

# Public Document Pack

## Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

### Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

*Rydym yn croesawu gohebiaeth yn Gymraeg.  
Rhowch wybod i ni os mai Cymraeg yw eich  
dewis iaith.*

*We welcome correspondence in Welsh. Please  
let us know if your language choice is Welsh.*



Annwyl Cyngorydd,

#### **Gwasanaethau Gweithredol a Phartneriaethol / Operational and Partnership Services**

Deialu uniongyrchol / Direct line /: (01656)  
643148/643147

Gofynnwch am / Ask for: Michael Pitman

Ein cyf / Our ref:

Eich cyf / Your ref:

**Dyddiad/Date:** Dydd Iau, 5 Gorffennaf 2018

#### **PWYLLGOR Y CABINET DROS FATERION RHIENI CORFFORAETHOL**

Cynhelir Cyfarfod Pwyllgor Y Cabinet Dros Faterion Rhieni Corfforaethol yn Siambr y Cyngor - Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr CF31 4WB ar **Dydd Mercher, 11 Gorffennaf 2018 am 10:00.**

#### **AGENDA**

1. Ymddiheuriadau am absenoldeb  
Derbyn ymddiheuriadau am absenoldeb gan Aelodau.
2. Datganiadau o fuddiant  
Derbyn datganiadau o ddiddordeb personol a rhagfarnol (os o gwbl) gan Aelodau / Swyddogion yn unol â darpariaethau'r Cod Ymddygiad Aelodau a fabwysiadwyd gan y Cyngor o 1 Medi 2008.
3. Cymeradwyaeth Cofnodion 3 - 6  
I dderbyn am gymeradwyaeth y Cofnodion cyfarfod y 18/04/2018
4. Arolygiad o Wasanaethau plant - Cynllun Gweithredu 7 - 64
5. Cymeradwyo datganiadau o ddiben ar gyfer gwasanaethau preswyl 65 - 166
6. Adolygiad o'r broses o wneud penderfyniadau ar y rhai sy'n derbyn gofal ar ôl llwybr (PDG) 167 - 188
7. Materion Brys  
I ystyried unrhyw eitemau o fusnes y, oherwydd amgylchiadau arbennig y cadeirydd o'r farn y dylid eu hystyried yn y cyfarfod fel mater o frys yn unol â Rhan 4 (pharagraff 4) o'r Rheolau Trefn y Cyngor yn y Cyfansoddiad.

Yn ddiffuant

**P A Jolley**

Cyfarwyddwr Gwasanaethau Gweithredol a Phartneriaethol

Ffôn/Tel: 01656 643643

Facs/Fax: 01656 668126

Ebost/Email: [talktous@bridgend.gov.uk](mailto:talktous@bridgend.gov.uk)

Negeseuon SMS/ SMS Messaging: 07581 157014

[Twitter@bridgendCBC](https://twitter.com/bridgendCBC)

Gwefan/Website: [www.bridgend.gov.uk](http://www.bridgend.gov.uk)

Cyfnwidi testun: Rhowch 18001 o flaen unrhyw un o'n rhifau ffon ar gyfer y gwasanaeth trosglwyddo testun

Text relay: Put 18001 before any of our phone numbers for the text relay service

Rydym yn croesawu gohebiaeth yn y Gymraeg. Rhowch wybod i ni os yw eich dewis iaith yw'r Gymraeg

We welcome correspondence in Welsh. Please let us know if your language choice is Welsh

**Dosbarthiad:**

Cynghowrwyr

HJ David  
D Patel

Cynghorwyr

CE Smith  
PJ White

Cynghorwyr

HM Williams  
RE Young

Gwahoddedigion:

N Clarke  
DK Edwards  
J Gebbie  
CA Green  
RM James  
J Radcliffe  
C Webster  
DBF White

# Agenda Item 3

PWYLLGOR Y CABINET DROS FATERION RHIENI CORFFORAETHOL - DYDD MERCHER, 18 EBRILL 2018

COFNODION CYFARFOD Y PWYLLGOR Y CABINET DROS FATERION RHIENI  
CORFFORAETHOL A GYNHALIWDYD YN YSTAFELLOEDD PWYLLGOR 2/3 - SWYDDFEYDD  
DINESIG, STRYD YR ANGEL, PEN-Y-BONT AR OGWR CF31 4WB DYDD MERCHER, 18  
EBRILL 2018, AM 14:00

## Presennol

Y Cynghorydd PJ White – Cadeirydd

HJ David	DK Edwards	J Gebbie	CA Green
RM James	D Patel	JC Radcliffe	CE Smith
CA Webster	HM Williams	RE Young	

## Ymddiheuriadau am Absenoldeb

N Clarke

## Swyddogion:

Susan Cooper	Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles
Lindsay Harvey	Cyfarwyddwr Corfforaethol – Addysg a Chymorth i Deuluoedd (Dros Dro)
Ruth Ronan	Uwch Swyddog Gwasanaethau Democrataidd – Cymorth
Natalie Silcox	Rheolwr Grŵp - Gwasanaethau Rheoledig Plant

## 168. DATGAN BUDDIANNAU

Datganwyd y Buddiannau canlynol:

Bu i'r Cynghorydd J Radcliffe ddatgan buddiant personol yn eitem agenda 4, Diweddariad ar Sefydlu Fframwaith Maethu Cenedlaethol a'r Gwaith Presennol mewn perthynas â Darpariaeth Gofal Maeth Mewnol oherwydd ei fod yn y broses o fabwysiadu plentyn.

## 169. CYMERADWYO COFNODION

PENDERFYNWYD: Cymeradwyo cofnodion y Rhianta Corfforaethol Pwyllgor y Cabinet ar 24 Ionawr 2018 fel rhai gwir a chywir.

## 170. DIWEDDARIAD AR SEFYDLU FFRAMWAITH MAETHU CENEDLAETHOL A'R GWAITH PRESENNOL MEWN PERTHYNAS Â DARPARIAETH GOFAL MAETH MEWNOL.

Cyflwynodd Pennaeth Gofal Cymdeithasol Plant adroddiad i'r Pwyllgor Cabinet am wybodaeth cefndirol a newyddion ynghylch cynnydd y gwaith sydd wedi ei wneud i sefydlu Fframwaith Maethu Cenedlaethol yng Nghymru. Hefyd, rhoddodd newyddion ar ddarpariaeth gwasanaeth Gofal Maeth Pen-y-bont ar Ogwr a'r adolygiad ar y gwasanaeth maeth sy'n mynd rhagddo.

Eglurodd Pennaeth Gofal Cymdeithasol Plant fod cam 3 wedi cychwyn yn 2017 ac mae'n cynnwys ehangu a datblygu tîm canolog y Gwasanaeth Mabwysiadu Cenedlaethol er mwyn dod ag undod ac i gefnogi cydlynid ac arweiniad y Fframwaith Maeth Cenedlaethol. Yna, disgrifiodd y rhaglen waith sy'n sail i'r cynlluniau rhanbarthol sy'n cael eu datblygu, fel y nodir yn adran 4.4 yr adroddiad.

Dywedodd Pennaeth Gofal Cymdeithasol Plant bod adolygiad yn mynd rhagddo ar Ofal Maeth Pen-y-bont ar Ogwr i sicrhau gwneud y gorau o botensial y gwasanaeth a

datblygu model y dull mewn ffordd sy'n cyd-fynd â phroject ailfodelu Lleoliadau a Gwasanaethau preswyl a'r Fframwaith Maethu Cenedlaethol. Eglurodd y cai'r adolygiad ei gwblhau erbyn mis Gorffennaf 2018 ac ymgorffori nifer o ffrydiau gwaith fel y manylir yn adran 4.9 yr adroddiad. Caiff y canfyddiadau hyn eu casglu a'u rhoi mewn adroddiad a fydd yn cyflwyno'r argymhellion a'r opsiynau o ran newidiadau i systemau, cyllid, polisïau a strwythur yn y gwasanaeth.

Gofynnodd Aelod am ddiweddariad ar System Wbodaeth Gofal Cymunedol Cymru a'r amserlen ar gyfer ei sefydlu trwy Gymru.

Dywedodd Cyfarwyddwr Corfforaethol y Gwasanaethau Cymdeithasol a Lles fod 13 Awdurdod Lleol yng Nghymru ar System Wybodaeth. Merthyr oedd yr Awdurdod Lleol diwethaf i fynd yn fyw a bydd RhCT yn dilyn yn fuan. Cynllunnir ei gweithredu trwy'r holl awdurdodau yn y 18 mis nesaf, mae datblygu'r modelau'n digwydd yn araf deg. Dywedodd Pennaeth Gofal Cymdeithasol Plant wrth y Pwyllgor bod y modiwl gofal maeth yn fyw ac y byddi'r modiwl taliadau gofal maeth yn fyw ym mis Mai.

Dywedodd aelod ei fod ar ddeall y cafwyd anawsterau wrth recriwtio a chadw gofalwyr maeth yn y gorffennol; allai swyddogion ddweud sut mae'r sefyllfa ar hyn o bryd?

Dywedodd Rheolwr Grŵp Gwasanaethau Plant a Reoleiddir y bu gwelliant cyson ym Mhen y Bont gan 2 i 3 aelwyd bob blwyddyn. Mae'r tîm Cyfathrebu a Marchnata wedi gwneud llawer o waith i hyrwyddo'r gwasanaeth ac o ganlyniad, mae gennym bellach gronfa dda o ofalwyr maeth ym Mhen y Bont. Mae'r rhaglen recriwtio a datblygu gofalwyr presennol dan adolygiad i wella datblygiad gyrfaoedd ar gyfer gofalwyr maeth mewnol a sicrhau bod yr Awdurdod Lleol yn gystadleuol mewn cymhariaeth â chynghorwyr maethu annibynnol. Eglurodd Cyfarwyddwr Corfforaethol y Gwasanaethau Cymdeithasol a Lles fod yr ymgyrch recriwtio yn gysylltiedig â'r MTFS oherwydd os y gallwn recriwtio yn lleol, gallwn dorri costau ar leoliadau allanol. Anogodd y Cadeirydd Aelodau i hyrwyddo'r gwasanaeth ar unrhyw adeg bosibl oherwydd bod yr Awdurdod wastad am recriwtio.

Cyfeiriodd aelod at Ffrwd Gwaith 4 – Cyllid “mae adolygiad yn mynd rhagddo ar y pecynnau ariannol ar gyfer gofalwyr, bydd hyn yn cynnwys meincnodi yn unol ag asiantaethau maethu annibynnol ac awdurdodau lleol eraill yn defnyddio'r Fframwaith Maethu Cenedlaethol” a gofynnodd a fyddai mwy o gysondeb rhwng yr awdurdodau lleol ac asiantaethau preifat wedi'r adolygiad ar daliadau.

Eglurodd Rheolwr Grŵp y Gwasanaethau Plant a Reoleiddir mai'r brif broblem oedd nad oedd ffioedd yr awdurdod lleol yn cymharu ag asiantaethau preifat dan lefel penodol ac roedd yn bwysig trafod hyn fel rhan o'r adolygiad. Dywedodd Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles y bu cyhoeddusrwydd negyddol yn ddiweddar ynghylch asiantaethau maethu annibynnol a arweiniodd at ofalwyr maeth yn dymuno trosglwyddo i'r awdurdodau lleol.

Dywedodd Aelod bod Pen y Bont yn hael o'i gymharu â lwfansau awdurdodau lleol eraill. Gofynnodd, fodd bynnag, a oedd yn arfer gwneud asesiad ar sail unigol i edrych ar oblygiadau ariannol pan fo angen cymorth ariannol ychwanegol ar leoliadau. Dywedodd Pennaeth Gofal Cymdeithasol Plant fod yr awdurdod eisoes wedi gwneud rhai taliadau â disgresiwn mewn rhai amgylchiadau, fodd bynnag, byddai'r adolygiad yn trafod hyn yn ogystal â sut rydym yn annog gofalwyr i gynilo ar gyfer anghenion y plentyn yn y dyfodol.

Dywedodd aelod bod y cyhoeddusrwydd cyffredinol ar gyfer Plant sy'n Derbyn Gofal yn wael ac yr ymddengys bod diffyg rolau model cadarnhaol, er enghraifft Plant a Dderbyniodd Ofal ac aeth i'r brifysgol neu i addysg bellach arall. Awgrymodd yr Aelod bod yr Awdurdod yn ystyried hyrwyddo hanesion cadarnhaol o Ben-y-Bont.

Dyweddodd Cyfarwyddwr Corfforaethol y Gwasanaethau Cymdeithasol a Lles fod hyn yn syniad ardderchog ac y trafodir hyn yn y timau. Gallwn edrych ar ddatblygu llyfrgell o hanesion y gellid eu defnyddio fel rhan o'r recriwtio. Dywedodd Pennaeth Gofal Cymdeithasol Plant ein bod wedi ymgorffori clip cyfryngau cymdeithasol yn ein strategaeth, yn cynnwys Plentyn a Dderbyniodd Ofal a bod hwn wedi cael ymateb da.

Dyweddodd Aelod bod "Voices from Care" yn sefydliad ardderchog a fyddai'n croesawu gwahoddiad i siarad ag aelodau etholedig. Cytunwyd y cynigid hyn cyn gynted â phosibl fel cyflwyniad cyn cyfarfod y cyngor neu mewn sesiwn datblygu aelodau.

Holodd aelod ynghylch canran y lleoliadau sy'n cynnwys amryw blentyn o'r un teulu yn yr un cartref. Dywedodd y Rheolwr Grŵp Gwasanaethau Plant a Reoleiddir bod 35% o'r gofalwyr maeth nawr yn fodlon cymryd 2 – 3 plentyn ac rydym yn ceisio cadw brodyr a chwiorydd gyda'i gilydd pan fo'n bosibl. Mae gennym hefyd nifer o ofalwyr maeth sy'n perthyn felly mae hyn yn helpu cadw brodyr a chwiorydd gyda'i gilydd.

Gofynnodd aelod am newyddion ynghylch cymorth cyfoedion, recriwtio gofal maeth pontio newydd a lleoliadau rhieni a babis.

Dyweddodd y Rheolwr Grŵp Gwasanaethau Plant a Reoleiddir wrth y pwyllgor y byddai ymgyrch gofalwyr yn mynd yn fyw ar 30 Ebrill a fyddai'n lansio gwasanaeth newydd: gofalwyr pontio a chodi proffil gofalwyr Mawrth. 14 Mai yw cychwyn pythefnos maethu y gobeithir y rhydd hwb i recriwtio. O ran lleoliadau rhiant a babi, mae 2 aelwyd wedi eu cymeradwyo ar gyfer hyn ac rydym yn asesu 2 arall. Trafodwyd y mater hwn mewn manylder mewn cyfarfod craffu diweddar a chytunwyd felly dosbarthu cofnodion y cyfarfod hwnnw i aelodau'r pwyllgor.

Gofynnodd aelod beth rydym yn ei wneud i gynorthwyo gofalwyr maeth newydd a theuluoedd o ofalwyr maeth.

Dyweddodd Rheolwr Grŵp Gwasanaethau Plant a Reoleiddir bod cynlluniau i gynnal rhaglen hyfforddiant sefydlu 16 wythnos ar gyfer gofalwyr maeth sydd newydd eu cymeradwyo. Bydd hyn yn gwella ac ychwanegu at eu sgiliau a gwybodaeth. Mae grŵp cymorth ar gael ar gyfer meibion a merched gofalwyr maeth ac mae hwn wedi bod yn llwyddiannus iawn ac wedi cynhyrchu llyfr bychan yn ddiweddar o'r enw "Stori Dylan", rydym yn gweithio ar gynhyrchu lawlyfr a chynhyrchu cân.

Gofynnodd aelod pa gymorth a gynigir mewn ysgolion i athrawon ynghylch problemau Plant sy'n Derbyngofal a'u hanghenion emosiynol cymhleth.

Dyweddodd Cyfarwyddwr Corfforaethol Addysg a Chymorth i Deuluoedd y byddai'n ymchwilio'r mater hwn ac yn adrodd yn ôl; fodd bynnag, byddai'r awdurdod yn ystyried gweithio â gweithwyr cymdeithasol a phenaethiaid i gynnig hyfforddiant priodol.

Cododd aelod destun yswiriant cartref ar gyfer gofalwyr maeth, yn arbennig mewn perthynas â rhai cwmnïau'n gwrthod hawliadau.

Dyweddodd Rheolwr Grŵp Gwasanaethau Plant a Reoleiddir wrth y pwyllgor y nodir yng nghanllaw ysgrifenedig gofalwyr maeth y dylent roi gwybod i'w darparwr yswiriant bod eu statws wedi newid, mae rhai darparwyr yswiriant hefyd yn arbenigo yn y maes.. Dywedodd nad oedd hi'n ymwybodol bod hyn erioed yn broblem ym Mhen-y-Bont ar Ogwr a chadarnhaodd y Cadeirydd nod oedd erioed wedi ei godi gan y Panel Maethu. Gwnaed asesiad risg llawn ac asesiad iechyd a diogelwch cyn unrhyw gymeradwyaeth gofal maeth.

Cyfeiriodd aelod at eitem 4.7 yr adroddiad a oedd yn nodi bod 75 plentyn mewn lleoliadau ag asiantaethau maethu annibynnol a gofynnodd a oedd hynny o ddewis neu yn fater o gapasiti yn yr Awdurdod Lleol.

Dywedodd Rheolwr Grŵp y Gwasanaethau Plant a Reoleiddir ei fod yn rhannol oherwydd capasiti ond bod angen ar rai plant i fod mewn lleoliadau arbenigol y tu allan i'r ardal. Yn genedlaethol, roedd Pen-y-bont ar Ogwr yn groes i'r duedd oherwydd bod y ffigwr yn gymharol isel a tharged yr awdurdod oedd gostwng y ganran gan 4% eleni.

Dywedodd y Cadeirydd wrth y Pwyllgor y penderfynwyd datblygu rhaglen weithio ymlaen a gofynnodd i aelodau am eitemau i'w cyflwyno yng nghyfarfodydd y dyfodol.

Awgrymodd Aelodau'r canlynol:

- Diweddariad ar Archwiliad Plant, mae gwaith yn mynd rhagddo ar gynllun gweithredu a byddai'n ddefnyddiol dod a hyn yn ôl i'r pwyllgor er mwyn cael gweld y cynnydd;
- Derbyn diweddariad ar adolygiad ar Blant sy'n Derbyn Gofal yn canolbwyntio ar gymorth cynnar a'r grŵp ffocws Plant sy'n Derbyn Gofal;
- Canlyniadau addysgol Plant sy'n Derbyn Gofal ag Anghenion Addysgol Arbennig, mae hyn wedi ei adolygu gan y Grŵp Gwella Ysgolion a byddai'n ddefnyddiol i'r Pwyllgor;
- Derbyn diweddariad ar weithredu'r Hwb Cymorth Aml Asiantaeth a'i effaith;
- Adolygiadau arfer plant, derbyn adroddiad a chyflwyniad ar ddigwyddid yn Hillside lle pasiodd y cyfnod amser priodol;
- Gwahodd Plant a Dderbyniodd Ofal i wneud cyflwyniadau i'r Pwyllgor ar eu profiadau a llwyddiannau.

171. EITEMAU BRYS

Dim

Daeth y cyfarfod i ben am 15:05

## BRIDGEND COUNTY BOROUGH COUNCIL

### CABINET COMMITTEE CORPORATE PARENTING

11<sup>th</sup> JULY 2018

#### REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

#### CARE INSPECTORATE WALES INSPECTION OF CHILDREN'S SERVICES – ACTION PLAN

#### 1. Purpose of Report

- 1.1 To present the Committee with an update on the action plan relating to the Care Inspectorate Wales (CIW) Inspection of children's services (June 2017).
- 1.2 To update the Committee on the progress made in addressing the recommendations and arrangements for monitoring any outstanding actions. This follows a report that the Committee received on 24<sup>th</sup> January 2018 regarding the Inspection findings and the action plan that had been developed in response.

#### 2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:-
  1. **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
  2. **Smarter use of resources** – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

#### 3. Background

- 3.1 In 2016, Care Inspectorate Wales (CIW (previously CSSIW)) worked together with key stakeholders to develop a new framework for local authority inspection, engagement and performance review.
- 3.2 The overarching approach to inspection, engagement and performance review is engagement with people, staff and Elected Members. The aim is to support rigorous evidence and information gathering which both contributes to the assurance process and enhances the accountability of senior officers and Elected Members for the sufficiency and quality of social services. Central to this approach was the introduction of a core inspection programme of children's and adults' social services.
- 3.3 The approach to all inspection, engagement and performance review activities reflects the Social Services and Well-Being (Wales) Act 2014 national well-being outcomes and the quality standards for local authorities issued in the relevant code of practice by Welsh Government. The inspection methodology emphasises engagement with people, including a clear focus on the extent to which service

delivery is respectful of people's dignity, promotes independence and is provided to Welsh-speaking people in their language of choice.

- 3.4 The core inspection programme implemented from June 2016 included inspections of adult and children's social services across all local authorities in Wales. The first year of roll-out was to be used as a learning and review phase; testing the efficacy of the local authority inspection, engagement and performance review framework as a whole. This included working closely with inspected local authorities to listen and learn from their experience.
- 3.5 The inspection undertaken of children's services in Bridgend in 2017 focused on how children and families are empowered to access help and care and support services and on the quality of outcomes achieved for children in need of help, care and support and/or protection, including children who have recently become looked after by the local authority.
- 3.6 The inspection also evaluated the quality of leadership, management and governance arrangements in place to develop and support service delivery.
- 3.7 The dates of the inspection were as follows:

Week 1 – week commencing: 30/01/2017

Week 2 – week commencing: 13/02/2017

In advance of the fieldwork, the Service was required to submit a self-assessment and a range of advance information/documentation in the following areas:-

- Strategy and Structures
- Key Documents and Operational Protocols
- Blank Templates
- Cabinet/Committee Reports
- Development Work
- Families First and IFST
- Performance Data and Quality Assurance
- Workforce

This required co-ordinating the provision of 212 documents/items in total.

- 3.9 In Fieldwork Week 1, CIW inspected the work by assessing a sample of 20 from 65 cases. In some instances this included interviewing the allocated case worker and their manager. In addition, CSSIW also sought the views of service users through interviews with children and young people and parents/carers.
- 3.10 In Fieldwork Week 2, CIW explored themes arising from week 1. They conducted a number of individual and group interviews with Elected Members, managers, partners and service providers. Where possible they observed practice linked to the cases reviewed during week 1.
- 3.11 CIW published a report of the findings on their website in June 2017. They also presented their findings to Bridgend County Borough Council's Overview and Scrutiny Committee in July 2017.



## **4 Current Situation/Proposal**

4.1 The CIW inspection report is attached at **Appendix 1**.

### **Summary of findings**

- 4.2 Inspectors found that the Authority had worked hard in the context of the Social Services and Well-being (Wales) Act (SSWBA) 2014, to reshape its services. The Authority's Information, Advice and Assistance (IAA) function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.
- 4.3 Access arrangements were respectful of people's rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families and the model was yet to mature into an integrated service fully understood and delivered with partner agencies.
- 4.4 Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. However, whilst no widespread or serious failures that left children being harmed or at risk of harm were identified by inspectors, the quality of threshold screening, assessments, care and support planning was found to be inconsistent.
- 4.5 It was acknowledged by the Service that the changes introduced to operationalise Information, Advice and Assistance had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The impending transition to a Multi-Agency Safeguarding Hub (MASH) provided a timely opportunity to refresh service expectations resulting from the SSWBA, including learning from practice.
- 4.6 Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Assessments/plans needed to be better shared with children and families in addition to proposed changes about service developments.
- 4.7 Inspectors noted that senior managers were already taking steps to look at the impact services are having on reducing need and risk and the Authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings.
- 4.8 They noted that the ambition of the Authority's plans signalled their commitment to improving both early intervention and statutory services for children, young people and their families, recognising this was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services.

- 4.9 It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.
- 4.10 Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. Like other local authorities across Wales, Bridgend should continue to focus on how they can retain staff for longer and more timely recruitment of experienced staff.

### **Recommendations and Actions Taken**

- 4.11 An action plan was developed in response to the recommendations made by CIW and can be found at **Appendix 2**.
- 4.12 The Action Plan is monitored by the Early Help and Safeguarding Board which is chaired jointly by the Corporate Directors for Social Services and Wellbeing and Education and Family Support. It also forms part of CIW's routine programme of engagement with the Social Services and Wellbeing Directorate.
- 4.13 **Appendix 2** provides detailed updates against each recommendation and demonstrates the progress achieved since the Inspection report was published.

### **5. Effect upon Policy Framework and Procedure Rules**

- 5.1 There is no impact on the Policy framework and Procedure rules.

### **6 Equality Impact Assessment**

- 6.1 There are no equality implications arising from this report.

### **7. Well-being of Future Generations (Wales) Act 2015 Implications**

- 7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing Act (Wales) (SSWBA) 2014, in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a Healthier and more equal Bridgend and Wales are supported.
- 7.2 The Wellbeing of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:
- Long Term – Social Services is demand led and the SSWBA focusses on sustainable prevention and wellbeing outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodelling and transformation of services continues to be a priority.

- Prevention – the report reflects the new approaches adopted by the Directorate in line with the SSWBA, for example, the provision of information, advice and assistance to enable people to remain independent for as long as possible. This will ensure that need is anticipated and resources can be more effectively directed to better manage demand.
- Integration – the implementation of the SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided. The report evidences work with partners to enable people to remain living within their communities, and where necessary, responding to safeguarding concerns in a timely, efficient manner.
- Collaboration – The collaborative approaches described in the report, are managed and monitored through various remodelling and collaborative boards, for example, the Early Help and Safeguarding Board where there is cross Directorate and sector stakeholder representation.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

## **8.0 Financial Implications**

- 8.1 Whilst there are no direct financial implications, the report highlights that the authority is working hard to transform services at a time when there are medium term financial savings to be delivered.

## **9.0 Recommendation**

- 9.1 It is recommended that the Committee notes the CIW report on the inspection of Bridgend's Children's Social Care and comments on the associated Action Plan.

**Susan Cooper**  
**Corporate Director, Social Services and Wellbeing**  
**June 2018**

## **10. Contact Officer: Laura Kinsey, Head of Children's Social Care**

Telephone: 01656 642314

Email: [laura.kinsey@bridgend.gov.uk](mailto:laura.kinsey@bridgend.gov.uk)

## **11. Background Documents**

None

This page is intentionally left blank

# Inspection of *Children's* Services

Bridgend County  
Borough Council

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

**OGL** © Crown copyright 2017 WG31728 Digital ISBN 978 1 4734 9790 0

## **Contents**

	<b>Page</b>
<b>Introduction and next steps</b>	<b>3</b>
<b>Overview of findings</b>	<b>4</b>
<b>Recommendations</b>	<b>7</b>
<b>Access Arrangements</b>	<b>9</b>
<b>Safeguarding and Assessment</b>	<b>19</b>
<b>Leadership, Management &amp; Governance</b>	<b>27</b>
<b>Appendix 1: Methodology</b>	<b>36</b>

## **Introduction and next steps**

Care and Social Services Inspectorate Wales (CSSIW) undertook an inspection of children's services in Bridgend County Borough Council in January/ February 2017. Inspectors looked closely at the quality of outcomes achieved for children in need of help, care and support and/ or protection. We focussed specifically on the quality of practice, decision making and multi-agency work in respect of the authority's safeguarding, access and assessment arrangements; including arrangements for the provision of information, advice and assistance and preventive services. In addition inspectors evaluated what the local authority knew about its own performance and the difference it was making for the people it was seeking to help, care and support and/or protect.

The inspection was structured around people's pathway into care and support services, specifically access to preventative and statutory services and the interface between the two, as well as any safeguarding issues arising. We considered carefully the contributions made by social services in partnership with other agencies to achieving good outcomes for children and families and where relevant to protecting children from harm. Inspectors read case files and interviewed staff, managers and professionals from partner agencies. An electronic staff survey was carried out across children's services. Wherever possible, inspectors talked to children, young people and their families.

At the time of the inspection the council was experiencing a significant period of change including the requirement to implement the Social Services and Well-Being (Wales) Act 2014 (SSWBA). The social services and well-being directorate was also actively progressing a transformational agenda of services for children young people and their families while having to deliver medium term financial savings.

Inspectors were pleased to note that senior managers were committed to achieving improvements in the provision of help and protection for children and families.

The recommendations made on page 8 of this report identify the key areas where post-inspection development work should be focused.

They are intended to assist Bridgend County Borough Council and its partners in their continuing improvement.

The inspection team would like to thank Bridgend service users, elected members, staff and partner agencies who contributed to this report.

## **Next steps**

Bridgend County Borough Council is to produce an improvement plan in response to this report's recommendations which will be monitored as part of CSSIW programme of engagement.



## Overview of findings

### Access arrangements

Inspectors found that the authority had worked hard in the context of the Social Services Well-being Act 2014, to reshape its services. The authority's Information Advice and Assistance function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.

Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families. The colocation of staff from social services, Early Help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services, but was yet to mature into integrated services. The Assessment team multi agency arrangements will be extended through the development of a Multi Agency Safeguarding Hub from April 2017. The current access arrangements, including the interface between social services and Early Help, were underpinned by a threshold criteria document, but this was not yet sufficiently understood by partner agencies. Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. The quality of threshold decision-making however, was inconsistent and not sufficiently evidenced. It was acknowledged by the service that the changes introduced to operationalise IAA had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The information provided by partner agencies was not always of a sufficient quality to support the assessment team in their screening decision and some professional referrers demonstrated a lack of understanding of the requirements of the service. More work was needed to develop multi agency quality assurance systems to support staff to exercise appropriate and proportionate judgements and to provide assurance that children young people and families were being directed to the most appropriate service. The impending transition to a MASH provided a timely opportunity to refresh service expectations resulting from of the SSWBA, including learning from practice. The authority will also need to extend its performance information to include an analysis of the impact that services are having on reducing need and risk.

## **Safeguarding & Assessment**

The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014. Strategy discussions were timely and supported appropriate information sharing from key agencies.

The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset. The timeliness and quality of partner's contributions to assessments was not always evident and remained too dependent on individual professional relationships.

Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Although most assessments were shared with children and families, lack of effective engagement resulted in them not always being sufficiently clear about the purpose of the help, care and support and/or protection they received. The resulting plans did not always reflect the findings of the assessments and were not sufficiently child focused or outcome driven. In some instances the quality of the plan hampered those taking over a case from swiftly understanding the needs and risks associated with children and families. Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement.

Management oversight of assessments and plans was seen but did not consistently provide the level of challenge and quality control needed.

## **Leadership management and governance**

The authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early intervention and statutory services for children young people and their families. The objective to mitigate the need for statutory social services however was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services. It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.

The council needs to ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users. At the time of the inspection the SSWBA was still at an early stage of being embedded and more opportunities were needed to draw lessons from practice and engaged key stakeholders in reviewing progress and in any resulting service remodelling. The voices of children and families also need to be embedded in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families. The introduction of a new quality assurance framework will help the councils to understand the pace of its service improvement.

Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. The recruitment and the retention of social workers had been given significant priority despite some good progress the authority had encountered difficulty in recruiting experienced staff. Services therefore were not always delivered by a suitably qualified and experienced workforce that had the capacity to consistently meet workload demands. Staff valued the approachability of their line managers, and peer support from team members particularly in relation to managing the increase in volume and complexity of their work. Staff would welcome greater visibility of senior managers particularly given the remodelling of services.

The importance of staff development and good supervision practice to retention was recognised and newly qualified workers were found to be well supported in their first year of practice and highly valued the mentoring provided to them. Despite the availability of some good training programmes staff including managers needed help to prioritise training against the competing demands of their work. The quality of supervision was found to be very variable and did not routinely evidence sufficient challenge or reflection, a new supervision policy had not yet impacted on these quality issues. Senior managers were working to develop a stronger oversight of practice and management culture the leadership development of group managers and front line managers was therefore being progressed as a priority.

# Recommendations

## Access

1. A range of user-friendly information should be developed and made easily accessible for families, children and young people not only with respect to signposting to preventative services but also how children's services and early help carries out its work.
2. Effective, multi-agency training and quality assurance arrangements should be established to ensure that the thresholds and referral expectations of both early help and statutory children's services are understood by staff and partners and are consistently applied;
3. The council should continue to develop information systems that include scrutiny of service demand and support an analysis of the difference that early help, care and support and/or protection is making for children and families.
4. Caseload and quality assurance reports should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.
5. The quality and consistency of record keeping and the use of chronologies and genograms should be improved;
6. Effective arrangements should be put in place to ensure that the needs of children and young people are assessed if contacts and referrals about their well-being are repeated.
7. The council should review its Emergency duty team (EDT) arrangements to ensure that EDT referrals are effectively captured on the electronic system and that communication with the daytime service supports timely hand over and action.

## Safeguarding and Assessment

8. The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.
9. A service model of risk assessment and risk management should be developed and shared with staff and also partner agencies. This should be accompanied by a programme of training and assurance mechanisms to ensure compliance, quality and impact.
10. Expectations in relation to the timeliness and quality of partner's contributions to assessments and care plans should be established. An assurance mechanism should be implemented to ensure compliance and quality.

11. Effective, management oversight and challenge systems should be established at the point of transfer between teams to ensure a clear understanding of the needs and risks associated with the case.

### **Leadership Management and Governance**

12. The council should actively evaluate the effectiveness of its inter directorate working in supporting the Statutory Director Social Services in delivering against the statutory requirements of the Social Service Well-being Act and in particular Information Advice and Assistance.

13. The council should progress its commitment to developing an evidence based commissioning plan in relation to both statutory and early intervention services for children and families.

14. The council should consider how it can increase the voices of children and families in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families.

15. The council should consider how it can provide opportunities for staff and partners to be further engaged in the development and transformation of services; the identification of lessons learnt from its implementation of IAA should be used to inform the planned transition to a multi-agency safeguarding hub.

16. The quality assurance framework should be developed and implemented as a priority.

17. The workforce strategy should continue to focus on maximising staff retention and actions to promote the timely recruitment of experienced staff.

18. Staff must have the capacity to complete the training which has been identified to support their professional development.

19. Senior managers should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism should be implemented to ensure compliance and quality.

20. Arrangements for group managers, team/deputy managers and senior practitioners should be kept under review as part of the remodelling of services to ensure their capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; access to a leadership and development programme should be progressed for managers to build resilience.

## Access Arrangements

### What we expect to see

All people have access to comprehensive information about Information Assistance & Advice services and get prompt advice and support, including information about their eligibility for care and support services. Preventive services are accessible and effective in delaying or preventing the need for care and support. Access arrangements to statutory social services provision are understood by partners and the people engaging with the service and are operating effectively.

### Summary of findings

- The authority had worked hard to reshape its services and had developed an assessment team as a single point of contact for both social work and preventative (Early Help) interventions.
- The colocation of staff from social services, early help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services.
- Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually.
- Despite positive performance in the number of Joint Assessment Family Framework (JAFF) completed, partners need to be encouraged to understand the impact that they could make by undertaking the role of the lead professional.
- The interface between social services and Early Help thresholds was underpinned by a threshold criteria document, but this was not sufficiently understood by partner agencies.
- Information provided by partner agencies was not always of a sufficient quality to support the assessment team to make secure screening decisions.
- There was a lack of accessible quality information for children, young people and their families.
- Performance information was being captured but needed to include a better analysis of service impact particularly in relation to repeat referrals.
- Screening decisions were inconsistent and managers and partners needed to be more engaged in the quality assurance of access threshold decisions.
- When contacts were received by children's services and there was an obvious indication of significant harm prompt and proportionate initial action was taken to protect children.
- More multi agency work was needed in respect of Information Advice and Assistance (IAA) service expectations to support staff to exercise appropriate and proportionate judgement.

## Explanation of findings

### Context

1.1. At the time of the inspection the Social Services and Well Being Directorate was progressing work to transform services to children in the context of a wider Corporate 'One Council' vision. This significant change process reflected the authority's corporate priorities and medium term financial requirements, the Directorate's business plan and the expectations and objectives of the Social Services Well-being Act (Wales) 2014. The safe reduction of its looked after children population remained a key priority for the council (387 children as of 31/12/2016). The council had reframed its focus, replacing its placement and permanence strategy within an Early Help and Permanence Strategy that was aimed at developing a "whole system" and multi agency approach to supporting Looked after Children, whilst helping families to remain together.

1.2 Children's Social services, designated as children's "social care", had been relocated from the former Children's Directorate – now the Education and Family Support Directorate and joined with adult social care under the Corporate Director Social Services and Well-being in January 2015. The authority's Early Intervention and support services (Early Help) remained within the Education and Family Support Directorate. The relationship between the Directorates had benefitted from their close ties in the past and these new arrangements were designed to underpin the corporate priority of 'helping people to be more self-reliant'. The location of early help responsibilities outside of the social services and well-being directorate however, means that any mitigation of need for statutory social services is significantly dependent upon the ability of the Directorates to work together in order to, co-ordinate and deliver an effective range of services.

1.3. Managers from across the two directorates, led by the Corporate Director Social Services and Well-being, had recently (summer 2016) developed a 'Vision into Action' document that identified four key change priorities. Children with Disabilities, Residential Services, Early help and Permanence and the development of a Multi-Agency Safeguarding Hub. The resulting shared project plans are now overseen by a 'Remodelling Children's Social Care Programme Board' and this includes other statutory partners.

1.4. The council had taken a national lead in the implementation of the new electronic Wales Community Care Information System (WCCIS). This necessitated that the authority create new operational templates consistent with the requirements of the act and the new system. The new arrangements 'went live' with the introduction of the SSWBA in April 2016, The system's electronic records were still new and recognised as a 'work in progress'. Staff reported early learning from practice was that the prescription of some templates impacted adversely on the proportionality of their work. The aim of WCCIS is to enable health and social services work together in a more integrated way nationally and locally. At the time of the inspection this integration of information with health was still at an early stage and the ambition of the system was yet to be realised. Inspectors found that the electronic record did not currently support readily accessible oversight of the authority's previous involvement with families. Chronologies and genograms were not well developed or purposeful and there was no common methodology. The

templates had not supported the capture of consistently good quality information or analysis. More work and training was needed particularly with those expected to use the tools, to develop a shared understanding of the intention of the templates and how they should be completed.

1.5. The authority was aware of the growth in demand for social services but also recognised the need to maximise the opportunity to promote more timely engagement with families when the threshold for statutory services was not met. The authority therefore had worked hard to reshape its services and had developed an assessment team as a single point of contact for both social work and the early help interventions. For example in 2015/2016: 3777 contacts had not progressed to a referral because they were deemed to be below the statutory threshold.

1.6. Whilst cross directorate work was evident between social services and early help services, the relationship between the assessment team and the council's other information services, including the Family Information Service (FIS) and the Council's Customer Service Centre (sometimes known as the call centre) was underdeveloped. Staff reported that a lack of understanding regarding the remit of the assessment team and its interface with other council information and signposting arrangements, created potential service tensions. The example most often cited by staff and observed by inspectors, was phone calls that could have gone to other services were misdirected to the assessment team blocking access to the duty system. Limited availability of dedicated business support staff to answer the phone had compounded this issue. The imminent transition to a Multi-Agency Safeguarding Hub (MASH) and the appointment of a new customer services manager was seen as an important opportunity for the council to clarify these information service pathways and to better publicise and disseminate the arrangements.

1.7. The authority had progressed work to implement the Dewis Cymru system (the national citizen portal for well being information) but this was still at an early stage. Information, including from the family information system, was still being uploaded onto the system. Once developed it is intended that Dewis will be used across the social services and well-being directorate and other parts of the council as a central information point for the public. As with any electronic information system, the challenge will be maintaining the relevance of information and ensuring ease of access for the public. It was helpful that a link had now been established on Welsh Community Care Information System (WCCIS) to support staff, to access pertinent information, particularly as some partners expressed concern that personnel providing IAA services did not always have sufficient information to signpost the public effectively.



## **A Multi-Agency Safeguarding Hub**

1.8. A Multi-Agency Safeguarding Hub (MASH) was expected to go live from April 2017. Inspectors saw the Council's current approach to Information Advice and Assistance (IAA) as having been both progressed but also impeded by the work undertaken to develop the MASH. Staff involved in the project recognised that this would necessitate a further period of change but were optimistic that a MASH would extend the current multi agency make-up of the team, improve information sharing and the management of referrals, particularly those relating to domestic abuse. However the focus on the Mash had diverted some attention and resource away from ensuring that the operationalization of the SSWBA particularly in relation to the current access arrangements was sufficiently well understood and owned by staff and partner agencies. The transition to a MASH provided a timely opportunity for further joint training on the requirements of the SSWBA that could include learning from practice to date.

## **Information Advice and Assistance**

1.9. Bridgend County Borough Council's current model for the provision of Information, Advice and Assistance (IAA) services for children, families and professionals was through a countywide assessment team based in Bridgend Civic Centre, or in relation to disabled children through a Disabled Children's team (co located with a multi agency adult social care team). Outside of working hours, a separate Emergency Duty Team responds to referrals that require an immediate response. As well as providing an IAA service, the Assessment team undertook initial safeguarding and child protection activities, child protection strategy discussions, section 47 enquiries, care and support assessments, court work and the accommodation of children as required, holding cases up until the point of closure or transfer.

1.10. The Assessment team consisted of two co-located pods of staff. A statutory services social work team, (team manager, three part-time senior practitioners, nine social workers and three unqualified social work assistant staff), an early help team, plus other specialist professionals.

1.11. The early help pod, comprised of a senior practitioner and screening officer who provided screening function for all new 'requests for help'. Membership had been extended in preparation for the MASH to include other co-located professionals, in order to facilitate more timely intervention and to ensure access to expert advice; these included a specialist health visitor (funded by health and an early help grant), a community drugs and alcohol worker and education child protection officers. Whilst the two pods had distinct functions and separate line management accountabilities, the co-location of agencies had started to improve understanding of each other's roles and the more flexible management of service thresholds. Despite the arrangements only being in place since April 2016, the council's ambition that people be directed more easily between social services and to early help services, had begun to be realised. It was reported by staff that approximately ten referrals a day were being passed directly to the two early help workers in the assessment team for screening, information gathering and direction on to early help services provided through early help locality hubs.

1.12. The interface between social services and early help was underpinned by one referral format and a threshold criteria document that sets out a pathway from universal through to targeted statutory services, including a step up and step down process. It was disappointing that whilst social work and early help staff were generally aware of these criteria, it was not well known by professional referrers. Despite reported confidence in children's services, partners identified that they often didn't know how the assessment team applied the thresholds between early help provision and statutory interventions. More work was needed to meaningfully engage with staff and partners including from across the council in shaping services and to promote greater transparency and understanding of operational thresholds.

1.13. It was not evident that children, young people and families had been consulted about service developments. Inspectors found that there were no leaflets or materials available to the public providing an information guide to the range of services available or how to access them; this gap is not consistent with the Information, Advice and Assessment requirements of the Act. A benefit associated with early intervention was that services did not carry the perceived stigma attached to the social service function. However, staff were unable to articulate how the public understood the differentiation of the council's service arrangements. It was unclear if the development of such published information had been postponed to accommodate the introduction of a MASH or if it was an unfortunate omission. It was significant that some staff indicated that they would also welcome such information, as they were not clear regarding service access thresholds for themselves.

1.14. Responsibility for those cases not meeting the statutory threshold but requiring preventative interventions was transferred to the early help service at the point of the early help request. Following screening, these cases were either closed; signposted or directed to the early help locality teams. It was positive that the parameters for eligibility to early help services were sufficiently inclusive to enable access to services both in relation to children and families with non-eligible and eligible needs and that the arrangements supported step down of cases from statutory social work teams. However, the lack of formal feedback systems regarding the take up of early help services meant that there were potential missed opportunities to actively engage families and ensure that the right response had been made. It had been recognised that some families needed a more prompt intervention in order to engage more effectively with early help and the authority were considering extending the early help service in the assessment team to include support workers able to undertake immediate task-focused work at the point of referral.

1.15. The demand on early help services had increased since its reconfiguration. Between April 2015 to September 2016 the early help service had received a total of 2999 'requests for help' (referrals) of which 40 % (1193) were made by schools and other education services. Children's social work teams made 31% (941) requests for help of which 32 % (303) were made by the assessment team (104 of which were made prior to completion of a care and support Assessment). Safeguarding hubs made 55 % (515) requests for help; 61 formal requests were made for step down support. Only 6 % (187) were self-referrals, whilst this was improved performance it remains stubbornly low and raises the question of whether the ability of the council's approach to early help to 'reach out' and maximise opportunities for identifying and mitigating early risk, are fully effective; this may reflect the lack of public awareness of the service.

## Early Help

1.16. The early help services were configured around a central hub and three localities early help hubs. All of the hubs had strong connections with services commissioned through the Welsh Government's Families First grant and the Flying Start programme. Access to Flying Start support however, was location-specific, so creating some inequality in availability.

1.17. The central hub provided countywide specialist targeted services. These services have a key role in delivering the priority of safely reducing the council's looked after children population. (Services included Connecting Families; Specialist youth service co- coordinators and a regional IFSS team). The authority reported that 42% (394) of the requests for help made by the social work safeguarding teams from April 2015 –September 2016, were allocated to central hub services; 291 for example, were referred to Connecting Families. While staff highly valued these services and reported that they were effective there was frustration that service pressures impacted on their availability and the timeliness of their engagement with families.

1.18. The three early help hubs were co-located with social work safeguarding teams, with two hubs being based in their geographic area to promote better community links. The range of professionals who comprise the early help teams had all received training in 'evidence based practice' and 'motivational interviewing'. The teams operated a 'team around the family or team around the school' model. The service had seen a considerable growth in the number of JAFF assessments completed increasing from 228 in 2014/15 to 681 in 2015. Whilst this improved performance was positive, it appeared to stem in part from the location of the JAFF lead professional within the locality hubs. There was some evidence that the risk of concentrating ownership within a function in this way, rather than broadening it across partner agencies, was beginning to have a potential silo effect. It was recognised therefore that more work was needed to encourage and support partners in understanding the positive impact that they could make to children by undertaking the role of the lead professional.

1.19. Inspectors saw evidence of some timely and proactive early help work with children and families that supported their independence and improved well-being but some concerns were also raised that thresholds for interventions were still poorly understood by partner agencies.

Early help needs to be targeted early enough, some families who used to be able to access services are being excluded but the needs will just get worse '  
(partner agency)

1.20. The complexity of some cases referred to early help caused some staff to feel that the service was not always operating within its professional competence. Early help providers identified that there was a frequent disparity between the reason for referral and the actual problem they encounter when they engage directly with family.

1.21. Inspectors saw a small number of examples where the threshold for service had been inconsistently applied and the case had been directed to early help before safeguarding issues had been sufficiently resolved. Inspectors were somewhat reassured however; that staff in the early help service were confident in their safeguarding responsibilities and that social work advice was available to support them to 'step up' such cases as needed.

### **Range of services**

1.22. The council had developed a positive range of commissioned provision, a significant proportion of which was reliant upon grant funding. Some pressures and gaps in services were highlighted, particularly around services for children related to domestic abuse but the concerns raised by staff mainly related to issues of capacity and responsiveness. At the time of the inspection there were waiting lists for some services and delays in decommissioning and re-commissioning, due to grant funding constraints, meant that some early help organisations had stopped accepting new referrals. The authority was looking to resolve these issues and to strengthen future evidence based commissioning. Senior managers were very aware that access to early support was key to mitigating the need for statutory services and to the delivery of the early help and permanence strategy. Clearly this commissioning deficit is something that needs to be addressed as a priority.

1.23. The authority had recently begun work to capture the demand on services and had developed a shared dataset, which provided some numerical information from across both social services and early help. The data is reviewed by a multi agency Early Intervention and Safeguarding Board chaired by the Corporate Director of Social Services and Well-being. The data as seen by inspectors was at a very early stage but the authority had plans to progress this to include a greater emphasis on impact and outcomes. The analysis of such information will be essential if the authority is to understand the effectiveness of its arrangements and future development and commissioning needs.

### **Statutory services**

1.24. The arrangements for access to statutory children's social services in Bridgend were well organised through the assessment team. In introducing the requirements of the SSWB Act, the service had sought to simplify operational expectations in relation to IAA by defining the role of the assessment team as providing a duty service to receive and screen referrals the result of which may be recorded as information and closed, signposted, or redirected to early help. Where advice or assistance was required, the assessment team undertook a proportionate assessment using a care and support assessment template, the outcome of which might include the identification of eligible need.

1.25. The authority had experienced year-on-year growth in the number of referrals. In 2015 /2016 the authority reported an 8% rise in contacts from 4619 to 4988 of which 1288 were screened as requiring social services involvement (a 28% increase in the overall number of referrals.)

1.26. Professional oversight of the duty arrangements was in place with the three designated senior practitioners sharing the day-to-day management of the first contact arrangements. Their responsibilities included screening cases, making and

signing off decisions on all new contacts, managing initial child protection strategy arrangements and allocating cases for assessment within the team. Increased pressure on the service meant that at least two of the senior practitioners were now engaged in the screening process on a daily basis. Inspectors noted that whilst they were there, the early help senior practitioner, again an experienced social worker had to step in to support the social work function because it was under capacity and could not manage the flow of work on that day.

1.27. A team manager has overall responsibility for the social work pod including supervision, performance and workflow. The team manager and the senior practitioners were all suitably experienced and secure in their professional decision making abilities. A key strength of the assessment team was the close working relationship between the managers and the staff and their shared commitment to safely supporting children and their families. The central location of the team meant that group managers were accessible and they were viewed as supportive. Staff reflected however, that changes in the group manager's roles to accommodate 'vision into action priorities' had necessarily impacted on their time, availability and continuity of responsibilities.

1.28. The authority had maintained consistently good performance in relation to the number of referrals on which a decision was made within one working day, and had retained this performance indicator as a means of providing assurance. As part of the introduction of the Act, the manager and senior practitioners had all 'worked' cases using the new templates, to better understand the practice changes needed. The team manager had also instigated systems including daily meetings with the senior practitioners to help support the consistency of decision-making and some sampling of cases was undertaken with the group manager. Inspectors saw some positive evidence of management oversight but found that whilst screening decisions were timely, the quality of the threshold decision-making was not yet consistent.

1.29. Inspectors saw examples of cases that were well managed and where screening attention was focused on safeguarding considerations but also on 'what matters' to the individual. When contacts were received where there was an obvious indication that a child was at risk or had suffered significant harm, prompt decisions were made and effective initial action was taken to protect the child.

1.30. In other cases the detail of the referral record was incomplete and information from the range of agency checks undertaken as part of the screening process was not always evident. The reason for the referral was also not always clear, or sufficiently clarified to ensure the appropriateness of the response. Staff reported and inspectors confirmed that EDT referrals were inconsistently captured on the electronic system and communication with the daytime service was too limited to ensure timely hand over and action.

1.31. Inspectors found it difficult to evaluate the quality of management decisions, as the underpinning rationale for the application of thresholds was not routinely recorded and did not reflect for example, the extent to which the cumulative effect of multiple incidents had been considered. Senior managers need to consider the extent to which this presents a potential safeguarding risk. In a minority of the cases seen, screening had not identified and reduced risks to children at the point of contact and referral. In these instances inspectors viewed the case as being

prematurely closed, inappropriately transferred to early help or requiring a more immediate statutory response.

1.32. Despite reported good 'working relationships with partner agencies it was evident that there was no shared common understanding of threshold criteria and staff told inspectors that referrals from partners were not of a consistently sufficient quality to support the assessment team to make informed decisions. Some partners equally described access to services as becoming increasingly bureaucratic and they did not understand the intentions behind the single point of contact arrangements.

1.33. The issue of consent was particularly highlighted, as being insufficiently addressed by referrers and it was clear that families were not always fully aware that they had been referred to the assessment team even where this was for early help. The perceived 'resistance' to gaining appropriate consent was often attributed to professionals 'wanting to preserve their relationship with families' but equally reflected a lack of understanding of the requirements of the service. The assessment team were seeking to positively challenge these issues and support partners to make more appropriately targeted referrals; this was being facilitated by the interventions of co-located multi agency colleagues within the team, who also helped to gather relevant information. The development of the MASH is intended to resolve some of these concerns. However, it was clear that more multi agency work was needed in respect of current IAA service expectations. Staff and Partners also need to be more engaged in the quality assurance process, particularly with regard to access threshold decisions.

'The assessment starts when enquiries on third party contacts start and then they go nowhere because when we speak to the families they didn't know about the referral and they don't want a service'. It all takes time ".  
(Social workers)

1.34. The council's operationalization of the new legislation and particularly IAA had clearly resulted in some significant unintended consequences for the service that militated against the effectiveness of the team and had impacted on staff morale. Whilst welcoming a framework some staff told inspectors that they felt disempowered to exercise professional judgement, for example to close cases at the point of contact. The combination of incomplete information provided by professional referrers, the service trigger for instigating a proportionate assessments and the overly prescriptive nature of the accompanying assessment template, was all said to have resulted in 'excessively time consuming activity that was disproportionate to need'.

1.35. It was positive that senior managers had sought to respond to these concerns and had introduced new transfer arrangements to improve the throughput of work for the team. It had also been decided, prior to the implementation of the MASH, to reinstate a joint screening meeting with the police to better manage the high volume of police contacts and improve the identification of risk and timely action.

1.36. Whilst these changes were all helpful, it was nevertheless clear that the template driven nature of the assessment methods that have been introduced, had created a formulaic approach overall. Good safeguarding practice is predicated on the ability of experienced practitioners to exercise appropriate and proportionate judgement on a case-by-case basis. Whilst judgement always needs to be exercised within a clear framework, senior managers should review the extent to which the active social work analysis and decision-making function is being displaced by process and the potential for this to undermine confident professional decision making. Staff, partners and service users need to be actively engaged in the on-going review of the implementation of the SSWBA and in any resulting remodelling of the service.

### **Conclusion: - Access arrangements**

Inspectors found that the authority had worked hard in the context of the Social Services Well-being Act 2014, to reshape its services. The authority's Information Advice and Assistance function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.

Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families. The colocation of staff from social services, early help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services, but was yet to mature into integrated services. The Assessment team multi agency arrangements will be extended through the development of a Multi Agency Safeguarding Hub from April 2017. The current access arrangements, including the interface between social services and Early Help, were underpinned by a threshold criteria document, but this was not yet sufficiently understood by partner agencies. Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. The quality of threshold decision-making however, was inconsistent and not sufficiently evidenced. It was acknowledged by the service that the changes introduced to operationalise IAA had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The information provided by partner agencies was not always of a sufficient quality to support the assessment team in their screening decision and some professional referrers demonstrated a lack of understanding of the requirements of the service. More work was needed to develop multi agency quality assurance systems to support staff to exercise appropriate and proportionate judgements and to provide assurance that children young people and families were being directed to the most appropriate service. The impending transition to a MASH provided a timely opportunity to refresh service expectations resulting from of the SSWBA, including learning from practice. The authority will also need to extend its performance information to include an analysis of the impact that services are having on reducing need and risk.

# Safeguarding & Assessment

## What we expect to see

Effective local safeguarding strategies combine both preventative and protective elements. Where people are experiencing or are at risk of abuse neglect or harm, they receive prompt, well-coordinated multi-agency responses. People experience a timely assessment of their needs and risks which promotes their safety, well-being and independence. Assessments have regard to personal outcomes, views, wishes and feelings of the person subject of the assessment and that of relevant others including those with parental responsibility. Assessments provide a clear understanding of what will happen next.

## Summary of findings

- Proportionate urgent action was taken to protect children and young people at risk of immediate significant harm. Strategy discussions were timely and supported appropriate information sharing with key agencies.
- The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014.
- The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset.
- Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments.
- The timeliness and quality of partners' contributions to assessments was not always evident and remained too dependent on individual professional relationships.
- The quality of plans should be improved to reflect the needs identified in the assessments, plans should be child focused and outcome-driven.
- Management oversight of assessments and plans was seen but did not consistently provide sufficient challenge and quality control.
- Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement in any resulting plan.



## **Explanation of findings**

### **Safeguarding**

2.1. For those children whose needs are greater or risks require action, the assessment team responded in a mainly timely way. Where children and young people were identified as at immediate risk of harm, children services convened a strategy discussion or meeting with the police.

The authority appeared clear in its decision making when moving into child protection investigations and proportionate urgent action was taken to protect children and young people at risk of immediate significant harm.

2.2. The senior practitioners in the assessment team and safeguarding hubs shared responsibility for managing strategy meetings and for section 47 enquiries on new cases. To promote continuity the social workers undertaking a section 47 enquiry within the assessment team reported to one designated senior practitioner who maintained oversight of the investigation. From the cases reviewed inspectors identified that social workers undertaking child protection investigations were suitably qualified but not always experienced. Staff holding child protection and looked after children cases were not always qualified but additional management oversight was provided.

2.3. Inspectors found that strategy discussions and/or meetings were managed in accordance with guidance. The relationships between social services and the police were viewed as positive and the arrangements for organizing strategy discussions/meetings were effective. Strategy discussions/meetings were timely and as required could be undertaken on the same day. A weekly 'set day' arrangement for strategy meetings was also in place and staff and partners described this as providing greater opportunity for relevant agencies to provide information and contribute to the decision making process. It was noted that, where relevant, early help staff also attended these meetings. Outcome strategy discussions /meetings were also convened and used effectively as a means of keeping agencies informed, reviewing progress and determining next steps.

2.4. The small number of strategy discussions, section 47 enquiries and case conference reports seen by inspectors as part of the case file sample were viewed as being appropriate and of a sufficient quality to inform decision making. Children were seen /observed and seen alone as part of the enquiry. Inspectors did not see any examples of children and families being subject to child protection investigations unnecessarily. When the decision was made that a child protection conference was required, the conference was convened within appropriate timescales. Child protection procedures were well understood by staff, and despite some variability in the quality of care and support protection plans seen, families were being supported to keep children safe.

2.5. Arrangements to seek legal advice were well established through legal gateway meetings (LGM). The decision making relationship between the LGM and the resource panels would benefit from clarification. Social workers and managers would also benefit from having clearer parallel processes between child protection

and the Public Law Outline (PLO) underpinned by a shared understanding of risk and the potential for change.

2.6. The authority had used emergency protection powers very infrequently in the last year. In the one case reviewed by inspectors it was questioned if planned action taken earlier might have resulted in a better outcome. The introduction of the MASH should support a system for review and learning from such cases.

2.7. As well as being an active member of the Western Bay Safeguarding Board (WBSCB) Bridgend has established a Safeguarding Operational Board chaired by the Corporate Director Social Services and Well-being and including partners from across the council. This has helped to ensure a local perspective and oversight of safeguarding activity for adults, young people and children within the County Borough. It was noted that the authority had undertaken significant work to raise the profile and response to risks of child sexual exploitation through the development of a Child Sexual Exploitation Task Force within the Bridgend area. All staff interviewed told us about recent training on this topic which included innovative ‘mapping sessions’ involving staff and partners. A similar approach is now needed in relation to risk assessment.

## **Assessment**

2.8. At the time of the inspection Bridgend children’s services had sought to harmonise assessment practices with the new requirements of the SSWB Act. The consequence of this was that all assessments including those designated as providing advice and assistance (proportionate) were completed using one care and support assessment template that included the five domains of the SSWB. Staff in the social work pod of the assessment team were allocated responsibility for assessment, safeguarding and care and support planning on new cases. Case transfer points had been determined to maximise early opportunity to engage with and make a difference to children and families and minimise the early change of social worker, at a time when a family might be in crisis.

2.9. The Disabled Children's Team (DCT) undertook all assessments for disabled children including those where there are concerns of risk or potential harm for a disabled child. Inspectors only reviewed a few assessments undertaken by the DCT but the assessments seen were of a good quality. Inspectors also saw evidence in the files that the DCT routinely offered carers assessments to the parents/carers of disabled children.

2.10. Commitment in the assessment team was good, with varying levels of experience including newly qualified and non-qualified workers all of whom undertook assessments. Staff and managers said that the capacity of the team was being ‘stretched by the ‘competing and relentless’ demands being placed on the service. Caseloads, particularly of the more experienced staff were described as ‘increasingly unmanageable’ and manager’s oversight of cases was correspondingly under pressure.

2.11. At the time of the inspection the authority was in the first year of capturing base line performance data in relation to the introduction of the SSWB Act. Bridgend reported that in the nine months since the introduction of the Act, (April 2016 – December 2016) 1931 children and families had received advice and assistance (which were deemed as proportionate assessments). There had been 784 assessments for care and support undertaken of which 381(49%) had resulted in a care and support plan, with 404 (51%) assessed as not having eligible needs. Information from the shared data set captured for the Early Intervention and Safeguarding board, identified that 65% of all requests for help (early help) received from the assessment team between April 2015 to September 2016, were made following a care and support assessment. The volume of demand on the team had showed no signs of reduction and the authority will need to analyse its performance including its re-referral rate, to better understand if the current activity is proportionate, sustainable and promoting improved independence and outcomes for those using the service.

2.12. Managers were proactive and had systems in place to track assessments but the individual targets for the completion of assessments were not well recorded on the file. Inspectors found that the timeliness of assessments did not therefore consistently match the child's needs and some assessments were not completed within 42 days. Staff told inspectors that the repetitive nature of the assessment template did not support an overview of the case and was overly time consuming.

2.13. The quality of assessments seen was very variable. Inspectors saw some good examples that were proportionate to need and holistic in approach.

The assessment set out key aspects of the incident, discussion and an effective what matters conversation that included a clear focus on the child. The overall engagement was sensitive and carried out in a timely manner. Interviews and the case file record demonstrated that children were seen and the assessment was proportionate. The assessor directed the family to the possible support services available and to safeguarding and well-being information for children where they may witness domestic abuse. The mother was reassured by the intervention and felt able to access services as needed. (CSSIW inspector)

2.14. The best examples evidenced that the assessments built on from the initial information, the child was seen and the record captured both the child's and the parents' views (both resident and non-resident parent). This included what mattered to them in the context of their family history and their cultural needs. The analysis focused on potential strengths and risks and supported the identification of both eligible need and appropriate early help.

In other examples however, Inspectors found that the use of the "what matters conversations" as evidenced in the assessment reflected what was desired rather than what might be needed as a result of an over reliance on self-reporting. In a number of examples there was a lack of historical context and little exploration of the impact of previous support services provided.

2.15. Social work staff told inspectors that the timeliness and quality of partners' contributions to assessments was very variable and often remained dependent on individual professional relationships. In some cases seen by inspectors, it was apparent that despite persistent efforts by social services staff, relevant partners had not contributed effectively to complex assessments compromising social services decision-making.

Children's services compilation of a risk assessment of a father who had been convicted of a serious offence was initially compromised by the lack of information and risk analysis provided by those agencies working with the father's offending. (CSSIW Inspector)

2.16. The assessments of the need for care and support often did not provide a consistently sufficient analysis of risk or clear recommendations for action. It was a concern that staff and partners interviewed were not aware of the authority's risk assessment process and this raised questions regarding how the assessment informed and translated into a shared multi-agency risk management plan.

'Sometimes assessments prior to cases coming to conference are inconsistent, some are good and some not so good, some do not understand the domains they should be covering when constructing a child's plan however some are also very new to the role.'  
(Staff survey)

2.17. Whilst it was positive that the assessment template required the identification of 'risks and strengths', this often produced a list rather than the analysis that is necessary for effective decision-making. In some case assessments and the resulting plan did not reflect a sufficient focus on the child's experience and lacked analysis of the impact of the adult behaviours on the child. Opportunities to use the assessment to support a learning context for the family, enabling them to reflect on how they might do things differently or better, were therefore missed.

2.18. Issues of disguised compliance were not always recognised and this meant that in some cases too much reliance was placed on the family's ability to improve outcomes for children without evidence of sustainable change. Social workers needed to be more confident in working with families in setting out their professional analysis of risk and needs. The lack of an appropriately holistic and coherent analysis of need and risk was at times detrimental to achieving a shared understanding with families regarding the level of concern, what change was required of them and/or the potential consequences of failing to make the changes needed. Staff and partners stated that they would welcome a defined whole service approach to the assessment and management of risk. It was understood that these materials were in the process of being redeveloped and would be re-launched and include a comprehensive training programme.

2.19. There were some good practice examples where children and young people were proactively engaged in producing their assessments but it was not always apparent. Managers and staff were very committed to undertaking direct work with families but staff across the service highlighted the impact workload pressures had on this ambition. It was disappointing that the extent of the good work undertaken by practitioners with children and families as part of the assessment was not always well evidenced in the records but rather was elicited through inspectors' interviews with staff.

We just want the best for our children, it's hard but the social workers and all the services working together have helped us sort it out and we are doing well now as a family. The social workers were honest about what we had to do, we just wanted to keep our children and they have helped us to do that.  
(Service user – parent)

2.20. Advocacy was a mandatory domain in the assessment format and social workers told us that issues of support to engage in the process were routinely made to children young people and their families. Inspectors however saw few examples of formal advocacy being offered during the assessment phase.

2.21. Inspectors were not confident that assessments and the resulting plans were routinely shared with service users in a way that promoted their understanding of the issues. Information from the files reviewed and inspectors' direct contact with families led to the conclusion that while most were mainly positive about their experience, others were not clear about the purpose of children's services involvement in their lives. In a minority of cases this had directly impacted on the experience of the family and their ability/willingness to engage in a process that they described as oppressive and that they did not understand.

Quote

'It was my problem and I'm getting help, they never said it affected the children so they should leave us alone, it's against my human rights '(service user-parent)

'Initially I didn't find the social workers attitude helpful, I felt very pressured, but now I feel they are working with us and I can understand where they were coming from, its ok now, it feels like we all want the same thing '  
(Service user – parent)

2.22. Inspectors again saw a positive emphasis on people being signposted to early help where the care and support assessment concluded that there was no eligible need. Despite being told that the requirements between statutory services and early help did not result in unnecessary duplication of assessments, inspectors were not confident that this was how families experienced the interface between the two services.

2.23. Inspectors found that where the assessment identified eligible need, a timely care and support plan was developed and this triggered the transfer of the case to the relevant social work safeguarding hub. Inspectors were concerned that the quality of the care and support plans seen were inconsistent and did not adequately reflect the assessment outcomes. The plans seen often did not routinely feature timescales, responsibilities for actions and what services were to be provided and why. Significantly, some plans did not include the level of risk or the contingencies needed if change was not achieved. It was not always clear how families were engaged in the co-production of their plans or whether they had received copies of the plans. In some instances Inspectors were concerned that the generalised nature of some plans demonstrated a lack of ownership and possibly reflected the necessity to expedite the transfer of work.

2.24. Staff and managers across the service described variability in the assessments but particularly in the quality of care and support plans. The plans were not seen as routinely providing newly allocated workers with a clear understanding of the needs and risks associated with the case. This was compounded by a lack of useful chronologies and limited commitment to joint introductory meetings at the point of transfer. Whilst staff were positive that some of the shortfalls in the written plans were mitigated through informal conversations between workers they also described having to 'unpick the plan' and 'start again' with families, in order to develop a shared understanding of what was needed including in relation to safeguarding issues. In some instances this clearly resulted in a loss of impetus while families re-engaged with the new social worker.

2.25. Transfer points for cases between the teams were established and the majority of staff were satisfied with the arrangements. Some concerns were expressed that there was a gatekeeping culture which did not support continuity for families and timely support. Case transfers were mainly managed through weekly transfer meetings and advanced information was provided so that receiving teams could plan and organize their work. Inspectors found that managers were not always using this opportunity to confirm that assessments and care and support plans were of sufficient quality to provide a cogent basis for on-going work. The importance of managers having a clear understanding of the issues and threshold for involvement with families is also essential to ensure the appropriate allocation of cases; particularly as the authority's workforce skill mix included unqualified staff. In some instances inspectors were concerned that safeguarding issues had not been sufficiently recognised.

2.26. Whilst all of the assessments and care and support plans reviewed had been appropriately signed-off, the current quality assurance systems in place were not sufficiently robust to oversee the consistent quality of work or to promote the improvement needed. The authority had recognised this and was actively developing a new quality assurance framework. Managers from across the service need to be supported to be more confident to evidence the extent to which they provide effective challenge and direction.

## **Conclusion: - Safeguarding and Assessment**

The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014. Strategy discussions were timely and supported appropriate information sharing from key agencies.

The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset. The timeliness and quality of partner's contributions to assessments was not always evident and remained too dependent on individual professional relationships.

Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Although most assessments were shared with children and families, lack of effective engagement resulted in them not always being sufficiently clear about the purpose of the help, care and support and/or protection they received. The resulting plans did not always reflect the findings of the assessments and were not sufficiently child focused or outcome driven. In some instances the quality of the plan hampered those taking over a case from swiftly understanding the needs and risks associated with children and families. Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement.

Management oversight of assessments and plans was seen but did not consistently provide the level of challenge and quality control needed.

# Leadership, Management & Governance

## What we expect to see

Leadership, management and governance arrangements together establish an effective strategy for the delivery of good quality services and outcomes for people. The authority works with partners to commission and deliver help, care and support for people. Leaders, managers and elected members have a comprehensive knowledge and understanding of practice and performance to enable them to discharge their responsibilities effectively. Services are delivered by a suitably qualified, experienced and competent workforce that is able to recognise and respond to need in a timely and effective way.

## Summary of Findings

- Leadership, management and governance arrangements complied with statutory guidance.
- The authority was working hard to transform services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early help and statutory services for children young people and their families.
- The SSWBA was at an early stage of being embedded. More opportunities were now needed to draw lessons from practice and engage staff partners and service users in reviewing progress and any service remodelling.
- The ambition to mitigate the need for statutory social services is significantly dependent upon the ability of the directorates to work together in order to contribute, co-ordinate and deliver an effective range of services.
- The council should ensure there is an ongoing analysis of the underlying complexities and risks associated with children's services.
- Work had been recently instigated to develop a more comprehensive evidenced based commissioning plan in relation to both statutory and early intervention services.
- The council should ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users.
- The principal of colocation of services was generally valued by staff but more work was needed to evaluate the service user's experience.
- The voice of the child was not evident in shaping service planning.
- Elected members' understanding of service improvement would be strengthened by reports that focus on outcomes and the impact for service users.
- Performance and quality assurance information needs to be more effectively captured and analysed to understand how the ambition for the service is being delivered. The new quality assurance framework will be essential to this understanding.
- The council needs to ensure that structured induction and core training programmes are available for all staff, including managers and agency staff.



- Staff valued supervision but the regularity and quality was inconsistent and subject to work pressures.
- Newly qualified workers reported that they were well supported and positively regarded the in house mentoring provided.
- Staff valued the approachability of their line managers, and peer support from team members. Staff morale was variable across the service issues raised included capacity to manage the level of demand, resource constraints, complexity of managing competing workload pressures and the potential impact resulting from planned remodelling of services.

## Explanation of Findings

### Leadership and Governance

3.1. At the most strategic level the authority had determined the vision to “always act as one council working together to improve lives” and the important principle of ‘helping people be more self reliant” is set out within the council’s corporate priorities and reflected in the corporate plan that came into effect in April 2016. The council had translated this priority as meaning developing approaches and practice to ‘reduce and prevent people from becoming vulnerable or dependent on our services or us.’ This priority had recently been developed into a children’s social care vision statement and an action plan aimed at “Together enabling better outcomes for children, young people and their families via responsive and timely services which support them to live together, work on difficulties and be safe.” The visions had been shared and were understood at the most strategic level within the council and by senior managers.

A ‘Vision into Action ‘ document was launched at an event in December 2016 .The Cabinet Member addressed the session and the event was attended by 111 staff representing every team from across the service (Head of Children’s Service)

3.2. As part of the remodelling of children’s services program, the authority was working to develop a more comprehensive understanding of need and provision. The extensive work undertaken as part of the population needs assessment will support this understanding and this information will be essential to the development of a comprehensive commissioning plan in relation to both statutory and early intervention services.

3.3. The managers and staff interviewed all expressed a commitment to improving well-being and safety outcomes for children and families. While less aware of the strategic vision, staff and partners were able to articulate the action taken to implement the requirements of the Social Services and Well-being (Wales) Act 2014, particularly in relation to Information Advice and Assistance. However critical elements of the early help approach, including the necessity for consent from families, were not sufficiently understood or embedded. Staff welcomed the priority being given to delivering a holistic service for people but, despite some recent consultation events, felt that there needed to be more opportunity to shape and

review access and IAA arrangements. Some staff described an unrealistic 'over optimism' by managers that the co-location of services in itself promoted effective joined up working.

3.4. Leadership, management and governance arrangements complied with statutory guidance. The authority was aware of its strengths and areas for development and the pressures resulting from its ambitious change agenda. The creation of a Corporate Director Social Services and Well-being was reported to have improved accountabilities and also efficiencies between adult and children's services. The council was confident that its 'one council vision' promoted the ability of the statutory director to help shape the corporate agenda. The strong reporting links between the Chief Executive Officer (CEO); Director of Social Services (DSS); corporate management board and Members was seen as providing good opportunities to share and oversee council priorities. Inspectors were reassured, for example, by the recent intervention and direction provided by the Chief Executive to address what were described as fragmented commissioning arrangements which staff and partners viewed as weakening the early help delivery model.

3.5. At the time of the inspection the authority's transformation agenda for children's services was being progressed alongside the requirement to contribute to medium term financial savings. There were considerable expectations being placed on the service particularly regarding the speed with which remodelling would deliver financial sustainability. Despite a greater shared awareness of the challenges facing children's services, there needs to be on-going recognition of the underlying complexities and risks associated with the service.

3.6. The successful delivery of remodelling in children's services is reliant on effective and constructive inter-directorate and interagency collaborations. While this was developing in relation to the work with the Education and Family Support Directorate, the contribution of other council services was not as apparent. There was evidence of some good communication and joint working with partner agencies at a strategic level, as highlighted by their engagement on the children services remodelling board and joint work to deliver new SSWB Act requirements in relation to the local prison. While such engagement provides a useful means of developing a shared strategic agenda it was yet to have had the necessary impact on promoting secure multi agency partnership working and "joined up practice". Poor communication was often highlighted by staff as a concern; however the Director and Head of Children's Service were actively committed to extending staff engagement.

3.7. Inspectors found a good level of political support for authority's strategic direction and children's services. Strong performance management and reporting mechanisms, which included opportunities to challenge, kept elected Members, well informed and also maintained safeguarding as a priority.

3.8. The reports provided to Members and scrutiny would benefit from a greater focus on outcomes, as this would support a more complete understanding of the level of improvement achieved. Mechanisms for elected Members and corporate officers to routinely hear the views of children, young people and their families using the assessment and early help services were underdeveloped. Elected Members and senior officer's visits to front line staff to directly hear their views also need to be

better planned and more purposeful. Staff told inspectors that they had limited awareness of these visits, as they did not know who people were, including the Chief Executive and members of the senior management team.

3.9. The Corporate Director Social Services and Well-being was working hard to promote a significant agenda of organisational and cultural change. This had been supported by the appointment of a permanent Head of Children's Services in 2015. It was noted that these managers had introduced regular management team meetings, which were routinely extended to include business support, legal services, early help managers, the complaints manager and human resource managers. This was aimed at improving shared ownership of governance arrangements.

3.10. Inspectors recognised that the scope of the authority's plans signalled their commitment to improving both early help and statutory services for children, young people and their families. The authority fully acknowledged that it had 'more to do to translate these aspirations into a secure framework for delivery of children's services.

3.11. It was recognised that the reorganisation of services and delivery of medium term financial savings necessitated more effective management oversight and 'grip'. An important emphasis was being given by the Director of Social Services and Head of Children's Services to improving the resilience of the children's services management culture, aimed at supporting group managers and team managers to take informed decisions in line with their accountabilities. While the intentions were broadly welcomed, staff reported that changes in management responsibilities and expectations of senior managers had created uncertainties and, what was perceived by staff as, additional bureaucracy that delayed key decision-making. Managers and staff need to be clear regarding service expectations, the location of decision-making accountabilities and have confidence in the timeliness of the response. Staff and managers also need to be supported to develop the skills needed to deliver the requirements of senior managers. The service changes to previously established ways of working will take time to embed. It is important that they are undertaken in a way that supports the meaningful engagement of staff and partners.

### **Performance Information and Quality Assurance**

3.12. Performance management was well embedded across the service with effective mechanisms in place to collect and disseminate information. Data was systematically discussed at management meetings and compensatory actions agreed to address performance issues. Inspectors recognised the close and regular attention paid by senior officers and Members to children's services performance information and despite the change in performance targets resulting from the implementation of the SSWB Act, workers interviewed were all aware of the standards expected by the service. It was disappointing that some staff understood performance information as a management tool rather than as a means of improving the quality of services.

3.13. Officers and managers recognised that the quality assurance mechanisms required improvement and were in the process of developing a new framework that would better inform analysis of service effectiveness. This will need to be embedded as core business at all levels across the service. To provide a real understanding of the quality of services any framework would need to include a multi-agency

approach to monitoring thresholds and feedback from those providing, commissioning and using the service.

3.14. A safeguarding and quality assurance unit had been established across both children and adult services and this, plus the recent reinvigoration of the independent reviewing service, provided a helpful platform to monitor and drive service improvement. Overall the authority had more to do to ensure a sustained culture of learning. Most staff we interviewed expressed positive views about formal and required training but workload demands were said to impact on the ability of staff to access training. Systematic arrangements were not yet sufficiently well established across the service to capture and disseminate wider learning from social work practice and service user feedback mechanisms. Inspectors noted that complaint resolutions were coordinated and managed. While the outcome of complaints and compliments were shared with managers, including in an annual report, a more consistent mechanism for the prompt dissemination of learning points from complaints is needed to inform service improvement.

## **Workforce**

3.15. As well as the central assessment team and the Children with Disability Team, children's social care comprises 4 other assessment and care management teams. These include a Just Ask Team (care leavers) and since July 2015 three safeguarding hubs. Staff in the safeguarding hub teams carry out the same functions as the assessment team in relation to children and young people who have eligible need and are subject to a care and support plan. Co-location with the early help teams meant that two safeguarding teams were based in the locality to promote improved public access and direct links with the local communities.

3.16. The authority has given significant attention to recruitment and retention of social workers and viewed this as a business critical area. Significant progress had been achieved in recruiting to social work posts however many of these were newly qualified workers and the recruitment of experienced workers had remained a challenge. The planned remodelling of the service will require a suitably experienced workforce if it is to be successful in reducing the demand for statutory services, and support better outcomes for children and young people living in the community.

3.17. The newly qualified workers interviewed reported that they were well supported through such arrangements as the First Year in practice programme, Continuing Professional Education and Learning (CPEL) Consolidation Programme and particularly through the in house mentoring provided. Most staff across the service were generally positive about the availability of training and managers were said to be attentive to staff development. Demand on workers' capacity however was reported to have impacted on their ability to attend planned training. All staff and managers interviewed demonstrated a good awareness of the changes to practice required by the SSWBA and had attended and valued initial training on the new Act. Further training including lessons from practice would now be timely and appropriate.

Social services are working well towards implementing the new Act. Children's Social services in Bridgend have a good mentoring scheme for newly qualified workers; I have received regular supervision and mentoring since being employed in Bridgend. Children's Social Services work well with preventative agencies (staff survey)

It is a stressful job to do and it is difficult when there are staffing issues, sickness and or annual leave and although this is recognised as a problem the expectation continues to be complete all work in a timely fashion and this is difficult to achieve without going over and above working in your own time.

(Staff survey)

3.18. The authority had experienced particular difficulties in the recruitment to senior practitioner's posts and had responded by implementing a successful 'grow your own approach'. This approach needs to be accompanied by a suitable induction and training programme to support staff moving into the management role.

3.19. The recent promotion of experienced social workers to a new senior practitioner role, their replacement with often less experienced staff, (many starting at the same time) and the presence of experienced but unqualified workers in the service structure meant that the authority was managing significant workforce vulnerabilities. These issues, as well as some sickness absence, were described by staff and seen by inspectors as impacting on the ability of teams to routinely allocate complex cases to suitably experienced and qualified practitioners.

3.20. It was positive that the need to strengthen some teams had been recognised and that the authority was using a small number of experienced agency staff to manage vacancies and absences. It was disappointing that there was no consistent approach to their induction to ensure that they understood Bridgend policy and procedures.

3.21. Despite the creation of deputy team managers in the safeguarding hubs (not the assessment team) the capacity of team managers to provide the level of support and oversight needed was identified as being under pressure across the service. Senior managers were actively seeking to develop and build the resilience of their workforce including their management staff group but recognised the difficulty they had in balancing this ambition whilst also managing capacity pressures. Management capacity has also been increased with the appointment of a new principal officer who will have line management responsibilities for the MASH but also for permanence.

3.22. Staff told inspectors that whilst they believed there were potential benefits of the new configuration of services, these were yet to be fully realised. The geographical location of some teams was seen as positive for building community links but not for service cohesion. Inspectors heard that social work staff 'did not know each other' and were concerned that social work teams were developing an unhelpful negative perception of each other that needs to be addressed. More work

is needed to support strategic and operational alignment and to ensure that teams have a clear sense of shared identity and value within the service.

3.23. Morale amongst workers was variable. The majority of concerns expressed particularly in the staff survey were about volume of work, retention of staff and changes in the service.

Bridgend has the most amazing loyal and hard working staff who try hard in the most difficult of circumstances to provide a good service to the children and families they work with. Within my own team everyone supports each other and really cares about each other.

Highly experienced staff are being replaced by newly qualified staff, which has an effect on service.

Resources for children and carers are diminishing by the day, and no new options are available to replace them.

(Social workers and staff survey)

3.24. The majority of the staff interviewed told us that workloads were becoming increasingly pressured both in terms of volume and complexity. Whilst most staff felt supported by their team manager they expressed concern that the demands of their caseloads were not always apparent or sufficiently recognised by senior managers. The demands created by different team boundaries were also said to impact inequitably on staff workloads.

3.25. Staff expressed significant frustration that communication was poor across the service and that they did not know how actively senior managers were addressing recognised challenges that impacted on the team's capacity. For example, the growth in demand for supervised contact meant that, despite contact workers in the team, social workers and manager's time was increasingly taken up with finding venues and arranging supervisors for contact. At the time of the inspection social workers also had to undertake transport responsibilities for children within the service due to a contract issue with the voluntary driver scheme.

3.26. Managers and staff expressed anxiety that the demands on both management time and on experienced workers were increasingly impacting on the resilience of the service. Staff were particularly concerned that looked after children on their caseload did not receive sufficient time despite permanence being a council priority. Staff indicated that time constraints reduced their ability to undertake meaningful direct work with children and that whilst they valued the support services available they increasingly felt like case co-ordinators rather than agents of change. Equally social workers need to be supported to recognise the significance of their own work as a preventive service in itself.

3.27. Staff experience of supervision varied across the service. Team managers routinely undertook supervision of social workers; deputy team managers supervised some social work assistants and contact workers. Those interviewed told us that while most had regular supervision, few thought it was reflective. The supervision received by team managers, deputy team managers and senior practitioners was also described as inconsistent across the service and often said to be vulnerable due to competing demands. Inspectors found that supervision records were of poor quality and focused on task centred case discussion. The supervision policy had been refreshed and launched through briefings and skills workshops in April 2016 aimed at supporting a better outcome focus but this had not yet made any significant impact. The authority was working with managers to develop their skills and recognised that targeted training was needed on the new supervision framework. More work is needed to ensure workers receive good quality reflective learning opportunities through supervision as this supports practice but is also crucial to the retention of competent, confident staff.

### **Conclusion: - Leadership, Management and Governance**

The authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early intervention and statutory services for children young people and their families. The objective to mitigate the need for statutory social services however was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services. It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.

The council needs to ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users. At the time of the inspection the SSWBA was still at an early stage of being embedded and more opportunities were needed to draw lessons from practice and engaged key stakeholders in reviewing progress and in any resulting service remodelling. The voices of children and families also need to be embedded in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families. The introduction of a new quality assurance framework will help the councils to understand the pace of its service improvement.

Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. The recruitment and the retention of social workers had been given significant priority despite some good progress the authority had encountered difficulty in recruiting experienced staff. Services therefore were not always delivered by a suitably qualified and experienced workforce that had the capacity to

consistently meet workload demands. Staff valued the approachability of their line managers, and peer support from team members particularly in relation to managing the increase in volume and complexity of their work. Staff would welcome greater visibility of senior managers particularly given the remodelling of services.

The importance of staff development and good supervision practice to retention was recognised and newly qualified workers were found to be well supported in their first year of practice and highly valued the mentoring provided to them. Despite the availability of some good training programmes staff including managers needed help to prioritise training against the competing demands of their work. The quality of supervision was found to be very variable and did not routinely evidence sufficient challenge or reflection, a new supervision policy had not yet impacted on these quality issues. Senior managers were working to develop a stronger oversight of practice and management culture the leadership development of group managers and front line managers was therefore being progressed as a priority.



## Methodology

### Pre-fieldwork

The authority completed a self assessment and provided CSSIW with documentation and performance information relating to the focus of the inspection. The information provided was reviewed and used to shape the detailed lines of enquiry for the inspection.

### Fieldwork

The inspection team were on site in Bridgend for 8 days during January and February 2017.

Case Review: inspectors considered 60 randomly selected cases and explored 21 of these in further detail with social workers and their managers, other professionals involved and children and families. We undertook 21 interviews with allocated case workers and team managers as well as 10 interviews with children, families and/or carers.

Interviews & Focus Groups: inspectors conducted over 24 group or individual interviews with senior managers, staff, elected members and partners.

Staff survey: an on-line SNAP survey was administered to staff in children's services; 115 returns were received.

Observation of practice: inspectors observed 2

Review of complaints & compliments: inspectors reviewed 10

Review of supervision & appraisal documents: inspectors reviewed 20

Further detail regarding the framework for local authority inspection, engagement and performance review can be viewed here:

<http://cssiw.org.uk/providingacareservice/our-inspections/how-we-inspect-local-authorities/?lang=en>

## **Inspection Team**

The inspection team consisted

Katy Young

Pam Clutton

Ann Rowling

Norman Host

Rhonwyn Dobbing

## **Acknowledgements**

CSSIW would like to thank the people who contributed to the inspection: children, families and carers, staff and managers of Bridgend; the service providers and partner organisations, including the third sector for their time, cooperation and contributions to this inspection.

This page is intentionally left blank

# CIW Action Plan v1.0 June 2018

## Appendix 2

<b>B</b>	Completed
<b>R</b>	A problem needs serious attention and action now
<b>A</b>	Issues are being managed and if addressed should not affect delivery
<b>G</b>	On track, in progress, any minor risks/ issues being managed
<b>NYS</b>	Not Yet Started

### CIW Inspection of Children's Services, Bridgend County Borough Council

	Recommendation	Actions	Owner	Timescale	Update	Last RAG	RAG
<b>Access</b>							
1. CIW	A range of user-friendly information should be developed and made easily accessible for families, children and young people not only with respect to signposting to preventative services but also how children's services and early help carries out its work.	MASH Communication Plan to be finalised and implemented	GM Assessment-Case Management /PO/GM Integrated Working & Family Support	Jul- Sep 17	The communication plan has been finalised and implemented is underway.	<b>G</b>	<b>B</b>
		Public Information Plan to be finalised and launched	GM Assessment-Case Management /PO/GM Integrated Working & Family Support	Oct 17	Meeting with the communications team arranged for the 11 <sup>th</sup> June 2018 to finalise and agree the launch for this plan	<b>G</b>	<b>G</b>
		Dewis to be launched in line with the Corporate Digital transformation programme	Head of Children's Social Care  Feb 18 – Being led by Corporate Team (Digital Transformation & Customer Services Manager)	Dec 17	Dewis is now linked to the corporate website and this provides information on universal communities' opportunities that promote wellbeing, which will interface with the council's website.	<b>A</b>	<b>B</b>

2. CIW	Effective, multi-agency training and quality assurance arrangements should be established to ensure that the thresholds and referral expectations of both early help and statutory children's services are understood by staff and partners and are consistently applied	Children's Social Care Workforce Development/ Training Plan to be finalised and delivered.	Training Manager	Aug 17	Complete - The Social Care Workforce Development Programme provides single and multi-agency training	<b>B</b>	<b>B</b>
		SS&WB Directorate Quality Assurance Framework to be finalised and launched	GM Safeguarding/PO Service Development	Sep 17	Complete - Corporate QA Framework has been completed and disseminated in July 2017.	<b>B</b>	<b>B</b>
		Joint audit tools to be finalised and implemented	Principal Officer/GM Safeguarding	Oct 17	Audit tools have been developed for Adults Services , Children's Services and Early Help.  These are routinely used in line with the quality assurance framework	<b>G</b>	<b>B</b>
3. CIW	The Council should continue to develop information systems that include scrutiny of service demand but also support an analysis of the difference that early help, care and support and/or protection is making for children and families.	Data reports to be routinely scrutinised by the Early Help and Safeguarding Board	Corporate Director Social Services & Wellbeing /Corporate Director Education & Family Support	Jul 17 onwards	Complete – reports are a standing agenda item	<b>B</b>	<b>B</b>
		Joint data set to be further developed to incorporate qualitative information in addition to quantitative data	Principal Officer /GM Integrated Working & Family Support	Nov 17	Complete - Early Help and Safeguarding development day was held on 05.12.17, where qualitative data was analysed. The outcomes will be reported to the next Early Help and Safeguarding Board.	<b>B</b>	<b>B</b>

4. CIW	Caseload and quality assurance reports should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.	Early Help and Permanence Strategy to be revised in response to independent review by IPC.	GM Safeguarding /GM Integrated Working & Family Support /PO	Dec 17	<p>A review of our model for Early Help services is underway. This will incorporate researching models/examples of good practice in other local authorities.</p> <p>The review findings are being reported to CMB in July 2018.</p>	<b>G</b>	<b>G</b>
		IPC to complete review of Children's Social Care Remodelling Programme and associated projects	Head of Children's Social Care	Dec 17	<p>Complete - Following the inspection and its preliminary results, IPC was asked to undertake a short exercise to help with revising the remodelling programme in May 2017. This involved a series of interviews with managers and review of materials. The findings were as follow: The current vision and direction of travel in the remodelling programme is appropriate and relevant</p> <ul style="list-style-type: none"> <li>• The pace of change in the projects has been slower than needed due to lack of capacity within the service. The service has subsequently re-focussed resources and is now back on track and project plans with targets and timescales have now all been approved</li> <li>• In order to support the remodelling work a leadership and development programme has been established.</li> </ul>	<b>B</b>	<b>B</b>

					<ul style="list-style-type: none"> <li>A piece of work has also been commissioned to review the pathways between early help and safeguarding which has also concentrated on the decision making process. This work is due to report to CMB at the end of January 2018.</li> </ul>		
		Caseload data to be a routine item at weekly Team Managers meetings	GM Assessment – Case Management/GM Disability Transition & Case Management	Jul 17	Complete - This is taking place.	<b>B</b>	<b>B</b>
		Supervision Policy to be revised to ensure caseload data is a routine agenda item in supervision	Training Manager	Jul 17	Complete	<b>B</b>	<b>B</b>
		Reports on QA activity to be routinely monitored and collated into an annual report	GM Safeguarding	Oct 17 onwards	QA activity is underway and is due to report in in July 2018 (2017/18 activity).	<b>A</b>	<b>B</b>
5. CIW	The quality and consistency of record keeping and the use of chronologies and genograms should be improved.	WCCIS chronology and genogram functions to be further developed	Policy & Information Manager/Senior Administration Officer	Dec 17	Complete - Careworks are working with another provider to develop the genogram function in WCCIS nationally, this will be developed with the national Chronology information in the system so that needs are met. Whilst undertaking supervision and case file audits, managers monitor whether chronologies are present for individual cases.	<b>B</b>	<b>B</b>
		Recording-skills training to be included in workforce development/training plan	Training Manager	Aug 17	Complete - Recording practice is included in relevant training, for example risk assessment, analysis and decision making.	<b>B</b>	<b>B</b>



		Audit tools to include reference to quality of recording.	PO Service Development/GM Safeguarding	Sep 17	Complete.	B	B
6. CIW	Effective arrangements should be put in place to ensure that the needs of children and young people are assessed if contacts and referrals about their well-being are repeated.	Include this in the Terms of Reference for audit activity in the MASH.	PO/GM Integrated Working & Family Support/GM Safeguarding/PO Service Development	Oct 17	Complete - The re referral rate has been agreed as part of the Performance Management Framework for MASH.	B	B
7. CIW	The council should review its Emergency duty team (EDT) arrangements to ensure that EDT referrals are effectively captured on the electronic system and that communication with the daytime service supports timely hand over and action.	A review of business processes between EDT, IAA team and Safeguarding hubs to be undertaken	GM Business Support/GM Assessment & Case Management/PO	Dec 17	A review of processes has been completed and improvements in communication are evident.  Any operational issues that emerge on a day to day basis are now responded to straight away between the relevant managers.	B	B
		EDT Manager to be located in Bridgend MASH one day per week to improve communication/resolution of issues	PO	Apr 18	The EDT manager will be based in the MASH one day per week from the 16 <sup>th</sup> July 2018.	G	G
<b>Safeguarding and Assessment</b>							
8. CIW	The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that	Delivering Outcomes Focused Practice Programme to be delivered for social workers and social care workers. Core components of the programme are: • Engaging well – in order to measure outcomes in a	Corporate Director Social Services & Wellbeing /Head of Children’s Social Care  LK requested Principal Training Officer provide update	Mar 18	Complete - Outcome focussed 3 phase training programme commenced in October 2017 with dates running to May 2018.	B	B

	desired outcomes, timescales and accountabilities for actions are clear.	<p>person centred model of practice.</p> <ul style="list-style-type: none"> <li>• Collaborative communications</li> <li>• Inspirational conversations for social workers.</li> </ul>					
		The QA framework to include a programme to ensure that all managers take responsibility for the audit of cases in their areas	GM Safeguarding/PO Service Development/ all GMs	Nov 17	Complete – Audit programme underway	B	B
9. CIW	<b>A service model of risk assessment and risk management should be developed and shared with staff and also partner agencies. This should be accompanied by a programme of training and assurance mechanisms to ensure compliance, quality and impact.</b>	Review and relaunch the risk assessment framework and tools	GM Safeguarding / Training Manager	Jul 17	Complete – existing framework and tools have been relaunched.	B	B
		Begin implementation of the Training programme	Training Manager	Jul 17	Complete. A programme of risk assessment training is in the process of being delivered.	B	B
10. CIW	Expectations in relation to the timeliness and quality of partner's contributions to assessments and care plans should be established. An assurance mechanism should be implemented to ensure compliance and quality.	Early Help and Permanence strategy and associated plans/documents to be revisited with partner agencies.	IPC to provide independent review but to work with operational managers /Group Managers	Sep 17	Complete	B	B
		Approaches to joint assessments to be covered in the training described in 8 & 9	Training Manager	Oct 17	See above	B	B
		QA Audit tools will facilitate monitoring of multi-agency working	Principal Officer Service Development/GM Safeguarding	Nov 17	Complete - The monitoring of multi-agency working is included.	B	B

11. CIW	Effective, management oversight and challenge systems should be established at the point of transfer between teams to ensure a clear understanding of the needs and risks associated with the case.	Review the Transfer policy to ensure that the structure and content of transfer meetings capture the recommendation and are chaired by a GM	GM Assessment – Case Management/ GM Disability Transition Case Management	Jun-Aug 17	Case transfer policy under constant review. Case transfer meetings held weekly as part of the Team Managers’ meetings, chaired by a Group Manager.	<b>B</b>	<b>B</b>
<b>Leadership Management and Governance</b>							
12. CIW	The council should actively evaluate the effectiveness of its inter directorate working in supporting the Statutory Director Social Services in delivering against the statutory requirements of the Social Services & Well-being Act and in particular Information Advice and Assistance.	Internal Audit to undertake a programme of reviews, provide advice and support in this area	CMB	Qtrs 1 2 17/18	These are scheduled to take place in quarter 4 2018/19 Progressed as CMB have taken an active role	<b>A</b>	<b>B</b>
		Areas for improvement identified by the audit activity described above to be addressed	CMB	17/18	See above Safeguarding is a standing agenda item on Cabinet/CMB meetings and CMB meetings.	<b>A</b>	<b>B</b>
13. CIW	The council should progress its commitment to developing an evidence based commissioning plan in relation to both statutory and early intervention services for children and families.	Analysis of final BCBC Population Assessments	GM Commissioning	Jul 17	Complete - This has been completed and a summary document has been produced, which is to form the basis of the commissioning plan.	<b>B</b>	<b>B</b>
		Engagement & consultation with stakeholders	GM Commissioning	Dec 17	Complete - Work is underway on the development of Local Area Plans (to be done on a regional basis, currently progressing with Western Bay), which will inform BCBCs commissioning plan, but the final product is dependent on the health boundary consultation, and discussions continue to take place	<b>B</b>	<b>B</b>

					with regions and WAG in respect of timescales.		
		Finalise & publish Commissioning Plan	GM Commissioning	July 18	On-hold – pending the outcome of the Health Boundary consultation being undertaken by Welsh Government (which will impact the regional Area Plan and corresponding commissioning plan(s))	G	A
14. CIW	The council should consider how it can increase the voices of children and families in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families.	In line with the QA framework, co-ordinate the approach to gaining, recording and using feedback	GM Safeguarding/PO Service Development	Sep 17	QA meetings are set up on a monthly basis to consider the findings/themes from audits carried out across the authority and the group will be developing further consultation mechanisms.	B	B
		Establish engagement and consultation plans for all remodelling projects in Children's Social Care	Head of Children's Social Care	Dec 17	The MASH communication plan has been finalised.  For Residential remodelling, stakeholder engagement and consultation has taken place from the outset with young people previously and currently looked after, partner agencies, staff and foster carers.  Opportunities to engage with young people and seek feedback are taken at every stage. It is an expectation that children and young people are seen (alone where appropriate), observed and communicated with throughout the assessment, planning and review processes and this is routinely monitored through supervision and QA activity.	G	B

15. CIW	The council should consider how it can provide opportunities for staff and partners to be further engaged in the development and transformation of services; the identification of lessons learnt from its implementation of IAA should be used to inform the planned transition to a multi-agency safeguarding hub.	A review will be carried out to extend staff and partner participation in the Children's Social Care Remodelling Programme and projects that underpin this	Corporate Director Social Services & Wellbeing /Head of Children's Social Care/ IPC	Commenced in Jun 17 but ongoing throughout the year	<p>Complete - All project boards have both internal and external partner representation.</p> <p><b>Children With Disabilities:</b>  <b>52 Week:</b> Built Environment including Health and Safety, Commissioning, Communication team  Education, Finance, HR, ICT, Project Management, Property  Adult Day Centre, BT, Catholic church, CSSIW, Heronsbridge School and governors, Provision staff, site users, Stafford Construction, Welsh Water</p> <p><b>Transition:</b> Commissioning, Finance, HR, ICT, Knowledge management, Project Management  Careers Development Officer, ABMU</p> <p><b>Early Help and Permanence:</b> Early Help, Education (including schools), Finance, Knowledge Management, Project Management, Training, ABMU, SWP</p> <p><b>Remodelling LACs Residential Placement /Remodelling Fostering:</b>  Commissioning, Education, Finance, Housing (including Supported People), HR, Marketing, Project Management, Residential Staff , Trade Unions, Training, AMBU, SWP.</p>	<b>G</b>	<b>B</b>
------------	--	--	---	---	--	----------	----------

					<b>MASH:</b> Early Help, Education, Finance, Housing, HR, ICT, Legal, Project Management, Property, ABMU, Community Rehabilitation Company, National Probation Service, Police Crime Commissioner, SWP.		
		The statutory Director and HoS will continue to meet with staff regularly to update on the transformation programme and invite staff to participate in projects	Corporate Director Social Services & Wellbeing /Head of Children's Social Care	ongoing	Corporate Director Social Services & Wellbeing and Head of Children's Social Care have met with new social workers in a series of meetings during May-December 2017. Regular service visits are undertaken. The Director writes out to staff 2/3 times per year.	<b>G</b>	<b>B</b>
		MASH Communication Plan to be implemented	GM Assessment – Case Management/ PO/GM Integrated Working & Family Support	Sep 17	See 1. above	<b>G</b>	<b>B</b>
16. CIW	The quality assurance framework should be developed and implemented as a priority.	As per recommendation 2	GM Safeguarding/PO Service Development	Sep 17	As per recommendation 2 - Complete - Corporate QA Framework has been completed and disseminated in July 2017.	<b>B</b>	<b>B</b>
17. CIW	The workforce strategy should continue to focus on maximising staff retention and actions to promote the timely recruitment of experienced staff.	Strategy to be finalised and implemented	GM Assessment – Case Management /Principal Training Officer	Aug 17	The Recruitment and Retention strategy has been finalised and the subsequent action plan has been implemented.	<b>G</b>	<b>B</b>
18. CIW	Staff must have the capacity to complete the training which has been identified to support their professional development.	Workforce Development Training plan to be launched to facilitate forward planning of training through individual supervision	Training Manager and all managers	Sep 17	The Training programme is available on the intranet. Staff are supported and encouraged to attend relevant training. Training Needs Analysis for 2018/19 is underway.	<b>B</b>	<b>B</b>

19. CIW	Senior managers should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality.	Supervision Policy to be re-launched	HoS GMs Training Manager	Jul 17	The Supervision policy has been marketed as being available on the intranet (Social Services and Wellbeing pages). A formal re-launch of the policy took place in early 2018.	A	B
		Audit tool to be relaunched and incorporated in annual audit work plan under auspices of QA framework	GM Safeguarding /PO Service Development	Jul 17	Complete	B	B
		Regular reports to be taken to weekly Team Manager meetings	GM Assessment – Case Management/ GM Disability Transition Case Management	Jul 17	This is ongoing - reports from WCCIS are being developed.	A	A
20. CIW	Arrangements for group managers, team/deputy managers and senior practitioners should be kept under review as part of the remodelling of services to ensure their capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; access to a leadership and development programme should be progressed for managers to build resilience.	<p>Training needs analysis to be undertaken to inform a coordinated programme for managers which will include:</p> <ul style="list-style-type: none"> <li>Corporate and whole sector social care leadership and management development training programme (all managers).</li> <li>Post Graduate Diploma in Managing Practice Quality in Social Care (team managers)</li> <li>Postgraduate Certificate in Strategic and Operational Leadership in Social Care (MMDP) (group managers)</li> <li>Coaching / Mentoring (all managers).</li> </ul>	Corporate Director Social Services & Wellbeing /Head of Children’s Social Care	Oct 17	<p>Corporate Learning and Development provide training for managers across the Authority examples of courses available include:</p> <ul style="list-style-type: none"> <li>• People Management Skills</li> <li>• Absence Management Training</li> </ul> <p>Managers are given the opportunity of completing a BTEC Level 4 or a Level 5 Diploma in Management and Leadership.</p> <p>Via the Social Care Workforce Development Programme managers can access leadership and management development training which is bespoke for the social care sector examples of training include:</p> <ul style="list-style-type: none"> <li>• Leading and Managing Change</li> </ul>	A	A

					<ul style="list-style-type: none"> <li>• Understanding stress in the workplace,</li> <li>• Leading and Managing Performance</li> <li>• Coaching and mentoring skills.</li> </ul> <p>A management development programme tailored specifically for Children’s Social Care Team Managers, Deputy Team Managers and Senior Practitioners is being finalised.</p> <p>The Directorate encourages and supports managers to take up post qualifying accredited programmes of study such as the: (TMDP) Post Graduate Diploma in Managing Practice Quality in Social Care</p>		
		IPC to deliver a leadership Development programme	Head of Children’s Social Care	Dec 17	Programme is underway.	G	B



## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO CORPORATE PARENTING COMMITTEE

11<sup>TH</sup> JULY 2018

#### REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

#### APPROVAL OF THE STATEMENTS OF PURPOSE FOR RESIDENTIAL SERVICES

##### 1. Purpose of report

- 1.1 The purpose of this report is to provide Members with the revised statements of purpose for the current residential services provision in Bridgend County Borough Council. It is a requirement under the Council's constitution that these are presented to the Corporate Parenting Committee.

##### 2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:-

1. Helping people to be more self-reliant – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
2. Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

##### 3. Background

- 3.1 Bridgend County Borough Council currently has four children's residential homes delivering services to children and young people aged 0-19 years:

- Newbridge House provides a service to young people aged 15-17 years who require an intensively managed transition into independent living for a short to medium term period of up to twelve months.
- Sunny Bank provides a short to medium term service for up to twelve months to children/young people aged 8-15 years who display complex needs and require intensive work to stabilise their behaviour to allow them to move on to a permanent/long term placement.
- Bakers Way provides a short break service to disabled children/young people aged 0-18 years.
- Harwood House provides a medium to long term high quality 52 week residential service for up to three children/young people aged 8 – 18 years with complex needs, including a learning disability. However continuing provision will be considered for young people aged up to 19 years who continue in educational placements.

##### 4. Current situation/proposal

- 4.1 The introduction of The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) came into force on the 2<sup>nd</sup> of April 2018. The purpose of the Act is to build on the success of regulation in Wales and reflects the changing world of social care. It places service quality and improvement at the heart of the regulatory regime and

strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the quality of services and the impact which they have on people receiving them.

4.2 Each Local Authority will be issued a certificate of registration as opposed to individual services being registered. This means that all of Statements of Purpose are presented in a more uniform way.

4.4 Each in-house service provision has its own statement of purpose included in the attached Appendices as per below:

**Appendix 1** – Newbridge House

**Appendix 2** – Sunnybank

**Appendix 3** – Bakers Way

**Appendix 4** – Harwood House

4.5 The changes to the statements are described below:

- Newbridge House: there are no changes to the statement of purpose
- Sunnybank: the change to the statement of purpose is:
  - The change to the service offering medium to long term placements for children and young people aged 8-17 years (in line with the remodeling of our residential provision).
- Bakers Way; changes to the Statement of purpose are:
  - Service operating hours following restructure
  - Staffing structure
- Harwood House: there are no changes to the statement of purpose since the service was registered.

4.6 A new statement of purpose will be produced in September 2018 for the remodelled residential service provision in Newbridge House as this will become the emergency and assessment hub in October 2018.

## **5. Effect upon policy framework and procedure rules**

5.1 There is no impact on the policy framework and procedure rules.

## **6. Equality Impact Assessment**

6.1 There are no equality impacts arising from this report.

## **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing Act (Wales) (SSWBA) 2014, in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a Healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long term : The residential provision has been assessed to meet the needs of the current and future looked after children population with parts of the service being remodelled later this year.
- Prevention : The new 52 week unit (Harwood House) enables children with complex needs to remain living in the county whilst Bakers Way provides respite to support disabled children and young people to remain living within their families. The statements of purpose will support the other residential provisions to run effectively meeting the needs of Looked After Children BCBC.
- Integration : Children and young people have homes in the county borough facilitating familial contact and education provision being provided locally, supporting and maintaining their community and ethnic links.
- Collaboration : All of the units have strong links to health, education, police and other local community services to meet the holistic needs of children and young people placed. The units work in close collaboration with other departments within the Local Authority as well to meet service user needs.
- Involvement : Each of the residential units have independent rota visits undertaken, are inspected by Care Inspectorate Wales and review feedback from children and young people and their families through meeting or evaluation forms.

## 8. Financial implications

8.1 There are no financial implications arising from this report.

## 9. Recommendation

9.1 Members to note the content of the report and approve the statement of purpose for each of the residential services provision.

Susan Cooper  
Corporate Director Social Services and Wellbeing  
18.6.18

**10 Contact officer:** Natalie Silcox  
Group Manager Regulated Services  
**Telephone:** (01656) 642319  
**Email:** Natalie.silcox@bridgend.gov.uk

**Postal address:** Floor 2, Civic Offices, Angel Street, Bridgend, CF31 4WB

**11 Background documents:**  
None

This page is intentionally left blank

# Statement of Purpose

## Section 1: About the provider

<b>Service provider</b>	<b>Bridgend County Borough Council</b>	
<b>Legal entity</b>	Individual	<input type="checkbox"/>
	Limited company	<input type="checkbox"/>
	Public limited company	<input type="checkbox"/>
	Limited liability partnership	<input type="checkbox"/>
	Charitable company	<input type="checkbox"/>
	Charitable incorporated company	<input type="checkbox"/>
	Other corporate body	<input type="checkbox"/>
	Committee	<input type="checkbox"/>
	Charitable trust	<input type="checkbox"/>
	Other unincorporated body	<input type="checkbox"/>
	Local Authority	<input checked="" type="checkbox"/>
	Local Health Board	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
<b>Responsible individual</b>	Laura Kinsey – Head of Childrens Social Care	
<b>Manager of service</b>	Sian Morgan-Jones	
<b>Name of service</b>	Newbridge House	
<b>Address of service</b>	110, Merthyr Mawr Rd, Bridgend, CF36 3LW	

## Section 2: Description of the location of the service

### a) Accommodation based services

Newbridge House is a one storey building in the heart of Bridgend, with quick access to the town centre. The positive aspect of this is the close proximity of the resources Bridgend has to offer young people developing their independence, including training centres, employment opportunities and recreation centres and travel networks.

Newbridge House can accommodate six young people at any one time. The Unit has four beds with shared lounge/kitchen/diner and bathroom facilities where assessment of needs takes place and independence skills are developed. At the front of the building are two self-contained bedsits to further promote the young people's independence skills, providing a sense of achievement and an idea of what isolation could feel like.

There is a lawn area around the building and a drive at the front. The main entrance is at the side of the building where visitors can access the office.

Newbridge House is fully integrated within the community. The Town is fairly widespread and offers a choice of:-

- Ten Comprehensive Schools – within a radius of seven miles.
- Bridgend and Pencoed College
- Bridge Mentoring Service
- 16 Plus Drop-in Centre
- Five swimming pools
- Recreation Centres
- YMCA
- Snooker Clubs
- Guides, Scouts, Sea/Army/Air Cadets
- Library
- Transport links to all areas
- Beach and coastal areas within five miles
- Duty Solicitor Scheme
- Citizen's Advice Bureau
- DASH (Drug and Alcohol Self Help)
- CAMHS (Child and Adolescent Mental Health Service)
- WGADA (Welsh Government Alcohol and Drugs Associations)
- Dentists, Doctors and Opticians
- Princess of Wales hospital and Neath and Port Talbot emergency dept.
- Community Health for Admission and Annual Medical Assessments
- Job centre and Benefits Agency
- Housing Department and Housing Associations

Newbridge House makes use of a G.P. practice near to the unit, where possible, young people stay registered with their own Doctors and Dentists.

**b) Community based services e.g. domiciliary support services**

*This will be the regional partnership area in which the service is provided please refer to the Statement of Purpose guide for a full break down for each regional partnership area.*

*(tick the area where the service is provided)*

<b>Gwent regional partnership board</b>	<input type="checkbox"/>
<b>North Wales regional partnership board</b>	<input type="checkbox"/>
<b>Cardiff and Vale regional partnership board</b>	<input type="checkbox"/>
<b>Western Bay regional partnership board</b>	<input checked="" type="checkbox"/>
<b>Cwm Taf regional partnership board</b>	<input type="checkbox"/>
<b>West Wales regional partnership board</b>	<input type="checkbox"/>
<b>Powys regional partnership board</b>	<input type="checkbox"/>

**Section 3 About the service provided**

**a) Range of needs we can support**

Newbridge House provides care for up to six young people from Bridgend County Borough and accommodates mixed gender. All admissions are planned via referrals from case management teams, the 16 Plus or transition team.

Service Aim

To provide young people with the opportunity to learn and develop independence skills to support them to live independently within communities in a safe and responsible manner.

Objectives

- Work in partnership with young people and parents/persons with parental responsibility.
- Young person will have a personal plan, based on a careful analysis of their general and specific needs and this plan will be regularly reviewed and updated.
- Young people at Newbridge House will be treated in as normal a way as possible with respect and empathy and will be encouraged to take a full part in local community life.
- Young people in Newbridge House will be treated in such a way that ensures that racial, gender, religious and cultural needs are taken into account and that they are not discriminated against in any way.
- Newbridge House is committed to providing an environment within the unit

<p>which facilitates the young person's growth, maturation, self-respect and personal dignity.</p> <ul style="list-style-type: none"> <li>• Newbridge House will promote the use of a variety of different and contrasting approaches to support young people, including social pedagogy and restorative approaches.</li> <li>• Work closely with other agencies and professionals to contribute to the Child Protection process. These will include social workers, young person's school or any training programme initiatives, Vulnerable Groups service, LAC health visitor, child and adolescent mental health service based at Princess of Wales Hospital and the Youth Offending Service</li> <li>• Providing through a transition unit the mechanism for the young people to develop the necessary skills to enable them to move on into independent living.</li> </ul>	
<b>b) Age range of people using the service</b>	15 to 17 years.
<b>c) Accommodation Based services</b>	<p><b>Maximum Capacity</b></p> <p>Six young people, through four beds within a unit and two self-contained bedsits.</p>
<b>d) Community based services only</b>	<p><b>Number of Care Hours delivered</b>  <i>Detail the average number of care hours delivered per week. (tick the relevant box)</i></p> <p><b>0-250</b> <input type="checkbox"/></p> <p><b>251-500</b> <input type="checkbox"/></p> <p><b>501-750</b> <input type="checkbox"/></p> <p><b>751-1000</b> <input type="checkbox"/></p> <p><b>1001-1500</b> <input type="checkbox"/></p> <p><b>1501-2000</b> <input type="checkbox"/></p> <p><b>2001-3000</b> <input type="checkbox"/></p> <p><b>3000+</b> <input type="checkbox"/></p>

#### Section 4: How the service is provided

Newbridge House focuses on preparing young people to live independently. Each young person is expected to sign up to a programme of independence at the time of admission. The programme is aimed at young people who have the commitment, attitude and motivation to achieve their independence, taking into account their level of maturity.

The key areas of the programme offer support to:



- Develop cookery based skills (boiling, roasting, frying, baking and microwave, etc.)
- Planning a menu and shopping within a budget
- Household budgeting
- Personal care
- Domestic chores
- Social interaction
- Education and work experience
- Emotional support and develop resilience.
- Promote verbal and written communication skills

Should it become clear that a young person is not likely to succeed in Newbridge House a planning meeting will be held to identify an alternative placement.

### **Outreach Support**

The Residential Workers undertake outreach with the young people who have recently made the transition to independent living. This is offered for an approximately eight week period, with workers being flexible with times to cater for the young people's emotional and physical needs.

### **a) Arrangements for admitting, assessing, planning and reviewing people's care**

#### Admission Policy

Admissions are planned; social workers are required to present the request for a child/young person to become accommodated to the Accommodation and Permanence Panel, who will assess as to whether it is felt appropriate to approach Newbridge House with a referral. Once a referral is received it will be considered by the Manager or senior residential worker. They will complete an impact assessment specifically looking at the suitability of the referral in relation to the children/young people already living in the home. Decisions to provide a placement are based on a thorough consideration of the needs of the child/young person and a judgement on the ability of the home to meet those needs within the terms of the Statement of Purpose, and the prevailing circumstances at the time.

There will be an opportunity for an introductory visit by the young person, parents and social worker, to consider whether this is a viable placement. Where a placement is offered, a pre-admission planning meeting will determine the placement plan for the young person.

The referral and admission process will seek to engage the young person and his/her parents/carers positively and collaboratively in a partnership approach.

Young people and their families (where possible and appropriate) will be encouraged to visit the Unit prior to admission. Staff will provide visitors with verbal and written information about the service available, the expectations of the young person and

the obligations and responsibilities of staff. After an informal visit, should the social worker, young person and/or parent/carers wish to pursue a placement the social worker will provide the Unit with the necessary pre admission documents.

The following documentation required by the Unit should be completed and received before the admission takes place:-

- Placement Plan
- Essential Information Record, containing the young person`s care plan and medical form.
- Pre-placement Referral will assist staff to understand more about the young person and what could trigger behaviours.
- Copy of any Court Order giving the Local Authority the authority to determine the young person`s placement.
- Care or Pathway plan

During the time spent at Newbridge House, staff will work with the young person and others to achieve the outcomes identified in the plan. Staff will prepare and support the young person for their discharge from Newbridge House and move into their identified placement. This is managed through a transition process which is individually tailored for each young person.

#### Arrangements for Reviews

Young people`s plans will be reviewed regularly, in line with Bridgend County Borough Council`s policy. The first review will be within four weeks of a young person becoming accommodated, the second review will be held three months later. future reviews will be held after a period of no more than six months on an ongoing basis. Within this process our role is to assist in the completion of the consultation documents and to advocate on behalf of the young person to assist with the meeting of their needs, whilst giving an informed viewpoint about the young person`s progress whilst placed at Newbridge House.

The purpose of the reviews will be to monitor progress and review personal care plans. All reviews should be attended by:

- The young person,
- Their social worker,
- Their family,
- Their key worker and any other appropriate person.
- An independent chairperson.

An independent chairperson is employed by Bridgend County Borough Council to oversee review meetings after the first review. Before their 16<sup>th</sup> birthday, young people should have a pathway planning meeting, which will look at the ways in which the department can assist the young person, when they leave residential care. A Pathway Plan in accordance with the Leaving Care Act will be formulated to help facilitate this.

Reviews are normally held at Newbridge House, but may be convened elsewhere if there are specific reasons to require this.

b) **Standard of Care and Support** you will receive and experience at Newbridge House

On admission a young person is allocated a key worker and is expected to attend monthly meetings with them. Initially they are given a room on the main unit. When proven that they are showing a level of maturity, the ability to budget and keeping their environment clean and safe, they will then have the opportunity to move into one of the bed sits. They will then learn to develop relationships and further widen their independent skills ready to move into the community.

The length of stay needed in Newbridge House will be largely determined by the progress that the young person makes. However, it is anticipated that it will be a short to medium period lasting no more than twelve months in order to support them to complete the unit independence programme and move through to a bedsit to experience being more independent before move on.

Young people may have been looked after for many years or may be new into accommodation. Young people have often experienced chaotic lifestyles and many misuse substances or alcohol and may have been or are involved in offending. The aim of the unit is to promote and encourage their independence skills to prepare them for adulthood.

Some young people have patterns of absconding and may be putting themselves at risk of sexual exploitation and the unit is skilled at supporting those young people to make more positive choices.

Towards the end of a successful transition programme the focus for young people switches to an exit strategy. This includes referrals to various other service providers identified via their Pathway Plan.

***Promotion of Health Needs***

On admission each young person has a health assessment undertaken by the Health Visitor supporting the Safeguarding teams and is registered with one of the local Doctors, Dentists and Opticians, unless there is a preference to remain registered with the existing practice. All young persons have an annual statutory health review and also a six monthly dental check as well as any immunisation needs. They are assisted to develop a well-balanced diet and encouraged appropriately and sensitively in the importance of personal hygiene if this is neglected. Where appropriate, use is made of the Child and Adolescent Mental Health Service. Each young person follows a health education programme, which deals with HIV/AIDS, sexually transmitted diseases and sex and sexuality.

There is a 'No Smoking' policy in accordance with current legislation and in line with Bridgend County Borough Council's policy. The young people are actively

discouraged from smoking, there is no facility for smoking on the unit for young people, visitors or staff.

### Education

Newbridge House strives to ensure that all the young people cared for are aware of the benefits of receiving a full education.

We endeavour to promote this, by establishing good professional relationships with the schools, colleges and training providers our young people attend. Alternatively we will assist young people to access work experience opportunities and support them in their career choices.

Homework can be completed in the young person's own bedroom, or, if preferred, in a room set aside for the use of the young people. The room contains two computers and a range of books (both reference and leisure). Staff are always available to assist with homework and revision.

Newbridge House now offers Agored Cymru qualifications for young people these follow the format of the independent programme and allows young people to improve their CV's for the future.

Additional assistance to support young people's educational achievement is sought from the Vulnerable Groups service.

### Leisure and Activities

In view of Newbridge House's function, to prepare young people for independent living, we encourage all the young people in our care to pursue individual activities, rather than organise a group recreation and leisure programme. Halo cards for use of the facilities in the local recreation centre are offered to all the young people.

Opportunities will be provided for young people to identify and organise trips/activities and will be supported in budgeting for the activity they choose.

As part of the independence programme staff have developed a cultural based programme to develop positive experiences that young people can take with them, inclusive of educational experiences.

Staff at Newbridge House assist young people to develop socially acceptable behaviour by responding constructively to unacceptable behaviour and using relationships with young people to nurture respect.

When a sanction is required, staff will discuss it with the young person where their views are acknowledged and recorded.

Sanctions that will not in any circumstances be used are:-

- Deprivation of food and drink
- Restriction or refusal of visits

- Requirement to wear inappropriate or distinctive clothing
- The use, or withholding of medication or dental treatment
- Confinement to a room or area within the home.

Newbridge House's use of restraint is limited to extreme circumstances and only used to prevent likely injury to the young person or others, or likely serious damage to property. In this case physical restraint will be used in accordance with Bridgend County Borough Council Policy and Guidance, the minimum force necessary will be used and all cases of restraint will be formally recorded.

Staff uses a restorative approach with young people when the timing is perceived as beneficial to discuss the behaviour and its effects on others.

### Young Person Protection and Bullying

All staff members at Newbridge House are provided with training in Child Protection Procedures and this training is updated on a regular basis.

These procedures are set out by law in the Children Act 1989 and the Children Act 2004 Guidance, Care Standards Act 2000, as well as the National Minimum Standards for Residential Services and the UN Convention on the Rights of the Child.

All young people receive the opportunity to reach their full potential and learn new skills to enable them to live independently. The young people should have the opportunity to:

- Lead a healthy life
- Attend education and training
- Be protected from harm and feel safe
- Feel self-worth
- Feel supported, valued and experience a high level of emotional wellbeing by reliable and suitable relationships
- Be enabled to look after themselves and cope with living independently
- Develop a positive image of themselves and the ability to establish their own identity, culturally and racially
- Develop good inter-personal and communication skills and gain confidence socially.

Young people who may have been abused or neglected by an individual or who have had harm inflicted to them may be impeded from experiencing and achieving one or more of the above. Staff remains vigilant to any signs of abuse whether it is expressed verbally or non-verbally and will respond to concerns where the young person is perceived as failing to thrive. Where concerns are suspected a referral to the local Multi Agency Safeguarding Hub or the designated safeguarding team social worker will be made within the Child Protection framework set out by the All Wales Child Protection procedures. Any concerns will be thoroughly investigated and the resident would be listened to and consulted with throughout process.

Staff will continually liaise with other professionals to meet the welfare of the young

person. The young person's social worker and personal advisor are expected to attend monthly review meetings to provide updates regarding the young person's wellbeing, progression of independence and the transitional process

Newbridge House does not tolerate bullying of any kind. On admission the young person receives an induction pack, during which a member of staff will explain our zero tolerance to bullying and complaints procedure. All young people are expected to sign an anti-bullying policy and abide by the contract.

Staff have been fully trained in Restorative Justice techniques and any conflict or confrontation between residents and staff will be resolved using these mediation skills. Staff regularly meet with the mediation and restorative leader who is based at YOS on occasions to focus on the work which is being undertaken at Newbridge House.

Staff are vigilant about all aspects of bullying and ultimately a young person's placement could be jeopardised and considered unsuitable should they refuse to comply and bullying behaviour persists.

#### Contact with Parents, Persons with Parental Responsibility, Relatives or Friends

Parents and other relatives are welcome to visit the unit at any time unless legal restrictions make this impossible. Friends are welcome to the unit during the evening and holidays, but are not allowed to stay overnight.

Undesirable friendships would be discouraged or managed; discussions will be held at a planning meeting when the suitability of these relationships would be examined.

Young people could use their own rooms, the conference room, the lounge or the garden for visitors, depending on choice, suitability and availability or quiet room situated on the main unit.

#### Unauthorised Absence

A Protocol exists between the South Wales Police and the seven Local Authorities within the force area for the management of unauthorised absences. Currently there is a new protocol being prepared for consultation.

When young people do not return they are categorised in two groups:-

- a. Those who are "Absent without Authority" and are regarded as "Low Risk" and
- b. Those who are deemed to be "missing" and whose absence gives rise to serious concerns.

A young person in the lower risk category might, for example, be absent without permission, or not back at the agreed time, but their whereabouts are likely to be known. More serious is the absence of a young person for unknown reasons, with no clue as to their whereabouts and where they are regarded as vulnerable or a

danger to themselves or other. A young person who is subject to a restrictive court order is considered to be in the “high risk” category.

The situation of a young person who is regarded as “absent without authority” has to be the subject of a continuous risk assessment while they remain absent. The risk assessment includes consideration of the risks that the young person may face and those they may pose to others. Some indications of risk may be known from previous behaviour and be incorporated into the young person’s plan.

A risk assessment of a young person will include consideration of many factors such as the young person’s age and social, emotional and sexual maturity, a history of absences or of self-harm, their health and state of mind. Other matters would include the time they left, the time they were expected to return and their likely associations while absent together with their status e.g. whether subject to a Court Order or on the Child Protection Register. These factors should provide guidance as to risk level and the need if concern is sufficiently great, to notify the police. If there is no referral to the police, the absence must be monitored and reviewed after a minimum of two hours. If the decision is to refer, Newbridge House will take on this responsibility, as well as that of contacting the young person’s parents.

On the young person’s return, whatever the circumstances the young person’s social worker should see the young person within three working days of their return and explore the reasons for, and consequences of, the absence. When a young person is assessed as being absent without authority the following forms are completed:-

Form CF6 - Risk Assessment of a child absent without authority.

CF7 - Notification of a child absent without authority

CF8 - Notification of the return of a child absent without authority

#### Therapeutic Techniques/Behaviour Modifications

The young people will be faced with the consequences of their actions within a climate of maximum staff support. Control will be maintained on the basis of good personal and professional relationships between the staff and the young people in residence. It is not seen as a negative concept but as a way of enabling the young people to develop self-control and self-discipline. When young people display behaviour that in any family or group environment would be considered undesirable some form of sanction may be needed.

The young people will be provided with intensive staff involvement and support through key working and access to other support networks. Where appropriate the young people will work through an individually designed programme to help them develop socially acceptable behaviour.

Staff have undertaken training in child exploitation work with the Barnardos TAITH service and use this training to complete projects with young people around keeping themselves safe and developing appropriate relationships. Also, as mentioned earlier staff are trained to undertake restorative and mediation approaches. This allows young people to explore their behaviours and the consequences of their actions.

Integrated working arrangements between Newbridge House and the 16 Plus team drop-in service are in place to provide an enhanced service that will address problems and issues with children/young people. To achieve this:

- There will be single point of contact in both services
- We will seek to prevent problems arising by integrated intervention
- Be quick to respond when the need arises
- Establish working protocols
- Have a reciprocal understanding of intervention techniques and roles of other professions
- Work together to address the complex issues of children/young people within this service
- Be open with colleagues and exercise discretion, trust and sensitivity in establishing and operating within multi -agency teams
- Provide help and support closer to the point of contact.

### Religious Observance

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

### **c) Language and communication needs for people using the service**

Bridgend County Borough Council is committed to the treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Newbridge House.

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Newbridge House can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Newbridge House endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in the language.

## **Section 5: Staffing arrangements**

Newbridge House has a team of care staff providing 24 hr support 7 days a week.



There is always two staff on duty and two staff sleep in.

***The Staff Team comprises of the following staff to ensure a safe and effective service is delivered;***

**a) Numbers and qualifications of staff**

Staff at Newbridge House either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: Qualification framework for social care and regulated childcare in Wales. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

**1 REGISTERED MANAGER**

NVQ Level 4 Caring for Children & Young People  
NVQ Level 4 Management

**2 SENIOR RESIDENTIAL WORKERS**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

Qualified or working towards Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland

**8 RESIDENTIAL WORKERS**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

**CLERK**

Chartered Institute of Personnel Development Diploma

**b) Staff levels**

Residential Manager 37 hrs per week Mon- Friday  
Seniors 37 hrs per week working as part of a rota which includes weekend working.

The staffing structure is as follows:-

- Residential Manager x 37 hours
- Two Senior Residential Workers x 74 hours
- Two full time Residential Workers x 74 hours

	<ul style="list-style-type: none"> <li>• Six part time Residential Workers x 85 hours (2x 24 and 4x 18.5)</li> <li>• One part time clerk x 18.5 hours</li> </ul>
<b>c) Specialist staff</b>	There is no specialist staff employed at Newbridge House.
<b>d) Deployment of staff at service (for accommodation based services only)</b>	<p>The staff team work on a rolling eight week rota, with a minimum of two staff and a maximum of three staff on duty at all times.</p> <p>The rota also accommodates for the provision of sleeping in duties.</p>
<b>e) Arrangements for delegated tasks</b>	<p><b>Outreach Support</b></p> <p>The Residential Workers undertake outreach with the young people who have recently made the transition to independent living. This is offered for an approximately eight week period, with workers being flexible with times to cater for the young people's emotional and physical needs.</p> <p>Newbridge House has a team of staff who bring their own learned experiences to the service, such as counselling skills, Art Therapy and mindfulness work. This is integrated into the work we undertake with the young people.</p> <p><b>Post 16 service</b></p> <p>The 16 Plus Team offers support to young people aged 16 to 25 years. The young people are designated to a Post 16 team social worker and a personal advisor, who will link in with housing, education/training and offer support with independent living skills.</p>
<b>f) Supervision arrangements</b>	<p><b>Arrangements for Supervision, training and development of employees</b></p> <p>The Social Services and Well-being Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.</p> <p>Supervision has an essential role in the effective management of staff performance and practice and is</p>

	<p>a primary means by which staff are supported to evidence accountable practice.</p> <p>Regular, planned and competent supervision is both a right and a requirement for all members of staff working at Bakers Way. Supervision takes place once every 4 – 6 weeks in line with the Directorate Supervision Policy.</p> <p>Staff participate in annual appraisal which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.</p>
<p><b>g) Staff training</b></p>	<p>Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the Social Care Wales Induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction they are put forward for the required Health and Social Care Award,</p> <p>Staff have access to a programme of core training provided by Bridgend CBC which includes Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Managing Behaviour (Team Teach) and Recording skills. Core training is refreshed at regular intervals.</p> <p>Other training is available provided by Bridgend CBC, for example Child Sexual Exploitation, Life Journey work, Attachment, Child Development.</p> <p>The whole staff team recently attended a pilot project called 'Caring Changes' provided through the Fostering Network and TACT, based on the Welsh Government funded Confidence in care training for foster carers.</p> <p>Managers have access to a programme of training focusing on the development of leadership and management skills, including managing performance and staff development, utilising a coaching and mentoring approach.</p>

## Section 6: Facilities and services

### Accommodation based services only

6 bed provision in central Bridgend, comprising of 4 single rooms and 2 bedsits

#### *You should provide information about:*

<b>a) Number of single and shared rooms</b>	6 single rooms used by the young people (2 of which are bedsits) and 2 staff bedrooms rooms which are shared amongst the Team.
<b>b) Number of rooms with en suite facilities</b>	2 en-suite bedsits
<b>c) Number of dining areas</b>	1 communal dining area
<b>d) Number of communal areas</b>	6 communal areas
<b>e) Specialist bathing facilities</b>	None
<b>f) Specialist equipment</b>	None
<b>g) Security arrangements in place and use of CCTV</b>	<p>There are no facilities available at Newbridge House for the surveillance of the young people other than through the daily supervision by the staff team. Should there be any issues of risk shown by a young person to themselves or others the unit will provide a wakeful cover throughout the night. There are alarms on all exterior doors in-case of movement throughout the night.</p> <p>There is no CCTV.</p>
<b>h) Access to outside space and facilities at this service</b>	<p>Newbridge House offers a comprehensive range of services to young people. The facilities offered are in line with the service provided but limited to some extent by the structure of the building and the fact that the young people are encouraged to use the facilities in the community as part of their independence programmes.</p> <p>The facilities and services at Newbridge House consist of:</p> <ul style="list-style-type: none"> <li>• A TV and DVD and small fridge in each of the main unit bedrooms to encourage independent living.</li> <li>• A varied assortment of sports</li> </ul>

	<p>equipment, board and table games and books and a selection of DVD's, a playstation and games</p> <ul style="list-style-type: none"> <li>• A large garden and lawn.</li> <li>• A telephone, situated to give young people privacy.</li> <li>• Computer with internet access.</li> <li>• Laundry facilities.</li> <li>• Room for access visits. The use of room is available to other staff from BCBC.</li> <li>• Newspapers and magazines are purchased for the young people upon request, representing their individual interests.</li> <li>• There are a number of independent programmes which differ in accordance to ability. These programmes assist young people to move on to independent living and provide a scoring system for the Llamau's project and housing associates</li> <li>• After moving into independence the young people are offered a support network at Newbridge House and invited for tea or Sunday lunch</li> <li>• Newbridge House have developed strong links with the Post 16 team and have the use of their facilities and courses available to young people aged 16+</li> <li>• The LAC Health Visitor both provide direct services to young people and advice to staff.</li> <li>• The Unit has access to advice from the local Child and Adolescent Mental Health Service (CAMHS).</li> <li>• Alternative housing providers include: Llamau through Ty Cornel and Morfa St, foster placements, Wallich projects:- Ewenny Road, Park Street and Hartshorn House, step down projects which young people could be considered for, supported lodgings the local housing register and private landlords.</li> <li>• The Unit receives regular visits from The Western Bay, Tros Gynnal Advocacy Project, for the benefit of residents. This is an independent service offering impartial advice and guidance should the young people require it.</li> </ul>
--	--

**i) Community based services only:**

*In this section you should;*

- *provide information about the facilities to; securely store records;*
- *meet with people using the service;*
- *provide staff training; and*
- *Meet with staff.*

## Section 7: Governance and quality monitoring arrangements

### Quality Assurance

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The RI will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit the RI will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager – Regulated Services is responsible for the line management of the Registered Manager and reports directly to the RI.

Visits by independent officers.

Visits are carried out on a monthly basis by an identified officer within the Council, in accordance with Regulation 32 of the National Minimum Standards for Children's Homes. The visiting officer shall interview, with their consent and in private the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the RI.

### Management Structure

Head of Children's Social Care & Responsible Individual



Group Manager for Regulated Services



Manager Newbridge House



Senior residential workers

A full range of policies and procedures are available to staff and reviewed regularly to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing / Privacy statement (<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>). Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone **01656 643565**

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### Stage 1 – Local Resolution

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to

meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

## Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales directly to make a complaint at any time.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as



effectively as possible.

## Useful Contacts

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

## Anti-Discriminatory Practice

Staff at Newbridge House strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in line with professional and personal boundaries. Expectations of behaviour for both staff and young people are clearly understood and negotiated by those living and working at the unit, including exercising appropriate control over young people in the interests of their own welfare and the protections of others.

In day to day decision making, staff demonstrate an appropriate balance between:

- Each young persons wishes and preferences
- The needs of individual young people
- The needs of the group of young people resident at the time, and
- The protection of others (including the public) from harm.

Bridgend County Borough Council has a policy on anti-discriminatory practice. Children's rights are respected in line with the United Nations Convention on the

Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes, both positive and negative.

Newbridge House has a comprehensive manual of policy and procedures which can be accessed upon request. It is continually being revised and updated as required.

### **Consultation**

Newbridge House is committed to working in partnership with young people and parents to maximise the opportunities and outcomes for the young person.

The consultation process begins at the earliest opportunity and takes place through:

- a. Pre-admission planning and visits to the unit by the young person and parents and social worker.
- b. Formal planning and review via the LAC system, key working, young people's meetings and evaluation exercises.
- c. Informally through daily interaction with staff where important views and opinions are noted within the personal recording sheets.

Newbridge House promotes the involvement of parents where possible and is proactive in maintaining regular telephone contact to inform parents of significant events and to involve them in decision making.

Newbridge House empowers young people to express their views and opinions and make personal choices through:

1. Use of the looked after children system.
2. Young peoples meetings.
3. Keyworking sessions.
4. Daily interactions with staff members.

### **Health and safety**

**Health and safety checks are carried out within set guidelines, this includes:**

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system

- Electrical wiring
- Water storage tanks
- PAT testing

This page is intentionally left blank

# Statement of Purpose

## Section 1: About the provider

<b>Service provider</b>	<b>Bridgend County Borough Council</b>	
<b>Legal entity</b>	Individual	<input type="checkbox"/>
	Limited company	<input type="checkbox"/>
	Public limited company	<input type="checkbox"/>
	Limited liability partnership	<input type="checkbox"/>
	Charitable company	<input type="checkbox"/>
	Charitable incorporated company	<input type="checkbox"/>
	Other corporate body	<input type="checkbox"/>
	Committee	<input type="checkbox"/>
	Charitable trust	<input type="checkbox"/>
	Other unincorporated body	<input type="checkbox"/>
	Local Authority	<input checked="" type="checkbox"/>
	Local Health Board	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
<b>Responsible individual</b>	Laura Kinsey – Head of Childrens Social Care	
<b>Manager of service</b>	Karl Culpeck	
<b>Name of service</b>	Sunny Bank	
<b>Address of service</b>	31 Pant Morfa, Porthcawl, Bridgend CF36 5EN	

## Section 2: Description of the location of the service

### a) Accommodation based services

Sunny Bank is located within an adapted detached residential house with space for 4 young people to be accommodated. Sunnybank is situated in the seaside town of Porthcawl and is fully integrated within the community. The town itself is small and compact and therefore has to rely on facilities and services throughout the authority.

Sunny Bank offers a range of services to children/young people. The facilities offered are in line with the service provided. Children/young people are encouraged to use facilities in the community as part of promoting social inclusion.

#### Facilities and services in the locality

There are:

- Ten comprehensive schools
- One college consisting of 3 separate campuses in Bridgend / Maesteg and Pencoed.
- Five swimming pools
- 3 recreation centre
- Ten pin bowling
- Snooker club
- YMCA
- Gymnastics club
- Fitness centres
- Youth clubs
- Library
- Sea/Army/Air Cadets
- Beach and Coastal Area
- Bus service
- Duty solicitor
- DASH (Drug and Alcohol Self Help)
- Citizens Advice
- General Hospital
- Child and Adolescent Mental Health Clinic
- Doctors and Dental Surgeries

The unit makes use of a group surgery located near to the home. Whenever practical, children/young people remain registered with their own dentists and GPs.

### b) Community based services e.g. domiciliary support services

*(tick the area where the service is provided)*

**Gwent regional partnership board**

**North Wales regional partnership board**

<b>Cardiff and Vale regional partnership board</b>	<input type="checkbox"/>
<b>Western Bay regional partnership board</b>	<input checked="" type="checkbox"/>
<b>Cwm Taf regional partnership board</b>	<input type="checkbox"/>
<b>West Wales regional partnership board</b>	<input type="checkbox"/>
<b>Powys regional partnership board</b>	<input type="checkbox"/>

## Section 3 About the service provided

### a) Range of needs we can support

Sunny Bank residential service provides four placements of varying lengths to children/young people of either sex and in the age range 8 to 17 years (at the time of admission) who (for whatever reason) cannot live with their own immediate or extended family. It is skilled at providing placements for those who are particularly vulnerable and present with varying needs. They work with children/young people through an intensive approach which could include therapeutic intervention and behaviour modification. The approach is to work in partnership with parents/carers and professionals to stabilise the child/young person in order that they successfully move on to a more permanent or long term placement.

#### Service Aim

At Sunny Bank we are committed to offering a stimulating, safe caring environment that promotes a holistic approach to all aspects of the child/young person's life.

#### Key Objectives

Providing children/young people with an individualised package of support that focuses on their assessed needs.

Offering children/young people therapeutically informed interventions to assist them in achieving personal well being

Assisting children/young people to explore their own issues and experiences and work through any emotions and feelings which may become a barrier to a stable placement and future accommodation.

Providing appropriate levels of support that recognise, value and encourage children/young people to maintain personal skills and competencies and promote their confidence and self esteem

Providing a comprehensive package of educational support to promote the best possible outcomes for children/young people within their educational setting

Working closely with families or substitute families to ensure that when children/young people return home or go to other suitable placements, adequate support via a transition plan is given to both the young person and their family to ensure success.

**b) Age range of people using the service**

8 to 17 years; mixed gender

**c) Accommodation Based services**

**Maximum Capacity**

4 young people

**d) Community based services only**

**Number of Care Hours delivered**

*Detail the average number of care hours delivered per week. (tick the relevant box)*

**0-250**

**251-500**

**501-750**

**751-1000**

**1001-1500**

**1501-2000**

**2001-3000**

**3000+**



## Section 4: How the service is provided

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stays.
- A good ratio of staff to children/young people so that individual attention can be given to each child/young person during their stay.
- A purposeful care programme which is well-designed and executed, and based on individual assessed needs.
- A partnership approach to working with parents/carers.
- A Key Working system providing a member of staff with specific responsibilities for each child.
- Care team registered with Social Care Wales.
- The promotion and development of social and self-care skills.
- Working in partnership to support a successful move to long-term/permanent placement.
- Through a robust transition process to support a successful move on to a longer term placement or rehabilitation within their family.
- Transport to visit families and promotion of contact.
- By encouraging children/young people to lead a normal and independent life and to participate in local community facilities. The home creates an atmosphere in which young people are encouraged to make decisions of their own choice in a safe environment.
- Enabling children and young people to have a voice, choice and control whilst respecting their personal dignity and emotional wellbeing.
- Signposting to counselling, advocacy and mediation

### **a) Arrangements for admitting, assessing, planning and reviewing people's care**

Admissions are planned; social workers are required to present the request for a child/young person to become accommodated to the Accommodation and Permanence Panel, who will assess as to whether it is felt appropriate to approach Sunny Bank with a referral. Once a referral is received it will be considered by the Manager or senior residential worker. They will complete an impact assessment specifically looking at the suitability of the referral in relation to the children/young people already living in the home. Decisions to provide a placement are based on a thorough consideration of the needs of the child/young person and a judgement on the ability of the home to meet those needs within the terms of the Statement of Purpose, and the prevailing circumstances at the time.

The social worker will have determined the suitability of the home and discussed it with the child/young person and his/her parents. Pre-admission visits and discussions will have taken place and the Looked After Children documentation will have been completed. If the home has offered a service, there will be a clear agreement on the needs and issues to be addressed, actions to be taken, expected outcomes, time-scales and the respective roles of the participants to the Care Plan.

The referral and admission process will seek to engage the child/young person and

his/her parents/carers positively and collaboratively in a partnership approach.

Children/young people and their families (where possible and appropriate) will be encouraged to visit the home prior to admission. Staff will provide visitors with verbal and written information about the service available, the expectations of the child/young person, their parents/carers and the obligations and responsibilities of staff. After an informal visit, should the social worker, child/ young person and/or parents/carers wish to pursue a placement the social worker will provide the home with the necessary detailed documentation.

During the time spent at the home, staff will work with the child/young person and others to achieve the outcomes identified in the plan; when completed staff will prepare and support the child/young person for their discharge from the home and move into their identified placement. This is managed through a transition process which is individually tailored for each child/young person.

### **Arrangements for reviews**

Children/young people's plans will be reviewed regularly in accordance with statutory requirements. The first review will be within four weeks of a child/young person becoming looked after, with the second review being held three months later. Future reviews will be held after a period of no more than six months and on an ongoing basis. Within this process the role of the staff is to assist in the completion of the consultation documents and to advocate on behalf of the child/young person to assist with the meeting of their needs, whilst giving an informed viewpoint about the child/young person's progress whilst placed at Sunny Bank residential service.

The purpose of the reviews is to monitor progress and review personal care plans. Independent Reviewing Officers are employed by Bridgend County Borough Council to chair the review meetings. Before their 16th birthday, young people will also have an After Care (pathway) planning meeting; this will look at the ways in which the department can assist the young person when they leave residential care. A Pathway Plan in accordance with the Leaving Care Act 2000 will be formulated to help facilitate this.

Reviews are normally held at Sunnybank, but may be convened elsewhere if there are specific reasons to require this.

## **b) Standard of care and support**

### Ethos of the Home

The home will work in partnership with the child/young person and their parents or persons with parental responsibility.

Each child/young person will have a personal plan, based on general and specific needs and this plan will be regularly reviewed and updated

Children/young people will be treated in as normal a way as possible and be

encouraged to take a full part in local community life

Children/young people will be treated in such a way that ensures their race, gender, religious and cultural needs are taken into account

Staff will access other professional networks where available and appropriate in order to meet the child's/young person's needs as comprehensively as possible. These include social workers, the child's/young person's school and the Vulnerable Groups service, representatives of the Health Service and the Looked After Children nurse/Health Visitor, Child and Adolescent Mental Health Service located at the Princess of Wales Hospital and the Youth Offending Service

The service is committed to providing an environment which promotes the child's/young person's growth, maturation, self-respect and personal dignity

A primary function of the service is to look after children/young people who present with varying needs, which may include challenging behaviour. Each young person will have an individual plan to help them modify their behaviour.

A variety of approaches will be used to enable this to be achieved: The child/young person will:-

- Be encouraged and assisted to set their own limits and boundaries
- Be encouraged and assisted to consider the consequences of their actions with maximum staff support
- Be cared for through a programme, which attempts to modify some aspects of their behaviour where appropriate
- Be offered every support and encouragement to value and benefit from all educational opportunities
- Be assisted to resolve issues with families and attempt successful rehabilitation home
- Be encouraged and assisted to learn respect for and co-operate with others by purposeful involvement in decision making in the life of the home through children's/young people's meetings

#### Arrangements made to protect and promote the health of the children accommodated at the Sunny Bank residential service

Sunny Bank will aim to meet the needs of the children/young people placed as assessed by the Looked After Children's (LAC) Nurse/Health Visitor and Community Paediatrician. Throughout the child/young person's placement the LAC Nurse/Health Visitor continues to remain involved and consult with staff in the carrying out of individual health plans. This assistance is specialised and provides a useful resource for promoting:

- Immunisation and screening
- Nutrition and diet
- Exercise and rest
- Personal hygiene
- Sexual health
- The harmful effects of alcohol, smoking and substance misuse

- The impact of HIV/AIDS and other blood borne viruses

Staff also liaise with the Child and Adolescent Mental Health Service, supporting children/young people in clinical consultations.

Staff will endeavour to assist each child/young person upon admission to register with a local doctor and dentist, unless they are able to continue their registration with their own GP. All children/young people are expected to have an annual statutory health assessment and scheduled dental check. They are provided with a well-balanced diet, which takes into account their personal choices. Where appropriate, use is made of Youth Advice Clinics. Each young person follows a health education programme, which covers HIV/AIDS, sexually transmitted diseases, alcohol and drug misuse, sex and sexuality.

Current legislation states smoking is prohibited in public places, this re-enforces Bridgend County Borough Councils 'No Smoking Policy' inside their establishments. Smoking is very much discouraged and the young people that do smoke are asked to smoke away from the premises.

In accordance with Bridgend County Borough Council's policy on smoking there are no facilities made available inside the unit or on the grounds for visitors or staff to smoke.

#### Arrangements for the promotion of education of the children accommodated at Sunny Bank.

Each child/young person attends his or her own allocated school. Within Bridgend there are a range of primary schools and ten comprehensive schools within Bridgend county.

The service will develop effective working relationships with the child/young persons' school to support their educational, emotional and social needs. This will be achieved through the child/young person's identified school being invited to the pre admission planning meeting, during which all educational needs can be identified and planned for. The home will also liaise closely and maintain regular contact with the school by telephone/in person, attending school meetings and teachers being invited to the Home for reviews etc. Staff will also support each child/young person's education by checking homework diaries, monitoring and encouraging progress and attending school events such as sports days, award ceremonies, parent / teacher evenings and school plays.

There are also specialist schools and units, which can cater for a wide variety of educational needs:

Ysgol Bryn Castell caters for pupils (8 – 19 years) with a wide range of special educational needs and who may experience significant learning and/ or emotional and behavioural difficulties. An identified member of staff within the school and within the community home will communicate to address any concerns as they arise. If required, on a planned basis residential staff can assist the young people within the school e.g. if a child/young person is unable to attend school for any reason the

school will assist in the provision of learning materials which can then be completed within the unit with support from staff. On a planned basis, there is also an option for the school to identify a member of staff to provide learning at the unit and the residential staff are able to attend the school to work in partnership with child/young people/teachers in order for child/young person to reach their full potential socially and educationally.

The Bridge Alternative Project offers education for children/young people experiencing difficulties within main stream school and aims to work at reintegration back to main stream school.

If the child/young person is unable to attend a mainstream educational placement and alternative provision is not available then the child/young person's basic educational needs will be met by working in conjunction, via an alternative curriculum package, with the Education Department to provide support from within the home or at designated training or identified activities. Within the service, the child/young person is encouraged to make use of the private study space to complete homework, use the computer software, the Internet, various books and materials and is expected to attend school in accordance with their school timetable.

#### Arrangements to promote the participation of children in hobbies, recreational, sporting and cultural activities.

Children/young people at the home are actively encouraged and fully supported to continue with or take part in suitable activities and hobbies. These may include after school clubs, local clubs such as Air Cadets, Girl Guides and Scouts, Youth Clubs, Church Community Groups, rugby, canoeing etc. The children/young people are also offered staff supervised activities e.g. cinema, leisure centres, outdoor pursuits. Parents (or individuals with parental responsibility) are requested to complete an activity permission form to give consent for their child/young person to participate in an adventure activity.

The service has its own transport so that staff can convey the children/young people as needed, thus enabling them to access a range of social and recreational opportunities. There is also a range of videos, X Box games, Playstation games and board games available at the Home.

In accordance with Bridgend County Borough Council Policy appropriate risk assessments are completed as necessary according to the activity being considered.

#### Policy on behaviour management and the use of restraint.

Control of behaviour at Sunny Bank residential service is maintained on the basis of good personal and professional relationships between the staff and the children/young people in residence. It is not seen as a negative concept, but as a way of enabling children/young people to develop self-control and self-discipline. When children/young people display behaviour, which in any family or group environment, would be considered unacceptable, some form of sanction may be needed.

Staff have been trained in restorative practice and prior to any sanction being given a restorative approach has to be considered, however if this is not appropriate or a young person refuses then the sanction process will be followed.

Sanctions should be contemporaneous, relevant and above all just and fair. These may include reparation, restitution, curtailment of leisure activities and increased supervision. These are negotiated with the child/young person and can be renegotiated to positively encourage good behaviour where effective and appropriate.

Sanctions that will not in any circumstances be used are:

- Deprivation of food and drink
- Restriction or refusal of visits
- Requirement to wear inappropriate or distinctive clothing
- The use, or withholding of medication or dental treatment
- Confinement to a room or area within the Home.

All sanctions used will be recorded with the date, name, details of the inappropriate behaviour the sanction used and will be signed by the relevant member of staff. The Manager and senior residential workers will oversee this process.

Physical restraint is only used as a last resort and if there is clear evidence, or genuine belief, that a child/young person's actions may lead to physical injury to them or others. In this case physical restraint will be used in accordance with Bridgend County Borough Council Policy and Guidance, the minimum force necessary will be used and all cases of restraint will be formally recorded.

#### Arrangements for child protection and countering bullying

The key principles on which to base work with children and families are found in the Children Act 1989 and Children Act 2004 Guidance, Care Standards Act 2000 and National Minimum Standards for Residential Services and the United Nations Convention on the Rights of the Child, to which the UK is a signatory and the home fully subscribes. All children/young people deserve the opportunity to achieve their full potential. They should be enabled to:

- Be as physically and mentally healthy as possible
- Gain the maximum benefit possible from good quality educational opportunities
- Live in a safe environment and be protected from harm
- Experience emotional wellbeing
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- Become competent in looking after themselves and coping with everyday living
- Have a positive image of themselves and a secure sense of identity, including cultural and racial identity
- Develop good inter-personal skills and confidence in social situations.

Individuals may abuse or neglect a child/young person by inflicting harm, or by failing to act to prevent harm such that the child/young person is impeded from experiencing and achieving one or more of the above. Staff remains vigilant to any signs of abuse whether it is expressed verbally or non-verbally, and will respond to concerns where the child/young person is perceived as failing to thrive. Where concerns are suspected a referral is made within the guidance provided by Bridgend CBC the All Wales Child Protection Procedures. Any concerns will be thoroughly investigated and the child/young person would be listened to and consulted with throughout the process.

Staff works alongside other professionals to ensure that the welfare of the child/young person is maintained.

A bullying policy has been designed with the involvement of children/young people in Local Authority care who have defined bullying as:

“Bullying is anything that hurts someone else’s feelings. It could be by punching or hitting them, but also by saying spiteful remarks or taking property or not respecting their privacy.”

Every child/young person entering a residential care setting is expected to sign up to an anti-bullying contract where they agree to try to eliminate bullying by

1. Not tolerating it whatsoever
2. Not ignoring it
3. Respecting other people for who they are, not what they are

Staff are vigilant about all aspects of bullying and ultimately a child/young person’s placement could be jeopardised and considered unsuitable should they refuse to comply and bullying behaviour persists.

#### Procedures for dealing with unauthorised absence

Children and young people must have the opportunity to feel cared for and protected at all times. As a Corporate Parent, the Local Authority has a duty to safeguard and promote the welfare of any child/young person, taking appropriate action as/when necessary. The South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows the policy and procedures.

Children and young people absent themselves for a variety of reasons - in response or reaction to their personal situations or other contributing circumstances.

A child/young person under 18 years of age is absent without authority whenever they have left the placement without agreement or failed to return at a previously agreed time. In the event of a child/young person being absent from the home without authority, staff will use the pre placement risk assessment and the current risk assessment to establish the level of concern. The following categories of absence will be assigned to the situation.

#### Absent without authority (low level of concern)

Some children/young people absent themselves for a short period and then return. Such children/young people may be testing boundaries and are not necessarily

considered to be at a high level of risk. Young people who fall within the category of “absent without authority” will be the subject of continuous risk assessment whilst they remain absent. The outcome of this risk assessment will determine the reporting to the police, however, for this level the child/young person will not be reported as missing to the police.

During their absence, circumstances may change and staff will need to be in a position to respond accordingly and effectively. Staff at the service will take all reasonable and practical steps to establish the whereabouts or destination of the child/young person or persons with whom they may associate. If the location of the child/young person is known, the staff from the service will collect them if safe to do so. However, there may be occasions where it thought that there are specific issues of safety or public order difficulties in returning the child/young person back to the unit that assistance from the Police may be sought.

Missing children (high level of concern)

As detailed above a child/young person may be categorised as “missing” when they are absent from the Sunny Bank residential service and

A. the child/young person’s location is not known and the reason for the absence is not known

And/or

B. there is cause for concern because of their vulnerability

And/or

C. there is potential danger to the public

And/or

D. the child/young person is looked after as a result of a restrictive court order

Action to be taken in the event of an absence

If a child/young person fails to return to the Home at the agreed time, a risk assessment is undertaken in conjunction with the Emergency Duty Team and if appropriate the child/young person will be either deemed absent without authority or missing. Form CF 6 will be completed and parents and police informed. This form is a brief résumé of the child/young person’s health, history of self-harm, drug/alcohol abuse, likely associates, and how often this happens and if they are likely to return. Form CF 7 is also completed, this details the agreed plan agreed between staff at the Home and Emergency Duty Team, and the times of informing the parents and police. When the young person has returned, Form CF 8 is completed with details of time of return, the child/young person’s explanation of where they have been and why they failed to return. Police, parents and Emergency Duty Team are informed of their return at this point.

The forms are then copied, with one set sent to the Responsible Individual, one set to the Group Manager – Regulated Services at Bridgend County Borough Council and the other placed on the child/young person’s establishment file.

If the child/young person remains missing after forty-eight hours the Group Manager – Regulated Services or other senior manager in their absence is informed who will decide on what further actions are necessary - this could entail a request the police to use publicity, this situation will be monitored and reviewed on a daily basis for as long as the child/young person is missing. All unauthorised absences are recorded in the child/young person’s file.



## **Religious observance**

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

## **Contact**

Children/young people residing at Sunny Bank are allowed free access to their parents or persons with parental responsibility, both inside and outside the service, unless legal considerations preclude this. Children/young people have free access to friends and relatives although not necessarily within the service and any undesirable friendships would be discouraged or controlled where necessary.

Children/Young people have a choice of rooms to use during visits from their friends and relatives.

Times for visiting vary with age with older children/young people being allowed visitors until later in the evening. All visiting arrangements for the child/young person will depend on individual circumstances and the needs of the service.

## **Details of any specific therapeutic techniques used in the unit and arrangements for their supervision.**

Arrangements are in place for staff to consult with clinicians from the Child and Adolescent Mental Health Service via consultation sessions held on a monthly basis, where work of a 'therapeutic' nature can be discussed. This may include behaviour modification programmes, life story work, 1:1 sessions etc. Appointments for these sessions are booked via Business Support Services at Civic offices. If needed, a direct referral to the service can be made, however, consultation and "screening" by the child/young person's GP will need to be undertaken prior to the referral being made.

If a child/young person is involved with the Youth Offending Service then staff are able to access the substance misuse worker attached to the service for advice and guidance and where that worker will undertake identified direct work with the children and young people accommodated. There is also a worker trained in restorative justice approaches and techniques that can offer further advice and guidance to staff on the unit.

Sunny Bank and the early help hubs can provide an enhanced service that will address problems and issues with children/young people.

To achieve this:

- There will be single point of contact in both services
- We will seek to prevent problems arising by integrated intervention
- Be quick to respond when the need arises
- Establish working protocols
- Have a reciprocal understanding of intervention techniques and roles of

- other professions
- Work together to address the complex issues of children/young people within this service
- Be open with colleagues and exercise discretion, trust and sensitivity in establishing and operating within multi -agency teams
- Provide help and support closer to the point of contact

### **c) Language and communication needs for people using the service**

Bridgend County Borough Council is committed to the treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Sunnybank.

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Sunnybank can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Sunnybank endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in the language.

## **Section 5: Staffing arrangements**

Sunnybank has a team of care staff providing 24 hr support 7 days a week. There is always a minimum of two staff on duty and two staff sleep in.

### ***This should include the following:***

#### **a) Numbers and qualifications of staff**

Staff at Sunny Bank either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: Qualification framework for social care and regulated childcare in Wales. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

**1 REGISTERED MANAGER**

NVQ Level 3 Caring for Children & Young People  
NVQ Level 4 Management

**4 SENIOR RESIDENTIAL WORKERS**

Level 3 Diploma in Health Social Care Services  
(Children Young People) Wales and Northern Ireland  
(or hold past NVQ equivalent detailed in the  
Framework)

Qualified or working towards Level 5 Diploma in  
Leadership for Health and Social Care Services  
(Children and Young People's Advanced Practice)  
Wales and Northern Ireland

**6 RESIDENTIAL WORKERS**

Qualified or working towards Level 3 Diploma in  
Health Social Care Services (Children Young People)  
Wales and Northern Ireland (or hold past NVQ  
equivalent detailed in the Framework)

**1 CLERK****b) Staff levels**

The hours allocated to staffing the establishment totals 335 hours for childcare per week and 18.5 hours clerical support.

- 1 Residential Manager = 37 hrs primarily Monday - Friday
- 4 Senior Residential Workers = 148 hrs one per rota shift pattern
- 6 Residential Workers = 150 hrs to cover the rota
- 1 Clerk = 18.5

Staff work on a rota basis covering an AM and PM shift, a senior member of staff works on every shift, the manager works Monday to Friday. Two members of staff provide cover on a sleep-in basis, but are available to be awoken should the need arise during the night. They are expected to finish their duties by 11 pm and recommence duties at 6.30 am to assist and encourage the children/young people to prepare for school.

**c) Specialist staff**

There are no specialist staff employed within this service

<p><b>d) Deployment of staff at service (for accommodation based services only)</b></p>	<p>The rota in place allows for 2 members of staff to be on duty during the AM shift and 3 members of staff on duty during the PM shift. If the need arises for extra staff we are able to call upon residential workers on casual contracts. The complement of staff allocated to the service is outlined below:</p>
<p><b>e) Arrangements for delegated tasks</b></p>	<p>Each young person accommodated is allocated a keyworker who will take responsibility to oversee the care plan, a senior member of staff is also allocated to supervise the plans are be progressed and will advise and guide the key worker.</p> <p>All Staff have appropriate checks undertaken by Human Resources</p> <p>All staff are registered with Social Care Wales.</p>
<p><b>f) Supervision arrangements</b></p>	<p><b>Arrangements for Supervision, training and development of employees</b></p> <p>The Social Services and Well-being Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.</p> <p>Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.</p> <p>Regular, planned and competent supervision is both a right and a requirement for all members of staff working at Bakers Way. Supervision takes place once every 4 – 6 weeks in line with the Directorate Supervision Policy.</p> <p>Staff participate in annual appraisal which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.</p>
<p><b>g) Staff training</b></p>	<p>Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff</p>

	<p>will complete an induction. Our induction follows the Social Care Wales Induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction they are put forward for the required Health and Social Care Award,</p> <p>Staff have access to a programme of core training provided by Bridgend CBC which includes Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Managing Behaviour (Team Teach) and Recording skills. Core training is refreshed at regular intervals.</p> <p>Other training is available provided by Bridgend CBC, for example Child Sexual Exploitation, Life Journey work, Attachment, Child Development.</p> <p>The whole staff team recently attended a pilot project called 'Caring Changes' provided through the Fostering Network and TACT, based on the Welsh Government funded Confidence in care training for foster carers.</p> <p>Managers have access to a programme of training focusing on the development of leadership and management skills, including managing performance and staff development, utilising a coaching and mentoring approach.</p>
--	--

## Section 6: Facilities and services

### Accommodation based services only

Sunny Bank is situated in the small seaside town of Porthcawl. It is a large detached house on a council estate and is in keeping with the environment. The house is approximately sixty years old and has a primary school situated in front of it and several bungalows to the side which are occupied by older people. It was refurbished throughout, in 2013.

#### *You should provide information about:*

<b>a) Number of single and shared rooms</b>	There are 4 young people's single bedrooms and 2 staff bedrooms
<b>b) Number of rooms with en</b>	0

<b>suite facilities</b>	
<b>c) Number of dining areas</b>	1 dining room
<b>d) Number of communal areas</b>	3 communal areas which include a TV lounge a computer room and a games room
<b>e) Specialist bathing facilities</b>	0
<b>f) Specialist equipment</b>	There are 2 young people bedrooms that have hearing impaired fire safety devices
<b>g) Security arrangements in place and use of CCTV</b>	CCTV is not used. Children/young people are appropriately monitored by staff in line with providing a quality standard of care. These may include observations of behaviour and self-expression such as the child/young person being withdrawn or showing a change to their usual mood that evokes attention and concern. All external and internal door have locks some operated by keys and some turn-buckle.
<b>h) Access to outside space and facilities at this service</b>	<p>The outside area comprises of a flat garden surrounding the building which allows for games to be played and BBQ's in the summer, there is a drive for the unit vehicle to be parked.</p> <p>The facilities within the home consist of:</p> <ul style="list-style-type: none"> <li>• A varied assortment of board and table games</li> <li>• Varied selection of reading material</li> <li>• Games consoles</li> <li>• A computer with internet access</li> <li>• A people carrier vehicle</li> <li>• A large garden and barbecue</li> <li>• A telephone for private use</li> <li>• Television and video complete with DVD</li> <li>• CD Player</li> <li>• Laundry facilities (depending on age and ability young people are encouraged to undertake their own washing as part of developing independent skills)</li> <li>• Cooking facilities (depending on age and ability young people are encouraged to participate in preparing meals as part of developing independent skills)</li> </ul>
<b>i) Community based services only:</b>	

## Section 7: Governance and quality monitoring arrangements

### Quality Assurance

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The RI will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit the RI will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

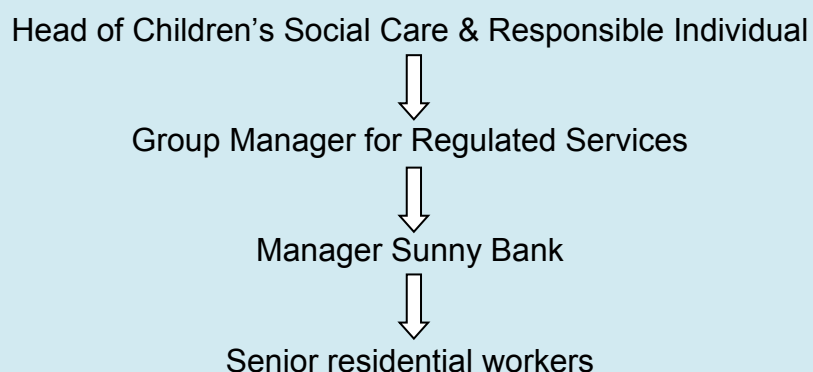
The Group Manager – Regulated Services is responsible for the line management of the Registered Manager and reports directly to the RI.

Visits by independent officers.

Visits are carried out on a monthly basis by an identified officer within the Council, in accordance with Regulation 32 of the National Minimum Standards for Children's Homes. The visiting officer shall interview, with their consent and in private the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the RI.

### Management Structure



A full range of policies and procedures are available to staff and reviewed regularly to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing / Privacy statement (<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>). Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone **01656 643565**

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### Stage 1 – Local Resolution

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

### Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record



of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will explain why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales directly to make a complaint at any time.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

#### Useful Contacts

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House

Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: [post@childcomwales.org.uk](mailto:post@childcomwales.org.uk)

Care Inspectorate Wales (South West Wales)

Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: [CIW.Carmarthen@gov.wales](mailto:CIW.Carmarthen@gov.wales)

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: [ask@ombudsman-wales.org.uk](mailto:ask@ombudsman-wales.org.uk)

### **Details of the Sunnybank's policy on anti-discriminatory practice and children's rights**

Staff at Sunnybank strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. Anyone receiving our service is expected to treat staff and others similarly in accordance with professional and personal boundaries. Expectations of behaviour for staff and children/young people are clearly understood and negotiated by those living and working at the home, this includes exercising appropriate control over children/young people in the interests of their own welfare and the protections of others.

In day to day decision making, staff demonstrate an appropriate balance between:

- Each child/young person's wishes and preferences
- The needs of individual children/young people
- The needs of the group of children/young people resident at the time
- The protection of others (including the public) from harm

Bridgend County Borough Council has a policy on anti-discriminatory practice. Children/young person's rights are respected in line with the United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes - both positive and negative.

The service has a comprehensive manual of policies and procedures which can be accessed upon request and is continually being revised and updated as required.

## **Arrangements made for consultation with the children accommodated in the home about its operation.**

The service endeavours to hold regular children/young person's meetings where everybody is encouraged to take part and offer suggestions to ensure Sunny Bank remains a happy place to live. These take place on an informal and formal basis, for example a discussion may be generated around the dining table by staff, or a child/young person could make a request for a meeting to be convened in order to address an issue of concern. We have a comprehensive policy on consultation and user participation. The service is committed to empowering children/young people, gaining and utilising their views and opinions in a positive way.

We try to encourage children/young people to establish their own boundaries and are sometimes consulted on what sanctions should be imposed on them following inappropriate behaviour.

## **Health and safety**

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

This page is intentionally left blank

# Statement of Purpose

## Section 1: About the provider

<b>Service provider:</b>	<b>Bridgend County Borough Council</b>	
<b>Legal entity</b>	Individual	<input type="checkbox"/>
	Limited company	<input type="checkbox"/>
	Public limited company	<input type="checkbox"/>
	Limited liability partnership	<input type="checkbox"/>
	Charitable company	<input type="checkbox"/>
	Charitable incorporated company	<input type="checkbox"/>
	Other corporate body	<input type="checkbox"/>
	Committee	<input type="checkbox"/>
	Charitable trust	<input type="checkbox"/>
	Other unincorporated body	<input type="checkbox"/>
	Local Authority	<input checked="" type="checkbox"/>
	Local Health Board	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
<b>Responsible individual</b>	Laura Kinsey - Head of Children's Social Care	
<b>Manager of service</b>	Debra Evans	
<b>Name of service</b>	Bakers Way Short Breaks Service	
<b>Address of service</b>	2A Bakers Way, Bryncethin, Bridgend, CF32 9RJ	

## Section 2: Description of the location of the service

### a) Accommodation based services

Bakers Way Short Breaks Home is situated on the outskirts of Bridgend, close to the M4 and the McArthur Glen Outlet Village. It is within easy reach of many attractions for children. The service minibus is used to take children on outings to a wide-range of recreational, outdoor and activity settings.

Many children who come to Bakers Way attend Heronsbridge School and close links are maintained between Bakers Way and Heronsbridge. Minibuses and taxis are arranged to bring children directly to Bakers Way from school or to take them to school in the morning.

There are many facilities on offer in the town of Bridgend and surrounding area including: -

- Recreation Centres and Swimming Pools
- Coastal and Beach Areas
- Country Park

### b) Community based services e.g. domiciliary support services

*This will be the regional partnership area in which the service is provided please refer to the Statement of Purpose guide for a full break down for each regional partnership area.*

*(tick the area where the service is provided)*

**Gwent regional partnership board**

**North Wales regional partnership board**

**Cardiff and Vale regional partnership board**

**Western Bay regional partnership board**

**Cwm Taf regional partnership board**

**West Wales regional partnership board**

**Powys regional partnership board**

## Section 3 About the service provided

### a) Range of needs we can support

The provision is based within 2 residential properties which were combined to provide one large home with suitably sized accommodation to meet the needs of the children who access our services.

The primary focus of this service is to support children with a disability and their families to enjoy appropriate and safe respite care enabling them to remain living together. The service can offer a respite placement for children with complex medical needs by appropriately trained staff.

**Service Aim**

To provide a high quality short breaks service to disabled children and young people aged from birth to eighteen years, who live in the Bridgend County Borough. A maximum of 5 children will attend at any one time and the service will address their individually assessed care and support needs, support their families, and promote their access to community services and facilities.

**Objectives**

- To assess each child/young person’s needs before the service starts, developing and regularly reviewing a care delivery plan for each child.
- To schedule stays for children/young people who are matched for their compatibility, where possible.
- To introduce children/young people to Baker’s Way at their pace, through a series of tea-time visits, prior to longer stays
- To clearly define the service to be provided through a written agreement with the child’s parents/carers.
- To meet each child’s emotional, social, behavioural, health and developmental needs during their stay, in a way that ensures their dignity and promotes self-reliance.
- To offer children and young people the opportunity to socialise and to develop their independence outside their immediate family
- To promote the inclusion of disabled children and young people in mainstream activities in an anti-discriminatory way
- To provide parents or carers with a break from their caring responsibilities, assuring parents or carers that their children are happy and well cared for
- To work in partnership with parents/carers/families, so that the timing, frequency and duration of a short break best assists the child and their family
- To consult with children, parents, carers, social workers and other professionals so that the service continually adapts and develops
- To resolve issues for children/young people and parents promptly.

<b>b) Age range of people using the service</b>	0-18 years
<b>c) Accommodation Based services</b>	<b>Maximum Capacity</b> Maximum Capacity is 5. 2 bedrooms on the ground floor are wheelchair accessible.

**d) Community based services only**

**Number of Care Hours delivered**

*Detail the average number of care hours delivered per week. (tick the relevant box)*

<b>0-250</b>	<input type="checkbox"/>
<b>251-500</b>	<input type="checkbox"/>
<b>501-750</b>	<input type="checkbox"/>
<b>751-1000</b>	<input type="checkbox"/>
<b>1001-1500</b>	<input type="checkbox"/>
<b>1501-2000</b>	<input type="checkbox"/>
<b>2001-3000</b>	<input type="checkbox"/>
<b>3000+</b>	<input type="checkbox"/>

## Section 4: How the service is provided

The service is provided through

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stays
- A high ratio of staff to children so that individual attention can be given to each child during their stay meeting their assessed care and support needs
- A purposeful care programme during stays which is well-designed and executed, and based on individuals assessed needs
- A partnership approach to working with parents
- A Key Working system providing a member of staff with special responsibilities for each child

**a) Arrangements for admitting, assessing, planning and reviewing people's care**

Children are referred to Bakers Way by the Disabled Children's Team and each child has an allocated worker from that team who visit Bakers Way and oversees the arrangements for the child to ensure they are working well

**Admission policy**



Being away from home, for however short a period of time, can be difficult and could generate anxiety for disabled children and their families. To ensure continuity of support between home and Bakers Way, with minimum stress for the child/young person, their family and the service itself, effective care planning is fundamental to a successful outcome.

A Short Break will offered under the following circumstances:-

- The child/young person's need for a short break has been comprehensively assessed by a qualified social worker in the disabled children's or transition team.
- Bakers Way has been approached to ascertain that it has the resources to meet the child/young person's needs.
- An impact and risk assessment has been completed so that the Manager of Bakers Way is fully aware of what the expectations of the service are to provide care and support for the child/young person.

### **Arranging the Placement**

Prior to using any service, the Disabled Children's Team will undertake a full assessment of the kind of practical help or support the disabled child/young person needs and a short break referral would be made to the service. It is the responsibility of the social worker/case manager from the Disabled Children's Team to discuss the child/young person's needs, and offer information to the family on the service available through Bakers Way.

Information for parents/carers is available in a leaflet format. The Children's Guide in DVD format provides information about Bakers Way which is suitable to the level of understanding of the profile of children who would likely use our service. There is also a Children's guide in a leaflet format.

The admission paperwork includes a "Child Profile" being undertaken with the child/young person and his/her family and a risk assessment and details of any other services currently being provided. This helps to build up a clear overall picture of the child/young person's support needs in a variety of settings. This profile is completed by the child/young person's parent/carer. The information is returned to the manager or senior at Bakers Way and the profile is used to plan with the child/young person, their parent/carers, and child/young person's social worker/care manager, the details of the placement. The information will be stored in a personal file in a locked cabinet.

All children also have an individual risk assessment which is reviewed every 6 months. If the child/young person poses a risk to other children using the service and/or the service itself, a more detailed risk assessment will be carried out. This will indicate, more precisely, the support needs of the child/young person, and any

additional specialist support that may be necessary. Risks identified with behaviour will lead to the completion of a behaviour management plan, which identifies precisely how the risk will be managed. To ensure consistency of approach, Bakers Way works closely with Heronsbridge School and utilises existing behaviour management plans. Multi agency working with other professionals is also critical to ensure continuity of approach.

When the child/young person, his/her family/carers have agreed with the offer of the service at Bakers Way, a Placement Agreement is agreed and signed prior to the child/young person commencing placement.

The agreement takes place between: -

- Child/young person to the extent that is possible
- Parent/ Carer
- Social worker/Care Manager
- Manager or Senior Staff member of the service who will identify the aims/goals for the child/young person for the next year

### **Introduction process**

Following the initial introductory visit to Baker's Way. The child/young person begins with visits at teatime to which their family is invited to attend. A child will usually have 6 tea visits and those progress at the child/young person's individual pace. Arrangements for the child/young person to have a planned initial overnight stay will then commence.

Appropriate levels of staffing will be planned in accordance with the needs of the individual child/ young person.

The placement will be monitored and reviewed regularly as detailed by the processes below. If at any stage there are issues of concern or changes of circumstances, a review meeting can be convened at an earlier stage.

The review process needs to be established, as appropriate to a child's legal status, i.e. Looked After or a Child in Need of Care and Support. Dates of the initial review following commencement of placement will be agreed and recorded in the Placement Agreement. Thereafter, dates for future reviews will be agreed at the review meetings themselves.

It is the responsibility of the social worker/care manager to convene these reviews in collaboration with Bakers Way manager/senior and the family.

## **Arrangements for reviews of placement plans**

Reviews will occur as required in line with regulations, which specify the intervals at which reviews should be held for children receiving a series of short-term breaks. Dependent upon the legal status of the child, this could be a Looked After Child Review, or Child in Need of Care and Support review. The Key-worker, or Manager, will prepare a report for the review and attend. The review can take place at Bakers Way, at the home of the parents or at another appropriate venue. Children/young people should be encouraged and supported to attend their reviews.

### **b) Standard of care and support**

#### **Ethos of the Home**

The care provided to disabled children and young people at Bakers Way is based on the principles contained in the Social Services and Well-being (Wales) Act 2014, Children Act, 1989 and 2004 especially that:

Disabled children are children first, and their disability is a secondary, albeit a significant issue.

The following approach is adopted:

- Children/young people at Bakers Way are treated as individuals and will be provided with staff support according to their individual needs.
- The pattern/amount of short breaks is determined with the child/young person, their social worker/care manager, family and Bakers Way worker.
- The service provided by Bakers Way is in response to the identified needs and planned outcomes as detailed in the individual care plan of the child/young person.
- Young people have support in preparing for adulthood, again determined by their individual needs.
- Children/young people are encouraged as far as possible to:
  - Discuss and agree activities
  - Choose where they would like to sleep
  - Choose toys and learning materials
  - Shop, cook and develop domestic skills
  - Show consideration to other service-users, their property, rights and choices
  - Share any concerns they may be feeling during their stay.
  - Take up opportunities to access community based activities.

#### **Arrangements made to protect and promote the health of the children who use**

## **Bakers Way**

Many children have specific health needs. Efforts are made pre-placement to understand and address these needs in discussion with the social worker/care manager and parents/carers; and where relevant health professionals. Therefore, ensuring, each child/young person's individual health needs are appropriately met.

Some children's health needs may require specialist health interventions during their stays. Careful consideration will be given to whether staff are sufficiently trained and competent to carry these out, and if not, arrangements will need to be made to address these needs through appropriate health care services, in order for children to receive a service at Bakers Way.

Staff at Bakers Way can be provided with in-house training by health colleagues with reference to specific health needs, which includes the administration of medication. Such training is regularly monitored and reviewed by Bakers Way manager and health colleagues to ensure competency and compliance for all staff.

All medication brought in with the service user is recorded and kept in its original packaging in a locked cabinet. Medication is given according to the prescribed dosage. Records are kept of all medication, which is signed and countersigned by staff when administered to the individual child and when medication is returned home. A copy is kept on the individual child's file.

In the first instance, if a child becomes ill or overly distressed, parents/carers would be contacted and asked to collect their child. Emergency Services would be contacted if appropriate.

### **Arrangements for the promotion of the education of children**

Each child attends his or her own appropriate school. Arranged transport collects them from and returns them to Bakers Way during their stay.

Staff in Bakers Way read and complete the communication book, which comes with each child. Information is shared between school, home and Bakers Way. This ensures a co-ordinated approach is taken to meet the child's needs and minimise any confusion for them.

Staff would offer advice and assistance to any child who has homework. Children have the use of I pads onto which educational apps have been downloaded. If necessary advice can be sought from school, so that children's learning can be supported informally at Bakers Way, as well as the provision of stimulating and rewarding activities.

### **Arrangements to promote children's participation in hobbies, recreational, sporting and cultural activities**

Parents/carers normally send in advance any special request for their child's participation in any sporting or cultural activities. As a matter of good practice staff at Bakers Way would endeavour to respond to any request.

We have a range of toys, books, games and learning materials available to children/young people.

Bakers Way has a range of sensory equipment to provide sensory stimulation to children/young people whilst at Bakers Way.

Bakers Way has its own mini-bus, which has a tail-lift for children/young people who use wheelchairs, so staff can transport the children to different venues, enabling them to access a range of social and recreational opportunities. When children are already involved with activities in the community, Bakers Way staff will attempt to make arrangements so they can continue their involvement during their stays.

### **Arrangements for Religious Instruction**

Children and young people stay for brief periods. Parents are expected to make their own arrangements for worship but arrangements would be made in accordance with the care and support plan, as appropriate.

### **Arrangements made for contact**

Some of the children that come into Bakers Way have limited communication skills. Some have issues in relation to being able to communicate their anxieties about being separated from their family and that which is familiar to them.

Staff will be sensitive to their emotional needs and feelings, giving comfort and reassurance when needed.

Families would be contacted and encouraged to ring up at any time to check on their child's welfare. Children would have the use of the telephone to contact their family, day or night and staff would assist them.

Children/young people are enabled to visit family or friends who are in hospital when staying at Bakers Way.

Contact will only be prevented when a court order exists, prohibiting contact. The same applies when the child may be placed at risk.

### **Policy on Behaviour Management/use of restraints**

Some children/young people present concerning behaviours which may place themselves or others at risk. These would be identified via a Risk Assessment undertaken by the social worker/care manager and provided within the referral to Bakers Way. In situations whereby a child/young person presents concerning/challenging behaviour, an individual behaviour management plan, will be completed by Bakers Way staff in conjunction with parents/carers, and social worker/care managers. This behaviour management plan will include a description of the presenting behaviour, first signs of agitation and what triggers the child to present the behaviour. A detailed plan of preventative and responsive strategies; for staff to use with the child to ensure firm boundary settings and a consistent

approach.

A copy of the plan is kept on the child/young person's individual file and discussed in team meeting. This is updated following any incident of challenging behaviour.

It is Bakers Way practice to involve all children in decision-making as far as possible. This will hopefully result in incidents of challenging/concerning behaviour being managed safely and effectively. Boundaries are clearly discussed and explained to the children/young people and parents/carers during the introductions to the placement.

Low level sanctions are used in accordance with individual behaviour management plans at Bakers Way. This includes boundary setting and distraction/diffusion techniques. A restorative approach/work is also completed where possible with the child.

A record of any sanction is kept on individual children's files and recorded in Bakers Way sanction book. There are strict guidelines and a policy on the use of restraint which staff must comply with.

### **Arrangements for Child Protection and to Countering Bullying**

Children at Bakers Way are provided with short stays. Most are living at home and are ordinarily the responsibility of their parents/carers, who maintain parental responsibility for their child/young person whilst they are receiving a short break stay at Bakers Way.

Many children receiving the service at Bakers Way have communication difficulties, and it is recognised that disabled children/young people can be more vulnerable to abuse/neglect. Bakers Way staff, therefore, are continually alert to any expression, verbal or non-verbal or any other signs, that a child may be experiencing abuse. If this is suspected, policies and procedures in line with the All Wales Child Protection Procedures employed within Bridgend County Borough are implemented.

### **Countering Bullying**

The children that use Bakers Way can range in age from 0 to 18 years. Their individual disabilities vary from learning/ physical disability, serious health problems and behavioural problems.

Care is taken to match groups of children to ensure compatibility of age, personalities and behaviours. Careful planning can eliminate possible friction between individuals and avoid any unnecessary conflict. However, if bullying does occur staff would take immediate action to stop the behaviour, protect the individuals and address the behaviour if the child/young person continues bullying. Parents and others will be informed as appropriate and engaged more fully if the behaviour persists.

### **Procedures for dealing with Unauthorised Absences**

The majority of children who stay at Bakers Way are restricted to the house and garden area, which are secured by a keypad security system inside the premises, and garden gates which are locked.

Adequate staffing levels ensure that children are supervised or monitored at all times. Should some impulsive behaviour result in a child absconding, and the child cannot be located, the following procedures would apply.

**The following would be informed:-**

- Police
- Parent/person with parental responsibility
- Social worker/Emergency duty team out of hours
- Available staff would continue to search the neighbourhood.

**Details of any specific therapeutic techniques used and arrangements for their supervision**

None employed

**Outcomes when more than six children are accommodated**

The above does not apply to Bakers Way as only 5 places are provided.

**1. Language and communication needs for people using the service**

Bridgend County Borough Council is committed to the treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Bakers Way.

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Bakers Way can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Bakers Way endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in the language.

Due to the complex needs of the children/young people, Bakers Way/social workers/families will identify their communication needs on admission and work with the children to develop their communication needs. Bakers Way uses PECS (Picture exchange communication system) and Sign a long (basic sign language) to communicate with non-verbal children/young people.

## Section 5: Staffing arrangements

Bakers Way provides an Outreach Service every Tuesday between the hours of 3pm-10pm. Bakers Way then opens for overnight stay On Wednesday to Saturday. Overnight stays are from 3.30pm-9.00am school days and 2.30pm- 11am on weekends and school holidays. Bakers Way is closed on a Sunday evening and all day Monday.

A member of clerical staff works 4 days a week.

### ***This should include the following:***

#### **a) Numbers and qualifications of staff**

Staff at Bakers Way either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: Qualification framework for social care and regulated childcare in Wales. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

#### **1 Residential Manager**

Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales and Northern Ireland

Level 3 Diploma in Health and Social Care (Children and Young People) Wales and Northern Ireland

#### **2 Senior Residential Workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

Qualified or working towards Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland

#### **9 Residential Care Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)



## **2 Night Care Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **Casual Residential Care Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

**1 Administrative Assistant** covering both provisions supports the Registered Manager four days a week from Bakers Way.

### **b) Staff levels**

The staffing structure is as follows:-

- Residential Manager x 37 hours (shared with Harwood House)
- Two Senior Residential Workers x 32 hours
- Two Residential Workers x 28 hours
- Three Residential Workers x 18 hours
- Four Residential Workers x 12 Hours
- Two Night Care Workers x 21 hours
- Casual Residential workers
- Administrative Assistant (4 days per week shared with Harwood House)

The manager works between Bakers Way and Harwood House throughout the week. In the Managers absence there are Senior Residential Workers completing office hours and deputising in the manager's absence. All staff know that the Residential Manager and the Group Manager for Regulated Services will be available by phone for support and can attend the service if needed.

Ratios of staff: the children will be supported by a minimum of 4 to 5 care; the ratio will be increased as specified in individual children's care and support plans. At night time there will be two staff in residence, one undertaking sleep in duties and one waking night. If an individual child care and support plan specifies that they need one to one support during the night then two waking night staff would be

	provided instead of the above resources allowing.
<b>c) Specialist staff</b>	There are no specialist staff employed at Bakers Way. However, all staff receive specialist training for specific disabilities and treatment plans that young people may require during their stay.
<b>d) Deployment of staff at service (for accommodation based services only)</b>	<p>All staff are deployed within Bakers Way short breaks service</p> <p>11 staff are deployed for the day shifts running on an am pm rota.</p> <p>2 staff are deployed on a night shift.</p> <p>Casual staff are deployed within all areas of work days or nights to meet the children/young people's needs.</p> <p>All Staff have appropriate checks undertaken by the Human resources.</p>
<b>e) Arrangements for delegated tasks</b>	<p>All Staff in Bakers Way are required to work providing specialised care for children and young people. When staff are inducted into Bakers Way they are given specialised training to meet the needs of the children/young people. All Staff are aware of the individual care and support plans for the children/young people we provide short breaks for and these are read by staff prior to the start of each of their individual stays.</p> <p>The rota in Bakers Way is completed on a 4 weekly basis making sure that it takes into consideration the children who are having their overnight stays and the level of care they need. When the rota is being completed, Bakers Way makes sure that the staff on shift have the correct training so they can meet the individual children/young people's needs.</p> <p>There are 2 senior residential workers in Bakers Way and the rota has been designed that so there is a senior on each shift (apart for a Saturday am shift) to make any decisions for the children/young people.</p> <p>In the absence of a senior a permanent member of staff has the ability to make decisions with guidance from the residential manager. As the residential manager works across Bakers Way and Harwood House, if they are not present in the service then they can be contacted via email or phone to deal with any decision making.</p> <p>If the residential manager is not in work then the staff are able to contact either of the two other residential</p>

	<p>managers who work for Bridgend County Borough Council or contact the Group Manager for Regulated Services for advice and guidance.</p> <p>The Responsible Individual is the Head of Childrens Social Care and they would always be made aware of any presenting issues that arise.</p>
<p><b>f) Supervision arrangements</b></p>	<p><b>Arrangements for Supervision, training and development of employees</b></p> <p>The Social Services and Well-being Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.</p> <p>Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.</p> <p>Regular, planned and competent supervision is both a right and a requirement for all members of staff working at Bakers Way. Supervision takes place once every 4 – 6 weeks in line with the Directorate Supervision Policy.</p> <p>Staff participate in annual appraisal which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.</p>
<p><b>g) Staff training</b></p>	<p>Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the Social Care Wales Induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction they are put forward for the required Health and Social Care Award,</p> <p>Staff have access to a programme of core training provided by Bridgend CBC which includes Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and</p>

	<p>Administration, Managing Behaviour (Team Teach) and Recording skills. Core training is refreshed at regular intervals.</p> <p>Other training is available provided by Bridgend CBC, for example Child Sexual Exploitation, Life Journey work, Attachment, Child Development. In addition staff access training related to caring for a child with a disability and on specific conditions for example autism. Health colleagues provide advice and guidance on managing specific conditions for example peg feeding.</p> <p>Managers have access to a programme of training focusing on the development of leadership and management skills, including managing performance and staff development, utilising a coaching and mentoring approach.</p>
--	--

## Section 6: Facilities and services

### Accommodation based services only

Bakers Way is a fairly large modern house, based in Bryncethin, three miles from Bridgend.

The original structure was two semi-detached houses, but these have been modified to provide one property.

Bakers Way has a fitted kitchen, a utility/laundry room, a garden to the rear containing specialist equipment and an upstairs office.

#### *You should provide information about:*

<b>a) Number of single and shared rooms</b>	<p>Five bedrooms, two of these are ground-floor bedrooms – suitable for those with physical disabilities and there are three bedrooms upstairs.</p> <p>For staff use:-</p> <p>An upstairs bedroom (used for those on stand-by duty)</p> <p>An upstairs shower room and toilet</p>
<b>b) Number of rooms with en suite facilities</b>	<p>No en suite facilities. The two ground-floor bedrooms are close to a ground-floor bathroom – with shower, hoist and other specialist equipment.</p>

<b>c) Number of dining areas</b>	1 Dining area in the lounge
<b>d) Number of communal areas</b>	1 spacious lounge, 1 downstairs play room, 1 upstairs soft play room.
<b>e) Specialist bathing facilities</b>	1 ground-floor bathroom – with shower, hoist and other specialist equipment. 1 upstairs children’s bathroom with no specialised equipment.
<b>f) Specialist equipment</b>	<p>Mobile hoist, Safe Space bed and 2 domiflex beds.</p> <p>In a ground floor bedroom there is sensory equipment installed.</p> <p>Specialised swing in the garden for children to use who have a physical disability.</p> <p>In an upstairs room is a soft play area</p>
<b>g) Security arrangements in place and use of CCTV</b>	<p><u>Surveillance</u></p> <p>All bedrooms are connected to a central PA system which will alert staff of movement, the system has both audible and visual indicators of noise. This system is fully adjustable to suit the requirements of each child. Independent mobile monitors are also available to staff.</p> <p><u>Fire precautions/procedures</u></p> <p>A Fire Alarm and smoke detection system is in operation throughout the premises. Self-closing doors are connected to the alarm system. Fire-fighting equipment is installed in the form of fire-blankets and extinguishers and an evacuation Resqumat.</p> <p>All members of staff undertake the Fire Prevention Course and are familiar with emergency procedures.</p> <p>Fire drills are planned when the children are present. To alleviate any distress or panic, we advise the children that an alarm may go off shortly, reassuring them that there is no need to panic and explaining to them what course of action they need to take.</p> <p>Fire Drills take place monthly, whilst the alarms are tested weekly. All equipment is checked on an annual basis. The Health and Safety Officer together with the Residential Manager also carry out annual Safety Fire Risk assessments.</p>

	<p>In the event of a fire, staff would have followed the written procedures of the house, the fire service would have already been contacted and parents would be notified to collect their children.</p> <p>Should staff be unable to contact families, then arrangements are in place to take the children to one of Social Services' establishments.</p>
<p><b>h) Access to outside space and facilities at this service</b></p>	<p>Physical needs</p> <ul style="list-style-type: none"> <li>• Safety and security within a comfortable and pleasant home-like environment</li> <li>• Range of individually decorated and furnished bedrooms suited to specific individual needs, therefore allowing some choice</li> <li>• Bathroom and toilet facilities on both floors adapted to cater for specific individual needs</li> <li>• Aids and equipment suitable for those children with physical disabilities</li> <li>• Specialist bed's for children with physical disabilities</li> <li>• Laundry facilities</li> <li>• Individualised menus and provision to meet special dietary requirements</li> <li>• Dispensing of prescribed oral medicines</li> </ul> <p>Fun and play</p> <ul style="list-style-type: none"> <li>• A soft play room</li> <li>• A room furnished with sensory equipment</li> <li>• A large secure garden area with recreational equipment such as swing, roundabout, trampoline, wooden castle, play house and mud kitchen.</li> <li>• Toys, games and books suitable for all ages and both genders</li> <li>• Televisions, DVD's, music centre, game consoles, tablet and iPad.</li> <li>• A mini-bus for trips for social and recreational</li> </ul>

	<p>purposes At the front of the property Bakers Way has its own drive way.</p> <p>Both front doors of Bakers Way have key pad locking systems, due to complex needs of the children that use the service.</p> <p>The back door of the property has thumb locks fitted as per usual regulatory requirements.</p> <p>Other agencies' services provided at Bakers Way</p> <ul style="list-style-type: none"> <li>• An advocacy service provided by Tros Gynnal</li> <li>• Transport to and from school for term-time overnight stays</li> <li>• Advice from community nursing, paediatric Speech and Language and Occupational Therapy and physiotherapy services, so that the team can provide a specialised service for special health or caring needs</li> </ul>
--	--

**i) Community based services only:**

## Section 7: Governance and quality monitoring arrangements

### Quality Assurance

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The RI will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit the RI will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager – Regulated Services is responsible for the line management of the Registered Manager and reports directly to the RI.

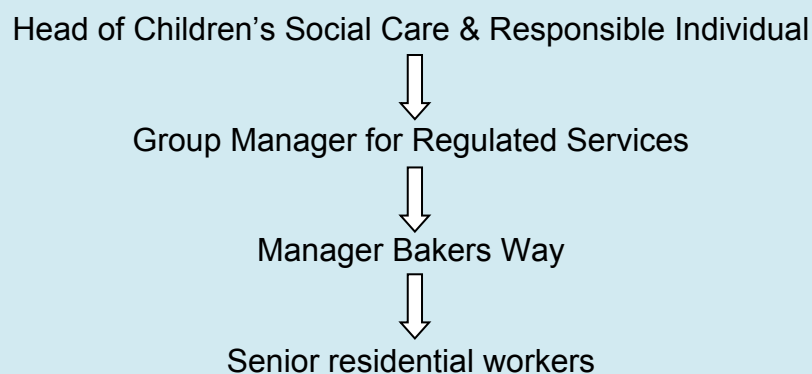
Visits by independent officers.

Visits are carried out on a monthly basis by an identified officer within the Council, in

accordance with Regulation 32 of the National Minimum Standards for Children's Homes. The visiting officer shall interview, with their consent and in private the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the RI.

### Management Structure



A full range of policies and procedures are available to staff and reviewed regularly to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing / Privacy statement (<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>). Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone **01656 643565**

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.



## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### Stage 1 – Local Resolution

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

### Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will explain why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.

- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales directly to make a complaint at any time.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

#### Useful Contacts

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

#### **Policy on anti-discriminatory practice**

Disabled children are at significant risk of experiencing discrimination. Staff members are especially alert to practices which disadvantage disabled children/young people and seek to redress them, where possible.

## **Arrangements for Consultation with children about the operation of the Home**

When a disabled child/young person receives a short break stay at Bakers Way, staff are alert to the child's/young person's wishes, feelings and needs. These can be expressed verbally and non-verbally; and staff consistently responds in a sensitive and appropriate manner. Children/young people are encouraged to participate in planning activities within the home and in the wider community during their stay, taking into account individual preferences. This ensures that the day to day operation of the home is responsive to the needs and views of the children who receive short break stays.

### **Health and safety**

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

This page is intentionally left blank

# Statement of Purpose

## Section 1: About the provider

<b>Service provider</b>	Bridgend County Borough Council	
<b>Legal entity</b>	Individual	<input type="checkbox"/>
	Limited company	<input type="checkbox"/>
	Public limited company	<input type="checkbox"/>
	Limited liability partnership	<input type="checkbox"/>
	Charitable company	<input type="checkbox"/>
	Charitable incorporated company	<input type="checkbox"/>
	Other corporate body	<input type="checkbox"/>
	Committee	<input type="checkbox"/>
	Charitable trust	<input type="checkbox"/>
	Other unincorporated body	<input type="checkbox"/>
	Local Authority	<input checked="" type="checkbox"/>
	Local Health Board	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
<b>Responsible individual</b>	Laura Kinsey- Head of Childrens Social Care	
<b>Manager of service</b>	Debra Evans	
<b>Name of service</b>	Harwood House	
<b>Address of service</b>	Harwood House, Ewenny Road , Bridgend ,CF31 3HS	

## Section 2: Description of the location of the service

### a) Accommodation based services

Harwood House is a small newly refurbished 3 bedroomed house situated in the grounds of Heronsbridge School in Bridgend, close to the town centre and Bridgend College. It is within easy reach of many attractions for children and the minibus is used to take children on outings to a wide-range of recreational settings.

There are many facilities on offer in the town of Bridgend and surrounding area including: -

- Recreation Centres and Swimming Pools
- Coastal and Beach Areas
- Country Park
- Cinema
- Soft play area and Trampoline Park
- 3 recreation/fitness centre
- Ten pin bowling
- Gymnastics club
- Youth clubs
- Library
- Sea/Army/Air Cadets
- Child and Adolescent Mental Health Clinic
- Doctors and Dental Surgeries
- Bus and train services

### b) Community based services e.g. domiciliary support services

*This will be the regional partnership area in which the service is provided please refer to the Statement of Purpose guide for a full break down for each regional partnership area.*

*(tick the area where the service is provided)*

<b>Gwent regional partnership board</b>	<input type="checkbox"/>
<b>North Wales regional partnership board</b>	<input type="checkbox"/>
<b>Cardiff and Vale regional partnership board</b>	<input type="checkbox"/>
<b>Western Bay regional partnership board</b>	<input checked="" type="checkbox"/>
<b>Cwm Taf regional partnership board</b>	<input type="checkbox"/>
<b>West Wales regional partnership board</b>	<input type="checkbox"/>



## Section 3 About the service provided

### a) Range of needs we can support

#### Service Aim

At Harwood House we are committed to providing a high quality 52 week residential service for up to three children/young people with complex needs, including a learning disability, aged from eight to eighteen years, usually enrolled in Heronsbridge School. The service is located within the grounds of Heronsbridge School enabling ease of access for the children to the school. This supports promoting contact with parents/carers. The location also enables multi-agency professionals involved with the children to visit the children and monitoring of the children's care and support by their respective social workers. During school term time the children will attend the school for their education during the day time and at school holiday periods the children will reside in the home within the school setting. The service enables children with complex needs who are unable to reside with their families to continue to attend their specialist school and remain resident local to their school and family.

#### Objectives

- To assess each child/young person's needs before the service commences, to develop an individualised package of care and support that focuses on their needs and to review it regularly.
- To introduce children/young people to Harwood House at their pace, through a series of familiarisation and tea-time visits, prior to moving in.
- To offer children and young people interventions to assist them in achieving their wellbeing outcomes. To meet each child/young person's emotional, social, behavioural, health and developmental needs during their placement, in a way that ensures their dignity and promotes self-reliance.
- To provide a homely relaxed environment within which children/young people are encouraged to achieve their personal goals and individual potential.
- To support all children/young people to make good use of all community based resources, thereby promoting social and economic inclusion.
- To provide a comprehensive package of educational support to promote the best possible outcome for the children.
- To assess the child/young person's living skills and to develop these skills through an individual living skills assessment programme. Providing support through transition plans into adult services.

- To consult with children/young people, parents, carers, social workers and other professionals so that the service continually adapts and develops.
- To resolve issues for children/young people and parents promptly, and to address concerns wherever possible, with the residential manager and social worker.

**b) Age range of people using the service**

3 children using the service between 8-18 years.

**c) Accommodation Based services**

**Maximum Capacity**  
**3 children/young people**

**d) Community based services only**

**Number of Care Hours delivered**  
*Detail the average number of care hours delivered per week. (tick the relevant box)*

- |                  |                          |
|------------------|--------------------------|
| <b>0-250</b>     | <input type="checkbox"/> |
| <b>251-500</b>   | <input type="checkbox"/> |
| <b>501-750</b>   | <input type="checkbox"/> |
| <b>751-1000</b>  | <input type="checkbox"/> |
| <b>1001-1500</b> | <input type="checkbox"/> |
| <b>1501-2000</b> | <input type="checkbox"/> |
| <b>2001-3000</b> | <input type="checkbox"/> |
| <b>3000+</b>     | <input type="checkbox"/> |



## Section 4: How the service is provided

### The service is provided through

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stays.
- A high ratio of staff to children/young people so that individual attention can be given to each child/young person during their stay.
- A purposeful care programme which is well-designed and executed, and based on individual assessed needs.
- A partnership approach to working with parents/carers.
- A Key Working system providing a member of staff with specific responsibilities for each child.
- Care team registered with Social Care Wales.
- Independence living skills assessment and development programme.
- Transition process to support a successful move on to adulthood.
- Transport to visit families and promotion of contact.
- Recreational activities, as approved by Bridgend County Borough Council Social Services Guidelines.
- Encouraging children/young people to lead a normal and independent life and to participate in local community facilities. The home creates an atmosphere in which young people are encouraged to make decisions of their own choice in a safe environment.
- Enabling children and young people to have a voice, choice and control whilst respecting their personal dignity and emotional wellbeing.

### a) Arrangements for admitting, assessing, planning and reviewing people's care

Harwood House provides a long term residential service for a maximum of 3 children/young people with complex learning disabilities. Placements will be considered according to compatibility. The service provides support to young people from ages between 8-18 years, however continuing provision will be considered for young people aged up to 19 years who continue in educational placements.

Children are referred to Harwood House by their social worker who will visit regularly and oversee the arrangements for the child/young person to ensure they are meeting their needs.

There is a robust referral and admission policy to assist in establishing whether this setting is appropriate to meet the needs of the children/young people and their family. Families are encouraged to visit the home as part of an active policy to encourage the facilitation of placement choice, as well as the child/young person's ongoing placement plan.

Risk assessment and appropriate matching of the needs of children and young people are fully considered prior to a child being offered a placement at the home.

We adopt a person centred approach and work to support the child/young person to

achieve their personal outcomes. We encourage and support each child/young person to reach their full potential and to make their own choices in order to live fulfilled lives. We offer a stimulating, safe, caring environment that promotes a holistic approach to all aspects of the child/young person's life.

The service will work with the children/young people to help them understand and contribute to their care and support plan. We establish strong working relationships with other multi-disciplinary professionals involved in supporting the child/young person.

We ensure children/young people are provided with accurate and accessible information which promotes the rights, responsibilities and the choices of children and young people. Such information is provided in the child/young person's preferred format and language.

### **Admission policy**

The referral pathway will require the Social Workers to present a case to the Accommodation and Permanence Panel requesting accommodation for a child/young person to take up placement within the service; children and young people must already be in attendance at Heronsbridge School. It will be the responsibility of the panel to determine the suitability of this placement before any arrangements are made. Once the panel has given approval the referral will be sent to the manager of the service to consider placement.

An impact assessment will be completed by the manager or a senior to determine suitability of the referral in relation to the children already placed and their compatibility.

Decisions to place are based on assessed needs of the child/young person ensuring the service is able to accommodate the placement safely whilst meeting regulatory requirements.

The social worker will have discussed the proposed placement with the child/young person and his/her parents/carers. Pre admission visits and discussions will have taken place prior to the child/young person being placed. The service will complete a placement agreement with the child/young person's family/carer, which sets out clearly, what support the service will offer ensuring clear identification of 'what matters' to the child/young person whilst meeting their assessed needs according to their care and support plan. The referral and admission policy will seek to engage the child/young person and his/her parents/carers positively and collaboratively in a partnership approach.

During the placement, staff will assist and support the child/young person whilst working closely with their families/carers to contribute and achieve better outcomes for the young person. Staff will support and assist the transition process of the child/young person prior to discharge into adult services provision or to their own home. This process is managed via the transition panel.

### **Arrangements for reviews of care and support plans**

Children/young people's plans will be reviewed regularly in accordance with statutory requirements. The first review will be within four weeks of a child/young person becoming looked after. The second review will be held 3 months later. Subsequent reviews will be held after a period of no more than six months and on an ongoing basis. Within this process the role of the staff is to assist in the completion of the consultation documents and to advocate on behalf of the child/young person to assist with meeting their needs, whilst giving an informed view point about the child/young person's progress whilst placed at Harwood House. The purpose of the reviews is to monitor progress and review care and support plans.

Independent reviewing officers are employed by Bridgend County Borough Council to chair the review meetings. Before their sixteenth birthday, young people will also have an aftercare (Pathway) planning meeting; this will look at the ways in which the service can assist the young person when they leave residential care. A pathway plan in accordance with the Leaving Care Act 2000 will be formulated to help facilitate this.

## **b) Standard of care and support**

### **Ethos of the House**

The care provided to disabled children and young people at a 52 week home is based on the principles contained in the Social Services and Well-being (Wales) Act 2014, Children Act 1989 and 2004 especially that:

Disabled children are children first, and their disability is a secondary, albeit a significant issue.

The approach is to adopt the following principles:

- Children/young people at Harwood House are treated as individuals and will be provided with staff support according to their individual assessed needs.
- The service provided by Harwood House is responsive to the identified needs and planned outcomes as detailed in the individual care plan of the child/young person.
- Young people have support in preparing for adulthood through an individualised independence living skills and development programme.
- Children/young people are encouraged as far as possible to:
  - Discuss and agree activities
  - Choose toys and learning materials
  - Shop, cook and develop daily life skills
  - Show consideration to other service-users, their property, rights and choices
  - Share any concerns they may be feeling during their stay.

- Take up opportunities to access community based activities.
- Children/young people will be treated in such a way that ensures their racial, gender, religious and cultural needs are taken into account.
- The home is committed to providing an environment which promotes the child/young person's growth, maturation, self-respect and personal dignity.

### **Arrangements made to protect and promote the health of the children/Young people in Harwood House Placement**

Many children have specific health needs. Pre-placement discussions take place to understand and address these needs in discussion with the social worker/care manager, parents/carers and multidisciplinary professionals. This ensures each child /young person's individual health needs are appropriately met from the point of admission.

Some children's health needs may require specialist health interventions during their placement. Careful consideration will be given to whether staff are sufficiently skilled and trained to meet children/young people's needs safely. Staff will be upskilled through specialist or bespoke training to support children and young people within the accommodation as and when required.

Staff at Harwood House undertake in-house training provided by health colleagues on specific health needs, which includes the administration of medication. Such training is regularly monitored and reviewed by the manager and health colleagues. This ensures competency and compliance.

We will aim to meet the needs of the children/young people placed as assessed by the Looked After Children's Nurse/Health Visitor and Community Paediatrician. Throughout the child/young person's placement the Looked After Children Nurse/Health Visitor continues to remain involved and consults with staff in the carrying out of individual health plans. This assistance is specialised and provides a useful resource for promoting:

- Immunisation and screening
- Communication (PECS and Sign-along)
- Nutrition and diet
- Exercise and rest
- Personal hygiene
- Sexual health
- The harmful effects of alcohol, smoking and substance misuse
- The impact of HIV/AIDS and other blood borne viruses

Staff will liaise with the Child and Adolescent Mental Health Service, Occupational therapists and Speech and Language Therapists team supporting children/young people in clinical consultations.

Staff will endeavour to assist each child/young person upon admission to register

with one of the local doctors, dentist and opticians, unless they chose to remain with their own registered GP practice. All children and young people are expected to have an annual statutory health assessment. They are provided with a well-balanced diet, which takes into account their personal choices.

### **Arrangements for the promotion of the education of children**

Each child attends Heronsbridge School. Staff will take and meet the child/young person from the school to walk back to their accommodation. Opportunities are provided for a verbal handover to take place between accommodation staff and class teacher/assistant regarding the day's events of the child/young person attendance or any other matters which need to be addressed. This enables an integrated approach. Staff will also share information concerning the child/young person whilst being accommodated in placement with education colleagues.

Staff will support and assist a child/young person to complete any homework they receive from school. Children have the use of I pads (educational apps have been downloaded on them). Advice is sought from school, so that children's learning can be supported informally as well as providing stimulating and rewarding activities.

### **Arrangements to promote children's participation in hobbies, recreational, sporting and cultural activities**

Children/young people at the home are actively encouraged and fully supported to continue with or take part in suitable activities and hobbies. These may include after school clubs, local clubs, gymnastics, swimming, youth clubs etc. The children/young people are also offered staff supervised activities; e.g. Cinema, leisure centres, outdoor pursuits, walks in local gardens, parks and beaches.

The home has its own transport so that staff can convey the children/young people as needed, thus enabling them to access a range of social and recreational opportunities. There are also a range of DVDs, computer consoles, board games books and sensory toys available at the home.

In accordance with Bridgend County Borough Council policy the appropriate risk assessments are completed as necessary according to the activity being considered.

### **Arrangements for Religious Instruction**

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

### **Arrangements made for contact**

Children/young people residing at Harwood House are allowed to have contact

with their parents/carers as agreed by their social worker, both inside and outside of the home, unless legal considerations preclude this. Children and young people have a choice of rooms to use during visits from their friends and relatives.

Some of the children that live in Harwood House have limited communication skills. Some have issues in relation to being able to communicate their anxieties about being separated from their family and that which is familiar to them. Staff will be sensitive to their emotional needs and feelings, giving comfort and reassurance when needed.

### **Type of accommodation and sleeping arrangements**

Harwood House provide a home for three children/young people at any given time. At night there is one member of staff undertaking sleeping in duties and one member staff undertaking wakeful duties.

### **Details of any specific therapeutic techniques used and arrangements for their supervision**

Harwood House will provide each child with individualised services and interventions through the delivery of their care and support plans which will be routinely reviewed in accordance with statutory timescales. If the children's care and support plans identify that their assessed need is to have specialist therapeutic techniques then we will use outside agencies to support the home. E.G. CAMHS, YOT etc.

### **Unauthorised Absences**

The children who stay at Harwood House are restricted to the house and garden area to safeguard their own wellbeing. A secured keypad system is in place to ensure access in and out of the premises are monitored and controlled safely. Adequate staffing levels ensure that children are supervised or monitored at all times. Deprivation of Liberty is considered for each individual child bearing in mind their needs and risks.

Should some impulsive behaviour result in a child running away, and the child cannot be located, as a Corporate Parent, the Local Authority has a duty to safeguard and promote the welfare of any child/young person, taking appropriate action as/when necessary. The following relevant people would be informed immediately:-

- Police

- Parent/person with parental responsibility
- Social worker/Emergency social worker out of hours
- CIW

The South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows the policy and procedures.

### **Outcomes when more than six children are accommodated**

The above does not apply to Harwood House. Criteria of the service will be up to 3 child/young person to be accommodated at any given time.

### **Policy on Behaviour Management/use of restraints**

Some children/young people present concerning behaviours which may place themselves or others at risk. These would be identified via a Risk Assessment undertaken by the social worker/care manager and provided with the referral to Harwood House. In situations whereby a child/young person presents concerning/challenging behaviour, an individual behaviour management plan will be completed by the residential manager in conjunction with parents/carers and social worker. This behaviour management plan will include a description of the presenting behaviour, first signs of agitation and what triggers the child to present the behaviour. A detailed plan of preventative and responsive strategies for staff to use with the child to ensure firm boundary settings and a consistent approach is delivered safely.

A copy of the plan is kept on the child/young person's individual's file and discussed in team meetings. This is updated following any incident of challenging behaviour.

It is Harwood House practice to involve all children in decision-making as far as possible. This will hopefully result in incidents of challenging/concerning behaviour being managed safely and effectively. Boundaries are clearly discussed and explained to the children/young people and parents/carers during the introductions to the placement.

Low level sanctions are used in accordance with individual behaviour management plans at Harwood House. This includes boundary setting and distraction/diffusion techniques. A restorative approach/work is also completed where possible with the child.

A record of any sanction is kept on individual children's files and recorded in Bakers way sanction book. There are strict guidelines and policy on the use of restraint which staff need to comply with.

Physical restraint is only used as a last resort and if there is clear evidence, or genuine belief that a child/young person's actions may lead to physical injury which will harm them and/or others. In this case physical restraint will be used in accordance with Bridgend County Borough Council policy and guidance, the minimum force necessary will be used and all cases of restraints will be formally

recorded. Staff will be trained to use the 'Team teach' and restorative practice approach, which children will be familiar with as it is the approach used within Heronsbridge school.

### **Arrangements for Child Protection and to Countering Bullying**

Many children receiving the service from Harwood House have communication difficulties, and it is recognised that disabled children/young people can be more vulnerable to abuse/neglect. Harwood House staff will therefore be continually alert to any expression, verbal or non-verbal or any other signs, that a child may be experiencing abuse. If this is suspected the All Wales Child Protection Procedures will be implemented.

### **Countering Bullying**

The key principles on which to base work with children and families are founded in the Children Act 1989 and Children Act 2004 Guidance, Care standards Act 2000 and national minimum Standards for residential services and the United Nations Convention on the Rights of the Child, to which the UK is a signatory and the home fully subscribes. All children/young people deserve the opportunity to achieve their full potential. They should be able to;

- Be as physically and mentally healthy as possible
- Gain the maximum benefit possible from good quality educational opportunities
- Live in a safe environment and be protected from harm
- Experience emotional well being
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- Become competent in looking after themselves and coping with everyday living
- Have a positive image of themselves and a secure sense of identity, including cultural and racial identity
- Develop good inter-personal skills and confidence in social situations

Careful consideration of placement compatibility will minimise or prevent possible friction between individuals and avoid any unnecessary conflict. However, if bullying does occur staff would take immediate action to stop the behaviour, protect the individuals and address the behaviour if the child/young person continues bullying. Parents and others will be informed as appropriate to discuss the behaviours and prevent further escalation.

### **c) Language and communication needs for people using the service**

Bridgend County Borough Council is committed to the treating Welsh and English on



an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Harwood House.

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Harwood House can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Harwood House endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in the language.

Due to the complex needs of the children/young people, Harwood House will identify their communication needs on admission and work with the children to develop their communication needs. Harwood House uses PECS (Picture exchange communication system) and Sign a long (basic sign language) to communicate with non-verbal children/young people.

## Section 5: Staffing arrangements

Harwood House has a team of care staff providing 24 hr support 7 days a week and clerical staff 4 days a week.

### **a) Numbers and qualifications of staff**

Staff at Harwood House either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: Qualification framework for social care and regulated childcare in Wales. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

#### **1 Residential Manager**

Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales and Northern Ireland

Level 3 Diploma in Health and Social Care (Children and Young People) Wales and Northern Ireland

### **3 Senior Residential Workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

Qualified or working towards Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland

### **9 Residential Care**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ

### **3 Night Care Workers (21 hours)**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

### **Casual Residential Care Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

**Administrative assistant** covering both provisions supports the Registered Manager four days a week from Bakers Way

#### **b) Staff levels**

The staffing structure is as follows:-

- Residential Manager x 37 hours (shared with Bakers Way)
- Three Senior Residential Workers x 32 hours
- Three Residential Workers x 28 hours
- Three Residential Workers x 24 hours
- Three Night Care Workers x 21 hours
- Casual Residential workers

	<ul style="list-style-type: none"> <li>• Administrative Assistant (4 days per week shared with Bakers Way)</li> </ul> <p>The manager works between Harwood House and Bakers Way throughout the week. In the manager's absence there are senior residential workers completing office hours and deputising in the manager's absence. All staff are aware that the manager and the Group Manager for Regulated Services will be available by phone for support and can go to the service if needed.</p> <p>Ratios of staff: the children will be supported by a minimum of 1 to 1 care, the ratio will be increased as specified in individual child's care and support plans. At night time there will be two staff in residence, one undertaking sleep in duties and one waking night.</p>
<p><b>c) Specialist staff</b></p>	<p>There is no specialist staff employed at Harwood House. Staff are trained in the Team teach method with which the children are familiar as this is the approach used in Heronsbridge school.</p>
<p><b>d) Deployment of staff at service (for accommodation based services only)</b></p>	<p>All staff are deployed within Harwood House residential home.</p> <p>9 staff are deployed for the day shifts running on a am pm rota.</p> <p>3 staff are deployed on a night shift.</p> <p>Casual staff are deployed within all areas of work days or nights to meet the children/young people's needs.</p> <p>All Staff have appropriate checks undertaken by Human resources.</p>
<p><b>e) Arrangements for delegated tasks</b></p>	<p>All Staff at Harwood House have the ability to work to meet the needs of the specialised care requirements of the children/young people. This is verified and assessed through the training and induction process when they start their employment at Harwood House.</p> <p>All staff are aware of the care and support plans for each individual child/young person and how they are to implement this into their daily care and routines within the home.</p>

	<p>There are 3 senior residential workers in Harwood House and the rota has been designed that so there is a senior on every shift to make any decisions for the children/young people as the manager may be cross site. In the absence of a senior a permanent member of staff has the ability to make decisions with guidance from the residential manager.</p> <p>The rota is planned in advance making sure it takes account for the experience of the staff that are on shift. This ensures that the children/young people are safe and their specialised care needs are provided. The rota is arranged on an AM, PM shift pattern making sure there are enough staff on to care for the children/young people on a 24/7 basis.</p> <p>In the absence of a senior a permanent member of staff has the ability to make decisions with guidance from the residential manager. As the manager works across Harwood House and Bakers Way, if they are not present in the service then they can be contacted via email or phone to deal with any decision making.</p> <p>If the residential manager is not in work then the staff are able to contact 2 other residential managers who work for Bridgend County Borough Council or contact the Group Manager for Regulated Services for advice and guidance.</p> <p>The Responsible Individual is the Head of Childrens Social Care and they would always be made aware of any presenting issues that arise.</p>
<p><b>f) Supervision arrangements</b></p>	<p><b>Arrangements for Supervision, training and development of employees</b></p> <p>The Social Services and Well-being Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.</p> <p>Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.</p> <p>Regular, planned and competent supervision is both a</p>

	<p>right and a requirement for all members of staff working at Bakers Way. Supervision takes place once every 4 – 6 weeks in line with the Directorate Supervision Policy.</p> <p>Staff participate in annual appraisal which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.</p>
<p><b>g) Staff training</b></p>	<p>Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the Social Care Wales Induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction they are put forward for the required Health and Social Care Award,</p> <p>Staff have access to a programme of core training provided by Bridgend CBC which includes Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Managing Behaviour (Team Teach) and Recording skills. Core training is refreshed at regular intervals.</p> <p>Other training is available provided by Bridgend CBC, for example Child Sexual Exploitation, Life Journey work, Attachment, Child Development. In addition staff access training related to caring for a child with a disability and on specific conditions for example autism. Health colleagues provide advice and guidance on managing specific conditions for example peg feeding.</p> <p>Managers have access to a programme of training focusing on the development of leadership and management skills, including managing performance and staff development, utilising a coaching and mentoring approach.</p>

## Section 6: Facilities and services

### Facilities and Services within the Home

Harwood House offers a comprehensive range of services and facilities to meet the needs of each child.

Harwood House is a detached 2 floor listed building in the grounds of Heronsbridge school. The building has been extensively refurbished with an extension and the service opened in the Summer of 2017. It offers safety and security within a comfortable and pleasant home-like environment.

Harwood House has:

**Kitchen:** this room is well equipped with fridge/freezer and cooking facilities, dish washer, washing/tumble dryer machine. Children/young people are encouraged to assist with cooking meals dependent on age and ability which will be assessed by house manager using their individual living skills assessment.

**Office:** This room is well equipped to assist in the delivery of the service. Due to confidentiality procedures, children/young people can only access the office in the company of staff. The office also contains the locked medical cabinet for safe/storage of medication. A telephone is available for private use.

COSHH (Control of Substances Hazards for Health, a body of regulations introduced in Britain to govern the storage and use of substance) will be stored under the stairs in a locked cupboard.

### ***You should provide information about:***

<b>a) Number of single and shared rooms</b>	3 children/young people's bedrooms: The bedrooms are well equipped with toughened furniture offering plenty of storage and a work space area where school/homework can be completed. Individually decorated suited to specific individual needs and allowing some choice
<b>b) Number of rooms with en suite facilities</b>	Staff Bedroom: this room is for staff undertaking sleeping in duties and has an en suite for staff use, which has, toilet, sink and shower facilities.
<b>c) Number of dining areas</b>	1 Dining area in the sun room
<b>d) Number of communal areas</b>	1 Lounge: this is a communal room where children and young people have opportunities to engage with each other and form friendships, watch television/DVD's, sensory bubble tube together and can be used when visitors call.  1 Dining/Sun room; this room is equipped with a table and 8 chairs, sofa, TV and music player and is where children/young people and staff will have their meals together. It can also be used as a second living room/quiet area, where arts/crafts and

	boards games can be used. Double patio doors with accessible access to patio/lawn garden area.
<b>e) Specialist bathing facilities</b>	<p>Shower room: Equipped with a toilet, sink and walk in shower with alert alarm pull cord for use of children/young people and visitors.</p> <p>Bathroom: is equipped with a shower, bath, sink and toilet with an alert alarm pull cord for the use of children and young people.</p>
<b>f) Specialist equipment</b>	There is no specialist equipment within Harwood House.
<b>g) Security arrangements in place and use of CCTV</b>	<p>The home has installed an intruder alarm and an internal bedroom alert alarm, which will notify the waking night worker when a child has exited their room.</p> <p>Some of the external doors to the property have thumb locks fitted as per usual regulatory requirements but not all, due to the needs of the vulnerable residents/children and DOLS being in place. All staff will have the exit door keys on them at all times and this is recorded within the fire risk assessment.</p> <p><u>Surveillance</u></p> <p>Children/ young people are appropriately monitored by staff in line with providing a high quality standard of care. These may include observations of behaviour and self- expression such as the child/young person being withdrawn, agitated or showing a change to their usual mood that evokes concern. Staff complete records on a daily basis in relation to the progress of the child/young person, with key workers making more extensive observations as part of their monthly key working reports.</p> <p>At night there will be a member of staff on waking duties to observe and monitor the children for health, care and safety needs.</p> <p><u>Fire precautions/procedures</u></p> <p>A Fire Alarm and smoke detection system is in operation throughout the premises. Self-closing doors are connected to the alarm system. Fire-fighting equipment is installed in the form of fire-</p>

	<p>blankets and extinguishers and an evacuation Rescue mat.</p> <p>All members of staff undertake the Fire Prevention Course and are familiar with emergency procedures.</p> <p>Fire drills are planned when the children/young people are present. To alleviate any distress or panic, we advise the children/young people that an alarm may go off shortly, reassuring them that there is no need to panic and explaining to them what course of action they need to take. The children who are non-communicative have a PECS fire safety drill provided.</p> <p>Fire Drills take place monthly, whilst the alarms are tested weekly. All equipment is checked on an annual basis. The Health and Safety Officer together with the manager also carry out annual Safety Fire Risk assessments.</p>
<p><b>h) Access to outside space and facilities at this service</b></p>	<p>Garden Area: The garden perimeter is enclosed with a 6 foot fence, which has a double gate opening, which will be locked via padlock, next to this there is a single gate, which has a latch lock, which will not be padlocked due to fire regulations. The garden is mainly grass lawn with a paved patio area to the front of home, paved patio lawn is also at the rear of the property and has access by patio doors from the sun lounge/diner room. There is also a shed, outdoor electric sockets and a water tap.</p> <p>Parking: There is a designated parking area for the minibus and car parking spaces for Harwood House.</p> <p>Other agencies' services provided:-</p> <p>An advocacy service provided by Tros Gynnal</p> <p>Advice from community nursing, paediatric Speech and Language and Occupational Therapy and physiotherapy services, so that the team can provide a specialised service for special health or caring needs</p>
<p><b>i) Community based services only:</b></p>	



## Section 7: Governance and quality monitoring arrangements

### Quality Assurance

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The RI will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit the RI will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

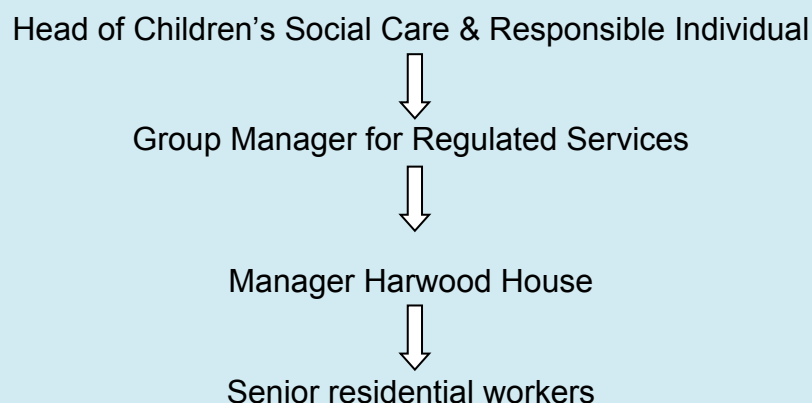
The Group Manager – Regulated Services is responsible for the line management of the Registered Manager and reports directly to the RI.

Visits by independent officers.

Visits are carried out on a monthly basis by an identified officer within the Council, in accordance with Regulation 32 of the National Minimum Standards for Children's Homes. The visiting officer shall interview, with their consent and in private the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the RI.

### Management Structure



A full range of policies and procedures are available to staff and reviewed regularly to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing / Privacy statement (<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>). Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone 01656 643565

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## **Complaints**

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### **Stage 1 – Local Resolution**

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

### **Stage 2 – Formal Investigation**

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will explain why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales directly to make a complaint at any time.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

#### Useful Contacts

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales

Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: [post@childcomwales.org.uk](mailto:post@childcomwales.org.uk)

Care Inspectorate Wales (South West Wales)  
Government Buildings

Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: [CIW.Carmarthen@gov.wales](mailto:CIW.Carmarthen@gov.wales)

Public Services Ombudsman for Wales

1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: [ask@ombudsman-wales.org.uk](mailto:ask@ombudsman-wales.org.uk)

### **Policy on anti-discriminatory practice**

Staff at Harwood House strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in accordance with professional and personal boundaries.

Expectations of behaviours for staff and children/young people are clearly understood and negotiated by those living and working at the home, this includes appropriate control over children/young people in the interests of their own welfare and the protection of others.

Disabled children are at significant risk of experiencing discrimination. Staff members are especially alert to practices which disadvantage disabled children/young people and seek to redress them, where possible.

Bridgend County Borough Council has a policy on Anti-discriminatory practice. Children/young person's rights are respected in line with the United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes-both positive and negative.

The home has a comprehensive manual of policies and procedures which can be accessed upon request and is continually revised and updated as required.

### **Arrangements for consultation with children about the operation of the home**

The home holds a monthly children/young people meeting where everybody is able to contribute and offer suggestions to ensure the home remains a happy place to live. The home is committed to empower children/young people, to have their say

and their views and opinions are heard in a positive manner.

Staff are alert to the child's/young person's wishes, feelings and needs. These can be expressed verbally and non-verbally; and staff consistently respond in a sensitive and appropriate manner. Children/young people are encouraged to participate in planning activities and care within the home and in the wider community during their placement, taking into account individual preferences. This ensures that the day to day operation of the home is responsive to the needs and views of the children who receive the service.

The service will annually send out quality assurance questionnaires to children/young people resident, parents/carers and social workers. On leaving the service there will be a leaving/exit interview/questionnaire completed. This will be in the child's/person preferred choice of language/communication levels.

### **Health and safety**

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

This page is intentionally left blank

## BRIDGEND COUNTY BOROUGH COUNCIL

### CABINET COMMITTEE CORPORATE PARENTING

11<sup>th</sup> JULY 2018

#### JOINT REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING AND THE CORPORATE DIRECTOR, EDUCATION AND FAMILY SUPPORT

#### REVIEW OF DECISION MAKING ON THE LOOKED AFTER CHILDREN (LAC) PATHWAY

##### 1. Purpose of Report

- 1.1 To present to the committee the Institute of Public Care (IPC) review report and associated action plan.

##### 2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:-

1. **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
2. **Smarter use of resources** – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

##### 3. Background

- 3.1 The number of looked after children across Wales is rising year on year. For 2016-17 overall numbers across Wales had increased by 5.5%; however, Bridgend were below this average with an increase of only 2.2%.
- 3.2 Effective oversight and management of the looked after children population is a key priority for the Council and there is a commitment to further improve both early intervention and statutory services for children, young people and their families. It is recognised that this is significantly dependent upon the ability of all directorates to work together and specifically the Social Services and Wellbeing and Education and Family Support Directorates.
- 3.3 A joint Early Help and Permanence Strategy is in place which describes the services available to children, young people and their families within Bridgend. Such services support and enable, where possible, children and young people to safely remain in the care of their family and/or safely return to their family or an alternative carer. Where this is not possible, the strategy describes the alternative care arrangements that are provided and commissioned for looked after children to improve their outcomes by affording them the opportunities available to all children.

- 3.4 Both directorates within the local authority are driving a whole-system approach to supporting looked after children and keeping families together. Together with the Early Help and Permanence Strategy, they form a multi-agency approach to improving outcomes for children, young people and their families.
- 3.5 In November 2017, IPC undertook a review of the pathways experienced by children and young people who had become looked after in the last year, to review decision-making and analyse practice across their care pathway and explore with teams how interventions and decision-making might have been more effective. They looked at 35 children who became looked after during the period October 2016 to September 2017. The cases were randomly selected by Bridgend County Borough Council from all the children who became looked after in that period. The cases were in the following categories:
- Unborn – where the family were referred during the pregnancy of the child who became looked after.
  - Early intervention for children aged 0 to 11 years. Where the child referred was aged 0 to 11 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.
  - Early intervention for children who were teenagers. Where the child referred was aged 13 to 17 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.

3.6 The project involved four stages:



- 3.7 IPC was asked to look specifically at:
- The quality of decision making, timeliness, and threshold management at the front door including any relevant Information Advice and Assistance (IAA) arrangements;
  - How risk was identified, assessed, mitigated and managed;
  - Whether there is a coherent model of early intervention and preventative services, and the relationship between children’s social care and these services;
  - Whether there is evidence of strength based, outcome focussed assessments and care plans;
  - Whether there is evidence of strong partnership working underpinned by a common value base and clear roles and responsibilities;
  - Whether there are dynamic quality assurance and quality improvement systems driving continuous improvement within and between teams;
  - Whether there is evidence of the involvement of children, young people and families at a service level and in practice.

#### 4 Current Situation/Proposal



- 4.1 The Summary report is attached at **Appendix 1**. The complete report has not been attached in order to maintain confidentiality as it is possible to identify specific individual children.
- 4.2 The general conclusions reported that at the point where the children became looked after this was the correct decision and the best way to safeguard their welfare and well-being in all the cases reviewed. However, the quality of interventions and casework was mixed. There were missed opportunities in some cases and areas for improvement in respect of practice and management oversight.
- 4.3 The recommendations of the review were:
- Strengthen progression of work in pre-birth cases so that where it is clear, following initial assessment, that a substantial intervention will be required, (as it was in all these cases), work starts on parenting assessments and other assessments of the adults as early as possible and should be completed well before the birth due date.
  - Review what services could be available for parents who have had children removed at or shortly after birth so that the likelihood of the removal of future children is reduced. The development of the Reflect service helps meet this recommendation.
  - Ensure that parenting assessments and psychological assessments are considered as part of the Child Protection Register (CPR) or Public Law Outline (PLO) stage of the case or earlier to enable better judgments to be made about the plan for the child and for the local authority to be more fully prepared at the point care proceedings are initiated.
  - Make better use of Family Group Conferences in public law proceedings and at the PLO stage so that what the wider family and support system can or cannot provide is understood earlier in the child's journey.
  - Chronologies should be present on all cases and developed further when cases enter PLO which will enable social workers to complete a better analysis of the parents and the child including future risks and the capacity for change.
  - Review the impact of early interventions to understand whether and where they are making a positive difference, especially with the children and families with the highest needs, and where there are gaps in services or where existing services are not having an impact.
  - Work with social workers on improving the consistency of assessments so that they are all 'good'.
  - Identify at an early intervention stage and with partners, children not living with birth parents or who are adopted and where there are early signs of difficulty in relationships, and ensure that these children at higher risk of becoming looked after are given priority for services.
  - Review how management oversight is undertaken so that there is a clear record of oversight on the cases and that the reflective as well as the directional elements of supervision are recorded.
- 4.4 An action plan, attached at **Appendix 2**, has been developed to progress the recommendations and is monitored by the Early Help and Safeguarding Board which is chaired jointly by the Corporate Directors for Social Services and Wellbeing and Education and Family Support

## **5. Effect upon Policy Framework and Procedure Rules**

5.1 There is no impact on the Policy framework and Procedure rules.

## **6 Equality Impact Assessment**

6.1 There are no equality implications in this report.

## **7. Well-being of Future Generations (Wales) Act 2015 Implications**

7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing Act (Wales) (SSWBA) 2014, in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a Healthier and more equal Bridgend and Wales are supported.

7.2 The Wellbeing of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long Term – Social Services is demand led and the SSWBA focusses on sustainable prevention and wellbeing outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodeling and transformation of services continues to be a priority.
- Prevention – the report reflects the new approaches adopted by the Directorate in line with the SSWBA, for example, the provision of information, advice and assistance to enable people to remain independent for as long as possible. This will ensure that need is anticipated and resources can be more effectively directed to better manage demand.
- Integration – the implementation of the SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided. The report evidences work with partners to enable people to remain living within their communities, and where necessary, responding to safeguarding concerns in a timely, efficient manner.
- Collaboration – The collaborative approaches described in the report, are managed and monitored through various remodeling and collaborative boards, for example, the Early Help and Safeguarding Board where there is cross Directorate and sector stakeholder representation.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

## **8.0 Financial Implications**

- 8.1 The Social Services and Wellbeing Directorate financial plan incorporates the work underway to reduce both the overall number of looked after children and high cost out of authority placements. Spend in this area is decreasing and the strategy (paragraph 3.3) and action plan (paragraph 4.4) should strengthen the ability to reduce expenditure further in these areas.

## **9.0 Recommendation**

- 9.1 It is recommended that the Committee notes the IPC report and comments on the associated Action Plan.

**Susan Cooper**  
**Corporate Director, Social Services and Wellbeing**  
**June 2018**

10. **Contact Officer: Laura Kinsey, Head of Children's Social Care**  
Telephone: 01656 642314  
Email: [laura.kinsey@bridgend.gov.uk](mailto:laura.kinsey@bridgend.gov.uk)

11. **Background Documents**  
None.

This page is intentionally left blank

## **Bridgend County Borough Council**

### **Decision making on the looked after children pathway**

### **Summary Report**

**January 2018**

# Bridgend County Borough Council

## Decision making on the looked after children pathway

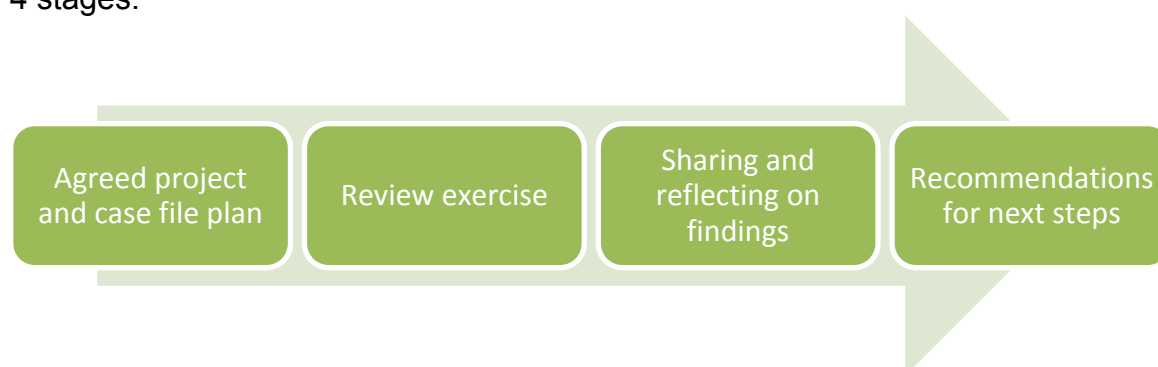
### Summary Report

#### 1 Introduction

Bridgend Children's Social Care have been facing a challenging agenda in the last period. With the completion of an external inspection of children's services by CSSIW in January/February 2017, there are some clear requirements for improvement as part of the ongoing remodelling programme which will place demands on staff and managers across the service.

The Institute of Public Care (IPC) has been asked to support Bridgend during this period in two projects, the first to support Bridgend management team through a bespoke leadership and management development programme and the second to undertake a learning review of a selection of cases where children have become looked after by Bridgend Children's Social Care. The purpose of this project is to help teams review the extent to which they have been able to embed the principles and practice of the Social Services and Wellbeing (Wales) Act 2014 in practice, and consider where further improvements in practice, guidance and protocols could be achieved.

In the project IPC are undertaking a review of the pathways experienced by the children and young people who have become looked after in the last year, to review decision-making and analyse practice across their care pathway and explore with teams how interventions and decision-making might have been more effective. The project involves 4 stages:



This report provides a summary of the findings from the diagnostic review of the assessment and care and support planning for children who became looked after in Bridgend between October 2016 and September 2017. The feedback is structured around the following case types:

- Unborn – where the family were referred during the pregnancy of the child who became looked after.

- Early intervention for children aged 0 to 11 years. Where the child referred was aged 0 to 11 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.
- Early intervention for children who were teenagers. Where the child referred was aged 13 to 17 years and there may have been opportunities for early intervention prior to the start of the child becoming looked after.

We were asked to look specifically at:

- The quality of decision making, timeliness, and threshold management at the front door including any relevant Information Advice and Assistance (IAA) arrangements
- How risk was identified, assessed, mitigated and managed
- Whether there is a coherent model of early intervention and preventative services, and the relationship between children's social care and these services
- Whether there is evidence of strength based, outcome focussed assessments and care plans
- Whether there is evidence of strong partnership working underpinned by a common value base and clear roles and responsibilities
- Whether there are dynamic quality assurance and quality improvement systems driving continuous improvement within and between teams
- Whether there is evidence of the involvement of children, young people and families at a service level and in practice.

Findings are summarised in the sections below.

## 2 Methodology

In November 2017 IPC reviewed the case records of 35 children who became looked after during the period October 2016 to September 2017. The cases were randomly selected by Bridgend Borough Council from all the children who became looked after in that period.

Within the 35 cases there were:

- 11 cases where the child was referred during the mother's pregnancy
- 13 cases where the children were aged 0 to 11 years at the point of referral of this episode of intervention.
- 11 cases where the children were aged 13 to 17 years at the point of referral of this episode of intervention.

The records reviewed were those available through Wales Community Care Information System (WCCIS) and the legacy DRAIG system for access to Word and scanned documents. Not all the records that were expected to be present were available e.g. Public Law Outline (PLO) letters. There were few if any items of correspondence or reports from external agencies available in the WCCIS records. This may reflect the migration of records from the old system to the relatively new WCCIS.

The WCCIS template forms appeared repetitive and were not always fully completed. There were no chronologies available in WCCIS. This meant there were cases where there was uncertainty as to whether we had been able to see all the records.

The template used to gather information from the records is attached as Appendix A.

### 3 Summary of Findings

#### 3.1 Unborn – children identified as significantly at risk pre-birth

We reviewed 11 cases where children were identified during the mother's pregnancy as being at risk and where they subsequently entered care.

Key themes from the findings are:

- The need for pre-birth assessment and action to plan for the safeguarding of the baby at birth was correct in all cases. All the mothers and in most cases the fathers had long histories of vulnerability. Decision making was correct in the application of thresholds and in the use of care proceedings.
- There were examples of good pre-birth assessments i.e. those completed immediately after the referral. They identified the issues to be addressed and made recommendations for the next steps usually for more in-depth assessment including parenting assessment.
- The assessments did try to focus on strengths as well as risks and in the best assessments there was positive use of the structure provided by the assessment template to describe "what are we worried about", strengths, issues and "what matters".
- There were examples of assessments which lacked sufficient history and all the assessments could have benefited from a chronology. In a couple of cases, we were unable to find the completed assessment on the system.
- While assessments were timely there was insufficient urgency in nearly all cases in progressing the work. The key issue is not maintaining the pace of case progression following the referral so that pre-birth assessment and the birth planning and related decision making are all in place some weeks before the due date.
- The move through the linear sequence of strategy discussion, Section 47 enquiry, initial child protection conference (ICPC) and child protection registration (CPR) seems to delay the progress of the case as it appears that in some cases it is only after these steps are all completed that work starts on pre-birth parenting assessments. These delays meant that the pre-birth assessments were not being completed pre-birth or were completed in a rush. This weakens the basis for secure decision making for the birth plan.
- The PLO was used in nearly all these cases and helped to provide a structure to planning and decision making pre and post birth. While they identified the assessments required and what action the parents had to take, they were, perhaps, not influential enough in ensuring this work was completed in a timely way.
- There were examples of timely referral by maternity services and in nearly all the cases there was evidence of good information gathering and liaison with partner agencies and other local authorities. We could see the benefits of ICPCs in engaging partners in the development of case planning and decision making.



- Once the child is born the work to safeguard the child and work with the parent or parents is in most cases good with use of a range of placement options and services to assist the parents.
- In 5 of these cases, the parents had had previous children removed. There was little evidence of interventions or work with the parents following removal of these previous children.
- Psychological assessments were undertaken for some of the parents during care proceedings but not as part of the PLO process which meant the local authority's evidence on the parents' capabilities was less developed than it could have been at the point that care proceedings were initiated.
- There was only one example of a Family Group Conference (FGC) in this group of cases. In the majority of cases there were family networks who were engaged and were considered as carers during the care proceedings. An FGC might have enabled earlier engagement of the families with the issues in the cases.

### 3.2 Early intervention 0 to 11 years

13 cases were reviewed for the 0-11 age group. In this group there were five children aged 0 to 5 years, six aged 6 to 8 years, and two aged 9 to 11 years.

Key themes from the findings are:

- In all these cases the decision for the children to become looked after was correct and proportionate to the issues involved. In most cases at the time of becoming looked after the issues were serious and urgent, and alternatives had been explored.
- There were missed opportunities for earlier intervention with most of the cases [9 out of 13] either with Bridgend or other local authorities.
- It was hard to see that there was a coherent and coordinated approach to earlier intervention with the families. A number of cases had not had effective step down from an earlier social work intervention or should have been stepped up earlier. This raises the question of what services might be able to make a difference and or how parents can be motivated or enabled to make better use of the range of services available.
- There are a wide range of intervention services available and these are being used but in these cases they did not seem to make a difference. This is likely to reflect a combination of the lack of intensity of the services, the level of difficulties in the families, time limited interventions and how well the interventions are managed and coordinated within the multi-agency plan for the child and family.
- The assessments following the referral for the current episode were of mixed quality. There were good assessments with attention to history, information gathered from partners, family engagement, speaking to the children and leading to clear and appropriate recommendations. Where assessments were weaker they held more limited information, were based more on what parents reported and were limited in the review of history and analysis of what this might mean for the child and family now. There were some examples where the voice of the child was not evidenced or it was noted that their views were not sought as they were too young, even regarding some of the older children in this group.

- Parenting assessments were undertaken within care proceedings, as were psychological assessments, but we did not see such assessments used in pre-care proceedings.
- For all the cases it was hard to find chronologies completed as a routine part of the case work before public law proceedings started.
- For nearly all the cases the child protection process was well used and helpful in ensuring the protection of the children and the progression of the case.
- The PLO was used in seven cases. There were examples of cases that moved effectively through the process which helped give structure and clarity to decision making. It was perhaps too drawn out in a minority of cases reflecting the problems in engaging parents and evidencing progress.
- While there was considerable family involvement and efforts to place children within their families there was only evidence of three FGCs taking place amongst these cases.

### 3.3 Early Intervention - teenagers

11 cases were reviewed in this group. The young people in this group were mainly 15 years or older with one 13 year old, four 15 years, four 16 years and two 17 year olds. The most striking characteristic of these young people is that only four were living with a birth parent at the time they became looked after. Three were adopted, two were living with a grandparent and two with an aunt.

Key themes from the findings are:

- The decision making for the children to be looked after was correct in all cases. There was no other option available. In all the cases, the children became looked after as a result of the carers no longer willing or able to care for the young person due to their behaviours.
- There were good assessments in six out of the eleven cases. The assessments told the story, analysed the risk, were strength based, engaged with the young person and family and suggested programmes of work that reflected the needs.
- Only four of the eleven children were living with a birth parent and in all the other cases there were indications of the serious difficulties their adoptive or family carers were having. Most had had some intervention but not sufficient to address the difficulties and prevent the children becoming looked after.
- The majority of the cases had considerable previous histories and for a third of the cases there were opportunities for earlier intervention which might have had an impact on whether the child became looked after. For these cases we could not see a coherent model of early intervention and prevention. Services lacked effective coordination and the response seemed crisis led.
- We saw some good examples of working with the young person and ensuring their views were heard.
- In all the cases there was liaison with partner agencies. However, there appeared to be missed opportunities in some cases to work pre-looked after especially with schools and education and therapeutic services given the special needs of these children.

- Only in two of the cases was a FGC held. There were other cases where an FGC might have been useful to help mobilise family and service resources to help the child and family at an earlier stage.
- A range of services were used in the cases and once the child was in care the key services were the quality of the placement and the social work input with the child, family and in managing sensitive issues such as contact.
- All the children initially entered care under Section 76 which was appropriate. For a number of these cases where care proceedings had or were subsequently being initiated we could not see the benefits of this given the continuing engagement of the family and the age of the child.
- There were two cases where vulnerable young people had been placed in supported lodgings/independent living, where this decision appeared to be inappropriate.

### 3.4 General conclusions

- At the point where the children became looked after this was the correct decision and the best way to safeguard their welfare and well-being in all the cases reviewed.
- While in many cases there was discussion about the use of a FGC there were few cases where there was an FGC. FGCs were not used as part of early intervention strategies.
- The weaknesses seen in assessments related in part to the lack of attention to history for the child and the parent. Chronologies were hard to find outside of public law documents.
- Parenting and psychological assessments seemed not to be used outside of public law proceedings.
- Whilst there was some evidence of ensuring the involvement of the children and young people in their planning, there were examples of where this was missing: - the child's voice does not yet appear to be consistently embedded and recorded in practice.
- There was directional supervision in most cases but there were gaps in managers signing off assessments and other key documents. We did not see evidence of reflective supervision on the case files.

## 4 Suggested recommendations

- Strengthen progression of work in pre-birth cases so that where it is clear, following initial assessment, that a substantial intervention will be required, (as it was in all these cases), work starts on parenting assessments and other assessments of the adults as early as possible and should be completed well before the birth due date.
- Review what services could be available for parents who have had children removed at or shortly after birth so that the likelihood of the removal of future children is reduced. The development of the Reflect service helps meet this recommendation.
- Ensure that parenting assessments and psychological assessments are considered as part of the CPR or PLO stage of the case or earlier to enable better judgments to be made about the plan for the child and for the local authority to be more fully prepared at the point care proceedings are initiated.

- Make better use of FGCs in public law proceedings and at the PLO stage so that what the wider family and support system can or cannot provide is understood earlier in the child's journey.
- Chronologies should be present on all cases and developed further when cases enter PLO which will enable social workers to complete a better analysis of the parents and the child including future risks and the capacity for change.
- Review the impact of early interventions to understand whether and where they are making a positive difference, especially with the children and families with the highest needs, and where there are gaps in services or where existing services are not having an impact.
- Work with social workers on improving the consistency of assessments so that they are all 'good'.
- Identify at an early intervention stage and with partners, children not living with birth parents or who are adopted and where there are early signs of difficulty in relationships, and ensure that these children at higher risk of becoming looked after are given priority for services.
- Review how management oversight is undertaken so that there is a clear record of oversight on the cases and that the reflective as well as the directional elements of supervision are recorded.

**Institute of Public Care**  
**January 2018**

## 5 Appendix A: Template

Question	Response	Notes
Case Ref Number		
Date of birth (month and year only) and age of key child		
Gender of key child		
Broader family composition i.e. number of siblings, whether living with Mum, Dad, Step Parent etc.		
History, including of previous referrals / social care episodes / prevention and social care services involved		
Date (month) of referral leading to the latest assessment for this care episode/intervention		
Dates assessment started and completed		
Is the assessment proportionate to the needs?		
Assessed needs of the child and family (in brief)		
Is the assessment strength based and outcome focused?		
Anything missing from the assessment?		
How well does the assessment reflect the information gathered?		
Are families' voices central to the assessment process and content and based on what matters to them?		
What other influences on the assessment are evident and decision making i.e. other agencies?		
Does the plan reflect the needs and risks		

Question	Response	Notes
identified.		
To what extent have social worker decisions been timely once children are in the assessment process?		
What services or supports have been harnessed to meet this child and family's needs? Including the resources of family, friends and community, the social worker themselves, 'in house' resources and the resources of other agencies. Do the resources reflect the assessment and plan?		
To what extent have these interventions and supports been evidence based?		
Have any particular needs been unmet?		
To what extent has the assessment been impactful / resulted in positive well-being outcomes for the child (and family)?		
Child status at the point of coming into care e.g. on a Child Protection Plan or Care and Support Plan? TAF Plan? No service involvement?		
Circumstances including risks and protective factors at the time of their entry into care – are these reflected in the latest assessment		
Date of coming into care		
What were the key factors influencing the decision that they should come into care?		
Was the decision making timely? Were panels or senior managers involved and did partners play a role in the decision making?		
Was there a Family Group Conference or similar kind of meeting?		

Question	Response	Notes
Was there evidence of child's wishes and views contributing to the plan and personal well-being outcomes identified?		
Was the PLO process used and if so how effective was it?		
To what extent were placements with family, friends, relatives explored?		
Was the child and family supported to ensure that if possible the child can return to their family		
To what extent has there been a consistent social worker for this family?		

This page is intentionally left blank



**IPC Recommendations Action Plan  
V1.0 June 2018**

**Appendix 2**

<b>B</b>	Completed
<b>R</b>	A problem needs serious attention and action now
<b>A</b>	Issues are being managed and if addressed should not affect delivery
<b>G</b>	On track, in progress, any minor risks/ issues being managed
<b>NYS</b>	Not Yet Started

<b>IPC recommendations</b>								
	<b>Owner</b>	<b>Due date</b>	<b>Recommendation</b>	<b>Action</b>	<b>Evidence</b>	<b>Update</b>	<b>Last RAG</b>	<b>RAG</b>
1	Mike Lewis SCDWP	May 2018	Strengthen progression of work in pre-birth cases.	<ul style="list-style-type: none"> <li>Strengthening of earlier assessments of pre-birth cases.</li> <li>Establish baby in mind service.</li> </ul>	<u>Longer term</u> reduction in looked after children numbers.	<ul style="list-style-type: none"> <li>Managers routinely tracking progress of assessments through performance data and supervision</li> <li>Task and finish group established to review assessment guidance</li> <li>Baby in mind service launched and will be evaluated in March 2019</li> </ul>	<b>NYS</b>	<b>A</b>
2	DW/ML	April 2018	Review services that are available to parents following the removal of their Children with the aim of reducing the likelihood of this reoccurring.	<ul style="list-style-type: none"> <li>Establishment of regional reflect service.</li> </ul>	<u>Longer term</u> reduction in looked after children numbers.	<ul style="list-style-type: none"> <li>The reflect project started taking referrals in April 2018.</li> <li>Barnardo's were commissioned on a Cwm Taf footprint to deliver the service up and till March 2020.</li> <li>Annual evaluation of the service will be completed by Barnardo's and presented to Early Help and Safeguarding board.</li> </ul>	<b>NYS</b>	<b>G</b>

3 Page 186	JC/EWJ/IM	April 2018	Parenting and psychological assessments to be considered at Child Protection or Public Law Outline stage.	<ul style="list-style-type: none"> <li>Legal services and IRO to be informed of this recommendation and for this to be put into practice.</li> </ul>	<p><u>Short term</u> Timely Assessments evident on children's records.</p> <p><u>Longer term</u> reduction in looked after children numbers.</p>	<ul style="list-style-type: none"> <li>This matter is now being considered at each legal surgery</li> <li>IRO's will routinely consider when making recommendations at case conferences.</li> </ul>	NYS	G
4	JC/EWJ/IM/DW	April 2018	Utilise Family Group Conferencing (FGCs) to assist in developing supportive family networks	<ul style="list-style-type: none"> <li>Establish a family group conference service.</li> </ul>	<p>Families enabled to resolve difficulties.</p> <p>A reduction in referrals to statutory services</p> <p>Less children needing to be looked after</p>	<ul style="list-style-type: none"> <li>Family group conferencing service established.</li> <li>Referral criteria and pathways finalised.</li> <li>Service operational as a three month pilot.</li> </ul>	NYS	G
5	JC/IM		Ensure completion of chronologies within cases	<ul style="list-style-type: none"> <li>Review WCCIS and practice guidance for this area.</li> </ul>	<p>Practitioners have all relevant information to inform, risk assessment and service provision.</p> <p>Better decision making and outcome focused planning.</p>	<ul style="list-style-type: none"> <li>Team managers' have been reminded of the importance of chronologies on each case file and that the case should not be accepted for transfer without a chronology being on file.</li> <li>IT solutions are being explored.</li> </ul>	NYS	A

6 Page 187	DW/IM	May 18	Review the impact early intervention services have to ensure that they are making a difference for children and families	<ul style="list-style-type: none"> <li>Review local model for early intervention services.</li> <li>Research models/examples of good practice in other local authorities.</li> </ul>	<u>Longer term</u> reduction in looked after children numbers.	<ul style="list-style-type: none"> <li>Visits to 3 LA's have taken place.</li> <li>Workshop was held on 21 May 2018.</li> <li>A report will go to the corporate management board in July, with agreed recommendations.</li> <li>The report described above will go to Corporate Parenting Committee in the autumn.</li> </ul>	<b>NYS</b>	<b>G</b>
7	CH/JC/IM		Improve consistency of social work assessments.	<ul style="list-style-type: none"> <li>Implement the children's social care outcome focus practice training programme.</li> <li>Review children's social care risk assessment guidance.</li> </ul>	<u>Longer term</u> Good standard of assessment reports evident on children's records.	<ul style="list-style-type: none"> <li>There will be a revised version of the risk assessment guidance ready for sign off at SMT on the 11<sup>th</sup> July.</li> <li>The revised risk assessment guidance will have an accompanying toolkit available for practitioner use linked to the outcome focused training that has been rolled out across the service.</li> </ul>	<b>NYS</b>	<b>A</b>
8	ML/DW/JC/IM		Identify at an early intervention stage and with partners, children not living with birth parents or who are adopted and where there are early signs of difficulty in relationships, and ensure that these children at higher risk of becoming looked after are given priority for services.	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<u>Longer term</u> reduction in looked after children numbers.	<ul style="list-style-type: none"> <li>Staff within the MASH have been informed of a need to focus resources and support in these types of cases at the earliest possible time and engage Western Bay adoption service to provide support at the earliest opportunity.</li> </ul>	<b>NYS</b>	<b>G</b>

9 Page 188	EWJ	April 18	Review how management oversight is undertaken.	<ul style="list-style-type: none"> <li>• Deliver IPC management and leadership programme.</li> <li>• Develop and training and mentoring programme for team managers and undertake routine audit of supervisions.</li> </ul>	<p><u>Longer term</u> Clear record of oversight of cases on WCCIS.</p> <p>Evidence of reflective supervision.</p>	<ul style="list-style-type: none"> <li>• IPC programme completed.</li> <li>• Management development training programme is being developed.</li> <li>• Supervision audit tool developed and will be carried out on a quarterly basis</li> </ul>	<b>NYS</b>	<b>G</b>
---------------	-----	----------	--	---	---	--	------------	----------