Children's Social Care

May 2022 – Care Inspectorate Wales - Performance Evaluation Inspection November 2022 – Care Inspectorate Wales – Improvement Check ACTION PLAN

| | PRINCIPLE 1 PEOPLE (Pe) | | | | | | | | | | |
|-----|---|--|--|-----------|--|---------------------|------|--|--|--|--|
| REF | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTI ONS | CROSS REFERENCE | BRAG | | | | |
| | Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened | Develop an engagement and involvement framework so children and young people have an opportunity to become meaningfully involved in all aspects of the work of Children's Social Care in Bridgend. | Dep HoS/GM Case Management and Transition/Corpo rate Parenting Officer | March 23 | Number of consultation and engagement activities, events and focus groups have taken place with care experienced children and care leavers including what makes a good parent, what it is like to be 'in care' or 'a care leaver', and identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The outcome of the engagement is informing the priorities of the Bridgend Corporate Parenting Board | 3 Year Plan (V1) | | | | | |

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| | | | | Young People Interview Panels | | |
| | | | | are supporting recruitment | | |
| | | | | Our young people volunteering | | |
| | | | | to be Young Ambassadors with | | |
| | | | | Voices from Care to discuss | | |
| | | | | the future of the Care System | | |
| | | | | in Wales at the Senedd with | | |
| | | | | Ministers and the Children | | |
| | | | | Commissioner for Wales | | |
| | | | | | | |
| | | | | Commissioned a new | | |
| | | | | Specialist Participation Service | | |
| | | | | contracted to run a Care | | |
| | | | | Experienced Forum and a Care Leavers Forum that will both | | |
| | | | | meet monthly from November | | |
| | | | | 22 | | |
| | | | | | | |
| | | | | | | |
| | Finalise and launch recording | Principal | Dec 22 | The Directorate recording | | |
| | guidance for social workers and | Officer | 20022 | guidance has been | | |
| | managers | Training | | reviewed. The review of this | | |
| | managoro | Trailing | | guidance contributes to | | |
| | | | | embedding, in practice, a focus | | |
| | | | | on identifying and supporting | | |
| | | | | 'what matters' to individuals, | | |
| | | | | their carers, children and | | |
| | | | | families utilising their strengths, | | |
| | | | | and hearing and capturing their | | |
| | | | | voices in recording our | | |
| | | | | involvement with them, in | | |
| | | | | shaping their care and support | | |
| | | | | arrangements. The guidance | | |
| | | | | was produced in consultation | | |
| | | | | with staff from across social | | |
| | | | | work and direct care | | |
| | | | | services. Guidance and accompanying documents is | | |
| | | | | | | |

2

| | | Audit implementation and impact of recording guidance for social workers | HoS/Principal Officer Training | March 23 | available on the intranet. Training on recording skills is available for direct care, social work and foster carers. Audit activity will take place 3 months after launch. | | |
|------|--|---|--|--|--|--|--|
| Pe 2 | Limited Evidence of Direct Work | Practice guidance to be reviewed to ensure it reflects the need for practitioners when undertaking assessments to focus on the quality of the child's lived experiences. | HoS/Principal Officer Training | Dec 22 | Practice guidance has been reviewed. There is guidance on listening to and recording the voice of the child, and tools for practitioners to use when undertaking direct work with children and young people available on the children's social care web pages. This area will be strengthened further by the development of 'lived experience of the child' practice guidance. | 3 Year Plan (V2) Review/Audit Plan Review D Rec 5 | |
| Pe 3 | Inconsistent use of chronologies and genograms | Reminder to teams regarding genogram and chronology software and report Provide refresher training to teams on the software and report Review chronology format and underpinning guidance | OP Bus Manager Op Bus Manager/GM Locality hubs | April 22 April/May 22 May 22 Continuous | Completed | Review/Audit Plan Audit B Rec 1 | |

| | | Deliver ongoing programme of training to all new staff Monitor use of chronologies through supervision and audit | Op Bus Manager/GM Locality hubs OP Manager/PO Training OP Manager/PO Training | Continuous | | | |
|------|---|--|---|----------------|--|---------------------------|--|
| Pe 4 | Strengthen business support for practitioners | Review the Business support to practitioners to create the Social Work Support Officer Model and significantly increase capacity for practitioners to concentrate on practice rather than administrative functions | GM Bus Support/Bus Change Prog Manager | April/May 2023 | New SWSO implemented 1st December 2022 Training plan completed February 2023 Implementation and completion of MoU with Team Managers March 2023 Proposed changes to the fostering service business support team -consultation complete Feb 2023 and then advertisement of posts Full implementation and transfer of roles April/May 2023 | Workforce Project Plan | |

| Pe 5 | | Supervision policy and accompanying appendices to be reviewed Draft supervision policy to be consulted on and finalised | PO Training | Dec 22 | Review completed and revised policy has received cabinet approval An external provider has been | Review / Audit Plan Audit C Rec 1 |
|------|---|---|-------------------------|--------|---|---|
| | | Directorate Framework Supervision Policy to be re-launched | PO Training | Dec 22 | commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards | |
| | Variable evidence of management oversight/Quality of supervision | Supervision training to be arranged | PO Training | Dec 22 | Programme is underway and bi-annual audit of supervision will take place to monitor implementation/effectiveness | |
| | | Commission a bespoke leadership and management development programme to support all managers to develop their skills in leading, the development of team culture and practice, coaching and mentoring | Director/PO Training | Dec 22 | Training programme commenced Jan – May 2023 Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice. | |
| | | Implement evidence-based mechanisms to ensure that reflective | Director/HoS/ | | Our QA Framework promotes a learning culture that values critical reflection and access to | |

| | | Focus on wellbeing through implementing a tiered approach to ensure timely and effective trauma informed support to workforce, including through effective line management support, peer support, and timely access to specialist support where needed | PO Training Director/HoS/P O Training | March 23 | both formal and informal learning and development opportunities that will enhance quality champion evidence-based practice and place an emphasis on development and improvement. Our revised supervision policy outlines the core functions of supervision including the requirement to support and attend to staff wellbeing. It also describes how peer support can be facilitated through group supervisions sessions. General and specialist wellbeing support continues to be available for all staff and managers and our approaches are under continuous review to ensure the offer is the best possible | | |
|------|--|--|--|----------|--|---|--|
| Pe 6 | Practice model – implementation of Signs of Safety | Relaunch and set out a detailed implementation plan encompassing for a model of strength-based practice which will have at its core a deep understanding of the dangers and harms to children and effective safety planning to address issues and strongly mitigate risks: | | | Back to basics training is being delivered to teams to introduce the concept of Signs of Safety in readiness for formal implementation of the full model. | Review/Audit Plan Review D Rec 3 | |

| | | Principal Officer to be appointed to lead on the project Implementation plan to be finalised | HoS HoS | Dec 22 | Principal Officer appointed commenced Jan 23 Implementation plan for first phase has been agreed with an appointed signs of safety consultant facilitating sessions with the leadership team to prepare for a service launch in March 23 | |
|-----|---|--|-----------------------------|----------|---|--|
| Pe7 | Review of direct payments scheme | Explore innovative and creative solutions including the use of direct payments and family help services as part of care and support arrangements in children's services teams. | Dep HoS/GM Commissioning | May 23 | Draft policy and strategy document has been engaged on with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments was held on 2/3/23. The feedback from the event will now be reviewed by the project group to ensure that it is reflected in the draft strategy and policy. The Direct Payment Policy will be considered by Cabinet in May 2023 | |
| Pe8 | Consistent offer of a carers assessment | Undertake engagement exercise with carers to explore why carers do not feel that the offer of a carers | Dep HoS/GM Case | March 23 | Following conclusion of the Direct Payments engagement, further | |

| | assessment has consistently been made within Bridgend, and address any barriers to participation | Management, Transition/ Carers Development Officer | | engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy. As an interim measure the manager of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems | |
|--|--|--|--------------|---|--|
| | Novembe | er 2022 – Impro | vement Check | | |
| Continue to work towards ensuring a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities | Workforce strategy to be closely monitored and co-ordinated through the local authority planning group Workstreams the following: • Strategic commissioning of agency staff • Agency to permanent conversions • Re-grading of existing posts • Market supplements • Grow our own/traineeships and secondments/social care apprenticeships • Workforce charters • Enhanced marketing/approaches to recruitment | Director and Workforce Board | Continuous | Fortnightly workforce planning meetings take place to closely monitor the workstreams and their impact. The challenges continue with ongoing reliance on agency staff (and their turnover). Some of the positive impacts will not be achieved until the medium/long terms eg 'grow our own', full team of international recruits etc | |

8

| | | International recruitment | | | | | |
|------|---|--|---------------------------------|-------------|---|--------------------|------|
| Pe10 | Continue to monitor the quality of social care records ensuring recording in relation to siblings, ethnicity, language, religion is strengthened, and a consistent approach taken | Audit tools to be reviewed to ensure these factors are captured and monitored | PO Training | April 2023 | No update currently | | |
| Pe11 | Ensure people consistently feel listened to and treated with dignity and respect | In addition to the engagement and involvement framework for children and young people (Pe1) a Parents Charter to also be developed | HoS | Sept 2023 | Discussions are underway regarding a regional charter being developed with input from a third sector advocacy provider | | |
| | | PRINCIF | PLE 2 – PREV | ENTION (Pr) | | | |
| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTI ONS | CROSS REFERENCE | BRAG |
| Pr 1 | Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the | A Workforce Plan has been developed for Children's Social Care (CSC) areas of development includes: Review of skill mix in CSC to develop workforce plan Develop a revised business case for the Bridgend 'Grow our own Social Work Programme' | Director/ Workforce Board | March 23 | Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23. 4 social work trainees have been recruited and have commenced the BSc social | | |

| complexity of needs of children and families, and workforce challenges | | | | work programme (as above). Trainees are super- numery staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Childrens teams Further funding has been agreed for 8 trainee/secondees in the 23/24 academic year. | 3 Year Plan (W2) 3 Year Plan (W3) | |
|--|---|---|-----------|---|--|--|
| | International recruitment | Director/ Workforce Board | March 23 | A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023. | | |
| | Social Work Charter | Director/ Workforce Board | March 23 | The social work charter is in draft, and workshops have taken place with practitioners and managers to finalise a draft for launch on world social work day 2023. | | |
| | Undertake a review of integrated family support service and family group conferencing, arrangements within Bridgend with a view to determining if this whole family | Head of Children's Social Care/ Head of Education & Family | June 2023 | Our improvement partner will undertake a whole system Childrens services review The project will involve considering services currently delivered in the education, | 3 Year Plan (P7) | |

10

| | opproach can be expended for | Support/CM | social care and wellbeing, | |
|--|------------------------------|----------------|-----------------------------------|--|
| | approach can be expanded for | Support/GM | communities, finance and | |
| | vorking with more families | Family Support | performance directorates | |
| | | | performance unectorates | |
| | | | In addition the following areas | |
| | | | have been progressed:- | |
| | | | | |
| | | | Edge of Care / IFSS | |
| | | | Increase of posts to support | |
| | | | increased demand and prevent | |
| | | | escalation. | |
| | | | Further work has been | |
| | | | undertaken to understand | |
| | | | specific needs within BCBC, | |
| | | | including emotional regulation | |
| | | | and tolerance programmes for | |
| | | | parents, and Family | |
| | | | Connections which focuses on | |
| | | | conflict resolution skills for | |
| | | | whole families | |
| | | | Whole families | |
| | | | A case tracker has been | |
| | | | developed within edge of care | |
| | | | services / IFSS to monitor | |
| | | | timescales and reduce drift. | |
| | | | This is used as a supervision | |
| | | | tool | |
| | | | Commissioning further staff to | |
| | | | be trained in 'train the trainer' | |
| | | | evidence-based parenting | |
| | | | programmes so numerous | |
| | | | groups can run simultaneously | |
| | | | to offer support to parents. | |
| | | | Family Group Conferencing | |
| | | | | |
| | | | Since October 2022 the LA has | |
| | | | committed to funding FGC's for | |

| | | Develop an updated commissioning strategy for family support services and interventions to ensure the optimal range of commissioned and Council provided services to meet the needs and interventions set out in care and support and child protection plans | GM Commissioning/ Contract Monitoring Officer | June 2023 | all families who are open to statutory services for at least 3 months The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to embedded for the longer term. The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up A priority focus of the planning group is family support services and intervention A BCBC Strategic Commissioning Plan, is currently being drafted this will be presented to Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services | 3 Year Plan (S1) | |
|-----|--|--|---|-----------|--|--|--|
| Pr2 | Missed opportunities to thoroughly explore and mitigate risk and a lack of | Raise awareness of the need for practitioners to exercise professional curiosity in their practice, applying critical evaluation to any information | | | | Review /Audit Plan Audit B Rec 2 | |

| professional curiosity | they receive and keeping an open mind: • Back to Basics Training to be arranged | PO Training | March 23 | Ongoing programme of Back-to-Basics Training is in place with dates scheduled through to March 2023. Back to Basics Training is mandatory. | |
|---------------------------|--|-------------|----------|---|--|
| | Mandatory Professional curiosity training to be arranged | PO Training | March 23 | 8 Professional curiosity training courses have taken place this year with two further courses scheduled for Nov and Dec 22. | |
| | Signs of Safety Training to be arranged. | PO Training | March 23 | Signs of Safety training to commence from Jan 23. | |
| | Review QA evidence of training | PO Training | March 23 | Training activity is evaluated initially at engagement with and reaction to an individual event. How learning has been transferred by an individual into their role and how new skills and knowledge have been used are less tangible and harder to measure. Discussion within supervision and performance data are mechanisms used to gauge the wider impact of learning | |

| | | | | | on the individual and the organisation | | |
|------|---|--|---|----------|--|----------------------------|--|
| Pr 3 | Placement sufficiency and support | Complete the establishment of the children's assessment hub at Brynmenyn, reviewing the model to ensure the right multiagency therapeutic input including access to psychological assessments where required. | HoS/GM Placement and Provider Services | March 23 | Prior to opening, a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose. Radical reform funding from WG has also been granted for us to commission a MYST for fostering and residential care | 3 Year Plan (S2) S3) | |
| | | Working with regional partners ensure there is sufficient quantity and quality of flexible provision for children who's needs cannot be met in standard residential or fostering provision. | HoS/GM Placement and Provider Services | March 23 | The regional children's programme board has established an accommodation workstream which is driving the development and bids for associated funding for specialist provision. | (S4) | |
| | | Develop a commissioning strategy for the provision of accommodation, care and support services for children with disabilities, working closely with education and health partners to ensure integrated models for short and long-term care provision | Dep HoS/GM Placement & Provider Services/ GM Commissioning/ Contract Monitoring Officer | March 23 | The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up. A priority focus of the planning group will be support services for children with disabilities and accommodation options for children and young people | (S5) | |

| Develop a commissioning strategy with key partners to meet the accommodation, care and support needs of care experienced children and young people and care leavers | Dep HoS/GM Case Man & Transition/GM Placement & Provider Services/GM Commissioning/ Contract Monitoring | March 23 | See above | (S6) | |
|---|---|----------|--|------|--|
| Work with national and regional partners through the National Fostering Framework to increase the numbers of Bridgend foster families, including carers who have additional skills and experience in caring for children who would otherwise require residential care, or are transitioning from such provision. The work to increase the numbers of Bridgend foster carers should consider the most effective recruitment and retention strategies as well as the range of support for foster carers from the Council. | HoS/GM Placements and Provider Services | March 23 | There are several targeted recruitment activities for the year utilising online marketing combined with showcasing events that promote both retention and recruitment. These include, recognition awards,3 days of scheduled events within the community to include visits to schools, leaflet drops and speaking with local businesses. Attendance at school summer fetes and delivering presentations to teaching staff. There has been success with online marketing - 6.9K views of the Christmas recruitment video. A range of other promotions including local advertising, linking with local radio and | | |

| | | Await outcome of MYST bid to Welsh Government | HoS/GM Placements | Continuous | other targeted promotional aids are planned We currently have 8 prospective carers being assessed and we have been approached by kinship carers, in accordance with our new financial policy – to be assessed under Form F with a view to providing respite placement See above | | |
|------|---|--|----------------------------|------------|---|---------------------------------------|--|
| | | | and Provider Services | | | | |
| Pr 4 | Accessibility of information, advice and assistance | Undertake a review of the MASH /IAA team structure, duties and responsibilities and consideration of the resources required to strengthen these arrangements to ensure that the safest decisions are being made in response to concerns shared with the department and that staff are working in an environment which enables them to be the best practitioners they can be: | Dep HoS/GM Safeguarding | March 23 | Draft review document produced for consideration | Review/Audit Plan Audit A Rec 1 | |

| | | Review operating model and resource implications Implement IAA focussed improvement plan | Dep HoS/GM Safeguarding | Ongoing | and presented to CMB. Final report to be produced on options and resource implications by Dec 22. IPC are progressing with this review, their draft report due February 2023 IAA focused improvement plan is in place and is updated 6 weekly and reviewed regularly in silver meetings Workforce project being progressed by CSC workforce project IAA focused plan implemented and continues to be reviewed 6 weekly and shared in silver | | |
|------|--|--|----------------------------|---------------|---|---------------------|--|
| Pr 5 | Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems | Commission a programme of independent detailed Quality Assurance to provide a thorough assessment of the strengths and areas for development in Bridgend Children's Social Care services to inform the practice development programme, and the Council, and partnership quality assurance programmes | HoS/PO Training | Dec 22 Jan 23 | Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board | 3 Year Plan (P4) | |
| | | | | Jan 23 | Review completed | | |

| | | Directorate QA framework to be reviewed | PO Training PO Training | Dec 22 | Q and A activity will be reported to the Directorate | Review/Audit Plan | | | |
|-----|---|---|-----------------------------|-----------|--|----------------------|--|--|--|
| | | Draft QA framework to be consulted on and finalised | 1 O Hailing | | performance meeting chaired by the statutory Director | Audit A Rec 2 | | | |
| | | Directorate QA Framework to be relaunched | Director | March 23 | Internal audit and review of the framework and its impact will be carried out 12 months after implementation Team based facilitated briefing sessions have been rolled out across the Directorate. An implementation group has been established. Teams are testing out the new audit tools within WCCIS. A formal launch of the framework will take place in March 23. A Quality assurance officer post is being recruited to in order to coordinate this work | | | | |
| | November 2022 – Improvement Check | | | | | | | | |
| Pr6 | Continue to closely monitor the position of children's social services and early help services to | Bronze Silver and Gold meetings will continue to take place to ensure situational awareness and the required corrective actions are implemented in a timely way | Director/HoS/D eputy HoS | June 2023 | Bronze silver and gold meetings are taking place as indicated where comprehensive | | | | |

| | ensure any indicators of risks to achieving and sustaining improvement and compliance with statutory responsibilities, and pressure/ gaps in service provision are quickly identified and the required action is taken | | | | data/dashboards are presented by every part of the service. In addition, monitoring and analysis of cross directorate activity and performance is monitored by the shared dataset that is presented at every EH and SG Board meeting | |
|-----|--|--|---------------------|------------|---|--|
| Pr7 | The local authority should ensure systems are in place to provide all staff, with up-to-date information regarding availability and accessibility of early help services and records relating to intervention of early help services | | GM Early Help | | The Early Help web pages on the BCBC website were updated in august 2022 to improve awareness of services available to support children and families. These pages are regularly reviewed to add new services or resources that may assist children, families, and professionals | |
| Pr8 | Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, | Children's commissioning strategy to be finalised which will include placement/sufficiency | GM Commissioning | Continuous | Children are only placed unregistered services in exceptional circumstances and when this does happen the arrangements are closely monitored and reported to CIW for consideration by their enforcement panel. | |

| | registered placements | | | | The process of developing a BCBC Strategic Commissioning Plan, which will be drafted by end of March and taken into Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services A key element of the plan will be the updating of the Placement Sufficiency Strategy – which will be a standalone document with the key findings included in the above strategic plan | | |
|-----|--|---|-------------|-------------|---|---|------|
| | | PRINCIPLE 3 – PAI | RINERSHIP | AND INTEGRA | (HON (PI) | | |
| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTI ONS | CROSS REFERENCE | BRAG |
| | Inconsistent thresholds and standards of practice | Back to basics training to be arranged with the intention of building a strong foundation on which we can further develop, enhance, and reflect on social work practice within the safeguarding arena In addition to the back to basics training an overarching training programme will include the following: | PO Training | March 23 | A programme of core and specialist training is ongoing covering Back to Basics and subject specific courses as listed above. | Audit Plan/Review Review D Rec 1 3 Year Plan (P5) (Pe6) | |

| | | development, decision making processes, training and development | | | | | |
|------|--|--|---|------------|---|---------------------|--|
| | The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children's services and the many developments taking place/planned to take place | Work through Regional Safeguarding Board structures to ensure most effective partnership arrangements, and ownership of improvements required within Bridgend Social Care services | Director/HoS | Continuous | Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A follow up summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. There is strong accountability and oversight exercised through the CTM Regional Safeguarding Board, its Executive Steering Group and its subgroups. | 3 Year Plan (B1) | |
| Pi 3 | Share learning from audits and reviews with staff and partners | Ensure that learning from Child Practice Reviews and other in-depth analysis is systematically embedded through learning, training and development and follow up quality assurance and review This will be undertaken through the work of the Regional Safeguarding Board subgroups and development of | GM Safeguarding &IAA/ Principal Officer Training | Continuous | Learning from Child Practice Reviews is incorporated into relevant training courses. Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports Published. | 3 Year Plan (P6) | |

| | | the operational ways of working within Bridgend Children's Social Care | | | Three practice learning events in relation to Child T took place in dec 2022. Further dates for learning events from any reviews/audits will take place upon their completion. | |
|-----|--|--|-----------------------------|--------------|---|--|
| | | Novembe | er 2022 – Impro | vement Check | | |
| Pi4 | Ensure clarity and consistency of thresholds for access to early help and statutory services. The local authority must prioritise this work to ensure children and families access the right support at the right time and ensure smooth access to services, and where required smooth transition between early help / preventative and statutory services | Our improvement partner will undertake a whole system children's services review | Director/Head of Service | June 2023 | The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance, and performance directorates, and it will address key questions in the following areas: Whether front door arrangements and pathways protocols and systems can be more effective in delivering outreach, assessment, referral, signposting, and support for families. This will include whether there should continue to be multiple front doors for children, families, and professionals for IAA Whether and how more effective joint working across Directorates can be achieved at each levels of the continuum of need above. | |

| | | | | | Whether more can be done to deliver and co-ordinate services in locality hubs and clusters to better support schools and other universal services Whether Council resources are best targeted and will meet future demand Whether commissioning and joint work with partners can be improved | | | | | |
|-----|--|--|------------------------|------------|---|---------------------|------|--|--|--|
| | PRINCIPLE 4 – WELLBEING (W) | | | | | | | | | |
| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTI ONS | CROSS REFERENCE | BRAG | | | |
| | Further work is required to improve the timeliness of meeting statutory responsibilities | Enhance the use of business intelligence within children's social care teams through live performance dashboards which promote safe and effective practice, management oversight and decision making | GM Business Support | March 2023 | A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. | 3 Year Plan (B4) | | | | |

| | | | | | arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements Performance management mechanisms have been improved and routine meetings in place with the Director to review progress against plans | |
|----|------------------------------------|--|--|----------|--|--|
| W2 | Facilitation of supervised contact | A review of the current supervised contact arrangements to be undertaken to ensure that it meets the needs of those who require this provision | GM Case Management & Transition/GM Locality Hubs/Contract Monitoring Officer | March 23 | A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23. In the interim the group manager is monitoring the demands placed on staff to | |

| | | | | | undertake supervision of contact and deploying resource to support the teams | | |
|----|---|---|--|------------|--|---|--|
| W3 | Consistent high quality written records | Review of the recording policy, and the chronology functionality within WCCIS to ensure every child has an up-to-date version on their record | Policy Officer | March 23 | The guidance on the use of chronologies has been included in the revised recording policy. | Audit/Review Plan Review D Rec 5 | |
| | | Foster carer recording guidance and associated training to be reviewed | GM Placements and Provider Services | March 23 | Fostering Policy and procedures have been reviewed and updated, the PO will work with the Policy Officer to progress approval of the policy framework. Working groups have been set up and SCDWP officers will facilitate a review of foster carer training. | (Pe1) Audit/Review Plan Review D Rec 5 | |
| | | Audit implementation and impact of recording guidance for social care staff | Policy Officer | Continuous | Policy Officer appointed and has commenced a review of policies /guidance across Childrens Social Care | | |
| W4 | CSE and CCE – strengthen interventions and mapping | Regional Safeguarding Board Exploitation Steering Group to be set up | Director/HoS | Dec 22 | The regional steering group is established, and the Group Manager for Development and Improvement is engaged in this area of work. | See W7 below | |

| | | Interim local tool, together with practice guidance notes has been developed | GM Locality Hubs/GM Safeguarding and IAA | | A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training | | |
|----|--|---|---|--------|--|---|--|
| W5 | First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight | Review and re-launch the newly qualified social worker 'Supporting your first three years in practice' framework, to ensure that all newly qualified social workers are supported through transition from graduate to newly qualified social worker | HoS/Principal Officer Training | Dec 23 | The programme has been reviewed and revised. 14 NQSW's (including agency workers) commenced the programme in October 22. All NQSW's are required to complete a mandatory training pathway and an additional development programme. This includes reflective learning on areas relevant to social workers in both Adult and Childrens Social Care NQSW's will have: | 3 Year Plan (W6) (W7) (W8) (W9) | |

| | | | | Support from a mentor based within their team Reflective professional supervision by a qualified social worker. Weekly for the first four weeks then every 4 weeks for the remainder of their first year in practice. | Audit/Review Plan Review D Rec 2 | |
|---|---|-------------------------|---------------------|---|---|--|
| | Novembe | er 2022 – Impro | vement Check | | | |
| Performance indicators in relation to timeliness of meeting statutory requirements - maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities | Performance framework and associated monitoring mechanisms to be embedded across the Directorate | Director/GM Business | Continuous | A Performance framework is in place and ensures that monitoring takes place through the regular meetings with the Director and Heads of Service and scrutiny by the Improvement Board | | |
| Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency | Regional exploitation strategy to be finalised and implemented Local referral pathways and practice toolkits to be consistently implemented across all teams | GM Practice improvement | Dec 22 June 2023 | Regional exploitation strategy has been signed off A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway | (see W4 above) | |

| | | A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training | |
|--|-----------|---|--|
| Exploitation prevention panel to be established | June 2023 | The concept of the Exploitation Prevention Panel has been presented to partners; further work is ongoing to develop the Terms of Reference for the Panel which will meet monthly, The first Panel meeting is scheduled for May 2023 | |
| Workforce | June 2023 | 2 senior practitioner posts have been appointed in March 2023 one to be based in the IAA and one in the localities. These officers will be responsible for screening. A Social work support officer role is being developed for advert to support the exploitation lead and 2 senior practitioners in this area of work | |
| Ensure on-going training and support from lead practitioners | June 2023 | Training – all teams have been trained in the use of the screening and assessment documents, a presentation to all teams on the BCBC exploitation strategy was completed in Nov 22 | |

| | | | | | A further half day training on exploitation and direct intervention will be supported by SCDWP and delivered to the Youth Justice team, as well as Education and Family Support colleagues together with Social Care staff to ensure that there is a common understanding of how services manage exploitation | |
|----|--|---|---|-----------|---|--|
| W8 | Closely monitor contact arrangements for children and their families | Conclude the review of existing arrangements and underpinning resources Implement recommendations of the review | GM Case management and transition | June 2023 | Short term – a report went to CMB in November 2022, the recommendations in this report were implemented and alleviated some of the short-term pressure. Long term- This is part of the review by IPC currently awaiting final report. | |