

# Bridgend County Borough Council Director of Social Services

## Annual Report 2013/14



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# Part One Overview and Summary

## Introduction to Bridgend

Welcome to the Statutory Director of Social Services' Annual Report for 2013-2014. This report provides an overview of how well we are delivering our social care responsibilities. The report is not intended to be a comprehensive description of all the services we provide but aims to highlight the progress we have made during 2013-2014 and sets down the improvements that are needed in 2014-2015.

This report is in four parts. The first part is an overview and summary which sets the context for Bridgend during 2013-2014, summarises the main achievements and clarifies the priorities for 2014-2015. The second and third sections provide more information about the two main service areas of adult social care and safeguarding and family support. A series of service reports, national and internal indicators, inspection and audit reports were used to compile this report and these have been made available to the Care and Social Services Inspectorate for Wales (CSSIW). The fourth section is the glossary of terms.

In November 2013, the Council finalised all the appointments of the new corporate management board for Bridgend County Borough Council, ensuring clear accountability and responsibility at senior level. The Corporate Director of Wellbeing is the Statutory Director of Social Services and the Corporate Director for Children is the Statutory Director of Education and the Lead Director for Children. As the social care functions for children and adults are located within different directorates, a [protocol](#) has been set out in order to clarify the different statutory roles and the expectations between the Statutory Directors and with the Head of Safeguarding and Family Support. At the point of writing this report, the recruitment process for the Head of Adult Social Care is underway.

Social Services in Bridgend aims to provide a range of support and services that are responsive and proportionate to need whilst also ensuring that children and adults are safeguarded and protected from harm. We are also working to ensure that social services support the delivery of the Council's [Corporate Plan for 2013-2017](#), 'Working together to improve lives'. The key outcomes set out in the Corporate Plan are:

- People in Bridgend County Borough are healthier
- People in Bridgend County Borough benefit from a stronger and more prosperous economy
- People in Bridgend County Borough are engaged and empowered to achieve their own potential
- Bridgend County Borough is a great place to live, work and visit.

The Plan sets out six improvement priorities:

- Working together to develop the local economy
- Working together to raise ambitions and drive up educational achievement
- Work with children and families to tackle problems early
- Working together to help vulnerable and older people stay independent
- Working together to tackle health issues and encourage healthy lifestyles
- Working together to make best use of our resources

The population of the county borough is growing at a faster rate than the Welsh average and, as stated in the Council's corporate plan, it is projected to rise from its current level of just over 139,000 to over 152,000 by 2033. People are living longer and it is predicted that the county borough will continue to see increases in the proportion of older people at the same time as the number of people of working age falls. One in four children in the county borough live in 'low income' households and the number of children living in workless households is above the Welsh average.

The Council provides a wide range of services, including:

- Services to support children, young people and their families, including safeguarding services, fostering and adoption, youth offending and children with disabilities
- Adults' social care which includes services for older people, people with disabilities and people with mental health conditions, safeguarding services and contract and commissioning
- Joint health and social care services, provided together with Abertawe Bro Morgannwg University (AMBU) Health Board, to make provision more seamless and cost effective.

During 2013-2014, safeguarding and family support teams worked with 2548 children and their families. This includes all children the teams worked with over the year regardless of whether they were children in need, looked after children, children on the child protection register, care leavers or a combination of any categories. As at 31<sup>st</sup> March 2014, there were 179 children on the child protection register and 412 children were looked after.

In adult social care, 4456 people were supported (in the community), of these 28% were between 18 and 64 and 72% were over 65. 329 people received a reablement service, 1909 people received a telecare package, whilst 765 people were supported in long term care (residential).

### **Current work Context**

The Western Bay Health and Social Care Collaboration Programme was established in January 2012. The principle objective of this programme is to work across boundaries to progress the integration of health and social care in the context of both the financial and demographic challenges. Good progress has been made and, in 2013-2014, the Collaboration has reached the point where new service delivery will be implemented. The main projects that report into the programme are learning disabilities, mental health, community services and adoption. In addition there are a range of other existing collaborative ventures which form a second tier to the programme including:

- Regional safeguarding
- Integrated contracting and procurement
- Integrated family support services (IFSS)
- Supporting people
- Area planning boards (substance misuse services).

The Social Services and Well-being (Wales) Act brings together local authorities' duties and functions in relation to improving the wellbeing of people who need care and support and carers who need support. The Act provides the statutory framework to deliver the

Welsh Government's commitment to integrate social services to support people of all ages, and support people as part of families and communities.

The Council has a significant change programme and, for social services, this means a transformation of the way we currently deliver our services, primarily through promoting people's independence to give them a stronger voice and control. Work is already well on the way in these areas and progress has been reported in previous annual reports. The progress made in 2013-2014 and the priorities and key objectives set out for 2014-2015 take account of the key elements of the Act.

As part of the transformation programme, the Director of Social Services is currently developing a communication and engagement plan to ensure that stakeholders can be given the opportunity to be involved in the development and implementation of a new way of working across health, social care and wellbeing. The plan will be targeted at internal and external partners, current and future service users and carers and staff across the whole of the Council as well as commissioners, social work teams and internal providers. The objectives of the communication and engagement plan are:

- To achieve a shared understanding of what will be done and why
- To ensure all stakeholders know what is happening, when it will happen and how it will affect them
- To agree a set of consistent statements as the core of all communication and briefings.

**Achievements in 2013-2014**

Overall progress in 2013-2014 was generally good and some of our positive outcomes for children included:

- Families who have chronic and complex difficulties benefitted from multi agency network hubs
- Vulnerable young people aged 16-25 received support in a range of areas including housing, personal development, education and training from the newly created 'Just@sk+' integrated service
- Parents were able to access parenting programmes to help them support their children's different behaviours
- Pre-school children had improved outcomes through the expansion of the Flying Start provision

Outcomes for adults included:

- More people in the county borough received telecare packages increasing their ability to remain independent
- People with dementia were given skills to help them remain independent in their own homes
- People received joined up support from integrated health and social care teams though a single point of access
- Advice and support was provided to those who needed it through a new Third Sector brokerage scheme with British Red Cross
- Adults with a learning disability were supported to be more independent through the full implementation of a progressive model of support.
- People with mental ill-health were supported through a primary mental health service which is part of the Mental Health Measure 2010
- The production of a Carers Information and Consultation Strategy has helped carers in their caring role

**Challenges and priorities for 2014-2015**

All public services in Wales continue to face significant financial challenges. The Council has produced a Medium Term Financial Strategy (MTFS) to respond to these challenges, however, every effort has been made to ensure that our front line services can continue to be effective and therefore continue to meet the needs of the most vulnerable in our community.

There is the potential of a continued increase in the number of Looked after Children. It is crucial that the Council is able to effectively support vulnerable children, young people and their families by developing high quality early intervention and preventative services, including multi- agency locally based support. There are also increasing numbers of more complex and severe needs amongst families.

For adults, the biggest challenge is the demographic and financial pressures. If adult social care does not change how services are delivered, we will not be able to meet the challenges brought about by high public expectations, a reducing budget and a population that is both older and has more complex health needs. A competent and skilled workforce is required in order to deliver on the significant change agenda whilst there must remain an emphasis on continuing to safeguard people.

To meet the challenges set out above, the key priorities for 2014-2015 are set out in the respective business plans and are as follows:

- Children**
- Bring services together via community hubs to help children, young people and families to tackle their problems at the earliest opportunity
  - Work with parents and carers to ensure that children thrive
  - Work with families and partner agencies to ensure that families receive the help they need at the earliest opportunity to meet their needs
  - Continue to support learning for the very young and build on the success of the Flying Start initiatives by extending it to three new areas of the county borough.

- Adults**
- Work with partners across the Western Bay region to enable better outcomes for older people and people with learning disabilities and mental health conditions
  - Work with service users, carers and partners, including the third sector, to develop services in a way which support people to remain independent for longer and only access statutory services when absolutely necessary
  - Provide support to carers to enable them to continue in their caring role
  - Work with partners to develop a range of accommodation options for vulnerable and older people who need help to achieve or sustain independence
  - Ensure the needs of older people are recognised when designing community based activities and opportunities

## Financial sustainability going forward

The financial climate facing all public sector bodies in Wales is a challenging one, with local authorities needing to make significant cash savings in an environment of increased public demand for Council services, particularly social services for both children and adults. The Council's Budget Strategy process, which set out a Medium Term Financial Strategy (MTFS), identified savings for Children and Adults Social Services of £512k and £685k respectively, in-year against net budgets of £19,395m and £41.095m. Set against these savings, the Council recognised the significant demographic and service demand pressures facing each of the services and it was in this context that budgetary pressures of £400k and £1,293k were allocated. The additional budget was to meet:

- Increased numbers of looked after children - £400k
- Rising numbers of older people - £415k
- Increase in demand for direct payments - £550k
- Loss of income as a result of the Fairer Charging Cap - £253k
- Increased National Non Domestic Rates (NNDR) commitments - £38k

The following table sets out the year's budget:

|  | Gross Expenditure<br>£m | Income<br>£m   | Net Budget<br>£m |
|--|-------------------------|----------------|------------------|
| <b>ADULT SOCIAL CARE</b>                                     |                         |                |                  |
| Support for people living at home                            |                         |                |                  |
| • Home care  | 9.93                    | - 1.45         | 8.48             |
| • Supported Living Schemes                                   | 5.91                    | - 1.76         | 4.15             |
| • Direct Payments, Meals at Home, Equipment and Adaptations  | 3.33                    | - 0.33         | 3.00             |
| Support for people in the Community                          |                         |                |                  |
| • Residential & Nursing Care - Long Term & Short Term Breaks | 19.84                   | - 7.37         | 12.47            |
| • Day Care/other services                                    | 9.00                    | - 3.01         | 5.99             |
| Assessment and Care Management                               | 4.84                    | - 0.61         | 4.23             |
| Support Services and Central costs                           | 3.32                    | - 0.55         | 2.77             |
| <b>ADULT SOCIAL CARE - TOTAL</b>                             | <b>56.17</b>            | <b>- 15.08</b> | <b>41.09</b>     |
| <b>SAFEGUARDING AND FAMILY SUPPORT</b>                       |                         |                |                  |
| Children Looked After  | 11.94                   | - 0.95         | 10.99            |
| Family Support Services/Youth Justice Services               | 4.23                    | - 2.37         | 1.86             |
| Commissioning and Social Work                                | 3.72                    | 0.57           | 4.29             |
| Other Children's services and Management and Support         | 2.26                    | - 0.01         | 2.25             |
| <b>SAFEGUARDING AND FAMILY SUPPORT - TOTAL</b>               | <b>22.15</b>            | <b>- 2.76</b>  | <b>19.39</b>     |

Within Children's Safeguarding and Family Support, the end of year position was £20,288k: an overspend of £894k which related mainly to costs associated with looked after children. Adult Social Care achieved a small underspend of £110k through a range of actions, including holding staff vacancies, re-negotiating service contracts and limiting cross-service expenditure.

|                                 | Budget<br>£m | Outturn<br>£m | Over/(Under)<br>spend £m |
|---------------------------------|--------------|---------------|--------------------------|
| Adult Social Care               | 41.09        | 40.98         | - 0.11                   |
| Safeguarding and Family Support | 19.39        | 20.29         | 0.90                     |
| <b>TOTAL</b>                    | <b>60.48</b> | <b>61.27</b>  | <b>0.79</b>              |

## Safeguarding

The focus on safeguarding children and adults so that they are protected from harm and abuse wherever possible, remains a core element of the work of social services. 2013-2014 has seen the development of two regional safeguarding boards, one for children and a separate one for adults. The aim of the Safeguarding Children's Board is:

- To protect children who are experiencing, or are at risk of, abuse, neglect or other kinds of harm
- To prevent children from becoming at risk of abuse, neglect or other kinds of harm

The aim of the Safeguarding Adult Board is:

- To protect adults who have needs for care and support and are experiencing, or are at risk of, abuse or neglect
- To prevent those adults from becoming at risk of abuse or neglect.

Although it is still early days in the work of the regional boards, we have already seen the benefit of more effective multi-agency communication with practitioners across Bridgend, Neath Port Talbot, Swansea and the ABMU Health Board. Both boards have set up websites to inform, and share information with professionals and the public about the work of the board.

In both children's and adult services, there has been continued training delivered to improve practice with a focus on ensuring effective communication with practitioners and the opportunity for lessons learnt.

## Workforce Management and Development

The Council's workforce priorities have focussed on ensuring the workforce remains fit for purpose and able to deliver the right services as efficiently as possible. The combined social care workforce for Bridgend Council comprises 1,248 staff, which is made up of 1016 staff in Adult Social Care and 232 positions across Children's Services. As at 31<sup>st</sup> March 2014, there were a total of 141 social workers employed in Bridgend County Borough Council.

Recruitment and retention of social workers has been closely monitored and in safeguarding and family support teams there were more starters (28) than leavers (23) and in adult social care there have been 8 starters and 5 leavers.

The areas of strength for this past year can be summarised as:

- The implementation of the new pay and grading scheme
- Implementation of the national Career Pathway for Social Workers
- Recruitment to all posts at Director level including statutory Director of Social Services



- Arrangements established to clarify roles and responsibilities for social services functions
- Appointment of newly qualified workers and improved vacancy levels in Safeguarding and Family Support
- Additional capacity in Commissioning and Contract Monitoring in Adult Social Care
- Improved appraisal levels

A recruitment and retention project has been established to develop strategies to tackle recruitment and retention issues. The project group, comprising managers from the Safeguarding and Family Support service and corporate staff from Human Resources, Communications and Marketing, is sponsored by the Head of Safeguarding and Family Support. This project reports to the Children's Strategic Improvement Board which is chaired by the Corporate Director of Wellbeing in her capacity as the Director of Social Services.

The actions undertaken to date have concentrated on filling vacancies, such as:

- Having a rolling programme of advertising
- Meeting with hosted students in their final year
- Exploring secondment and flexible working options.

The project has work streams identified which will concentrate on key priority areas of work. These include continuing efforts around recruitment and also concentrating on actions aimed at retention, such as:

- Workforce development
- Raising the profile and communications
- Workforce information and benchmarking
- Caseload management and skills mix
- Exit interviews.

Lead officers, milestones and timescales are being identified for the agreed actions, which will be monitored regularly at project board meetings and at the Strategic Improvement Board.

The need to reduce levels of sickness remains a high priority and has continued to be monitored closely at directorate level, Corporate Management Board, the Corporate Performance Assessment and at Scrutiny Committees. Safeguarding and Family Support have seen an increase in the average days lost per (FTE) employee of 14.57 to 14.97, whereas Adult Social care has seen some improvement from 17.66 to 16.29. However the figures remain a cause for concern.

The Council remains committed to the promotion and achievement of a qualified and appropriately skilled workforce. The training and development team continues to work in partnership with the independent sector and supports the whole care sector within the county borough to receive the appropriate qualifications and skills required for the job that they do. In order to achieve this, the partnership working with local training providers is crucial and in 2013-2014, 71 staff across the care sector was supported to register for Qualification Credit Framework (QCF) Diplomas through an apprenticeship funding scheme which enables learners to evidence essential skills in the workplace as part of their award.

- A further 12 staff have been enrolled on vocational qualifications supported by the Social Care Workforce Development Programme.
- 23 Newly Qualified Social Workers are undertaking their first year in practice -18 of whom are based within Safeguarding and Family Support. They are being supported via a group based mentoring programme facilitated by Consultant Social Workers and Senior Practitioners.
- Coordination and planning for the provision of 34 Practice Learning Opportunities (PLOs) for student social workers over the course of the academic year.
- Bridgend is part of Consortiwm Y De, a partnership between the University of South Wales, Cardiff Metropolitan University and ten local authorities in the SE Wales region. The partners have worked closely together to develop a programme of work and college based learning to consolidate and extend Newly Qualified Social Workers (NQSWs) knowledge, skills and practice since qualifying. 10 social workers have registered to undertake the Consolidation Programme this academic year, the first cohort commenced in September 2013.
- Five social care staff employed by Bridgend have completed a qualifying award in Social Work to support their personal and professional development. And 16 social workers working across Adult Social Care and Safeguarding and Family Support have completed post-qualifying modules of study at Partner Universities.

## Representations and Complaints

Social services aim to provide an efficient and effective complaints service to service users, their carers and relatives. Bridgend's Social Services Representations and Complaints Procedure is delivered in accordance with statutory requirements and in line with Welsh Government's current guidelines "Listening & Learning".

The table below shows representations and complaints statistics for 2013-14 plus with a comparison with 2012-13 which shows an increase in early resolution and a decrease in the formal stages:

|                               | Informal (resolved within 24 hrs) |            | Stage 1  |           | Stage 2  |          | Stage 3  |          | Corporate Complaints |          | Compliment |            |
|-------------------------------|-----------------------------------|------------|----------|-----------|----------|----------|----------|----------|----------------------|----------|------------|------------|
|                               | 2012 /13                          | 2013 /14   | 2012 /13 | 2013 /14  | 2012 /13 | 2013 /14 | 2012 /13 | 2013 /14 | 2012 /13             | 2013 /14 | 2012 /13   | 2013 /14   |
| Adults                        | 38                                | <b>51</b>  | 29       | <b>18</b> | 1        | <b>0</b> | 0        | <b>0</b> | 0                    | <b>2</b> | 85         | 141        |
| Safeguarding & Family Support | 67                                | <b>93</b>  | 15       | <b>13</b> | 1        | <b>0</b> | 0        | <b>0</b> | 1                    | <b>0</b> | 64         | 29         |
| Finance                       | 2                                 | <b>1</b>   | 0        | <b>5</b>  | 0        | <b>0</b> | 0        | <b>0</b> | 0                    | <b>0</b> | 10         | 1          |
| <b>Total</b>                  | 107                               | <b>145</b> | 44       | <b>36</b> | 2        | <b>0</b> | 0        | <b>0</b> | 1                    | <b>2</b> | <b>159</b> | <b>171</b> |

A range of leaflets relating to complaints and compliments are available in various formats to make them user friendly and suitable for the varying needs/abilities of service users and carers, including children, young people and individuals with learning disabilities. These leaflets are also available in Welsh. The plan to produce bilingual complaints forms has been put on hold until details of the outcome of the consultation and review by Welsh Government of the social services complaints procedure is known.

This is also the case in terms of reviewing and updating general complaints information leaflets.

All complainants continue to be provided with a feedback questionnaire entitled “Improving the Way we Handle Complaints” (formulated and provided in accordance with Welsh Government Guidelines “Listening & Learning”). The questionnaire is designed to obtain views from complainants in relation to the handling of their complaints, and not in relation to the outcome of their complaint. Return rates are, unfortunately, low, however all feedback received is taken into consideration and is also included in the Social Services Representation and Complaints Annual Report.

The Council is committed to promoting equality and fairness to ensure that services meet the needs of individuals. An Equalities Monitoring Form is therefore provided to complainants for their completion. The data generated and collected is received and monitored centrally and is not accessed by the complaints office. The service strives to ensure that there are always lessons learned from complaints and actions taken as a result

During 2013-14, arrangements were made to review and update the complaints database. This work is ongoing which will update the system to reflect the new teams that are now in place, in particular the new Integrated Community Network Teams. This will ensure that management reports will be accurate.

### **Leadership and culture**

The Council is made up of 54 elected members who represent the community and make decisions about priorities and use of resources. The political administration comprises as follows:

- 39 Labour
- 4 Independent Annibynwyr
- 1 Plaid Cymru
- 1 Conservative
- 6 Independent
- 3 Welsh Liberal Democrats

The Council has published its Corporate Plan 2013 -2017 which contains six improvement priorities. It provides information on the outcomes we wish to achieve and the main actions that will be taken to do this. Supporting the plan, are annual directorate business plans and service delivery plans, which contain the detail, actions, milestones and measures. The Corporate Management Board monitors the progress against the corporate priorities on a monthly basis.

Aligned to the Corporate Plan is the Council’s Medium Term Financial Strategy (MTFS) which sets out how the Council will use their resources to support the improvement priorities. The budget planning process that led up to the MTFS included detailed analysis of the funding associated with service delivery and related corporate objectives. This has enabled Members to take more informed decisions about priorities when setting a balanced budget for 2014-15 and has established a strong foundation for financial and service management for the future.

The Chief Executive holds regular senior management workshop sessions with a range of managers from across the Council. This has provided a forum to update managers on changes across the Council and also to consult with them about key developments like the corporate plan, the performance management framework and the Council's 'maximising space and technology programme'.

Performance management arrangements across the Council have continued to improve in the past year. In December 2013, a new [performance management framework](#) was implemented across the Council clearly setting out the processes and procedures and the roles and responsibilities of managers in terms of managing, monitoring and reporting on performance. The document also includes expectations around the style and behaviour of managers to support the continued development of a culture of self-assessment and robust performance management.

The ongoing review of performance management at a corporate level is through the 'corporate performance assessment' (CPA) and this is undertaken every three months. The CPA is attended by Cabinet Members, the Chief Executive and Corporate Directors and Heads of Service with support from the corporate performance improvement team and finance.

There is also regular service performance review at the directorate operational level. In adult social care, there are monthly performance meetings which take account of a range of relevant information including reference to corporate priorities, staffing matters, appraisal and absence management, tracking training and development needs, budget management, performance indicators, risk assessment.

The Council's Corporate Parenting Cabinet Committee has been established for several years and provides a vehicle for elected Members to consider what needs to be done in relation to the wellbeing and progress of looked after children and young people. The Committee membership comprises all of the Corporate Management Board, Cabinet, including the Leader and Deputy Leader, plus non-executive, overview and scrutiny members covering service areas across the whole Council.

## **Equality and Diversity**

The Council's Strategic Equality Plan 2012-2016 has identified the following commitments:

- Providing equality of access to all of our services on the basis of need
- Providing services in a manner sensitive to the individual's needs whatever their background as far as is possible
- Taking positive action to eliminate discrimination and redress past imbalances in order to provide genuine equality of opportunity
- Delivering services by a workforce that reflects the diversity of our communities
- The principle of paying all our employees fairly.

Equality and sustainability are the guiding principles that underpin everything we do. We continually seek to understand how our population is made up and assess the impact that our policies and plans have on everyone including those sharing equality

characteristics such as race/ethnicity, gender, age, disability, faith/religious belief, and sexual orientation. Our Strategic Equality Plan and its action plan set out our strategic equality objectives and actions to deliver each of the objectives.

The Council has adopted the principle that, in the conduct of public business, we will treat the English and Welsh languages on the basis of equality. The Council's current Welsh Language Scheme 2012-15 was approved by the Welsh Language Board in March 2012 and sets out how we will develop the Council's services in this period so that they fulfil our obligations to the Welsh-speaking population, in accordance with local and national ambitions.

The Welsh Language Strategic Framework for Health and Social Services 'More than just words' was launched in 2012. We are currently reviewing our third party agreements in terms of social care for adults. Providers are encouraged to use the Welsh language and to plan services in order to facilitate Welsh provision. Initial work has commenced to ensure that the Council can respond to providers in Welsh.

Susan Cooper  
Director of Social Services  
May 2014

## **Part Two      Adult Social Care**

### **INTRODUCTION**

In 2013-14, Adult Social Care has continued to work towards the significant change agenda and the development of new models of service delivery, as set down by the Social Services and Wellbeing Act. This has been within the context of severe austerity and a challenging savings target as well as increasing demand and ensuring that existing service users continue to receive the service that they need.

The Wellbeing Business Plan ensures that the new way of working is clearly defined in priorities and actions. Both now and in the coming years, the focus for the directorate will be on developing the best solutions for delivering support and services that meet service user needs flexibly, while providing value for money. The wellbeing structure is attached at appendix A.

We want support and services that:

- Are responsive to service users' needs and help people earlier to prevent problems getting worse
- Are co-produced with the people who use them, we want to share ideas and decisions
- Offer greater control and choice for citizens
- Respond quicker to people's needs, with good information from the start
- Mean less care away from home, in hospitals and care homes
- Are shared between the NHS and Bridgend County Borough Council, seamless working to more effectively meet needs
- Give families every chance to take part in activities regardless of their skills and abilities whilst promoting healthier lifestyles.

This report sets out what we have done in 2013-14 to ensure better outcomes for our service users and also highlights the improvements needed in the future.

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### **GETTING HELP**

#### **Access to Services**

In 2013-14 the key areas for improvement were highlighted as:

- Further extend the lean thinking approach so that processes and pathways from secondary care into community services are more effective
- Bring district nursing services into the first contact arrangements
- Further develop public information systems and advice and information support at the first point of contact.

There has been a strong focus during 2013-14 in preparing the service for the new Social Services and Wellbeing Act. The implementation of the new Integrated Assessment: A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs is being proactively planned and is being taken forward as a project under the Remodelling Adult Social Care Programme.

We recognise that the new way of working will require a significant cultural shift and that the workforce will need a focus of support to enable them to make the change in ensuring that the balance of the responsibility shifts between the individual, communities and the more traditional provider role of the local authority.

The Integrated Referral Management Centre (IRMC) became operational in December 2012 and is a single point of access for referrals received into the community resource teams and the community adult teams including sensory health teams and the older people mental health team. During 2013-14, this new IRMC has 'bedded in' and has now become well established.

The intention is to bring the referral management arrangements for the district nursing services into the IRMC however this has been delayed due to a delay in the NHS Locality review and realignment of district nursing services. This review has now been completed and, therefore, the integration of district nursing services into the access arrangement is now planned and due to be completed by April 2015.

As a result of bringing the management of referrals together into a single integrated system we are able to evidence a reduction in the duplication of referrals and therefore are confident that the pathway processes between secondary care into community services is more effective. However, there is more to be done. In early 2014 the ABMU Health Board introduced a new management structure into the Princess of Wales Hospital and this has enabled us to re-look at the pathway between secondary and community care so that we can have a more streamline approach.

The chart below indicates that for the three years before the introduction of the single point of referral, there were significant increases in the numbers of referrals each year. The numbers have stabilised over the last two years which, considering the development of pre-emptive services, is a positive position indicating a reduction in duplication.

| Service Area - New Referrals & Re-referrals                                 | 2009/<br>10 | 2010/<br>11 | 2011/<br>12 | 2012/<br>13 | 2013-<br>14 | %<br>Comparison<br>to previous<br>year<br>increase/dec<br>rease |
|---|-------------|-------------|-------------|-------------|-------------|---|
| Community Network Teams   | 1512        | 1424        | 1607        | 1587        | 2642        | 66.5%   |
| Integrated Referral Management Centre                                       | 1512        | 1726        | 1741        | 1672        | 666         | -60.2%  |
| CIWT (ACMPD, CDRT, Transition and Sensory Impairment inc Children Services) | 473         | 435         | 477         | 479         | 467         | -2.5%   |
| CIIS (ERS, Reablement and Bridgestart)                                      | 120         | 528         | 1103        | 1102        | 1046        | -5.1%   |
| <b>Total</b>  | <b>3617</b> | <b>4113</b> | <b>4928</b> | <b>4840</b> | <b>4821</b> | <b>-0.4%</b>  |

There is an ongoing development programme to ensure that the team have the appropriate communication and analytical skills to recognise and respond to a range of presenting requests and to provide the right type of response proportionate to an individual's needs. The directorate has commissioned Talking Points: a Personal Outcomes Approach as a model of good practice. As well as the development of communication skills, the Talking Points approach has informed the development of

practice tools to support practitioners to engage with citizens using a strengths/asset based model for agreeing, planning and delivering personal outcomes.

The brokerage service with the British Red Cross, which was reported on in last year's report, has become more firmly established during 2013-14. The service is designed to provide information, advice and support by facilitating a formal introductory service to a range of community based services for individuals who do not meet the eligibility criteria. The focus is on prevention and is designed to provide timely support for people with lower levels of need to enable them to maintain their independence and reduce the increase of need and the likelihood of requiring statutory services and support. To date, the Red Cross have worked with 116 individuals and have provided 600 hours of direct face to face support to individuals and 2000 hours of 'indirect support', such as sign posting and advice over the telephone or by email, to people who may have, without their intervention, found themselves for other reasons in statutory health and social care services. Below is an example of how taking different approaches to traditional problems results in better outcomes for people using our services.

Person X, lives in Pyle, and his mobility is limited and he has to rely on his motorised scooter to get around; most of his friends live in Porthcawl and he was unable to visit them without incurring expensive taxi costs and he was therefore feeling very isolated and disconnected from his friends and this was getting him down. When a volunteer with the scheme, first met Person X, she soon realised that the main reason he felt isolated, was because unfortunately he did not have the confidence to attempt to use the local bus service and in fact he hadn't travelled on a bus since 1957.

The volunteer approached the Bridgend office of First Cymru buses, wanting to find out what their policy was on the carriage of disabled passengers reliant on mobility scooters. Having read the policy document, the volunteer liaised with First Cymru on Person X's behalf and applied with him, so that he could be assessed and issued with a First Bus permit to allow him to travel on his local bus service with his mobility scooter.

First Bus assessment officer turned up outside Person X's home with an empty bus to train and assess Person X in the operation of his mobility scooter and its suitability to be carried on the company's buses.

Person X was thrilled to be able to demonstrate his ability to safely board and alight the bus on his scooter and be issued with a permit allowing him to travel. The volunteer supported Person X to make his first trips; and Person X is now confident that he can travel independently, and is now travelling to places he hasn't been in years, such as Porthcawl, which he says he has always loved.

In substance misuse services, an initiative to improve interventions for individuals presenting at A&E where substance misuse is implicated or attributed to their health condition, has continued to develop and there have been 375 interventions (some may be repeated instances) where alcohol or drug misuse has been identified as a feature of the presenting condition. Of these sessions, 31% of people accepted a referral to specialist substance misuse treatment.

Drug and Alcohol Self Help (DASH) provides a counselling service for adults experiencing difficulties with substance misuse. 72 individuals have received this service, 80% left the service in a planned way, 94% of individuals reported positive changes to



their substance misuse, 94% reduced their substance misuse and 94% reported improvement in their relationships.

The local primary Mental Health Support Service created in October 2012 has delivered the following functions during 2013-14:-

- Comprehensive primary mental health assessments
- Treatment, by way of short term interventions
- Provision of information and advice to individuals and carers about treatment
- Provision of support and advice to GP's and other primary care workers
- Supporting onward referral to secondary mental health services

In 2013-14, the Local Primary Mental Health Support Service responded to 1931 referrals. The target originally set until September 2013 of 80% of people being assessed within 56 days was exceeded. It is more challenging to meet the current target of assessment within 28 days so new ways of working are being considered. The second target is to provide an intervention within 56 days for 90% of people. The service has continually improved on this target over the last year and waiting times have decreased.

Part 2 of the measure, those in receipt of secondary mental health services requiring a care and treatment plan, was achieved by June 2013 with 90% of people having a plan in place. The next stage is to monitor those plans in terms of quality and service user outcomes.

In learning disability services work has commenced in the care management team to develop a new approach to responding to new referrals. This approach involves engaging in an intensive piece of work with new referrals to support them to find the help or the support they need in the community rather than from social care services. This work is being done alongside an initiative to develop and stimulate a wider range of community activities.

Key areas for improvement:

- Bring district nursing services into the IRMC
- Further development of public information systems and advice and information at the first point of contact

## **Assessment and Care Management**

In 2013 -2014, the key areas for improvement were highlighted as:

- Develop a more effective and proportionate response to an individual's need by only assessing people when their circumstances are such that they need it, thereby ensuring that they receive the most appropriate level of information, support or care
- Develop a commissioning/accommodation strategy specifically for mental health.

In addition to the above, there has been a focus was on making sure that the newly formed integrated teams were fully functional and effective, implementing the

recommendations of the Alder Opportunity Assessment in learning disability services and ensuring the ongoing effective implementation of the mental health measure.

The integrated community network teams have been supporting people to continue to live independently at home. There has been a focussed piece of work to reassess people receiving complex care and high packages at home; this work is ongoing and is based on person centred, citizen directed approaches and seeks to support people in alternative ways, away from more traditional care models, and maximising the use of technology.

The Western Bay Health and Social Care Regional Collaboration developed a comprehensive business case for the development of intermediate care services. This business case has been supported by a joint statement of intent on community services for older, frail and disabled people 'Delivering Improved Community Services'. Western Bay successfully secured £7,804,642 funding from the Welsh Government Intermediate Care Fund for 2014-15 and in Bridgend this money is being used to secure additional health and social care staff within the community resource team.

As part of the Social Services and Wellbeing Bill the Government has issued new guidance on delivering a new single integrated assessment framework for older people. Bridgend has been working towards delivering this across the whole of adult social care to support the ongoing development of person centred outcome approaches. The new evidence tools to support this approach have been developed during 2013-14 and will be fully implemented from April 2014 onwards. The Institute of Public Care (IPC) and the University of Edinburgh have been working with us on learning and development programme to deliver strength based approaches to practice.

The sensory service works with adults aged 18 onwards who have complex, long term physical, sensory and health conditions. They work to support people to retain or regain maximum independence and wellbeing and to develop the ability to manage their disability and or illness. During 2013-14 the team have introduced a robust person centred and outcome focussed approach to assessment and care planning.

The following is a case study that illustrates a complex programme of intervention from the community resource team.

A young man living with his partner and young family was independent with all aspects of his personal care and family life. He was admitted to hospital following a stroke with a dense left sided weakness and spent 14 weeks at in hospital. He experienced low moods as he coped with major life changes and adjustments; he was discharged home with reablement support consisting of 4 double handling calls 7 days per week. His personal goals were achieved and his ongoing support needs drastically reduced.

Incontinence was an issue initially, but with the provision of specialist equipment and appropriate advice this ceased to be such a problem.

Once home, his mood improved, he received intense social work support and his partner was offered and accepted a carers assessment. The couple lived in a first floor flat and therefore there were access issues especially to the toilet and bathroom. Housing services were able to facilitate the identification of more suitable housing through the Accessible Housing scheme.

He had also developed problems with his eyesight following the stroke for which he received support from the Sensory Impairment Team within the CRT. The Team made applications for support to the RNIB and Servicemen Associations.

Skin problems that were affecting both his and his partners' sleep were reviewed by a CRT Nurse and the advice and intervention resolved the acute symptoms.

The telecare service and mobile response team support was arranged to enable his partner to feel more confident about returning to work, knowing that help would be available should it be needed in her absence.

As the reablement intervention progressed the service linked in with the hospital physiotherapist to consider the most appropriate on-going therapy and a referral for outpatient neuro-physiotherapy was arranged.

The Stroke Association offered excellent support and the family were planning to join the local groups. He was definitely feeling more positive about the future.

At the end of CRT intervention, the feedback from the young man was *"The service was fantastic and an enormous support for my partner. I was originally sceptical but the service was inspiring, motivating and gave my confidence back that there is light at the end of the tunnel."*

In 2013-14, the number of people who have ongoing support from the team is 175. There were 224 referrals into the service, 70 assessments were undertaken for visual impaired rehabilitation and 36 for registration as visually impaired or blind. 81 assessments were completed for registration as deaf or hard of hearing.

Work has continued in learning disability to drive forward the recommendations from the Alder Opportunity Assessment that was carried out in 2012/13. Work has continued in learning disability to drive forward the recommendations from the Alder Opportunity Assessment that was carried out in 2012 -2013. The implementation has focussed on the delivery of a progression pathway which supports and enables people to move to greater levels of independence by targeting support through a person centred planning process.

The progression pathway is being developed with colleagues from the supporting people team and is focussing the use of adult social care funding and the Supporting People Grant where it can be most effective in helping people develop independence skills.

Implementation of the Mental Health Measure has continued to be a priority during 2013-14.

There has been a notable increase in the numbers of people referred to Assisted Recovery in the Community (ARC) over the last twelve months. 932 referrals were received during the whole of the year; of this number 437 were directly from GPs.

The Local Primary Mental Health Service (LPMHSS) continues to go from strength to strength responding to approximately 40 referrals per week. Some of these individuals are offered advice and guidance or signposted to other services to the third sector. ARC has developed an integrated approach with the LPMHSS in relation to assessment and intervention. This has resulted in a significant rise in the number of people who have

accessed the range of support provided. It is hoped to build on the successes achieved during 2013-14 in relation to this integrated model of primary care support.

With respect to the Community Mental Health Teams and the implementation of Part 2 of the Mental Health Measure, the target of 80% of individuals having a Care and Treatment Plan by June 2013 was exceeded. A review of mental health services has been commissioned by Western Bay which will help determine a sustainable mental health service for the future.

Key areas for improvement:

- Consolidate integrated services by developing joint pathways into the service with joint governance arrangements

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## **THE RANGE OF SERVICES PROVIDED**

In 2013 -2014 the key areas for improvement were highlighted as:

- Progress the recommendations from the Alder Opportunity Assessment in learning disability services
- Development of a social enterprise model for learning disability day services with the aim to sustain service delivery following the anticipated closure of the European Social Fund (ESF) COASTAL funding
- Work with partners across the Western Bay region to enable better outcomes for older people and people with learning disabilities and mental health conditions and at the same time, avoid duplication, reduce costs and improve the quality of information and advice for citizens

This has been a challenging year for the Council due to the economic downturn and the need to realise £36m savings between 2014/15 -2017/18. Directorates have presented proposals for savings against an ambitious medium term financial strategy. In adult social care this equates to a target of £7.418m over the same period. The 2014/15 budget of £40.295m already includes £3.099m of these savings (or 7% of the budget); the remaining £4.319m represents a further 11% of the 2014/15 net budget.

The focus of these savings is to deliver a transformation programme that will enable savings to be made by new ways of working and a greater focus on prevention. Plans are in place to transfer the Council in-house homecare and residential care services and this has been a significant and substantial change programme. It is recognised that this will be a long term programme of change which requires a wholesale shift in culture. The re-modelling adult social care programme continues to oversee the transformation however there has been a significant shift in the pace and scale of change to be delivered and a much more structured and business-like approach has been adopted to ensure that the senior management team have the right systems in place to effectively monitor progress.

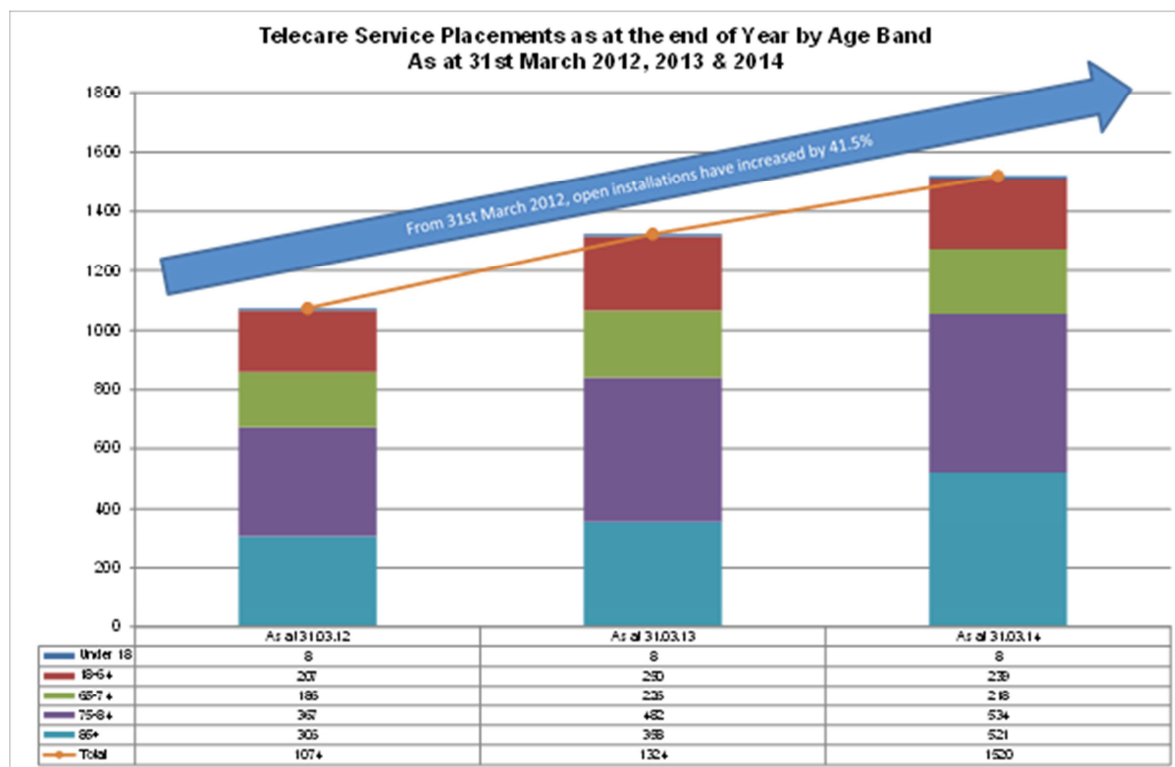
It is clear that the Council cannot achieve the significant change and savings required without working in partnership with other agencies. In adult social care this means increased integration with health, collaboration with neighbouring authorities and stronger

commissioning arrangements with the independent and Third Sector. This has been a key driver for the service during the last year.

In 2013-14 we established our Better@Home service, commissioned jointly with the Health Board. This is a bridging service between the hospital and the community resource team and network team services. This service has been commissioned from domiciliary care providers Age Concern Morgannwg and Reach. The service aims to enable people to leave hospital earlier rather than having to wait in a hospital bed while a new assessment or package of care has been put in place. Since May 2013, 151 people have benefitted from this service.

The residential reablement service which opened in June 2012 has become well established and during 2013-2014, 52 people who were at risk of going into long term care were supported for a maximum of six weeks by the unit. Of the 47 discharged during 2013-14, 37 people have successfully completed programmes and have returned home with further support from the community resource team.

The telecare service continues to grow year on year. The service is fully integrated with, and co-located with, the community resource team. All potential recipients of the service have a specialist assessment from an Occupational Therapist. The service includes a mobile response team who are all trained and registered domiciliary care workers, they have specialist equipment to lift people who have fallen and they can also undertake personal care if required. The service is delivered in partnership with Bridgend Care and Repair who control stock of equipment, then fit, remove and recycle the equipment. We also work with Carmarthenshire County Council Care Line who monitor the equipment activations and provide reassurance and/or initiate appropriate responses. The table below shows the use of telecare and comparison with previous years.



Intermediate Care Services in Bridgend are strongly supported by Care and Repair, as well as working closely with the Council in relation to telecare services they also provide a 'fast track' of small adaptations which facilitates early discharge from hospital.

### **Care & Repair Case Study:**

Person Z is 81, she was referred by the occupational therapist based within the Community Reablement Team.

Person Z was shortly to be discharged from the reablement unit to her home in the Llynfi Valley.

However the Occupational Therapists had identified that a stair rail and additional lighting was also required on the landing of her property in order for her to return to a safe home environment. Person Z had a history of falls and also suffered from severe arthritis. She had also suffered a recent heart attack.

The works were completed by the Agency's Home Safety Officer within 2 days of the initial referral and a Home Fire Safety Check was also undertaken which involved fitting smoke alarms.

The Caseworker also visited Person Z as soon as she had returned home in order to carry out an initial assessment. During the visit, Person Z stated that she was having difficulty getting in and out of the bath. The Caseworker made a referral to the Community Occupational Therapist and recommendations were made for Person Z to have a level access shower installed via the Bridgend Bathing Grant Scheme. The Caseworker also completed and a claim for Attendance Allowance.

Within 8 weeks of making the referral the grant was approved and the bathroom adaptations were carried out.

Following the successful Attendance Allowance Application the Caseworker also submitted claims for a Council Tax reduction and Guaranteed Pension Credit. This resulted in a total increase of £252 per week for Person Z.

Person Z is thrilled with the outcome and feels much safer and more independent. The shower facilities have made a big difference to her life and the additional income means she no longer has to worry about the heating bills!!

The Western Bay Collaboration has made good progress in the last year and in 2014 – 2015 it is moving forward into implementation of the joint commitments and associated business plans. There are a number of projects that report into the programme and for adult social care these are as follows:

- **Learning Disabilities:** the objective here is to reduce costs and improve outcomes by better commissioning and pricing of services .The Board have agreed a new operating model which will ensure a consistent approach for service delivery across the region.
- **Mental Health Services:** the objective is to address increasing demand and the greater complexity of need, by more effective commissioning and the promotion of mental wellbeing. This will be through building individual resilience and community

based support and less reliance on inpatient beds and residential care placements. A review of the community mental health teams across the region is now underway and should report before the end of 2014.

- **Community Services (Intermediate Care):** the purpose of this project is to promote reablement/independent living and support for frail older people recognising the increasingly unsustainable demands and financial pressures on the system and reducing demand for hospital beds, care home placements and domiciliary care.

The demographic challenge across Western Bay is shown below in Table 1:

|                 | Total >65s |        | Est. of frail population |        | People with dementia |        |
|-----------------|------------|--------|--------------------------|--------|----------------------|--------|
|                 | 2018       | Change | 2018                     | Change | 2018                 | Change |
| <b>Bridgend</b> | 29,980     | +15.8% | 3,001                    | +16.2% | 2,074                | +18.2% |
| <b>NPT</b>      | 31,214     | +13.7% | 3,198                    | +12.7% | 2,239                | +13.6% |
| <b>Swansea</b>  | 49,396     | +11.5% | 5,226                    | +11.5% | 3,696                | +13.0% |

The cost of doing nothing, recurrent additional spend on services for frail older people across health and Social care compared to 2013 -2014 baseline, is shown below in Table 2:

|              | 2014/15        | 2015/16        | 2016/17        |
|--------------|----------------|----------------|----------------|
| Bridgend     | £409k          | £865k          | £1,344k        |
| NPT          | £455k          | £833k          | £1,185k        |
| Swansea      | £582k          | £1,178k        | £1,787k        |
| <b>TOTAL</b> | <b>£1,446k</b> | <b>£2,876k</b> | <b>£4,316k</b> |

In July 2013, the Community Services project commissioned Whole Systems Partnership to put together a business case for change which would evidence the demographic issues facing the Western Bay region and the potential financial challenges if no change and no investment was made. The initial focus of the business case was on the development of intermediate tier and in March 2014 the region was successful in securing £7,804,642 from the Welsh Government Intermediate Care Fund for 2013 - 2014, of which up to £1,905,000 has, in principle, been allocated to Bridgend. This allocation includes health and social care and is made up of £1,270,000 revenue and £635,000 capital

The service is now in the process of recruiting new staff and this will include social workers, nurses, care staff, occupational therapists, physiotherapists, speech and language therapists, dieticians and pharmacists.

During 2013-14 we have worked with colleagues in the communities directorate to increase the range of housing options for those with individuals who have mental health issues. A new project for six people who are experiencing 'vulnerable and chaotic' lifestyles is in development and due to open later in 2014. Work is also progressing in relation to a community services model based on a circle of support. This scheme will commence in learning disability and be rolled out to mental health later in 2014. Whilst this is progress there is still much to do with respect to accommodation pathways and

crisis support and this will remain a priority for 2014/15. Further work also needs to be progressed to modernise our services, to raise the profile of mental health and reduce the stigma that so often is still attached to having a mental health problem. BCBC has now appointed an Elected member Champion and this is a significant step forward in helping to address some of these issues.

In Learning Disability services, a state of the art emergency and assessment unit was opened in November 2013. This is a full adapted building with five bedrooms which will be able to respond immediately to emergency situations by providing fully staffed accommodation. The unit has been well used since it opened and a protocol is in place to ensure that people move on from the unit at an appropriate time. In 2014/2015 plans will be progressed to enable the service to be marketed to neighbouring authorities.

Key areas for improvement:

- Continue to work with partners across the Western Bay region to enable better outcomes for our service users.
- Develop the Third Sector as part of the prevention and early intervention initiatives

**Transition**

In 2013-2014, the priority for improvement was highlighted as:

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

The transition strategy group agreed that a piece of work was required to fully explore the options for a model of transition services. This work has been commissioned through the Western Bay Learning Disability project and is due to report in July 2014.

Through the implementation of the new assessment framework and discussions at the transition panel it was agreed that a new assessment tool will be used for young people in transition. This assessment tool is currently being piloted in the community support team.

The number of people who came through transition services this year and the projections until 2015-16 are set out in the table below.

| <b>Disability Category</b> | <b>2013-14</b> | <b>2014/15</b> | <b>2015/16</b> |
|----------------------------|----------------|----------------|----------------|
| Autistic Spectrum Disorder | 17             | 9              | 17             |
| Asperger's                 | 5              | 6              | 7              |
| Learning Disability        | 9              | 7              | 4              |
| <b>Total</b>               | <b>31</b>      | <b>22</b>      | <b>28</b>      |

Transition plans are agreed in the transition panel and then set out in the individual person centred support plan. These plans are being produced so as to make full use of help and support in the community and only provide social care services where essential.



Key areas for improvement:

- Define the operational service model and commence the development of a multi-agency transition team

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## **THE EFFECT ON PEOPLE'S LIVES**

### **Safeguarding and Quality**

In 2013 – 2014 the key area for improvement was to:

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

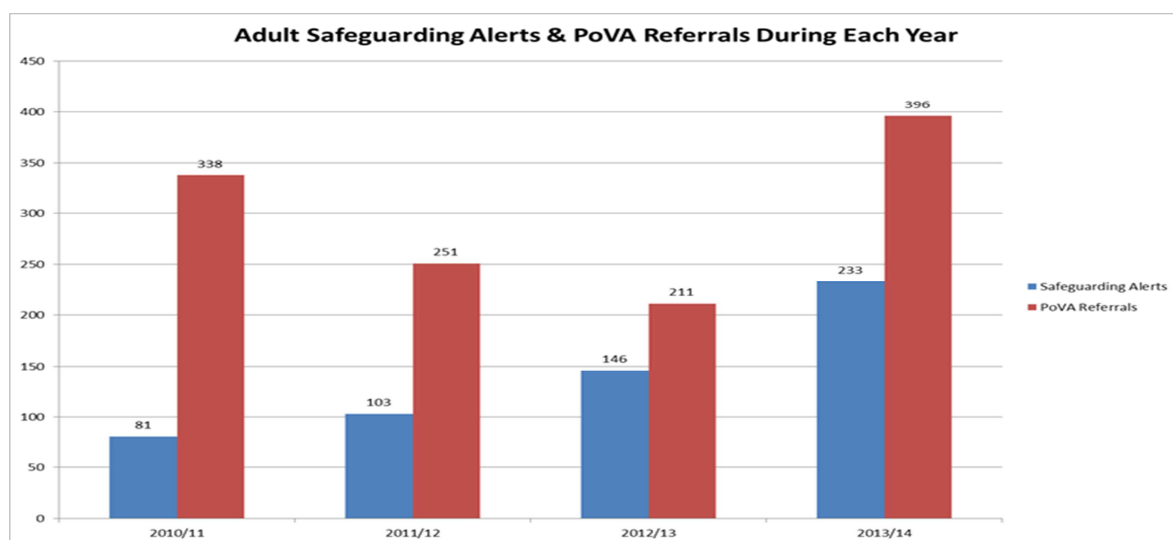
The Adult Safeguarding Regional Board was established on 1<sup>st</sup> April 2013 and is due to be formally launched on 3<sup>rd</sup> June 2014. There are four subgroups that sit under the Board as follows:

- Audit and Evaluation
- Strategic Training
- Communication and engagement
- Escalating Concerns

In Bridgend the safeguarding team has developed to be called the Adult Safeguarding and Quality Team and now includes two contract monitoring officers, soon to be joined by a third officer.

Over the last year there has continued to be a change in the trend of safeguarding alerts and Protection of Vulnerable Adult (PoVA) referrals. The change reflects a more proportionate and risk based response so that less serious situations are being managed through a safeguarding route and care management or provider agency arrangements. The more serious concerns remain managed through the formal multi-agency framework of PoVA.

The chart below shows the number of POVA referrals and safeguarding alerts for each of the four last financial years. The data includes those initiated by the Princess of Wales Hospital as referred to in the next paragraph.



Between February 2013 and March 2014, there was a significant increase in PoVA referrals that were initiated by the Princess of Wales Hospital. Officers have been actively supporting the hospital to manage this effectively. This has been an unusual situation and the hospital have been very pro-active in improving systems and processes to ensure that similar issues do not arise again in the future. The PoVA process on these referrals has now concluded and ABMU has produced a Protection Plan Risk Reduction strategy that is being progressed.

Deprivation of Liberty Safeguards (DoLS) is a legislative duty of the authority and it sits within the wider safeguarding agenda. The DoLS database provides a system for monitoring timeliness and outcomes of referrals. We can now evaluate the effectiveness of how we protect individuals who lack capacity. Any cases where there are issues around deprivation of liberty or mental capacity concerns we have the expertise within the team to ensure the vulnerable person's rights are upheld. The team has developed good partnership working with provider agencies, the Liaison Team, Section 12 doctors and Best Interest Assessors (BIAs). Regular meetings have been set up to monitor BIAs performance and practice. As a Supervisory Body we record data to evaluate our performance. Annual reports are made to Welsh Government.

However, the number of requests for DoLS assessments remains low and further work will be undertaken in 2014-15 to ensure that there is renewed training and awareness rolled out across the sector. Bridgend is subject to an inspection by CSSIW and HIW in May 2014 and this will highlight some learning and development for the service. The recent Cheshire West judgement has also made recommendations and the Council will be developing an action plan to ensure that we are compliant with the recommendations coming out from the judgement. There will inevitably be resource issues that will have to be addressed as a result.

The contract monitoring team has continued to work in partnership with ABMU Health Board and the CSSIW when monitoring the quality standards within residential and nursing care. Support has been given to providers and especially those who have not achieved the required scores against the quality standards. Considerable effort and time is spent with providers to help them improve their performance to achieve better care and outcomes for service users.

During 2013-2014, three independent residential and nursing homes were placed under the Escalating Concerns Protocol due to ongoing concerns about a range of quality issues. Increased monitoring visits have been undertaken at monthly intervals but, if the situation has warranted, then these have increased to weekly monitoring visits. This has had an enormous impact on resources.

Key areas for improvement:

- Ensure our systems, procedures and practices will support the implementation of the Social Services and Wellbeing Act which will create a new legislative framework for adult safeguarding
- Review and implement more person centred quality standards as part of the Quality Care Premium Fees and Regional Quality Framework.
- Improve the data base for DoLS and ensure the duties placed on local authorities are fulfilled.

### **Support to Carers and Involving Service Users and Carers**

In 2012-2013, the key areas for improvement were highlighted as:

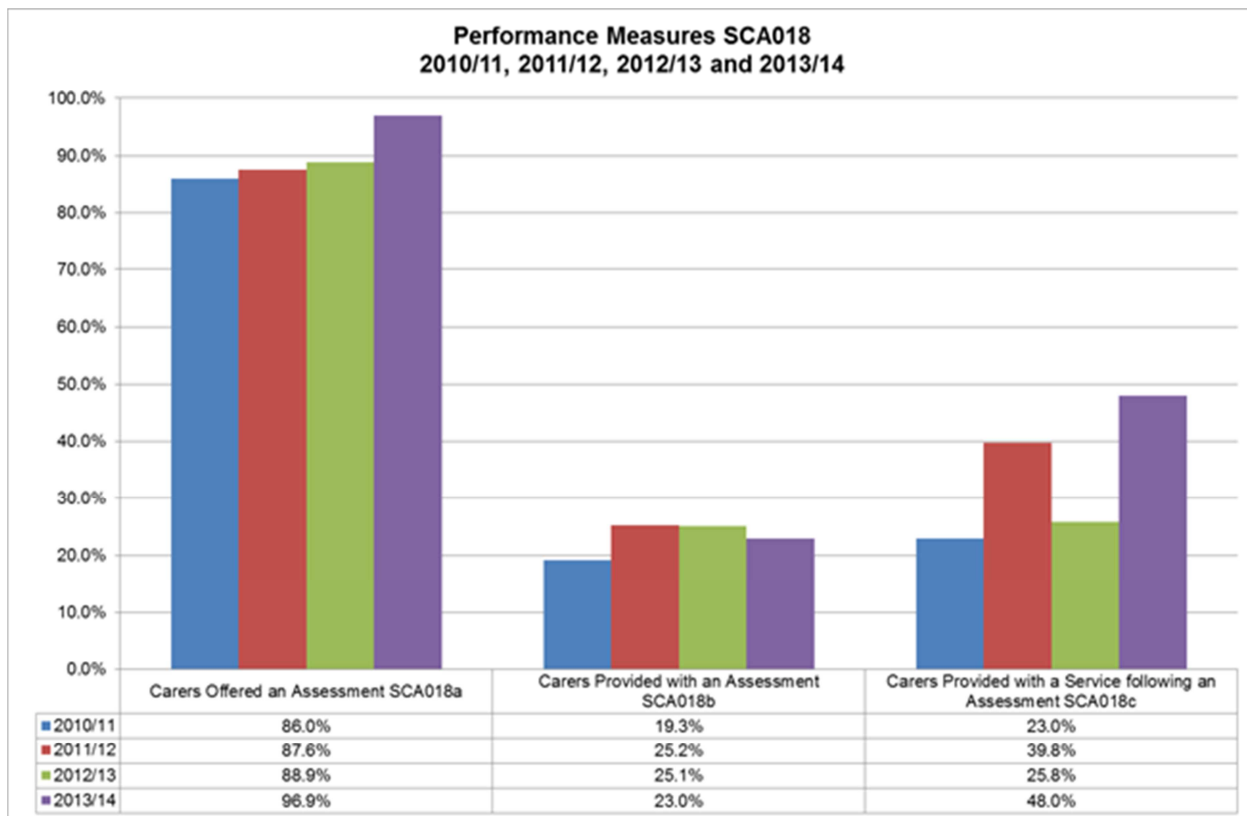
- Continue the implementation of the Carers Strategy (Wales) Measure
- Ensure there is effective engagement and consultation with service users and carers regarding the ongoing remodelling programme and the development of new models of service.

During 2013, a Carers Information and Consultation Strategy was produced in collaboration with colleagues in Health and the Third Sector. Carers were able to contribute to this strategy through a number of small focus groups which explored the key issues and areas of concern for them. The Strategy sets out a number of commitments to ensure that carers are included in the planning of improved support and services. The strategy includes a three year action plan which is monitored by a strategic group where carers are represented. The key actions include:

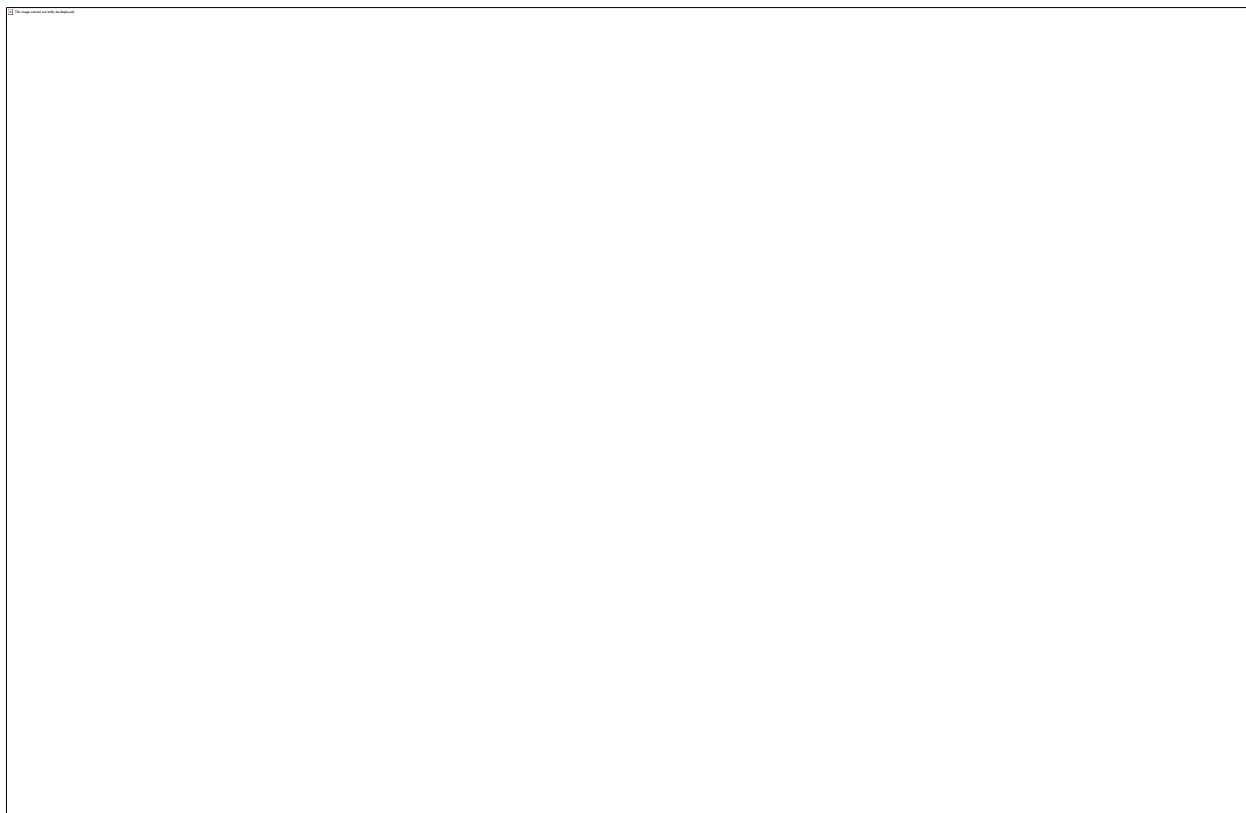
- Produce and make available relevant information for carers
- Work with carers to access benefit related information
- Develop an online carers' awareness tool for health and social care staff.

The council appointed a Carers Development Officer in October 2013 and this post is seen as critical to improving our engagement with carers and in valuing them as equal partners in care. Carers were involved in the interview process for this post. The Development Officer is working across adult and children to raise the profile of carers and to identify those carers who are 'hard to reach'. The post holder is currently developing a model for the assessment of young carers to improve performance in this area and has also produced a guidance document to assist carers to complete the self-assessment form.

Good progress was made during 2013-14. We offered almost 97% of carers an assessment compared to almost 89% during 2012/13. However, those provided with a carers assessment has slightly reduced by 12 over the year. The percentage of carers provided with a service following a carers assessment increased to 48% during 2013-14 compared to 25.8% in 2012/13.



The chart below shows the data that supports the Carers performance measures.



The funding associated with the Carers Measure has enabled the production of a range of information to publicise carers services and support the Bridgend Carers Centre to promote carers issues in schools and GP surgeries. In addition a training plan to raise awareness of carers is being rolled out for all staff across the Western Bay region. The Carers Forum continues to grow and develop with the average attendance reaching 20. The Forum has received a number of speakers including presentations from the Community Safety Partnership, Trading Standards in relation to rogue traders and updates on the integration of health and social care. The Forum has also been used to consult upon important developments in ABMU such as the Change for the Better programme, Bridgend County Borough Council commissioning intentions and the remodelling adult social care programme and has also made representation to the Council and the Welsh Government on a number of important matters.

A conference to evaluate the impact of the Carers Measure was held in February 2014. The aim was to bring together carers and staff working with carers to assess progress and to identify further priorities. 86 people attended. During the morning, several carers related their experiences of caring including a carer who had successfully taken her case to the European Courts and won. During the afternoon, workshops were held where carers were engaged in discussions concerning service developments.

During 2013-14, two events were held within the Council to raise awareness regarding carers at work. Approximately 25 carers attended these events and were provided with information about advice and support services for carers such as the carers' centre. Several themes emerged following these events including raising awareness amongst managers and the need for a Carers' at Work group to be established. These are being progressed by the Carers' Development Officer.

The directorate continues to prioritise the effective engagement and consultation with service users and carers. The transformation programme and the Social Services and Wellbeing Bill are key drivers in ensuring that we continue to take every opportunity to strengthen and improve our level of engagement.

In September 2013, a consultation and engagement event entitled 'Living Well in Bridgend' was held for approximately 60 service users, relatives/carers and Third Sector organisations. The event covered the various service developments and future challenges for care in Bridgend and enabled those attending to contribute what they feel is important for the future, what they feel works well and how they would like to be consulted on in the future and how they would like to be involved in developments. Some of the direct feedback recorded from the event was as follows:

*'The problem is that services are disjointed and hit and miss. Fleshing out bare bones is what needs to be done and more events like this will do that.'*

*'As the Doctor always tells me, services are there for when I'm ready. I just hope that this is true as money is tight and it's a worry to me that I may not get the help I need as I cannot afford it or it won't be there anyway.'*

The different service areas continue to use a variety of ways to ensure that feedback is received from service users about the quality of support and service received. This includes sending out questionnaires, direct contact with people living in residential or

nursing care through contract monitoring visits and the learning disability 'having a say' group.

Homecare Service User Questionnaires are sent on a monthly basis to those service users currently receiving support from the Authority's Homecare Service. The questionnaire provides both service users and/or their carers with the opportunity to give valuable feedback from their personal perspective in relation to the service they receive in their home. The questionnaires are semi-structured, providing individuals with the opportunity to express their views and opinions via a number of comment boxes. Between 1<sup>st</sup> April 2103 and 31<sup>st</sup> March 2014, 561 questionnaires were distributed and 262 were returned completed (a return rate of 46.7%).

As part of the Remodelling of Adult Social Care Programme, the current delivery of the Authority's homecare service will be changing as part of the remodelling plans. All homecare service users were provided with a letter to make them aware of and explain the proposed changes to the service. The letter also invited them to contact a designated senior officer if they had any concerns or questions regarding the proposals. The feedback received has been used when pulling together the service specification for the new homecare service.

66% of service users confirmed that they were very satisfied with the service they were receiving and did not want there to be any changes to their current services. The biggest areas of concern were regarding the inconsistency of call times and the need for continuity of staff attending to personal care. Some feedback is quoted below:

*'There is nothing we would change. The family is amazed with the care our mother receives'*

*'Hard working but need more time to do their job'*

*'I am very pleased with the care I receive, Carers are very helpful. I don't know how I managed before'*

*'To come the same time every day'*

A community care survey is sent out to anyone who has received a service; between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March, 2014, 83 surveys were completed and returned. A sample of the feedback is detailed below:

*Support is promised but only if it is paid for by the person in need!!'*

*'All aids were put in place extremely quickly to help look after my mother. Assessment Care Manager has been understanding, helpful and informative. Excellent Social Worker.'*

*'Couldn't have asked for more. All the people involved have been a real support to us all. The carers have been great and made a real difference to how we have coped. X was nervous about people coming in and doing personal tasks and they have treated her with dignity and kindness. She looks forward to seeing the carers and has a great laugh with them'.*

*'I was feeling very isolated and lonely when my husband passed away. I didn't even know I had a Social Worker as nobody ever came out to see me'.*

*'I think your service is excellent'.*

Key areas for improvement:

- Ensure ongoing engagement with service users and carers so that they can contribute effectively to the development of appropriate support and services.
- Finalise a communication strategy so that service users and carers are aware of the forthcoming Social Services and Wellbeing Act and the changes that this will bring
- Better consider how feedback from consultation, engagement and customer surveys is used by the service to provide more effective and positive outcomes for service users.

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## **DELIVERING SOCIAL SERVICES**

### **Workforce management and development**

At the beginning of 2013 the Adult Social Care management staffing structure was reviewed to reflect the Directorate's future priorities and stabilise the staffing arrangements at that level. Following a period of consultation, Group Managers were confirmed in post and appointed. Additionally, further capacity was agreed in the areas of commissioning and contract monitoring.

Following the appointment of the Corporate Director of Wellbeing in November 2013, arrangements are being made for the position of Head of Adult Social Care to be advertised in late May 2014. This will bring further stability to the senior management team and capacity to drive the Bridgend Change programme forward. This leadership role, will:

- Provide leadership and management for managed/statutory adult social care services
- Support the Statutory Director in the implementation of the Social Services and Wellbeing Act
- Provide senior leadership and management for the Western Bay Collaboration

There has been a continued focus on the integration of community health and social care services. Following the inception of the Community Network Teams in 2012/13, phase two of this programme commenced in May 2013. The review of the senior practitioner role recognised the need to create an infrastructure of professional support to the social work service.

The new role of Senior Practitioner/Assistant Manager Social Work was introduced in the networks and the Senior Practitioner roles in the Integrated Referral Management Centre and Hospital Liaison Service. New job descriptions were developed, consultation with those affected and appointments have been made to all positions.

The next phase of integration will focus on the management and professional responsibilities within the integrated services for occupational therapy services. This will ensure that professional standards across health and social care are maintained.

Opportunities have been provided across the adult social care sector for managers, social workers and care staff to access training that supports the delivery of safe, person centred approaches to delivering care in the community and in residential care homes. Courses were either run as part of core work or were judged to be about approach, awareness or new legislation and new ways of working.

It has been a priority to ensure that front line care staff are encouraged and supported to work in an enabling way, and with dignity, giving emphasis towards increasing independence, and recognising the importance of meeting an individual's care and support needs in a dignified manner. Training in dementia care awareness has been a priority and a 10 module course covering key aspects of dementia care has been provided in partnership with ABMU Health Board Dementia Care Training Team. 6 x 10 modular programmes have been delivered during 2013-14 with a total of 1324 course places being taken up. The Dementia Care Training Team together with Bridgend County Borough Council was a finalist in the Care Council for Wales Social Care Accolades 2013.

Courses have been provided to support the safe delivery of care as core requirements of regulated care, including Basic First Aid (73), Continence Care (104), Infection Control (115), POVA (506), Medication Awareness (118), Moving and Handling (133), Record keeping (145) and Supervision (23), totalling a take up of 1217 course places.

Additional training has included training on specific conditions including stroke (51), Parkinson's (166), Diabetes (17), Mental Health Awareness (75), and Mental Capacity awareness (141), totalling a take up of 450 course places.

Key areas for improvement:

- Engage and consult with employees affected by the transfer of front line services.
- Continue to support the integration of health and social care, the re-modelling programme and Western Bay Collaboration.
- Support the work of the training management groups of the Western Bay Safeguarding Boards.
- Continue to support the continuing professional education and learning development framework for social workers.

## **Performance Management and Quality Assurance**

The priorities identified in 2012 -2013 through the ACRF process were:

- Consideration as to how best to create one integrated electronic record to capture access and care and support details for users;
- Review current BCBC social services complaints policy and procedure in light of Government changes;
- Continue to monitor absence levels and develop solutions to ensure the improvement of sickness absence:



- Continue progressing DRAIG replacement ensuring that health and social care requirements are met.

There continues to be considerable development work in this area and the directorate ensures that clear links are always made back to corporate business planning processes. In order to monitor performance, adult social care uses the national suite of performance indicators, supplemented by some local performance indicators. Furthermore, individual ICT systems, in particular DRAIG, hold performance related information which is used to identify achievements against outcomes for individual service users.

Bridgend continues to lead at a national level on the procurement on behalf of the WSC (Welsh System Consortium) and NWIS (NHS Wales Informatics Service) a single National Community Health and Social Care system for Wales. It is planned that the contract for the new system will be signed in December 2014 and implementation/transition from our current DRAIG system will take place thereafter. Improvements envisaged from the new system include the ability to better present performance information to both operational users (social workers) on their caseloads as well as managers on a dynamic basis.

During the year, developments in DRAIG have continued although, as previously reported much of the required functionality required by services has been achieved. The increased integrated working has meant that DRAIG has needed to respond to both health and social care staff using the system.

Some examples of the developments and changes during the year include:

- A greater number and range of staff have been supported to use the DRIAG system. This includes front line staff in the community resource team and staff from the Red Cross who are now able to receive referrals from the referral Management Centre electronically.
- The carers assessment form was created on DRAIG for care managers to complete.
- The care and treatment plan and the care and treatment assessment form were created on DRAIG for both the mental health and older people mental health teams
- For individuals on the visually impaired and hard of hearing registers we now record how they would like to receive information e.g. text, large print, braille etc and we record how they would like to be contacted.
- Following the pilot of the assessment and support plan, feedback was received from the teams and some changes were made to the documents. The documents were then created in DRAIG and tested again to make sure they were working properly and that the correct information was mapping across from the assessment to the support plan. The documents are now live and are fully implemented.

The accessibility of management information is essential to effective service delivery that ultimately contributes to better services for service users and carers and contributes to better management tools that informs managers and appropriate staff accordingly. There is a vast amount of data available to managers at various levels in the service. During the year specific pieces of data analysis and research has been undertaken to support the

major transformation projects and to respond to the MTFs, for example the development of a business case for homecare, residential care and learning disability services and the regional work on community services as part of the Western Bay Collaboration.

The numbers of case file audits undertaken through supervision in 2013-14 remains low and there are now plans to review the supervision process. This needs to inform the developments within the new assessment framework and in line with the requirements of the Social Services and Wellbeing Bill. Work is ongoing which will encompass an exchange model of assessment and enabling conversations which identify more about people, their experiences and importantly their strengths.

A priority for adult social care continues to be the management of sickness absence and there has been an increased focus on supporting front line managers to more effectively manage this in order to ensure an improvement. The dedicated Absence Officer within the service has been able to focus on the provision of training on the Absence Management Policy and sickness absence procedures, chasing any outstanding sickness absence paperwork, developing a resource of information and links on the Wellbeing Intranet site, monitoring of the quality of absence review meetings and return to work interviews, attending monthly sickness focus meetings with hot spot areas. Specific work includes:

- All Return to work forms are now monitored for quality and timeliness.
- In-depth guidelines have been issued to managers in order to promote the quality and importance of the return to work form. A reminder has also been circulated regarding the importance of detailing the reasons for absence on the Return to work form, specifically where stress, anxiety or depression has been the cause of absence.
- Regular meetings are ongoing with Homecare, OP residential Care and LD Residential, Respite and Supported Living. These meetings address all outstanding absence review meetings, formal meetings and long term sickness by Area. They enable the managers to identify any issues and/ or concerns they may have regarding specific cases and highlight any outstanding actions which require undertaking.
- Provide support and training on dealing with specific cases.
- Developed an intranet site which cross refers to corporate policies and procedures and forms but also provides additional relevant information for the service areas
- Developed an FAQ document which has been uploaded onto the intranet and circulated
- Developed an average notional cost of sickness absence which has been broken down by area and is being disseminated to managers on a quarterly basis
- Analysis of both long term and repeated absences is being carried out.
- Work to show the percentage of those staff members who have not had sickness during the month is being developed

Despite the considerable effort, the end of year position was 16.3 days per FTE for adult social care against a target of 12.7 days. This, however, was an 8% reduction on the end of year position in 2012-13 and equated to 1100 FTE days less. It is recognised right across the service that the rate is unacceptable and managers continue to practice close monitoring of the hotspot areas. In addition to continuing the work listed above, the following will also be taken forward:

- Identify Managers who have not had Absence Management training and target for training
- Proactive action on new stress related absences
- Continue analysis of RTW forms for content to identify any areas for immediate target

Key areas for improvement:

- Continue to improve our performance management approach by rolling out across the directorate the new corporate performance management framework and train and support staff appropriately.
- Ensure that Bridgend is successful in implementing the replacement for Draig
- Use analysis of performance to better inform our planning and prevention activity
- Continue to monitor absence levels and develop solutions to ensure the continued improvement of sickness absence

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## **SHAPING SERVICES**

### **Commissioning and Contracting**

In 2013 – 2014 the key areas for improvement highlighted were:

- Complete the business case for the remodelling of residential care and homecare and develop appropriate and sustainable new service models
- Ensure there are clear quality standards in place for all service areas in order to help inform placements based in a sound rational
- Continue to develop collaborative commissioning and contract monitoring approached across Western Bay.

There has been significant in depth planning carried out in both the homecare and residential care services. In homecare a detailed business case has been produced to transfer 4,400 hours of internal homecare to external partners that are linked to the geographical areas of the community network teams. A procurement exercise has now commenced and at the point of writing this report the process is progressing and the final date for transfer is September/October 2014.

There has also been detailed planning within residential care to develop a business case to transform the traditional services of care into extra care models and also strengthen approached to residential reablement and complex care in partnership with health. Further work is now progressing to finalise the business and commercial case in readiness for a procurement exercise, in which we hope to attract the right partner to work with us to transform the models of care for the future. A further report and final business case will be presented to Cabinet in October 2014 outlining the plans for transformation and to seek approval to commence a procurement exercise.

A draft learning disability commissioning plan has been developed in consultation with all key stakeholders and is currently in the process of wider consultation. The plan defines the strategic direction for learning disability and sets out the high level objectives and priorities that will be taken forward over the next three years. These objectives have been

based on a comprehensive gap analysis and service mapping of existing services. It is anticipated that day opportunities and accommodation settings will be transferred to a partner agency and therefore come together within the three identified community networks thereby making more effective use of resources and reducing duplication.

Planning has also commenced in mental health however progress has been slower due to the capacity of the team. A mental health commissioning plan is in draft form and it is hoped that this will be ready for consultation in September 2014. The development of a local dementia plan which has clear progression pathways and will respond to demographic pressure will be a continued priority.

Contract and quality assurance has been strengthened and the frameworks and processes in place have been reviewed over the last 12 months. There is a drive to develop more outcome focussed commissioning approaches and contracts have been closely aligned to service area quality standards to help measure the impact and outcome for individuals and specific service area. During 2014-2015 as services transfer to partner agencies the emerging contracts will be robust and outcome focussed with contract management mechanisms built in.

A review against the Welsh Language Act has been undertaken with all service providers and each provider now has a clear action plan to monitor compliance in 2014 -2015. In addition the Council is undertaking a review of the Third Sector to ensure best value and good quality; adult social care is leading on the development of a toolkit to ensure that the new agreements are based on a clear set of principles and transparent contracting. This will ensure that the Council has more effective performance measures and outcomes in place.

Key areas for improvement:

- Develop a Mental Health commissioning plan and accommodation pathway
- Progress the work on developing new models of care to include,
  - New extra care models
  - Re-modelling of learning disability services
- Progress the commissioning work across Western Bay
- Build on integrated working by strengthening approaches to planning and aligning community based commissioning and contracting and progressing integrated approaches for contract management and quality assurance.

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## **SUMMARY and FORWARD VIEW for 2014-15**

The case for new ways of working has been laid down by the Social Services and Wellbeing Bill (Wales) which gained Royal Assent on 1<sup>st</sup> May 2014. The focus for Adult Social Care will continue to be on developing the best solutions for delivering services that meet service users' needs whilst also being flexible and providing value for money.

The directorate continues to develop an integrated approach to the delivery of health and social care services in Bridgend. The Remodelling of Adult Social Care continues to make progress and is modernising our services so that they are fit for the 21<sup>st</sup> Century, with the focus on supporting independence and more individual choice. We want to help

people live within their own homes and control their own lives, for as long as possible. Under the specific headings in this report, the relevant key areas for improvement have been listed. However, all of these link to the overarching priorities for 2014-15 as set out in the directorate business plan as follows:

- Work with partners across the Western Bay region to enable better outcomes for older people and people with learning disabilities and mental health conditions
- Work with service users, carers and partners, including the Third Sector, to develop services in a way which supports people to remain independent for longer and only access statutory services when absolutely necessary.
- Provide support to carers to enable them to continue in their caring role
- Work with partners to develop a range of accommodation options for vulnerable and older people who need help to achieve and sustain independence.
- Ensure the needs of older people are recognised when designing community based activities and opportunities.

The continued budget pressures and demographic changes continue to make this a challenging time for social services. Despite these challenges Adult Social Care remains committed to the delivery of quality support and services and will continue to modernise service provision in order to make services sustainable and proportionate in the future.

Susan Cooper, Director of Social Services  
May 2014

**Director of Social Services and Wellbeing (as of 1.4.14)**

**Head of Safeguarding – Children’s Services**

**Locality Director, ABMU**

**Head of Nursing ABMU**

**Head of Adult Social Care**

- Lead for Western Bay Collaboration
- Leadership and management of managed/statutory adult social care
- Support the Statutory Director in the implementation of the Social Services and Wellbeing Bill
- Social Care Workforce Development

**Group Manager, Integrated Community Services**

- Health and Social Care Operational Networks
- Community Resource Team
- Integrated Referral Management Centre
- Dementia Services

**Group Manager Mental Health, Safeguarding and Quality**

- Adult Mental Health
- Forensic Mental Health
- Mental Health Act and DoLS
- Safeguarding and Quality Assurance
- Contract Monitoring
- Lead for Carers across social care

**Group Manager Disability and Transition**

- Learning Disability
- Supporting People
- Provider Services
- Substance Misuse
- Transition
- Direct Payments
- Community Hubs / Local Area Coordination and tier 0 services

**Group Manager Healthy Living**

- Sport and Recreation Development
- Active young people
- Physical health
- HALO contract (Leisure Services)
- School Sport Programme
- Play Development
- Beach and Water Safety
- Porthcawl Marina

**Group Manager Commissioning and Transformation**

- Adults
- Children
- Planning / Commissioning Interface with Health
- Contracts
- Third Sector Planning and Development
- Partnerships and Planning

**Group Manager, Business Support, Performance and Information Management**

- Business Planning
- Regulation and Inspection
- Interface and Coordination
  - Welsh Government
  - Care and Social Services Inspectorate Wales
  - Corporate
  - Policy
- Performance Management
- Complaints

## **Part Three – Safeguarding and Family Support**

### **Context / Overview**

As Head of Service - Safeguarding and Family Support Services (SFSS) in Bridgend, I am pleased to present this fifth annual report on the effectiveness of our Safeguarding and Family Support Services. The report is written in line with the Annual Council Reporting Framework, which requires us to look each year, in detail, at all our services to judge the quality of the services we provide and the arrangements for delivering them. Based primarily on self-assessment, it has also been informed by feedback and consultations with a range of colleagues within the service, partner agencies and service users themselves. In addition, it has been informed by the outcomes of a number of inspections conducted throughout the year, along with the outcomes of internal reviews and audit activity. Consideration has been given to the range, quality and effectiveness of our services with particular attention given to how services are impacting on outcomes for the children and families that we serve.

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

Throughout the year we have continued to benefit from having a dedicated Cabinet Member for Children's Services who assumes the role of Chair of the Councils Corporate Parenting Committee. Further scrutiny and challenge on the range and quality of our services is provided by our Children and Young Peoples Overview and Scrutiny Committee and through the Councils Corporate Performance Assessment processes.

During the year, we experienced a number of changes to our Corporate Management Team which resulted in new appointments to the Statutory Director of Social Services role along with a new appointment to the Corporate Director for Children. Together, both directors take a strong lead in supporting the service by providing oversight of strategic delivery and operational components of the service. In February 2014, we restructured the management structure of the Children's Directorate, within which Safeguarding and Family Support services sit. (The revised management structure can be found at Appendix 1)

2013-14 proved to be another productive and extremely busy year which saw an increase in the number of contact and referrals made to the service, resulting in increasing numbers of children placed on the Child Protection Register (CPR) and an increase in the numbers of Looked After Children (LAC). Pressure on our front line teams has been influenced by high numbers of reported incidence of domestic violence where children have been present, parental substance misuse and the associated neglect of children. Comparatively higher rates of teenage pregnancies in Bridgend have also resulting in an increase of babies under the age of 2 becoming LAC. Responding, the Council has continued to invest in an array of preventative and early intervention family support services and targeted services which deliver intensive family support to

families through our Connecting Families Service and our Integrated Family Support Service.

During 2013-14, the service received 3,317 contacts from professionals and members of the public, an increase of 235 on the previous year. Of these contacts 1,107 were assessed as referrals where a form of safeguarding intervention was required. This is a 10% increase compared to the previous year. Throughout the year, the service completed 1,439 initial assessments, of which 498 arose out of new concerns reported on existing open cases. Of the 1,439 initial assessments completed throughout the year 75% were completed within statutory timescales, compared to the previous year's figure of 92.1%. This drop in performance comes within the context of significantly increased work pressures placed on social workers as a result of rising LAC and CP numbers during the year. For the contacts made to the Assessment Team that did not proceed to initial assessment, appropriate advice/information was provided or referrals were made to other means of advice and family support.

Initial assessments establish whether a child is in need and additionally whether the child is in need of protection. These assessments must be completed within 7 working days of the referral being received. Once an initial assessment has established that a child is in need, a decision should be made about whether to complete a core assessment. The core assessment builds on the initial assessment and is an in-depth assessment which examines the developmental needs of the child, the capacity of the parents or care givers to respond to their needs within the family and community context. The core assessment provide a sound evidence base for professional judgements on whether services would be helpful to a child and family, and, if so, the types of service most likely to bring about good outcomes for the child. During 2013-14, 646 core assessments were completed. Of these core assessments 63% were completed within the 35 day timescale and whilst this percentage is disappointing for us, this was in the context of having an increase of 142 Core Assessments completed during 2013-14 compared to the previous year.

In Bridgend, the number of LAC rose by 6.5% from 387 on the 31<sup>st</sup> March 2013 to 412 on the 31<sup>st</sup> of March 2014. The number of children on the CPR also rose from 161 on the 31<sup>st</sup> March 2013, to 179 on the 31<sup>st</sup> of March 2014, an 11.2% increase.

### **Service Achievements in 2013-14 include:**

#### **Timeliness of responses e.g.**

- 99.1% of all contacts made were reviewed within 24 hours.
- 77.4% of initial assessments completed within statutory timescales.
- 91% of reviews of LAC, children on the CPR and Children in Need were carried out within the statutory timescale.
- 91% of reviews of Looked After Children, children on the Child Protection Register and Children in Need were carried out in line with statutory timescales.
- 96.6% of all Looked After Children reviews were carried out within statutory timescales.
- 99% of reviews on the Child Protection Register were carried out within statutory timescales.



- 99.6% of all child protection cases were allocated to qualified workers. (Only 3 cases remained unallocated for a five day period whilst the case was in transition from our assessment team to a safeguarding team)
- 82.1% of reviews of children in need reviews were carried out within statutory timescales compared to 68.7% the previous year.
- 100% of young carers known to social services were assessed during the year with 91.7% receiving a service.

#### **Improvements in planning for LAC**

- 94% of first placements during the year began with a care plan in place.
- 96.6% of reviews of LAC were carried out within statutory timescales
- 93.4% of LAC had a plan for permanence in place at the second review due date.

#### **Improvements in Permanency Planning:**

- 85% of eligible children had a pathway plan in place as required throughout the year.
- The Adoption Service exceeded its target of 15 children being adopted during the year with 25 children being adopted. 20 new Adopters were approved.
- 22 Care Orders were discharged as a result of Residence Orders being granted, a further 29 Care Orders were discharged as a result of Special Guardianship Orders being granted and 17 Care Orders were discharged where no other order was required.
- New multi-agency “Family Intervention Support Panel” established to streamline of all referrals for Family Intervention Services
- Reduction in the number of “First Time Entrants” into the youth justice system, reduction in the number of re-offending rates and the use of custody.

#### **Safeguarding and Family Support – Priorities for improvement 2013-14:**

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

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## GETTING HELP

### Access to Services

Our Safeguarding and Family Support Services (SFS) aim to safeguard and promote the welfare of children and young people who are in need. Services are either provided directly or commissioned to support children and young people who need them to achieve their full potential. We have good arrangements in place for children, young people and their families to access help, advice and support around the clock. Our Emergency Duty Team (EDT) responds to concerns about the safety and protection of children raised by professionals and members of the public outside of office hours. During 2013, a comprehensive review of the EDT service was undertaken which resulted in significant improvements in the overall functioning and performance of the service.

Our county-wide Assessment Team, open during normal office hours, receives contacts and referrals from members of the public and professionals in respect of safeguarding and child welfare matters. During 2013-14 the Assessment Team received an increase of 235 more contacts compared the previous year. In all, the service received 3,317 contacts.

99.1% of all contacts received by the service were reviewed, and a decision made about the necessary course of action, within 24 hours of the initial contact. We consider this a significant achievement. This compares with 98.2% the previous year. Where people are eligible for a service, we endeavour to provide good and timely responses to their needs. To ensure this, there are robust screening processes in place which promptly assess needs and the risk of harm in order to ensure that appropriate interventions ensue. In 2013-14, the percentage of referrals that were re-referrals within 12 months was 12.7%, a slight increase from 12.3% the previous year.

A joint project established in 2010 with the police to jointly assess, on a daily bases, all reports of domestic abuse which could impact on the welfare of children has continued to be effective in the joint screening activity of all reports of domestic abuse incidences in Bridgend. Working relationships between police and social workers have strengthened as the project has matured. The table below illustrates the number of domestic abuse incidents considered by the project and those that were referred on to social care for a safeguarding intervention.

We have continued to provide a comprehensive range of information to children, young people and families about the services available, how these can be accessed and what they can expect to receive. During 2013-14, we continued to refresh the information available to children who may become LAC, those who are already LAC and those who have been LAC. This includes new information about advocacy and how service users can either complain or give complements compliments about our services. We have continued to disseminate the information available to children and families in respect of our child protection procedures and, in particular, information about what families can expect when attending case conferences, including information on how to complain.

In Bridgend, we actively promote feedback from service users about the full range of services we deliver. This is used to help shape and refine the way we do things in order to achieve improvements. Feedback is gathered through questionnaires, face to face consultations and participation events with children and young people. When cases are

closed, questionnaires are sent to parents/ carers and the children themselves seeking feedback on what they felt about the service they received. A quarterly report is produced that collates and analyses the returned SNAP questionnaires which is shared with managers so they can understand how service users feel about the service they have received.

During 2013-14 the service received 29 compliments from service users and professionals. This is less than the previous year but is thought to be as a result of compliments not being forwarded by practitioners and managers to our Complaints Office. 93 unregistered complaints were received which were quickly dealt with by Team Managers. We received 11 formal complaints, 2 of which were subsequently withdrawn. All these were dealt with at Stage 1 of the Complaints Procedure, meaning that they were resolved formally by front line managers avoiding further independent formal investigation under Stage 2 of the Procedure. All complaints are taken seriously and investigated as we aim to seek prompt resolution. No complaints progressed to Stage 2 of the Procedure in 2013-14 compared to 2 for the period 2012-13.

Service users who are in receipt of either short or long services are encouraged to participate in all stages of the care planning and review processes. A partnership approach has continued to be taken with service users and other agencies, such as health, education and the police in order to achieve more positive outcomes for children and young people.

Mechanisms are in place within our quality assurance framework, which include consideration of how well the child and family are being consulted and engaged in relation to care plans. Case notes are also reviewed by managers as a further means of evidence of engagement and consultation with the child or young person in respect to care planning. To ensure that our care planning processes for children evidence effective engagement with children and young people and to ensure that their wishes and feelings are recorded, during the past year many of the councils ICS exemplars have been redesigned, including initial and core assessments, to include mandatory data fields to record whether the child has been seen during the assessment process and to record his/her wishes and feelings. In addition, ICS exemplars for LAC, CP and CIN cases now all have mandatory data fields for recording the child's wishes and feelings and to record if a child has been offered professional advocacy services.

Efforts are made to ensure that parents and carers provide their views by contributing to written assessments, attending review meetings and providing feedback on the range of services they are in receipt of.

We encourage the attendance of children, young people and their parents at all LAC, CP and CIN reviews and their contributions are clearly recorded. Independent Reviewing Officers (IRO) routinely meet with children, young people and their parents prior to review meetings, or outside of such meetings if they are unable to attend.

When initial assessments are undertaken, we monitor the percentage of assessments where children are seen alone by the social worker. In 2013-14, this was 51%. The primary reasons that children did not get seen alone as part of the initial assessment resulted from the fact that the children were either too young or they refused to meet with the social worker alone. As a significant number of this year's initial assessments were in respect of children under two, it is understandable why this performance indicator has

dipped slightly compared to the previous year. To ensure that practitioners are being proactive in engaging and consulting with children and their families, our quality assurance framework implicitly considers engagement and consultation with the child, particularly in respect of care planning.

### **Assessment/Case Management Services**

2013-14 proved to be another busy year for all our safeguarding and family support services. (Appendix 2 provides a table that illustrates the number of initial assessments completed during each month of the year.)

Last year, it was reported that significant improvements had been made in performance in relation to the completion of core assessments within prescribed timescales, with 73.3% of core groups being held within timescales. We acknowledged, however, that more effort was required to improve the consistency of the quality of assessment. Whilst we have achieved this, our performance in relation to core assessments being completed within statutory timescales fell from 73% to 63%. The primary reason for this has been attributed to a significant rise in the number of core assessments completed throughout the year rising from 502 in 2012-13 to 646 in 2013-14. Understandably, this placed significant pressure on our frontline safeguarding teams which has inevitably impacted on social workers ability to complete all core assessments within statutory timescales. However, we are confident that the quality of assessments has improved with greater detail recorded of service users' wishes and feelings and the assessment being more outcome focussed. This has been influenced by continued enhanced team based training, individual mentoring, supervision and audit activity. We have also introduced a number of mandatory training events which all practitioners must attend. For example,

- Professionalism and managing your social work responsibilities – 1 day
- POVA e-learning module
- Safeguarding – e learning module
- DRAIG training - overview, CP, CIN, LAC, & those specific to role of appointment
- Recognition & referral
- Child protection conferences & core group,
- Safeguarding children whose parents have mental health problems  
Safeguarding children with disabilities
- Initial & Core Assessment- 2 days
- Case recording – 1 day
- Substance misuse – 1 day
- Domestic Abuse for Safeguarding social workers- half a day
- Online Safety – half a day
- Working with parents with learning disabilities – half a day

Last year it was reported that our workforce remained generally stable with the majority of social work posts being filled predominantly with permanently employed staff. This year we have been particularly challenged with a number of experienced staff leaving the authority. In response we have regularly recruited replacement social workers, the majority being either newly qualified or with less than two years post qualifying experience. Although at the end of this reporting period there were very few vacancies, with a large group of newly qualified social workers, we have faced particular difficulties protecting newly qualified social workers within their first year of practice. This has

resulted in our senior practitioners having to carry heavier caseloads or a heavier caseload comprising of the more complex child protection and LAC cases. Notwithstanding this, during 2013-14 the average caseloads for both social workers and senior social work practitioners reduced.

During the 2013-14 year, 23 social workers left and 30 new appointments were made, including 22 newly qualified social workers. During 2013-14 17 social workers successfully completed their first year in practice.

## **Case Management**

Throughout 2013-14, the number of children and young people who had open and active allocated cases within our Safeguarding and Family Support teams increased to 1,519 on the 31<sup>st</sup> March 2014 from 1,441 on the 31<sup>st</sup> March 2013. This is a 5.4% increase on the previous year. (Appendix 3 shows the breakdown of open cases to each of the service teams on the 31<sup>st</sup> March 2014.)

In spite of the significant increase in open cases across our safeguarding teams, we have managed to reduce the average caseloads of frontline social workers to 18 from what were previously 22. This was achieved by the Council investing in the creation of an additional safeguarding team manager and a number of new social work posts. This has resulted in team managers having fewer social workers to supervise and social workers having smaller caseloads. Now our five safeguarding teams provide services to children and families on a locality patch basis. A map illustrating the localities within Bridgend which each of the five safeguarding team's serves, along with the Wards can be found at Appendix 4). The Just @sk Plus Team, Assessment Team, Disabled Children's Team Youth Offending Team, IFSS, Family Support Team, Adoption, Fostering and our Connecting Families Team all provide county wide services.

## **Child Protection Activity**

Throughout 2013-14, all child protection cases were allocated to qualified social workers. The names of 255 children were added to the Child Protection Register (CPR) compared to 249 in 2012-13. 237 children's names were removed from the CPR, compared to 220 in 2012-13. This again demonstrates significant child protection activity throughout the year. (Appendix 5 provides a number of tables that show the rate of CP registrations and de-registrations month on month throughout 2013-14.)

During 2013-14, 87.7% of initial child protection case conferences were held within 15 working days of the strategy discussion and 87.7% of initial core groups were held within 10 working days of the initial child protection case conference in line with agency and Welsh Government expectations. For CP reviews 99% were conducted within statutory timescales throughout 2013-14 a slight improvement on the previous year. This is again a significant achievement in the context of increasing workloads and the associated pressures and demands placed on the service.

## **Looked After Children**

As stated above previously 2013-14 proved to be a very challenging year for us in responding to yet further increases to our LAC population with number rising from 387 on the 31<sup>st</sup> March 2013 to 412 on the 31<sup>st</sup> March 2014, a 6.5% increase. (Appendix 6

provides a table that shows the pattern of LAC numbers throughout the year compared to the previous year). Despite this rise only six cases remained unallocated for a very short period of time. During this period, the cases were held by a team manager pending the imminent start of a new worker. We acknowledge that there were occasions when LAC cases have not always been allocated to a qualified social worker. On these rare occasions, children placed in long term stable foster placement are sometimes allocated to social work assistants who have held these cases for several years and are closely supervised by qualified senior social workers. Notwithstanding this, we have increased the percentage of our LAC cases allocated to qualified workers from 93% in March 2013 to 96% on the 31<sup>st</sup> March 2014

(Appendix 7 provides a table that illustrates where LAC cases are held within our Safeguarding and Family Support Team. Appendix 8 provides a table that show a percentage profile of the ages of LAC on the 31<sup>st</sup> March 2014)

(Appendix 9 shows the breakdown of Bridgend's LAC population at 31<sup>st</sup> March 2014.) (Appendix 10 illustrates the number of children who became looked after by age throughout 2013-14).

Irrespective of the number of LAC in Bridgend we make a concerted effort to ensure both their health and educational needs are at all times promoted. Consequently each child has a dedicated LAC Health nurse whose primary responsibility is to ensure the health needs of all LAC children are promoted. LAC health nurses are collocated with our independent reviewing service but work closely with social workers to ensure that the specific health needs of all LAC, irrespective of their age, are constantly promoted and considered paramount. Social workers also benefit from our established working relationship with CAMHS through their attendance at monthly triage clinics.

To ensure that the educational needs of our LAC are promoted our Looked After Children in Education team (LACE) ensures that the many educational needs of a looked after child are promoted. This involves a multi-agency approach and close liaison with designated teachers, additional education needs services, social workers and carers. The team provide time-limited and focused educational support and mentoring to LAC who require additional educational support.

The increase in both the number of children added to the child protection register and the increased numbers of looked after children during the year has required us to increase the number of legal surgeries held. These meetings are now held weekly to consider our duty to apply legal safeguards as appropriate in line with the Public Law Outline (PLO). Legal surgeries are attended by a senior lawyer, principal officer and key professionals involved in the cases being considered. Between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014, 61 full Care Orders and 47 Interim Care Orders were granted by the courts and during the same period, 1 Interim Residence Orders, 22 Residence Orders and 29 Special Guardianship Orders were also granted by the courts. 17 Care Orders were discharged.

### **Permanency Planning for Looked After Children.**

We continue to implement a specific project aimed at ensuring that all LAC have a permanent plan for their long term future. The purpose of permanency planning is to give each LAC a greater sense of security, and, if possible, a stable family life. We have recruited an additional social worker specifically to progress plans for children and young

people where it has been identified they would more appropriately be looked after under the auspices of either a residence or special guardianship order.

During 2013-14, 93.4% of LAC placements began with a care plan in place at first placement. 92% of Looked After Children had a permanence plan in place at their second LAC review. It is acknowledged that all LAC children require a plan for permanence to ensure stability and to avoid them drifting in care and consequently we will strive to improve our performance related to this in the coming year.

Performance in relation to personal education plans (PEPs) being in place for LAC within 20 days of a child starting school has also improved as a result of embedding a more robust reporting system that better captures compliance and completion of PEPs. At the 31<sup>st</sup> March 2014, 56.6% of all Looked After Children had a PEP in place within 20 school days of entering care or joining a new school.

Last year, whilst significant improvement had been made in relation to our performance around statutory visits made to LAC within timescale, it was acknowledged that further improvement was required. Whilst we have been able to reassure ourselves that the vast majority of visits have been undertaken regularly and children are being seen, there remains an issue in terms of visits being promptly written up. To address this, we have streamlined the process required and senior managers have facilitated team based training for all social work practitioners. Nevertheless, we were only able to evidence that 69% of statutory visits required to LAC were completed in accordance with regulations. In the coming year, we intend to further revise our practice guidance and procedures to streamline and simplify the statutory visiting processes to realise continuous improvement.

Within Bridgend, we have a comprehensive permanence policy which underpins our proactive approach to supporting a range of options for permanence. All staff are clear about the significance of permanence planning in achieving best outcomes for children and the importance of LAC reviews being well planned and on time. In 2013-14 96.6% of LAC review meetings were conducted within statutory timescales, a significant achievement considering the very high number of reviews that were actually held.

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## **THE RANGE OF SERVICES PROVIDED**

### **The Services Provided**

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

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

Our **Assessment and Case Management Services** currently comprise a county-wide assessment team, five generic safeguarding teams covering geographical locations within the borough and a county-wide disabled children's team. Our five safeguarding

teams cover the geographical areas of Maesteg, Ogmore, Pencoed, Bridgend and Porthcawl. The establishment of a fifth safeguarding team during 2013 has resulted in managers having fewer direct reports and social workers having considerably reduced caseloads thereby allowing more time to work directly with children and families. It has also improved management oversight and the support and mentoring afforded to practitioners, particularly those newly qualified.

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

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

Prior to March 2014, our **Services for Disabled Children and Young People** operated a 'wrap around' disability service model which brought the responsibility for all disability service under one senior officer who now assumed the strategic lead in both the management and strategic development of services for disabled children and young people, including transition to adulthood. However, as a result of our restructure of our senior management team this responsibility has now been separated. The Group Manager for Disability, Transition and Case Management retains the strategic lead for the development of services for disabled children and young people, including transition to adulthood, which includes the responsibility for our disabled children's multi-agency strategy group. This multi-agency forum has continued to meet bi-monthly and continues to be well attended. Specialist services for disabled children and young people are provided by virtue of their status as 'children in need' as defined in S17 (11) of The Children Act, 1989 or as looked after children.

The responsibility for the specialist regulated short break services has now transferred to the Group Manager for Service Provision, alongside the other regulated services which are annually inspected by CSSIW.

Our specialist disability services seek to:

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

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



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

Bridgend's short breaks statement has been reviewed and re-published on the BCBC website. The Group Manager for Disability, Transition and Case Management will maintain responsibility for the annual reviewing of this document, ensuring all key stakeholders are consulted and represented in the publication.

Services referred to within the Short Breaks Statement include:

### **The Disabled Children's Team**

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

### **Bakers Way Residential Short Breaks Service**

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

### **Family Link Short Break Service**

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

### **The Complex Needs Play scheme**

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

### **Trinity Care and Support**

Trinity Care and Support is a registered charity commissioned by Bridgend County Borough Council to provide a siting service to the parents of disabled children and young people. The service also provides personal assistants to accompany disabled young people to engage in community based social activities.

## Direct Payments

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

The table below illustrates the number of children receiving disability services during the period December 2013 to December 2014.

| Name of service           | Numbers of children  | Average frequency of visits/hours per month   |
|---------------------------|--|---|
| Bakers Way                | 41   | Overnight stays range from 1-4 per month. Average stays per month = 2.<br>07 – 10 transition aged young people receive a fortnightly Outreach service   |
| Family Link               | 13   | Average of fortnightly visits/overnight stays.  |
| Trinity Care and Support  | 20   | A range of hours and flexible packages of support matched to identified need.   |
| Direct Payments           | 58 (in addition 5 cases transferred to Adult Services during period Dec 2012 – Dec 2013) | A range of hours and packages of support matched to identified need. The lowest number of hours is 1½ per week for social activities (£956 p.a.); the highest package provides a more complicated care plan with additional hours during school holiday periods with 2:1 support (£15,288 p.a.) |
| Complex Needs Play scheme | Up to 15 children (15 attended Easter 2013 and 15 Summer 2013)                           | Offers a service for three days per week during at Easter School holidays, and three days per week for four weeks in the Summer.  |

**Y Bont day care centre**, a commissioned service, provides specialist day care, after school and play scheme activities for children with additional needs and disabilities aged 0-18 years. In 2011, this service was successful in its tender to become the lead provider for the disability element of the discrete disability funding within the Families

First programme. The programme ensured the continuation of the delivery of the specialist Early bird and Early bird Plus parenting programmes. The Families First programme was re-tendered at the end of 2013, and this time the lead provider for Disability programme 6 has been awarded to Barnardos (Cymru). Y Bont will continue to work with Barnardos (Cymru) in the delivery of services to families with disabled children who meet the Families First criteria. Part of this work will be to further develop early intervention approaches with Tier 1 and Tier 2 families, with the aim to strengthen parenting capacity and the management of challenging behaviours.

We are continuously seeking to improve our transition planning arrangements to ensure that disabled children including LAC are supported to have a smooth transition into adulthood. During 2013-14 funding has been awarded from the Western Bay Project Board to scope a service model to improve Transition to adulthood for disabled young people. This funding has enabled the commissioning of an independent consultant who has been tasked with scoping the feasibility of developing a multi-agency 14-25 Transition team. The Group Manager for Disability, Transition and Case Management continues to work closely with Adult Services in relation to this development. This has been achieved in establishing a social care pathway between Children's and Adults Services. Challenges remain in engaging partner agencies in order to establish corresponding pathways. The Western Bay development work will seek to address this issue as the development of a multi-agency team will require multi-agency sign up.

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

The role of our Keyworker based within the Disabled Children's team has expanded to encompass all disabilities and all age groups, without losing the focus on Transition planning. Funding for a further twelve months has been agreed which includes an element of investment from the Youth Justice Board. Recognising the value of the keyworker skill set and role, the plan is for the keyworker to provide specialist training and joint working with the Youth Offending Service in relation to those young people with learning disabilities, in particular high functioning Autistic Spectrum Disorder.

The roll out of the new Guidance for Continuing Care for Children has commenced and this is being led by colleagues in ABMU Health Board. A pilot quality assurance panel has been established but is at present in an embryonic stage. Our Group Manager for Disability, Transition and Case Management has participated in the Quality Assurance Panel process representing Children's social services across the ABMU footprint. Progress will be monitored during 2014-15 via the Disabled Children and Young People's Strategy Group and the Transition Strategy Group.

The Just @sk Plus team continue to participate in the bi-monthly Transition panel and there is a plan to review and expand the role of the panel. Within our Adult Services, a more Person Centred Planning approach has been integrated into the Care Planning process ensuring that all young people who are approaching the time when they leave care are supported through their transition to independent living.

Our **Family Group Mediation Service** and our **Advocacy Service** are commissioned through the third sector and have enabled us to develop an appropriate range of support services for individual children and their families.

Our **Accommodation and Regulated Services** provide a range of support and resources to children who cannot remain with their families, in the short or longer term. These services provide placements either with foster carers or in residential care, where possible, helping children to mainstream within their families and enhancing the quality of life for them, their siblings and their carers. Where long term plans require a new permanent family for a child, our adoption service recruit and place children with adoptive parents. Other solutions that provide permanence for children include residence orders and special guardianship orders, particularly in relation to care provided by relatives and friends. The service will undertake an assessment of need and will provide financial support where legislation and guidance provide for this and families meet the requirements. During 2013-14, all our regulated service received CSSIW inspection, all being very positive, with no non-compliance notices issues. These are available for the public to read on the CSSIW web site.

The **Adoption Service** provides a range of services and interventions across five key areas affected by adoption. The areas are:

- assessing and supporting prospective adopters;
- assessing non-agency adoption (also known as step parent adoptions);
- birth record counseling and intermediary services (BRC and IS);
- adoption support (assessments and support to anyone affected by adoption);
- twin tracking and family finding, which involves working with birth families of children in or following care proceedings and once a Placement Order has been granted by court, searching for an adoptive placement.

The Adoption Service was created as a distinct service, separate from Fostering, in 2006 and has since that time strengthened not only its identity but also performance.

In April 2012, a set of local performance indicators (PIs) were agreed, in the absence of any national PIs. The targets reflected the number of LAC at the time and the trend in Wales to place approximately 4%-4.5% of LAC in adoptive placements. The targets also reflected the national shortage of adopters and provided an aspirational target for approval of adopters. The targets we set for the 2013-14 year were exceeded as in previous years. The targets are not overly simple or artificially low but are realistic yet challenging. Achieving the targets has involved prioritising the placement of children for adoption and approving adopters over other aspects of the service.

The 2012-13 targets, achievements and performance of the Adoption Service are set out in the following table;

**Summary of targets and achievements in 2013/14**

|  | Target Set | Number Achieved |
|--|------------|-----------------|
| Number of Children Placed for adoption | 15         | 28              |
| Number of Adoption Orders granted      | 15         | 25              |
| Number of adopters approved            | 15         | 20              |

The increase in the number of LAC children each year continues to be the position nationally. This has placed increased pressure on the Adoption Service as more children require adoptive placements year on year. During 2014-15 our Adoption Service will merge with Adoption services in Swansea and Neath/Port Talbot to form a new Western bay regional Adoption service.

**Bridgend Foster Care Service (BFC)** provides general, relative and Regulation 38 (emergency family and friends) foster carers for children accommodated by the local authority. During 2013-14 we increased the number of general foster carers by 9 to 94 with general foster carers providing an increase of 26 placements to 194 placements. On the 31<sup>st</sup> March 2014 we had 35 relative carers providing 59 placements and 10 Regulation 38 carers providing 14 placements. Bridgend Foster Care's, general foster carers are members of the public who apply to become foster carers for the local authority. Relative foster carers are relatives who have been approved specifically to care for named children who are looked after by the local authority. Regulation 38 carers are people who have children placed with them in an emergency situation by the local authority for a period of up to six weeks or whilst further assessments are undertaken, again normally people who are family members and occasionally family friends.

The Support Care scheme which seeks to prevent children who are considered to be at high risk of entering the looked after system now has 3 sets of approved carers who can support parents in their own homes in an attempt to avoid their children becoming looked after. During 2013-14 we launched our refreshed Regulation 38 carer and Relative foster carer handbooks which are now distributed routinely. In addition we have continued to review and update our general foster carer handbook. The Childrens guide to placements for young children has been written and will shortly be launched along with a new guide for teenagers.

Our "Delegated Authority" policy has been written and following extensive consultation with staff and foster carers and has now been agreed by Cabinet. IRO's and Safeguarding Team Managers have received briefings about the purpose and mechanism for using the policy. All staff teams have been provided with the policy and a clear explanation of their roles and responsibilities within it to ensure safe and appropriate usage.

In 2013-14, Bridgend Foster Care (BFC) was again commended by CSSIW inspectors within a very positive inspection report which noted the ongoing good performance of the team overall. Recruitment of new foster carers has been strong, and almost all of the (previously established) Resolutions Fostering Service foster carers have chosen to transfer to Bridgend Foster Care. We have also seen an increase in the number of foster carers transferring in from Independent Fostering Agencies.

During the year, South Wales Improvement Collaboration (SWIC) produced a best practice guide for recruitment and marketing for all Local Authority Fostering Services within its membership. The SWIC fostering group is currently working on proposals to establish a regional marketing centre for all fostering enquiries across Wales and are considering the potential for harmonisation of payments across the SWIC region.

Our **Just @sk Plus Service**, based within the town centre of Bridgend brings together 'leaving care' services and various aspects of the Council's youth service provision. It provides a universal drop in service for young people aged 16-25 years, offering a range

of services from sexual health advice, careers guidance and counselling. In addition to the “universal entitlement”, there are additional targeted services including the council’s leaving care service, a homelessness service for 16 and 17 year olds and case management services for young people 16 and over who are LAC. The service works alongside case managers to ensure that plans are in place to enable a looked after young person to achieve a successful transition into adulthood. Young people are supported to seek training, employment and suitable housing. The corporate parenting role of the local authority and its partners ensures support for care leavers up to the age of 21 and 24 if they are in education. Young people leaving care are able to access services that will help them to become confident and caring individuals throughout their lives through receiving emotional and practical support from this service. A recent evaluation of this service can be found at Appendix IV of this report.

Our **Independent Reviewing Service** has an important Quality Assurance function and works towards ensuring all children within the care of Bridgend County Borough Council has a robust effective care plan. This plan is aimed towards improving outcomes for children and young people in providing a stable and secure childhood where their health, education and emotional wellbeing is promoted through effective care planning. It is the function of the Independent Reviewing service to ensure the care plan is appropriate and progressive in Safeguarding whilst meeting all identified needs.

Independent Reviewing Officers (IRO) are required to independently review the Care Plans of all Looked After Children and those children with a Child Protection Plan and have their names on the child protection register (CPR). The Review will include consultation with and attendance of relevant agencies (health, education and Police etc.) and will usually include the child/young person, their Social Worker, carers and family members. Timescales for Reviews are set out in the Children Act 1989. First Review will take place within 28 days, next Review three months following the initial review and then six months from the second Review. Subsequent Reviews are held every six months unless there has been an unplanned change of placement when a Review will need to be held within 28 days.

Within Bridgend County Borough Council, the IRO Service has the following roles and responsibilities;

- To Review and oversee the effectiveness and the appropriateness of Care Plans for those Children and Young People the Council has responsibility for. This includes the chairing of all Child Protection Conferences, Looked After Children Reviews, including children placed for Adoption and Pathway Plans for young people moving towards independent living.
- To ensure all LAC Reviews and Children Protection Conferences take place within compliance of the legal timescales.
- To Chair all Child Protection Conferences on behalf of Western Bay Safeguarding Children Board.
- To provide a report on each Review held which includes recommendations to any changes to the Care Plan and to monitor the progress of the Care Plan by tracking cases between Reviews.
- To ensure the child/young person’s rights are protected.
- To support and advise through a mentoring and coaching role to social work staff in relation to effective care planning.

- To raise IRO concerns where they have been identified through the agreed protocol and to escalate unresolved concerns regarding care planning to the appropriate level of the Local Authority's management structure.
- The quality assurance function of the IRO service aims to highlight concerns around specific cases and also any trends relating to care planning practice. It also has a duty to highlight good practice.
- All LAC are subject to Health Plans to promote their health and development. The IRO's have responsibility to ensure the Health Plans are monitored and meeting the children's needs within the LAC reviewing process.
- All LAC children are subject to a Personal Education Plan (PEP). The IRO is responsible for ensuring this is in place and regularly reviewed to ensure all educational needs are being met.

As a result of the work of this service, the quality of planning for children and young people is monitored and enhanced where necessary. The independent reviewing officers help raise standards and contribute to achieving permanence in a timely way for looked after children, enabling them to make the best of their talents and helping to keep children safe from harm. The independence within the role of the reviewing officers has been promoted by developing closer links with CAFCASS. The Service has also developed and introduced monitoring and reviewing forms which are used prior to and after conferences and reviews. These documents are reviewed monthly and promote better standards of practice and allow more comprehensive scrutiny and tracking of care plans. As part of induction the IRO manager delivers information to practitioners and managers within the safeguarding service aimed at enhancing the quality of care planning.

Our **LACE Service (Looked After Children in Education)** ensures that the many educational needs of a looked after child are addressed and to safeguard and promote their education. This involves a multi-agency approach and close liaison with designated teachers, additional education needs services, social workers and carers. The team provide time-limited and focused educational support and mentoring to LAC who require additional educational support.

Our **Child Protection Service (Education and Youth Service)** provides support and advice to schools regarding individual cases, training for school staff, governors, educational psychologists, Education Welfare Officers, access and inclusion service, schools counsellors, school transport and the youth service. It ensures that schools are clear about safeguarding policies, procedures and protocols and it advises and supports schools and services when dealing with professional abuse allegations. During 2013-14, the Child Protection Co-ordinator for Education and the Youth Service delivered child protection awareness training to over 1,200 schools and the youth service as part of a three year rolling programme. Business support for training is provided by SCWDP.

Training for governors is arranged twice yearly via governor support as well as the availability of sessions organised for school governing bodies at the schools. Over the last year 30 governors have participated in training.

The Child Protection Team for Education and Youth Service are involved in delivering multi-agency training on safeguarding children – recognition and referral and child protection conferences and core group working.

**Bridgend's Youth Offending Service (YOS)** is a multi-agency service that works in partnership across Bridgend to deliver a range of interventions to reduce anti-social behaviour, offending and re-offending/repeat offending amongst children and young people between the ages of eight and eighteen years of age. The YOS is involved in early intervention and prevention work through to the management of young people who pose a high risk of harm to others.

To work effectively, the YOS engages with other service providers, the local community, parents, carers and family members and the victims of crime and anti-social behaviour. The YOS supervises children and young people within the community and those within the secure estate providing a service that is available every day to ensure that high risk and vulnerable young people are appropriately managed within the community.

The Youth Offending Service reports quarterly to the Youth Justice Board on six Key Performance Indicators the first being in relation to how well they stop young people from entering the Youth Justice System in the first place. The YOS have seen another successful year in relation to this indicator and this is attributed to effective partnership working and the "Bureau".

Initially in 2011 Bridgend Youth Bureau was set up specifically to deal with young people aged 10 – 17 who were arrested for the first time for offences considered less serious in nature by the custody sergeant and Crown Prosecution Service. However over the past 12 months, with the implementation of new legislation and guidance (Legal Aid, Sentencing and Punishment of Offenders Act 2012), the Bureau now deals with approximately 85% of all crime committed by young people in Bridgend. The decision to refer to the Bureau is made at the Police Station and takes into account the nature of the offence, acceptance of responsibility, number of offences and current circumstances of the young person.

The Bureau is a panel that meets weekly and consists of the Bureau Co-ordinator (YOS), a Police representative, victim representation and a community volunteer. When a young person is bailed to the Bureau, the panel have several disposals available to them:

- A non-criminal disposal – a restorative disposal that can include a face to face apology, a victim workshop, community reparation and specialist agency referrals e.g. substance misuse. There will be no record of this disposal held on the Police National Computer against the young person's name.
- A Caution – the above elements are all available but not enforceable but a record will be held on PNC
- A Conditional Caution – as above, however there is a statutory obligation for the young person to comply. Failure to do so may result in the matter being referred to Court
- Recommend Prosecution – if the offence is deemed too serious for a Bureau intervention or if young person does not co-operate with the Bureau process then the case can be referred to the Youth Court

During 2013, 205 young people have been through the Bureau process. Of these: 163 have received non-criminal disposals; 32 received cautions; 5 received conditional cautions; 5 were referred to Court.



Of the 205, 15 have reoffended – a success rate of 93%. Taking twelve months statistics can be over optimistic so 115 randomly chosen cases have been tracked since the inception of the Bureau in 2011, 65% have not gone on to reoffend.

South Wales Police are so impressed with the process that they have made a submission to the Howard League for Penal Reform for the Bureau to be considered for national recognition.

Reducing re-offending amongst children and young people who enter the youth justice system is also a key performance measure and has remained a focus for the YOS. Less young people are entering the Youth Justice System as a result of the Bureau interventions but those who do are presenting with more complex needs. Bridgend YOS has over the past year worked closely with partners, in particular Police and Probation supported by the Police and Crime Commissioners Office to pilot new approaches to working with 18-21 year olds, many of whom have been previously known to the YOS. The YOS have been keen to undertake this work as it will directly impact on reoffending rates if successful. One strand of the pilot project involves working with the custody sergeants. The YOS has been engaging young adults entering the custody suite in attempt to stop the offending behaviour escalating using a solution focused approach. The project has been running since September 2013 with early yet positive results so far. The pilot will be evaluated by Swansea University. Also within the pilot project is the development of diversionary approaches similar to the Bureau for young adults who have offended for the first time. The Police and Crime Commissioners aim is that, if the evaluation is positive, the Bridgend approach will be shared across the South Wales Policing area.

With the numbers entering the Court system reducing the YOS has continued to keep the use of custody low, being one of the lowest custody areas in Wales. The use of secure remand has also been low maintaining the Courts confidence in the YOS's ability to supervise young people within the community effectively.

Reduction in first time entrants, reducing reoffending and reducing the use of custody are UK national performance indicators. There are also three Wales only indicators i.e. access to accommodation; access to substance misuse services and access to education, training and employment. The YOS performs well in all areas but are particularly proud of the Skills Development Programme. This has been further developed over the year with the project being commissioned by local primary schools to build outdoor classrooms and school play-ground equipment. This has allowed schools the opportunity to have structures within the school grounds built to a high quality specification at a fraction of the price it may ordinarily cost, allowing better use of resources. It gives the opportunity for young people to give something back to the community and be very proud of their achievements. The YOS has recently completed a feasibility study in relation to the project becoming a social enterprise and one young man previously open to the YOS is about to start a six month paid work placement with the project with the aim of securing continued employment.

The YOS seem to be constantly going through change and this year has been no exception with the ongoing development of the Western Bay Youth Justice and Early Intervention Service which is an amalgamation of Bridgend, Neath Port Talbot and Swansea Youth Offending Services. This has been led by the YOS Managers identifying the need to be proactive in how they meet the challenges ahead, one of which being the

need to find efficiencies. The amalgamation has been approached positively with the view that that this gives the opportunity to take three well performing services to produce an exceptional one.

### **Family Intervention Services**

In Bridgend we have a number of Family Intervention Services including our **Connecting Families Service**, a Local Service Board led initiative that has further refined different ways to work more effectively with families that have the most chronic and complex difficulties and who draw on a wide range of multi-agency services. It provides intensive multi-agency, evidenced-based interventions similar to the IFSS model. The service was designed locally using the evidence of good practice from other areas including IFSS pioneering authorities in Wales and the Westminster recovery programme. The main features of the service are that it;

- is a multi-agency team;
- uses evidence based interventions;
- is extremely intense in the early phase;
- works with every individual within the family unit.

Connecting Families is a multi-agency, co-located team and consists of personnel from the following agencies: Safeguarding, Wellbeing, Education, SMAT (substance misuse), Mental health, Health visiting, Police, Probation, Job Centre Plus, Voluntary sector (domestic abuse charity). There continues to be a number of principals which underpin the delivery of the service.

- The service is delivered in the family's home and/or community.
- The service is intensive, this can mean daily visits.
- The service uses evidence based interventions which are motivational and use the family's own perception of the issues and their motivation to create a preferred future.

During 2013-14 the Connecting Families (CF) information pack was revised and re-written to reflect positive developments within the service and during the year service user and professional's feedback informed the re-launch of the CF information. A DVD was also produced during the year which included families giving their feedback on the service they received from CF and how that has impacted on their situation. It is envisaged that information gained via this process will be used to further inform the development of this service. An "open space" event (participation event) invited all service users to share their view and offer ideas for further development. Arising out of the "Open Space" event a group has been established comprising of former service users who have volunteered to continue to meet and assist with identified service enhancements. All subsequent service users will be invited to join and/or contribute. Consequently, parents and families are now better informed of the range of services available to them and their families and how to access them.

With a view to increasing active service user participation Connecting Families adult service users, dating from the commencement of the service, were invited to assist the service to more clearly understand what the service was offering that was of tangible benefit and what could be done to improve our service. 43% of service users responded and the key themes emerging in respect of improvement were;

- Increased emphasis on the importance of the timeliness of service offer i.e. when change is most likely and family members are willing to engage,
- having clear understandable and relevant information in respect of the service and specifically the manner of delivery.

The responses provided significant insight into what was valued and considered to have made positive differences in the lives of families this has reinforced the evidenced based values and practice of the service.

During 2013-14, we commissioned an independent, outcome based, process and impact evaluation of our Connecting Families service to sit alongside the extensive data collated indicating a substantial cost aversion within public services. The evaluation gave clear indications of the positive benefits the service was having in respect of safe and healthy family functioning, specifically in the domains of parenting practice, parental wellbeing and confidence, improved family relationships and the broader wellbeing of the family. Additionally reported were improved relationships with other agency service providers. Both professionals and parents reported examples of positive changes being sustained. Positive outcomes were directly linked to the multi-agency, evidence based process and practice delivery i.e. the whole family, strengths based, motivational approach of Connecting Families. The evaluation identified the manner of delivery as a specific strength a recurrent theme being the trusting and respectful relationship established between worker and family which held families at the centre of the process. The evaluation highlighted areas which would improve the effectiveness of the Connecting Families service, for example;

- Improved awareness of the service and referral process.
- Ensure families are matched with the 'right' worker.
- Maximise the capacity of the service
- Involvement of partner agencies.

This year we intend to build on the positive outcomes reported in evaluation and address identified areas for development through continued consultation with service users and further embedding the Resilience Framework (RT) into service delivery. We will also review and build the capacity and input of multi-agency partners within Connecting Families.

In order to improve service access at the most productive time for families, facing complex needs, Connecting Families have carried out a profiling exercise to pre-identify families who may benefit from the service. This year the service aims to develop an 'active invitation' process in respect of identified families. (Appendix 11 provides a case study of a family that has benefitted from CF interventions)

Our **Intensive Family Support Service (IFSS)** became operational on the 1<sup>st</sup> of February 2013. The operational activity of the service is being monitored and reviewed as it progresses. IFSS is based on a highly skilled staff cohort and all practitioners are either qualified social workers or nurses. The Western Bay IFSS consists of:

- 8 consultant social workers
- 2 senior practitioner social workers

- 2 health visitors
- 2 substance misuse nurses
- 2 Lead trainers
- 3 business support

IFSS is a statutory service with a prescribed model of intervention which requires all staff to be trained in the model and for a number of staff to achieve 'train the trainer' status in the model. IFSS is a model of working in a very intensive way with families where there is substance misuse. The prescribed model is very well evidenced although the actual model as a whole is still subject to early evaluation. Like CF, IFSS use a motivational model of intervention which is client led. The model ensures that both children and adults in families are given the opportunity to air their views about their future and decide what steps need to be taken to achieve these preferred outcomes.

Within IFSS and CF the development of the family plan is undertaken with the full involvement with each member of the family taking a motivational and solution focused approach. Where the families objectives are in direct contrast to the child's care plan a mediation exercise is undertaken to try and find a solution agreeable to both social worker and family. Families are involved in Core Groups, Conferences and review meetings to ensure that their views are heard and acted upon and their goals set are achieved.

Following an IFSS intervention families and professionals are requested to complete a feedback form that details their views (positive and negative) on the service provided. Feedback forms from service users indicate that this model feels good for service users and that the empowering approach makes them feel they are able to direct their own preferred future. Any recommendations to improve the service are taken on board during any reviews.

Since IFSS became operational in February 2013, a number of positive outcomes have been identified for families that have received the service. The process of reviewing these cases to determine success continues. IFSS are further developing a "cost benefit analysis tool" that will establish how cost effective the service has been to various organisations.

The Welsh Government target for the number of families that IFSS have to be involved with was 100 within the financial year. However high numbers of referrals to the service meant that this target was met by December

(Appendix 12 provides a case study of a family that has benefitted from IFSS interventions.)

All our family intervention service teams have continued to use work plans which are written in consultation with the child / young person's social worker this enables outcomes and interventions to be measured. Scales and measures to measure progress are routinely used. Routine scaling is undertaken with every family involved in the CF and IFS service before and after intervention in order to measure progress and outcomes. There is an annual outcomes report produced which collates that information giving an overall picture of the outcomes achieved across a variety of measures for the service as a whole. We recognise that further work needs to be done within Family

Support Services on routinely capturing and utilising the views of service users. As such we have begun collecting service user feedback which will become more routine over the coming year and methods of collating and utilising this information will be developed. The Family Support Team now use feedback forms at the end of intervention with all families. Full stop missing

Over the past two years we have developed four new family support services within Safeguarding and Family support (Invisible Walls, IFSS, Connecting Families and Improving Futures ) resulting in the range and quantity of services available to support families in need has been extended significantly. This has led to a reduction in waiting times for families to access services and improved connections between services, ensuring that families receive the service that they need seamlessly and also that those families move from service to service without the use of waiting lists.

To ensure that people are able to find information about available services and where people are eligible, they receive a good and timely response to their needs we have streamlined the referral process to include referral via FISP (Family Intervention Support Panel) to include a wider range of agencies. Consequently there is now greater understanding amongst practitioners of how to access family support functions with an easier process for practitioners to refer families through a single point of access. FISP meetings now held on a weekly basis which ensures that there is an improved response for support for families.

Information regarding FISP and its functions has been widely disseminated. Included in the development of FISP has been a process to ensure that information regarding families is shared more effectively. Partner agencies now as a result provide information as well as receive information. Decision making following FISP including all the information shared at FISP is recorded within ICS within 24 Hrs. Improved information sharing between agencies has also ensured that referrals are allocated to the most appropriate agency which has ultimately led to an improved coordinated multi-agency response to the child and family need. The refining of the FISP process has achieved improvements in streamlining access to service. This has also helped avoid drift and duplication of services. There is now 1 referral pathway for all Family Intervention Services based in Bridgend.

As the process of FISP is fully embedded the Panel will be able to determine if there is current unmet need. The development of FISP as a single point of referral has ensured that referrals for Family Intervention Services are processed quickly, meaning families receive a more timely service when needs are identified. Much development has been done in ensuring our existing FS services dove tail well with the new and developing services (e.g. CF, IW & IFSS) this includes the co-location of all these services. It has already been acknowledged that the Consultation Surgeries currently offered by IFSS will be extended and the sessions will be led by a consultant social worker who will provide information on all the family intervention services.

Our **Invisible Walls Wales Project** is a new initiative which seeks to integrate the support and interventions offered to specific men in custody alongside the whole family. The range of services are tailored to individual families and will include mentoring support, group work, mediation, family group conferencing, parenting and other related services according to need. The support is available for a period of twelve to eighteen months. The project is funded by the Big Lottery for a period of four years and has three

core aims, to reduce re-offending, reduce inter-generational offending and improve outcomes for children and families affected by imprisonment. The project is a partnership between G4S, Barnardo's, BCBC, Gwalia and the Welsh Centre for Crime and Social Justice. It works with children and young people who are affected by parental imprisonment. An interim report has been published which demonstrates a number of positive outcomes for Service users and families (including children). On a number of occasions during the past year, service users have given presentations at multi agency events. A single point of contact (ACCORD) has been developed within schools and as part of this there is a nominated link provided for children to access who are affected by parental imprisonment, therefore increasing awareness on how children and families can be supported. Active research is ongoing as part of the project and which includes feedback and involvement from families. Invisible Walls Wales are developing a participation strategy to ensure the involvement of service users in service delivery. The service is also developing peer mentor/volunteering opportunities within the project to once more develop service user participation. (Appendix 13 provides a case study in respect of one family who have benefited from accessing the service.)

### **Quality of Services**

We constantly strive to maintain and improve the quality and range of the services that we provide. During 2013-14 we will continue to embed changes made to the functionality of the Integrated Children's System which continues to deliver a comprehensive set of information that allows managers and practitioners to monitor performance effectively. Management information is produced regularly for managers at all levels and is analysed and used to inform decisions and priorities for service change and improvement.

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

Within the quality assurance framework, we have continued to monitor how our supervision policy is implemented which allows for the frequency of supervision to be more accurately recorded and reported. In 2013-14 84% of formal supervision sessions were conducted and recorded by managers with social workers within agency expectations, i.e. at least at monthly intervals.

As with all local authorities, annual inspections are carried out by CSSIW in relation to fostering and residential services and three yearly inspections are undertaken in relation to the adoption service. Our three residential childcare units, Bakers Way, Sunnybank, Newbridge House and our Fostering Service (encompassing Resolutions Fostering and the Family Link Scheme) all received positive CSSIW inspections during 2013-14.

### **Key Areas for Improvement noted for 2013-14**

- Maintain a focus on the quality of decision-making, ensuring the reasons for decisions are consistently recorded, including better capture of service users' views.

In 2013-14 we made changes to a number of ICS exemplars which now have mandatory field for recording and reflecting on children's wishes, views and feelings.

- Improve how we share the learning that comes out of quality assurance activities with front line social work practitioners, managers and other staff.

Where issues of significant learning are identified through audit and evaluations of safeguarding activities, mandatory training and staff briefings have been introduced to ensure that learning is cascaded to all relevant practitioners.

- Launch an audit tool for use by senior managers to examine the quality of supervision.

As stated above, the frequency of supervision sessions conducted between managers and social workers are recorded to allow senior managers to ensure that supervision is being delivered in line with agency expectations. In 2013-14, 84% of supervision sessions were held within agency expectation timescales.

- Ensure Elected Members have support to undertake their corporate parenting responsibilities and that scrutiny arrangements maintain their robust approach.

During 2013-14 a number of briefing sessions were held with Members of Corporate Parenting Committee and Overview and Scrutiny Committee. In addition all Council Members received training on the Council's commitment to offering professional advocacy for children and young people.

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## **THE EFFECT ON PEOPLE'S LIVES**

### **Safeguarding Vulnerable Children and Young People**

The Children Act 2004 makes it clear that it is everybody's responsibility to safeguard and promote the welfare of children and young people. On the 1<sup>st</sup> of April Bridgend's Local Safeguarding Children's Board was disbanded with the establishment of the Western Bay Regional Safeguarding Children Board (WBSCB) following the direction from Welsh Government to respond to the white paper: Sustainable Social Services: a Framework for Action and the development of the Social Services and Wellbeing (Wales) Act 2014. It works with three local authorities, three Youth Offending Services, one Health Board, one Police force (two Basic command units), the National Probation Service, Welsh Ambulance Service, Public Health Wales and voluntary sector organisations. Since its establishment it has been chaired by the Local Authority Director for Social Services from Neath Port Talbot.

The Terms of Reference developed for WBSCB promote the requirement for accountability and are clear in their definitions of professional challenge and holding to account. These Terms of Reference are reviewed annually to ensure they remain fit for purpose. Each Board member is required to sign up to a member Role Profile to which they are individually accountable in relation to their contribution to the Board and attendance at Board meetings. The Board also has measures within its Performance and Impact Framework which assists in reporting activity of Board members against elements within their role profiles which also allows the Board to demonstrate multi agency working at a strategic level.

The Board's business is managed through a dedicated Business Management Unit which is financed through the Board's budget. The Business Management Unit currently

consists of one Strategic Business and Development Manager, one Strategic Business Coordinator and two administrators and within these arrangements the unit provides support to both the WBSCB and the Western Bay Safeguarding Adult Board. The Business Management Unit was established alongside both the regional Boards in April 2013 and is carefully monitored by the Strategic Business Manager to ensure its structure and functions remain fit for purpose.

## **WBSCB - Summary of activity**

### **Governance:**

The WBSCB has spent the first twelve months of its existence establishing itself in governance, business arrangements and strategic priorities. The Performance and Impact Framework requires the Board to monitor its performance against standards set by Welsh Government within the SAITv6 Tool and against its own strategic priorities. These standards assist the Board in its assurances that arrangements are in place to support the business and structure of the Board in terms of membership, finance and process. Membership is checked to be compliant with the requirements within Chapter 4 Safeguarding Children: Working Together under the Children's Act 2004 and attendance is monitored. Each member has a signed role profile and at establishment all members were offered an opportunity for induction. Due to members' experience and membership at other SCBs not many members took up the offer. Since implementation however, where new members have been identified, each has received an induction and signed a role profile.

Since its establishment each statutory agency has been represented at each meeting with only three members sending deputies on one occasion. Individually most members have achieved their agreed attendance record of two thirds however there are some members who have not fulfilled the agreed attendance as signed up to in their role profiles.

The Board has a structured agenda and status reports from each of its management groups is provided in written format with the Chair attending as a Board member to outline progress. Activity for each of the management groups is monitored via the Business Management Unit using action registers and activity is high in most groups:

### **Child Practice Review Management Group (CPRMG)**

The CPRMG is chaired by the Designated Nurse within Safeguarding Children's Services Public Health Wales. In January 2013 the Child Practice Review Guidance which replaced Chapter 10 Safeguarding Children: Working Together under the Children Act 2004 was implemented. The Child Practice Review Management Group has developed referral and decision making processes to manage cases consistently across the region. The processes are aligned to the National Child Death Review processes and PRUDIC processes to ensure that all child deaths are reported via this group.

In interpreting the new guidance the CPRMG has a process by which Multi Agency Professional Forums take place in specific cases where it's identified that lessons for future practice can be learned. These processes allow a much more transparent and robust approach to reviewing cases that do not meet the threshold for a concise or



extended child practice review however there is an identified risk of exhausting capacity very quickly through this process.

Since its implementation the CPRMG has considered 20 separate cases for review at the time writing the status of each is outlined below:

|                                 |   |
|---------------------------------|---|
| Historic CPR                    | 1 |
| Extended CPR                    | 1 |
| Concise CPR                     | 4 |
| Multi Agency Professional Forum | 4 |
| No review                       | 6 |
| More information required       | 4 |

In accordance with the WBSCB's Performance and Impact Framework the performance information is recorded below:

| <b>Measure</b>  | <b>Number</b> | <b>Comment &amp; Analysis</b>  |
|---|---------------|--|
| How many cases have been considered for Review during the year                    | 20            | There has been a significant increase in referrals since the new guidance has been implemented.  |
| How many cases considered were referred to multi agency professional forums?      | 4             | These cases were identified as not meeting a threshold for review but had identified opportunities to improve future practice.   |
| How many were recommended to WBSCB Chair for concise or extended review?          | 6             | Just over a quarter of all cases referred were identified as meeting the criteria in the new guidance.   |
| How many reviews were completed during the year?                                  | 0             | The historical, extended and concise reviews are at different stages of completion based on a start date.  |
| How many concise or extended reviews were completed within the 6 month timescale? | 0             | The CPRMG is continuing to learn lessons in relation to how to manage the reviews. The date of first panel meeting to drafting the output report may very well meet the timescales set out in guidance however; coordinating reviews in an environment of restricted resources and capacity has impacted on establishing panels and bringing the reports to Board. |
| Were all learning events attended appropriately?                                  | No            | Not all learning events have been attended by all required attendees. This has been mainly due to sickness absence or practitioners who have   |

|  |     |  |
|--|-----|--|
|  |     | moved on. There does appear to be a theme of non-attendance from primary care services from within the Health Board.   |
| What proportion of staff evaluation from learning events was positive? | 95% | Evaluations of the learning events have identified that practitioners found attendance at learning events to be positive, helpful and reflective. Practitioners have said that the overall experience has assisted closure and that they feel safe and supported in their contributions to identifying practice improvements. The evaluations which were not positive focussed on accommodation issues or missed opportunities from absent practitioners which would have increased value. |

### **Policy Procedure Practice Management Group (PPPMG)**

The PPPMG is chaired by the Assistant Nurse Director for Safeguarding within ABMUHB and has a focussed work plan and library. In its first year of establishment the group has considered/developed and recommended ratification on 14 separate policies and procedures which can be accessed through the Safeguarding Boards web site. It has also implemented the following protocols/practice guidance documents:

- Managing Neglect
- Guidelines on the Production of Policies and Protocols
- Working with Uncooperative Families
- Children Visiting Secure Psychiatric hospitals
- Resolution of Professional Differences
- Birth Planning Guidance
- Safeguarding Protocol for non-statutory organisations
- Protocol for the Supervision of Children with Child Protection Concerns in Hospitals
- Risk taking Behaviour Practice Guidance

### **Audit and Evaluation Management Group (AEMG)**

The Audit and Evaluation Management Group is Chaired by the Safeguarding, Reviewing and Quality Assurance Principal Officer in Children and Young People's Services (NPTCBC). Upon establishment of the new regional arrangements outstanding audit requirements arising from serious case reviews were collated. Local priorities for audit were also considered and a 15 month audit plan has been developed to address legacy audit requirements, local requirements and statutory requirements. This busy group meets monthly to address a key area for audit.

Audits began in earnest following the development of the audit plan and agreed audit tools and so far this group has produced 3 evaluation reports on the following areas:

- Pre-birth core assessments which have led to initiating care proceedings;
- Cases considered under the statutory guidance of Children at risk from Sexual Exploitation; and
- Children on the Child Protection Register for over 2 years.

### **Strategic Training Management Group (STMG)**

The STMG Group has faced significant challenge over the previous 12 months particularly in its attempts to provide effective levels of safeguarding training over such a large workforce area. This group is working closely with the CPRMG to deliver a multi-agency shared learning event in May 2014 based on the findings of recent serious case reviews and child practice reviews and is currently reviewing its terms of reference and strategic direction.

There is a call to merge the group with that of the WBSAB to develop a more strategic approach to safeguarding training for the Board. This will focus on identifying areas of training and areas of need, developing and quality assuring consistent packages of training and even branding to assist smaller and voluntary organisations in the training they deliver.

### **Communication and Engagement Management Group (CEMG)**

This group did not exist in previous structures prior to regionalisation and was developed in response to the previous CSSIW and Joint Inspection reports into LSCBs in Wales.

The group is chaired from within the Business Management Unit however staff turnover and continued debates on membership have had an impact on progress.

There is currently a draft communication strategy and media protocol which is being developed but requires consideration in its widest sense to promote the work of the Safeguarding Boards whilst also managing media interest in the publication of reviews. This group is also responsible for understanding and establishing mechanisms for engagement and participation with young people and has a developed work plan to address its business and core functions.

The Communication & Engagement Management Group has achieved the following:

- Development of a website for both WBSCB and WBSAB: [www.wbsb.co.uk](http://www.wbsb.co.uk)
- Coordinated a successful launch of the SCB
- Planned and arranged the launch conference for the SAB including securing a speech from the Deputy Minister in Welsh Government
- Developed a routine newsletter for the whole workforce
- Designed and produced promotional merchandise to promote the Boards

## **Review of WBSCB Strategic Priorities**

At its establishment the WBSCB agreed a set of Strategic priorities for its first year. (These can be found at Appendix 14). At the time the Board recognised that some areas for priority were actually set out in core function however to ensure a stable and successful establishment to regional arrangements made them a priority over the first 12 months of development.

## **Multi-agency Safeguarding Activity in Bridgend**

Our Safeguarding Manager and case managing teams actively contribute to local Multi-Agency Public Protection Arrangements (MAPPA) and to Multi-Agency Risk Assessment Conferences (MARAC) to ensure potential vulnerabilities are recognised and children and young people safeguarded appropriately. People will be able to find out where and how to get hold of the help they need when someone may be at risk. Children and adults are supported by staff from all agencies that understand and carry out their safeguarding responsibilities effectively. In Bridgend we aim to ensure that staff across the whole council are aware of safeguarding issues and respond appropriately to specific requests for services for/from children and young people. A new Council-wide policy on Safeguarding has been written to ensure that every member of staff within the Council is aware of their duties to safeguard and promote the welfare of all children and adults with whom they come into contact with.

## **Safeguarding Training**

During 2013-14, we carried out a training needs analysis which has informed the Social Care Workforce Development Programme (SCDWP). Throughout the past year our Child Protection Co-ordinator for Education and the Youth Service delivered child protection awareness training to all school and youth service staff as part of a three year rolling programme. Bespoke training sessions can also be arranged if a need is identified. Business support for training is provided by SCWDP and this involves liaison with schools and others to set up dates, sending training packs and certificates and collating evaluations.

Training for governors is arranged twice yearly via governor support as well as the availability of sessions organised for school governing bodies at the schools.

The Child Protection Team for Education and Youth Service are also part of the training local delivery group and co-facilitate multi-agency training on safeguarding children – recognition and referral and child protection conferences and core group working. Such training also includes some the dissemination of headlines information from SCR's and audits. We recognise that it is important to ensure that training delivery leads to improved practice through reinforcing the links between induction, appraisal, supervision and training.

To ensure that children and adults are protected from harm and abuse wherever possible, we ensure that there are clear multi-agency procedures and processes for both assessment and decision-making which are consistently implemented across agencies. Such practice continues to comply with Welsh Assembly Government 2006 guidance document: Safeguarding Children: Working Together under the Children Act 2004 and the All Wales Child Protection Procedures 2008.

All multi-agency procedures and protocols are added to the WBSCB' website and in Bridgend, our Interactive Practice Guide which offers 'one stop shop' access to these materials for practitioners. In procedures there are a range of opportunities for professionals to meet with families to assess and manage risk, create and review care plans with the benefit of multi-agency input. These include strategy meetings, children in need planning meetings and reviews, child protection conferences and core group meetings.

### **Promoting Independence and Social Inclusion**

BCBC's Safeguarding and Family Support Service continues to provide excellent support and services for young people leaving care and entering a life of independence through the Just@sk Plus service and its transition planning arrangements. In order to ensure that young people leaving care are able to achieve secure living arrangements, good training, employment and education opportunities we have created new initiatives to enable those leaving care to be afforded apprenticeships, traineeships and work placement opportunities within BCBC.

We have continued to monitor performance in respect of young people formally looked after with whom the authority is in contact at the age of 19 and known to be engaged in education, training or employment.

### **Support to Carers**

In order to support carers, we aim to provide services that can be easily understood and accessed by service users at a time and place which suits their needs. Our Family Support Team (FST) structure has been revised and social workers' awareness of the services available for service users has been heightened.

We have continued to offer weekend services when other services may not be available. Weekend referral forms and a cover system have enabled the safe operation of weekend visits. Social workers are able to access services in a timely manner on behalf of their service users who can now receive a more rapid response when in urgent need.

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## **DELIVERING SOCIAL SERVICES**

### **Workforce Management and Development**

Throughout 2013-14, we have continued to promote training and development opportunities to equip our social care staff, social workers, managers and foster carers with the necessary skills and knowledge which are essential to ensure the effective safeguarding of children and young people. We have continued to ensure that staff and foster carers across the service have had access to significant training, at an appropriate level to their needs, based on a robust training needs analysis. Staff are required to access core training programmes and any training that is put on in response to the learning from serious case reviews and local and national changes in policy, procedures and legislation. Core areas of training events are delivered on a rolling programme. Seven mandatory training events for foster carers are delivered every three years and

new areas are being considered. Staff are also supported to access other specialised training that aims to enhance their knowledge and skills within their role and function.

A number of our safeguarding and family support teams have participated in team development days and considered a variety of topics including theories in assessment and analysis and reflective models to interpret information gathered. A number of events have been held which have had on lessons learnt from the outcomes of serious case reviews.

We have increased the opportunities for staff to access training opportunities across the Western Bay collaborative region. The Western Bay Safeguarding Children Board training sub-group sets the strategic direction and priority areas for safeguarding training across the region.

Specific training on “direct work with children” has been delivered to a number of locality teams on a workshop basis.

Evaluation forms are issued for all training events and attendees are encouraged to provide feedback. These evaluations are closely considered by the workforce development team and inform training practice, commissioning and development. In addition staff and foster carers are enabled to identify their learning needs through the supervision and appraisal processes and this in turn informs each team’s individual training needs analysis. Workforce development officers liaise with individual teams to ensure that the team’s training needs analysis thoroughly reflects the whole team’s areas of learning and development. Staff and foster carers are encouraged to discuss any issues regarding training within team meetings, supervision and foster carer’s group meetings. Views of children and young people resident in local authority registered Childrens Homes are consulted on their care experience during Regulation 32 visits as are children placed in foster homes during statutory visits by their social worker and these responses inform the identified training need across the service.

Staff and foster carers have access to varied, comprehensive and specialised training that aims to enhance their knowledge and skills as appropriate to their role and function.

Between April 2013 and March 2014, there were 2,636 attendances at Children’s Services learning and development events including 328.5 attendances by Foster Carers/Adopters.

15 Foster Carers have achieved a Level 3 Qualification Credit Framework (QCF) Diploma in Health and Social Care (Children and Young People.) And 10 Safeguarding and Family support staff have achieved a QCF Health and Social Care Diploma relevant to their role at level 3 or 5. 100% of our residential services staff have achieved or are working towards the required qualification.

18 Social Workers are currently in their first year in practice, they are being supported via a combination of team based support and a group mentoring programme which is being facilitated by Senior Practitioners and Consultant Social Workers. These staff will go on to undertake the Continuing Professional Development & Learning Consolidation Programme commencing September 2014. With reference to social workers in their second year of practice, 8 are accessing the Consolidation Programme which is delivered by the Consortium Y Dderwen. In relation to social work post qualifying

accredited training eight staff have undertaken modules / programmes of study at Level 6 and 7. (Appendix 15 contains a Social Worker Testimonial to evidence this).

Throughout 2013-14 our Safeguarding and Family Support Service continued to face the recurring challenges in relation to the recruitment and retention of qualified and experienced social workers. Whilst it is acknowledged that this is a national problem, with all authorities facing particular issues in this area, we firmly believe that having a qualified, stable and appropriately experienced workforce in place will contribute to the quality of services provided and the achievement of a number of Improvement Priorities identified in the our Corporate Plan 2013-17;

- Working together to make the best use of our resources
- Working with Children and Families to tackle problems early.

To proactively address the current challenges we have in recruiting and retaining experienced social workers, we have recently established a Recruitment and Retention Project with membership including:

- Safeguarding and Family Support Group Managers
- HR Trainee
- HR Business Partner
- SCWDP Manager
- Communication and Marketing Officer
- Business Support Officer

In addition to the above, other officers are co-opted on to this board as required.

The aim of the project is to establish a stable, confident and competent workforce with an appropriate mix of skills and experience within the Safeguarding and Family Support service which is able to meet statutory responsibilities and achieve positive outcomes for children and young people. The primary objectives of the project is to develop strategies to tackle issues affecting the recruitment of social workers in Children's Social Services, as well as improving our ability to retain those social workers already working for the Authority. In achieving this, the Project will:

- Identify the key factors that are contributing to the current issues experienced in recruiting and retaining Children's Social Services Social Workers e.g. Candidate attraction, turnover levels, absence levels.
- Increase Bridgend County Borough Council's presence within the labour market, promoting BCBC as an employer of choice.
- Develop a range of targeted recruitment campaigns aimed at ensuring that applicants have the correct skills and experience levels to meet service requirements.
- Gain a clear understanding of BCBC's pay position in relation to other Welsh Local Authorities.

## **Systems and Information**

Our current social care ICT system 'DRAIG' continues to be developed by the Wales System Consortium (WSC) in liaison with the software supplier 'Careworks'. There is currently a national project to replace this system and this has been presented to local authorities in Wales in order to reshape the current configuration of Social Care systems

used in Wales. Bridgend CBC is leading this collaborative project and involvement includes 8 local authority members as well as NHS Wales Informatics Service (NWIS).

The WSC is now proceeding with NWIS to procure a single supplier National Community Health and Social Care system, and the option for other participants to join at any stage during the first term of contract has been included.

Bridgend's Head of Service for ICT continues to act as the Society of Information Technology Managers (SOCITM) advisor to the WSC. The Business Support managers for the Wellbeing and Children's Directorates sit on the Project Board as LA representatives for BCBC. The role of chair has passed from Bridgend to Ceredigion Council. BCBC is acting as lead authority for the procurement of the new system.

### **Performance Management (PM)**

Performance management within the Children's Directorate, which includes Safeguarding and Family Support, is directed primarily by our Corporate Business Planning Processes. This includes the development of the Council's Corporate Plan and associated Directorate Business Plans as well as the Council's approach to monitoring performance through the quarterly Corporate Performance Assessment (CPA). In order to monitor performance with the Safeguarding and Family Support Service, we use the national suite of performance indicators (PIs), supplemented by some local PIs. Furthermore, individual ICT systems hold performance related information which is used to identify achievements against outcomes for individual service users, in particular our social care system Draig.

Throughout the past year, Bridgend has continued to lead at a national level on the procurement on behalf of the WSC (Welsh System Consortium) and NWIS (NHS Wales Informatics Service) a single National Community Health and Social Care system for Wales. It is planned that the contract for the new system will be signed in December 2014 and implementation/transition from our current Draig system will take place thereafter. Improvements envisaged from the new system include the ability to better present performance information to both operational users (social workers) on their caseloads as well as managers on a dynamic basis.

During the year we appointment a Principal Officer for Business Systems and Quality Assurance within to improve our approach to managing performance and in the development of a quality assurance framework for the Directorate.

A number of staff across the Children's Directorate have received training on Outcome Based Accountability (OBA). A register of these staff is available from the OBA area of our Children's Directorate Information Zone. There is also information about the actions to be taken and the support available to apply the approach, together with information resources.

We have involved children and young people in the shaping a number of our service e.g. professional advocacy service. Here we sought and listened to their views in respect of what the service needed to provide and we developed outcome focussed service specifications for both an Independent Professional Advocacy Service and an Independent Visiting Service based upon the information received.



Our Families First (Programmes 1 & 4) have recently embraced the Outcome Focused Commissioning Model to re-enforce best practice regarding outcome based accountability, it has supported them to respond effectively to the needs of children and young people and to work effectively towards improved outcomes. It has also been used as a reference for best practice in contract management, partnership working, undertaking gaps analysis, monitoring and evaluation and has been the basis of the commissioning process for the next tranche of funding. Third sector providers of Families First programmes have been provided with access to a common Management Information System and supported in the use of common quality assurance reporting systems. This has enabled the accuracy of reported data to be verified and supported benchmarking across providers. Benefits to service users include the clear identification of interventions provided by multiple services, to inform more holistic planning of all interventions.

We have taken a more robust approach to ensuring sickness monitoring takes place in liaison with corporate HR and have put enhanced processes in place to ensure that staff appraisals are completed on time and are actively used to ensure staff are meeting personal and organisational objectives.

Performance management arrangements are increasingly more embedded into our case management teams. However, there is a need to continue to assist staff to further understand the agenda of change that is driven by efficiency and performance. It is essential that management information is 'owned' across the service and that it is effective in evidencing why we are making changes and what is being achieved. We will endeavour to continue to ensure that we have effective performance monitoring arrangements in place that will help drive forward business improvement and that ensure staff and services meet the standards that have been set. In addition, our Quality Assurance Framework has been designed to inform service and organisational learning. We have also delivered training to managers on the use of the Council's new PM system and framework.

Whilst performance management arrangements are becoming more embedded with Safeguarding and Family Support, there is a need to assist staff to further understand the agenda of change that is driven by efficiency and performance and the essential role that management information plays in evidencing what is being achieved. There will need to be a greater focus on outcomes in future and we will need to develop appropriate mechanisms for collecting more outcome focused data in line with both statutory national and local reporting requirements.

The full range of our statutory performance indicators are reported to the Council and as part of the Continual Performance Assessment (CPA) process on a quarterly basis. In addition, our performance is regularly presented to the councils Children and Young People's Overview and Scrutiny Committee and the Corporate Parenting Committee.

### **Quality Assurance (QA)**

Within the safeguarding and family support service, the quality assurance project team continued to develop and implement a work plan relating to the delivery of the division's quality assurance framework. The QA project team consists of managers across the directorate (business support and safeguarding and family support); there is also close liaison with colleagues in organisational development.

Case file audits have routinely been carried out during 2013-14 by business support staff, team managers, senior managers and independent reviewing officers (IRO). IROs also complete feedback forms to social workers and team managers following LAC reviews and case conferences. On completion of individual audits, two action plans are developed. The first relates to case management issues and outlines the action that is needed to improve services provided to the user. The second relates to the case manager and highlights any personal development needs and how these will be responded to through supervision, training etc. Case file audits have highlighted issues about practice in relation to individual cases for which remedial action has been taken. Multi-agency audits have also highlighted cases where lessons can be learned and used to improve future service delivery.

The service's supervision policy is now embedded into 'business as usual' with the frequency of supervision being recorded on an electronic database. Staff receive supervision on a regular basis and, should this not be taking place, the system draws this to the attention of the relevant senior manager.

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## **SHAPING SERVICES**

### **Planning and Partnerships**

Partnerships are explicit in both our Family First and Early Intervention approaches and consequently, third sector agencies are key stakeholders and provide important services on behalf of the LA. Our partnership with Health, let alone in the development of the National Community Health and Social Care system for Wales, is critical, as it is with a range of other partners such as South Wales Police, the probation service etc.

We have continued to progress the development of a strategic framework for integrated working.

The purpose of the framework is to provide a strong steer on how multi-agency working is to become fully effective in Bridgend County so that services are seen to be working as one. In doing so, they will:

- recognise and understand the needs of the children and young people of Bridgend County;
- seek to prevent problems arising;
- be quick to respond when the need arises;
- give a single point of access to services;
- provide help and support closer to the point of need;
- break down barriers between agencies;
- be integrated, inclusive and of high quality;
- support parents.

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The development of the framework linked closely to other projects which includes the Connecting Families project, a project in each of the three areas (community locality networks) in Bridgend County to establish multi-agency teams and community hubs, an ICT project to facilitate information sharing and integrated working, a project to improve

the lives of Looked After Children to ensure we have a clear Placements and Permanency Strategy in place to ensure robust care planning for all LAC.

## **PROVIDING DIRECTION**

### **Leadership and Culture**

Throughout the year we have continued to benefit from having a dedicated Cabinet Member for Children's Services who assumes the role of Chair the Councils Corporate Parenting Committee. Established in 2007, the Committee has continued to provide a vehicle for elected members to consider what needs to be done in relation to the well-being and progress of looked after children and young people. It seeks information specifically relating to looked after children and the Authority's corporate parenting role. The committee has continued to meet bi-monthly to consider a range of projects and developments associated with looked after children and young people who have left care or are about to leave care. (Appendix 16 provides a table that details the full range of reports that went to Corporate parenting Committee during 2013-14.) Members of the Corporate Parenting Cabinet Committee have continued to benefit from training on their corporate parenting responsibilities to ensure they are better informed on the range and scope of the services in place for looked after children and young people.

Further scrutiny and challenge on the range and quality of our services is provided by our Children and Young Peoples Overview and Scrutiny Committee and through the Councils Corporate Performance Assessment processes.

During the year, there were a number of changes to our Corporate Management Team which resulted in new appointments to the Statutory Director of Social Services role along with a new appointment to the Corporate Director for Children. Together, both directors take a strong lead in supporting the service by providing oversight of both the strategic operational components of the service.

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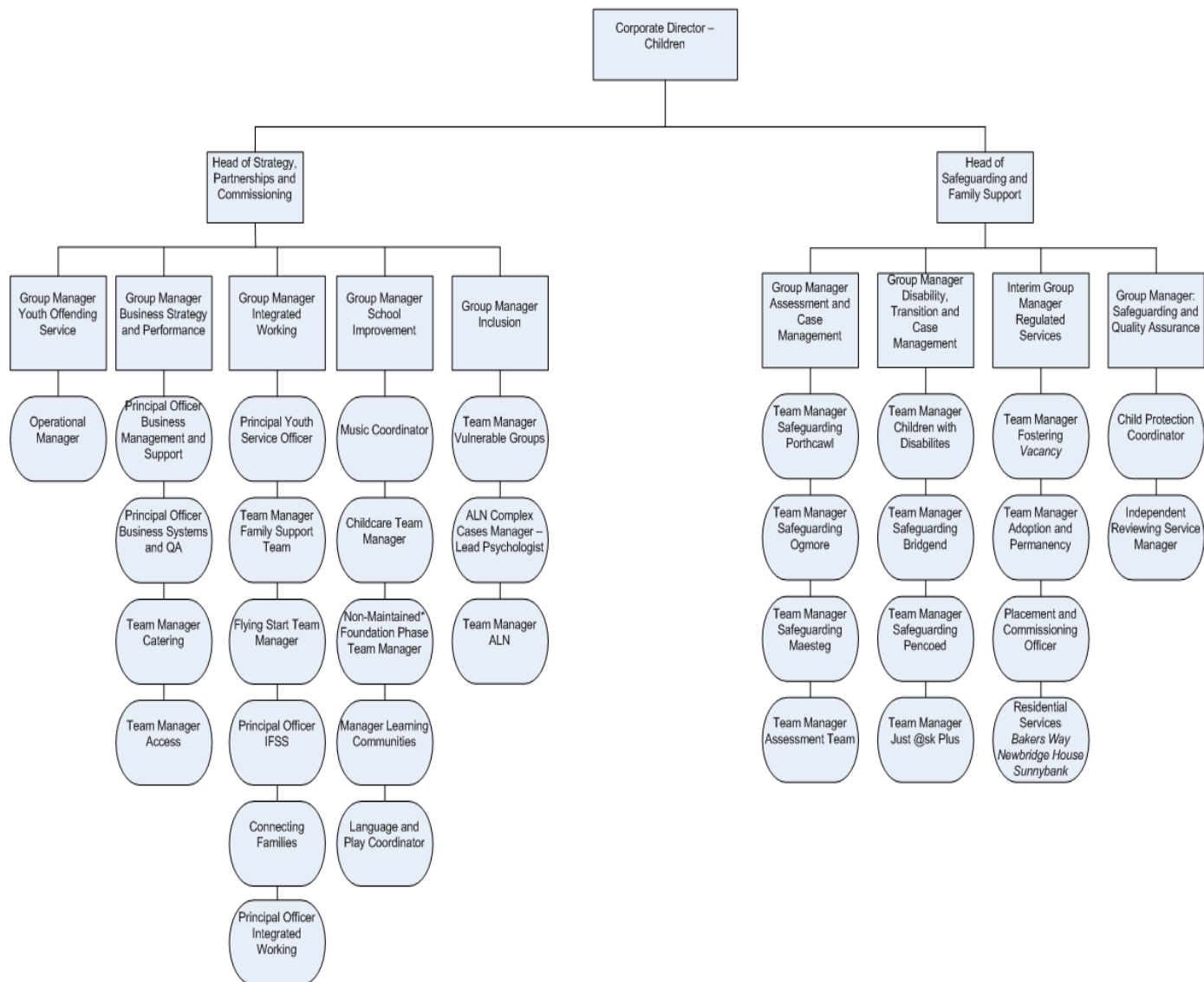
### **Summary – Forward View of 2013-14**

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

Colin Turner  
Head of Safeguarding and Family Support

CHILDREN'S DIRECTORATE MANAGEMENT STRUCTURE

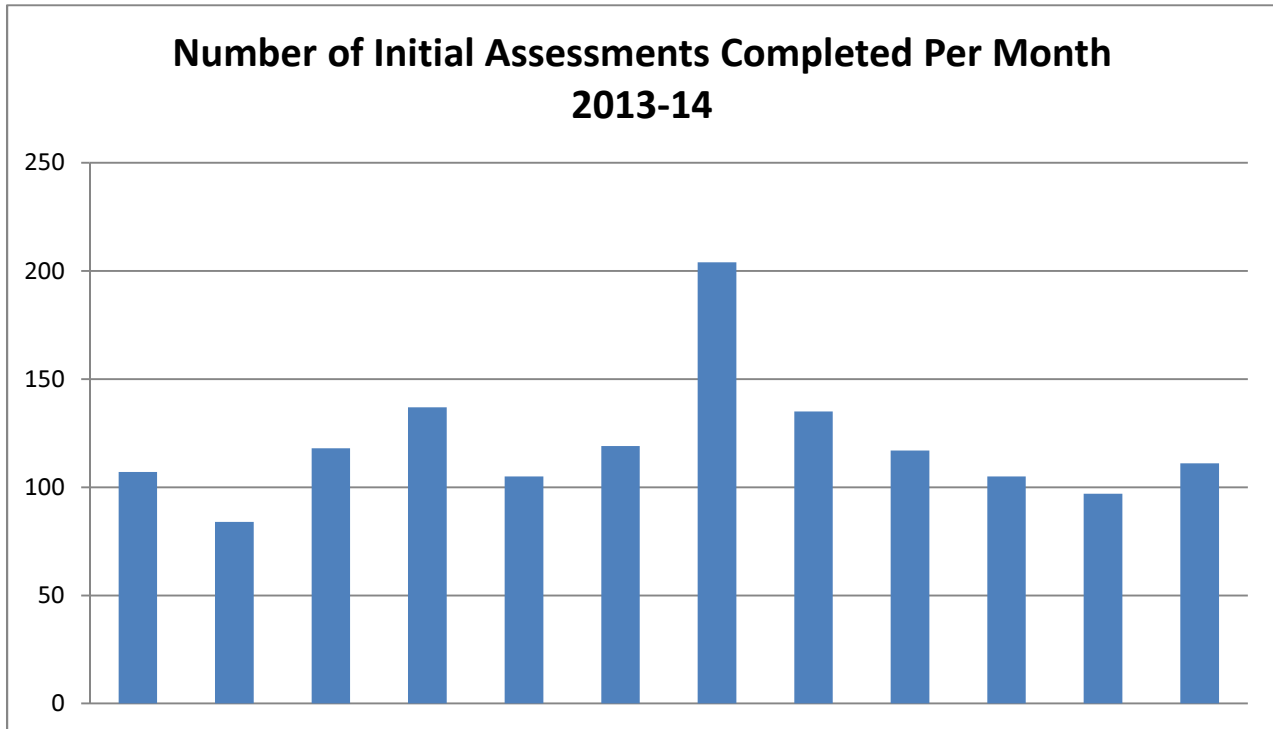
# Children's Directorate Structure



\* These functions will transfer to the consortia during 2015

## APPENDIX 2

### INITIAL ASSESSMENTS COMPLETED THROUGHOUT 2013/14



| Apr 2013 | May 2013 | Jun 2013 | Jul 2013 | Aug 2013 | Sep 2013 | Oct 2013 | Nov 2013 | Dec 2013 | Jan 2014 | Feb 2014 | Mar 2014 | Total       |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| 107      | 84       | 118      | 137      | 105      | 119      | 204      | 135      | 117      | 105      | 97       | 111      | <b>1439</b> |

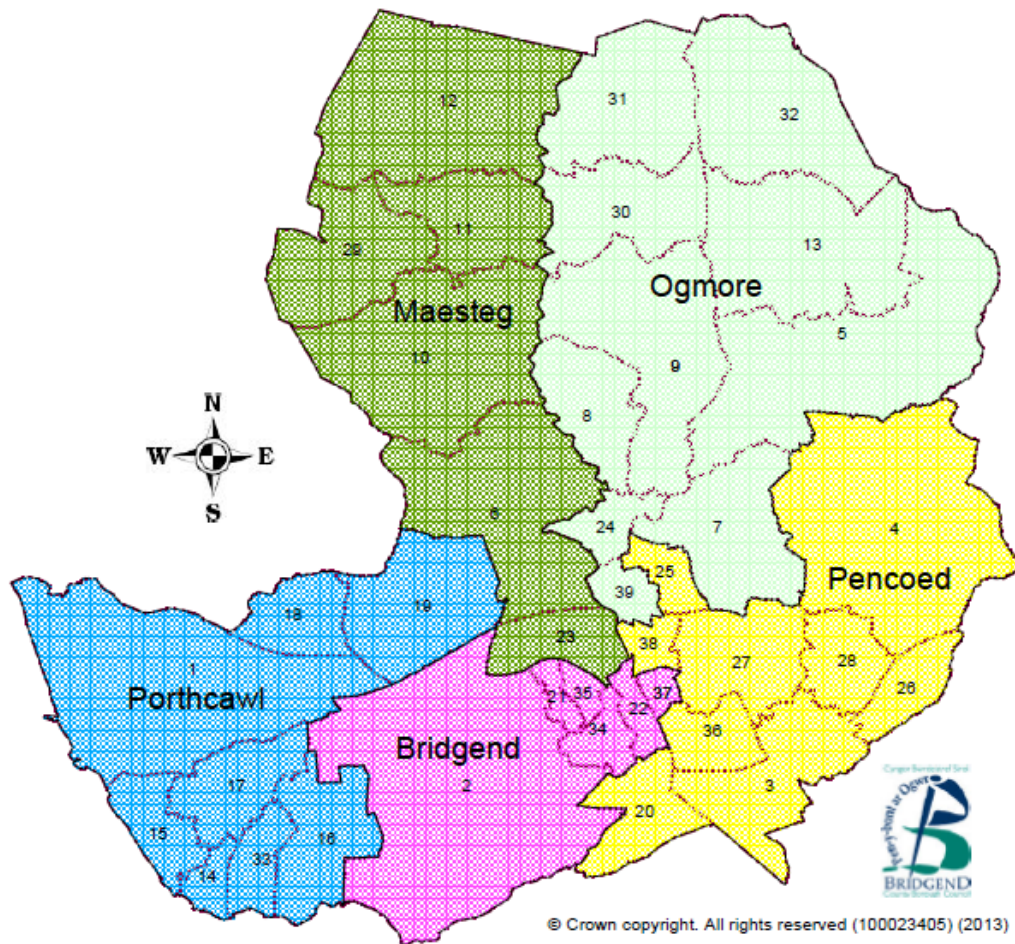
## APPENDIX 3

CASES OPEN TO EACH SAFEGUARDING TEAM ON 31<sup>ST</sup> MARCH 2014.

### SAFEGUARDING AND FAMILY SUPPORT SERVICE TEAMS

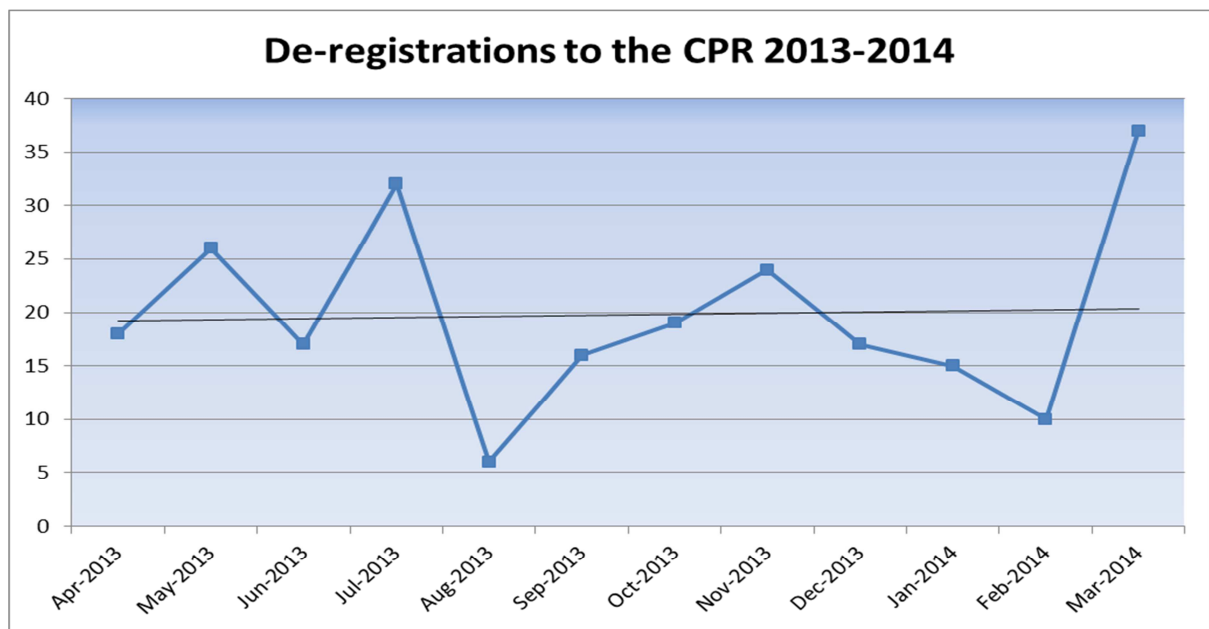
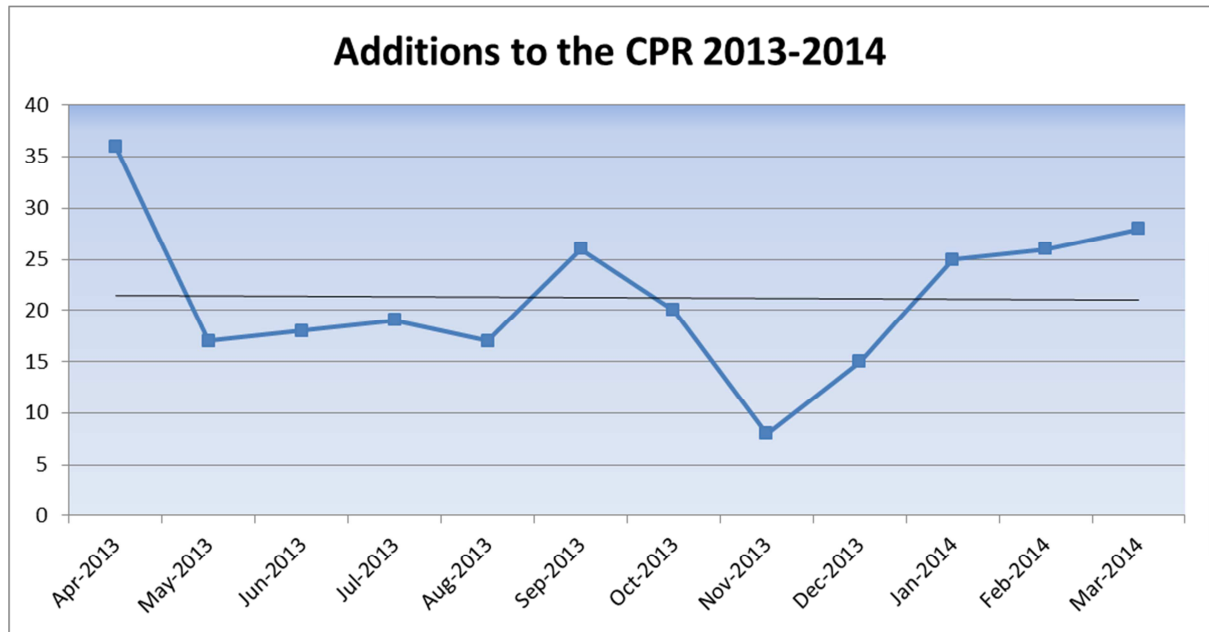
| Team                         | Children in Need | Child Protection | Looked After Children | Grand Total |
|------------------------------|------------------|------------------|-----------------------|-------------|
| CS Adoption Team             | 6                | 0                | 2                     | 8           |
| CS Assessment Team           | 186              | 7                | 12                    | 205         |
| CS Bridgend Foster Care Team | 7                | 0                | 0                     | 7           |
| CS Disabled Children's Team  | 184              | 1                | 17                    | 202         |
| CS Just @sk Plus             | 90               | 2                | 49                    | 141         |
| CS Permanence Team           | 81               | 0                | 0                     | 81          |
| CS Safeguarding Bridgend     | 81               | 28               | 71                    | 180         |
| CS Safeguarding Maesteg      | 83               | 38               | 60                    | 181         |
| CS Safeguarding Ogmore       | 100              | 41               | 53                    | 194         |
| CS Safeguarding Pencoed      | 62               | 23               | 55                    | 140         |
| CS Safeguarding Porthcawl    | 86               | 39               | 54                    | 179         |
| CS Youth Offending Team      | 1                | 0                | 0                     | 1           |
| <b>Grand Total</b>           | <b>967</b>       | <b>179</b>       | <b>373</b>            | <b>1519</b> |

### Safeguarding 5 team structure



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

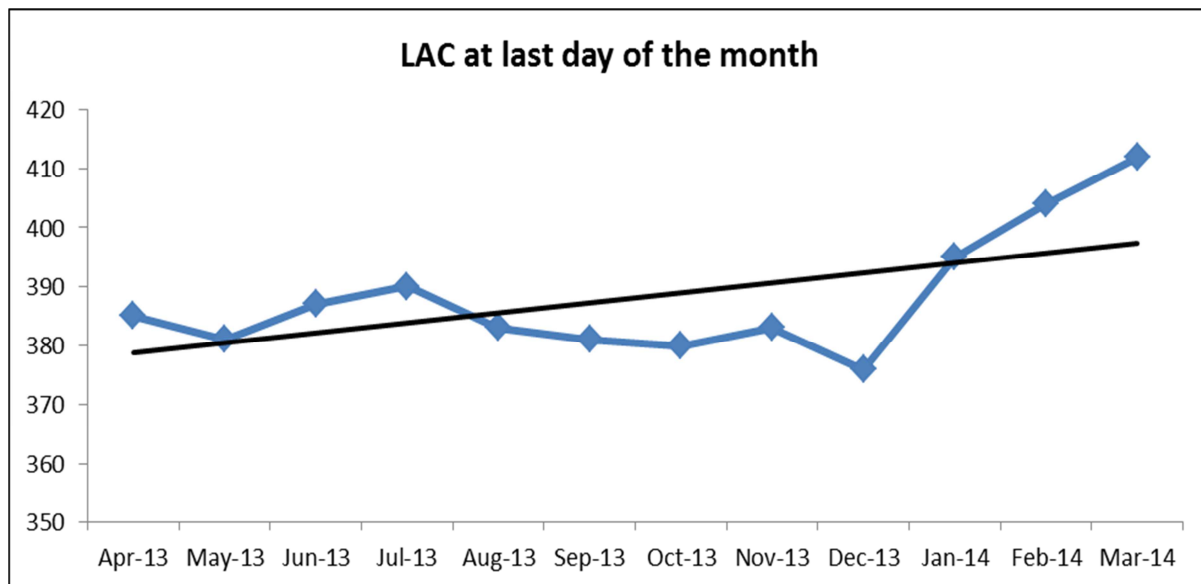
CHILD PROTECTION REGISTRATIONS AND DE-REGISTRATIONS DURING 2013/14





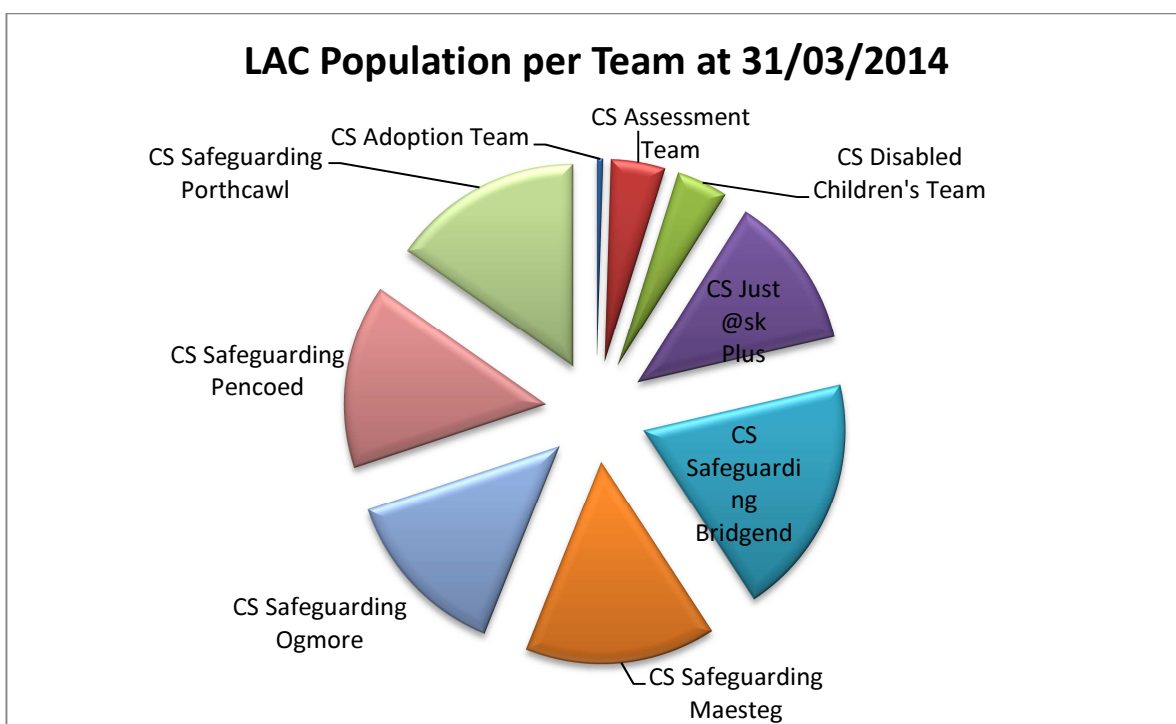
## APPENDIX 6

### LAC - LAST DAY OF THE MONTH



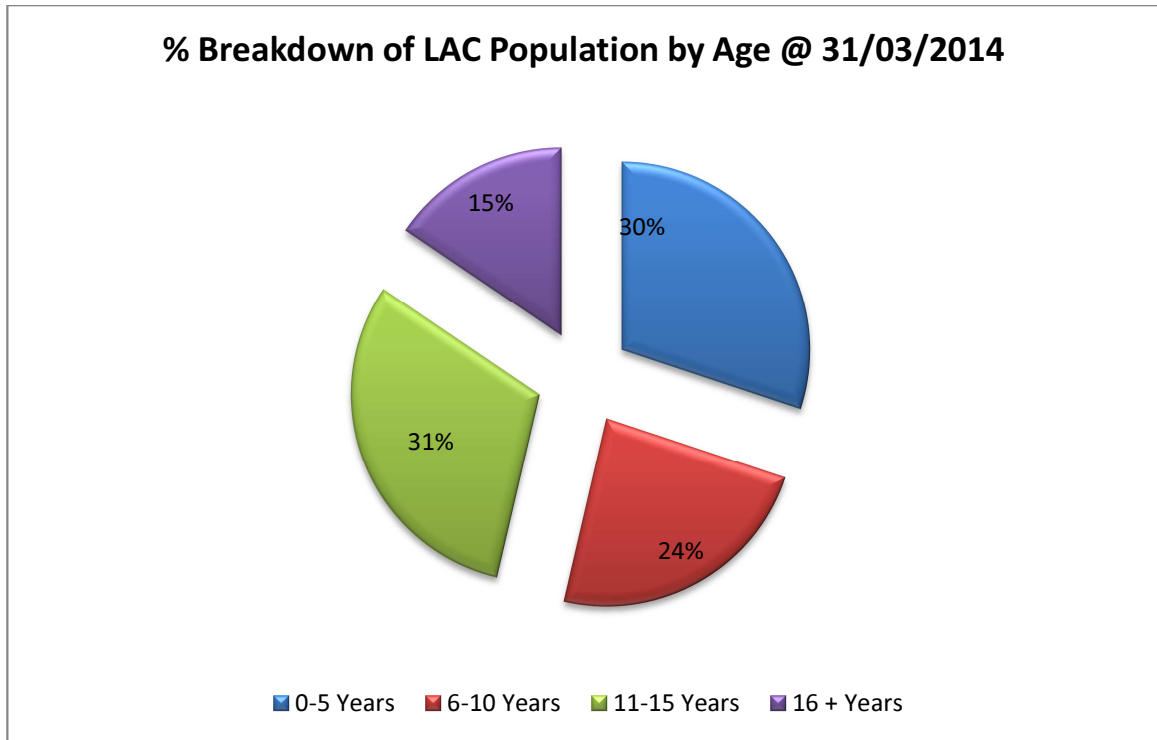
## APPENDIX 7

### LAC – POPULATION PER TEAM AT 31 MARCH 2014



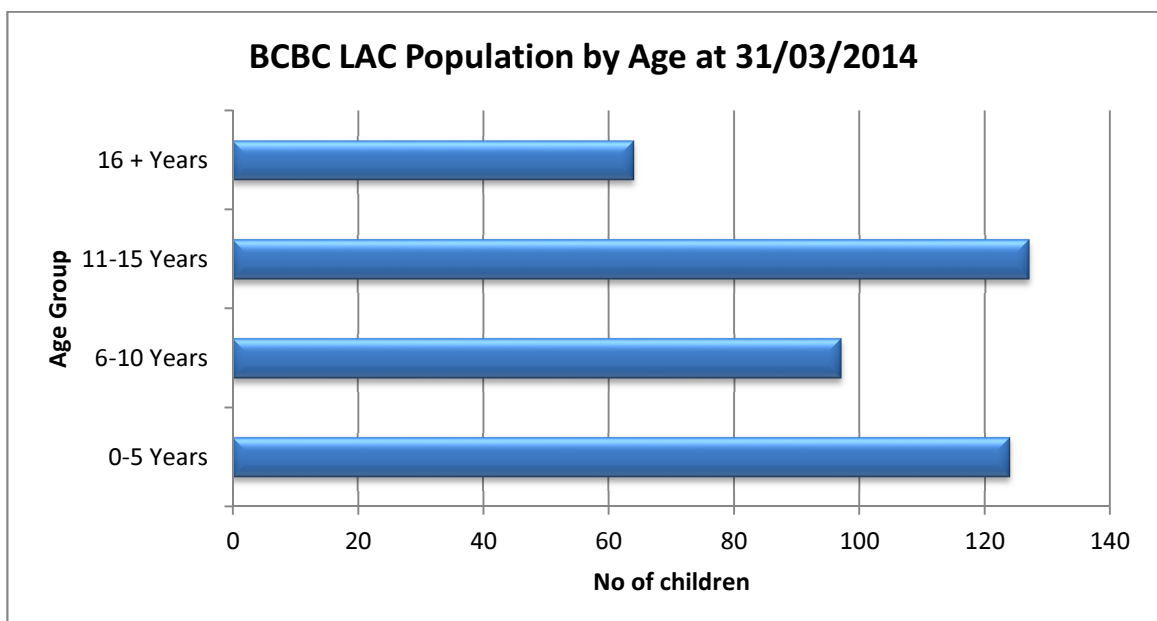
## APPENDIX 8

### % BREAKDOWN OF LAC POPULATION BY AGE

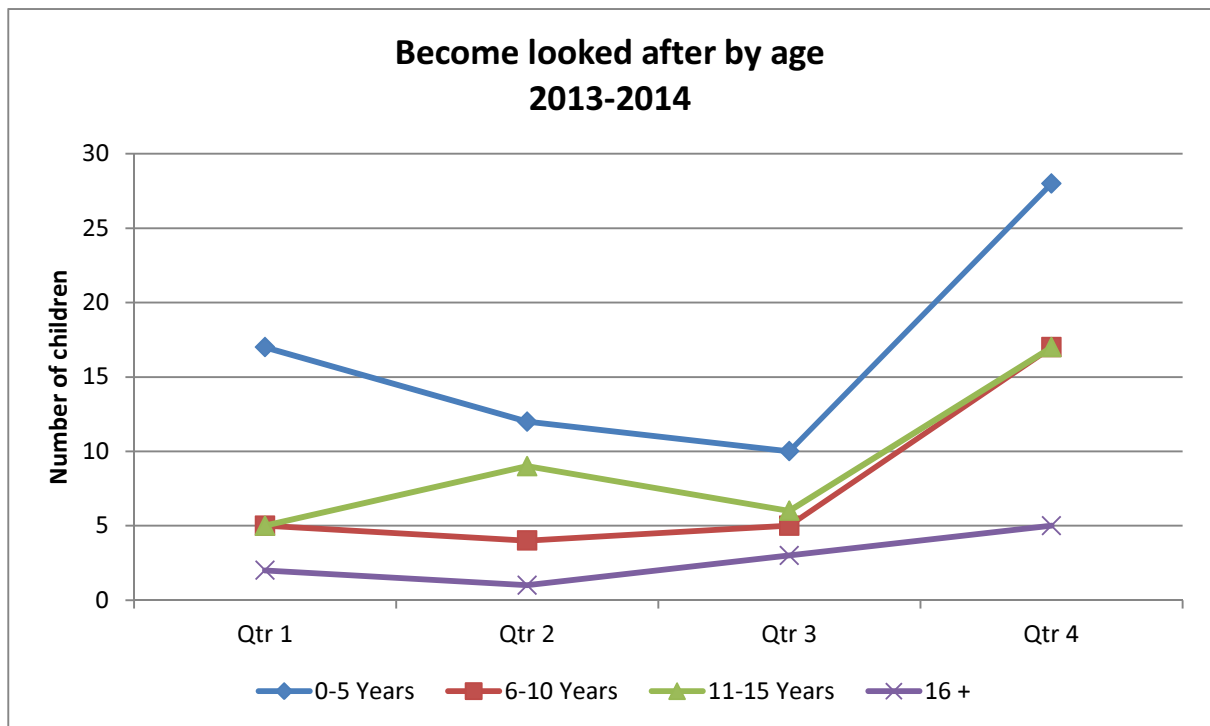


## APPENDIX 9

### BCBC LAC POPULATION BY AGE AT 31 MARCH 2014



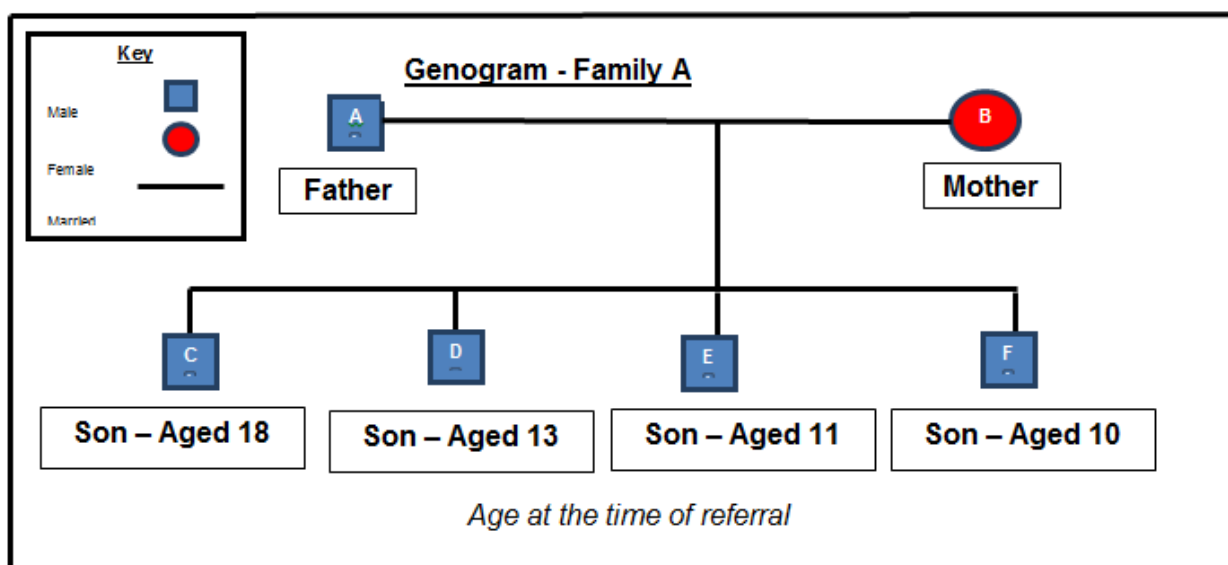
BECAME LOOKED AFTER BY AGE 2013 – 2014



## CONNECTING FAMILIES CASE STUDY

Case Study – Family 1**Summary**

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



As can be seen Family 1 is a nuclear family with four sons aged between 10 and 18 years of age. At the time of the referral the family had complex issues, but were ready to address their issues collectively. The table on the following page summarises the key issues (at the time of referral), outlines the interventions provided by Connecting Families, documents the positive outcomes observed by the family and professionals working with the family and reviews the cost avoidance attributed to the interventions.

## Summary of the issues, interventions and positive outcomes

| Area   | Details   |
|--|---|
| <p><b>Needs / issues at the time of the referral</b></p> | <ul style="list-style-type: none"> <li>• <b>Anti-social behaviour</b> – The eldest son (C) was involved in anti-social behaviour (received 1 ASB warning letter from the Police) and had been arrested 5 times</li> <li>• <b>Challenging behaviour</b> - The children’s / young people’s behaviour (D, E &amp; F) was unmanageable (shop lifting in the community, fighting in school, staying out late, ignoring rules at home, disrespecting parents and so on)</li> <li>• <b>Child Protection Register</b> - Three children / young people (D, E &amp; F) were on the Child Protection Register for emotional abuse</li> <li>• <b>Domestic abuse</b> - There was domestic abuse between the parents resulting in the Police being called out on a number of occasions. The husband appeared at the Magistrates Court accused of assault</li> <li>• <b>Economically inactive</b> - Both parents were economically inactive</li> <li>• <b>Educational issues</b> - Two children (D &amp; E) were experiencing difficulties in school (poor concentration, truancy and aggression) and one child faced exclusion for fighting</li> <li>• <b>Hoax calls</b> – The eldest son (C) had a habit of making hoax calls to the emergency services whilst drunk</li> <li>• <b>Housing issues</b> - Home conditions were described as poor and dirty (all the chores were left to the mother to complete)</li> <li>• <b>Mental health issues</b> – The father had unaddressed mental health issues (feeling depressed and suicidal) possibly due to bereavement</li> <li>• <b>Substance misuse</b> - Both parents were drinking cider excessively</li> </ul> |
| <p><b>Support provided by Connecting Families</b></p>    | <p><i>Whole family approach - Work was completed with both parents and the three youngest children (the eldest son refused to engage with services)</i></p> <ul style="list-style-type: none"> <li>• <b>Anger management support</b> - One child / young person (D) was referred to PREVENT and received support around anger management issues</li> <li>• <b>Behaviour support</b> - The Intensive Outreach Worker liaised with the Education Authority and one child (D) received behaviour support whilst in school</li> <li>• <b>Benefit support</b> - The Benefits Advisor produced better off calculations for the parents and encouraged the father to enrol on training courses</li> <li>• <b>Bereavement counselling</b> – One to one support was provided to the father around bereavement, anger management and assertiveness (encouraged to seek support from his GP)</li> <li>• <b>Domestic abuse support</b> - The Intensive Outreach Worker completed work around the effects of domestic abuse on children and families (3 children / young people displaying aggression towards others)</li> <li>• <b>Housing support</b> - The Intensive Outreach Worker provided practical advice on de cluttering and cleaning the home on a budget</li> <li>• <b>Parenting support</b> - Parents received support around instilling rules and boundaries</li> <li>• <b>Substance misuse support</b> - Both parents received 10 hours of substance misuse support</li> </ul>  |
| <p><b>Positive outcomes for the family</b></p>           | <ul style="list-style-type: none"> <li>• <b>Alcohol consumption</b> - Both parents reduced their alcohol consumption and are now almost abstinent</li> <li>• <b>Anti-social behaviour</b> - The eldest son (C) no longer commits anti-social behaviour or calls the emergency services</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• <b>Behaviour</b> - The children / young people (D, E &amp; F) are now more compliant to the rules and boundaries set by their parents (no longer stay out late)</li> <li>• <b>Child protection Register</b> - Three children (D, E &amp; F) were deregistered from the Child Protection Register and the children / young people are completely closed to Children's Services having previously been involved for a number of years (reduced dependency on services)</li> <li>• <b>Domestic abuse</b> - The domestic abuse ceased between the parents which resulted in a reduction in Police call outs and domestic abuse incidents</li> <li>• <b>Emotional wellbeing</b> - The children's / young people's emotional well-being has improved and they no longer fight or display aggression towards others</li> <li>• <b>Employment</b> – Both parents created curriculum vitae's (CV's) and the father enrolled on the Futures Project, which is a 'welfare to work programme'. Both parents are actively seeking employment and have been completing application forms weekly</li> <li>• <b>Home conditions</b> - Home conditions have improved and the family received support with renewing the carpets. All family members now take an active role in completing chores</li> <li>• <b>School attendance</b> - The children / young people (D &amp; E) improved their school attendance and their behaviour became more manageable within the school environment (no longer need behaviour support within school)</li> </ul> |
| <p><b>Cost avoidance to the public sectors</b></p> | <ul style="list-style-type: none"> <li>• <b>Health</b> were prevented from spending £1,000.00 in substance misuse support and the NHS potentially saved £787.20 in alcohol abstinence (<b>total = £1,787.20</b>)</li> <li>• <b>Police</b> were prevented from spending £944.00 in Police Callouts and £2,248.00 in domestic abuse incidents (<b>total = £3,192.00</b>)</li> <li>• <b>Children's Services</b> were prevented from spending £1,6020.00 per year per child in child protection (3 children were deregistered – total = £4,860.00)</li> <li>• <b>Total cost avoidance = £9,839.20</b></li> </ul>  |

## Needs

It can be concluded from the summary that each family member had specific issues that impacted on the wider unit. For example, both parents had issues with alcohol and whilst intoxicated they often had verbal arguments coupled with violence (witnessed by the children). Both parents minimised the impact of this and failed to recognise the effect it was having on their children. Children's Services received 9 referrals in relation to domestic abuse and the children's names were placed on the Child Protection Register under the category of emotional abuse. In addition to this the Police were called to the property on a number of occasions and the family were taken to the Multi Agency Risk Assessment Conference (MARAC) where the risk was perceived as high. On one occasion the father was arrested for assault and he was granted bail. During this time the couple's relationship broke down, but the mother later withdrew her statement and resumed the relationship with her husband (he moved back into the family home whilst his bail conditions were still in place). Both parents previously received support from services, for example; the mother attended two out of four sessions of the Freedom Programme facilitated by Women's Aid and the father attended a cognitive behaviour course specific to domestic abuse with the probation service.

It became clear from evidence collated by professionals that alcohol was a trigger factor of the domestic abuse, which inevitably impacted on every aspect of the family's life including the

welfare of the children (*refer to appendix 1 for a summary of how alcohol impacted on the family*). Education reported that the children were hostile and often aggressive to others whilst at school (one received an exclusion). The children also displayed challenging behaviour at home (ignoring rules and boundaries), found it difficult to concentrate at school (had no bed time routine), misbehaved in the community and truanted regularly. The Police recorded that the eldest child (*family member C*) was often drunk in public and engaged in anti-social behaviour (causing problems with neighbours, fighting and making hoax calls to the emergency services), which resulted in him being arrested on numerous occasions and receiving a warning letter for anti-social behaviour.

Further to this the father was struggling to come to terms with the death of a family member and reported to staff at Children's Services that he felt depressed and suicidal. This concerned the entire family, who felt that the slightest event (or trigger) may result in him taking his own life. Understandably relationships were strained and the mother felt unsupported, isolated, anxious and in a state of despair (very low self-esteem). Fundamentally she became entrenched in the problems being experienced by the family and home conditions were neglected. The family were in receipt of benefits and had no disposable income to replace furniture or to buy items such as paint and new carpets.

### **Intervention**

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

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

- The Education Authority agreed to fund additional behaviour support for the children (*family members D & E*) whilst they were at school and one child (*family member D*) was referred to PREVENT to help him come to terms with his anger management issues

### Outcomes achieved for the family

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



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

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



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

### Cost avoidance to the public sector agencies

As documented in the summary table, Connecting Families interventions prevented the Public Sectors from spending an additional £9,839.20 as shown below.

| Agency (Benefiting from the Cost Avoidance) | Service Provided by Connecting Families  | Cost Avoidance  | Total     |
|---|--|---|-----------|
| Health                                      | The Consultant Social Worker provided 10 sessions of substance misuse support to family members A & B (Parents) preventing Health from spending a £1,000.00.<br><br>Family member A & B (Parents) reduced their alcohol consumption (Preventing the NHS spending an estimated £24.60 per week per person).       | £1,000.00<br><br><i>£787.20 (Based on a period of 16 weeks per adult)</i> | £1,787.20 |
| Police                                      | The number of Police callouts reduced by a predicted 4 incidents. Preventing the Police from spending £944.00 (Based on £236.00 per call out).<br><br>Reduction in domestic abuse incidents  | £944.00<br><br>£2,248.00  | £3,192.00 |
| Social Services (Children’s Services)       | 3 children / young people were deregistered from the Child Protection Register preventing Children’s Services from spending £1620.00 per child per year based on £135.00 a month per child. <b><i>(The parents reduced their substance misuse considerably and the domestic abuse between them stopped).</i></b> | £4,860.00   | £4,860.00 |
| Total                                       |  |   | £9,839.20 |

### Risk factors – Parental Concerns Questionnaires (analysis of)

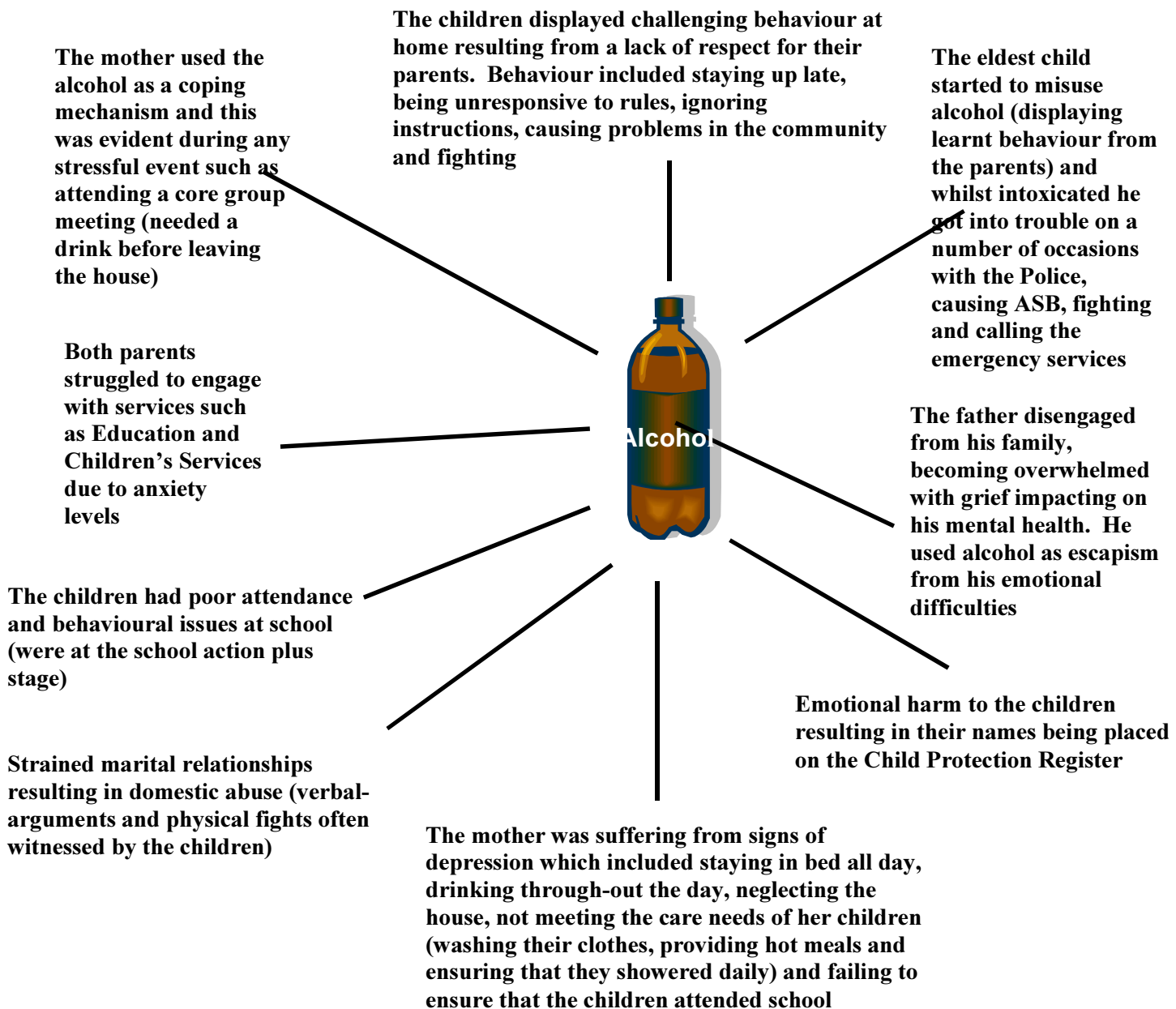
As a part of the evaluation process Connecting Families uses Parental Concerns Questionnaires to document the family’s perceived severe concerns in relation to 4 domains (child development, parenting capacity – context, parenting tasks and family and environmental factors). Families that are supported by Connecting Families are asked to score 37 questions (*refer to appendix 2 – for a summary of the questions within each domain*) between 0 and 2 (0 meaning not present, 1 meaning a concern is present but not a problem and 2 meaning that the concern is severe).

The questionnaires have been completed twice, once prior to Connecting Families intervention and once after intervention. The qualitative data contained within the questionnaires has been analysed to determine if any change has been reported. Refer to the below table for a summary of the severe concerns.

| Referral number | Domain                         | Severe concerns pre intervention   | Severe concerns post intervention | Possible reason for changes (Positive outcomes)   |
|-----------------|--------------------------------|--|-----------------------------------|---|
| Family A        | Child Development              | <ul style="list-style-type: none"> <li>Child is defiant, aggressive or has tantrums</li> <li>Child has difficulty concentrating</li> <li>Child has emotional issues</li> <li>Child is underachieving at school</li> <li>Child truants from school</li> </ul> |                                   | The children / young people were encouraged to attend school on a regular basis and following Connecting Families intervention the children / young people no longer required behaviour support within the classroom.   |
|                 | Parenting Capacity             | <ul style="list-style-type: none"> <li>Relatives are engaging in criminal behaviour</li> <li>Parents misuse substances</li> </ul>  |                                   | The parents reduced their alcohol consumption considerably which resulted in a reduction of domestic abuse occurrences between the parents (The Police have stopped being called to the address). In addition to this 3 children were also deregistered from the Child Protection Register (CPR). |
|                 | Family & Environmental Factors | <ul style="list-style-type: none"> <li>Parent are distressed due to bereavement or loss</li> </ul>   |                                   | The father received mental health support to help him come to terms with the loss of his family member.   |
| Total           |                                | 8  | 0                                 | NA  |

The table on the previous page provides evidence to the statements already made in previous sections of the case study. Prior to Connecting Families interventions severe concerns centred on the behaviour of the children both within the home and at school (worried about concentration and school attendance). In addition to this the parents were anxious about their eldest son committing anti-social behaviour and the impact that alcohol was having on the family. There was also the acknowledgement that long standing issues with bereavement had not been addressed. Following Connecting Families intervention the family reported to have no severe concerns, and this was probably due to the fact that the parents no longer misused alcohol which had a positive impact across all aspects of their lives.

**Diagram of how alcohol impacted on the family unit**



**Summary of the questions within each of the Parental Concerns Questionnaires Domains**

**Child development**

| Question Number | Child Development  |
|-----------------|--|
| 22              | (Emotional) - Child is upset, distressed or depressed                  |
| 23              | (Behavioural) - Child is defiant, aggressive or has tantrums           |
| 24              | (Cognitive / learning disability) - Child has difficulty concentrating |
| 25              | (Social involvement) - Child doesn't socialise with peers              |
| 26              | (Identity) - Child has identity issues                                 |
| 27              | (Physical health) - Child has health Problems                          |
| 28              | (Psychosomatic) - Child has emotional issues                           |
| 29              | (Underachievement) - Child is underachieving at school                 |
| 30              | (School behaviour) - Child truants from school                         |
| 31              | Child is engaging in criminal behaviour                                |

**Parenting Capacity (Context)**

| Question Number | Parenting Capacity (Context)   |
|-----------------|--|
| 6               | (Home management) - Parents have difficulties cooking or cleaning                  |
| 7               | (Parental criminal behaviour) - Parents are engaging in criminal behaviour         |
| 8               | (Adult relative criminal behaviour) - Relatives are engaging in criminal behaviour |
| 9               | (Drugs / alcohol) - Parents misuse substances                                      |
| 16              | (Disability / illness) – Parent has a long term disability or illness              |
| 17              | (Disability / illness) - Relative has a long term disability or illness            |
| 18              | (Reproduction) - Parent has sexual or contraception problems                       |
| 19              | (Parent acute psychological distress) - Parent feels anxious or stressed           |
| 20              | (Parent depression) - Parent is depressed  |
| 21              | (Mental illness adult family) - Relative has a mental health issue                 |

### Parenting Tasks

| Question Number | Parenting tasks  |
|-----------------|--|
| 32              | (Limited attachment / lack of concern) - Parents do not feel affectionate towards the Child / Children |
| 33              | (Guidance) - Parents fails to enforce discipline   |
| 34              | (Lack of involvement) - Parents feel a lack of engagement with the Child / Children                    |
| 35              | (Unrealistic expectations) - Parents have unrealistic expectations of the Child / Children             |
| 36              | (Hostility / criticism) - Parents criticise the Child / Children                                       |
| 37              | (Physical care) - Parents feel they provide inadequate care for their Child / Children                 |

### Family and Environmental Factors

| Question Number | Family and Environmental Factors  |
|-----------------|---|
| 1               | (Housing) - Parents feel that the house is not good enough for their family                                 |
| 2               | (Financial) - Parents are experiencing problems with debt   |
| 3               | (Occupational) - Parents are experiencing problems with work  |
| 4               | (Formal organisations) - Parents have difficulties with public agencies (Police, Social Services and so on) |
| 5               | (Race / culture) - Family experiences problems due to Race / Culture  |
| 10              | (Marital-partner) - Parents have marriage / relationship problems   |
| 11              | (Extended family) - Parents have relationship problems with relatives                                       |
| 12              | (Friends) - Parents have relationship problems with friends   |
| 13              | (Isolation) - Parents feel isolated   |
| 14              | (Sex abuse / violence) - Parents are victims of unwanted sexual advances or violence                        |
| 15              | (Loss / bereavement) - Parents are distressed due to bereavement or loss                                    |

### CASE STUDY – INTEGRATED FAMILY SUPPORT SERVICE (IFSS)

#### BACKGROUND TO REFERRAL

The two children in the family had recently been placed on the Child Protection Register under the categories of physical harm, emotional harm and neglect. This followed a disclosure at School by one of the oldest child. The disclosure was that Mother had hit her causing bruising, often left the younger sibling in her care, the child's concerns for Mothers mental health, increasing use of alcohol and allowing others to drink alcohol and use cannabis in the home. Following this disclosure the children were accommodated under a S20 agreement. Mother withdrew her consent and the children returned to her care.

Mother has no contact with her own family and is an adult survivor of childhood sexual abuse. Her disclosure resulted in her being accommodated by the Local Authority. She suffers with anxiety and depression and has experienced domestic abuse in her relationship with the father of youngest child.

The children have different fathers, although both fathers have contact with the children, the father of eldest child lives abroad. He communicates with his child via Skype and telephone.

Father of eldest child has had most contact with both children. His contact took place primarily in the children's home. Mother would arrange to be with friends or her new partner in order to accommodate this. He has his own home with a room for his child but has not made into a suitable environment for a young child. His motivation to make the changes may have been diminished by the current contact arrangements. Father has been involved in the criminal justice system because of behaviour associated with alcohol misuse.

#### FAMILY STRENGTHS, VALUES AND LEVEL OF ENGAGEMENT

1. The Family had a clear identity and were able to express and demonstrate lots of emotional warmth.
2. They had shared aspirations and common goals.
3. Mother respected and valued the children having individual time with the IFSS worker and created the space for this to happen.
4. Mother demonstrated good insight into why the family were in the current position. Although she wasn't happy about the children being placed on the Child Protection Register she saw it as an opportunity to have support and make positive changes.
5. Mother did not shy away from difficult discussions. She was able to take responsibility for her decision making and behaviour.

The level of engagement from the core family of Mother and two children was excellent. Father of youngest child engaged minimally.

#### RELATIONSHIPS WITH CASE HOLDING SOCIAL WORKER

There was good communication between the Social Worker and the Family.

The Social Worker was clear, realistic and unambiguous with the IFSS worker about her expectations of the family during the intervention. She had discussed it with family so that they knew where able to make decisions about whether it was timely and right for them.

Regular contact was maintained between Social Worker and IFSS worker throughout the intervention. Agreement was made around not having any other services/agencies involved during the intervention so as not to overload the family. Agreement was made with Social Worker and family about agencies to support the family during the maintenance phase Timely referrals were then made for the maintenance phase so that the family did not experience a 'gap' in support.

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## OUTCOME

A Review Child Protection Case Conference was held following the intervention and the children's names were removed from the Register.

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## DIRECT WORK WITH MOTHER

- Miracle question.
- Strengths Cards.
- Values Cards.
- Understanding and managing anxiety workbook and exercises.
- Understanding impact of domestic abuse on Mother and Children.
- Communication with teenager's workbook and exercises.
- Sessions facilitating direct communication between Parent and teenager
- Parenting skills - establishing routines/boundaries/structures/star charts
- Support in understanding and responding to grief and loss in a child.
- Support in using Muddles and puddles (grief and loss) workbook with child.
- Lots of open questions, affirmation, reflection and summary.
- Reflective/affirmation letters.

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## DIRECT WORK WITH CHILDREN

- Miracle question with older child.
- Strengths cards
- Values Cards
- Muddles and Puddles
- Three Houses exercise
- All about me exercises – self-esteem/identity
- Gallery of assets – self-esteem/identity
- Support with exam revision skills and planning – older child
- Open questions, affirmation, reflection and summary.

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## CONCLUSION

The family appear to have been correctly identified for an IFSS intervention. There was clearly a crisis that acted as a powerful motivating factor which could be harnessed by the IFSS worker to promote behaviour change, using evidence based, and solution focused brief therapy. The case

holding Social Worker had a clear sense of the behaviour she wanted to see change, and how this related to risk to the children. She had also prepared the family well for the intervention.

There was on-going dialogue between the IFSS worker and case holding Social Worker, the family was not overloaded and just worked with the IFSS during the intervention. Timely referrals were made to appropriate support services for the maintenance phase.

The relationship between the family and the IFSS worker was based on honesty, trust, respect and a hope.



### CASE STUDY – INVISIBLE WALLS WALES (IWW)

#### FAMILY

Mother

Father– Father to child Z

Child X

Child Y Child Z

Birth Father to Child X and Y has intermittent contact with Child X and no contact with Child Y. Relationship with Mother ended due to DV issues.

#### BACKGROUND TO REFERRAL

Referral received from Offender Supervisor of Father stating that Father had requested support for his partner and himself who were struggling to manage the challenging and aggressive behaviours of Child X.

Father had received a sentence for wounding an individual whilst under the influence of alcohol on a night out in his local area. He has a long history of substance misuse including heroin and also a long offending history including driving offences, drink driving, driving whilst disqualified, theft and deception. At those times Father was misusing substances. Father had never been in regular employment prior to his incarceration. At time of referral, Father had 12 months left to serve on his sentence.

Father was currently substance free and on the Family Unit accessing interventions. He was receiving regular visits from Mother and Child Y and Child Z. However, Child X would visit occasionally but not frequently.

The family were living in a private rented property in an area which had access to a large number of community resources. Mother had stated that she was struggling to manage Child X's aggressive and challenging behaviour. He had been diagnosed with ADHD but was refusing to take his medication and attend CAMHS appointments. He was reported to be using cannabis and he was also involved with the local YOS due to incidents of anti-social behaviour. Child X had also been excluded from school due to his behaviour.

Mother had reported that she had little difficulty with Child Y's behaviour, he was attending school and was reported to have good academic attainment. He was accessing after school clubs and had a good network of friends. Mother's only concern was the impact of Child X's behaviour on Child Y's emotional well-being.

In respect of Child Z, it was reported that she was developing well, no concerns from health visitor, up to date with immunisations but was yet to access any childcare provision. It had been observed that Father and Mother had a close bond with Child Z and there was evidence of warmth and affection on visits.

Following the IWW assessment and Open Referral Forum, it was agreed that Father and his family met the IWW criteria and would access the IWW support.

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## IWW SUPPORT

Following the Open Referral Forum, IWW support begun and a Planning Meeting was held to look at what support the family felt they required immediately. The Support Planning Meeting involved family and professionals attached to IWW project. Invites were sent to Offender Supervisor, Probation and Education.

Discussions took place in respect of Child X's behaviour, Parents ability to manage this whilst managing and ensuring the other children's needs were met and it was agreed that Barnardo's would begin their 20 week Parenting Programme with Mother immediately. YISP would liaise with the local YOS to determine what additional support could be offered to Child X. The Mentor would liaise closely with education regarding the children's behaviour and presentation and in particular explore options for Child X following exclusion.

Ongoing support would be offered to Father in relation to relapse prevention and his offending behaviour via interventions such as Fathers Inside. He was also interested in gaining employment on release and it was agreed that work would be undertaken via Education/Training Mentor in respect of CV's and courses in respect of construction work.

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## OUTCOMES

Following this, there continued to be ongoing problems in relation to Child X's behaviour, police being called to family home due to his destructive and threatening behaviour. He was removed from the property on one occasion and stayed with Maternal Grandparents for a period of 2 weeks until a safety plan had been put in place with the whole family in such situations.

Following discussions with education it was found that Child X was due to access a Specialist school for Children with challenging behaviour and the Education authority would be funding this. Child X has begun attending this school and there are no reported difficulties presently with this arrangement.

Ongoing support is being offered to Child X via YOS/YISP in respect of Anger Management and managing emotions. He is engaging in this support and family report that there are fewer occasions when his behaviour becomes problematic. He continues to misuse cannabis and has not re-engaged with CAMHS at this point.

Child Y continues to attend school and progresses well. No concerns are raised in relation to his behaviour or presentation. He has had the opportunity to share his feelings with the Mentor on a regular basis.

Child Z continues to develop well but has yet to have accessed any childcare provision. Mother reports that she continues to struggle on occasions with Child X's behaviour but has found the support from IWW valuable and made her consider alternative ways in coping in stressful situations. She would like to become a peer mentor for the parenting programme following her involvement with the service. She has also had support from Education/Training Mentor around possible employment opportunities.

Father has completed the Fathers Inside course and has reported he has learnt more regarding the impact of his behaviour on his family. He has completed a CV and has an action plan with regard to employment on release. He continues to engage in relapse prevention work and the intensity of this will increase closer to his release.

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#### NEXT STEPS

- Support Planning Meetings to be held to review family care plan
- Ongoing support for Father in relation to relapse prevention and offending behaviour
- Parenting work to continue with both parents
- Ongoing work with Child X around anger management, cannabis use with aim of re-engaging with CAMHS
- Support for Child Y around his current feelings via Mentor
- Advice and Guidance to family in respect of childcare provision for Child Z
- Ongoing liaison with all statutory professionals e.g. probation, education re: sentence and child care planning.

## WESTERN BAY SAFEGUARDING CHILDREN BOARD - STRATEGIC PRIORITIES FOR 2013/14

| WBSCB STRATEGIC PRIORITY  | OBJECTIVE   | DESIRED OUTCOME  | Review comment  |
|---|---|--|---|
| <b>Legacy</b>   | All legacy issues from each LSCB across Bridgend, NPT and Swansea are picked up and addressed or incorporated into the development of the Western Bay Safeguarding Children Board                             | <ul style="list-style-type: none"> <li>• A clear and strong position for Western Bay SCB to address local SCB issues within its development and planning arrangements</li> <li>• WBSCB to be assured that local safeguarding children issues are not lost in transition.</li> </ul>                              | <ul style="list-style-type: none"> <li>• All legacy issues are now completed and where applicable incorporated into WBSCB's core business.</li> <li>• Recommend removal as a strategic priority</li> </ul>                              |
| <b>Delivering on expectations of the Social Services and Wellbeing (Wales) draft Bill</b> | An established WBSCB which clearly complies with requirements from the draft Bill and is established to effectively undertake its statutory functions to safeguard children across Bridgend, NPT and Swansea. | <ul style="list-style-type: none"> <li>• Committed ongoing budget which is contributed to by all statutory partners</li> <li>• A strong and effective Business Management Unit to coordinate Board functions.</li> <li>• A successful SAIT evaluation which evidences the effectiveness of the WBSCB.</li> </ul> | <ul style="list-style-type: none"> <li>• SAIT event needs to be arranged for autumn 2014. Budgets have been agreed for 2014/15 and WBSCB is meeting its core functions.</li> <li>• Recommend removal as a strategic priority</li> </ul> |
| <b>Neglect</b>  | To promote more effective intervention in cases of neglect and to have a better understanding of the different natures and extent of neglect across Bridgend, NPT and Swansea.                                | <ul style="list-style-type: none"> <li>• A single approach to neglect throughout partner agencies.</li> <li>• Children who are at risk or likely to be at risk of significant harm through neglect are better protected responsively with permanence plans</li> <li>• Families who show signs</li> </ul>         | <ul style="list-style-type: none"> <li>• National reviews remain ongoing and WBSCB performance data suggests Neglect should remain a priority regionally.</li> <li>• Recommend Neglect remains a strategic priority</li> </ul>          |

|                                  |   |   |   |
|----------------------------------|---|---|---|
|                                  |   | of neglect are identified earlier and managed more effectively through multi agency interventions.  |   |
| <b>Child Sexual Exploitation</b> | <p>To ensure full implementation of the statutory All Wales Safeguarding Children and young people from Sexual Exploitation Protocol.</p> <p>To understand the extent to which children are involved in CSE across Western Bay.</p> <p>To have an effective prevention strategy in place to identify risk early and provide appropriate services for children identified as at risk.</p> <p>To have inter-disciplinary training package in place for all professionals who work with children to help recognise and respond to symptoms of CSE.</p> | <ul style="list-style-type: none"> <li>• Children/YP who are identified as being sexually exploitation are effectively safeguarded from ongoing exploitation.</li> <li>• Less children/YP become sexually exploited.</li> <li>• Children who are identified as at risk of CSE are provided with effective services and interventions to prevent them becoming exploited.</li> </ul> | <ul style="list-style-type: none"> <li>• CSE remains a UK wide priority. Regionally significant progress has been made to seek assurance, raise awareness and promote focus however the WBSCB's performance information suggests that this should remain a priority regionally</li> <li>• Recommend CSE remains a strategic priority</li> </ul> |
| <b>Babies who become LAC</b>     | <p>To better understand the demographics across the region</p> <p>To promote the ethos of permanence during early stages of birth planning.</p> <p>To provide a steer to early intervention services on prioritising babies/unborns at risk of becoming LAC</p>   | <ul style="list-style-type: none"> <li>• All babies with targeted services have an appropriate plan for permanence at the earliest stage</li> <li>• Early intervention services support and contribute to improving permanence for babies who remain at home</li> </ul>   | <ul style="list-style-type: none"> <li>• Birth planning guidance has been developed and is in place. Work remains outstanding for managing injuries in non-mobile babies.</li> <li>• Recommend Babies who become LAC to remain a strategic priority</li> </ul>  |

|   |   |   |   |
|---|---|---|---|
| <p><b>Parental Substance Misuse</b></p>   | <p>To establish clear links and reporting mechanisms from Area Planning Boards in Bridgend, NPT and Swansea to be assured that work is on-going to promote the wellbeing of children living in families affected by substance misuse.</p>   | <ul style="list-style-type: none"> <li>• Better understanding of the work carried out by substance misuse agencies.</li> <li>• Clear line of accountability for the responsibility of safeguarding children affected by substance misusing parents.</li> <li>• Full implementation of applicable Hidden Harm Recommendations</li> </ul> | <ul style="list-style-type: none"> <li>• WBSCB needs further information to consider the status of this priority</li> </ul>   |
| <p><b>Domestic Abuse</b></p>  | <p>To establish clear reporting mechanisms between the DA forums and WBSCB to better understand the extent of domestic abuse across Bridgend, NPT and Swansea.</p> <p>To raise awareness of the impact of Domestic Abuse on children and families across the Western Bay area.</p>  | <ul style="list-style-type: none"> <li>• Reduced Domestic Abuse incidents through campaigns such as “one punch ruins lives”</li> <li>• Reduction in PPD1 referrals in relation to domestic abuse incidents where children are involved</li> <li>• Improved recognition and response to domestic abuse incidents</li> </ul>              | <ul style="list-style-type: none"> <li>• Domestic Abuse is an expanding area of work which requires a bigger focus from both WBSCB and WBSAB.</li> <li>• Recommend Domestic Abuse remains a strategic priority</li> </ul> |
| <p><b>Parenting Capacity including parental Mental Health and Learning Disabilities</b></p> | <p>To develop stronger relationships between services for adults with MH or LDs who are parents.</p> <p>To consider parenting capacity assessments for multi-agency groups who provide services to both adults and children.</p> <p>Family support services and interventions recognise and respond to whole family needs to support permanence of CYP.</p> | <ul style="list-style-type: none"> <li>• Families where MH and LD have been identified are supported across service areas to improve permanence for CYP.</li> <li>• Improved understanding and appropriate responses to parenting capacities for those identified with Mental Health or Learning Difficulties</li> </ul>                | <ul style="list-style-type: none"> <li>• WBSCB needs further information to consider the status of this priority</li> </ul>   |

## SOCIAL WORKER TESTIMONIAL - GEMMAES

*I have been in Bridgend Children's Services since 2009 when I became a supervised contact worker within the Family Support Team. At this time I was already studying for my Social Work Degree and following this temporary post joined a Safeguarding Team as part of my third year social work placement. The pressures of the social work role within this context quickly became apparent, however I was supported at this time in such a way by my team, team manager and practice assessor which allowed me to embrace this and view it as invaluable experience. I enjoyed my placement thoroughly and was very pleased to be invited to apply for a full time position upon qualifying which I did in January 2011 and was successfully appointed in May 2011. My First Year in Practice was very challenging and difficult at times with the pressures of a high and complex case load. However, my enthusiasm at the time and desire to enhance my skills, competency and experience saw me through this difficult time. I cannot say that the First Year in Practice Programme provided any assistance or support due to the excessive work load I was carrying at this time. I was unable to attend most of the group meetings and any additional work was impossible to complete when I had far more important deadlines to meet in terms of court and child protection work. To be completely honest this programme alongside my excessive caseload seemed to be more of a burden than a support.*

*On a more positive note, I have always felt completely supported within Bridgend Children Services by colleagues, seniors and management. It has always been clear to me where I can access support and this alongside the accountability and professionalism of others has also allowed me to feel somewhat protected in an environment whereby some very important and life changing decisions are and are needed to be made.*

*Since the 5 Safeguarding Teams have been established in 2013, I can say that I feel some pressure has been lifted. I have been very fortunate in having agreement to reduce my working hours following maternity leave and now work part time. I am very settled within my new team and feel very confident in my role and very supported by my team manager professionally and emotionally. Furthermore, I feel my overall experience as a social worker over the last three years has been although challenging very positive as I have been able to progress in a very difficult area with support that has allowed me to enhance my professional development and truly understand the importance of accountability and responsibilities of a safeguarding social worker. I hope to remain in Bridgend as I further my social work career and am very grateful for the opportunities I have been provided.*

**APPENDIX 16**
**CORPORATE PARENTING REPORTS 2013 – 2014**

| <b>Date</b>       | <b>Reports</b>   |
|-------------------|--|
| <b>16.01.13</b>   | BCBC Short Breaks Statement  |
|                   | Integrated Family Support Service (Western Bay)  |
|                   | Post 16 Service Developments (Just@sk Plus)  |
|                   | Looked After Children – Performance Data Update  |
|                   | Informal Forward Work Programme  |
| <b>29.04.13</b>   | Adoption Service Annual Report 2012/2013   |
|                   | Qualifications and Performance Achieved by Looked After Children for the Academic Year 2011/12   |
|                   | Independent Reviewing Service Annual Report  |
|                   | Statements of Purpose  |
|                   | Informal Forward Work Programme  |
| <b>31.07.13</b>   | CSSIW Inspection into Bridgend Fostering Service   |
|                   | Safeguarding and Family Support Service 2011-12 Head of Service Annual Report  |
|                   | Informal Forward Work Programme  |
| <b>28.10.13</b>   | Integrated Family Support Service (Western Bay)  |
|                   | Delegation of Authority to Foster Carers and Residential Child Care Staff  |
|                   | Development of a National Adoption Service   |
|                   | Development of the Permanence Service with Bridgend's Adoption Team  |
|                   | Informal Forward Work Programme  |
| <b>20.01.2014</b> | Regional Collaborative Advocacy Project  |
|                   | Update on Connecting Families including Progress of Evaluation and Update on Future Funding  |
|                   | Draft Strategy to reduce the number of Looked After Children and Young People in Bridgend  |
|                   | Informal forward Work Programme  |
| <b>28.04.2014</b> | CSSIW Inspection into Bridgend Adoption Service  |
|                   | CSSIW Inspection into Bridgend Fostering Service   |
|                   | Statements of Purpose for Fostering, Adoption and Children's Homes   |
|                   | Statutory Independent Professional Advocacy and Independent Visiting Services for Vulnerable Children and Young People who are involved with Children's Social Services in Bridgend (BCBC) |
|                   | Informal Forward Work Programme  |



## Part Four      Glossary of terms

**Adult Safeguarding** – Protection of vulnerable adults which can involve action taken to prevent or minimise the risk of harm and also includes intervention to investigate situations where harm and/or abuse has been experienced by a vulnerable person. Adult Safeguarding encompasses six key concepts: - empowerment, protection, prevention, proportionate responses, partnership and accountability.

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

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

**Bridgeway** – A specialist enabling home care service for people with dementia, focusing on maintaining people's independence are living with dementia to enable people's carers to continue to support someone to live at home

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

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

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

**Carers' Emergency Card** - A card for carers which will be carried at all times in the event of an emergency. The card has a unique identification number and will trigger a response plan to ensure the safety and welfare of the person they care for.

**Carers' Forum** – provides an opportunity for carers in the county borough to come together to receive offers advice, information and support for carers and meets four times a year. During the meetings carers have the opportunity to raise carer issues, give feedback on service changes and developments, share experiences and give mutual support and participate in any consultation opportunities.

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

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

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

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

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

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

**Citizen Directed Support** – this is an extension of Direct Payments and gives service users individual or notional budgets to enable them to choose how their needs are met by purchasing services themselves, hence giving individuals more control and choice in their life and more control in 'directing' their individual care plan

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

**Community Networks** – The model describes a system of empowered localities in the form of Locality Networks which will be developed around natural communities as a key platform for local service planning and delivery. They will be built around Primary Care, Community and Social Care teams, working together across agreed populations to plan and deliver integrated core out-of-hospital services.

**Community Resource Team Services (CRT)** – A joint ABMUL HB and BCBC resource team serving the Bridgend community networks. The Community Resource Service is a multi-disciplinary, multi-agency team established to respond to the individual needs of people who are frail or have physical disabilities or long term chronic conditions. It consists of the following elements: Early and clinical Response Team, Telecare and Mobile Response Service, BridgeStart – enabling and re-abling interventions as well as a Reablement Unit at Bryn y Cae; The Community Independence & Wellbeing Team; community occupational therapy and the Integrated Community Equipment, Assessment & Demonstration Service. The team provides community support ranging from just a few days to up to six weeks. The focus is on short term interventions to support people to

remain at home outside long-term hospital settings.

**Core Assessments** - A core assessment provides a structured, in-depth assessment of a child or young person's needs where their circumstances are complex. The **Core Assessment Record** provides a structured framework for social workers to record information gathered from a variety of sources to provide evidence for their professional judgments, facilitate analysis, decision making and planning. A completed **Core Assessment Record** is then used to develop the plan for the child or young person. When a child or young person becomes looked after, an up to date core assessment is required and is used to inform his or her first **Care Plan**. A core assessment continues the process of collecting the information necessary to monitor the progress of children and young people who are looked after. Councils are required to complete all core assessments within 35 working days.

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

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

**(DASH) Drug and Alcohol Self Help** - provides a counselling service for adults experiencing difficulties with substance misuse

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

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

**Disability Facilities Grant** - Depending on available finance, grants are available from Bridgend County Borough Council. A disability facilities grant will help improve mobility in and around a person's home.

**Deprivation of Liberty (DoLs)** - The Deprivation of Liberty Safeguards were introduced in April 2009 to meet the requirements of the Mental Capacity Act, 2005. They provide protection for individuals who lack capacity and are therefore unable to consent to necessary care or treatment regimes, which may necessitate depriving them of their liberty to protect them from harm.

**DRAIG** - DRAIG is a live database used to store information on past and present client known to Social Services. It has been developed to include Integrated Children's System (ICS) documents that facilitate multi-agency working as described in Working Together to include agencies such as Health, Education and Police. Another function of DRAIG is to

ensure care management processes are adhered to as outlined in Care Management Practice Guide. However, as DRAIG is a live system, regular validation is required to ensure the integrity of data stored. Performance Information Team in conjunction with Business Support develop and monitor reports to guarantee accurate data is held and that compliance targets are met.

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

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

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

**Forensic Mental Health Service** - Forensic mental health services are for people who have a mental illness and are, or have been at risk to other people. This risk is usually linked to their mental illness. These workers can be psychiatrists, psychologists, licensed counsellors or social workers. The work in forensic mental health is varied, including several different types of work.

**Independent Mental Capacity Advocate (IMCA)** - The Mental Capacity Act 2005 created the IMCA service to help support and protect the rights of vulnerable people who lack capacity in making major decisions. An IMCA is only involved when a person who lacks capacity has no family or friends to consult.

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

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

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

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

**Integrating Health and Social Care Programme** – developing and implementing proposals and projects to reshape the way in which health and social care services work

together to deliver *integrated services* for older people, and people with physical disability or sensory loss, in Bridgend County Borough. There are a series of projects that will deliver an integrated approach to the delivery of services for frail people and people with complex conditions, with an aim of improving outcomes and the quality and timeliness of services, by working across traditional boundaries and in different ways. The aim of this programme is to transform services so that our citizens experience a well-coordinated and planned approach to community health and social care services.

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

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

### **Local Service Board (LSB)**

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

**Looked After Children (LAC)** - A child or young person is 'looked after' if they are cared for by the local authority either under Section 20 or Section 31 of the Children Act 1989. Children become looked after when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Children can either be looked after as a result of voluntary agreement by their parents or as the result of a care order. Children may be placed with kinship carers (family), network carers (extended family / friends) or foster carers depending on individual circumstances.

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

**Mental Health Wales Measure (2010)** – The measure has four main parts:-

Part 1 will ensure that more mental health services are available within primary care such as G.Ps.

Part 2 makes sure that all patients in secondary services have a care and treatment plan

Part 3 enables all adults discharged from secondary services to refer themselves back to those services

Part 4 supports every patient to have help from an independent mental health advocate if wanted.

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

**Occupational Therapist** - An occupational therapist (OT) is a therapist who is trained in the practice of occupational therapy. The role of an occupational therapist is to work with a service user to help them achieve a fulfilled and satisfied state in life through the use of equipment and adaptations that could meet the service users particular needs which promote health, prevent injury or disability and improve, sustain or restore the highest possible level of independence. The Community Occupational Therapists work with service users to resolve the practical, everyday problems caused by their disability. The service is primarily targeted at those service users whose disability is permanent and may have achieved their optimum level of function through rehabilitation but still face environmental barriers to their independence at home. The service provides advice and teaches compensatory techniques and has links with a wide variety of statutory and third sector organisations in order to provide a comprehensive range of community equipment and adaptations

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

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

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

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

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

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

**Public Law Outline (PLO)** – Statutory guidance to case management in public law (Care) proceedings for courts and parties. It includes guidance on pre-proceedings procedures as well as court proceedings. There is currently a Revised Interim PLO which is being piloted in this area from 02.09.13 and will be implemented fully in April 2014.

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

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

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

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

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

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

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