year, whilst significant improvement had been made in relation to our performance around statutory visits made to LAC within timescale, it was acknowledged that further improvement was required. Whilst we have been able to reassure ourselves that the vast majority of visits have been undertaken regularly and children are being seen, there remains an issue in terms of visits

being promptly written up. To address this, we have streamlined the process required and senior managers have facilitated team based training for all social work practitioners. Nevertheless, we were only able to evidence that 71.5% of statutory visits required to LAC were completed in accordance with regulations. In the coming year, we intend to further revise our practice guidance and procedures to streamline and simplify the statutory visiting processes to realise continuous improvement.

- 95 Within Bridgend, we have a comprehensive permanence policy which underpins our proactive approach to supporting a range of options for permanence. All staff are clear about the significance of permanence planning in achieving best outcomes for children and the importance of LAC reviews being well planned and on time. In 2012-13, 97% of LAC review meetings were conducted within statutory timescales which is a significant achievement.
- 96 Key Areas for Improvement
- Improve information available to looked after children and their families about their rights and the Council's corporate parenting responsibilities
- 97 During 2012-13, we have continued to embed our relatively new team structures within our case management services. The rationale for this change has been clearly communicated both internally and externally in that it sought to provide greater support to front line team managers, reduce the number of case transfers and provide social workers with opportunities to further develop their compendium of social work skills. This has improved both consistency in practice and the relationships between children and families with their social worker.
- 98 Last year, I reported that we needed to do more to streamline our assessment/case management processes to avoid duplication and where possible lessen existing bureaucratic systems and processes. In response, during the past year, the assessment and safeguarding team were involved in a comprehensive 'workwise' review.
- 99 'Workwise' is the term used by Bridgend Council to describe the application of transformational change techniques to help bring about service improvement and generate efficiencies. During early 2011, the Safeguarding and Family Support Service area was prioritised for participation in the Workwise programme. A project officer was assigned in May 2011 to assist the service to understand the change programme.
- 100 To deliver on the incremental changes identified through the workwise project, four workstreams were established in January 2012. The work streams were aligned to the four central processes within the service:
- front door assessment ;
 - child in need (CIN) processes;
 - child protection (CP) processes;
 - looked after children (LAC) processes.

- 101 Alongside these work streams, the service has identified several cross cutting issues and independent projects which are required to deliver improved services. These include the:
- rationalisation and removal of unnecessary duplication of work from the current Integrated Children's System suite of forms;
 - development of new in house training modules to combine both practice and process based training. This approach will provide a joined up approach to service staff development;
 - exploration of cutting edge ICT facilities such as tablet based working and voice recognition software;
 - adoption of Electronic Document Records Management (EDRM) software to replace the current paper based child file;
 - review of existing out of hours service provision with the aim of improving the quality of social work provision available on a 24/7 basis.
- 102 During 2012/13 the workwise project has successfully delivered two process changes to the visit management and case transfer processes achieving 1,140 hours of productivity improvements per year. The IRO team has successfully piloted voice recognition software which will allow them to transcribe minutes from LAC reviews more efficiently. The Safeguarding West Team has completed the transition to electronic case files reducing the cost of print and consumables within the service as well as reducing further any risks around the protection of sensitive case file information. Roll out to the other teams within the service will continue throughout the rest of 2013 and 2014.
- 103 Key Areas for Improvement
- Continue to improve workload management and increase the proportion of children looked after or in need allocated to a qualified social worker.
 - Increase the number of good quality, looked after children's personal education plans completed within 20 school days of a child entering or joining a new school.
 - Improve performance in relation to statutory visits made to looked after children.
 - Achieve placement stability and then effective transition into adulthood for looked after children and young people.
 - Continue to improve the quality and consistency of initial and core assessments through team based training and updating guidance.
 - Improve support for looked after children; in particular minimising school moves and the provision of annual health assessments.

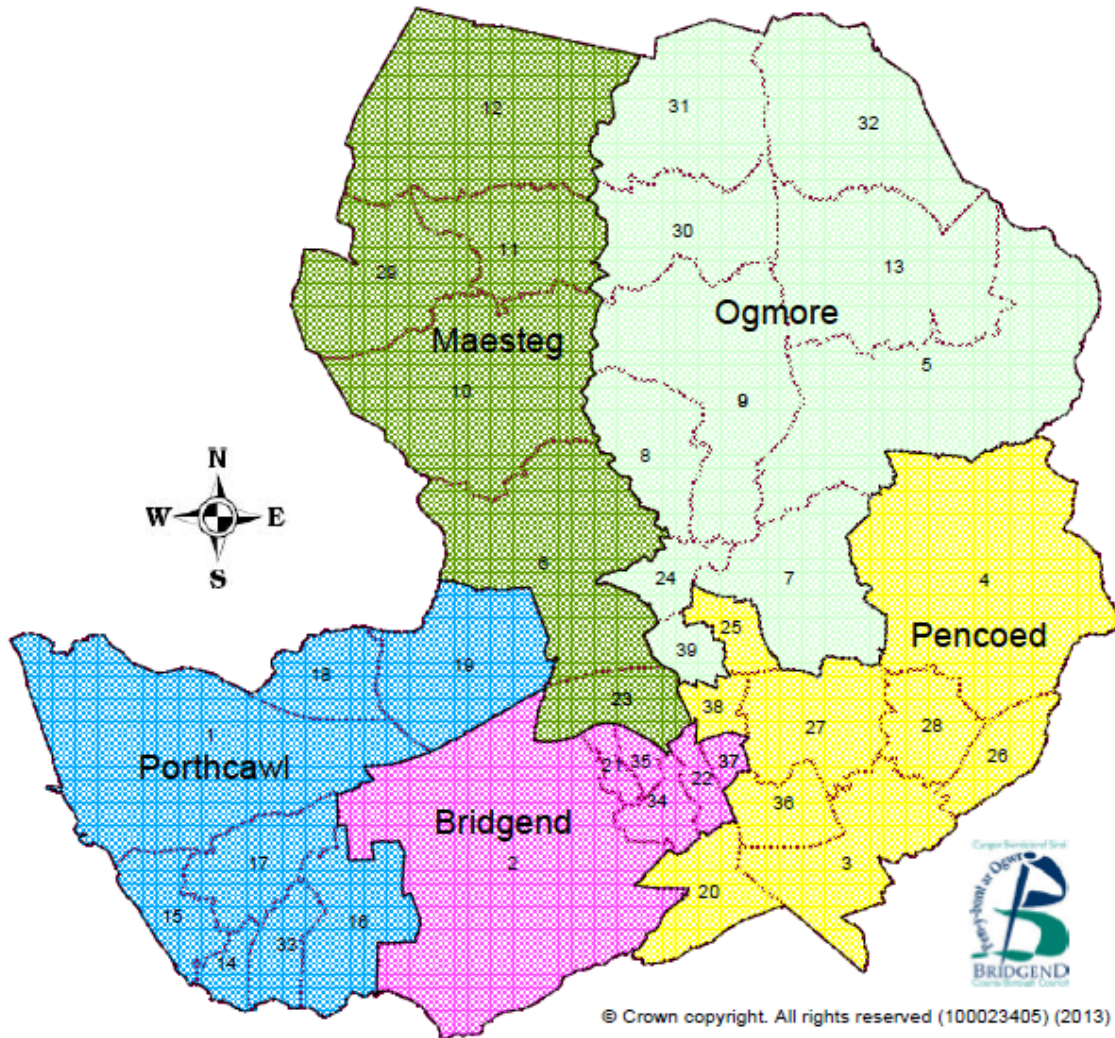
THE RANGE OF SERVICES PROVIDED

The Services Provided

- 104 The overall aim of the safeguarding and family support service is to respond to and assess concerns about children who may not maintain a reasonable standard of health and development without the provision of services; or who without intervention, could be at risk of suffering significant harm; or, who are disabled.

- 105 As a result of the work of the service, children are supported, within their families, wherever possible and their welfare monitored so that they are protected from abuse and neglect. This will help them in developing into confident and caring adults.

The map below depicts the proposed revised boundaries for the five new Safeguarding teams.



ID	NAME	ID	NAME	ID	NAME
1	Cornelly	14	Porthcawl West Central	27	Coity
2	Bryntinion, Laleston and Merthyr Mawr	15	Rest Bay	28	Hendre
3	Coychurch Lower	16	Newton	29	Maesteg West
4	Penprysg	17	Nottage	30	Pontycymer
5	Blackmill	18	Pyle	31	Blaengarw
6	Aberkenfig	19	Cefn Cribwr	32	Nant-y-Moel
7	Bryncethin	20	Oldcastle	33	Porthcawl East Central
8	Bettws	21	Llangewydd and Brynhyfryd	34	Newcastle
9	Llangeinor	22	Marfa	35	Cefn Glas
10	Llangynwyd	23	Pen-y-Fai	36	Brackla
11	Maesteg East	24	Yrmysodre	37	Pendre
12	Caerau	25	Bryncoch	38	Litchard
13	Ogmore Vale	26	Felindre	39	Sarn

106 Our **assessment and case management services** currently comprise a county-wide assessment team, four generic safeguarding teams covering geographical locations within the borough and a county-wide disabled children's team. However, as previously mentioned, a fifth safeguarding team will shortly be created and in doing so teams will be assigned to one of the following geographical areas: Maesteg, Ogmore, Pencoed, Bridgend and Porthcawl. This will result in managers having fewer direct reports and social workers having considerably reduced caseloads allowing more time to work directly with children and families. It will also improve management oversight and the support and mentoring afforded to practitioners.

107 Our **family support team** work alongside the assessment and case management service to provide interventions focussed on intensive support to prevent family breakdown, parenting programmes and behaviour management. It also manages a volunteer driver scheme linked to a supervised contact service where children have been separated from their parents. The service supports families by:

- helping to repair relationships between parents and their teenagers;
- building confidence in parents and carers of younger children so that the children can thrive and achieve emotional well-being;
- enabling separated children to maintain relationships with their families, while permanent plans are made for their future security.

Appendix VI shows the structure of our Family Support Intervention Services

108 Our **services for disabled children and young people** operate a 'wrap around' disability service model which brings the responsibility for all disability service under one senior officer who now assumes the strategic lead in both the management and strategic development of services for disabled children and young people, including transition to adulthood. Our disabled children's multi-agency strategy group has continued to meet bi-monthly and continues to be well attended. Specialist services for disabled children and young people are provided by virtue of their status as 'children in need' as defined in S17 (11) of The Children Act, 1989 or as looked after children.

109 Our specialist disability services which have been developed and are provided to disabled children and their families, aim to:

- ensure they have the support they need to live 'ordinary lives' as a matter of course;
- recognise that all children and young people are unique and may require different levels of support and different types of services such as short breaks depending on their needs and circumstances;
- acknowledge that needs may change and services need to be reviewed to reflect this.

110 The Breaks for Carers of Disabled Children (Wales) Regulations came into force on 28th June 2012 which state that a Local Authority must prepare a 'short break services statement' setting out details of:

- a) the range of services the local council provides,
- b) any eligibility criteria for assessment for services,
- c) how the services will meet the needs of carers in the area.

111 Bridgend's short breaks statement was ratified by the councils Corporate Parenting Committee and was subsequently published on the BCBC website on the 27th September 2012. This will be reviewed annually and updated accordingly. A task group has been developed which involves all key stakeholders in order to further develop the 2012 Statement, with an aim to improve the participation of parents/carers and disabled children and young people.

112 Services referred to within the Short Breaks Statement include:

The Disabled Children's team

This is an assessment case management team which has specialist knowledge and experience in working with disabled children. The team is based in Glanogwr offices in Bridgend has a county wide remit. The Disabled Children's Team comprises 1 x Team Manager; 1 x Senior Practitioner; 2 x Transition Social Workers; 4 x generic Social Workers and 1 unqualified specialist worker for under 5's. To access the specialist support services, the child/young person's needs must meet the eligibility criteria for an assessment to be undertaken by the team.

Bakers Way Residential Short Breaks Service

Bakers Way is a 5 bedded residential short breaks home based in the Bryncethin area of Bridgend. The home is regulated and inspected annually by CSSIW. The home has been specially adapted to provide short break stays (including overnight) for children aged 0-18 years, who have a range of disabilities, including those with more complex medical needs.

Family Link Short Break Service

Family Link is a short break fostering service which is based with the Disabled Children's Team. Family Link is a regulated service which is annually inspected by CSSIW as part of the annual fostering inspection. The Family Link scheme recruits, assesses and supervises short break foster carers who provide regular, planned short break stays (within their own homes), to disabled children and young people on the open caseload of the Disabled Children's Team.

The Complex Needs Playscheme

The Complex Needs Playscheme is a specialist therapeutic playscheme which operates from Heronsbridge school. The playscheme provides a specialist play and short break service to children with the most complex health needs and disabilities who would be unable to access any other play provision within the County Borough of Bridgend, due to the complexity of their needs. The playscheme operates for three days per week for two weeks in the Easter school holidays and four weeks of the summer holidays.

Trinity Care and Support

Trinity Care and Support is a registered charity commissioned by Bridgend County Borough Council to provide a sitting service to the parents of disabled children and

young people. The service also provides personal assistants to accompany disabled young people to engage in community based social activities.

Direct Payments

Direct payments are monetary payments made by local authorities directly to individuals who have been assessed as having community care needs that are eligible for certain services (including to people who care for others). Direct payments enable individuals to purchase the assistance or services that the local authority would otherwise provide. They therefore give individuals control over their own life by providing an alternative to social care services provided by a local authority. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem. Since the original legislation was passed in 1996, Direct Payments have gradually been extended to include carers, parents of disabled children, and disabled 16 and 17 year olds. Parents of disabled children and young people on the active caseload of The Disabled Children's Team are provided with packages of Direct Payment support following the outcome of an assessment. These Direct Payments are often used to employ personal assistants who can provide care to the disabled child within their own home, or to assist disabled children and young people to engage in social activities.

The table below illustrates the number of children during the period December 2011 to December 2012:

Name of service	Numbers of children	Average frequency of visits/hours per month
Bakers Way	48	Overnight stays range from 1-4 per month. Average stays per month = 2. 10 transition aged young people receive a fortnightly Outreach service.
Family Link	17	Average of fortnightly visits/overnight stays.
Trinity Care and Support	32	A range of hours and flexible packages of support matched to identified need. Average hours per month range from 3 to 62.
Direct Payments	44 (in addition 10 cases transferred to Adult Services during period Dec 2011 – Dec 2012)	A range of hours and packages of support matched to identified need. The lowest number of hours is 3 per week for social activities (£2,387 p.a.); the highest package provides a more

		complicated care plan with additional hours during school holiday periods (£15,288 p.a.)
Complex Needs Playscheme	Up to 15 children (12 attended Easter 2012 and 15 Summer 2012)	Offers a service for three days per week during at Easter School holidays, and three days per week for four weeks in the Summer .

Y Bont day care centre, a commissioned service, provides specialist day care, after school and playscheme activities for children with additional needs and disabilities aged 0-18 years. In 2011, this service was successful in its tender to become the lead provider for the disability element of the discrete disability funding within the Families First programme. This programme will ensure the continuation of the delivery of the specialist Earlybird and Earlybird plus parenting programmes.

Our **transition planning arrangements** to ensure that disabled children including Looked After Children are supported to have a smooth transition from Children's services to Adult Services through a transition pathway. During 2012-13 our multi-agency Transition Strategy group has continued to meet in order to progress the review of the Transition protocol. This has included representatives from ABMU health board, education and the third sector. Whilst progress has been achieved in establishing a social care pathway between Children's and Adults Services, there have been challenges in engaging partner agencies in order to establish corresponding pathways. There is however, now a plan in place to further progress this work on a Western Bay basis. This has been the priority focus of the Transition Strategy Group, and thus, the development of a Strategic plan has been re-prioritised for 2013-2014.

Decision making for the funding of college and specialist placements for young people up to the age of 18 years is agreed at the Children's Out of Authority panel. The Group Manager for Disability (Adults) now participates in this monthly forum. The Transition panel continues to provide an effective forum for joint decision making between Children's and Adults services.

Our Transition Keyworker based within the Disabled Children's Team has further progressed the roll out of "Person Centred Approaches" and keyworking within the Disabled Children's Team. The ESF/WG funding for this post concluded on 31st March 2012. However funding for a further 12 months has been secured and the post has expanded to encompass all disabilities and all age groups, without losing the focus on Transition planning. In July 2012, an evaluation event was held which included all key stakeholders. This event was facilitated by Care Co-ordination Network Cymru, and a report produced from the event, evidenced the positive difference the intervention of the Keyworker had made to young people and their families.

- 113 New Guidance for Continuing Care for Children has been published in November, 2012 and we have subsequently have commenced with ABMU to establish a local arrangement for the implementation of the guidance. This will be monitored during 2013-14 via the Disabled Children and Young People's Strategy Group and the Transition Strategy Group.
- 114 The Just @sk Plus Team continue to participate in the bi-monthly Transition Panel and within our Adult Services, a more Person Centred Planning approach has been integrated into the Care Planning process ensuring that all young people who are approaching the time when they leave care are supported through their transition to independent living.
- 115 The Outreach Service within Bakers Way was evaluated during 2012 and is now a core service provision to disabled young people aged 14-18 who experience age appropriate activities which promote their independence and life skills.
- 116 Our **family group mediation service, advocacy services** and **our young carers services** are commissioned through the third sector and have enabled us to develop an appropriate range of support services for individual children and their families.
- 117 Our **accommodation and regulated services** provide a range of support and resources to children who cannot remain with their families, in the short or longer term. These services provide placements either with foster carers or in residential care, where possible, helping children to mainstream within their families and enhancing the quality of life for them, their siblings and their carers. Where long term plans require a new permanent family for a child, our adoption service recruit and place children with adoptive parents. Other solutions that provide permanence for children include residence orders and special guardianship orders, particularly in relation to care provided by relatives and friends. The service will undertake an assessment of need and will provide financial support where legislation and guidance provide for this and families meet the requirements.
- 118 The **Adoption Service** provides a range of services and interventions across five key areas affected by adoption. The areas are:
- assessing and supporting prospective adopters;
 - assessing non-agency adoption (also known as step parent adoptions);
 - birth record counseling and intermediary services (BRC and IS);
 - adoption support (assessments and support to anyone affected by adoption);
 - twin tracking and family finding, which involves working with birth families of children in or following care proceedings and once a Placement Order has been granted by court, searching for an adoptive placement.
- 119 The Adoption Service was created as a distinct service, separate from Fostering, in 2006 and has since that time strengthened not only its identity but also performance.

- 120 In April 2012, a set of local performance indicators (PIs) were agreed, in the absence of any national PIs. The targets reflected the number of LAC at the time and the trend in Wales to place approximately 4%-4.5% of LAC in adoptive placements. The targets also reflected the national shortage of adopters and provided an aspirational target for approval of adopters. The targets we set for the 2012-13 year were exceeded as in previous years. The targets are not overly simple or artificially low but are realistic yet challenging. Achieving the targets has involved prioritizing the placement of children for adoption and approving adopters over other aspects of the service. This has created some backlogs and waiting lists, particularly in terms of BRC and IS.
- 121 The 2012/13 targets, achievements and performance of the Adoption Service are set out in the table below;

	Target Set	Number Achieved
Number of Children Placed for adoption	14	21
Number of Adoption Orders granted	14	17
Number of adopters approved	16	22

Table 1: Summary of targets and achievements in 2012/13

- 122 The increase in the number of looked after children each year continues to be the position nationally. This has placed increased pressure on the Adoption Service as more children require adoptive placements year on year. Approximately 20% more children were referred to the adoption service in 2012-13.
- 123 **Bridgend Foster Care service** (BFC) provides general, relative and Regulation 38 (emergency family and friends) foster carers for children accommodated by the local authority. We have increased the number of general foster carers to 83 with general foster carers providing around 168 placements, 41 relative carers providing 64 placements and 22 Regulation 38 carers providing 23 placements. Bridgend Foster Care's, general foster carers are members of the public who apply to become foster carers for the local authority. Relative foster carers are relatives who have been approved specifically to care for named children who are looked after by the local authority. Regulation 38 carers are people who have children placed with them in an emergency situation by the local authority for a period of up to six weeks or whilst further assessments are undertaken, again normally people who are family members and occasionally family friends.
- 124 The support care scheme which seeks to prevent children who are considered to be at high risk of entering the looked after system now has 2 sets of approved carers who can support parents in their own homes in an attempt to avoid their children becoming looked after. Publicity about the Support Care scheme and a handbook has been published.
- 125 The team has now produced a Regulation 38 Handbook which is currently in a consultation period before being formally launched. The team continue to review and update as appropriate, the general foster carer handbook and a relative carer handbook which will be ready for consultation in September this year. The Childrens guide to placement is going to be reviewed by a group of children who are looked after and this should be available for consultation later this year.

- 126 Last year a number of “Liaison Carer” posts were established. These are proving to be very successful. The liaison carers are experienced carers who undertake a mentoring role for carers undertaking their Qualification Accreditation Framework award and a supportive role for newly approved foster carers. There is a specific relative liaison carer who is a relative themselves so is able to relate to issues specific to relative carers. All liaison carers are supervised by a senior social work practitioner on a monthly basis. A review of the scheme will take place in August 2013.
- 127 The Delegated Authority policy will be ready for consultation within the Safeguarding Directorate by the end of June 2013. Following this the policy will be formally launched, and mandatory training provided to all safeguarding staff. Foster carers have already taken part in a very positive consultation exercise in this area.
- 128 In 2012-13, Bridgend Foster Care (BFC) was again commended by CSSIW inspectors within a very positive inspection report which noted the good performance of the team overall. Recruitment of new foster carers has been strong and unlike previous years BFC has attracted a number of foster carers who have transferred from Independent Fostering Agencies.
- 129 Bridgend Foster Care continue to be actively involved with the Childrens Commissioning Consortium Cymru (4C’s), through which a framework has been developed that utilises secure web based technology to support placement matching along with collaborative framework management and contract monitoring. These frameworks represent an opportunity for Welsh authorities to benefit from greater value for money and to work with framework providers to achieve better outcomes for looked after children and develop a more partnership based approach to market development and choice, this had led to significant savings for the local authorities.
- 130 South East Wales Improvement Collaboration (SEWIC) have produced a best practice guide for recruitment and marketing for all Local Authority Fostering Services within its membership. Bridgend CBC were forerunners in a number of the recruitment processes and good practice examples being used and agreed in the final guide. All members of BCBC Fostering Services staff have been on training run by SEWIC and an action plan has been devised for our Local Authority, all LAs will then be providing prospective applicants with a standard approach and timescale in a bid to provide uniformity in delivering foster services and reduce competition from Independent Fostering Agencies. The SEWIC group has also agreed to establish a regional marketing centre for all fostering enquiries across Wales and the BCBC Marketing officer is involved in this project.
- 131 During 2012-13, Bridgend Foster Care has been able to successfully return 1 young person in collaboration with Sunnybank complex needs unit to transition carers in house. Transition foster carers have been trained to work with young people in residential care in preparation for their move into foster care. This scheme was successful in securing the successful return of one young person

from an out of county residential placement to a set of in-house approved transition foster carers.

- 132 Last year's included information on the proposed development of the **Just @sk Plus service**. This service, based within the town centre of Bridgend now brings together 'leaving care' services and various aspects of the Council's youth service provision. It provides a universal drop in service for young people aged 16-25 years, offering a range of services from sexual health advice, careers guidance and counselling. In addition to the "universal entitlement", there are additional targeted services including the council's leaving care service, a homelessness service for 16 and 17 year olds and case management services for young people 16 and over who are LAC. The service works alongside case managers to ensure that plans are in place to enable a looked after young person to achieve a successful transition into adulthood. Young people are supported to seek training, employment and suitable housing. The corporate parenting role of the local authority and its partners ensures support for care leavers up to the age of 21 and 24 if they are in education. Young people leaving care are able to access services that will help them to become confident and caring individuals throughout their lives through receiving emotional and practical support from this service. A recent evaluation of this service can be found at Appendix IV of this report.
- 133 Our **independent reviewing service** ensures that appropriate, outcome focused care plans are in place for all looked after children and young people and children who are deemed to be at risk of significant harm such that their names are on the Child Protection Register. As a result of the work of this service, the quality of planning for children and young people is monitored and enhanced where necessary. The independent reviewing officers help raise standards and contribute to achieving permanence in a timely way for looked after children, enabling them to make the best of their talents and helping to keep children safe from harm.
- 134 Our **LACE Service (looked after children in education)** ensures that the many educational needs of a looked after child are addressed and to safeguard and promote their education. This involves a multi-agency approach and close liaison with designated teachers, additional education needs services, social workers and carers. The team provide time-limited and focused educational support and mentoring to LAC who require additional educational support.
- 135 Our **child protection service (education and youth service)** provides support and advice to schools regarding individual cases, training for school staff, governors, educational psychologists, Education Welfare Officers, access and inclusion service, schools counsellors, school transport and the youth service. It ensures that schools are clear about safeguarding policies, procedures and protocols and it advises and supports schools and services when dealing with professional abuse allegations.
- 136 **Bridgend's The Youth Offending Service (YOS)** is a multi-agency service that works in partnership across Bridgend to deliver a range of interventions to reduce anti-social behaviour, offending and re-offending amongst children and young people between the ages of eight and eighteen years of age. The YOS is involved

in early intervention and prevention work through to the management of young people who pose a high risk of harm to others. It provides 'appropriate adult', bail and remand services within the cell area and in the court setting providing written information pre and post sentence as required.

- 137 To work effectively, the YOS engages with the local community, parents, carers and family members and the victims of crime and anti-social behaviour. The YOS supervises children and young people within the community and those within the secure estate providing a service that is available every day to ensure that high risk (or vulnerable) young people are appropriately managed within the community.
- 138 There has been further success in the past year, in the reduction of the number of children and young people entering the youth justice system as a result of the "Bureau" approach, launched in February 2011. During 2012-13 practices became further embedded resulting in a 90% success rate in young people not involving themselves in further offending. The Bureau model originated in South Wales in Swansea and the approach has since been adopted across South Wales, albeit with differences in each of the YOS areas in which it is being delivered. The basic principle of the model is that it is a means by which the police and the YOS operate on a partnership basis to identify an appropriate response to young people who are either first time offenders or who have committed low level offences. The bureau gives the opportunity to divert children and young people away from the youth justice system through non-criminal disposals. There were only 60 individual young people receiving substantive outcomes from court during the financial year compared to 131 in 2011-12. Only 9 of the 60 had experience of the bureau since its launch. Key features of Bridgend's bureau are the involvement of a community volunteers in the process and the victim mediation worker who ensures the victims views are represented and feedback given engaging the young person and the victim in restorative approaches. The challenge for the coming year will be the management of the changes resulting from the implementation of the Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPO) introducing the new out of court disposals framework including the Youth Conditional Caution. Prior to the implementation of LASPO a young person convicted in Court could not be referred to the Bureau, this is no longer the case and there is more emphasis on the level of seriousness of the offences. There is the need to ensure consistent and defensible decision making across the Police Force area. The rate of reduction in the numbers entering the system will inevitably slow down as the court cohort reduces year on year.
- 139 Reducing re-offending amongst children and young people who enter the youth justice system has remained a focus for the YOS, especially as those coming through the youth justice system are accepted as being the more difficult to achieve change with now that the diversion from the system is proving to be successful. Bridgend Youth Offending Service is a well performing service. Analysis of the most recently published Youth Justice Boards (YJB) data shows that the overall picture is of positive performance figures particularly in relation to reductions in first time entrants and the rate of custodial sentences which compare exceptionally well with South Wales and Wales averages. However, whilst the number of offences per offender has reduced, the rate of re-offending has

increased. This is in line with South Wales and Wales averages and reflects the higher percentage of higher risk young people in the reduced offending cohort. Every young person receiving a YOS intervention has an asset assessment (a holistic assessment of need identifying key risk indicators in relation to the likelihood of reoffending) and a common indicator along with substance misuse is that of the need for access to education training and employment. The YOS "skill build project" has targeted those young people assessed as NEET (not in Education, Training or Employment) with specific attention to those at high risk of offending to give them confidence and a sense of worth. This has resulted in young people meeting Welsh Government Ministers and YJB representatives to show case the high quality work they have completed as part of the project. The project has developed to such a quality service that the young people are being commissioned by local schools to build, for example, outdoor class rooms. The challenge for next year will, if accepted, be a pilot project targeting 18-20 year olds through providing effective transition arrangements from youth to adult services and swift response to any relapse in negative behaviour once young people have left the YOS. This project supported by the Police and Crime Commissioner should impact positively on reoffending data as the YOS is measured on the effectiveness of interventions through the re-offending rates of young people up to two years after they leave YOS.

- 140 YOS has successfully reduced the use of custody further from 10 custodial sentences imposed on young people in 2011/12 to 1 custodial sentences in 2012-13. The challenge for us now is to sustain such progress. The implications of Legal Aid Sentencing Punishment of Offenders Act are relevant to this area of work as well as relevant to the out of court disposals for young people committing offences as it introduces the status of remanded to "Youth Detention Accommodation" as opposed to the terminology of remand to "Custody". The secure estate remains the same for these young people (be it shrinking in size) i.e. Secure Childrens Home Secure Training Centre or Young Offenders Institution. However there is now the requirement that any young person meeting the criteria to be remanded to such accommodation will have Looked After Children status. This is a major change. Detailed practise guidance has yet to be received in relation to this area of work.
- 141 Responding to change is something the YOS is used to and 12-13 brought the Legal Aid Sentencing and Punishment of Offenders Act 2012 into effect. This had implications for the youth justice system both in terms of out of court disposals and young people who enter Youth Detention Accommodation having Looked After status. The Youth Justice Board transferred the costs of remands to the secure estate to the local authority. Bridgend YOS and the Courts have worked in partnership to keep not only custody figures low but also the use of secure remand. It has been accepted that such action must be a last resort and for the most serious offenders. With numbers low, the YOS were victims of their own success as this resulted in a low financial figure being transferred to cover any future remand costs as the allocation was based on previous use of custodial remand beds only. This is of particular relevance as we move into 2013-14 as there is the risk that this very small allocation of funding could be overspent if there is one serious offence committed by a young person resulting in a remand to youth detention accommodation.

- 142 Approaches to working with children and young people, families and victims in contact with the YOS aim to be inclusive and innovative. The YOS is aware that there are areas for improvement and this has been kept on the agenda through, for example, good practice workshops held internally by the Operational Manager. In order to evaluate the work of the YOS, towards the end of 2012-13 the YOS commissioned two pieces of critical analysis from outside consultants. Both of these were financed through the YJB Effective Practice Grant. The first was to look at the prevention work of the YOS concentrating on the bureau and Youth Inclusion Support Programme. First time entrants continue to reduce which is a positive outcome, but there was a need to look at sustaining and developing the early intervention work including the implementation of the LASPO changes to out of court disposals and developing the approach taken to anti-social behaviour. The critical friend approach was taken to the study which was completed by Susan Thomas who previously worked for NACRO Cymru who has a vast knowledge of youth justice and now works directly for the Youth Justice Board. The report has not yet been received but verbal feedback so far has been positive with some interesting and challenging suggestions for future developments, one being the introduction of a risk based screening tool. The second evaluation (also not yet received) was checking on the statutory element of the YOS workload and specifically focussing on outcome based assessment, planning and recording. Bill Stewart Associates completed the work a company that has worked extensively across South Wales with Youth Offending Services. The process included speaking to every member of YOS staff in the first instance to gain background knowledge. The final report that will highlight not only good practise but any barriers to development concluding with improvements that can be made. The YOS felt it was important to include an independent view of service delivery and be open to suggestions for improvement, this is characteristic of the team's openness and motivation to change for the better. It was hoped that the reports would be ready by the beginning of May this year, but there has been a delay in both cases. They are expected imminently and will inform developmental work which will be key to the delivery and on-going development of effective practise in youth justice services. be publically available. The one report that has been received is that of the independent researcher who examined seven Local Management Reports on young people who had taken overdoses with little or no regard to the risks they were taking with their lives. This was commissioned as the team wanted to be pro-active in relation to their response to this problem and understand the behaviours better.
- 143 The YOS is well placed to continue developing practice over the next year but will always have to be mindful of the ever changing landscape in which they provide services.
- 144 Our **Connecting Families service** is a Local Service Board led initiative that has further refined different ways to work more effectively with families that have the most chronic and complex difficulties and who draw on a wide range of multi-agency services. It provides intensive multi-agency, evidenced-based interventions similar to the IFSS model. The service was designed locally using the evidence of good practice from other areas including IFSS pioneering authorities in Wales and the Westminster recovery programme. The main features of the service are that it;

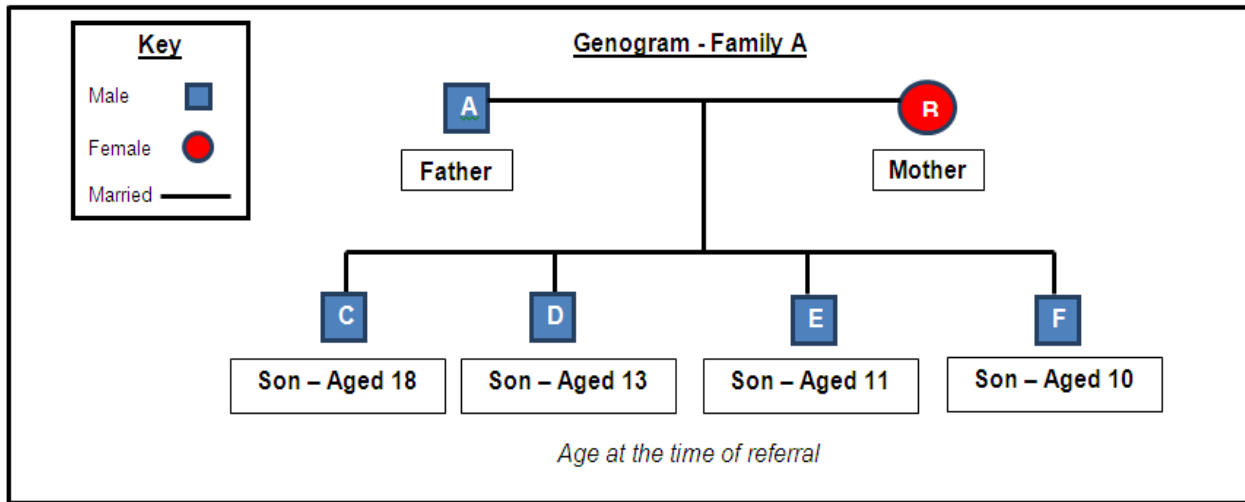
- is a multi-agency team;
 - uses evidence based interventions;
 - is extremely intense in the early phase;
 - works with every individual within the family unit.
- 145 Connecting Families is a multi-agency, co-located team and consists of personnel from the following agencies: Safeguarding, Wellbeing, Education, SMAT (substance misuse), Mental health, Health visiting, Police, Probation, Job Centre Plus, Voluntary sector (domestic abuse charity).
- 146 I reported last year that Connecting Families became operational on 1st August 2011. There continues to be a number of principals which underpin the delivery of the service.
- The service is delivered in the family's home and/or community.
 - The service is intensive, this can mean daily visits.
 - The service uses evidence based interventions which are motivational and use the family's own perception of the issues and their motivation to create a preferred future.
- 147 Connecting Families is designed to work with the most complex families within the borough, those who receive input from a number of agencies. Families who become involved with the service are profiled in 3 dimensions.
- 1) Statistically: profiling the nature of the family pre and post intervention. Data collected includes the areas where the families reside, the number of agencies involved with the families and the issues or concerns presented by the family members.
 - 2) Outcomes: using a variety of scales families are measured pre and post intervention to measure the outcomes they achieve and 'distance travelled after the intervention.
 - 3) Cost Avoidance: using the above data a cost is attached to the family's use of agencies in order to attribute a cost of the family to a range of agencies pre and post intervention.
- 148 We have recently engaged a researcher for a fixed term (6-9 months) who will use this data to produce a formal evaluation report of the service. As part of this evaluation more qualitative evidence will be collated including the development of a DVD with families describing their experience of the service.
- 149 Connecting Families is co-located with IFSS and our Family Support Team in order to ensure that families receive the appropriate service regardless of where they are referred. This also enables families to be moved from one service to another to another as appropriate without having to be referred again and waiting to receive a new service. We are currently developing a single point of entry, including a single referral form for all these services.
- 150 From a recent Social Services Improvement Agency (SSIA) conference it is clear that agenda for improving social work practice, informed by research, is that we

need to transform the practice of Children's service social workers by using strengths based and outcome focussed methodologies, these are both already employed and well embedded within connecting families and will be enhanced by the same methodology being employed within IFSS. This means that Bridgend is extremely well placed to disseminate these ways of working within our core social work teams in order to help drive up practice more widely. The following is a case study arising out of work undertaken by Connecting Families;

Connecting Families Case Study

Summary

Family 1 was referred to Connecting Families in July 2011 and the basic family unit is displayed in the below genogram:



Summary of the issues, interventions and positive outcomes

Area	Details
Needs / issues at the time of the referral	<ul style="list-style-type: none"> • Anti-social behaviour – The eldest son (<i>family member C</i>) was involved in anti-social behaviour (received 1 ASB warning letter from the Police) and had been arrested 5 times between 2010 and 2011 • Challenging behaviour - The children's / young people's behaviour (<i>family members D, E & F</i>) was unmanageable (shop lifting in the community, fighting in school, staying out late, ignoring rules at home, disrespecting parents and so on) • Child Protection Register - Three children / young people (<i>family members D, E & F</i>) were on the Child Protection Register for emotional abuse • Domestic abuse - There was domestic abuse between the parents resulting in the Police being called out on a number of occasions. The husband appeared at the Magistrates Court accused of assault • Economically inactive - Both parents were economically inactive • Educational issues - Two children (<i>family members D & E</i>) were experiencing difficulties in school (poor concentration, truancy and aggression) and one child faced exclusion for fighting • Hoax calls – The eldest son (<i>family member C</i>) had a habit of making hoax calls to the emergency services whilst drunk • Housing issues - Home conditions were described as poor and dirty (all the chores were left to the mother to complete) • Mental health issues – The father had unaddressed mental health issues (feeling depressed and suicidal) possibly due to bereavement • Substance misuse - Both parents were drinking cider excessively
Support provided by Connecting Families	<p>Whole family approach - Work was completed with both parents and the three youngest children (the eldest son refused to engage with services)</p> <ul style="list-style-type: none"> • Anger management support - One child / young person (D) was referred to the PREVENT project and received support around anger management issues • Behaviour support - The Intensive Outreach Worker liaised with Education and one child (D) received behaviour support whilst in school • Benefit support - The Benefits Advisor produced 'better off' calculations for the parents and encouraged the father to enrol on training courses • Bereavement counselling – One to one support was provided to the father around bereavement, anger management and assertiveness (encouraged to seek support from his GP) • Domestic abuse support - The Intensive Outreach Worker completed work around the effects of domestic abuse on children and families (3 children / young people displaying aggression towards others) • Housing support - The Intensive Outreach Worker provided practical advice on de cluttering and cleaning the home on a budget • Parenting support - Parents received support around instilling rules and boundaries

<p>Positive outcomes for the family</p>	<ul style="list-style-type: none"> • Alcohol consumption - Both parents reduced their alcohol consumption and are now almost abstinent • Anti-social behaviour - The eldest son (<i>family member C</i>) no longer commits anti-social behaviour or calls the emergency services (last time was June 2012) • Behaviour - The children / young people (<i>family members D, E & F</i>) are now more compliant to the rules and boundaries set by their parents (no longer stay out late) • Child protection Register - Three children (<i>family members D, E & F</i>) were deregistered from the Child Protection Register and as of 11th March 2013 the children / young people are completely closed to Children's Services having previously been involved for approximately 8 years (reduced dependency on services) • Domestic abuse - The domestic abuse ceased between the parents which resulted in a reduction in Police call outs and domestic abuse incidents • Emotional wellbeing - The children's / young people's emotional well-being has improved and they no longer fight or display aggression towards others • Employment – Both parents created curriculum vitae's (CV's) and the father enrolled on the Futures Project, which is a 'welfare' to work programme'. Both parents are actively seeking employment and have been completing application forms weekly • Home conditions - Home conditions have improved and the family received support with renewing the carpets. All family members now take an active role in completing chores • School attendance - The children / young people (<i>family members D & E</i>) improved their school attendance and their behaviour became more manageable within the school environment (no longer need behaviour support within school)
<p>Cost avoidance to the public sectors</p>	<ul style="list-style-type: none"> • Health avoided spending £1,000.00 in substance misuse support and the NHS potentially saved £787.20 in alcohol abstinence (total = £1,787.20) • Police avoided spending £944.00 in Police Callouts and £2,248.00 in domestic abuse incidents (total = £3,192.00) • Children's Services avoided spending £1,620.00 per year per child in child protection (3 children were deregistered) – total = £4,860.00 • Total cost avoidance = £9,839.20

Needs

Both parents had issues with alcohol and whilst intoxicated they often had verbal arguments coupled with violence (witnessed by the children). Both parents minimised the impact of this and failed to recognise the effect it was having on their children.

Children's Services received 9 referrals between 2005 and 2011 in relation to domestic abuse and the children's names were placed on the Child Protection Register under the category of emotional abuse.

Police were called to the property on a number of occasions and the family were taken to the Multi-Agency Risk Assessment Conference (MARAC) where the risk was perceived as high.

Father was arrested for assault and he was granted bail. During this time the couple's relationship broke down, but the mother later withdrew her statement and resumed the relationship with her husband (he moved back into the family home whilst his bail conditions were still in place).

Both parents previously received support from services, for example; the mother attended two out of four sessions of the Freedom Programme facilitated by Women's Aid and the father attended a two year cognitive behaviour course specific to domestic abuse with the probation service.

Alcohol was a trigger factor of the domestic abuse, which inevitably impacted on every aspect of the family's life including the welfare of the children

Education reported that the children were hostile and often aggressive to others whilst at school (one received an exclusion).

Children displayed challenging behaviour at home (ignoring rules and boundaries),

Children found it difficult to concentrate at school (had no bed time routine)

Children also misbehaved in the community and truanted regularly.

The Police recorded that the eldest child (*family member C*) was often drunk in public and engaged in anti-social behaviour (causing problems with neighbours, fighting and making hoax calls to the emergency services), which resulted in him being arrested 5 times and receiving a warning letter for anti-social behaviour.

Father struggling to come to terms with the death of his brother and reported to staff at Children's Services that he felt depressed and suicidal. Mother felt unsupported, isolated, anxious and in a state of despair (very low self-esteem).

Home conditions were neglected with clutter, broken furniture resulting from aggressive outbursts and threadbare carpets.

Intervention

The Intensive Outreach Worker provided 16 weeks of intensive support with the family, visiting at least 3 times a week. The majority of the work was completed with the parents, around substance misuse, domestic abuse, healthy eating, managing on a budget, the importance of de-cluttering a home, unaddressed mental health issues, instilling rules and boundaries, and managing difficult relationships. For example; the mother completed work around improving self-esteem and the father received counselling in relation to anger management, bereavement and assertiveness. The family also received interventions from a number of partners attached to the Connecting families team as listed below:

- The substance misuse officer supported the parents with attending appointments with West Glamorgan Council on Alcohol and Drug Abuse (WGCADA) and offered advice around reducing their alcohol intake, identifying the risk factors that contribute to increased alcohol consumption and safety planning ensuring that the children were safe whilst they were intoxicated. The parents were encouraged to keep an alcohol diary so that they could manage and record exactly how much they were drinking on a daily basis.
- The Benefits Advisor produced a better off calculation, which is fundamentally an assessment that compares potential employment income against monies received through state benefits. The parents were also supported with completing curriculum vitae (CV's) and were encouraged to use advanced job searching techniques whilst looking for employment. In addition to this the father engaged with Remploy and was enrolled onto the Futures Project, which is a 'welfare to work programme' that provides interview coaching and support with enhanced job searching techniques. Ultimately the aim of the programme is to prepare an individual for the labour market (job ready) through enhancing self-esteem, confidence and skills, hence eliminating barriers and improving long term employability prospects
- The Education Authority agreed to fund additional behaviour support for the children (*family members D & E*) whilst they were at school and one child (*family member D*) was referred to the PREVENT project to help him come to terms with his anger management issues

Outcomes achieved for the family

Following interventions from Connecting Families, the parents reduced their alcohol consumption significantly which had a domino effect on various other aspects of the family's life as shown below diagram:

When the parents reduced their alcohol consumption, this had a dramatic effect on all aspects of the family's lives, including the domestic abuse. For the first time, the parents acknowledged the impact that domestic abuse was having on the emotional wellbeing of their children and they feared that Children's Services would remove them if the situation did not improve. The parents began to communicate (talked about their feelings in a mature way) and no longer felt the need to resolve issues through verbal aggression or violence (reduced Police callouts). This led to the parents being able to assess their current situation and with the support of Connecting Families they were able to develop and implement strategies to bring about positive change. For example; the parents put in place rules and boundaries within the home and the children were no longer allowed to cause havoc in the community and when meeting friends they were given curfews ensuring that they returned home at an agreed time. This had several advantages including a) improving the supervision of the children, b) ensuring the children's safety and c) introducing the children to routine and structure. The behaviour of the children within the home improved drastically and they attended school regularly. With the additional support from school, the children stopped fighting, improved their concentration levels and no longer truanted from lessons. This resulted in the behaviour support being withdrawn.

In addition to introducing rules and boundaries, the family worked together to improve home conditions with each family member being responsible for their own chores (previously all the chores were left to the mother). This resulted in the home being de-cluttered and maintained to an acceptable standard (mother developed increased self-esteem and confidence). The parents also supported their eldest son with his own alcohol consumption and discouraged him from committing anti-social behaviour within the community. They reiterated the importance of whole family working together to bring about change, to ensure that the younger children remained within the family unit. The parents have engaged with all services and have implemented positive change, which resulted in the children being de-registered from the Child Protection Register.

Currently (March 2013) the children are completely closed to children's services, the Police callouts have stopped and the parents are making every effort to find employment (actively seeking work and attending all training courses available) within a difficult climate.

Appendix 5 illustrates the array of Integrated Family support Services provided by Bridgend Safeguarding & Family support Service.

Integrated Family Support Service

See Appendix 6

- 151 During 2012-13, we established an Intensive Family Support Service (IFSS) which is a health/social care collaboration developed by BCBC on behalf of the Western Bay Region (Bridgend, Neath and Port Talbot and Swansea, ABMU)
- 152 IFSS is based on a highly skilled staff cohort and all practitioners are either qualified social workers or nurses. The Western Bay IFSS consists of:
- 8 consultant social workers
 - 2 senior practitioner social workers
 - 2 health visitors

- 2 substance misuse nurses
 - 2 Lead trainers
 - 3 business support
- 153 IFSS is a statutory service and will be Wales wide from 1st April 2013. Western Bay IFSS became operational 1st February 2013. There is a statutory model of intervention and requirements for all staff to be trained in the model and for a number of staff to achieve 'train the trainer' status in the model. The Welsh Government has recently made additional funds available to Western Bay to employ 1.5 lead trainers to ensure the training of personnel Wales wide continues. (These 2 posts were appointed on 8th March 2013.)
- 154 IFSS is a model of working in a very intensive way with families where there is substance misuse. The prescribed model is very well evidenced although the actual model as a whole is still subject to early evaluation. Although there is no requirement set by the Welsh Government for the Western bay IFSS to be evaluated we have decided on a range of outcome measures and these are detailed in the Performance Framework for the service.
- 155 Referrals for IFSS have to come via Children's Services and therefore there is a process of consultation sessions whereby IFSS practitioners hold 'surgeries' to discuss potential referrals. Since February 2013, the service has already worked with 33 families. The annual target set by Welsh Government is 100 families. The main reason for consultations not proceeding to referrals so far is that the prerequisite substance misuse issue is not present in the family and therefore this message needs to re-enforce within referring teams across the whole Western Bay area. Because data is collected based on referrals received from each individual child care team across the area, it is easy to target information where referrals are not being received or where inappropriate referrals are coming from.
- 156 One of the statutory functions of IFSS is to use this highly skilled workforce as an agent for change within the wider workforce. Using the methods already established within Connecting Families we therefore intend to ensure that outcome and strengths based models of intervention are widely disseminated and that professionals in core teams are up skilled to work more effectively with families. So far we have undertaken:
- 157 Training – A whole scale programme of training has been planned (in conjunction with existing training arrangements within agencies), some training has already been delivered by IFSS staff. All IFSS staff will become accredited trainers in the IFSS model giving us a much increased resource for the training and up skilling of the wider work force (including the tiers 1 and 2 providers of services.)
- 158 Mentoring – each consultant social worker has already mentored social workers. We have so far employed mentoring to support newly qualified or struggling practitioners but envisage a more holistic approach to support in the future. Consultant social workers have also undertaken some quality assurance work within safeguarding teams and offered reflective supervision. Weekly consultation surgeries are taking place in each LA area (which are not just limited to potential

IFSS cases but can be used by social workers and other professionals to discuss challenging safeguarding issues or complex cases).

159 As Western Bay IFSS has only been operational since 1st February 2013, there are no complete cases to present as case studies.

160 Key Areas for Improvement

- Extend the reach of integrated family support services to support earlier intervention and more families with acute and complex needs.

Quality of Services

161 We constantly strive to maintain and improve the quality and range of the services that we provide. In 2012-13, we continued to develop the functionality of the Integrated Childrens System which continues to deliver a comprehensive set of information that allows managers and practitioners to monitor performance effectively. Management information is produced regularly for managers at all levels and is analysed and used to inform decisions and priorities for service change and improvement.

162 The quality assurance framework has supported the effective delivery of services. In particular, regular case file audit activity assists in raising standards, improving practice and lends for identifying and sharing good practice.

163 Within the quality assurance framework, we have now embedded the new supervision policy which allows for the frequency of supervision to be more accurately recorded and reported.

164 As with all local authorities, annual inspections are carried out by CSSIW in relation to fostering and residential services and three yearly inspections are undertaken in relation to the adoption service. Our three residential childcare units, Bakers Way, Sunnybank, Newbridge House and our Fostering Service (encompassing Resolutions Fostering and the Family Link Scheme) all received positive CSSIW inspections during 2012-13.

165 Key Areas for Improvement

- Maintain a focus on the quality of decision-making, ensuring the reasons for decisions are consistently recorded, including better capture of service users' views.
- Improve how we share the learning that comes out of quality assurance activities with front line social work practitioners, managers and other staff.
- Launch an audit tool for use by senior managers to examine the quality of supervision.
- Ensure Elected Members have support to undertake their corporate parenting responsibilities and that scrutiny arrangements maintain their robust approach.

THE EFFECT ON PEOPLE'S LIVES

Safeguarding Vulnerable Children and Young People

- 166 The Children Act 2004 makes it clear that it is everybody's responsibility to safeguard and promote the welfare of children and young people. In Bridgend, we have established a Local Safeguarding Children Board (LSCB), its purpose being to:
- co-ordinate the safeguarding work done by various agencies;
 - ensure that the work that agencies do is effective.
- 167 During 2012-13 Bridgend's LSCB was made up of representatives from agencies who work with children and their families in Bridgend and it meets every three months. These agencies include the local Council, the Police, the Health Board, voluntary organisations and other relevant bodies.
- 168 During 2012-13 Bridgend LSCB continued to improve its communication with partners, stakeholders and the wider community through, for example, through the expansion of the BLSCB website www.bridgendlscb.org.uk which was refreshed last year. This is often the first point of contact for those individuals and groups wanting to know more about the framework, activities and plans for the future. There will continue to be an emphasis on relationships and communications with other partnerships, in particular, the new People's Partnership Board where Safeguarding is now a standing agenda item.
- 169 Our LSCB has well established regional and local training sub groups that co-ordinate safeguarding training on a multi-agency basis. Similarly our joint policy and procedure sub group continued to deliver joint training sessions throughout the year.
- 170 Our safeguarding manager and case managing teams actively contribute to local Multi-Agency Public Protection Arrangements (MAPPA) and to Multi-Agency Risk Assessment Conferences (MARAC) to ensure potential vulnerabilities are recognised and children and young people safeguarded appropriately. People will be able to find out where and how to get hold of the help they need when someone may be at risk. Children and adults are supported by staff from all agencies that understand and carry out their safeguarding responsibilities effectively. In Bridgend we aim to ensure that staff across the whole council are aware of safeguarding issues and respond appropriately to specific requests for services for/from children and young people.
- 171 During 2012-13 we carried out a training needs analysis which has informed the Social Care Workforce Development Programme (SCDWP). Throughout the past year our regional LSCB training sub group continued to co-ordinate multi-agency training. In addition, our Child Protection Co-ordinator for Education and the Youth Service delivered child protection awareness training to all school and youth service staff as part of a three year rolling programme. Bespoke training sessions

can also be arranged if a need is identified. Business support for training is provided by SCWDP and this involves liaison with schools and others to set up dates, sending training packs and certificates and collating evaluations.

- 172 Training for governors is arranged twice yearly via governor support as well as the availability of sessions organised for school governing bodies at the schools. Safeguarding was also the focus of the Bridgend Governors Association conference in March 2013
- 173 The Child Protection Team for Education and Youth Service are also part of the training local delivery group and co-facilitate multi-agency training on safeguarding children – recognition and referral and child protection conferences and core group working. Revision of the content of this training has been carried out and includes some headline information from SCR's and audits. We recognise that it is important to ensure that training delivery leads to improved practice through reinforcing the links between induction, appraisal, supervision and training.
- 174 To ensure that children and adults are protected from harm and abuse wherever possible, we ensure that there are clear multi-agency procedures and processes for both assessment and decision-making which are consistently implemented across agencies. Such practice continues to comply with Welsh Assembly Government 2006 guidance document: Safeguarding Children: Working Together Under the Children Act 2004 and the All Wales Child Protection Procedures 2008.
- 175 All multi-agency procedures and protocols are added to the LSCB website and our Interactive Practice Guide which offers 'one stop shop' access to these materials for practitioners. In procedures there are a range of opportunities for professionals to meet with families to assess and manage risk, create and review care plans with the benefit of multi-agency input. These include strategy meetings, children in need planning meetings and reviews, child protection conferences and core group meetings. During 2012-13 the former LSCB regional policy and procedures sub-group continued to develop new procedures when required and review existing ones.
- 176 In 2012-13 the LSCB Audit and Evaluation sub-group has continued to audit the effectiveness of multi-agency working. The work plan included samples of cases that were identified by Serious Case Reviews. Risk assessment guidance for practitioners has been revised to facilitate the use of safeguarding alerts to identify and monitor adults who may pose a risk to children and young people.
- 177 Improvements in performance have been sustained in terms of the timeliness of child protection conferences. A factor in this has been efforts made by all agencies to improve attendance.
- 178 In 2011, the Welsh Government announced that it would be seeking to reduce and streamline the number of LSCBs across Wales. It proposed that the new regional LSCBs would mirror the health board areas across Wales. Therefore, during 2012-13 we completed the process of establishing a regional Safeguarding Board which became operational on the 1st of April 2013.

Promoting Independence and Social Inclusion

- 179 BCBC's Safeguarding and Family Support Service continues to provide excellent support and services for young people leaving care and entering a life of independence through the Just @sk Plus service and its transition planning arrangements. In order to ensure that young people leaving care are able to achieve secure living arrangements, good training, employment and education opportunities we have created new initiatives to enable those leaving care to be afforded apprenticeships, traineeships and work placement opportunities within BCBC.
- 180 We have continued to monitor performance in respect of young people formally looked after with whom the authority is in contact at the age of 19 and known to be engaged in education, training or employment.

Support to Carers

- 181 In order to support carers, we aim to provide services that can be easily understood and accessed by service users at a time and place which suits their needs. Our Family Support Team (FST) structure has been revised and social workers' awareness of the services available for service users has been heightened.
- 182 We have continued to offer weekend services when other services may not be available. Weekend referral forms and a cover system have enabled the safe operation of weekend visits. Social workers are able to access services in a timely manner on behalf of their service users who can now receive a more rapid response when in urgent need.
- 183 Key Areas for Improvement
- Further engagement of service users in both the shaping of services and decisions that affect them personally.
 - Ensure that carers' views are used in the review of the quality of foster care.

DELIVERING SOCIAL SERVICES

Workforce Management and Development

- 184 Throughout 2012-13, we have continued to promote training and development opportunities to equip our social care staff, social workers, managers and foster carers with the necessary skills and knowledge which are essential to ensure the effective safeguarding of children and young people. We have continued to ensure that staff and foster carers across the service have had access to significant training, at an appropriate level to their needs, based on a robust training needs analysis. Staff are required to access core training programmes and any training that is put on in response to the learning from serious case reviews and local and national changes in policy, procedures and legislation. Core areas of training events are delivered on a rolling programme. Seven

mandatory training events for foster carers are delivered every three years and new areas are being considered. Staff are also supported to access other specialised training that aims to enhance their knowledge and skills within their role and function.

- 185 In addition four specialist training events have been delivered for parents of children/young people on the autistic spectrum disorder. Three sessions of the three day training on Restorative Practices has been provided to staff across sectors so ensuring joined up approaches and good partnership work. Bridgend is piloting the Care Council for Wales CPD Framework for Residential Child Care workers in Wales.
- 186 A number of our safeguarding and family support teams have participated in team development days and considered a variety of topics including theories in assessment and analysis and reflective models to interpret information gathered. A number of events have been held which have had on lessons learnt from the outcomes of serious case reviews.
- 187 We have increased the opportunities for staff to access training opportunities across the Western Bay collaborative region. The Western Bay Safeguarding Children Board training sub-group sets the strategic direction and priority areas for safeguarding training across the region.
- 188 Specific training on “direct work with children” has been delivered to a number of locality teams on a workshop basis.
- 189 Evaluation forms are issued for all training events and attendees are encouraged to provide feedback. These evaluations are closely considered by the workforce development team and inform training practice, commissioning and development. In addition staff and foster carers are enabled to identify their learning needs through the supervision and appraisal processes and this in turn informs each team’s individual training needs analysis. Workforce development officers liaise with individual teams to ensure that the team’s training needs analysis thoroughly reflects the whole team’s areas of learning and development. Staff and foster carers are encouraged to discuss any issues regarding training within team meetings, supervision and foster carer’s group meetings. Views of children and young people resident in local authority registered Childrens Homes are consulted on their care experience during Regulation 32 visits as are children placed in foster homes during statutory visits by their social worker and these responses inform the identified training need across the service.
- 190 Staff and foster carers are also supported to access other varied, comprehensive and specialised training that aims to enhance their knowledge and skills as appropriate to their role and function.
- 191 Between April 2012 and March 2013, there were 3,322 attendances at Children’s Services training events compared to 2,413 the previous increase. This included 506 attendances by Foster Carers/Adopters at learning and development events. 8 foster carers achieved NVQ Level 3, Qualification Credit Framework Health and Social Care awards.

- 192 In March 2013, we had 13 family support staff and social workers undertaking post qualifying social work training programmes. 3 staff achieved NVQ level 3 Qualification Credit Framework Diploma in Health and Social care during 2012/13 and by 31st March 2013, 100% of our residential staff had an NVQ level 3.
- 193 During 2012-13, our Safeguarding and Family Support Service had 30 staff join the service 13 leavers. Many of the new staff have become employed in new service development initiatives such as IFSS and Connecting Families. However, a number of staff have also been recruited to new post funding by budget growth awarded in response to increasing pressures of our safeguarding teams. At the time of writing this report, 11 social workers had just celebrated their achievement of successfully completing their first year in practice and within Bridgend. Whilst this is a great achievement for the individual staff and the service, we recognise the need to monitor the effectiveness of our support to newly qualified social workers during their first year in practice. A number of practitioners who have recently completed their first year in practice have been honest in their feedback about their induction and the on-going support offered to them by their managers, peers and mentors. Examples of accounts provided by social workers following their first year in practice include the following;

Example 1

I completed my social work training in June 2012 and was appointed as a social worker at Bridgend County Borough Council in August 2012. In comparison to other social work students I was fortunate to have a statutory practice learning opportunity within a Child Assessment Team. I feel that this placement gave me a lot of learning experiences and by the time I had completed my training I was excited to practice in the Bridgend area.

During my first month in practice I shadowed experienced social workers and had the opportunity to familiarise myself with the teams and local services within the Children's Services sector. This has been invaluable as these connections have really assisted me during practice.

I was told that I would be supported through my first year in practice and provided with an appropriate case load to address my learning and developmental needs. I thought this was brilliant not only for me as a newly qualified but for the children and families I worked with. In reality I do not feel that this can be totally achieved within a safeguarding team due to the complexities of the team and the nature of the work we do. I do feel I have been supported and have felt comfortable during practice however I am also getting used to feeling overwhelmed, nervous and the never ending work load. In all honesty I do not feel that the programme in Bridgend for newly qualified is what I expected it to be. I would have liked to have had greater support around understanding procedures and making sense of the very repetitive documents along with new referral forms, as NQSW generally do not know.

Within social worker practice I have had many different experiences, some more challenging than others and some clearer cut. The support and advice from my team has helped me to understand and manage each situation I have faced. I feel proud to work in

the safeguarding team which I'm in which has a good team morale and individuals who are passionate about working with children and their families.

Now that I am fast approaching the completion of my first year in practice I feel more confident in my own professional judgement as a result of being supported by my team manager, senior practitioner and staff within the team; and like they say 'it comes with experience'

Example 2

In July 2011 I started full time employment with Bridgend Council, on completion of a Masters in Social Work. Prior to starting this post I had benefited from partaking in practice learning opportunities within the county borough and, in many respects, this eased the transition to being newly qualified.

During the first year there were many rigours and challenges were both stimulating and, at times, somewhat overwhelming. In principle, Bridgend offers much support via their First Year in Practice Programme, and the well documented guidelines for practitioners in their first year. The overarching emphasis of this package was to enable continual reflection and learning. This included emphasis being placed on training, mentoring schemes, and the availability of a restricted case load.

In reality, it was extremely difficult to access any of these supports in a meaningful or expedient fashion, due to the daily pressures of frontline service provision. Taking my own case load as a niche example, high and complex case loads needed to take priority. Indeed, within one month of entering Safeguarding Team's I had cases within the court arena, and by month 8 I had 23 cases (8 of which were in court and 7 separate child protection cases). In essence, this rendered mentoring sessions and attendance at training as burden, and not the requisite support. This being a source of further frustration, as research and training are a specific retention need for me, as I wish to complete a PHD in the medium term and would like to continue my professional development in this area.

On the other hand, whilst the documented framework of support was ineffectual, the informal and practical support of colleagues and management was invaluable. In this light, I note that management made every effort to consult with myself and to offer advice and assistance wherever possible. Moreover, I have found Bridgend to demonstrate a culture of team performance and inclusivity, whereby professionals 'pull together' to offer emotional and practical assistance wherever possible. This is largely facilitated by the accessibility and approachability of management, which sets the bench mark team work for front line staff within teams.

In spite of those difficulties outlined above, I have learnt a great deal during the past two years and the experiences are greatly appreciated. In further service development I would hope that Bridgend can implement great theoretical and reflective practice for practitioners in their first year. This would set the foundation for practitioners to place continual professional development and research based practice at the forefront of their career pathways and the implementation of best practice. More specifically, by increasing the professionalism of social work, I would hope that staff retention would improve in line with feelings of self-efficacy.

Example 3

I was not fresh out of university when I began working within the safeguarding and family team, I worked within a residential care setting for nearly a year. I was really surprised to how quickly I adapted to the position of a social worker in Bridgend County Borough Council, I was given a great and very organised induction and the team were very welcoming. I think I can honestly say the effort put together by the team has been amazing, and everyone is always willing to help when it is needed. I was not allocated a mentor, but still felt supported. I was working with CP cases quite soon into my first year, which at first was quite daunting but I managed to cope with the work load, and discuss the cases thoroughly during supervision sessions. I was lucky to have a team manager that I could get on with, and who I could be completely honest with about how I felt about work. I actually enjoyed working on duty as I felt you were thrown in the deep end and it helped further my knowledge and experience.

After around 10 months of my first year of practice the stress levels were very high and I was finding it really difficult to manage the work load, continually working till early hours of the morning and staying in the office till 7 every evening. This was not a positive experience for me, and I did not feel I was managing my cases to the best of my ability due to all the 'paperwork', court work and the amount of contacts I was supervising, as well as fitting in all my visits which was becoming a struggle. We were given a protected week to complete typing up our unfinished stat visits and core groups. I found this quite helpful and felt myself getting on track again. Court work can be very stressful, and it can feel like the paperwork will never end, but after finishing a court case I have found I am able to keep on top of most of my work, as well as fitting in my visits on time.

It is so important to say when you are stressed or unhappy so you can receive some help and support. We are also lucky within our team to have very supportive social work assistants to help you with your caseload. I do not regret joining the children and family team as it has improved my working practice, I am more confident with making decisions, working with others and it has improved my knowledge and I have found the experience invaluable. University should prepare students more around their practice rather than just their knowledge to help prepare for future employment.

The interim senior management structure that was implemented in October 2010 following the internal appointment of an interim Head of Service has subsequently become a permanent structure with minor amendments made. The senior management structure can be found at Appendix I. Although still relatively new, the senior management structure is proving to be very successful in addressing some of the capacity issues identified within the former management team arrangements. This has meant that there is more capacity for managers to spend time on key service performance management issues as well as the management and deployment of employees.

Systems and Information

194 Our current social care ICT system 'DRAIG' continues to be developed by the Wales System Consortium (WSC) in liaison with the software supplier 'Careworks'.

There is currently a national project to replace this system and this has been presented to local authorities in Wales in order to reshape the current configuration of Social Care systems used in Wales. Bridgend CBC is leading this collaborative project and involvement includes 8 local authority members as well as NHS Wales Informatics Service (NWIS).

- 195 The WSC is now proceeding with NWIS to procure a single supplier National Community Health and Social Care system, and the option for other participants to join at any stage during the first term of contract has been included.
- 196 Bridgend's Head of Service for ICT continues to act as the Society of Information Technology Managers (SOCITM) advisor to the WSC. The Business Support managers for the Wellbeing and Children's Directorates sit on the Project Board as LA representatives for BCBC. The role of chair has passed from Bridgend to Ceredigion Council. BCBC is acting as lead authority for the procurement of the new system.
- 197 During 2012-13, DRAIG continued to be developed, although much of the required functionality required by services has already been achieved. However the increased integrated working agenda has meant that Draig has needed to cater for NHS and social care staff using the system. The following developments and changes were facilitated during 2012-13:
- The local development of DRAIG to meet a variety of needs continues to grow with the intention that this functionality is carried over into any replacement system. Most importantly, DRAIG now provides our solution to managing referrals through the Joint Assessment Family Framework (JAFF) and Team Around the Family (TAF) approaches. There is significant benefit to this approach, especially in joining up the data that supports the early intervention and prevention agenda with social care data in our core DRAIG database. This helps paint a more comprehensive picture of our service users to the benefit of all agencies involved, including health and the police.
 - Further progress is being made with the use of DRAIG to support the work of the Inclusion service, the Educational Psychology Service and the Formal Assessments and Critical Cases (FACCT) teams in respect of managing the data around pupil with Special Educational Needs (SEN). With the further integration of data that supports SEN with data for early intervention and prevention as well as social care data, the 'picture' of our service users is becoming ever more detailed.

Performance Management

- 198 Performance management arrangements are increasingly more embedded into our case management teams. However, there is a need to continue to assist staff to further understand the agenda of change that is driven by efficiency and performance. It is essential that management information is 'owned' across the service and that it is effective in evidencing why we are making changes and what is being achieved. We will endeavour to continue to ensure that we have effective performance monitoring arrangements in place that will help drive forward

business improvement and that ensure staff and services meet the standards that have been set. In addition, our Quality Assurance Framework has been designed to inform service and organisational learning.

- 199 Whilst performance management arrangements are becoming more embedded with Safeguarding and Family Support, there is a need to assist staff to further understand the agenda of change that is driven by efficiency and performance and the essential role that management information plays in evidencing what is being achieved. There will need to be a greater focus on outcomes in future and we will need to develop appropriate mechanisms for collecting more outcome focused data in line with both statutory national and local reporting requirements.
- 200 The full range of our statutory performance indicators are reported to the Council and as part of the Continual Performance Assessment (CPA) process on a quarterly basis. In addition, our performance is regularly presented to the councils Children and Young People's Overview and Scrutiny Committee and the Corporate Parenting Committee.

Quality Assurance

- 201 Within the safeguarding and family support service, the quality assurance project team continued to develop and implement a work plan relating to the delivery of the division's quality assurance framework. The QA project team consists of managers across the directorate (business support and safeguarding and family support); there is also close liaison with colleagues in organisational development. During 2012-13 Bridgend's LSCB audit and evaluation sub group continued to audit the effectiveness of multi-agency working. Its work plan has included samples of cases that were identified by Serious Case Reviews which included referrals from police, anonymous sources and family members; neglect cases; children who moved areas. The group has also developed tools that are consistent with those used by the division and are working towards inputting multi-agency audits on DRAIG. These forms have now been adopted by the new regional safeguarding board.
- 202 Case file audits have routinely been carried out during 2012-13 out by business support staff, team managers, senior managers and independent reviewing officers (IRO). IROs also complete feedback forms to social workers and team managers following LAC reviews and case conferences. On completion of individual audits, two action plans are developed. The first relates to case management issues and outlines the action that is needed to improve services provided to the user. The second relates to the case manager and highlights any personal development needs and how these will be responded to through supervision, training etc. Case file audits have highlighted issues about practice in relation to individual cases for which remedial action has been taken. Multi-agency audits have also highlighted cases where lessons can be learned and used to improve future service delivery. We have acknowledged the need to improve systems and processes for disseminating the learning out of audit activity to managers and front line staff which will be a priority for us to address in the coming year.

- 203 The service's supervision policy is now embedded into 'business as usual' with the frequency of supervision being recorded on an electronic database.
- 204 Staff receives supervision on a regular basis and, should this not be taking place, the system draws this to the attention of the relevant senior manager. An audit tool has been finalised to examine the quality of supervision and will be launched for use by senior managers across the service.
- 205 Key Areas for Improvement
- Plan for the upgrading of our information systems so that we can take account of our integrated service model and the need for greater consistency in information systems across Wales.
 - Continue to implement the improvement activities identified as part of the *Workwise* project and keep a running total of what efficiencies and performance improvements are being achieved.
 - Better use of data analysis to influence planning and allocation of financial resources.

SHAPING SERVICES

Planning and Partnerships

- 206 We have continued to progress the development of a strategic framework for integrated working which builds upon and complements the 4-5-6 Model and Family Support Strategy. The framework will support the identification of potential hub locations in order to develop services in localities and achieve 'teams around the child / family.' The first hub was intended to become operational in October 2012 but this has been delayed until June 2013.
- 207 The purpose of the framework is to provide a strong steer on how multi-agency working is to become fully effective in Bridgend County so that services are seen to be working as one. In doing so, they will:
- recognise and understand the needs of the children and young people of Bridgend County;
 - seek to prevent problems arising;
 - be quick to respond when the need arises;
 - give a single point of access to services;
 - provide help and support closer to the point of need;
 - break down barriers between agencies;
 - be integrated, inclusive and of high quality;
 - support parents.
- 208 The development of the framework linked closely to other projects in the Supporting Vulnerable Children 2 Programme (SVC2) which includes the Connecting Families project, a project in each of the three areas (community locality networks) in Bridgend County to establish multi-agency teams and community hubs, an ICT project to facilitate information sharing and integrated

working, a project to improve the lives of Looked After Children and the implementation of the redesign of residential child care provision.

- 209 The Bridgend Children and Young People's Plan 2011-14 set out the main shared priorities for a range of services and indicated the outcomes we wish to see in terms of improvements in the lives of children and young people. These are expressed in terms of the 6 outcomes for children and young people which will change their lives for the better. They embrace the Welsh Government's 7 core aims. They inform and underpin the rationale for developing principles of integrated working and setting up multi-agency teams.
- 210 The framework has been designed to ensure that each child in need has a team to support him or her. The forms of working set out in the framework are geared to supporting children and young people with additional needs at Tier 2 so reducing the number of children and young people who require that more intensive level of support provided by a team around the child. They are designed to bring about continuing improvement for all and to bring an appropriate focus on the children and young people that need support and improvement most i.e. the most vulnerable. Whatever the level of need, therefore, integrated working practices will ensure that:
- support is designed around the needs, progress and development of individual children;
 - there is a strong emphasis on prevention and early intervention, turning this from an ambition into actual practice; and
 - practitioners reconfigure their services to reflect the particular backgrounds of different groups of children and communities and offer children and young people a seamless service.

PROVIDING DIRECTION

Leadership and Culture

- 211 BCBC's Corporate Parenting Cabinet Committee, established in 2007, has continued to provide a vehicle for elected members to consider what needs to be done in relation to the well-being and progress of looked after children and young people. It seeks information specifically relating to looked after children and the Authority's corporate parenting role. The committee has continued to meet bi-monthly to consider a range of projects and developments associated with looked after children and young people who have left care or are about to leave care. Throughout the past year, the committee has received reports including information and updates on the looked after children population, the development of a new Just @sk Plus service, the authorities redesign of its residential care, the apprenticeship, traineeship and work experience schemes for looked after children and various policies, procedures and performance in relation to looked after children and young people.
- 212 Members of the Corporate Parenting Cabinet Committee have continued to benefit from training on their corporate parenting responsibilities to ensure they are better informed on the range and scope of the services in place for looked after children

and young people. There has been an active interest from Members to learn about the issues facing young people leaving care and a continued commitment as corporate parents to have the same aspirations for Bridgend's looked after children as parents would for their own children.

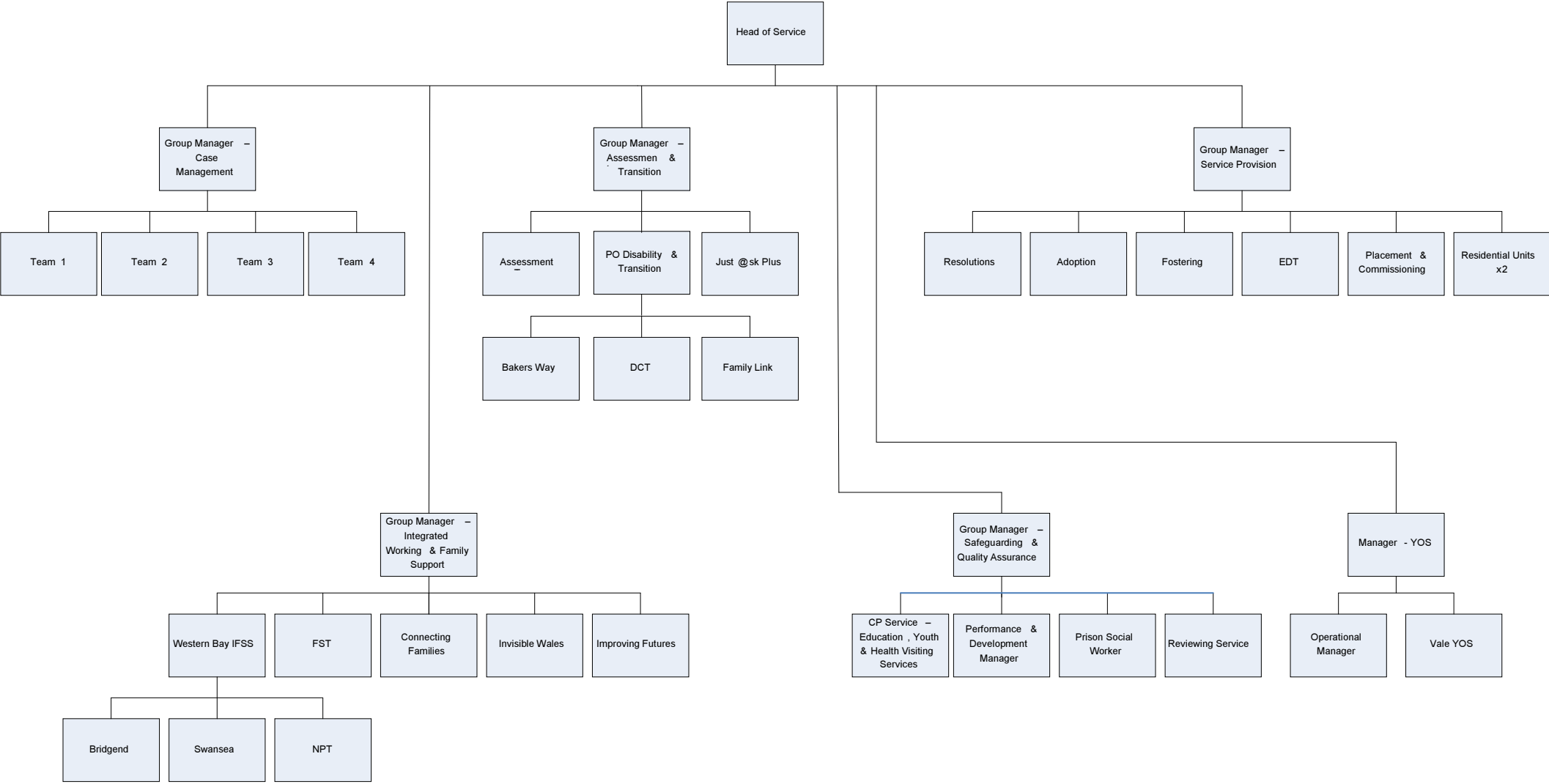
- 213 We have also taken steps to ensure that the whole Council, including Members and a broad range of agencies, are aware of the importance of safeguarding children. During 2012-13, reports on SCRs and safeguarding issues/developments were presented to the Children and Young People's Overview and Scrutiny Committee.

Summary – Forward View of 2013-14

- 214 This report highlights the full range of safeguarding and family support activities that have taken place in Bridgend during the past year. Whilst it notes a number of areas where improvements have been made and evidenced, we will not become complacent as we continue to face the reality of restraints on resources, within the context of increasing work demands. This will require us to continue to work more smartly and efficiently to ensure our resources are targeted at those most in need, where we can evidence value for money and improved outcomes for children. Our biggest resource will continue to be our staff and whilst we have welcomed many new recruits to the service and have eliminated our over reliance on agency staff, we recognise the need to continue to support our staff as we grow a skilful and mature workforce. The main challenge we face in the coming year will be to continue our efforts to build upon progress we have made in the past and address the areas noted for improvement in this report.

Colin Turner
Head of Safeguarding and Family Support

Appendix I Safeguarding & Family Support Structure



Appendix II

Safeguarding & Family Support:

Compliments Received : 01/04/12 – 31/03/13 : Total: 63

Date	Team			Compliment
18.04.12	Case Management / Safeguarding South Team			Compliment received from Barnardos member in respect of standard of lifestory book completed by SW. Has commented that <i>"she wanted to pass on how brilliant it was and that it was actually the best book she had ever seen"</i> .
12.06.12	Case Management / Safeguarding West & Adoption Teams			Compliment received from adopted parents of X in respect of the SW's handling this case - <i>"thank you for all your time, energy and friendship throughout this. You made this so pleasant and have given us the most stunning wonder boy we could have asked for. Also, thank you for not giving up on him"</i> .
13.06.12	Case Management / Disabled Children's Team			Compliment received from Barrister regarding social workers in respect of the way in which a very difficult case was managed, <i>"paperwork was excellent as was the very proactive and sensitive nature in which the application was progressed. It was a pleasure to pick up a case that was in such good order"</i> . Noted that the Judge had also made very positive comments in his concluding speech.
09.07.12	Case Management / Safeguarding West Team			Compliment received via BCBC solicitor – <i>"I just wanted to mention that the Magistrates were very impressed with the 'wonderful' evidence given by X on this case and also spoke about the quality of the written evidence she has filed"</i> .
03.09.12	Case management / Family Support Team			Compliment received with regard to support provided by SW to YP and his family - <i>"there has been a huge improvement in their parenting and the SW has offered some excellent advice which they appear to have taken on board - the parenting has improved to such an extent that we are no longer considering removing the YP"</i> .
10.10.12	Child Protection / Service Development			Compliment received from AM for Education & Skills - <i>"your Authority is to be congratulated on the arrangements you have put in place for Safeguarding in Education. I read with interest the summary of the work your Child Protection Team do in relation to child protection in schools which is very</i>

				<i>comprehensive". The compliment was passed on by Cllr D who also stated - "the Minister does not give praise lightly or often so well done to you and your Team".</i>
15.10.12	Accommodation / Adoption			<i>Compliment received by Cllr D to pass on - "gratitude and thanks for the personal advice and support you provided to him and his family recently - you were excellent".</i>
08.11.12	Case management / Safeguarding South Team			<i>Compliment received from Her Honour Judge P in respect of the quality of the Core Assessment - "with good quality social work assessments like this, on cases of this nature no further assessments should be required".</i>
04.01.13	Case Management / Safeguarding West Team			<i>Compliment received from Solicitor in respect of parenting assessment report prepared by SW for Court – "this is checked and very much approved. This is one of if not THE most intelligent, articulate, well balanced and analysed pieces of social work I have ever had the pleasure to read. Well done X you should be very proud of yourself".</i>
15.01.13	Case Management / Safeguarding South Team			<i>Compliment received in respect of SW working with two out of county YP placements - "would you please pass on my sincere thanks to X for the very high level of commitment and support he has given to both myself and the young people he has supported in two of the out of county placements. I have been working with X for the past year and found him to be extremely professional and a dedicated social worker. I have been very impressed with the quality of his work and his timely responses - it has been my pleasure to work with him and I hope I have the opportunity to do so again".</i>
05.02.13	Case Management / Safeguarding North Team			<i>Compliment received from father of YP who wanted to express his gratitude at Review Conference to the SW for her support "she is the best social worker he's ever had".</i>
27.03.13	Case Management / Looked After Children			<i>Compliment received from BBC Reporter / presenter in respect of LAC Awards. "Thank you so much for inviting me. It was amazing to meet those YP, they are such an inspiration".</i>
28.03.13	Case Management / Looked After Children			<i>Compliment received from Children's Commissioner in respect of LAC Awards. "Congratulations to all at the LAC Awards - fantastic ceremony for some wonderful children / YP / parents and BCBC staff".</i>

Appendix III

Safeguarding & Family Support:

Complaints Received : 01/04/12 – 31/03/13

Total Received : 15 Formal Complaints – Stage I

Total Received : Unregistered Complaints : 67

<i>Formal Complaint Examples</i>							
Date	Team			Complaint	Decision	Total	Outcome
22.05.12	Case Management / Safeguarding South Team			Complainant does not feel that the current SW is working in the best interests of her children / allegations regarding the actions of one child towards his siblings are not being investigated / requesting a change of SW.	Not Upheld	24	Letter of response sent by Tm Mgr under the following headings. Wishing to have a change of SW - it was explained that as discussed on 18.05.12, the children's cases were due to be transferred to the Safeguarding West Team at the point of the initial CP Case Conference on 9.05.12. Due to the complexities of this case and the issues being raised it was felt that it was inappropriate for the case to transfer. SW not working in the best interest of X - it was noted that there is no evidence to substantiate this. All appropriate assessments have been undertaken and legal advice has been sought when required. Allegation made by Women's

							Aid resident in relation to X which has not been addressed - it was explained that this allegation was investigated thoroughly and discussions were held with CPU as part of this enquiry. However there was no direct evidence to substantiate the allegations made. Appropriate referrals have since been made to TAITH to support X.
31.07.12	Case Management / Safeguarding East Team			Complainant contacted Dept to advise that he now wishes to pursue his complaint in respect of the proposed plans to move him from his current out of county placement.(Prev. withdrawn - Ref: 4008).	Partially Upheld	8	Response partially upheld - delay in finding appropriate alternative placement that would meet his needs has resulted in X remaining in emergency placement since May 2012. A suitable placement has now been identified and plans to move X will be progressed.
01.10.12	Case Management / Safeguarding North Team			Father of YP has raised concerns in respect of attitude of SW and Snr Prac and contact arrangements.	Not Upheld	16	A meeting was held with the Tm Mgr and a letter of response was sent summarising the issues discussed. It was advised that the cancellation of contact was done so with justified reasons but this could not be discussed further with X due to confidentiality. Contact times were discussed and it was

							agreed that this will be looked into. Payment for transport to contact sessions was discussed and rates of pay were provided and details of how X could make a claim were given.
04.10.12	Case Management / Duty and Referral			Complaint in respect of SW and her handling of case and understanding of current situation.	Not Upheld	14	Complaint not upheld: Appropriate information shared / action undertaken to ensure identified risks shared with family.
05.11.12	Case Management / Duty and Referral & Family Support			Issues raised relating to lack of information / follow up by SW in respect of parenting course / allegation that SW pressurised comp into signing care documentation / lack of meetings.	Not Upheld	37	Complaint not upheld - actions taken were in accordance with the All Wales CP Regs & appropriate follow up action undertaken.
28.11.12	Case Management / Safeguarding South Team			Complaint received from Advocate of YPs in respect of delay in arranging passport applications.	Partially Upheld	13	Complaint partially upheld as delays occurred in progressing work to complete passport application forms when SW was on A/L. However, delays also occurred due to YP having a different surname on her birth certificate to that on Care Orders.

28.01.13	Case Management / Safeguarding East Team			Issues raised relating to access to records and conduct of SW.	Partially Upheld	11	Complaint partially upheld - instances where communication from SW regarding cancelled / late visits could have been improved. However, problems with non- engagement of parent in process also noted.
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Appendix IV

Evaluation of the Just@sk Plus Service

1. An evaluation of the service (April 2012 – April 2013) has recently been completed. Year 1 milestones include;
 - Initial assessment and referral systems have been modified to avoid unnecessary duplication and to ensure all essential data is captured.
 - A single QES electronic database is being further developed to capture client data and to monitor distance travelled for all presenting clients of all services. This is being complimented by work being undertaken to link the three main data capture systems, QES, DRAIG and The Housing Database.
 - Revised recording and monitoring systems to monitor project and project outcomes for the Youth Service Families First funded team.
 - Improved partnership working which has resulted in the significant increase in referrals being made from outside agencies.
 - Secured additional funding via the Youth Service for a part time employment and training worker to work with young people with tier 3 and 4 needs to address barriers to learning and engagement. This was taken forward in response to an identified gap in service provision for referrals that fell outside of the threshold for intervention as part of Families First.

2. In terms of service delivery, this includes;
 - Programmes have and are being developed to ensure they are relevant to client needs; providing the right employability skills. Interventions are adapted to the needs of clients/young people. Client feedback sought to improve support services provided.
 - Provision is being developed so that it is 'needs' lead, offering a range of social and education and personal support in non-threatening environments.
 - Programmes are being targeted and the aim is to work directly with young people who have disengaged from mainstream education or are on the cusp of being NEET or who are not able to progress into current training or education opportunities due to their circumstances.
 - Multi-agency meetings are taking place, ensuring all support needs are being met in the most effective way. These meetings also provide staff with the opportunity to identify any gaps in support and to identify and avoid any unnecessary duplication in provision.
 - TALK Housing Worker and Just @sk Plus Information, Advice, Guidance and Advocacy Workers are working together to manage intensive support work to avoid duplication and enhance specialist information that can be provided.

- The Youth Service element has worked intensively with young people developing learning plans. Strong partnership links have been developed between Changing Tracks, the Just @sk Plus Team, KPC, Careers Wales and Job Centre Plus in the provision of community based Job Clubs offering preparation for employment skills; job search; support with applications; signposting and on-going mentoring.
 - Work is continuing also with a host of partners that provide information, training and potential work placements for young people, particularly for those deemed NEET. Training can be on a one-to-one and individually tailored basis and include e.g. Key, Basic and Life skills.
 - Provision of support continues to be offered through Yellow Wales via the TALK Housing Worker to young people and families with a range of housing and tenancy related issues. This worker working closely with staff from the Youth Service team to further develop links with housing support providers.
 - Counselling provision is extremely well attended with more appointment requested for Just @sk Plus as a venue compared to all other community based locations.
 - Consultation with young people has been an on-going priority during 2012-13 with a consultation group established and three meetings taking place to date and a designated 'Have Your Say Day' took place in March 2013, with the view to exploring young people's views on service delivery, developments and plans and to obtain their views on the benefits of the integrated service model.
3. In addition in terms of fulfilling the local authority's statutory responsibilities in relation to looked after children and care leavers (Children Act 1989 & Leaving Care Act 2000) the following activity has taken place throughout 2012-13.
- Advice & Guidance - during 2012–2013, Just @sk Plus has supported in excess of 806 individual young people with 2866 contacts. Job search and assistance with application forms was the most common topic that young people requested help with. A significant number of young people visited Just @sk Plus to see their Social Worker/Personal Advisor.
 - 110 young people have engaged with the Families First funded Youth Service information, advice and guidance team. The majority have engaged with goal planning and expressed a satisfaction with the service.
 - Out of 148 referrals that were made to Just @sk Plus for Information, advice and guidance (including tenancy support), almost 50% of these were self-referrals from young people.
 - Referrals that are made to other agencies by Just @sk Plus for specialist services follow an initial assessment process and on-going engagement with the young person concerned. Referrals for specialist services have included

housing providers thus reducing the need for involvement from the Safeguarding & Family Support Service and/or Housing and Community Regeneration. There was a 30% reduction of referrals in relation to 16/17 year olds presenting (or being referred) as homeless to the Safeguarding & Family Support Service during 2012-13 compared to the previous year. This decrease is likely to be linked to the preventative work undertaken by the Families First element of the service.

Feedback from Young People access Just @sk Plus

4. As stated above, there have been three consultation meetings with young people during the past year. In addition to this, the 'Have your Say' day was held in March 2013. In relation to Just @sk Plus, feedback from young people was as follows (based on the current accommodation and the longer term plan of a move to more suitable premises):
5. Young people are in favour of the services that are already available through Just @sk Plus but are also in favour of new services to be introduced such as Music and Media workshops. Almost all young people were in favour of a Housing Officer and Family Mediation worker to be present at Just @sk Plus. There was also a call for welfare reform workshops to be held. When asked as to where young people thought the venue of the Just @sk Plus building should be it was unanimously agreed that it should be based in Bridgend Town Centre with there being several comments around how the centre should be presented:
 - "Visible"
 - "Shop front"
 - "Important for it to be in view and not hidden away"
 - "Easy to find"
 - "In the town centre it's local to everyone"
 - "Close to public transport links"
6. There was also a suggestion that there should be several Just @sk Plus centres throughout the county borough to be situated in each of the largest towns in the borough, as well as a suggestion that the venue should also incorporate a hostel for young people.
7. When asked what young people liked about the current Just @sk Plus venue there was a unanimous agreement that its central location is "the best thing" about the location although there were several calls for the service to be visible and have a shop front. One of the other things that young people liked about the current location is the fact that it's private and quiet, young people also felt that the size of the drop-in area is good and adequate.
8. Even though it was felt that the amount of services provided by Just @sk Plus were sufficient ("tries to cover everything") there was still a call for better facilities at the centre to be improved with young people calling for items such as a photocopier, better toilets and healthy snacks to be available. There was also the call from young people for more activities to be held at Just @sk Plus such as trips and fund raising events.

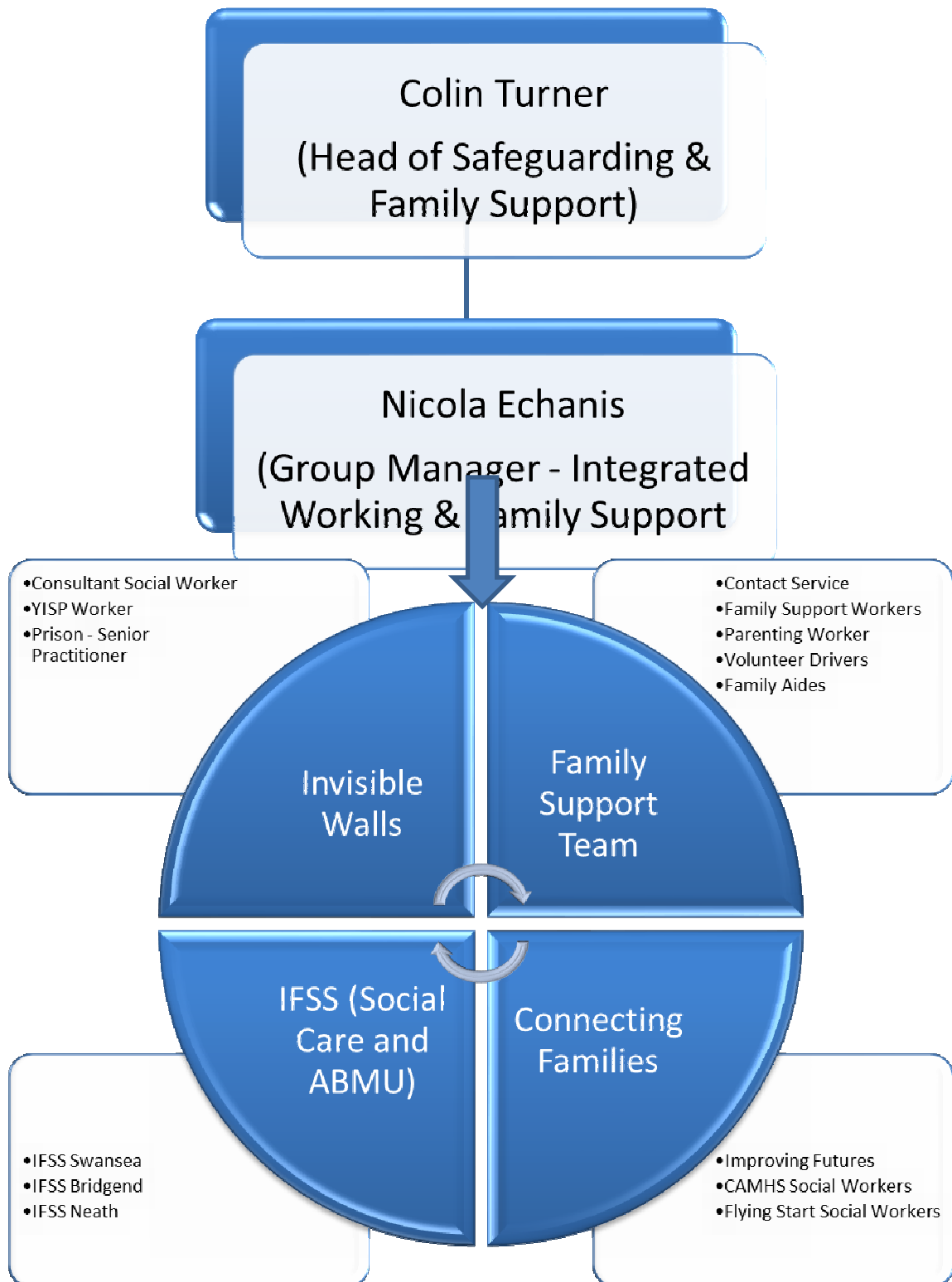
Links to Housing

9. In terms of links with Housing, there has been some delay in a Housing Officer being based within Just @sk Plus due to the restructure within the Housing Options Team. Following the completion of the restructure and the appropriate training, this is now likely to take place in the summer of 2013. Notwithstanding this, work has been completed in terms of agreeing a joint assessment process and work is in progress for an IT/database solution that will link the three existing databases that are currently used across the services. This will be significant in terms of attempting to reduce duplication whilst fulfilling all statutory requirements. Safeguarding & Family Support (S&FS) Service and Housing have developed and agreed a protocol in relation to assessing homeless 16/17 year olds (based on the Southwark Guidance). This is already being applied in practice and has created a 'joined up' approach to assessments; this approach will continue to be used.
10. Regular forums have taken place during 2012-13 involving managers responsible for Just @sk Plus (S&FS part of the service) and Housing. The aim of these meetings has been to resolve any operational issues but also discuss and ensure that young people are included and represented within the council's overall homelessness strategy. Further links have been made with the officer responsible for the Housing Strategy which is due to be completed and published in 2014 (a five year strategy). The Head of Safeguarding & Family Support is also a member of the Supporting People Board.
11. The service structure and specification have been agreed in principle, though there may be a need for further amendment as development of the new service progresses. The authority's after care service and youth service 'Just @sk' provision merged to create the new 'Just @sk Plus' integrated service for 16-25 year olds. The new service became operational on 2nd April 2012, and is based at the former Just @sk offices in the town centre.
12. The main aims of the new service model are:
 - to provide a service that can respond promptly, flexibly and effectively to the needs of vulnerable young people;
 - to fulfil the local authority's statutory duties as corporate parent to young people leaving care, including accommodation, support, advice and befriending;
 - to provide advice, practical assistance, information and personal support to young people in a range of areas, including education, employment, training, housing, welfare rights, health, leisure and personal development;
 - to ensure the service listens to young people, treats them with respect and involves them in decision making.
13. The existing services provided by the former 'Just @sk' youth service continue to be provided within the new service which include a 'drop in' advice and information service, counselling, sexual health, and various workshops/courses such as confidence building, media skills, Learn Direct-basic skills, animal care, budgeting and money management, careers and job club, peer training and volunteering.

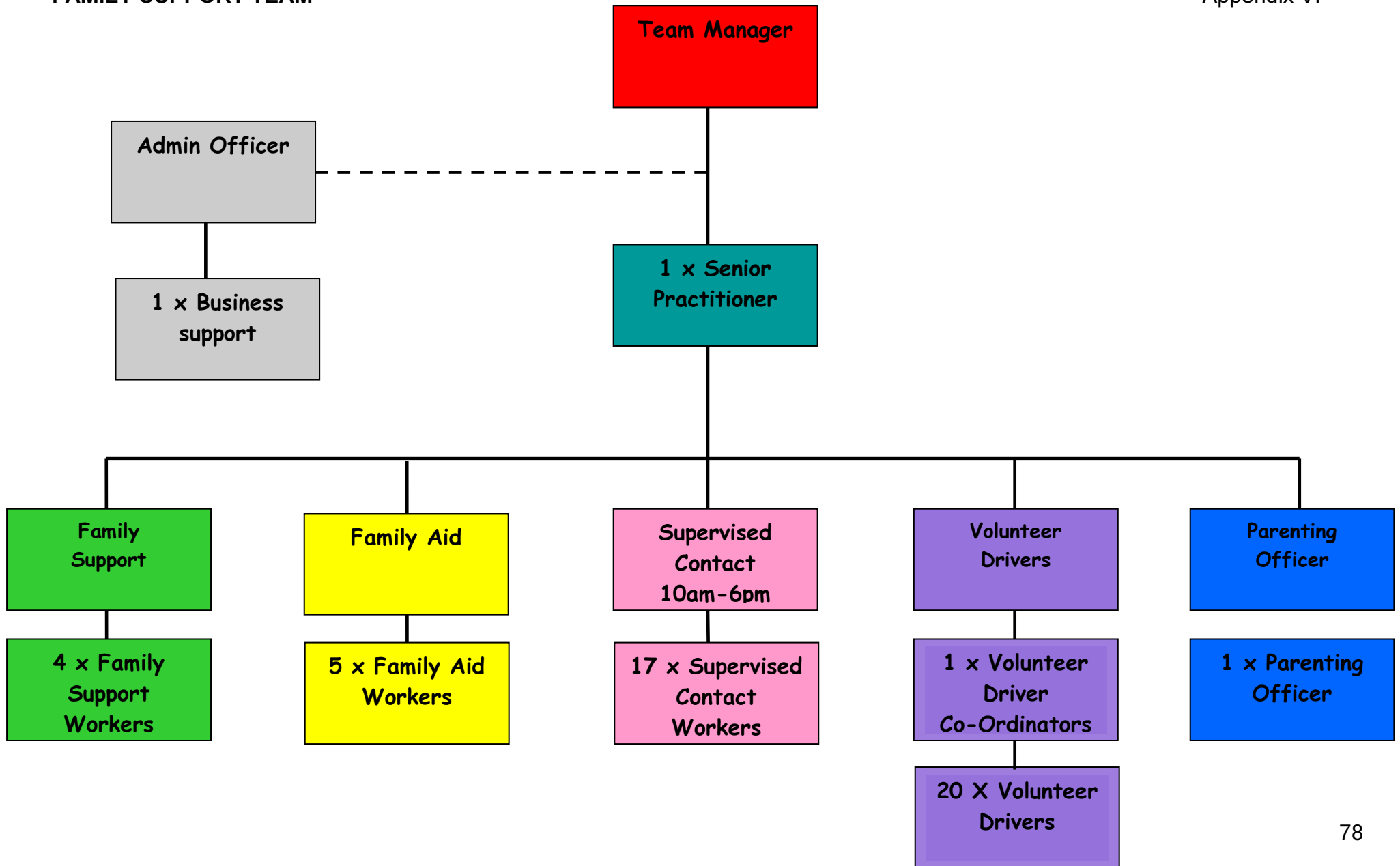
14. Funding was agreed through the Medium Term Financial Strategy for an additional social work post to enable the new service to take on case management responsibility for all looked after children who are 16+. The new post holder took up post on 11 June 2012.
15. All 16 plus LAC cases are now routinely transferred to the Just @sk Plus service using the transfer protocol. This has led to a significant increase in workloads within the team and it is predicted that this increase will continue. There are also increased demand on the service and the increased statutory duties in relation to the recent legislation and policy document 'Reconnecting to Care' and the 'When I am Ready' consultation document. In addition to this, the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) was implemented in December 2012, which will mean that all young people under the age of 18 years in youth detention accommodation will have 'looked after' status. This will potentially have a further impact on increasing workloads.
16. The Bridgend Substance Misuse Action Team (SMAT) was successful in securing funding to employ an additional full time substance misuse practitioner. The post holder commenced on 15 October 2012. The Substance Misuse Worker is employed by West Glamorgan Council on Alcohol and Drug Abuse (WGCADA) and will provide a service to young people referred through Just @sk Plus.
17. Monthly consultation surgeries for Just @sk Plus staff with the Children and Adolescent Mental Health Service (CAMHS) to discuss young people that are considered particularly vulnerable are now in place. In addition to this, a meeting took place in October 2012, with the Consultant Psychiatrist at CAMHS and their colleagues, which was extremely positive in relation to young people receiving services from the Just @sk Plus base. However, further work is required to consider the appropriate referral pathways and access to services.
18. A team information day was held for staff in the new service in December 2012, to raise awareness of services across the county borough for young people. A team development day is planned for early 2013 to further consider and develop roles and responsibilities within the integrated team.
19. The Young Persons Consultation Forum continues to meet quarterly as a minimum. Young people from the consultation group have recently met and been consulted on the design and content of a proposed Just @sk Plus information leaflet. There is on-going consultation with regards to the development of the service.
20. A young person's focus group has been established to ensure young people's views are being taken on board and listened to as the new Just @sk Plus service develops. The second consultation event was held in October 2011 which included young people taking part in an organised outdoor activity-canoeing as well as discussion groups to consider what services would benefit young people most within the new service. This proved to be an excellent piece of work and DVDs have been produced to demonstrate this. A further event took place on 21st June 2012 with the focus aimed at advocacy and entitlements for young people.

21. Throughout the past year, a number of young people leaving care have been supported by the Just @sk Plus service to access traineeships, apprenticeships and work experience placements through identifying opportunities in other council departments and directorates. Specifically, one young person has secured a traineeship within the Youth Offending Service. Here, she is part of a multi-agency team contributing to the work of the “Restorative Justice in Schools Project”. She is not only accessing training in mediation skills but also has the opportunity to develop skills within the wider remit of youth justice service delivery and hopes to develop a career in this area.
22. Another care leaver is being supported to complete a three year university degree in International Business Management. A young parent will also shortly be completing her CACHE Level 2 in Child Care and has been accepted for Level 3 whilst also holding down a part-time child care post in a local nursery. Another young person is due to complete her NVQ Level 3 in Hairdressing and is now seeking full-time employment. One young person has been accepted for the Territorial Army and is now engaged in training other youngsters as part of the military preparation college. Finally, another young person who participated on a work experience placement with the parks department in Bridgend was subsequently offered full time employment on a seasonal contract.

Family Intervention Services



FAMILY SUPPORT TEAM



Part Three - Adult Social Care

Context/Overview

- 215 This is the fourth annual report on Adult Social Care as part of Bridgend County Borough Council's Director of Social Services Annual Report.
- 216 Integration and joint working continue to be major themes, both locally and across the region. Hence, significant changes affecting the service also include changes in Health. In addition to the Council changes described in Part 1, the Joint Locality Director of the ABMU Health Board moved onto a new post in April 2013 and her replacement has continued to work closely with Adult Social Care in the development and delivery of integrated services; although this post is no longer a jointly funded post this has not affected the focus on integrated working.
- 217 Despite the many changes, the Adult Social Care management team and staff have continued to show commitment to drive through service improvement and develop new models of service. Progress has been made against the priorities for improvement as set out in the 2012 - 2013 annual report.
- 218 The focus of activity against the priority for greater integration has been to strengthen reablement services and establish the integrated community network teams. Our achievements include:
- the opening of a six-bed residential reablement unit in one of the Council run homes. This service enables people to be discharged from hospital into a specialist and supportive environment in order to regain sufficient ability and confidence to return safely to their own home or to decide if residential care is appropriate for them. The service provides on-going multi-disciplinary assessment and reablement programmes with 24hr support over an agreed period of six weeks.
 - the establishment of three integrated community network teams comprising district nurses, social workers and occupational therapists and managed by an integrated team manager.
 - the establishment of an Integrated Referral Management Centre (IRMC) which provides a single point of contact for community health and social care services within the borough.
 - further development of community integrated services through the creation of the Community Resource Team (CRT) which brings together the three strands of referral management, community reablement and the Community Independence and Wellbeing Team (CIWT). This CIWT team provides multi-disciplinary interventions to adults with complex physical and sensory needs and long-term limiting illness in order to support them to lead as full a life as possible.
- 219 The four Chief Executives from Bridgend County Borough Council, Neath Port Talbot Council, City and County of Swansea and Abertawe Bro Morgannwg University Health Board have come together to form the Western Bay Regional Collaboration. The Board is driving forward the development of joint approaches in learning disability, mental health and older people's services. There are also

projects overseeing commissioning and contract monitoring and developments in children's services.

220 Other service achievements in 2012 - 2013 include:

- new domiciliary care standards to help measure, monitor and drive up the quality of commissioned services. In addition, a new risk management database was introduced within commissioning to help with the flow of information from stakeholders, which aims to promote a collaborative view of the associated risks to better plan and inform interventions across the whole care sector.
- stronger links and more formal joint working relationships with the Western Bay Regional Collaboration.
- a new local primary care mental health service at ARC in response to Part 1 of the Mental Health Measure.
- a new brokerage scheme in relation to the provision of long term domiciliary support.
- a new enabling homecare service for people with dementia.
- the development of a Carers Information and Consultation Strategy in partnership with ABMU.
- collaboration with the third sector to develop a number of community cafes across the county borough.
- taking part in an independent review of the learning disability service which highlighted a number of areas of good practice, for example the work being undertaken in relation to positive risk taking.
- a celebration event, recognising achievements by more than one hundred participants through the COASTAL (Creating Opportunities and Skills Team Alliance) project.
- significant developments in communicating and working with people with complex needs through "Touch Trust" sessions which helped service users express themselves through sound and movement.
- increased integrated working with the safeguarding team working closely with the health long term care team to develop an integrated approach to the monitoring of care in residential and nursing homes.

The Priorities for Improvement 2013 -14

221 The BCBC Corporate Plan 2013 - 2017 *'Working Together to Improve Lives'* sets out the vision for the county borough with a clear set of priorities. The plan recognises the challenging times ahead and acknowledges the fact that the economic position and UK Government reforms mean that there will be less to spend whilst there will continue to be increasing demands for services. The Council will continue to provide a wide range of services, however, there will be a focus on a few priority areas in order to ensure on going improvements. One of these priority areas is *'Working Together to help Vulnerable People to Stay Independent'*. The plan sets out what we want to achieve by 2017 as follows:

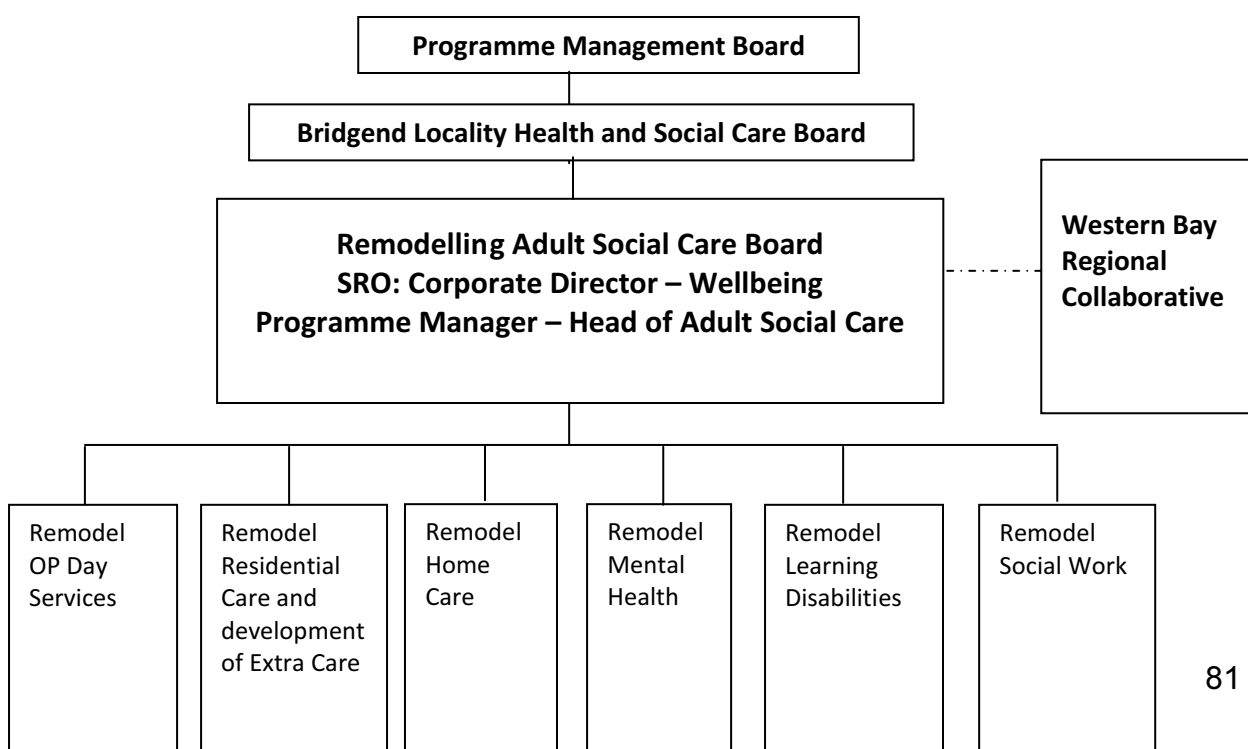
We will:

- work with service users, carers and all partners to enable people to live independently
- help our partners in the third sector to develop and expand their services to help people to stay physically and mentally healthy
- provide support to carers to enable them to continue in their caring role
- work with partners to develop a range of accommodation options and support for vulnerable and older people who need help to achieve or sustain independence
- work with partners across the Western Bay to enable better outcomes for older people and people with learning disabilities and mental health conditions. At the same time, we will avoid duplication, reduce costs and improve the quality of the information and advice for citizens
- focus on improving health outcomes for older people and their carers by working with partners to develop services that enable older people to live healthy, independent and engaged lives.

222 The Remodelling Adult Social Care Programme Board (RASC) continues to oversee the change projects across the service and it has evolved to ensure that the wider developments of integration and collaboration are included and also reported on. There are interdependencies between them all and therefore it is crucial to ensure that the appropriate links are made. The RASC Board now reports into a Locality Health and Social Care Board (chaired by the Corporate Director of Wellbeing) which in turn reports into the Corporate Programme Management Board (chaired by the Chief Executive). As further progress is made, it will be necessary to evaluate the governance arrangements to ensure they remain effective.

Remodelling Adult Social Care programme structure

RASC Programme Vision: "We will remodel our social care services to adults to ensure that independence, wellbeing and choice are promoted and that services are local, accessible, inclusive and co-ordinated"

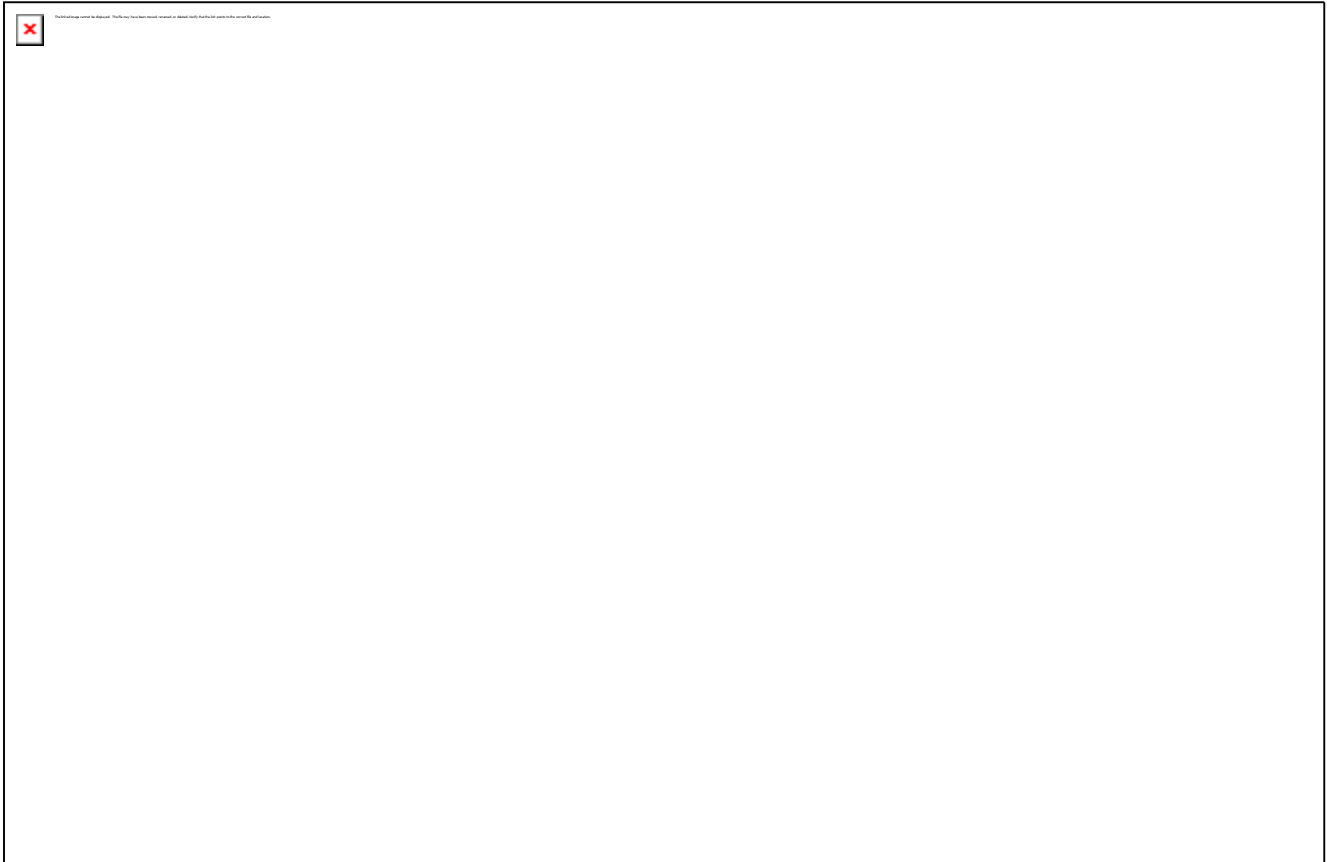


- 223 The Council has a medium term financial strategy (MTFS) which identifies the service and resource priorities for the next four financial years. The MTFS puts an emphasis on planned efficiency savings and the development of a change management programme. The MTFS has predicted an estimated saving requirement of at least £24m over the next four years and for Adult Social Care, this equates to £7m. It is essential, therefore, that the RASC programme can deliver the required change programme and make the necessary efficiency savings.

GETTING HELP

Access to Services

- 224 Access to community reablement services and Adult Social Care was successfully integrated into the new Integrated Referral Management Centre (IRMC). This was made possible by the appointment of one integrated manager to lead the process and manage the team and future processes. The skill mix of staff at this first point of contact includes NVQ4 qualified staff, a skilled reablement contact officer and a 'duty professional' role which is either a senior health, social care or therapist role. The intention is to ensure that there is an appropriately skilled and professional response to all complex enquiries where a judgement about risk and complexity of care is required. The integration of these access points and the associated workflow information systems has enabled a reduction of the number of people who would have made duplicate contacts as a result of being signposted from Adult Social Care to reablement and vice versa.
- 225 The chart below displays referrals received to Community Resource Teams, Community Adult Teams including Secondary Health Teams, Older People Mental Health Team and the IRMC (excludes Mental Health and Learning Disability Referrals).
- 226 The chart shows a decline in referrals and re-referrals received during 2012/13 of 3% compared to the previous year. During quarter 4 a decrease of 10% in referrals and re-referrals is displayed for 2012/13 when compared to 2011/12. This may be due to the introduction of the single point of access service in December 2012; referrals will continue to be monitored.



- 227 The IRMC team are co-located with the Community Resource Team and the hospital social work staff have been integrated into this service in order to develop a more co-ordinated approach to preventing hospital admission and expediting discharge working in a multi-disciplinary way. The hospital social work service participates in weekly complex discharge meetings in order to better plan for a person's discharge and the social workers are linked to specific wards. Whilst the IRMC and community teams have continued to demonstrate flexible and timely responses, there is a need for this to be more effectively planned so that there is a strategic and co-ordinated approach rather than reactive and 'pressured'. Further work around integrated approaches with health during 2013/2014 will look to consolidate the developments to date whilst also ensuring a concentrated focus on a more effective flow and pathway from secondary to community services.
- 228 The chart below identifies the number of hospital referrals received to the Community Resource Teams, Community Adult Teams including Secondary Health Teams, Older People Mental Health Team and the IRMC. The chart indicates that there has been a reduction in hospital referrals during 2012/13 when compared with 2011/12, however further monitoring and analysis of referral patterns is required before we can confidently attribute the change to the introduction of the IRMC which created a single point of access for referrals in December 2012. A decline of 24.1% in hospital referrals in quarter 4 of 2012/13

when compared to the same period in 2011/12 may evidence this, as the single point of access in to services would reduce an element of duplication for referrals.

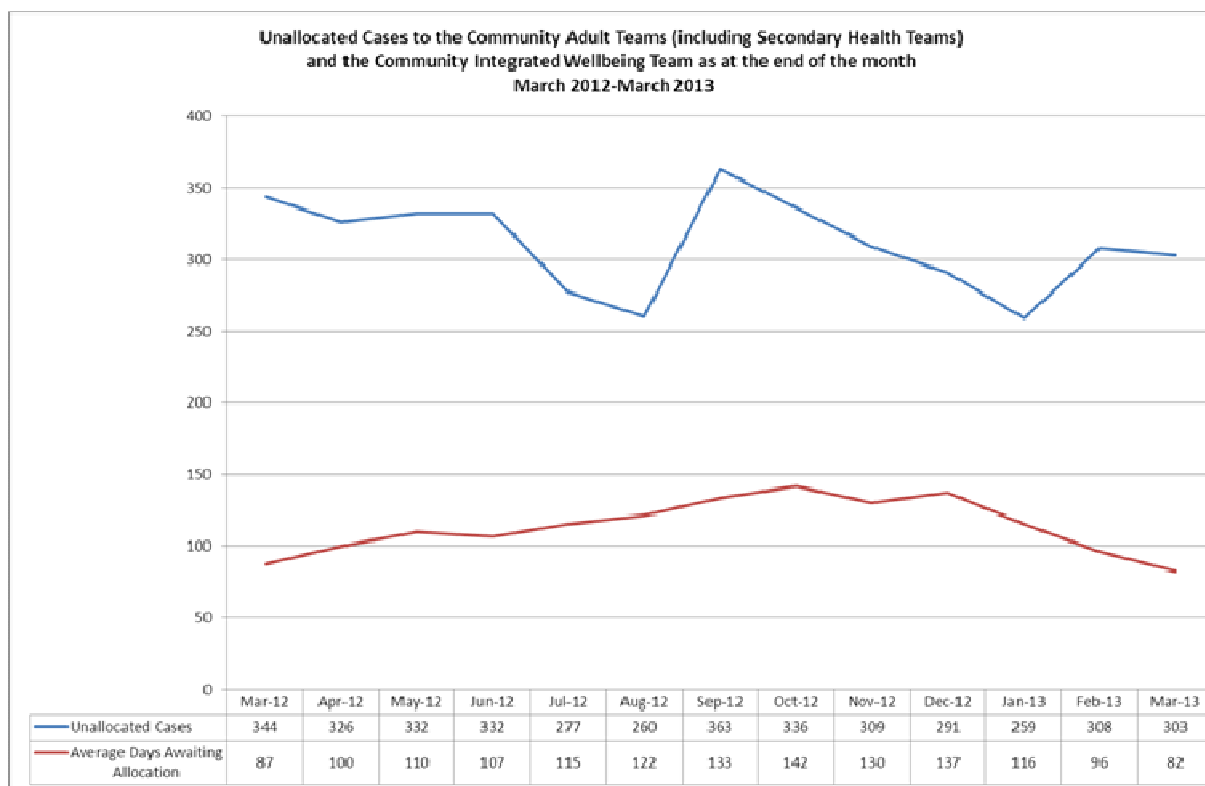


- 229 In order to ensure that there is an appropriate and fair prioritisation of responses to requests, the IRMC have embarked on an approach called ANGEL Taxonomy. This decision making approach has introduced new ways of receiving and responding to information at the first point of contact and is one that focusses on outcomes for the individual and should inform how the IRMC will determine which is the most appropriate response to the specific enquiry.
- 230 Adult Social Care continues to consider and develop a range of preventative approaches including low level support such as advice and information and signposting in order to provide the appropriate response at the right time, in the right place by the right person and also to reduce the flow of referrals into statutory services until such time as a person really needs it.
- 231 Using existing funding, a new brokerage service has been commissioned from the British Red Cross. The service is designed to provide information, advice and support by facilitating a formal introductory service to a range of community based services for individuals who do not meet the eligibility criteria. The focus is a preventative one; designed to provide timely support for people with lower levels of need to promote their independence and reduce the increase of need and the likelihood of requiring statutory services and support.
- 232 In order to support the above developments, it has been important to streamline business processes and make the most efficient use of information technology to ensure that work flows effectively through the system. The social services information system known as DRAIG is being used as this single integrated

workflow system and the IRMC now has a complete single record of the referral, decision and service that individuals have accessed. The contract for the DRIAG system is due for renewal by 2016 and Bridgend continues to take forward the procurement of the DRAIG replacement both at a national level and by working closely with health colleagues to ensure that the future DRAIG replacement is integrated with national and local health requirements. Consequently, the Wales System Consortium (WSC) is progressing a procurement process that includes a single specification for a social care system in Wales. The aim is that the contract will be awarded for the new system in the summer of 2014. ICT staff and service practitioners are involved in the process to ensure the new system continues to deliver what we want.

233 Following on from the lean thinking approach, *Workwise*, introduced in 2011/2012, the service has experienced a reduction in the number of cases awaiting allocation to a social worker for assessment. Referrals are now made directly from the IRMC to the short-term enabling homecare service, Bridgestart. An Occupational Therapist provides the specialist assessment and reviews the service after six weeks.

234 The chart below displays both unallocated cases and the average length of time a case is waiting to be allocated, as at the last week of each month from March 2012 to March 2013. Although the chart displays unallocated case pressures during the year, when comparing the last week of unallocated cases in March 2013 to March 2012 a decline of 12% is shown for March 2013.



235 The distinct elements of the Mental Health Measure Parts 1 and 2 allow for individuals to be supported at different levels of statutory services. However, many problems that present as a mental health issue can be attributed to social factors

that are causing a level of distress. Developing services which can respond quickly and at an early stage will assist individuals to have greater control over their lives and will support them in meaningful activity and help them build positive relationships.

- 236 A local primary mental health service was established in October 2012 to respond to Part 1 of the Mental Health Measure. As at the end of March 2013, approximately 1000 people had been referred to this service. This is a positive development in giving them more control regarding their care and support and giving them greater opportunity to access appropriate local support within the community.

One person said “I came to the support group to help me overcome social phobia and agoraphobia and because I have little social contacts it helps me to remember how to interact with people... to help set the stage to return to work and to re-build confidence. It also gets me out of the house so helps with my depression.”

- 237 One of the priorities of the Western Bay Mental Health project is to develop Tier 0 services. This is one of four tiers as described below:

Tier 4	Highly Specialist Inpatient Services, for example, Medium Secure care
Tier 3	Specialist Inpatient Services, such as Low Secure and Specialist Community Teams
Tier 2	Community Mental Health Teams including Crisis Resolution, Home Treatment, Assertive Outreach and Early Intervention Functions. Inpatient, Acute Rehabilitation and Intermediate Care
Tier 1	Primary Healthcare Team including Mental Health Support Services (Assessment, Short-Term Interventions, Referral, Signposting and Advice), Third Sector Counseling and Support
Tier 0	Self Help, Mental Health Promotion and Education

A key aspect of the scheme is to build community resilience by linking into community activity and facilities such as leisure, church, recreational and social activities. People will be helped to access a range of activities to improve and maintain their mental wellbeing. The plan is to recruit a number of ‘community connectors or navigators’ to facilitate and support the process. This will be taken forward during 2013/ 2014 and, in Bridgend, the Tier 0 services will be able to build on the existing community schemes such as community cafes and the recovery model of day opportunities.

- 238 During 2012/2013, learning disability services have developed more pro-active responses to people with a mild to moderate learning disability to prevent them coming into the service. An advice and support service is offered at specific times during the week, either by phone or by coming into the office in person, for information, advice and low level support or for signposting to other agencies so as to avoid the need for a full social work assessment.
- 239 The advice and support service offers on-going low-level support to individuals with a mild to moderate learning disability. They are offered regular appointments with a Social Worker who will help them deal with any issues which have arisen. This could be in relation to housing, tenancy, debt, benefits, social problems, or

anything else which is causing the individual concern and having a significant impact on his or her life. Users of this service will have been assessed as eligible for a service from the team and appointment intervals will vary depending on the need for support. They do not receive any other BCBC service. The Advice and Support Service was developed as part of the wider preventative agenda which aims to reduce the need for costly crisis intervention when things have gone badly wrong. We currently offer this service to around 30 individuals, many of whom, in the past, may have been over-supported in formal services.

- 240 Work has continued to improve public information across the whole of Adult Social Care. Information packs about assessment, carers information, care at home, residential and nursing care information and financial support are all available. The carers' forum was involved in the development of some of this information and service practitioners were consulted in the development of new assessment tools.
- 241 Key Areas for Improvement:
- Further extend the lean thinking approach so that processes and pathways from secondary care into community services are more effective
 - Bring district nursing services into the IRMC arrangements
 - Further develop public information systems and advice and information support at the first point of contact.

Assessment and Care Management

- 242 Three community networks in the North, East and West of the county borough have been established and three integrated team managers have been appointed and took up post in January 2013. The community network teams are made up of social workers, occupational therapists and district nurses. The purpose of these new teams is to enable an integrated approach to the delivery of services for frail people and people with complex conditions. The new bases for each have been identified and the integrated health and social care teams will all be co-located by the end of June 2013. The team managers have received a comprehensive induction package and have also received support in taking forward team based working approaches as designed by Aston University. The next steps and immediate priority is to appoint to the assistant team manager posts and finalise new joint operational and practice guidelines.
- 243 The audit of assessment care management has been undertaken in two parts in order to make it more manageable and also to be able to get a bigger sample of cases. The first audit was reported on in the 2011/12 annual report. The second part was started in December 2012 but due to capacity issues was not completed until April 2013. The audit has evidenced three key areas for improvement:
- developing and evidencing a person centred approach to practice
 - improved recording to evidence this
 - better understanding and evidencing of outcome focused practice.
- 244 These recommendations are being taken forward through individual supervision, training needs analysis and through the Remodel Social Work project of the RASC programme. All teams across Adult Social Care are developing approaches that

enable a more person centred approach and the focus on this in 2013/14 will continue.

- 245 An on-line interactive practitioner's guide has been developed and was launched in June 2012. As a result, all practitioners have desk top access to real-time up to date information to assist them in keeping up to date with information, for e.g. guidance to completing a direct payment application, carers assessments etc. An evaluation of the benefit of the e practice guide will take place during 2013/2014 to measure whether professional competence and consistent practice has improved as a result.
- 246 There has been a review of all open cases as part of the process of moving forward with citizen directed models to support an individual's autonomy and choice. This initially concentrated on those accessing a traditional day centre setting, 19 people were involved in completing a new assessment which more effectively identified their wishes, views and plans for the future. As a result they are now experiencing greater independence and support within their own community.
- 247 A case study example follows:

A 42 year old person attended five days a week for a considerable number of years, to give her parents respite. She had previously tried moving out of the family home but was not successful. Through support from the social worker and the community day services team she was able to identify what skills she had and what she wanted for her future wellbeing. She moved into her own bungalow some 11 miles away from her family home.

Reviews reflect that she feels:

She has achieved a considerable amount in the time she has lived independently in her own home. She feels that it has worked for her as the 'time had been right for her'. It had failed in the past because of health issues and confidence issues. She had considerable support with the move which she appreciated. Her parents were also positive in expressing their pleasure and pride at the way this move and change had succeeded to date.

Casework recordings and feedback from those supporting her transition to independent living also reflected:

She has gained new skills, managing her own home with some support, and starting some college courses. She has also formed a friendship with her neighbour, and the relationship between her and her family is much stronger with regular visits. Her reliance on services has also reduced.

- 248 The Authority commissioned an independent review of learning disability services in 2012. This review took the form of an opportunity assessment which is a forward looking project that is co-produced with management and focusses on what can be done in the future rather than what has already been done. The feedback received regarding the case file element of the review reported that the files evidenced some of the 'best practice' that the review team had seen. *"This sample highlighted some of the best practice seen so far as positive risk taking is concerned indeed some of the practice examples are national exemplars"*

demonstrating how proportionate responses to risk significantly improve the quality of life outcomes for individuals whilst reducing costs for health and social care.”

- 249 However, the report also commented on some ‘over servicing’ due to inflexible service models, some risk aversion, mainly from providers, and cost duplication. The recommendations from the report have been included into a learning disability development plan and a specific project is concentrating on taking these forward.
- 250 Over the last year, the Community Mental Health teams (CMHTs) have focussed on the implementation of Part 2 of the Mental Health Measure (2010) which requires all those in receipt of secondary mental health services to have a Care and Treatment Plan by June 2013. CMHTs have worked collaboratively to progress this and currently have achieved approximately 84% (against a local target of 90% by June).
- 251 The CMHTs have also worked with the Part 1 service with referrals moving between both services to ensure that service users receive the appropriate service at the right time.
- 252 The mental health teams have also commenced some mapping of gaps in service particularly with respect to day services and accommodation and this work will contribute to the development of a Commissioning strategy specifically for mental health.
- 253 Key Areas for Improvement:
- develop a more effective and proportionate response to an individual’s need by only assessing people when their circumstances are such that they need it, thereby ensuring that they receive the most appropriate level of information, support or care
 - develop a commissioning / accommodation strategy specifically for mental health.

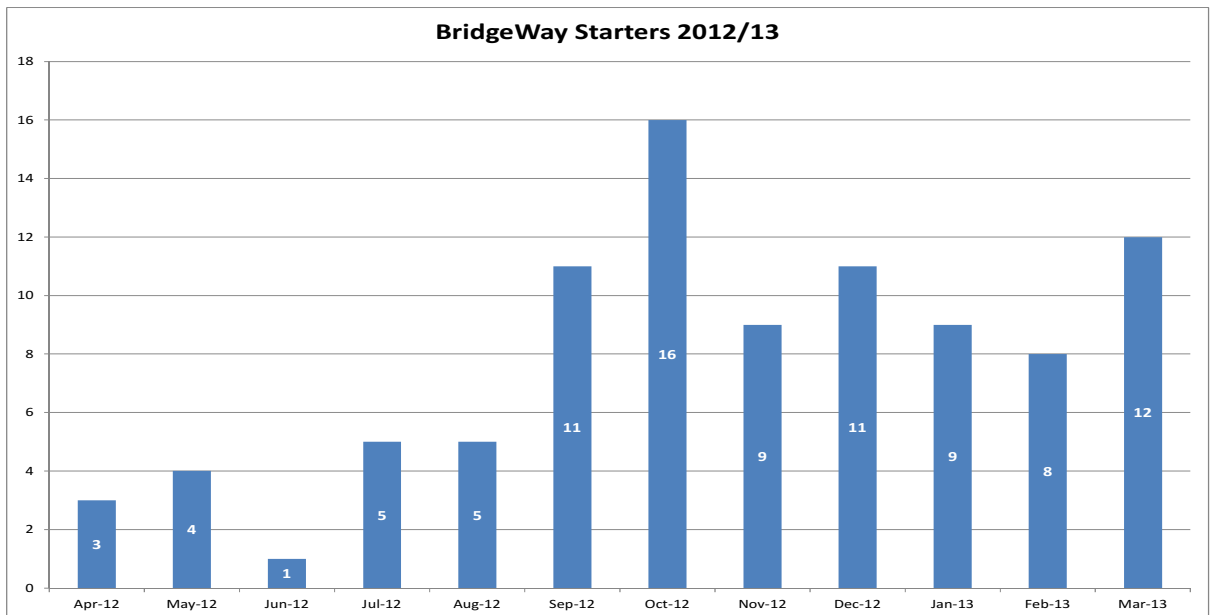
THE RANGE OF SERVICES PROVIDED

Range of Services and Independence and Social Inclusion

- 254 The development of sustainable support and services continues to progress under the Remodelling Adult Social Care (RASC) Programme and it is also a priority for the Council as part of the Medium Term Financial Strategy.
- 255 A new six bed residential reablement unit opened in May 2012. To date there has been 85% occupancy rate (excluding start up months of May and June).
- 256 A total of 39 people were discharged of which 32 (82%) were discharged direct to the community, four were discharged to a long term care home placement and three were readmitted to hospital.
- 257 As a result of refurbishment work at one of the Council Homes, Glan yr Afon, the number of dementia beds has increased to 30 and this has included a male only

unit. The work was completed in November 2012. Staff have undertaken the dementia module 10 training which is based on meaningful interactions and experiences, such as having a chat and enabling activities such as brushing one's hair, (as different to social events such as outings and bingo), to enhance the lives of people with dementia.

- 258 As part of the work across Western Bay under the Collaboration Programme a mapping exercise of dementia services is being undertaken. This is highlighting the gaps in service provision and will now help to inform service priorities and developments on a regional basis.
- 259 Dementia care is considered a priority for the Health Board, Local Authority and Third Sector partners, and the Welsh Government. Work across the Health Board is focused on developing a dementia care pathway utilising the "1000 Lives Plus Intelligent Target" project work that focuses on the following:
- timely diagnosis
 - improved quality of care in general hospitals
 - increased quality of life
 - improved quality of care for carers
 - improved quality of care in NHS dementia care units
- 260 The ABMU care pathway is being aligned and developed in accordance with the NICE recommendations which states it should offer the following:
A person-centred approach; where the person with dementia is valued as an individual; whose perspective must be central to any care-plan or intervention; and for whom maintaining social relationships and social inclusion will form a major contribution to quality of life.
- 261 A number of dementia coordinators have been appointed in each local authority area across Western Bay and this includes two in Bridgend county borough. The coordinators are often the first point of contact for individuals and families. They undertake a navigation role, signposting to support services and providing advice and information. They also refer to statutory organisations as appropriate. As a result, the delivery of support and clinical services has been more effective. The coordinators work very closely with memory clinics at an early stage following an individual's diagnosis.
- 262 In addition, a new assessment and enabling homecare service for people with dementia, Bridgeway, commenced in April 2012 and people are now able to receive support and care at home. The home carers are trained in an enabling approach which means that the person with dementia is encouraged to maintain as much independence as they possibly can.



Comment from a BridgeWay Service User 'during the visit Mrs ****'s son M stated that the highlight of his day is when the carers come to the house, when he'll go upstairs and sit and listen to "all of the laughter coming from downstairs." He was very complimentary of the staff who called out and said that having them in the house, "puts a smile on his face."

263 One of the projects under the Remodelling Adult Social programme covers a range of developments in learning disability services. This project is overseeing the continued resettlement of people with a learning disability from a traditional hostel setting (Bryneithin) into four separate purpose built bungalows within the community. Consultation with services users, their families and the front line staff has taken place and the design of the bungalows has been completed in partnership with a registered social landlord. One of these bungalows will provide an emergency and assessment bungalow and this is due to open in August 2013. The other three bungalows for the existing residents of Bryneithin has been delayed because of changes in the allocation of the Welsh Government Grant for the buildings, however, the latest date we have is March 2014.

264 The vision for telecare in Bridgend is that 'a person is able to access and use telecare as the part of a care plan or a preventative measure which enables them to continue to live and perform daily tasks within their own home irrespective of the limitations imposed by their frailty or disability.' A project has been set up to improve the efficiency and effectiveness of telecare and to set out the future role of telecare. The monitoring of the service is currently being transferred from Merthyr Tydfil County Borough Council to Carmarthenshire County Council and it is anticipated that this will enable both improved efficiency in use of telecare equipment and the opportunity to further develop the service.

265 As at 31/03/13 there were:

- 1324 telecare users
- 651 telecare installations completed
- 788 telecare referrals received

- 1943 mobile response team call outs
 - 582 people lifted by mobile response team
 - 170 personal care support packages delivered by the mobile response team (2479 hours of care).
- 266 At the time of writing this report, the mental health service is working closely with colleagues in the Communities Directorate to commission a supported accommodation facility for people who are experiencing 'vulnerable and chaotic lifestyles'. The project will be able to accommodate six individuals and is due to open in September 2013.
- 267 The mental health day opportunities initiative, which is known as ARC (Assisted Recovery in the Community), has continued to evolve and there has been an increased use of the building as a resource centre for both statutory and voluntary sector partners, service user and carer network groups, mentoring and counselling schemes, advocacy and support groups. ARC also provides the hub for the primary care mental health services under Part 1 of the Mental Health Measure.
- 268 ARC now provides the base for the local COASTAL project which is a pan-disability work experience and training project. The COASTAL project has continued to achieve the targets set by the Welsh European Funding Office. For example, 20 people have now been on work experience placement and 166 people have achieved accredited training. The project team have also been involved in a range of activities to develop training and work related opportunities in line with the projects operational policy. A number of job clubs have been established, a group has installed a wooden floor in a shop in Port Talbot and a confidence building training course has been delivered.
- 269 European Social Fund monies have been made available until June 2014 and we are currently working on an exit strategy to ensure the long term stability of the project. BCBC's match funding for this project is made up of the budgets associated with the day service projects at BLeaf and WoodB. The exit strategy proposes that the management and operation of these two projects is transferred to a social enterprise and discussions have taken place with Social Firms Wales, the national support agency for social firm development, have agreed to advise on this process.
- 270 There are also plans in progress to relocate the WoodB workshop into Bryngarw Park, adjacent to BLeaf. This move will effectively integrate these developments into one facility and the benefits will include:
- enabling the development of a commercial enterprise which would provide employment opportunities
 - creating an independent organization with social and commercial goals which would continue to provide training and work experience placements for people with a disability
 - providing a visitor attraction at Bryngarw Park, complimenting the wider developments through the sale of plants and bespoke wooden products and by having a workshop at which ecological and environmental projects can be demonstrated.

- 271 The remodelling of older people's day services is another project under the RASC Programme and work is taking place with both public health and prevention teams. The project is progressing the four tier model for day services based on people's changing needs. Significant progress has been made in relation to the community cafes; there are now nine up and running across the three network areas supported by a befriending service. Consideration is also being given to the delivery of a range of preventative services from the community cafes including oral health, nutrition and podiatry. A focus is now being given to the recruitment of volunteers over the next few years to support people who are isolated.
- 272 A sub-group of the project is addressing the future of Maesteg Hospital day facility for a potential assessment and rehabilitation facility which is consistent with Tier 3. With respect to Tiers 2 and 4, work is taking place to scope the potential to combine service models to maximise the use of buildings and offer a more flexible service.
- 273 Key Areas for Improvement
- progress the recommendations from the Alder Opportunity Assessment in learning disability services
 - development of a social enterprise model for learning disability day services with the aim to sustain service delivery following the anticipated closure of the European Social Fund (ESF) COASTAL funding
 - work with partners across the Western Bay region to enable better outcomes for older people and people with learning disabilities and mental health conditions and at the same time, avoid duplication, reduce costs and improve the quality of information and advice for citizens.

Transition

- 274 The multi-agency Transition Strategy Group has continued to meet and includes representatives from the local authority, health board and the third/voluntary sector. Progress has been made in establishing a social care pathway between children's services and adults and this has been helped by the attendance of the Group Manager, Disability on the children's panel meeting. There have been challenges however, in engaging with partner agencies in order to establish corresponding pathways. There is a plan in place to further progress this work on a Western Bay basis.
- 275 The transition keyworker is based within the Disabled Children's Team and the post has been able to progress the roll out of person-centred approaches and key working with the team. After the first year an evaluation of the post was undertaken and a range of stakeholders were able to participate at an all-day engagement event. This included disabled young people, their families, social workers and front line staff. The feedback received from this event helped secure the funding for a further 12 month period and the portfolio of the post has been expanded to include all disabilities and all age groups without losing the focus on transition planning.
- 276 21 young people were referred into the Transition Teams during 2012/13.

Team	2012/13 Referrals
Adult Services Transition Community Independence and Wellbeing Team (Adults with Disability)	2
Adult Services Transition Community Independence and Wellbeing Team (Sensory Impairment)	1
Adult Services Transition Team (Learning Disability)	18
Grand Total	21

Transition Case

A young man of 22 years has received transition support since the age of 15. He is diagnosed with a severe learning disability, autism, hypermobility syndrome, Pica, challenging behaviour and communication difficulties. He is dependant for all care needs.

Over the past 7 years, the client's care package has evolved through a series of assessments and various service options have been explored, but have been unable to meet his complex and challenging needs successfully. These have included Specialist Residential College, Local day service and respite options.

The existing care package has been very settled and successful for this last nine months. This has been since the provision of Direct Payments has enabled him to receive a bespoke provision which has hugely enhanced his quality of life and independence.

The client now continues to reside in his own home, which his parents have vacated. He now has constant support from a skilled staff team who also support his daytime hours in the care provider's private day service. He also receives evening and weekend social/leisure support and actively engages in a range of community based activities on a very regular basis, in addition to engaging in the more mundane domestic activities of everyday living.

He is making good progress towards further developing life skills and his challenges have been greatly reduced.

277 The Alder opportunity assessment undertaken in learning disability services reported on the importance of developing an effective 'progression pathway' to help service users achieve greater independence. The 'progression pathway' needs to begin before individuals are being fully supported by Adult Social Care, that is, either during the transition period either from children's services or late in life from the family home. The opportunity assessment reported that transitions in middle age will be a bigger source of new demand than transitions from children's services in the next few years and work has commenced to better identify people who live with older carers at present so their transition can be planned.

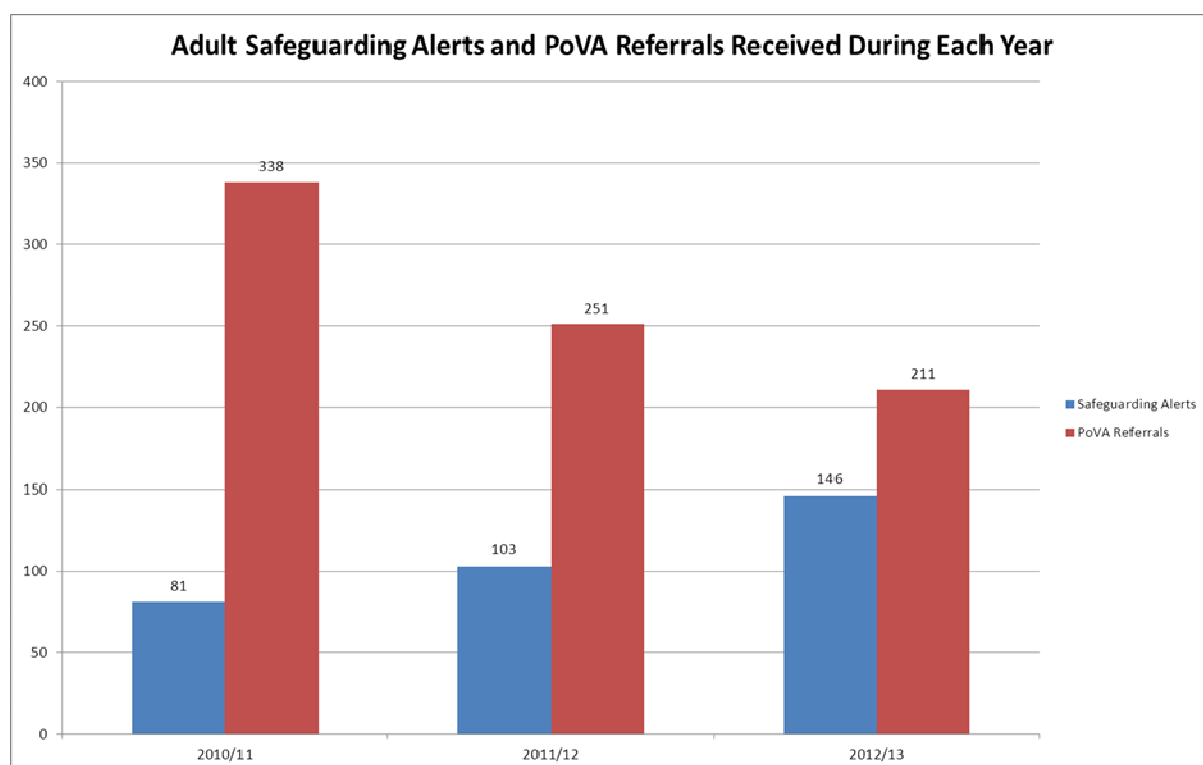
278 Key Areas for Improvement

- early intervention during transition periods so people enter the support system with the lowest level of support possible at that time

THE EFFECT ON PEOPLE'S LIVES

Safeguarding Vulnerable People

- 279 The adult safeguarding team is now well established across the County Borough and team members are able to give advice and guidance on a wide range of adult protection and safeguarding queries, including risk assessment and management within complex case management situations. Priority is given to collaborative working with partners and stakeholders in order to ensure there is a common understanding and consistent approach to referrals whether within Adult Social Care, health settings, community or regulated care provision. Vulnerable adults benefit from this continuity and receive proportionate, transparent and equitable support.
- 280 Referral rates and trends have changed over recent years as the understanding and approach to managing thresholds has matured. The emphasis during 2012/2013 has been on a more proportionate and risk based approach. Less serious situations are now signposted through to a safeguarding route where concerns and risks may be managed through assessment and care management or provider agency arrangements. More serious concerns are managed through the formal multi-agency framework for Protection of Vulnerable Adults (PoVA). In 2012/2013, BCBC dealt with 211 referrals through the formal PoVA route and 146 Safeguarding alerts.



- 281 The risk assessment tool was introduced in January 2010, and the above chart displays a comparison of PoVA referrals and Adult Safeguarding Alerts received during the last 3 financial years. There has been a decrease in PoVA referrals received since the introduction of the risk assessment tool. During 2012/13 PoVA referrals decreased by 15.93% when compared to 2011/12, whilst Adult Safeguarding Alerts increased by 41.75% in 2012/13 compared to 2011/12.
- 282 Every case that is managed through the PoVA or safeguarding route is focussed on the needs, wishes and choices of the vulnerable person. If the person does not have the capacity to consent to the intervention then this is gained from their nearest relative or carer. BCBC also assumes the overriding decision when allegations of abuse or neglect are raised within regulated settings where more than one vulnerable person may be at risk.
- 283 The views of the individual are recorded on current documentation. However, there is currently work taking place to develop a more formal feedback document to record views. Bridgend was part of a pilot in the development of the SSIA outcomes framework and this is now being taken forward locally. As a result it will be possible to gather more qualitative data which can be used to inform future development for the team approach.
- 284 The adult safeguarding team have increased their capacity in order to more effectively manage the referrals and this has eased the pressures on the social work teams and also ensured a more consistent approach to decision making and quality of practice.
- 285 All concerns and alerts are received at a single point of contact by the team. Each concern or alert is fully considered and the risks assessed as to the seriousness of the alleged abuse or poor practice and significant harm experienced by the vulnerable person. A formal threshold tool is used to evidence the assessed risk and the decisions made to manage those risks either within the POVA framework or within safeguarding arrangements, which could be through increased monitoring or review by care management or by other agency intervention.
- 286 Concluded cases are audited to ensure that timeliness and best practice standards are adhered to. BCBC facilitated an effective audit review sub-group which reported to Bridgend Area Adult Protection Committee (AAPC). It is envisioned that the work developed by BCBC around audit arrangements can now be utilised within the Western Bay Adult Safeguarding Board as part of their regional audit sub-group.
- 287 A new regional Adult Safeguarding Board, across three local authority areas and the health board has been established and the first meeting was held in April 2013. This Board will take on the governance and monitoring role of the existing AAPCs of Neath Port Talbot, Swansea and Bridgend. The regional arrangements will ensure there is greater consistency of application of the Wales policy and threshold decision making on the referral process.
- 288 As reported in the 2011/2012 annual report, the safeguarding team includes adult protection, commissioning and contract monitoring. The commissioning and

contract monitoring update is included under the Shaping Services section of this report. Due to changes within the Adult Social Care management team, as a result of people leaving to take up new posts or retiring, there has been an opportunity to strengthen and develop the commissioning and contracting function. The commissioning team will now be part of commissioning and transformation and will come under a new Group Manager post. There will be a new Safeguarding and Quality Manager post which will combine the contract monitoring and adult protection functions. These posts will be recruited to during the summer 2013.

289 Key Areas for Improvement

- progress the regional collaboration work through the development of the new Regional Safeguarding Board

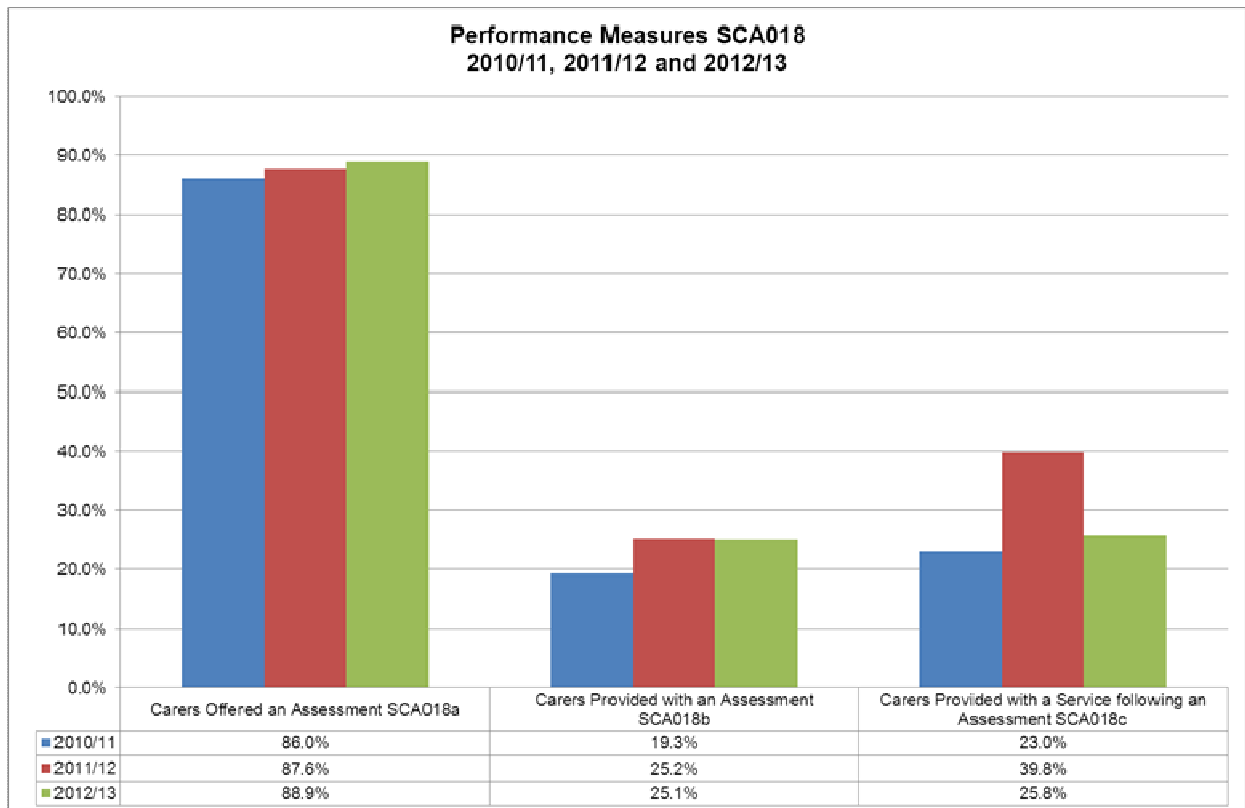
Support to Carers and Involving Users and Carers

290 The implementation of the Carers Wales measure is raising the profile of carers within the county borough and the information and consultation strategy developed with health and third sector partners will respond to the issues that have been raised by carers locally. An example is holding information sessions on the new welfare reforms.

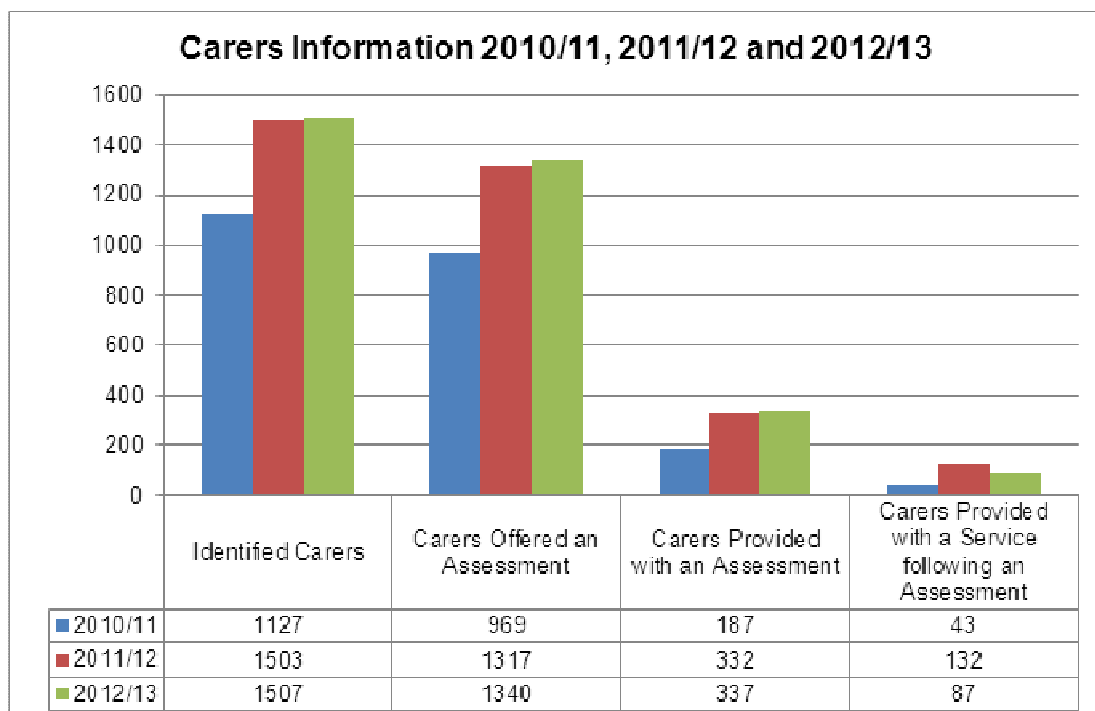
291 On-going attention and effort has continued to go into the development of more effective support of carers by increasing the numbers of carer assessments completed and by improving the quality of information provided.

292 As part of the on-going engagement with carers they have advised us that the timing of an offer of an assessment is not always appropriate at the point of the unified assessment process. This has resulted in a letter being sent out separately to those carers who were not offered an assessment at initial contact, offering an opportunity to engage with an assessment when the timing may be more appropriate for them.

293 Opportunities have also been offered to carers to attend drop in sessions where they can have a carers assessment and these have been held in the Carers Centre and at the Resource Centre for people with complex needs. As a result the numbers of carer's being offered an assessment and the numbers of carers' assessments completed have improved.



294 The above chart displays the set of performance measures relating to responding to carers' needs. The percentage of carers offered an assessment has increased each year. Although the performance measure for the percentage of carers provided with an assessment has decreased slightly for 2012/13 when compared to 2011/12, the chart below displays the data that feeds into this measure, which shows that there was a small increase in the number of carers that were provided with an assessment.

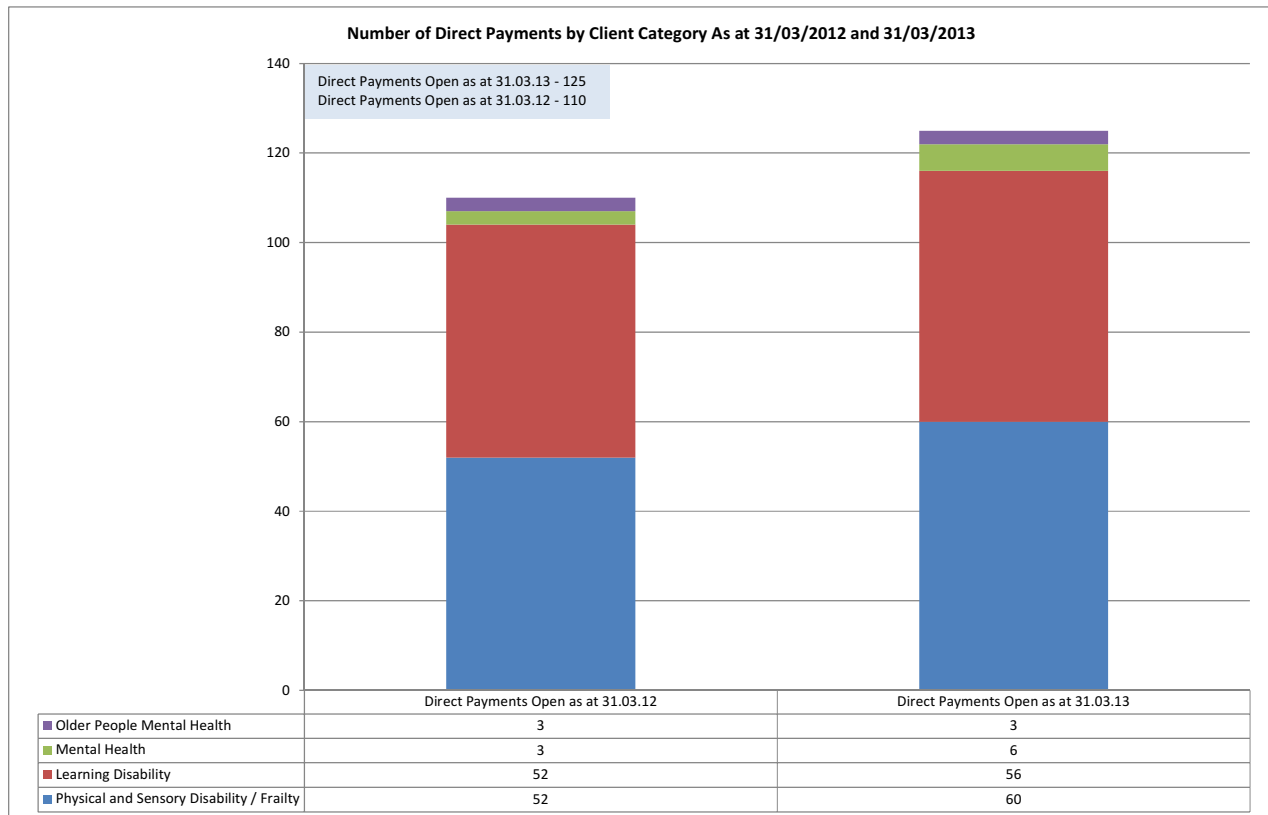


- 295 The number of issued carers' emergency cards is still relatively low; for example, some carers feel they have enough support from close and extended family members. A promotional campaign was undertaken during 2012 to raise awareness of this card in order to improve take up. The card links to a 24hr call centre to ensure the welfare and safety of the cared for person in the event of an emergency concerning the carer. An appropriate response plan is agreed in advance with the carer.
- 296 During 2012 the carers' information pack has been updated and is now available in a greater variety of settings which includes primary care and GP reception areas. The packs include information on the rights to assessment, welfare benefits, the range of support available and the contact points to access services. Although new carers are informed of their rights, the information pack is able to put them in touch with a supportive network of other carers and offers a range of activities and groups to maintain and improve their health and wellbeing.
- 297 A priority in the Bridgend Carers Strategy is to support carers in employment and an event was held in March 2013, in partnership with the Carers Centre, which targeted BCBC employees and provided information on support and services available.
- 298 The Bridgend Carers Forum is made up of carers, statutory and third sector partners and the Forum provides the lead for developing services to carers and has also played a significant role in the development of the Carers Measure Information and Consultation Strategy. A carers' conference, chaired by a carer, was held in October 2012 as part of the consultation on the Carers Measure. 80 carers attended the day and the feedback was very positive with the carers commenting that they felt able to contribute to developing a set of priorities which have been incorporated into a strategy action plan.
- 299 Funding has now been secured for a joint Carers Development Officer across adults and children's services. The post will concentrate on identifying carers' needs and assist in the development of appropriate and responsive services and also raise awareness of the needs of carers and young carers and provide opportunities for them to influence service development. This post will be recruited to in the next three months.
- 300 An adult social care service user and carer engagement framework was developed in 2011/2012 and has been taken forward in 2012/2013 through a service user and carer engagement working group (SUCE). The SUCE working group consists of senior officers from Adult Social Care who promote the improvement of outcomes for service users and carers. This group has completed a review of the engagement framework to ensure that the actions identified have been completed and that existing methods of engagement and consultation continue to be effective. The evidence grids contain a wide range of examples of this; however, there is a sample of examples below.
- 301 When an individual first starts receiving a service, a customer care survey is sent (only if they have capacity). They then receive a follow-up survey at the point of

their annual review. In older people services, 260 customer care surveys were sent out to service users between April-December 2012. 132 were returned completed and the information taken from these returns evidenced that service users felt that their needs were met to a high standard and that staff were informative, polite and understanding of their requirements. 58.9% of those who completed the questionnaire stated that the overall service they received was excellent; 0% reported the service as poor. When asked how satisfied service users were with the way social services responded to them, the results showed that 79.5% were very satisfied with 16.5% fairly satisfied. 1.4% of respondents stated that they were either unhappy or very unhappy in this category. Areas for improvement identified by the service users related to timescales for provision of aids/adaptations, cancellation of meetings and times of homecare calls. These improvements have been referred to the relevant managers in order for improvements to be made.

- 302 Local authority homecare service users are sent a questionnaire in the month following their birthday. As the number of people coming in and out of the service fluctuates, the number of people sent a questionnaire does not reflect the number of people receiving a service. In 2012.13, 632 local authority homecare service user questionnaires were sent out during 2102/13 and 283 were returned completed. The results identified that service users felt the service they received met their needs and allowed them to remain independent in their own homes. It was commented that service users were very satisfied with the care given by staff and that they were treated with respect and dignity. However, there were also comments that they would like to see more consistency in relation to the times of their homecare calls and also continuity in terms of the care staff who attend to them.
- 303 In learning disability services, there have been two significant reviews undertaken in 2012-13. A range of stakeholders and people with a learning disability themselves have been involved in a strategic analysis of the existing supported living and day services. The review and consultation was undertaken in the period August to November 2012 and involved:
- face to face and telephone interviews with 27 stakeholders
 - group interviews with three People First and tenant participant groups involving approximately 60 people
 - group interviews with eight families who are part of a Parents Forum group.
- 304 The overall recommendations of the final report have shown that those consulted were very positive in relation to their experiences and felt happy and safe within their living accommodation. Some concerns were raised by parents in relation to transition planning and on-going support for those wishing to move from their family home to independent living. The outcome of the review has formed part of the Learning Disability Service Development Plan which comes under the Remodelling Adult Social Care Programme.
- 305 The Direct Payments Monitoring Group has revised its terms and conditions in order to more effectively reflect the move towards more citizen directed support approaches and in light of the new Social Services and Wellbeing Bill. The group

is overseeing a review of policy, procedure and financial arrangements for direct payments and also co-ordinating a more systematic approach to the development of citizen directed support. The number of direct payments continues to rise:



306 Key Areas for Improvement

- continue the implementation of the Carers Strategy (Wales) Measure
- ensure there is effective engagement and consultation with service users and carers regarding the ongoing remodelling programme and the development of new models of service.

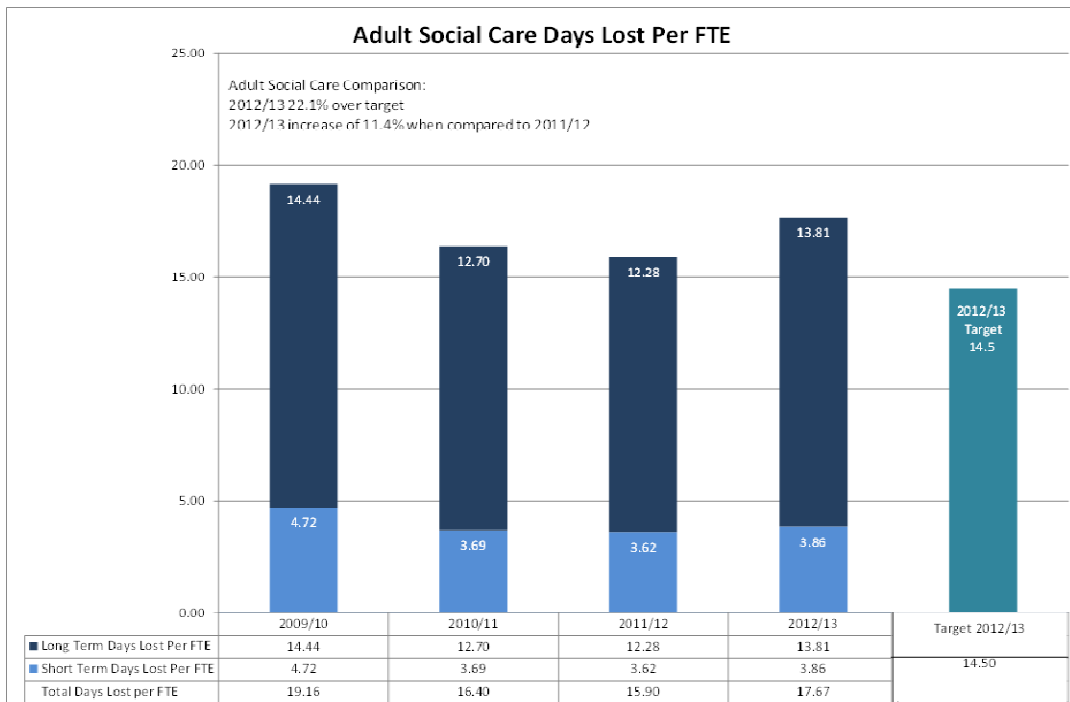
DELIVERING SOCIAL SERVICES

Workforce Management and Development

307 A workforce plan for 2012/2013 was agreed in August 2012 and this sets out the council's service workforce priorities and actions. The aim is to ensure that there is a workforce fit for purpose and able to deliver improved services as efficiently as possible. Adult Social Care has continued to manage the deployment of the workforce through the application of HR policies and practices, including:

- vacancy management
- promotion of flexible working
- promotion of flexible retirement
- early retirement
- management of sickness absence

- 308 Maximising employee performance has continued to be a priority, with particular focus on employee appraisal and capability. Appraisals provide a clear link between the work of individuals and teams and the key objectives of the council. There has been a significant improvement in the level of recorded appraisal activity in 2012/13 with Adult Social Care going from 20% to 65% and the service is on target to achieve the council's target of 80% in 2013 – 2014.
- 309 The Council has been undertaking a job evaluation process to ensure there is a systematic means of evaluating jobs and recognising the differing responsibilities across the council. The new pay and grading structure, which will be implemented in September 2013, has resulted in an improved grade for 75% of the positions in Adult Social Care.
- 310 Job families have been developed across Adult Social Care as a way of grouping large numbers of jobs within the same functional area that are related through the activities carried out, but where the levels of responsibility, knowledge and skills differ. Each job family has a number of defined levels, dependent on the scope and range of responsibilities within the respective profile. Each level differentiates between work activities required within the respective roles. As a result each individual level will have a job description and person specification. This approach of grouping jobs will demonstrate a clear career pathway for employees and assist career and succession planning.
- 311 The social work job family and grading structure has taken full account of the national career pathway for Social Workers in Wales and will contribute to its implementation in Bridgend. Meanwhile, arrangements are in place for the introduction of the Continuing Professional Education and Learning (CPEL) Framework for Social Workers in Wales.
- 312 The Council fully supports these developments which provide clarity about continuing professional development that social workers need to maintain as they grow from being newly qualified to experienced social workers at the top of their profession. However, there are real resource implications for services in social workers accessing the CPEL learning programmes and an impact assessment is being undertaken at present which will inform the council of the full implications.
- 313 The management of sickness absence continues to be a challenge across the service. The chart below shows the data over the last few years broken down into long term and short term days lost per full time equivalent (FTE) plus the current target.



314 A new post has been created within the Wellbeing Directorate to provide advice, guidance and practical support to managers on the effective management of absence. This has included:

- monitoring the quality and timeliness of information from managers in absence management
- providing detailed management information
- analysing absences to identify areas of concern (absence levels or management responses) within the service in order to provide solutions appropriate to the service area

315 Sickness absence management information is reported to the Corporate Management Board and the Corporate Performance Assessment meetings. Managers across Adult Social Care are aware of the importance of managing sickness and it is a regular agenda item at team meetings however continued effort needs to be sustained if any improvement is to be made in the future.

316 During 2012/2013, a comprehensive learning and development training programme was organised. The number of attendances by individuals from agencies across the Borough, service users and carers on whole sector training courses between March 2012 – March 2013 was 1830. The training programme has been responsive to identified service needs as outlined in the training needs analysis returns; specifically the following training opportunities have been delivered:

- staff working with individuals who have dementia. The dementia care programme has been enhanced with a 10th module added and refresher training made available to staff
- understanding the legislative framework and the impact on service delivery
- leadership and Management Development Programme

- e-learning modules have been made available to staff across the sector.
- 317 From April 2012 – March 2013, there were 3702 attendances at Adult Social Care learning and development events. 13 Adult Social Care staff are currently undertaking post qualifying programmes and 41 staff achieved an NVQ/QCF Diploma in Health and Social Care during 2012/ 2013.
- 318 The workforce development strategy has also ensured that there is a sufficient number of qualified senior staff within residential establishments and has also supported individuals in undertaking the level 5 diploma in advanced practice as part of their continued professional development.
- 319 During the year, 34 Practice Learning Opportunities were provided for student social workers on the South Wales BSc Social Work (Bridgend College) and Masters in Social Work (Cardiff University) programmes. Social work students continue to be provided with a diverse range of placements which has been evidenced in the written placement evaluation forms completed by all students, for example:

“This was an excellent placement and I felt extremely supported. I was appropriately challenged with the cases I was allocated and supported when necessary”

In addition we have provided a range of social care work placements, from a week’s work experience for local school students in years 10,11,12, and 13 to structured longer term placements which enable individuals to gain vocational qualifications, for example 24 Qualification Credit Framework (QCF) health and social care students from Bridgend College.

- 320 Key Areas for Improvement
- continue to monitor absence levels and develop solutions to ensure the improvement of sickness absence across Adult Social Care
 - strengthen the level of participation from service users and carers in training and development activity to ensure an active partnership which promotes their contribution in the design, delivery and evaluation of social care training.

Performance Management and Quality Assurance

- 321 The Quarterly Business Review has been replaced by the Corporate Performance Assessment (CPA). It is a key component in the monitoring of measures and outcomes as stated in the council’s Corporate Plan and directorate business plans. CPA meetings, comprising of CMB, Cabinet and Heads of Service, review performance, including sickness, PIs and budget. The discussions include:
- performance against the national set of performance indicators
 - sickness absence performance against council and directorate targets
 - progress towards achieving directorate priorities
 - progress towards Outcome Agreement
 - budget.

- 322 BCBC has a very clear and robust business planning process which monitors the effectiveness of strategy through the corporate, directorate and service plans. The business plans for 2013/14 were developed following a strict corporate finance and performance timetable and template. The directorate business plans are increasingly outcome focussed and link very directly to the council's improvement priorities, which are widely consulted on. Reference is made under Context/ Overview section of this report to the priority 'working together to help vulnerable people stay independent': the corporate plan and business plans contain clear, agreed success factors, performance measures and targets.
- 323 DRAIG continues to be developed by the WSC and Bridgend continues to play a leading role as Bridgend's Head of ICT continues to act as the advisor. The business support managers for adult and children's sit on the project board. Work progressed during 2012/13 in terms of developing the specification (to include both health and social care needs) ready to invite tenderers for the replacement DRAIG system. DRAIG reporting tools continue to provide critical information to assist services report performance and to inform service development. The performance management assessment grid, which provides evidence to support this report, has a number of examples of the developments.
- 324 A representation and complaints policy and procedure, formulated in accordance with the statutory requirements and in line with Welsh Government Guidelines (Listening and Learning) is in place and is accessible to all those who wish to use it. Information leaflets are also made available and these provide advice to individuals who wish to complain and how to do this. However, a change to the regulations and guidelines for complaints is anticipated and a consultation exercise was undertaken by the Welsh Government (Making Things Better) to which we responded.
- 325 All complainants continue to be provided with a feedback questionnaire entitled 'Improving the Way we Handle Complaints.' The questionnaire is designed to obtain views from complainants in relation to the handling of their complaints and not in relation to the outcome of their complaint. Returns are low, however all feedback received is taken into consideration and is also included in the Annual Report.

Comparison: Timescales for Completion of Stage 1 Complaints (statutory)

Response within (working days):	2009/10 10 Days	2010/11 10 days	2011/12 10 days	2012/13 10 days
Adult Social Care	88%	89%	93%	88%

- 326 Key Areas for Improvement
- continue progressing DRAIG replacement ensuring that health and social care requirements are met.
 - review current BCBC complaints policy and procedures in light of Government changes.

SHAPING SERVICES

Commissioning and Contracting

- 327 The focus on improving the commissioning and contract monitoring processes has continued and there has been much development in this area. The key areas of focus have been the strategic planning and collaboration and contracting, quality assurance and engagement. The Commissioning and Contracting Grid gives a good account of all the activity in this area during the last year and so this report only focusses on a sample of the work undertaken.
- 328 The Remodelling Adult Social Care Programme is overseeing two major projects in homecare and residential care and the work of the commissioning team has been crucial in supporting these major change programmes. In March 2013, two separate reports were presented to Cabinet, one was to update Cabinet on the work undertaken to develop future models of service for older people linked to the current local authority residential care provision. The second report focussed on the remodelling of the 'in house ' homecare service and the need to respond to changing need and demand within the borough as well as achieving the necessary efficiencies. The development of the business case for both of these projects and the subsequent implementation is a key priority for 2012/2013.
- 329 Work has taken place to ensure a clearer understanding of the current markets and future demands for services based on national and local commissioning drivers. This work has been shared with providers and partners in order to help shape the future models of care. There is now much closer work taking place with internal partners and specifically housing colleagues to align the housing elements of care and support in order to explore and develop community based models of care which enable people to remain living at home for longer.
- 330 The partnership with independent providers has continued to help shape the quality standards and care fees premium and has ensured that there are transparent mechanisms in place to discuss costs and quality and performance. The work on quality and standards that began with residential and nursing care has now been adapted and developed in domiciliary care. A new set of domiciliary care standards was introduced in 2012/2013 in order to rate providers against key areas of delivery. As a result there is a greater understanding across all agencies of the quality of care provided and what the common themes are for improvement of practice.
- 331 Commissioning and Contract Monitoring is one of the key projects under the Western Bay Collaboration Programmes. The project is concentrating on three key areas as below:
- development of a collaborative fee setting rationale across the care home market which includes developing a joint methodology and cost analysis templates
 - development of a collaborative quality/outcome framework for the care home sector to link with each authority's fee setting arrangements

- development of a regional fee setting rationale and cost modeling for domiciliary care services.

332 The contract monitoring assessments have identified that some agencies are finding it difficult to demonstrate person centred care and there is also a varied understanding of what is meant in terms of outcomes, this includes the Council run residential care homes. Work has been undertaken to help improve person centred care and outcomes for individuals by running multi-agency workshops and training sessions. This will continue during 2013/2014.

333 During 2012/2013, the escalating concerns protocols and processes were updated and strengthened and were signed off between key partner agencies. The protocol is set out to prevent service closures for all commissioned services, using a positive partnership approach to improve the quality of care through a structured process. Over the last 12 months, there have been a number of escalating concerns meetings and BCBC has taken a firm but supportive approach in collaboration with health and CSSIW partners.

334 As part of the contract monitoring process service users' views are gathered and these help inform the overall view of quality. Issues raised by service users are addressed directly with the Provider with the expectation that action is taken to resolve the matter. Some comments include:

'I am happy with the care, although the staff members are busy and seem short staffed.'

and

'The food was cold and the staff seem to heat the food in a microwave.'

Another comment received was:

'Staff are really friendly, there are a few I don't get on with but as soon as you build a relationship with a member of staff, especially the younger ones, they tend to move on.'

335 In 2012/2013 a pilot rota visiting process was introduced for elected members to visit independent residential care homes as well as the usual rota visiting of Council run regulated settings. This has enabled the residents to speak to their elected members and raise their views about the services they receive and feel part of the wider community. It also provides the opportunity for elected members to better understand the independent sector and to dispel any myths they may have about the standard of care provided. In the first stage of the pilot six independent sector homes were involved but this has now increased to 13 for 2013/14.

336 Key Areas for Improvement

- complete the business case for the remodeling of residential care and homecare and develop appropriate and sustainable new service models
- ensure there are clear quality standards in place for all service areas in order to help inform placements based on a sound rational
- continue to develop collaborative commissioning and contract monitoring approaches across the Western Bay area.

PROVIDING DIRECTION

Leadership and Culture

337 Momentum in the modernisation of adult social care continues to be sustained despite the considerable change in the corporate management structure. The Chief Executive is leading a management review and it is anticipated that a new structure will be introduced and recruited to during the summer of 2013.

338 The Chief Executive has extended monthly meetings with a wider senior management team which has included the Heads of Service and he also meets quarterly with a wider group of managers across the Council. As a result managers have been actively involved in the development of the Corporate Plan and the budget planning and savings required. There is a quarterly Corporate Performance Assessment which has enabled a greater corporate ownership of issues across the Council to be developed.

339 There are also impending changes in the Adult Social Care management team due to people moving on for various reasons. The Head of Adult Social Care has consulted on a re-alignment of management responsibilities and at the point of writing this report is moving forward on implementation. As a result, there will be additional capacity into the commissioning and contract monitoring team and this will serve to support the services in the transformation agenda.

340 Priority continues to be given to communication across the service. The extended managers' meetings continue on a quarterly basis and areas covered in these sessions have included consultation on the impending Social Services (Wales) Bill, implementation of Job Evaluation, the Mental Health Measure and regular service updates.

341 The Head of Service and senior management team continue to ensure that they are visible across the service and attend a variety of team meetings and engagement events. A wide group of managers attend the Remodelling Adult Social Care Programme Board and they are either involved in leading a change project or are contributing to the development and subsequent implementation. The Adult Social Care management structure is fairly lean and there are concerns about the capacity for delivering on the change agenda. It is expected that the strengthening of the commissioning team into commissioning and transformation will enable more support for these changes and that further support will be forthcoming from the Corporate Strategic Change Management Programme. As we move forward into 2013/14, there will also be opportunities in the Western Bay

Collaboration to attract further resources into Bridgend to lead and deliver on new models of service.

Summary and Forward view of 2013-14

- 342 Much work has taken place in 2012/2013 to move forward the modernisation agenda and the foundations are now in place to deliver on some major transformational change initiatives. Existing services continue to run and the focus on quality, person centred approaches and continual improvement remain a priority. However, both the financial and demographic pressures continue to be challenging and it is clear that the service will have to ensure it has the capacity and also remains focussed so that full attention and rigor is sustained in order to deliver new ways of working and new models of service delivery.
- 343 The changes at senior management on a corporate level have been unsettling and although the service has continued to move forward it is now imperative that there is more certainty about the structure. There have also been some changes to the Adult Social Care senior management team and the Head of Service has now completed a consultation on a realignment of the structure and new posts should be in place by September 2013. A strategic change management fund has been established across the council and Adult Social Care will be receiving additional support from here in order to increase the capacity to deliver on the projects.
- 344 Under the specific headings within this report a number of key areas of improvement are identified and these are aligned to the priorities as set out in the 2013 – 2017 Corporate Plan ‘Working Together To Improve Lives’. The key priority for Adult Social Care is ‘working together to help vulnerable people stay independent’ and the work that the service will take forward will ensure that we will:
- work with service users, carers and all partners to enable people to live independently
 - help our partners in the third sector to develop and expand their services to help people to stay physically and mentally healthy
 - provide support to carers to enable them to continue in their caring role
 - work with partners to develop a range of accommodation options and support for vulnerable and older people who need help to achieve or sustain independence
 - work with partners across the Western Bay region of Bridgend, Neath Port Talbot and Swansea and with the ABMU Health Board, to enable better outcomes for older people and people with learning disabilities and mental health conditions. At the same time, avoid duplication, reduce costs and improve the quality of the information and advice for citizens and
 - focus on improving health outcomes for older people and their carers by working with partners to develop services that enable older people to live healthy, independent and engaged lives.
- 345 The continued budget pressures, economic climate and projections for demographic changes make this a difficult time moving forward. The financial reduction proposals will require strong political leadership and oversight and

corporate management support and monitoring. Despite the challenges this will bring, Adult Social Care remains committed to the delivery of quality support and services and will continue to modernise service provision in order to make services sustainable and proportionate in the future and to meet the corporate priorities.

Susan Cooper
Head of Adult Social Care
June 2013

Bridgend County Borough Council

Director of Social Services Annual Report 2012-13

Part Four - Glossary of terms

4-5-6 Model – This is a way of describing needs so that there is a common understanding by everyone. It includes the 4 tiers of need (from basic needs up to very complex, critical needs); five dimensions of need (social, physical, emotional, cultural and learning needs); and 6 outcomes which we would want all to enjoy: learn and achieve; participate and enjoy; give and receive respect; be healthy; be safe, and be confident and self-reliant.

Area Adult Protection Committee (AAPC) - The AAPC is a joint forum responsible for providing a strategic lead in protecting vulnerable adults. It does this by monitoring and reviewing adult protection policies within the local area. The AAPC is responsible for issuing of policies, procedures and associated documentation.

Assisted Recovery in the Community (ARC) - The Assisting Recovery in the Community Service (ARC), is a joint integrated service between Bridgend County Borough Council and Abertawe Bro Morgannwg University NHS Trust. ARC is a service which provides day time opportunities for individuals with mental health issues. It offers assessment and support to enable people experiencing mental health problems to access mainstream community facilities and activities as well as specialist services. It has been developed as part of the modernisation of mental health services.

Bridgelink Telecare – Bridgelink telecare is a home and personal alarm service which, in the event of an emergency, can automatically contact a 24 hour control centre to call assistance. The service offers the security of knowing that someone is on hand to help the user 24 hours a day, 365 days a year.

Bridgestart - Bridgestart is the short term home care enabling service. People who are assessed as needing support at home are supported for an initial 6 week period by the Bridgestart team, under the guidance and supervision of an Occupational Therapist. This in turn promotes independence and encourages individuals to do as much as possible for themselves.

Cabinet - Every year the Council elects a Leader and appoints the members of the Cabinet. The Cabinet is the part of the Council which is responsible for most day-to-day decisions. The Cabinet has to make decisions which are in line with the Council's overall policies and budget. If it wishes to make a decision which is outside the Budget or Policy Framework, this must be referred to the Council as a whole to decide.

Care Plan - This is prepared following an assessment to identify how we plan to respond to identified need.

Carer's Measure – The Carers Strategies (Wales) Measure 2010 is new legislation which is currently being implemented. It is explicit in its expectation that Local Health Boards will work with Local Authorities and Carers to develop a joint Carers Information Strategy

Care and Social Services Inspectorate for Wales (CSSIW) - CSSIW are part of the Welsh Assembly Government. They are responsible for regulating, inspecting and reviewing the social care services and standards we provide.

Carers' Forum - The forum offers advice, information and support for carers and meets four times a year. During the meetings carers have the opportunity to raise carer issues, give feedback on service changes and developments, share experiences and give mutual support and participate in any consultation opportunities.

Child Protection (CP) - All public and voluntary organisations in Bridgend County Borough are committed to safeguarding the welfare of children and young people and rely on members of the public to report concerns to them. Any concerns raised about a child being abused are reported to the on-duty social worker.

Children in Need (CIN) – There is an obligation in place for councils to provide a range of services to 'children in need' in their area if those services will help keep a child safe and well. A 'child in need' may be:

- disabled (for a definition of disability see the Children Act 1989 link)
- unlikely to have, or to have the opportunity to have, a reasonable standard of health or development without services from a local authority; or
- unlikely to progress in terms of health or development; or
- unlikely to progress in terms of health or development, without services from a local authority

Local councils must identify the extent of need in their area and make decisions about levels of service they provide.

Child Protection Case Conferences - The Case Conference is a non-statutory meeting organised by the social work services to consult with other agencies to collate information about the child and family. The Child Protection Case Conference has a specific role regarding the protection of children. The purpose is to allow the participants to pool their knowledge of the child's health, development and functioning and the carer's capacity to ensure the safety and well being of the child and assess risk. The case conference is central to child protection procedures.

Citizen Directed Support – this is an extension of Direct Payments and gives service users individual or notional budgets to enable them to choose how their needs are met by purchasing services themselves.

COASTAL Project – The Bridgend Coast project supports people aged 16+ who have difficulty finding work because of illness or disability. The project offers a range of work preparation and skills training as well as work experience and support to get a job.

Core Assessments - A core assessment provides a structured, in-depth assessment of a child or young person's needs where their circumstances are complex. The Core Assessment Record provides a structured framework for social workers to record

information gathered from a variety of sources to provide evidence for their professional judgments, facilitate analysis, decision making and planning. A completed Core Assessment Record is then used to develop the plan for the child or young person. When a child or young person becomes looked after, an up to date core assessment is required and is used to inform his or her first Care Plan. A core assessment continues the process of collecting the information necessary to monitor the progress of children and young people who are looked after. Councils are required to complete all core assessments within 35 working days.

Corporate Management Board (CMB) - The Corporate Management Board (CMB) usually meets three times a month and is attended by the Chief Executive, Corporate Directors, Assistant Chief Executives and occasionally Heads of Service depending on the report being presented.

Corporate Parenting Cabinet Committee - The Corporate Parenting Cabinet Committee meets on a bi-monthly basis. There are 11 elected members on the Committee. The purpose of the Committee is to ensure that looked after children are seen as a priority by the whole of the Authority and by the Children and Young People's Partnership, and to seek the views of children and young people in shaping and influencing the parenting they receive.

Direct Payments - Social Services can provide a cash payment directly to people whose needs have been assessed by Social Services as being eligible to receive services, so they can arrange and purchase their own support. They might use the money to:

- employ someone directly to help with their care (a Personal Assistant)
- buy care from a private registered care agency
- make their own arrangements instead of using Social Services day care or respite care

DRAIG - DRAIG is a live database used to store information on past and present client known to Social Services. It has been developed to include Integrated Children's System (ICS) documents that facilitate multi-agency working as described in Working Together to include agencies such as Health, Education and Police. Another function of DRAIG is to ensure care management processes are adhered to as outlined in Care Management Practice Guide. However, as DRAIG is a live system, regular validation is required to ensure the integrity of data stored. Performance Information Team in conjunction with Business Support develop and monitor reports to guarantee accurate data is held and that compliance targets are met.

Education Welfare Officers (EWOs) - promote regular attendance at school which is the primary objective of the Education Welfare Service (EWS). The service is child focused and works closely with schools, parents, pupils and other agencies to promote regular attendance.

Families First - A new Welsh Government initiative and grant programme aimed at improving early intervention and preventative services for children, young people and their families. This scheme replaced the Cymorth programme and 2011-12 was the transitional year for the move from Cymorth to Families First.

Family Justice Review – looked at ways of improving the current Family Justice System to reduce delays and costs. It identified the need for changes to Primary and Secondary Legislation in order to put into practice the improvements required including repairing the relationship between the Court and LA, more pre proceedings work (to avoid court proceedings if safe and possible), time limited court proceedings, a single family court, less expert evidence and the removal of adoption panels.

Initial Assessments – An initial assessment is a series of questions based on the child's developmental needs, parenting capacity and family and environmental factors. Once a parent (or someone with parental responsibility) has given permission, or if you think that the child may be suffering, or at risk of suffering, significant harm, the social worker should

- check with all other agencies whether they have relevant information, and
- consider any information obtained in the light of the referral.

The social worker of the case must decide whether the child is 'in need' and if these needs can be met by the provision of further services. The initial assessment may indicate that a core assessment is required.

Integrated Children's System (ICS) - The Integrated Children's System provides a framework upon which the Council has developed an electronic recording system within the assessment framework and other guidance and regulation.

Intensive Family Support Service (IFSS) - The IFSS will provide services for families in greatest need, particularly those experiencing parental substance misuse and domestic violence. This will be achieved through the provision of flexible and effective therapeutic support which will focus on creating opportunities for positive change.

Just @sk and Just@sk+ - Just @sk and Just @sk+ offer support to young people living independently or making the transition to independent living, who are or who have previously been looked after. The Aftercare Team has now been joined with the Just @sk element of the Council's Youth Service to create a new service: Just @sk+. This combines a universal advice and signposting service with specialist, targeted support for more vulnerable young people, including care leavers. The new service is holistic including input on housing, employment, sexual health etc.

Legal Aid Sentences and Punishment of Offenders Act 2012 (LASPO)

Local Service Board (LSB)

Local Safeguarding Children Board (LSCB) - The Bridgend Local Safeguarding Children Board (LSCB) was established as a requirement of the Children Act 2004. It replaced the Area Child Protection Committee and has increased statutory powers and responsibilities. The LSCB is responsible for meeting one of the Welsh Assembly Government's key objectives for children: that of children having a safe home and community which supports physical and emotional well-being. This includes prevention of significant harm or the risk of significant harm as well as the wider remit of ensuring that a child's welfare is safeguarded.

Looked After Children (LAC) - A child or young person is 'looked after' if they are cared for by the local authority either under Section 20 or Section 31 of the Children Act 1989.

Children become looked after when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Children can either be looked after as a result of voluntary agreement by their parents or as the result of a care order. Children may be placed with kinship carers (family), network carers (extended family / friends) or foster carers depending on individual circumstances.

Member - A Member is another term for Councillor, they are representatives of the people of Bridgend County Borough. They are elected to become a member of the Council at local elections, local elections are usually held every four years and Bridgend County Borough Council currently has 54 Members representing 39 wards. Although it is the duty of a Member to represent the whole community, they have a special responsibility to champion the needs of the constituents within their wards. Members have a duty to know what is going on in their area, and to help with any issues and queries that a constituent may have. Members also take collective decisions that form the policy of the council. Every year, the council elects a Leader and appoints the members of Cabinet. The Cabinet then has to make decisions which are in line with the Council's budget and policy framework.

Mental Health Measure – The Mental Health Measure is divided into four distinct parts:

Part 1. Local Primary Mental Health Support Services: The Welsh Government recognises the crucial role that primary care plays in delivering effective mental health care and treatment. The aim of the Measure is to strengthen that role so that throughout Wales there will be local primary care mental health support services. These will be delivered by Health Boards and Local Authorities in partnership and it is expected that these services will operate within or alongside existing GP practices.

Part 2. Coordination of and Care and Treatment Planning for Secondary Mental Health Users. The measure places a statutory duty on service providers (Health Boards and Local Authorities) to act in a coordinated manner to improve the effectiveness of the mental health services they provide to an individual. The measure will require there to be a care and treatment plan for service users of all ages who have been assessed as requiring care and treatment within secondary mental health services.

Part 3. Assessments of Former Users of Secondary Mental Health Services.

The aim of this part of the measure is to enable individuals who have been discharged from secondary mental health services, but who subsequently believe that their mental health is deteriorating to such a point as to require such care and treatment again, to refer themselves back to secondary care services directly, without necessarily needing to first go to their General Practitioner or elsewhere for a referral.

Part 4. Mental Health Advocacy. The part provides for an extended statutory scheme of independent mental health advocacy, both for patients subject to compulsion under the Mental Health Act 1983 and incrementally for those in hospital informally (in other words not subject to the 1983 Act).

Multi-agency - A multi-agency team involves several different organisations that work together for a shared aim, this could mean a team made up of people who work for Bridgend County Borough Council and staff from Health.

National Association for the Care and Rehabilitation of Offenders (NACRO) - NACRO is a charity working to reduce youths offending and to promote and deliver education and training.

Not in Education, Employment or Training (NEET) - This term is used for young people who are at risk of or are not in education, employment or training. This increases a young person's vulnerability and can have a negative impact on their future life chances. Across Wales, some 10% of young people are NEETs.

Occupational Therapist - An occupational therapist (OT) is a therapist who is trained in the practice of occupational therapy. The role of an occupational therapist is to work with a service user to help them achieve a fulfilled and satisfied state in life through the use of equipment and adaptations that could meet the service users particular needs which promote health, prevent injury or disability and improve, sustain or restore the highest possible level of independence.

Outreach service – Working with young people aged 16-17 to prepare them for semi- or independent living and continues within the community as part of the transition from Newbridge House.

People's Partnership - A multi-agency partnership aimed at ensuring effective strategic planning of services for individual citizens and families across the Bridgend County area. The first task of the Partnership board is to contribute to the development of a Single Integrated Partnership plan. See also the entry for the Children and Young People's Partnership.

Performance Indicators - A performance indicator is a measure of performance. They are commonly used to help the Authority define and evaluate how successful we are, typically in terms of making progress towards its long-term organisational goals.

Personal Education Plan (PEP) - All LAC children in education should have a PEP in place within 20 days of becoming looked after. PEP's are developed to ensure that the educational needs of Lac are considered paramount.

Physical and Sensory Impairment - Physical and sensory impairment is the term used to describe somebody with either a physical or sensory disability. A physical impairment relates to the capacity to move, coordinate actions, or perform physical activities. Whilst Sensory impairment is when one of your senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal. The impairment may be caused by aging and other physiological changes, accident or injuries etc.

Protection of Vulnerable Adults (POVA) – POVA is a system in place to safeguard vulnerable Adults from Abuse. A Vulnerable Adult is someone aged 18 or over who is, or may be in need of community care services because of mental or other disability, age or illness and be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. Bridgend adheres to the South Wales Adult Protection (SWAP) multi-agency policy and procedure for responding to allegations of abuse. This means that the Authority has a firm agreement where all organisations work closely together to protect the person who may be being abused. Adult Services lead and co-ordinate the actions taken alongside our partner agencies, amongst which are ABM NHS Trust and South Wales Police.

Public Law Outline (PLO)– Statutory guidance to case management in public law (Care) proceedings for courts and parties. It includes guidance on pre-proceedings

procedures as well as court proceedings. There is currently a Revised Interim PLO which is being piloted in this area from 02.09.13 and will be implemented fully in April 2014.

Overview and Scrutiny Committee– Bridgend County Borough Council operates an executive arrangement that places decision-making in the hands of the Cabinet. The purpose of the Scrutiny Panel is to hold the Cabinet to account for its decisions, and to contribute to evidence-based policy making in the council. There are 5 Overview and Scrutiny Committees which oversee the decision making of the Cabinet Members, which allows citizens to have a greater say in Council matters by holding public meetings into matters of local concern. These lead to reports and recommendations which advise the Cabinet and the Council as a whole on its policies, budget and service delivery.

Serious Case Review (SCR) - Serious case reviews are carried out where abuse or neglect of a child is known or suspected, and

- if a child; dies or
- a child sustains a potentially life threatening injury or serious and permanent impairment of health or development, this may include cases where a child has been subjected to serious sexual abuse.

South East Wales Improvement Collaborative (SEWIC), now the 4Cs - These are collaborative ventures comprising local authority partners aimed at jointly improving services and generating efficiencies. For example, one activity undertaken by SEWIC has been the establishment of a regional commissioning resource for out of area placements for children.

Workwise Review – a term used to describe the application of transformational change techniques in BCBC. A workwise method has been developed and tailored for Bridgend which combines tools and techniques with engagement, staff development and organizational change. Continue to improve the delivery of service to meet the needs of customers and to increase efficiency.

Youth Justice Board (YJB) - oversees the youth justice system in England and Wales, works to prevent offending and reoffending by children and young people under the age of 18 and ensures that custody for them is safe, secure, and addresses the causes of their offending behaviour.

Youth Offending Service (YOS) - Bridgend Young Offending Service is made up of representatives from Social Services, Education, the Police, Probation, Health and voluntary agencies and sits within Safeguarding and Family Support, Children's Directorate. By bringing together representatives from each service, the Youth Offending Service aims to offer a holistic approach to tackling the causes of offending.

