



Bridgend County Borough Council Director of Social Services Annual Report 2014/15



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PART ONE

OVERVIEW AND SUMMARY

Introduction to Bridgend

Welcome to the Statutory Director of Social Services' Annual Report for 2014-15 for Bridgend County Borough Council. 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 2014-15 and sets down improvements that are needed in 2015–16.

The report is in four parts. The first part is an overview and summary which sets the context for Bridgend; it makes the links between social services and the corporate agenda and with the regional developments. It also sets out the main achievements and clarifies the priorities for the future. The second and third sections provide more information about the two main service areas of Adult Social Care and Safeguarding and Family Support. A number 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 (CCSIW). The fourth section is the glossary of terms.

In October 2014, the Council appointed a new Head of Adult Social Care and this has enabled additional leadership capacity for the challenging agenda ahead. In January 2015 the Director of Wellbeing assumed line management responsibility for Children's Social Services and assumed the new title of Director of Social Services and Wellbeing. The early help and prevention services remained under the Director of Education who also took on responsibility for Transformation and became the Director of Education and Transformation. Both Directors ensure there remains close working relationships between both sides and the Chief Executive provides additional oversight by monitoring progress.

The Social Services and Wellbeing Directorate also includes the Sport, Play and Active Wellbeing division. During 2015- 16 the links between this team and older people, ageing well, looked after children and learning disability services have strengthened considerably. This team has an active involvement with the wellbeing and prevention agenda and will play an important role as we move forward. The team is also leading an initiative which focuses on staff wellbeing and supporting people to stay in work as part of our positive approach to absence management.

In May 2015, there were some changes made to the Cabinet which, in essence, strengthened the support for social care by having 2 new Cabinet members for Social Services, one for Children's Services and one for Adult Social Care. The current political composition of the Council is as follows: Conservative 1, Independent Annibynwyr 5, Independent 6, Labour 37, Liberal Democrats 3, Plaid Cymru 1. There are five scrutiny committees: Partnerships and Governance, Corporate Resources and Improvement, Children and Young People, Community and Environment and Leisure, and Adult Social Care.

Social Services support the delivery of the Council's Corporate Plan for 2013-17, 'Working Together to Improve Lives'. The Plan sets out six improvement priorities:

- Working together to develop the 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.

At the time of writing this report, the Chief Executive is leading a piece of work to revise the priorities in order to inform our planning from next year on. This is in recognition that in three to four years' time, Bridgend will have a budget less than 70% of what we had last year. We need to agree high level themes with Cabinet and consider how we shift the organisation from what it is now to what it needs to be.

The Context for Social Services

2014-15 saw a significant increase in the number of contacts made into Safeguarding and Family Support. In spite of this, the numbers of both Looked After Children (LAC) and children placed on the Child Protection Register (CPR) reduced. Pressure on the front line teams has been influenced by high numbers of reported incidences of domestic violence where children have been present, parental substance misuse and the associated neglect of children.

During 2014-15, Safeguarding and Family Support received 4,619 contacts, an increase of 1287 on the previous year. Of these contacts, 999 were assessed as referrals where a form of safeguarding intervention was required. This is a 9.7% decrease compared to the previous year. Throughout the year, the service completed 1,333 initial assessments, of which 319 arose out of new concerns reported on existing open cases. Of the 1,333 initial assessments completed throughout the year, 82% were completed within statutory timescales, compared to the previous year's figure of 77%.

In relation to LAC, we implemented a refreshed placements and permanency strategy during the year, aimed at safely reducing the number of LAC. This strategy, along with the launch of our new prevention and early help strategy has influenced a steady reduction in the number of LAC during the year, from 412 in April 2014 to 390 in March 2015, a reduction of 5.3%.

Despite this strategy, numbers remain high and the safe reduction of LAC continues to be a priority for the Council. The number of children on the CPR also fell from 179 on the 31st March 2014, to 125 on the 31st March 2015, a 30% reduction. There have been a number of large families included in this figure.

Demand for services in Adult Social Care has continued to increase during 2014-15. The service has received 7,058 referrals, an increase of 1021(16.9%) on the previous year. This can be partly attributed to new initiatives in the Community Resource Team (CRT) and expanding referral routes within the ARC service.

Throughout the year, the service completed 1,777 unified assessments, a 1.1% reduction compared to the previous year.

In Adult Social Care, 4718 people were supported (in the community), an increase of 5.9% compared to 2013-14. Of these, 32% were between 18 and 64 and 68% were over 65. The

number of people receiving a reablement service was 411; the number of people who received a Telecare package during the year was 2299, whilst 761 people were supported in long term care (residential).

Current Work Context

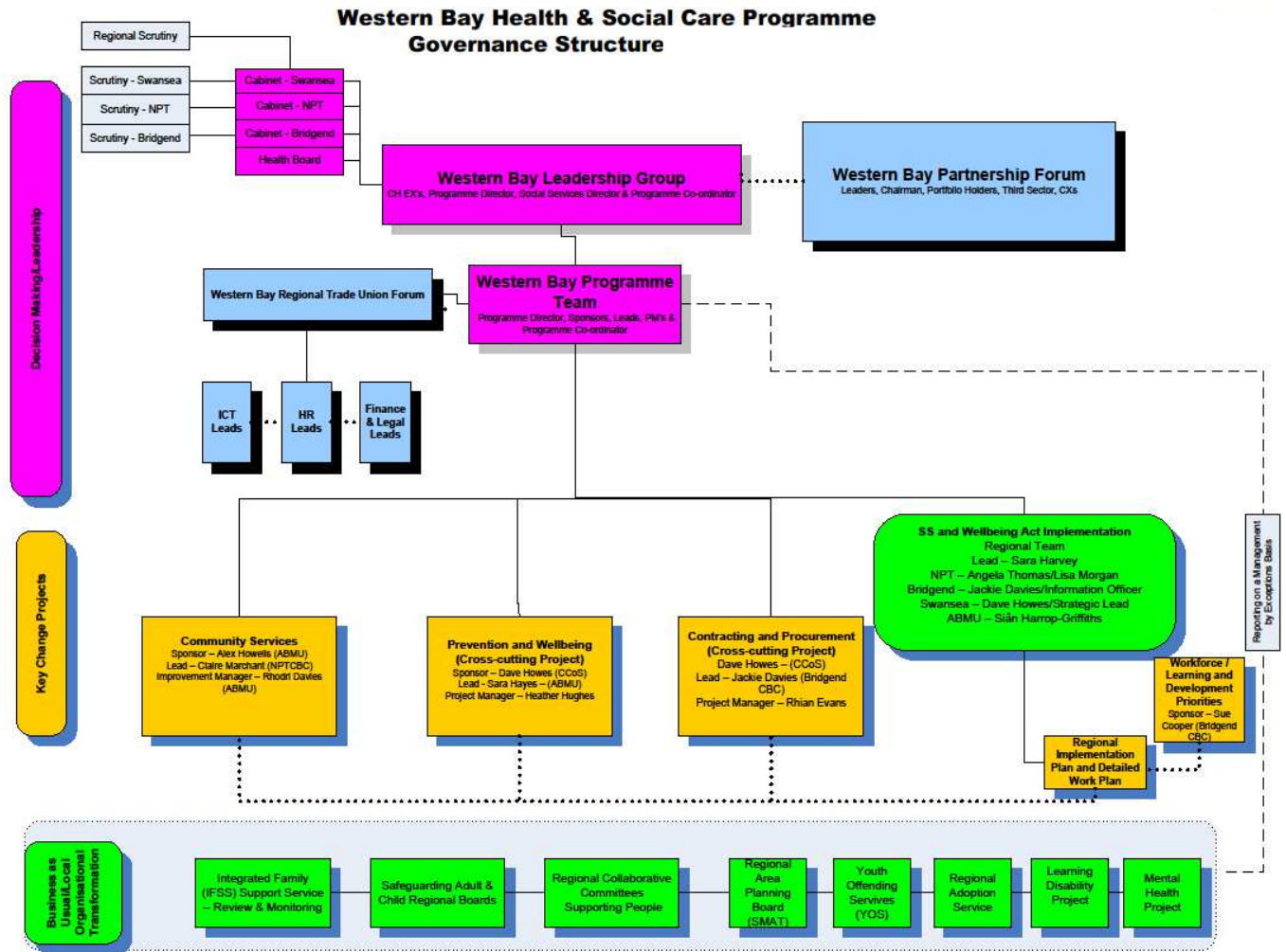
The case for new ways of working has been laid down by the Social Services and Well Being (Wales) Act, 2014. The Directorate Business Plan 2015–2016 focuses on new ways of working and our future priority will be on developing the best sustainable solutions that meet service users' needs flexibly and efficiently. We want support and services that:

- ensure that children, young people and adults who need support are safeguarded and protected;
- are responsive to service users' needs and help and support 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 or care homes or out of county placements;
- are shared between the NHS and Bridgend County Borough Council, seamless working to meet needs; and
- give children and adults every chance to take part in activities regardless of their skills and abilities while also promoting healthy lifestyles through successful sport.

The Western Bay Health and Social Care Collaboration Programme continues to develop. 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.

During 2014-15, Western Bay established a Partnership Forum which provides a strategic overview of the Programme. The membership currently consists of the three Leaders of the three local authorities, portfolio holders, the Chairman of ABMU Health Board and non-executive members and the Chief Executives of the Health Board and the Local Authority.

As a result of the reduced grant from Welsh Government for regional collaboration, Western Bay has carried out a re-prioritisation exercise and has now agreed three transformational programmes at Tier 1. These three work streams are, Community Services, Prevention and Wellbeing and Contracting and Procurement. A plan has been put in place to ensure that the remaining priorities continue to progress and these are now referred to as Tier 2 priorities. These include, Community Learning Disability Team model, Mental Health Project and the Regional Adoption Service. The remaining strands of Western Bay activity, regional Supporting People Committee, regional Area Planning Board for Substance Misuse, the regional Safeguarding Boards and the Integrated Family Support Services have separate governance arrangements but if there are specific issues there is still the ability to escalate to the Leadership Forum. The regional Youth Offending Service is progressing with separate governance arrangements under a Western Bay Youth Justice Board.



As far as possible, the priorities for social services in Bridgend align with the strategic direction of Western Bay. There has been much focus during 2014 – 15 on the preparation required for the implementation of the Social Services and Wellbeing (Wales) Act 2014 and the service is now able to take a measured and proportionate approach to implementation. A priority for 2015-16 is to develop high quality information and advice to the public through the creation of a central 'one-stop shop' to manage general enquiries, thus enabling the referral management centre to respond to people who need assessment and intervention in line with the new Act. We are also committed to the re-alignment of our integrated social work provision into short term-rapid response and intervention and long term managed care and support.

We have identified a number of priorities for 2015-16. These are set out in detail in parts 2 and 3 of this report, however in brief, for Adult Social Care these include:

- Continue to develop the progression model in Learning Disabilities;
- Finalise our Prevention and Wellbeing Strategy and develop a delivery plan;
- Explore ways to include service users and communities within aspects of commissioning, especially around new service models for the future;

- 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;
- To produce a regional Social Care Workforce Development plan, which will develop collaborative arrangements for learning and development with partner agencies across the Western Bay Social Care Collaborative region;
- Development of a commissioning plan for the independent sector homecare market and the implementation of that plan (leading to a re-commissioning exercise);
- Appoint a Registered Social Landlord (RSL) and take forward the development of two new Extra Care Housing (ECH) plans;
- Strengthen approaches for prevention and wellbeing, and shift services to communities.

In Children's Services the key improvements we need to focus on include:

- Continue to safely reduce the numbers of LAC;
- Review current respite arrangements for disabled children;
- Re-model residential provision;
- Establish a Multi-Agency Safeguarding Hub
- Ensure robust mechanisms are in place to identify and provide appropriate services to children at risk from Child Sexual Exploitation.

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 Adult Social Care of £584k and £3,099k respectively, against net budgets of £18,381k and £40,501k (net of savings and pressures). 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 £965k were allocated. The additional budget was to meet:

- Increased numbers of looked after children - £400k
- Rising numbers of older people - £425k
- Increase in demand for direct payments - £480k
- Rising incidence of Mental Health needs - £60k

The following table sets out the year's final budget:

		Gross Expenditure £m	Income £m	Net Budget £m
ADULT SOCIAL CARE				
	Support for people living at home			
	- Home care	11.50	-1.99	9.51
	- Supported Living Schemes	7.37	-2.60	4.77
	- Direct Payments, Meals at Home,	3.29	-0.30	2.99

	Equipment and Adaptations			
	Support for people in the Community			
	- Residential & Nursing Care – Long Term & Short Term Breaks	18.97	-7.04	11.93
	- Day Care/Other services	6.06	-1.05	5.01
	Assessment & Care Management	4.97	-0.62	4.35
	Support Services and Central Costs	2.54	-0.60	1.94
	ADULT SOCIAL CARE - TOTAL	54.70	-14.20	40.50
	SAFEGUARDING & FAMILY SUPPORT			
	Children Looked After	12.58	-1.42	11.15
	Family Support Services & Other Child & Family Services	1.81	-0.04	1.78
	Commissioning & Social Work	4.26	-	4.26
	Other Children’s Services, Management & Support	1.19	0	1.19
	SAFEGUARDING & FAMILY SUPPORT TOTAL	19.84	-1.46	18.38

Within Children’s Safeguarding and Family Support, the end of year position was £19,553k, an overspend of £1,172k which related mainly to costs associated with looked after children and Adoption. Adult Social Care achieved an underspend of £143k through a range of actions, including holding staff vacancies, re-negotiating service contracts and limiting cross-service expenditure.

	Budget £m	Outturn £m	Over /(Under) spend £m
Safeguarding and Family Support	18.38	19.55	1.17
Adult Social Care	40.50	40.36	(0.14)
TOTAL	58.88	59.91	1.03

Safeguarding

The importance of safeguarding children, young people and adults so that they are protected from harm and abuse wherever possible remains a core element of the work of social services. The two regional Safeguarding Boards are now well established.

The Western Bay Safeguarding Children’s Board continues to work with Welsh Government and (previously) the Independent Safeguarding Advisory Panel in the establishment of regulations under the Social Services and Wellbeing (Wales) Act 2014 and is keen to ensure that the core functions of an effective Safeguarding Children’s Board are routinely undertaken. In order to do this structures are regularly reviewed and updates within the Safeguarding Board arrangements and work plans are reviewed and amended throughout the year.

The Western Bay Safeguarding Children’s Board priorities include:

- Neglect.
- Child Sexual Exploitation.
- Babies who have become looked after.
- Domestic abuse.
- Legal highs.

The Board has developed a business plan and action plan to oversee these priorities and this will be reviewed early in 2016. There is also a 'line of sight' between the regional plan and the Bridgend Children's Services Business Plan.

The Western Bay Safeguarding Adult Board strategic priorities are still work in progress however the priorities will include:

- Implementation of Part 7 of the Social Services and Wellbeing (Wales) Act 2014.
- Mental Capacity Act and Deprivation of Liberty Standards.
- Older People Commissioner Review of Care Homes Recommendations.
- Domestic Abuse in Older People.

Since moving to the regional boards, Bridgend County Borough Council has been keen to ensure that local accountability and governance has not been lost. To this end the Director of Social Services has established a local, multi-agency Safeguarding Operational Group and the Heads of Services ensure that safeguarding issues are standard agenda items at divisional management meetings. An annual report is also presented to the Local Service Board. In addition there are opportunities for Council briefings / presentations; recently we held a full Council briefing on CSE to ensure that Members were aware of their responsibilities. We have now developed a Corporate Safeguarding Policy and are in the process of identifying a number of safeguarding champions from across the Council through the Heads of Service group. Safeguarding is a priority agenda item on the Cabinet/CMB agenda monthly meeting.

Workforce management and development

The Social Care Workforce Development Programme (SCWDP) Partnerships across the Western Bay footprint have begun to put into place regional learning and development arrangements to effectively implement the Social Services and Wellbeing (Wales) Act.

A learning and development strategy will be developed to support the Western Bay Implementation Plan for the Act. The regional learning and development plan will also be aligned to the Delivering Transformation Grant Funding key priorities/work programme for 2015-16. Use of the SCWDP funding, including learning and development activity will be aligned to support implementation of the Act, both at local and regional levels, together with the transformational projects that sit within the Western Bay Collaborative.

As a partnership Western Bay already undertakes a range of good work in relation to workforce development and training however there are further considerations needed going forward about the extent to which future workforce development arrangements need to be integrated. There is also an immediate need for stronger visibility and ownership of workforce development with the Western Bay programme and in particular as part of the regional response to the WG requirements for implementation of the Act.

Going forward, Western Bay has commissioned IPC to co-ordinate a piece of work across the region to scope out:

- existing arrangements and level of investment;
- what regional workforce development needs and priorities should be;
- what should the balance between regional and local arrangements be and why;
- how workforce development can support the Act implementation across Western Bay;
- the governance arrangements needed for workforce development in the future.

Representations and Complaints

The number of representations (complaints, comments and compliments) received during 2014-15 were 438, broken down as follows:

24	statutory complaints
2	corporate complaints
162	concerns resolved pre-complaints procedure
242	compliments
8	comments

During the first half of the year (April to July 2014), complaints were handled, in accordance with Welsh Government Complaint Guidelines “Listening & Learning” which comprised a three stage complaints procedure. However, new guidelines came into effect on the 1st August 2014. The guidance supports the implementation of the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. The Regulations introduced a new two stage process which replaced the previous three stages bringing the process for social services into line with the NHS Complaints Procedure. The Annual Representation and Complaints report for 2014-15 can be accessed [here](#).

The number of Member Referrals received for both Adult Social Care and Safeguarding and Family Support during the reporting period was 128, broken down as follows:

Adult Social Care – 97

Safeguarding and Family Support - 31

During 2014-15 there has been a focus on the implementation of the Welsh Government revised complaint guidelines, including:

- Raising awareness of managers and staff;
- Review and update of complaints information documentation and website (including Welsh translation);
- Review and update of training material;
- Review and update of Interactive Practice Guides;
- Update of complaints database to accommodate changes;
- Agree arrangements with neighbouring local authorities for pool of independent investigators.

In 2015-16, we will be considering a review of our existing customer feedback process as part of our improvement objectives and there will be a continued focus on supporting

managers and staff to resolve as many complaints as quickly as possible to avoid them escalating to stage two. We will also be developing an E: learning module on complaints for access by all staff.

Community Care Information Systems (CCIS)

Bridgend County Borough Council has been leading on the procurement of a national Community Care Information System (CCIS) that supports both health and social care. The procurement has been managed by a Joint Procurement Board consisting of representatives of NHS Wales and local authorities from the Wales System Consortium (WSC). The procurement process has been contributed to and supported by representatives from all Health Boards and Local Authorities.

Welsh Government policies and strategies have consistently reflected the importance of citizens being appropriately cared for in their own homes and in community settings. Consequently there has been increasing efforts by, Health Boards and Local Authorities within Wales to deliver more integrated services to ensure services and support for individuals, their families and communities are effectively planned, co-ordinated and delivered. However one of the common and key impediments to integrated working between Health and Social Care services has been the inability of services to share information effectively and the CCIS has been specified to ensure that its functionality overcomes such long standing issues.

To meet the necessary functional requirements of a solution to support the required integrated working, Local Authorities and NHS Wales organisations have jointly specified and selected a Community Care Information Solution (CCIS) ensuring that the business and technical design is citizen-centred and allows professionals to access and share information. In addition the CCIS will enable effective joint case management and workflow management across organisational boundaries. In compiling the specification of requirements it was revealed that there is a high degree of commonality between processes in Health and Social Care services and more than 70% of the requirements are common to both Health and Social Care. The comprehensive functionality of the CCIS will meet all the requirements of the services in scope.

Bridgend, as lead authority, will enter into a national deployment order on behalf of all Wales. This deployment order will deliver hardware, specially written software and an all Wales licence for CCIS. The CCIS system will be hosted by NWIS in two data centres located in Wales. The support infrastructure costs are scalable (based on the number of system users per authority) and covered in each authority party's annual maintenance charge.

There is Welsh Government funding of £6.6m in order to support the initial deployment order therefore BCBC will bear no direct cost. This funding will be paid to NWIS from Welsh Government and will be transferred to BCBC in order to cover all initial costs. It is recognised that there could be a refresh charge for hardware in 6 years, but this cost will be shared across all participating authorities.

This important project will set strong foundations not just for Bridgend, but also for social and health care across the whole of Wales.

Performance Management

The Council has developed a Performance Management Framework which sets out principles, processes and procedures of performance management, linking service delivery to the Council's vision and priorities. It was formally introduced early in 2014 and it defines the Council's performance management cycle: plan-do-review-revise, and clearly identifies responsibility and accountability for each stage of this process. It helps to ensure the "golden thread", which links the Council's vision through to services delivered at the frontline of the Council, and identifies how external factors influence the Council's vision and priorities. It is the mechanism through which the Directors report into the Corporate Performance Assessment process.

In reality for Social Care, this has helped to improve our internal performance management processes, clearly linking the council's corporate plan to the directorate business plan, the MTFS and the remodelling adult social care programme of transformation.

The corporate centre co-ordinates a quarterly Corporate Performance Assessment (CPA) which monitors progress against the Council's improvement priorities and the allocated budget and efficiency targets associated with these.

Both service areas hold, separate, monthly performance management meetings which are chaired by the Corporate Director and attended by the heads of service, group managers, performance management officers, and finance and HR officers. These ensure that the service managers remain on top of performance across their service areas and are able to take necessary corrective action when required. The standard agenda includes performance indicators, absence management, HR issues, corporate updates and service specific issues. Examples of focussed pieces of work that have fallen out of these performance management meetings are a workforce task and finish group in Children's Services to oversee recruitment and retention and a dedicated piece of work in Adult Social Care to monitor sickness absence and related activity as part of an ongoing programme of analysis and monitoring.

There is more detail of the progress of these work streams in the Head of Service reports.

In 2015-16, Bridgend will be subject to an improvement assessment by the Auditor General as set out under the Local Government (Wales) Measure 2009. The purpose is to consider whether the Authority is likely to secure continuous improvement and whether it is compliant with the measure and whether we are delivering on outcomes for citizens.

Leadership and Culture

The current Corporate Management Board (CMB) has been together for 18 months. During this time the Authority has moved to an open plan model of working and the 5 Directors and Chief Executive now operate within the same office space, enabling easy access and communication between the team. This has also set the direction for the whole Council as Bridgend has moved to an open plan and 'hot-desking' culture. This was initiated as part of a maximising space and technology programme and whilst there have been the inevitable teething problems the majority of staff have embraced the new way of working

Cabinet and CMB meet informally on a monthly basis which provides the opportunity to share important issues including safeguarding issues, test out new ideas and ensure everyone is

updated with current pressures and the progress and monitoring of the medium term financial strategy.

In January 2015, the Chief Executive created a Transformation team which is headed up by the Director of Education, now the Director of Education and Transformation. This team will be leading the Bridgend Change Programme and their key objectives are to ensure that Bridgend:

- Explores innovative and flexible ways of delivering services, including approaches to commissioning and working with the Third Sector;
- Maximises the use of our assets and technology;
- Develops a stronger organisational development function to increase the skills of existing employees and allow greater flexibility;
- Improves communication with citizens so that they better understand their needs and are able to access appropriate information and, when required, services.

The Chief Executive and his CMB meets regularly with the heads of service and senior management teams from across the Council. These sessions are used to engage and update a range of top managers from all the directorates in Council matters, new ways of working, national and regional initiatives. Some examples of topics covered in 2014-15 include, new performance management framework, Health and Safety processes, Social Services and Wellbeing Act, budget consultation and capital programme, corporate priorities, corporate transformation approach and Local Service Board Review.

The Corporate Director of Wellbeing and Social Services holds quarterly meetings with a range of operational and strategic managers from across the whole service, known as Extended Management Team (EMT). The session always starts with national, regional and corporate updates including an update on the budget position. EMT adopts an inclusive approach and provides the opportunity for managers to be updated, and to be able to provide updates, on various service issues. In the last year the sessions have been used to consult with managers on the budget savings proposals, the Social Services and Wellbeing Act, the new assessment framework and new ways of working.

The Heads of Service regularly hold their own management meetings and this pattern is followed through by Group Managers. Continual effective communication and information is a priority especially during such a significant period of change.

Equality and Diversity

The Council's Strategic Equality Plan 2012-16 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 characteristic such as race/ethnicity, gender, age, disability, faith/religious belief, and sexual orientation. Our Strategic Equality Plan and its actions set out our equality objectives and actions for delivery.

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.

Susan Cooper

Corporate Director of Social Services and Well Being

PART TWO

ADULT SOCIAL CARE

Introduction

2014-15 was a year with both opportunities and challenges in Adult Social Care in Bridgend with significant progress made in our remodelling programme and ongoing preparations for the new Social Services and Wellbeing (Wales) Act 2014. The appointment of a new Head of Adult Social Care in October 2014 has provided additional leadership and capacity to drive forward the transformation agenda and to ensure the service is on track for the implementation of the Social Services and Wellbeing Act by April 2016.

There has been much activity as the directorate prepares for the implementation of the new Act in April 2016, including briefings to a wide range of stakeholders, completion of the self-assessment tool, responding to the Welsh Government consultation on the regulations and codes of practice and developing a local and regional implementation plan.

Our transformation agenda has been driven via the Remodelling Adult Social Care Board (RASC) which has overseen the planning of new models of service delivery into implementation phase. This includes the redevelopment of residential care in older people to an Extra Care service model, the remodelling of the Home care provision and the transformation of traditional Learning Disabilities services. In addition, work has started on our Prevention and Wellbeing responsibilities. We have two consultations underway; one for Mental Health and one for Dementia services. We have seen significant development in our integrated services with Health including building a robust Community Resources Team and seen key developments in our services for carers.

The RASC is closely aligned to the Council's Medium Term Financial Strategy and as part of this we established a change team in the latter part of the year which has enabled us to focus our energy on promoting an enablement approach across all service areas including the care services we commission and to play a lead role in working with team managers in connection to the changes in assessment and outcome focused approaches required within social work. We were also fortunate to be chosen to be one of the SSIA/WG pilot sites for the new outcomes framework. The progress of all of this is being managed via the newly established Changing the Culture Board, which in turn reports into RASC.

This considerable change programme has all been within the context of severe austerity and a challenging savings target whilst ensuring that existing service users continue to receive the service that they need.

This report sets out what we have done in 2014-15 to ensure better outcomes for our service users and carers and also highlights the improvements needed in the future as the landscape of health and social care is changing.

GETTING HELP

Access to Services

In 2014-15 the key areas for improvement were highlighted as:-

- Bring district nursing services into the Integrated Referral Management Centre (IRMC);
- Further development of public information systems and advice and information at the first point of contact.

There has been a strong focus during 2014-15 in preparing the service for the new Social Services and Wellbeing (Wales) Act. 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.

In the latter part of 2014-15, we appointed, using funding via Western Bay, an officer to progress the preparation of our Prevention and Wellbeing responsibilities in the Act; we are in the process of working with colleagues on a strategy for this in Bridgend. We have been gathering information in respect of key priorities for local communities going forward and making links in respect of information sharing with local community and town councils, third sector and partner organisations. We have created a local communication group for Prevention and Wellbeing that has developed a communication plan which concentrates on information sharing with staff, service users, carers, the public, all elected members and partners; it will see the development of a logo for Social Care, a review of information leaflets and documentation held and is starting to explore other effective communication channels using technology such as social media and the use of apps. This work is being managed by a new corporate Bridgend Prevention and Wellbeing board which is linked to the regional Western Bay Prevention and Wellbeing project group.

The IRMC has continued to develop over the last year, consolidating the first contact arrangements for adult social care and the community resource team, with an established, robust duty professionals system. We recognise that there is still further work to do to ensure that this becomes truly a single point of access for all integrated community health and social care services and in the last year we have continued to build the infrastructure that has enabled this to be delivered. In our first year, we were able to demonstrate significant reductions in duplication in our referral management system and this performance has continued. There has been a continued reduction in referrals to the Integrated Referral Management Centre, a 22.1% reduction when compared to 2013/14. Overall demand has continued to increase and we have extended our data capture to elements of integration with CRT which were not formally captured previously. The number of overall referrals has increased by 16.9% in 2014-15, details of which are contained in the table below.

Team	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	% Increase/ Decrease in 2014/15 when compared with 2013/14
Community Network Teams (SW & OT) and North & South Secondary Health	1512	1424	1568	1547	2617	2677	2.3%
Integrated Referral Management Centre	1512	1726	1741	1672	666	519	-22.1%
CIWT (PD, CDRT, Transition and Sensory inc Childrens)	473	435	477	479	467	394	-15.6%
CRT (ERS, Reablement, BridgeStart, Better At Home & Therapists)	120	528	1103	1102	1046	1872	79.0%
Mental Health (inc Older People MH, ARC)	594	531	924	729	1203	1565	30.1%
LD (inc Transition)	40	25	22	53	38	31	-18.4%
Total	4251	4669	5835	5582	6037	7058	16.9%

Considerable investment has been made this year on changing the conversations at the first point of contact, moving from a service that seeks only to 'help', to one that supports people with high quality information, advice and with strengths based approach, in order to support people to understand and find their own solutions. Problem resolution is a significant focus of the team and seeks to resolve as many issues as possible at the first point of contact.

The IRMC provides a same day response to urgent significant changes of circumstances and need by arranging immediate adjustments to active care and support plans or initiating/ brokering urgent responses from other professionals such as South Wales Police, General Practitioners, Community Psychiatric Nurses and independent sector providers, there were 417 recorded referrals in this category in 2014-15.

Bringing the District Nurse service into the IRMC was delayed in 2014-15 due to a number of factors but specifically due to a District Nursing Review across the Borough. In preparation for the start of this, the IT system was developed to facilitate the IRMC receiving District Nurse referrals and the appointment of a senior nurse in 2014, has enabled the in-reach nurse referral pathway to facilitate transfers from secondary care into the District Nursing service within the Community Integrated Networks by the summer of 2015. A pilot scheme will start in July 2015 and will concentrate on four wards to begin with; these referrals will be sent directly to the IRMC with the correct transfer document and care plans

The recommendations from the Alder review in learning disability services in 2012-2013 has continued to be embedded in practice throughout 2014-15; this has enabled people to move to greater levels of independence by targeting support through a person centred planning process.

During 2014-15, a Bridgend Mental Health Commissioning and Delivery plan was produced, which is currently out for consultation. This plan will be the main vehicle for implementing our vision for mental health services over the next three years in Bridgend. Dementia is also a priority in the Western Bay Collaborative. Some good work has progressed as part of the Community Services project but it is patchy and there is still much work to be done. Bridgend has developed a local joint strategy and delivery plan, which will have five priorities including improved service provision and improved access to better information.

With respect to day opportunities, the Assisted Recovery in the Community (ARC) service continues to support a large number of people, with mental health needs, referred through a variety of services. 2014-15 has seen an increase in referral rates from 971 in 2013-2014 to 1363 in 2014-15; this is a 40.4% increase and due to GP's referring directly to ARC, whereas previously the referral route had been via Secondary Health. A customer service

questionnaire highlighted that 88% who use the service would recommend it to others. With one service user quoting:

“This service helped me when I was at the lowest point of not being able to cope by making me feel I was a priority.”

The local primary mental health service (Part 1 of the Measure) continues to go from strength to strength, responding to 40-60 referrals per week. Waiting times for therapy are still a concern but the service has been innovative during 2014-15 by introducing mindfulness and stress programmes which have reduced waiting lists for individual therapy. We have worked with colleagues in Supporting People to develop a new model of floating support for people with mental health issues. This is currently going through the procurement process. We have collaborated with Health to pilot a single point of access for GP referrals into secondary care. This pilot is now being rolled out in the Neath Port Talbot and Swansea Local Authority areas.

In 2015-16, key areas for improvement are:-

- To bring the district nursing services into the IMRC;
- Improve access to quality information, advice and assistance.

Assessment and Care Management

In 2014 -2015, the key areas for improvement were highlighted as:-

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

The establishment and development of our integrated teams has consolidated in their second year of existence, and performance indicates that the teams are delivering on our strategic intention of:-

- supporting people with good information and advice at the first point of contact;
- ensuring that they receive an appropriate and proportionate response when they require it;
- keeping more people independent and safe at home; and
- delaying long-term placements where possible.

In 2014-15, we continued to consolidate the progress made in the last year on integrating our community health and social care services. Progress includes:-

- The Integrated Referral Management Centre (IMRC) has continued to rationalise processes for accessing the integrated services and other Adult Social Care services. The duty professional system is fully established, and support the “pull” systems of the Community Resource Team (CRT) from the Princess of Wales hospital;
- The Community Resource Team has had considerable investment from the Welsh Government Intermediate Care Fund and has spent the last year establishing and delivering on the Western Bay intermediate tier business case;

- The integrated services have continued to work with the Long Term Care team, quality assurance and safeguarding teams on quality and safeguarding arrangements, collaborating well, particularly on arrangements following the closure of a nursing home within the County Borough within this year;
- Collaboration with the Princess of Wales hospital has continued to strengthen the interface between the hospital and the integrated community services. This year has been particularly challenging in terms of demand from the hospital and there is strong evidence of collaborative working resulting in good outcomes for service users and patients within the County Borough.

In 2014-15, we continued to work collaboratively across the Western Bay footprint with our partners in the Health Board and the two neighbouring Local Authorities to progress our approach and work consistently on integrating Health and Social Care services. Specifically we have been developing and delivering on the Western Bay Intermediate Tier Business Case as part of the Community Services Project. In 2015-16, the second phase of the community services work will be to focus specifically on frailty and long-term care.

In line with Welsh Government requirements, last year we signed off and published a joint statement of intent on integrated care, setting out clearly how we would continue to integrate our workforce, services, planning and partnership arrangements.

Since the development of the integrated teams, we have seen a reduction in duplication in the system, an expansion of our intermediate care services and appropriate referrals into long-term manage care and support. We continue to deliver on supporting people to live independently at home and can evidence this because the integrated community services have consistently performed against national and local targets. For example, the rate of people aged 65+ supported at home is 76.75; this is against a target of less than 83, a target where we would wish to see a decrease going forward and we have adjusted our targets accordingly within the directorate. For the same age group in care home settings, there is target of less than 19 and in fact is performing at less than 16.46; these targets being consistently achieved for these integrated services.

There has been a focus on preparing the assessment teams to be ready for the implementation of the new assessment framework as set out in the Act. This involves adopting a significant shift in culture, strengths based approach with individuals and a move towards a more person centred and outcome focussed approach.

In the summer of 2014, Bridgend County Borough Council, in partnership with Abertawe Bro Morgannwg University Health Board, made a successful bid to participate as a pilot site for the new Outcomes project commissioned by Welsh Government. The West network team is the pilot site to evaluate the new tools on measuring outcomes; the team have been subject to training provided by the Social Services Improvement Agency and have been shadowing new ways of working in preparation for evaluation from April to September 2015. Following our work last year with the Institute of Public Care and the University of Edinburgh, we have implemented our learning and development programme to deliver strength based approaches to practice more effective and proportionate response to an individual's need. Throughout 2014, work had been progressed across the Authority to develop the infrastructure and approaches required to support a very different approach to people accessing and receiving a response from Adult Social Care and Wellbeing.

As an illustration, the following example is of an existing service user where there may be alternative ways of supporting them to maintain their independence and sense of well-being:

Mrs Y is a 68 year old lady who lives alone and has been assessed as having moderate needs.

Mrs Y received support and services from Occupational Therapy and Telecare which has assisted in maximising her continued independence and safety at home. It was identified by Mrs Y and the team that the only ongoing support she needed was with domestic chores, some of which she has received through homecare service, and some which she buys in privately. Mrs Y is able to lead a good life outside of her home, including holidaying with her family, all of which supports her personal wellbeing. At Mrs Y's last review she reflected that she is managing well with the support she receives and that if she commissioned the service herself, she would be financially better off by £11 per week, which would enable her to continue with the support she needs, she would be less dependent on statutory services and she will be able to choose what else she further needs to support her continued independence and quality of life, giving Mrs Y greater control over her day to day life.

As part of the Remodelling Adult Social Care Programme and the delivery on the medium-term financial strategy, the directorate has been proactively engaging with service users who are likely to be affected by new ways of working. This has included the recipients of home care, residential care and meals at home; depending on the level of change and the scope of people affected, different approaches have been utilised to engage with people through these processes. For example, in terms of the re-provisioning of residential care the service manager and Head of Service have held a number of coffee mornings with residents and their families; their concerns have been noted and plans to address them, formulated. In terms of meals at home, all people in receipt of the service were reviewed to determine the effect of change on them individually.

This is an example of positive feedback received by the integrated network teams by a family grateful for the support of their parents to remain at home:

Thank you again for all the attention and care you gave them both in the final years of their life - and to me and the rest of my family also. You can't imagine how much of a difference it makes to have professionals deal with the people you love in a truly compassionate way when circumstances/choices are so very difficult. It was great that you were able to sustain long term relationships with them both over a long period of ill health; mum always remembered your name 'X'. I am very glad their final end spared dad (and mum) having to leave home and go into any nursing care scenario. I think they would both be satisfied with the way things have turned out.

And another in respect of the work of hospital social work team:

"I am writing on behalf of my mother and also myself. Mother is presently receiving vital assistance, as am I, from the Bridgestart Team led by 'X'. She has also been greatly aided by 'Y', Occupational Therapist and 'Z' the Social Worker attached to the Princess Of Wales Team. They have been performing their work in an exemplary manner. I am a retired Headteacher and worked in an area that required much Social Services contact. I therefore have prior knowledge and experience to allow me to fully understand the demanding nature of the work your department undertakes, particularly in view of the current changes the service is undergoing. Please accept our grateful thanks and appreciation and would you please convey our comments to the teams involved."

The developments in our Learning Disability project have been detailed in the last two Annual Reports and cover a range of work streams which represent a whole system approach to the development of Learning Disability services. The programme structure which was updated in

January 2015 and full details are contained in the Learning Disability report that accompanies this overarching report. We have set clear goals and objectives and consulted widely with key stakeholders. The management team has remained focused on the plan which has been supported by a project management process. We have introduced a new assessment tool which emphasises the importance of person centred planning and coproduction. This has resulted in positive assessments which are designed to support and enable people to achieve their goals and aspirations and increase their independence.

In 2015-16, our key areas for improvement are:-

- To remodel community occupational therapy service;
- To realign our integrated social work provision into short-term rapid response and intervention and long-term manage care and support;
- To deliver our community network cluster modelling;
- To develop high quality information and advice to the public through creating a one-stop shop to manage general enquiries, enabling the Referral Management Centre to respond to people who need assessment and intervention in line with the aspirations of the Social Services and Wellbeing (Wales) Act 2014

THE RANGE OF SERVICES PROVIDED

In 2014-15 the key areas for improvement were highlighted as:

- 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.

This has been a challenging year for the Council due to the economic downturn and the need to realise £36m savings between 2014-15 and 2017-2018. In Adult Social Care, the savings target was £3,099k out of a budget of £41,096k. The budget at the year-end will show a slight underspend due to the commitment of the staff within the service to achieve a balanced budget as well as the continuous drive to progress with the transformation agenda for our services. The key element of all our savings targets relate to our transformation of services which is overseen by the Remodelling Adult Social Care Board. We have robust processes in place to ensure that the reporting of all the transformation projects is monitored closely and if required, alternative savings are identified should unforeseen delays in projects occur.

There has been much progress on developing new models of care and support and, in 2014-15, a Prevention and Wellbeing Board has been established which is jointly chaired by the Head of Adult Social Care and the Head of Safeguarding and Family Support. The membership of this group is made up of officers from across the Council and represents the corporate approach which is essential to the development of the Prevention and Wellbeing agenda. It is anticipated that this group will have a wider membership in the future and currently works alongside the regional Western Bay Prevention and Wellbeing project which includes partners from the third sector.

This group is overseeing the production of a Prevention and Wellbeing Strategy which is now in draft and will be going out for consultation in May 2015. This has been drafted through communication and information gathering in respect of key priorities for local communities

going forward; links were made in respect of information sharing with local community and town councils, third sector and partner organisations.

A top priority for this group is to emphasise and promote a corporate response to the Prevention and Wellbeing agenda. The group will also take forward the key priorities of the strategy which include:

- Development of local community co-ordination;
- Partnership work with the third sector;
- Engagement with citizens;
- Links to the new Local Service Board arrangements;
- Regional collaboration.

A local Bridgend Communication strategy group has been set up focusing on the information for public and staff in the period leading up to the implementation of the Act. This group reports into the Prevention and Wellbeing Board and will include information and updates for the staff and Council website as well as a review of non IT based information for members of the public. A regional community based information website/info engine is planned and this will be developed by our local voluntary sector partner, Bridgend Association of Voluntary Organisations (BAVO).

A priority for the Western Bay project has been the development of Prevention and Wellbeing services and funding has been identified to take forward Local Community Co-ordination (LCC) across the region. This approach will support people who are vulnerable through disability, mental health issues, age, frailty or social isolation to pursue their own vision of what is a good life for them. It draws on individuals' strengths and resilience and focusses on the outcomes that make a real and lasting difference to people's lives. This service sits outside statutory services, with initial focus on the Llynfi valley to develop this as a pilot project before it can be developed in other areas of the borough. Consultation has already commenced with colleagues in the voluntary sector to focus this piece of work and link in with existing community resources and networks. For example, links are being made with local voluntary and community groups, the Police, Fire Service and Health colleagues, including a GP surgery.

Local Community Coordinators (LCC) are based in local communities and can provide support and assistance to around 60 vulnerable people at any one time. They need a wide knowledge of the community's 'social capital' i.e. people, places, organisations, and funding opportunities, as well as a good knowledge of services available and eligibility for those services. LCCs aim to build and maintain positive, long term working relationships with local people, their families and their local community, helping them to build resilience and achieve the outcomes which are important to them. They are committed to minimising the negative impact of over-reliance on statutory services, and maximising the opportunities for individuals to exercise greater control over their own lives. Bridgend appointed their first Local Community Coordinator in February 2015 and to date has a caseload of 34 service users in the Llynfi valley. It is still early days in terms of assessing the benefits of this new initiative and a formal evaluation across Western Bay is being undertaken by Swansea University throughout 2015-16. Fuller details of this initiative are given in the accompanying reports.

A review of commissioning in the third sector was undertaken in 2014-15. The aim of the review was to give commissioners a better understanding of how the funding is used and

how third sector services objectives fit with corporate priorities. The review involved a visit to each service to explore what was being delivered and the outcomes being achieved, as well as a review of performance and value for money.

The outcome of the review has highlighted that there are opportunities to work more effectively with the third sector and support a corporate approach in developing a strategic plan with the community and voluntary sectors. This is being taken forward by the corporate Transformation Change Programme within the Council.

The progress of our whole system approach to the transformation of Learning Disability services has seen:-

- The development of two social enterprise initiatives is being taken forward which will see our two work related projects being integrated into the newly formed Cultural Trust in Bridgend;
- The development of two micro social enterprises. Full details are provided in the Learning Disability report;
- The development of a wider range of activities for people in the community, including a craft group, a music group and social groups;
- The use of iPad technology is being developed with training and support for people to use the 'applications' available through this technology to enable them to access help and support when they choose through the use of hand-held devices;
- Adult Social Care working closely with colleagues in the Supporting People team to develop the progression pathway and new models of tenancy support;
- The completion of a resettlement programme from two large residential care homes, enabling 12 people to move into a supported living service;
- A staffing restructure programme in our in-house day and supported living services.

In addition the project manager is working in partnership with the independent sector to develop supported living schemes which offer a greater flexibility of support based on progression to greater independence. We have been working with local housing and support providers to develop plans for two accommodation schemes based on the progressions model and designed to enable people to achieve greater independence.

Two case studies that demonstrate our approach is shown below:

Service user 'C' lives in his own flat, and works in a local supermarket where staff are very supportive. He was receiving a high level of support during the times he was home, including sleep in support. The high level of support was as a result of a previous offending history and the perceived risk he posed to others. The Social Worker recognised that we were effectively 'policing' him, and, even though he accepted the level of intrusion in his life, it raised real issues in terms of his human rights and DoLS. He had also become quite dependent on his support and arguably lost skills as a result. So using a person centred approach service user C and the Social Worker worked together so he was able to recognise the skills he had to live more independently, and also to re-inforce the consequences of any socially unacceptable behaviour. By working together in this way there was a gradual withdrawal of the high level of support, and now service user C is able to live more independently and recognise the consequences of any socially unacceptable behaviour.

Funding has been identified and given to one of our Supported Living providers to enable them to set up a 'hub' approach to provide advice and housing related support. A group of

five service users were then encouraged to visit the hub, giving them the opportunity to get advice on a range of topics, including keeping themselves safe, budgeting, keeping out of debt, and more. This has allowed them to benefit in other ways from peer support, and more social contact with others attending the hub. The intention is to cut the direct support hours which have been provided for many years, and encourage the individuals to seek support and advice as and when they need it from the hub, promoting greater independence and control.

We have made significant progress in the development of integrated health and social care services within Older Peoples services and believe we are a good example of delivering on the policy aspirations of the Social Services and Wellbeing (Wales) Act, for better joined up care. The availability of the Welsh Government Intermediate Care Funding in 2014-15 has enabled the collaborative to accelerate the implementation of the business case.

We believe that, through the work we have done together so far, we have shown that integrated health and social care services offer better outcomes for people – through greater effectiveness in service delivery, more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time and improved access to, experience of, and satisfaction with, health and social care services.

The following case study illustrates a programme of intervention from CRT services:

**“I wouldn't have wanted to go into hospital.
I would rather stay at home.”**

Mrs P is a 91 year old who lives with her son.. She was managing well until she suffered a flare up of her arthritis which caused her legs to become swollen. During this time, she also developed an infection which meant she was in danger of suffering from acute pressure area damage.

Mrs P was referred to the Bridgend CRT and working together, the team came up with a comprehensive care plan which allowed Mrs P to be treated in her own home, rather than be admitted into hospital. Arrangements were made for a bed to be brought into the living room and for specialist equipment to be installed in the home to enable Mrs P to get in and out of bed safely.

To help get Mrs P back on her feet, the CRT's short term enabling service took over her care and worked with her to improve her mobility and increase her confidence. Specific goals were also agreed, with the help of the CRT Therapist and Support Workers.

Mrs P can now move around the ground floor of her home using a walking frame, use the bathroom by herself, and carry out some household tasks that she previously found difficult to manage. Mrs P was delighted to have avoided a hospital admission and now manages safely in her own home with the help of Home care services.

Some of the considerable progress by the CRT over the last year includes:

- Recruiting multi-disciplinary staff to achieve the vision set out in the Western Bay strategic business case for the service;
- Purchased additional specialist equipment to facilitate more detailed assessment;
- Increased specialist services such as Speech and Language therapy, Medicine's Management and Dietetic resource within the CRT which has enabled greater and faster access to these services;

- Commissioning third sector projects to deliver services such as the Care & Repair Hospital to Home scheme;
- Establishing fast access to community clinics where people can access health and social care services to avert inappropriate admission to long term care services or having to be seen at the hospital;
- Establishing the Mobile Response Team to a 24hour/7 day a week service;
- Moving the early response and short term enabling services to 7 day working for the qualified staff;
- Successful establishment of Phase 1 of Better@home, a service that facilitates faster hospital discharge whilst the person awaits commencement date of their ongoing support package.;

The CRT continues to build on the previous year's developments. The additional funding has enabled the service to test new ways of working with the third sector, forging close partnerships as both agencies work towards the same aim of keeping people at home, accessing statutory services only when necessary and moving their care closer to home. Such projects include the Care & Repair Hospital to Home scheme and the Red Cross brokerage.

The Community Independence and Wellbeing Team have pioneered the move to a strengths based approach and new conversation with service users to ensure a more effective person centred approach to care planning. The Team continue to work in this way with those people with complex care and support needs to challenge the more traditional methods of meeting needs. The Team work with both public and third sector partners to develop new services to meet needs in a more person centred way. This includes working with service users and carers who are currently utilising out of county placements.

We believe we have delivered on supporting people to continue to live independently at home and can evidence this because the Integrated Community Services have consistently performed against national local targets. The rate of people aged 65+ supported at home is 76.75 and for the same age group in care home settings is currently 16.46 and has remained consistently within target for these integrated services.

During 2014-15, the Community Resource Team has received 1,872 referrals. There have been 630 interventions by our non-selective enabling service BridgeStart, 411 interventions by the selective re-enabling service (includes Bryn Y Cae Residential Reablement Unit), 569 Early Response Service interventions and 394 Better at Home interventions, of these 960 were provided with an alternative to a hospital placement.

93% of BridgeStart service users said that they were very satisfied with the service they received.

“The past six weeks has completely rebuilt my confidence, independence and quality of life in every possible aspect.”

The Community Independence and Wellbeing team have received 394 referrals to support people who are living with chronic long-term and complex conditions; an example of some of the work includes 94 individuals had a visual impairment rehabilitation programme.

The early response service assessed and supported 569 people who, without their intervention, may have ended up in hospital. 90% of users stated the service had improved their quality of life.

The Better@Home service, which provides an in-reach function within the Princess of Wales Hospital, has provided 394 people with support at home as an alternative to staying in hospital as they await the start of their enabling support intervention.

The Reablement unit at Bryn y Cae has admitted 49 people at risk of placement in long-term care for residential Reablement programmes; 50 people were discharged during 2014-15 of which 37 successfully completed programmes and returned home with further support from the CRT services. We know that over 92% of people who used the facility at Bryn y Cae said they felt the service had improved their independence.

Of the people who were discharged from hospital following a short term enabling service (Reablement, Residential Reablement and BridgeStart), 61.3% required no ongoing care when they left the service.

We have supported 2,299 Telecare users in 2014-15 and during that period there have been 1,009 callouts to people who have fallen, of which 720 avoided an ambulance call out. The Telecare service has consistently supported people to feel confident to remain independent at home.

As at the 31st March, there were 1,759 people using the Telecare mobile response service in Bridgend County Borough. The Telecare service is utilised during the day to support people receiving the early nurse led clinical response service (ERS). All potential service users have a specialist assessment by an OT: the service includes a 24/07 mobile response team. The team are trained and registered domiciliary care workers who have specialist equipment to lift people who have fallen and can also undertake personal care if required. The service is delivered in partnership with Carmarthenshire County Council (for monitoring) and Bridgend County Care and Repair (for stock control, deployment and removal of equipment.)

The take up of the service increased by 13.8% at 31/03/2015, when compared to the previous year. There was a 0.5% increase in mobile response team callouts between 2014-15 and 2013-2014.

Since April 2013, Neath Port Talbot Council has been the grant recipient body for the Substance Misuse Action Fund in line with the expectation from the Welsh Government that Area Planning Boards manage the Substance Misuse Action Fund (SMAF) on a regional basis. The Area Planning Board Service Delivery Board has managed and overseen the operational delivery of the Area Planning Board work programme, with relevant sub groups established to lead on the key areas of responsibility. In 2014 a new governance structure has been operating across the Western Bay region and a new substance misuse and alcohol commissioning strategy has been developed through engagement and consultation.

In October 2014, Cabinet were updated of the continued progress being made in drawing together a regional structure for the Western Bay Area Planning Board, and approval was given for Neath Port Talbot Council to act as host organisation for the new structure. Since then, further progress has been made, and Neath Port Talbot are recruiting a small number

of posts to support the remodelling of services over 2015-16 and to take forward the contract/monitor functions of services for 2016-17.

Bridgend Public Health have managed the local commissioning/contracting and monitoring function of substance misuse services and each commissioned service has been monitored during the year by either Public Health or Bridgend Council monitoring staff.

- A Western Bay wide Substance Misuse Strategy is currently being progressed and will be used as a base for the continued work of remodelling and commissioning new services in the region for 2016-17.
- For 2015-16 the draft Collaborative Agreement requires additional contributions from the three Local Authorities and Health to support the procurement and commissioning function of the Area Planning Board. The contribution each has to make is approximately in line with the populations in each area, with £11,000.00 being requested from Bridgend County Borough Council. Contributions are agreed in advance with the particulars of the Agreement being fixed for one year only, subject to renewal.

In addition, collaborative working has continued with the Alzheimer's Society, providing opportunities for carers and service users to meet and engage via a variety of activities, such as the Dementia Café, Carers' Support Group and Singing for the Brain, and carers are represented on a number of strategic and planning groups as part of the Western Bay collaboration, including carers being involved in the Mental Health Joint Planning/MH Link Group.

In 2015-16, our key areas for improvement are:-

- Re-tender the three supported living contracts;
- Continue to develop the progression model in Learning Disabilities;
- Finalise our Prevention and Wellbeing Strategy and develop a delivery plan in conjunction with the LSB;
- Improving our integrated services, pathways, teams and community networks;
- Developing our joint governance arrangements with Health for the CRT;
- Remodel our Older person's residential services.

Transition

In 2014-15, the key area for improvement was highlighted as:

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

We know that making the transition to adulthood is particularly challenging for young people who have additional and/or complex needs. This would include young people with learning and physical disabilities, mental health issues or those with Autistic Spectrum Disorder and Care Leaver. In 2014-15, we commissioned a piece of work via the Western Bay Learning Disability project board to consult with stakeholders, research different models and produce an options appraisal. This model was presented to the project board and approved.

The commissioned researcher undertook a wide range of consultation including young people, families and carers as part of the scoping work for the report. Bridgend now has an

implementation plan to move towards the new model, however current capacity issues are such that this work has yet to commence.

The Authority carried out a review of the multi-agency Transition Panel which led to all future panels being chaired by Group Managers (fuller details of the review are contained in the accompanying reports). The membership has been widened to include representatives from CAMHS and Children's health. This has improved the information sharing and decision making and smoother transition processes for young people through a better coordinated service response.

The Out of Authority panel has reviewed all transition-aged young people in specialist out of area placements and put plans in place to bring young people back to their locality (where appropriate). Efforts have also been coordinated to avoid making placements outside of the Local Authority by increasing the level of local services. Some of this work has been undertaken through the Learning Disability Closer to Home initiative in partnership with colleagues in neighbouring Local Authorities and ABMUHB. Some of these young people have benefitted from returning locally resulting in improved contact with family members.

In 2015-16, our key areas for improvement are:-

- Further progress a range of 52 week residential provision for young people with complex needs;
- To further develop the local Transition Team implementation plan for the agreed operational model;
- Review of Respite/Short Break services for disabled children and young people.

THE EFFECT ON PEOPLE'S LIVES

Safeguarding and Quality

In 2014-15 the key areas for improvement were highlighted as:-

- Ensure our systems, procedures and practices will support the implementation of the Social Services and Wellbeing (Wales) 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 database for Deprivation of Liberty Safeguards (DoLS) and ensure the duties placed on Local Authorities are fulfilled.

In addition to these priorities, we also agreed to increase awareness across the sector of the requirements of the Deprivation of Liberty Safeguards (DoLS) and ensure ongoing engagement with service users and carers so that they can contribute effectively to the development of appropriate support and services.

In readiness for the Act, the Western Bay Safeguarding Adult Board, covering Bridgend, Neath Port Talbot and Swansea, was established in April 2013. We have a shared responsibility to ensure adults at risk from harm in the Western Bay region are safeguarded against all forms of abuse by working together to keep adults safe. Four subgroups have

been set up to manage the information and workflow of the Board; joint strategic training, quality review and monitoring, policy and practice and escalating concerns groups.

The Safeguarding Team is accessed by all partners, stakeholders and members of the public. The team provide advice, support and guidance on a range of safeguarding queries, including threshold decisions of safeguarding alerts, risk assessments within complex case management cases. Over the last year there has continued to be a change in the trend of safeguarding alerts and POVA referrals. The change reflects a more proportionate and risk based response. Less serious situations are managed through safeguarding, care management or provider agency arrangements. The more serious concerns remain managed through the formal multi-agency framework of POVA.

A selection of cases are audited at case closure; this enables the Safeguarding Team to learn from case examples and challenge any practice or partnership issues. Audit reports from the three Local Authorities and ABMU go to Western Bay Safeguarding Adults Board for scrutiny.

Protection of Vulnerable Adult (PoVA)

Safeguarding Alerts and POVA referrals statistics for April 2014 to March 2015:

Safeguarding Alerts	POVA Referrals
242	187

For the same period in 2013/2014 396 POVA referrals were received; this was mainly due to an increase in hospital referrals (Operation Enfield) and also a residential/nursing home in Escalating Concerns. However, when comparing the number of POVA referrals received during 2014-15 (187 referrals) to the same period in 2012/2013 (211 referrals) it has returned to a similar level.

Safeguarding Alerts and POVA Referral statistics for 2013-2014

Safeguarding Alerts	POVA Referrals
233	396

The annual POVA report can be accessed [here](#).

Deprivation of Liberty Safeguards (DoLS) is a legislative duty of the Authority and is managed by the Safeguarding Team. The new DoLS database developed this year provides a system for ensuring that timescales are adhered to and we comply with our legislative duties. Due to the significant increase in numbers of requests for DoLS assessments following the “P v Cheshire West” case on the 19th March, this has proved an invaluable asset in providing timely information for senior managers and Welsh Government. The numbers of DoLS referrals and Authorisations granted are monitored on a monthly basis by the Safeguarding Team manager. A report is also prepared quarterly for Western Bay Safeguarding Adults Board for scrutiny.

In April 2014, the Care and Social Services Inspectorate, Wales (CSSIW) and the Health Inspectorate Wales (HIW) undertook a review of DoLS across Wales. Bridgend’s report

provided a balanced view of where we were at that time. However, an action plan was developed by the Safeguarding Manager to improve the service area going forward, working with our partner agencies, including the Independent Mental Capacity Advocate (IMCA) service and provider agencies.

Deprivation of Liberty statistics for April 2014 to March 2015:

Request for DoLS assessments	Authorisations Granted
325	212

This is a significant increase over a 1464% increase.

Request for DoLS assessments	Authorisations Granted
12	3

A registered professional who has received specialist training to carry out specific assessments in this area is known as a Best Interest Assessor (BIA). In 2014-15, the number of BIAs increased from 5 to 25 in order for us to manage the demand of the increased referrals for assessment. Regular meetings have been set up to monitor performance and practice. All assessments are quality checked prior to the authorisation being granted.

Three contracts monitoring officers are part of the Safeguarding Team; this enables them to undertake more preventative work with residential/nursing homes and domiciliary care providers. Considerable effort and energy has been put into helping providers to improve their performance to achieve better care and outcomes for service users and, in general terms, providers have been improving year on year.

Contract monitoring officers have continued to maintain good relationships with care home managers and inspectors from CSSIW. This is based on mutual understanding and a shared desire to improve the experience of older people living in care homes.

This year, Bridgend had two independent residential/nursing homes that have been subject to the Escalating Concerns Procedures.

One provider of residential/nursing care in Bridgend gave residents and BCBC notice of closure in the summer of 2014. To ensure that residents were appropriately safeguarded through the process of moving to alternative accommodation a project team was set up which met weekly to oversee the home closure under the Escalating Concerns Procedure.

The Safeguarding Team has well established working relationships with South Wales Police and all POVA referrals are sent to the Public Protection Unit (PPU) and CSSIW. We ensure that early strategy discussions take place on all cases where there may be a criminal issue. The Safeguarding Team regularly meet with police colleagues who have designated vulnerable adult roles in order to discuss high risk or complex situations. The Safeguarding Team regularly attend MARAC and MAPPA meetings; this enables appropriate safe sharing of information arrangements. The merger of Bridgend PPU and the Vale PPU has been in place for over a year. Initially there were teething problems but we have worked closely together to minimise the impact.

Lead responsibility for POVA lies with Social Services but we have long established relationships with other statutory organisations, third sector agencies and stakeholders, for example, forensic mental health, IMCA, women's aid and housing services. Partnership working is the cornerstone to effective, timely and consistent response to allegations of abuse. Governance of adult safeguarding is now undertaken by Western Bay Safeguarding Adults Board of which the Corporate Director of Social Services is the chair.

The Safeguarding Team works closely with our Training and Development Team to provide a range of training for social work staff, provider agencies and the wider independent sector. Training includes induction sessions to social work staff from both adult and children's services. We also undertake bespoke training sessions to meet specific needs of an area and service user groups for example care homes, day services and Parc Prison and awareness sessions for carers groups e.g. Carers Centre and Alzheimer's Society.

Close working relationships between adult safeguarding and children's safeguarding services ensures that information is shared in a safe and effective way to protect children and adults at risk from abuse and neglect. A corporate Safeguarding Policy has also been developed and has been approved by Cabinet. This will be included in the induction process of all new employees.

The Safeguarding Team and partner agencies are working together to implement the Act and also to currently scrutinise the legislation, regulations and, when issued, the Code of Practice. For the Safeguarding Team we need to ensure our policy, practice and systems are in line with the legislation. This will also need to include a training element for the Safeguarding Team, partner agencies and the wider sector.

In 2015-16, our key areas for improvement are:-

- Work with SCWDP to develop training for safeguarding officers regarding adult protection and support orders;
- Provide training for senior managers on corporate responsibilities regarding safeguarding;
- Further develop our systems and processes to ensure we can meet the future safeguarding demands going forward and to mitigate the risk to the Local Authority.

Support to Carers and Involving Service Users and Carers

In 2014-15, the key areas for improvement were highlighted as:

- 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 plan so that service users and carers are aware of the forthcoming Social Services and Wellbeing (Wales) 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.

The Council appointed a Carers' Development Officer in October 2013 and this post has been critical during 2014-15 to improving our engagement and support with carers and involving them as equal partners in care. Our vision is that all carers, irrespective of age and situation, should be given information and support when they need it and be full partners in

the planning and provision of care and support in relation to the person they care for. We recognise that carers' needs will change over time as will their own health and wellbeing. Subsequently, the level of support they need to continue in their caring role will change over time. Providing this level of flexibility in information and services will be a significant challenge for all organisations and individuals involved, and requires real cultural and attitudinal change. The Social Services and Wellbeing (Wales) Act recognises carers in their own right which raises the bar further.

Central to the development of the Carers' Information and Consultation Strategy has been a wide range of engagement activities undertaken with carers. As a result, their input has been used to give clear direction to the services and support developed during 2014-15.

The regional (Western Bay) strategic groups and sub-groups monitor progress and spend against the Carer's Measure funding; this has enabled us to support a number of projects including two Carer's conferences (where there was an opportunity to share their concerns with the management team and Corporate Director), a welfare benefits surgery in the Carers' Centre and a bedside information pack available for patients in hospital. It has also enabled us to support the Carers' Centre to undertake focused work with GPs and within the hospital, the focused work in hospitals has increased the number of identified carers who access support from the Carers' Centre

The Carers' Forum has been used to consult with carers regarding the Council's strategic priorities, e.g. The Regional Quality Framework. Carers were invited to respond collectively or individually. A Carer Aware E-learning programme was piloted during 2014 and is being rolled out across the Council.

The Carers' Development Officer has undertaken focused work in schools to raise awareness regarding young carers. A Carers' Emergency Card has been promoted and is advertised on hospital appointment cards; to date 426 have been issued.

Carers' Assessments have improved, with the national performance indicator being met during 2014-15, a Young Carers Assessment Worker has been appointed to support young carers and 470 Carers have been added to the Carer's Centre mailing list since April 2014 with 200 Home visits being completed to increase the awareness of services and support for carers.

Carers have presented to full Council to raise awareness in relation to dementia. An event was held in June 2014 to identify and raise the profile of working carers in the Council. A Dementia Strategy and Delivery Plan has been drafted during 2014 which will shortly be consulted upon; improving services to carers is a priority in the plan.

Engagement sessions held in respect of the future plans for remodelling of services have provided informal opportunities to share information. Carers at the sessions were able to articulate their views and receive immediate feedback. A greater range and quality of information is available to carers in Bridgend. The profile of carers at operational, strategic and executive levels within the Centre has been raised and this can be built up in preparation for the Social Services and Wellbeing Act.

The challenge ahead for the Council is to continue to collaborate with partners to ensure that carers get information, support and services to enable them to continue in their caring role. This is a particular challenge as the Carers' Measure is repealed and the new requirements in the new Act.

The safeguarding team offers information, advice and support to carers. Working with service users, their families and carers has always been the focus of the work we undertake in the Safeguarding Team, placing people at the centre of the POVA, contract monitoring and DoLS process to achieve better outcomes for individuals and ensure safeguards are in place. Also, in the wider perspective of raising standards and quality of care across the independent residential/nursing home sector.

Service users' views are also sought as part of the residential and nursing contract monitoring visits. Contract monitoring officers spend time in the homes talking to service users and their families to seek their views on how their life is within that environment, what outside community activities come into the home e.g. schools, choirs etc. and ideally what improvements could be made; this included 74 users in 2014-15. Following the decision in Summer 2014 by an independent provider to close a residential nursing home, family meetings were held to ensure carers were integral to the process. Impact Assessments were also undertaken with carers. Family meetings were held to offer support and information regarding the closure of an independent home. A subsequent evaluation indicated that carers felt involved in the process.

As part of the DoLS process we seek the views where possible of the service user and their family. If people do not have any family the IMCA service is involved to seek the views of the individual and feed them into the DoLS process. IMCAs can also act as the persons Personal Representative; this is an ongoing role for as long as the DoLS is in place.

Homecare service user questionnaires are sent on a monthly basis to those service users currently receiving support from the 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 1st April 2014 and 31st March 2015, 467 questionnaires were distributed and 231 were returned completed (a return rate of 49.5%). The survey summary details that 96% of service users felt that their home carers are excellent at what they do, 63% are very satisfied with the service they receive and 34% are quite satisfied with the service they receive. Where surveys highlight dissatisfaction or identify issues concerning the service they receive, the team leaders are requested to visit the service user to have further discussions in relation to these issues.

A community care survey is sent out to anyone who has received a service; between 1st April 2014 and 31st March 2015, 199 questionnaires were distributed and 95 were returned completed (a return rate of 47.7%).

Some examples of the feedback received from both these surveys are shown below:

Unfortunately there has been issues regarding carers failing to attend and call on me, but when reported they have responded (manager of out of hours dept) appropriately.

There have been occasions when the carer has failed to turn up as a result of poor communications within the system. New carers cause slight confusion and in the case of my father the procedures needed to connect the night bag have not been followed resulting in a 'wet' bed. Consistency is when things work best. He has become very fond of his regular carers.

There is an established programme of elected Members' rota visits which includes some independent sector adult establishments. In 2014-15, there were 13 independent sector homes included on the rota. During 2014-15, it was agreed to pilot visits to service users receiving homecare from both the Council and from independent care providers. A team of five champion elected Members piloted the scheme in the in-house provision in the first instance. In the lead up to the visits, the five champion Members received a full "induction" into the services that are set up to help keep people independent in their own homes, for example, Better at home and our Community Resource Team services (details of these services are in the individual reports). The feedback was very positive – from the Councillors, the staff and the service users. The champion Member's feedback concluded this was an opportunity to see the issues people live with; they said they witnessed very good rapport between the service user and the carer.

The feedback from all the rota reports is provided to service managers and any issues raised are addressed, below are some examples of feedback.

Friendly welcome. We spoke with the service users who were extremely happy and keen to tell us of their activities and achievements. They take particular pleasure in their achievements as they receive certificates.

Atmosphere calm and relaxed, all rooms clean, tidy and welcoming. Service users have a good choice of rooms to use and we particularly liked the relaxing room at the back and the room in the garden.

A good level of equipment, ensuring all complex needs can be catered for and safely managed by staff.

It is pleasing to record that staff and service users have been kept fully informed regarding the transfer to new bungalows.

Service users are stimulated by visits to day centres and are involved in shopping and choice of food.

The centre also has some issues, e.g. no lift to the first floor, restricting access to the resources there for some users, and narrow corridors making wheelchairs difficult to navigate. The move appears to be welcomed

From the Home Care visits:-

Mrs X stated that she was very happy with her care and her carers.

There seems to be a good rapport between service user and carer.

She stressed that the carers were all very polite.

They arrive on time – if they are slightly late, they always ring to say.

Sometimes the time allocated is not quite enough to do all the tasks and administer medication.

The service has developed a communication plan which concentrates on information sharing with staff, service users and carers, the public, all elected Members and partners. This is being monitored through a communication group that is being overseen by the new Bridgend

Prevention and Wellbeing Board; in addition to this it is working on the development of a logo for Social Care, a review of information leaflets and documentation held and is starting to explore other effective communication channels using technology such as social media and the use of apps.

As we move forward with our transformation programme it will be essential to keep service users on board with all aspects of the remodelling activity. Service users are essential in terms of helping us shape up and finalise the quality standards for commissioned services and as the new standards and frameworks emerge, we will need to explore ways to seek their views to help them achieve the best quality and outcomes possible.

Whilst we have a number of ways to consult with service users, we will need to strengthen how we gather their views and create new ways to collate what they think about the quality and experiences of the care that they receive.

One of the challenges we will face as we respond to the Social Services and Wellbeing (Wales) Act will be to continually involve service users and communities in developing local prevention and wellbeing models in their localities. It will be vital to include citizens in the new and emerging models to simulate real community resilience.

In 2015-16, our key areas for improvement are:-

- Develop an exit strategy to ensure carers continue to receive services, information and support following the final year of the Carers' Measure;
- Explore ways to include service users and communities within aspects of commissioning, especially around new service models for the future;
- 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.

DELIVERING SOCIAL SERVICES

Workforce management and development

In 2014-15, the key areas for improvement were highlighted as:

- 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.

A programme of events was held to mark Social Care week 2014 and raise the profile of social care. These included articles on local radio and in the local press, a campaign by local Care Ambassadors providing information on the role of a Care Ambassador and a conference on Human Rights in a Gilded Cage - Policy and practice implications of the Supreme Court judgment in the P v Cheshire West Case.

Our workforce training team in the preparation for the new Act have:-

- Produced and delivered ten training days on the Integrated Assessment Framework across Adult Social Care in the Social Services & Wellbeing Directorate;
- Supported and coordinated a programme to improve the quality of person centred practice in BCBCs residential care homes as a partnership between 'My Home Life (Cymru)' and Swansea University, funded by the Joseph Rowntree Foundation;
- Commissioned two Best Interest Assessor training courses (with NPT) and continue to provide quarterly MCA/DOLS awareness training across the sector;
- Embedded carers awareness and skills in carers assessment by making available E learning modules, supported by face to face workshops;
- Rolled out Carers Awareness e-learning, and Young Carers Awareness packages across the Council - mandatory for anyone who has direct contact with the public;
- Maintained the availability of dementia care training across the sector by providing 5 modular series for residential and domiciliary care staff across the sector, as well as bespoke sessions to BCBC's Safeguarding and Contract Monitoring team, case managers, and learning disability day services staff.

Staff working in Adult Services across Bridgend have attended a variety of training events during 2014-15. Some examples of the type and volume of training are given in the table below:

Area of Training – Adult Social Care	Staff attendance on training events (2014 - 2015)	Duration	No of sessions
Dementia Care	448	0.5 days	5 x 10 sessions
First Aid	127	1 day	11
First Aid Paediatric	60	1 day	5
Epilepsy	107	1 day	8
Infection Control	36	1 day	5
Integrated Assessment Framework	132	0.5 day 1 day	4 6
Manual Handling	435	2 day	19
Manual Handling Refresher	Included above	1 day	11
Manual Handling	Included above	0.5 day	15
Medication Administration	185	1 day	9
Stroke Awareness	19	0.5 day	4

In relation to home care, Bridgend County Borough Council have made the decision to retain only specialist and complex care packages internally and an implementation plan detailing how this change will happen over time has been agreed by Cabinet. Senior managers have met with Trade Union representatives to keep them apprised of planned changes in the delivery of home care services and the implications for employees. This is being managed carefully through early consultation with staff and Trade Unions. In addition, all staff in our residential homes have been consulted on the planned changes in relation to the development of Extra Care services in the Borough.

The need to reduce levels of sickness absence remains a high priority and this has continued to be monitored closely at Directorate level by the Corporate Management Board and through the Corporate Performance Assessment meetings and at Scrutiny Committees. Further training specifically on absence management has been developed to assist managers to fulfil their responsibilities in managing absence. This training will explore ways of managing both short and long term absence and how best to use available support. This will assist managers to undertake effective 'return to work' interviews and build their confidence in dealing with the range of sickness absences.

People management training is being rolled out for managers. The aim of this face to face training is to enable them to feel confident in managing employees and having difficult or challenging conversations. In particular, this will apply to the application of HR policies, including managing absence e.g. return to work interviews, managing stress.

In 2015-16 our key areas for improvement are:-

- To produce a regional (Bridgend, Neath Port Talbot and Swansea LAs) Social Care Workforce Development plan, which will develop collaborative arrangements for learning and development with partner agencies across the Western Bay Social Care Collaborative region;
- To plan and deliver further briefings on the Social Services and Wellbeing (Wales) Act 2014 across the sector and with partner organisations;
- To review the content of existing training provided, in house or commissioned, to ensure that it is updated and reflects the requirements of the Social Services and Wellbeing (Wales) Act 2014 and accompanying guidance;
- To translate Codes of Practice associated with the Act into training programmes, or to commission training;
- To respond to the Older People's Commissioner in Wales report, 'A Place to Call Home' by providing training opportunities for the care home sector linked to the areas of concern highlighted by the report;
- Develop training that supports the delivery of safe, person centred approaches.

Performance Management and Quality Assurance

In 2014 -2015 the key areas for improvement were highlighted as:

- 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.

As in previous years there are clear links back to the 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. We believe that accessibility of

management information is essential to effective service delivery that ultimately contributes to better services.

One of the common and key impediments to integrated working between Health and Social Care services has been the inability of services to share information effectively. The development of an integrated IT system called Community Care Information Solution (CCIS) will enable this to happen so that we overcome these long standing issues. To meet the necessary functional requirements of a solution to support the required integrated working, Local Authorities and NHS Wales organisations have jointly specified and selected a Community Care Information Solution (CCIS) ensuring that the business and technical design is citizen-centred and allows professionals to access and share information. In addition the CCIS will enable effective joint case management and workflow management across organisational boundaries. In compiling the specification of requirements it was revealed that there is a high degree of commonality between processes in Health and Social Care services and more than 70% of the requirements are common to both Health and Social Care. The comprehensive functionality of the CCIS will meet all the requirements of the services in scope.

During 2014-15, local developments in our current system, DRAIG, have continued; the increased integrated working has meant that DRAIG has needed to cater for NHS and social care staff using the system. There have been significant developments and changes facilitated during 2014-15 and include:

- As part of the integrated assessment, planning and review arrangements for older people, a new assessment and support plan document and a review document has been designed, piloted and are now fully operational in DRAIG;
- As part of our prevention and wellbeing responsibilities a new First Point of Contact Form has been created in DRAIG which allows us to capture all the core data as requested by the Welsh Government. An automatic letter is being generated from DRAIG to confirm the advice and information given by our IRMC. Consent to share data (as necessary) is now being captured at the first point of contact and this is being recorded on DRAIG;
- The Community Resource Team is developing and we are constantly updating DRAIG to capture the new initiatives. One example is that DRAIG is now able to record the outcome from an A&E joint OT and physiotherapist assessment of a person for suitability for CRT involvement avoiding a hospital admission;
- In relation to our ongoing developments for integrated services with Health, a DRAIG process has been set up in preparation for the IRMC receiving District Nurse referrals. The Health Therapists within the CIWT (Community Independence and Wellbeing Team) have started to use DRAIG to do all their case recordings and their involvement is now being captured on DRAIG. The Health Occupational Therapists based in the hospital now have access to DRAIG. Training is being arranged;
- The process to record our Telecare information has been streamlined since the introduction of the Tunstall Terminal (PNC6) which we are not responsible for updating. An information portal has also been set up with Care and Repair so that information can be shared between us safely and quickly.

The service aims to provide an efficient and effective complaints service to service users, their carers and relatives. Bridgend's Social Services Representations and Complaints Procedure has been formulated and is delivered in accordance with statutory requirements and in line with Welsh Government's recently reviewed guidelines: "A Guide to Handling

Complaints and Representations by Local Authority Social Services”. The revised complaint guidelines were formally implemented with effect from 1st August 2014 and, in order to ensure compliance, the policy and procedures in Bridgend have been reviewed, appropriate changes made and re-issued to managers and staff. All publicity material has also been revised to reflect the changes

Representations and Complaints Statistics for April 2014 to 31st March 2015 are as follows:

	Informal Resolution (within 24 hours of receipt)	Stage 1	Stage 2	Compliments
Adult Social Care	71	14	1	219
Finance	0	2	0	3
Total	71	16	1	222

There is a continued focus on the monitoring and management of sickness absence in 2014-15; our sickness levels have increased and we have provided training on the Absence Management Policy and sickness absence procedures, chased any outstanding sickness absence paperwork, developed a resource of information and links on the Wellbeing Intranet site, carried out sample monitoring of the quality of absence review meetings and return to work interviews, and held monthly sickness focus meetings within hot spot areas.

The business plans for 2014-15 were developed following a strict corporate finance and performance timetable and template. The directorate business plans are increasingly outcome focussed and link very directly to the Council’s improvement priorities, which were widely consulted on. The improvement priorities include “working together to help vulnerable people to stay independent”. The corporate and business plans contain clear, agreed success factors, performance measures and targets. The Corporate Performance Assessment (CPA) reviews performance against actions, targets and sickness data every quarter.

The Remodelling Adult Social Care Board continues to drive change and improvement in learning disability services, mental health, homecare, residential care and day services. In addition, in line with the Social Services and Wellbeing (Wales) Act, significant work has taken place to establish a new assessment framework and eligibility criteria. Details of these are included in the individual service reports.

We believe that supervision and appraisal has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice. Regular, planned and competent supervision is both a right and a requirement for all members of staff working for the Directorate regardless of role or grade. A process of reviewing our supervision policy began in 2014-15 and will be complete in the coming year. We recognised that it needed to ensure that the expectations and standards for supervision practice are achievable and consistent for staff and managers across all areas of service.

The review follows the creation of the Social Services and Wellbeing Directorate bringing Adult Social Care and Children's safeguarding and family support within one directorate. This review also presents an opportunity to ensure that the expectations and standards for supervision practice reflect the changes in approach to practice required by the Social Services & Wellbeing (Wales) Act. This includes sharing an approach to assessment and care and support planning for children, adults, carers and families.

In the last year we have not undertaken formal case audits as we have been focussing on preparing for the implementation of the Social Services and Wellbeing (Wales) Act, informed by the findings of the practice audit undertaken between 2012-13, and in line with national changes. Supervision remains a key tool in effective case management.

In preparation for implementing the new Outcomes Framework, an outcome analysis of cases was undertaken in 2014; this involved identifying where and how outcomes were recorded. The findings of this informed the work undertaken with Welsh and Scottish partners on the development of Meaningful and Measurable practice. In addition as part of implementing the New Assessment Framework there has been evaluation of 140 case files, with a synopsis from each case evaluated and learning points recorded; this has supported ongoing developmental and working practice.

As part of the Carers Measure we have organised a peer review system across Local Authorities where, for example, a team from Neath Port Talbot and Swansea sample Care and Treatment Plans in Bridgend, and this is reported into the Regional Steering Group for Parts 2 and 3 of the Mental Health Measure.

In addition to our requirements for staff supervision, in mental health, for example, Team managers are required to sample ten files per month to ensure quality and consistency in recording; there are systems for sampling files within adult safeguarding and these are reported to a subgroup of the Western Bay Safeguarding Adults Board.

In 2015-16, our key areas for improvement are:-

- Develop and implement a representations and complaints E:learning facility;
- Continue to develop the collaborative working arrangements with Neath Port Talbot and Swansea for complaints;
- Complete and implement the new Supervision policy;
- Implement the new CCIS system with partners;
- Continue to manage and monitor sickness absence and develop new ways to support the management of sickness levels.

SHAPING SERVICES

Commissioning and Contracting

In 2014 -2015 the key areas for improvement were highlighted as:

- 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.

There has been significant progress on our remodelling programme for Homecare, residential care and Learning Disabilities. In relation to Homecare, it was previously reported that the Council planned to tender 4,400 hours of internal homecare to the independent sector. However, the tender was unsuccessful and we were unable to award the contract. A “lessons learnt” exercise was undertaken with colleagues in procurement to help us understand why the market was unable to respond. This was reported back to Cabinet and to the service areas.

We knew that there was a need to remodel the existing service and ensure it was sustainable for the future, a transformation which clearly sets out the intention for the Council to retain complex and specialist care and transfer generic homecare to the independent sector. The plan was introduced in 2014, and during 2015-16 the internal Homecare service will have a different focus around specialist care.

The transferring of hours has been managed very carefully with significant planning to develop new mechanisms to determine complex/specialist care. The planning will ensure there is limited impact to the existing workforce and, to date, there have not been any redundancies, as we have managed the reduction through natural turnover.

We have consulted throughout the process keeping service users and our staff on board to prevent any anxiety. Regular meetings have taken place with the Trade Unions (TUCs) to also keep them on board with the transformation plans and the TUCs are helping us develop stronger ways to consult with the existing independent Homecare sector staff to gather their views.

We have taken on board new providers over the last 12 months to strengthen the independent sector Homecare market; this has helped the Council continue to stay on track with the transformation plans. The new providers have been a great addition to help strengthen the local market which has grown significantly over the last few years.

We have also strengthened our Brokerage systems in order to respond to the volume of packages going to the independent sector. We have strengthened contract monitoring approaches and there is additional capacity within the team. The new contract monitoring officer will enable the Council to increase the volume of monitoring for Homecare services, which is essential as the independent sector continues to grow.

We are developing a commissioning plan for the independent sector as there is a plan to re-commission the whole sector later this year. Initial engagement has been undertaken with the local providers in order to help shape up the commissioning arrangements.

In relation to the development of Extra Care Housing (ECH) there has been substantial planning and service design to support the development of ECH within Bridgend. The ECH

project group have worked with key partners in order to develop proposed service models for the future.

There have been ongoing discussions with the Registered Social Landlord (RSL) sector to build two new ECH schemes in the Borough. Close working with colleagues in Property and Planning to identify the sites for ECH which have been endorsed by Cabinet Members. There has been continued consultation with families, staff members and TUCs to keep everyone on board and up to date with the projects.

In relation to the remodelling of Learning Disabilities, over the last 12 months there has been substantial service modelling to help prepare for a forthcoming tender of supporting living services. Cabinet, on the 13/01/2015, endorsed the remodelling work and a service specification has been developed which will help us remodel learning disability services for the future. There has been robust consultation and events with the learning disability sector to help define the service models and specification.

A review of the existing Meals at Home service has been carried out and an options appraisal was taken to Cabinet on the 31/03/2015. They have endorsed the short term plans and changes within the Meals at Home service. There has been a detailed options appraisal carried out to explore the longer term models for Meals at Home services to ensure it is sustainable for the future. This has involved working with colleagues in our Education department and also Neath Port Talbot County Borough Council.

The Mental Health Commissioning Plan has been finalised and consulted on, and was signed off by Cabinet on the 9/12/2014. There was comprehensive engagement with all key stakeholders to identify the priorities and strategic objectives with service users, carers and practitioners. During 2015-16, we plan to implement the key priorities within the Mental Health Commissioning Plan.

A draft Dementia Commissioning Plan has been developed and is being consulted on with partners and key stakeholders – the commissioning plan and delivery plan will help us shape dementia care services for the future.

The department has increased its commissioning and monitoring resources to better plan and manage the changes and balance between what the Council delivers and commissions. There is a new contract monitoring officer in place to help the Council ensure we commission good quality services and achieve positive outcomes for citizens.

The Council has invested corporately into a new “change team” which sits within the Commissioning Team. The new additions include a Senior Performance analyst, Change Accountant, Senior Social Work Practitioner, and Senior Occupational Therapist Practitioner (including 2 posts funded via Western Bay i.e. A Regional Contracting Officer and a Senior Social Work Practitioner). This change team will be crucial to help take forward the transformation agenda and will give us the ability to concentrate our energy on changing our practice to new ways of enablement and empowering our service users.

During the last 12 months, further work has been undertaken by the Commissioning team, Finance and partner agencies, who have all worked closely with service providers in order to ensure that there are transparent mechanisms in place to discuss costs and performance with providers. The provider forum has developed a robust fee setting rationale for 2015-16

to help inform the uplift to acknowledge the cost pressures providers face. We have proactively held separate events with providers to help set the fees for 2015-16 and have increased the proposed uplifts following consultation with care home providers.

We have continued to carry out work to help gather stronger information of the whole care sector, including the self-funding market. This helps to reinforce the remodelling work as well as understanding the changes in patterns of placements into care services. We have carried out market facilitation presentations at the provider forums to help them understand the strategic objectives and also to help influence changes in how the care sector can respond to the projected demands for services in the future and have developed draft market position statements for each sector.

To continue to ensure that all commissioned services are from reliable and robust organisations, we have a new accreditation programme. This will hopefully prevent service failures, including the ability to monitor financial stability (to help monitor and avoid a service from failing similar to Southern Cross).

All regulated services are monitored on an annual basis against the Domiciliary Care Standards and Residential/Nursing Fees Quality Standards. This provides service users and carers with an understanding of the expectations placed on commissioned services to adhere to the required standards of care driving forward better outcomes for individuals. The contract monitoring officers undertake announced and unannounced visits to domiciliary care providers and residential/nursing homes. This year, they also interviewed 74 service users/carers as part of their contract monitoring to seek their views on the services they receive. A new Regional Quality framework across Western Bay will be approved in 2015-16.

During 2014-15 we have carried out a review of all third sector funded services, in order to ensure best value and good quality. We have updated the service level agreements accordingly on the new template which social care developed. The new service level agreements are based on a clear set of principles and transparent contracting, which enables the Authority to outline performance measures and outcomes for third sector agencies to help us review services more effectively in the future.

Adult Social Care ran a corporate workshop in 2014-15 which involved all service areas and external partners to explore how the Council could develop different delivery models for the future (i.e. cooperatives, Local Authority trading companies etc.). This was a positive session to set the scene in terms of new ways of working and identify the challenges the Council faces in terms of moving towards the new vehicles for delivery.

The Council has been part of local coproduction workshops with the third sector which has been helpful to raise the profile and understanding of new ways of working for the future.

In 2015-16 our key areas for improvement are:-

- Development of a commissioning plan for the independent sector homecare market and the implementation of that plan (leading to a re-commissioning exercise);
- Progress the commissioning arrangements for learning disability services and take forward the tender of the local provision;

- Appoint an RSL and take forward the development of 2 new ECH schemes within Bridgend, and continue to work with existing service users, staff and TUCs as part of the transformation plans;
- Progress the options for Meals at Home services and work up the longer term opportunities to develop more sustainable models for the future;
- Strengthen approaches for prevention and wellbeing, and shift services to communities;
- Continue to seek opportunities across Western Bay to work collaboratively;
- Finalise the regional quality framework for care homes and implement across the region;
- Work together to respond to the joint response for the Older People's Commissioner, in order to collaboratively take forward the actions identified within the report.

SUMMARY and FORWARD VIEW for 2014-15

The year 2014-15 has been significant for Adult Social Care in Bridgend as we strive to continuously improve our services; we are very proud to present the details contained in this report. The year 2015-16 will see us embedding the change of culture that is needed for the implication of the new Social Services and Wellbeing (Wales) Act 2014.

Our Remodelling Adult Social Care Board will continue to be the foundation for our transformation journey as we strengthen the prevention and wellbeing agenda across our services in Adult Social Care within public services, in Bridgend and regionally across Western Bay.

The current climate of austerity and demographic changes continue to contribute to the challenge of delivering quality support and services. Despite these challenges Adult Social Care remains committed to improving the lives of people in Bridgend and we will continue to modernise our services to make Social Care sustainable and proportionate in the future.

Jackie Davies, Head of Adult Social Care
May 2015

PART THREE

SAFEGUARDING AND FAMILY SUPPORT SERVICES

Context/Overview

As Head of Service of Safeguarding and Family Support Services (SFSS) in Bridgend, I am pleased to present this sixth annual report on the effectiveness of our Safeguarding and Family Support Services. The report has been 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. The report has been informed by self-assessment, 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.

Last year's report acknowledged that whilst the service had shown continuous improvements in both performance and the quality of service provision in a range of areas, 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 2013-14 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, including Education, who assumes the role of Chair of the Council's Corporate Parenting Committee. Further scrutiny and challenge on the range and quality of our services has been provided by our Children and Young People's Overview and Scrutiny Committee and through the Council's Corporate Performance Assessment processes.

In January 2015, line management responsibility for the Safeguarding and Family Support functions transferred from the Corporate Director for Children to the Statutory Director of Social Services. Responsibility for the provision of preventative services, early help and intensive family support remained within the Children's directorate. Both the Statutory Director of Social Services and the Director of Education and Transformation continue to take a strong lead in supporting the delivery of all the functions of children's social care, by providing oversight of the strategic delivery and operational components of the service.

2014-15 proved to be another productive and extremely busy year, which saw a significant increase in the number of contact and referrals made to the service. In spite of this, the numbers of both Looked After Children (LAC) and children placed on the Child Protection Register (CPR) reduced. Pressure on our front line teams has been influenced by high numbers of reported incidences of domestic violence where children have been present, parental substance misuse and the associated neglect of children.

During 2014-15, the service received 4,619 contacts from professionals and members of the public, an increase of 1302 on the previous year. Of these contacts, 999 were assessed as referrals where a form of safeguarding intervention was required. This is a 9.7% decrease compared to the previous year. Throughout the year, the service completed 1,333 initial

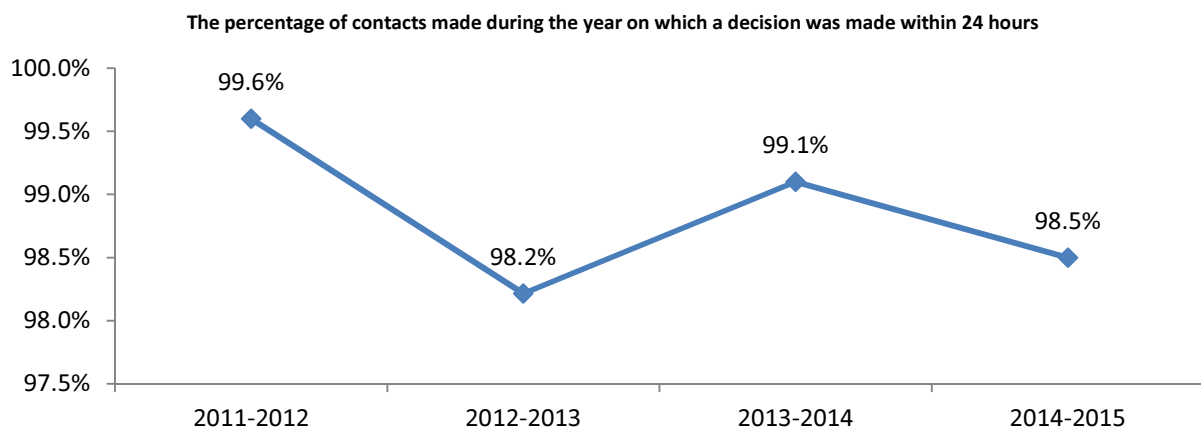
assessments, of which 319 arose out of new concerns reported on existing open cases. Of the 1,333 initial assessments completed throughout the year 82% were completed within statutory timescales, compared to the previous year's figure of 77%. This improvement in performance comes within the context of significantly increased work pressures placed on social workers. For the contacts made to the Assessment Team that did not proceed to initial assessment, appropriate advice/information was provided or referrals were made on 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, and the capacity of the parents or care givers to respond to their needs, within the family and community context. The core assessment provides 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 the best outcomes for the child. During 2014-15, 594 core assessments were completed. Of these core assessments 62% were completed within the 35 day timescale. Both the timeliness and quality of core assessments will be a key priority for us to address in the coming year.

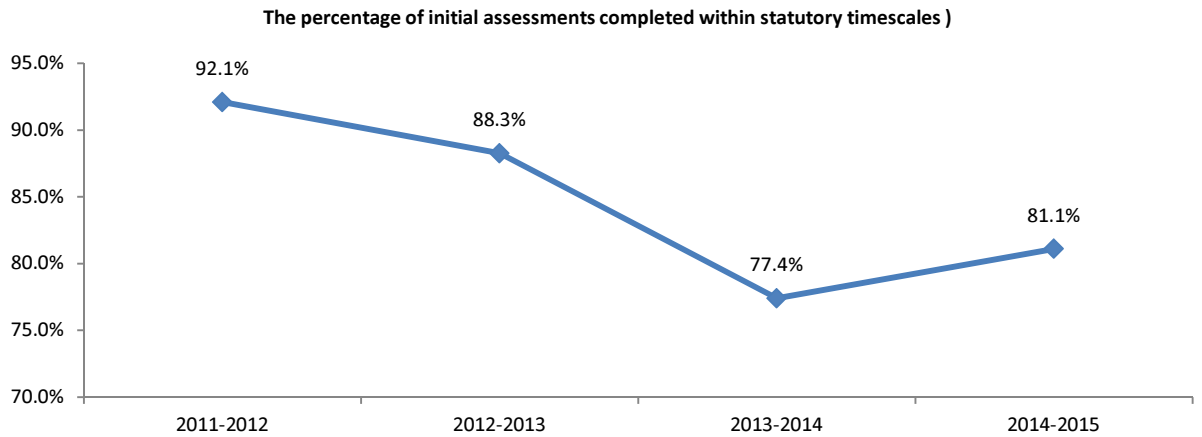
In Bridgend, the number of LAC fell by 5.3% from 412 on the 31st March 2014 to 390 on the 31st March 2015. The number of children on the CPR also fell from 179 on the 31st March 2014, to 125 on the 31st March 2015; a 30% reduction.

Service Achievements in 2014-15 include:

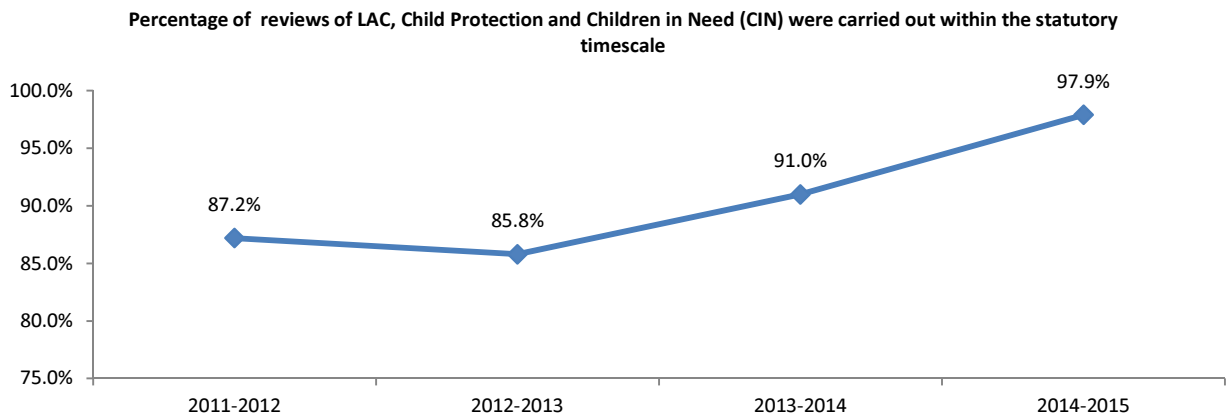
- 98.5% of all contacts made were reviewed within 24 hours.



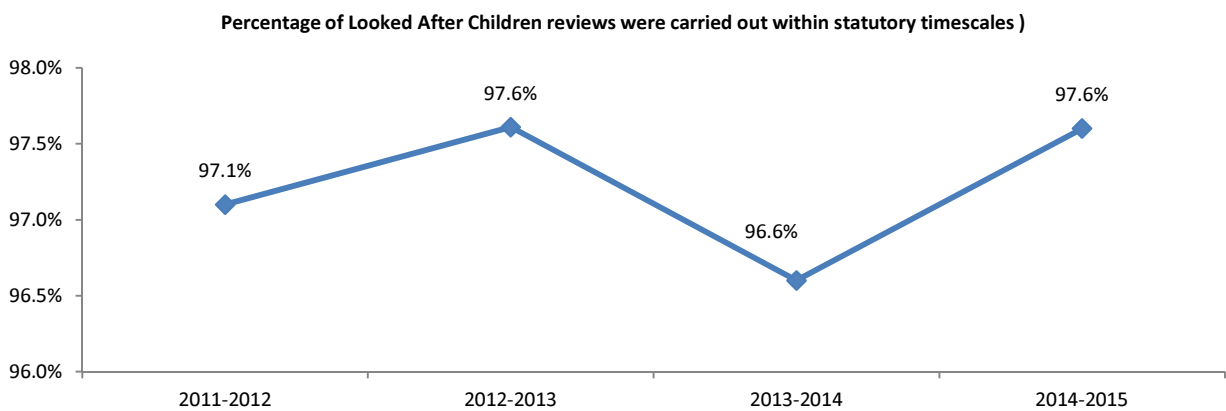
- 81.1% of initial assessments completed within statutory timescales compared to 77.4% the previous year.



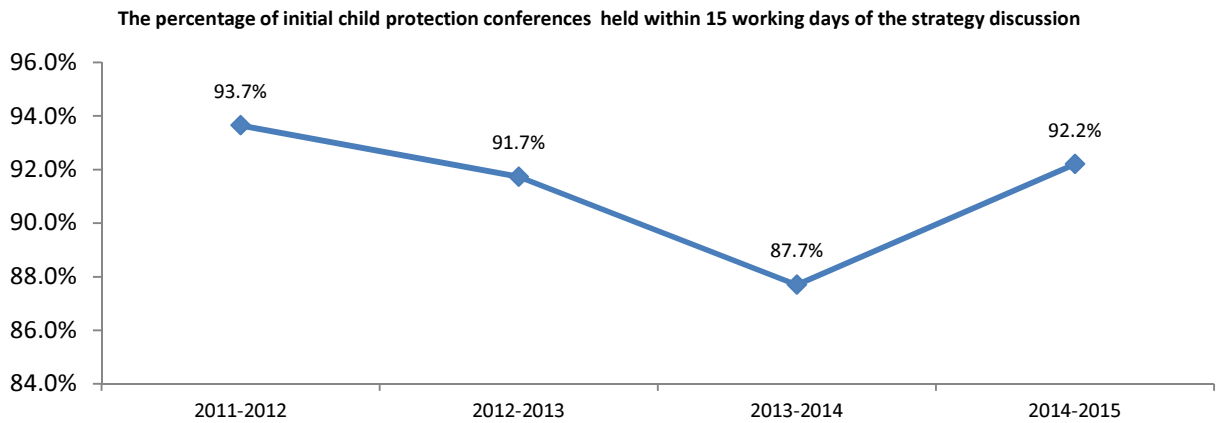
- 97.9% of reviews of LAC, Child Protection and Children in Need (CIN) were carried out within the statutory timescale compared to 91.0% the previous year.



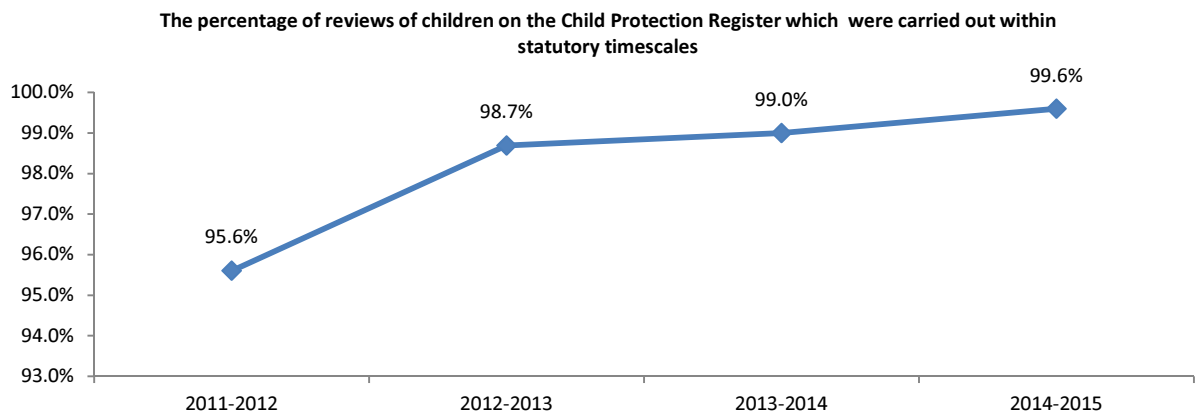
- 97.6% of all Looked After Children reviews were carried out within statutory timescales compared to 96.6% the previous year.



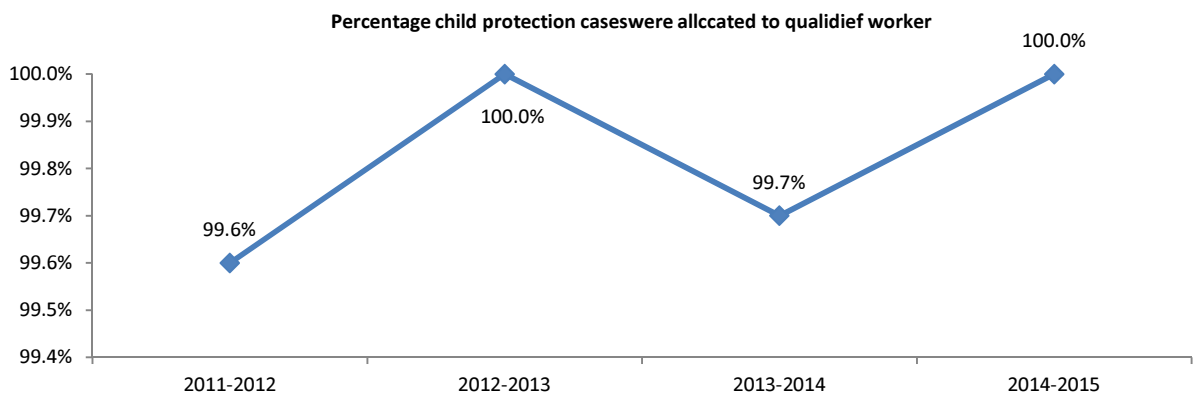
- 92.2% of initial child protection case conferences were held within 15 working days of the strategy discussion compared with 87.7% the previous year.



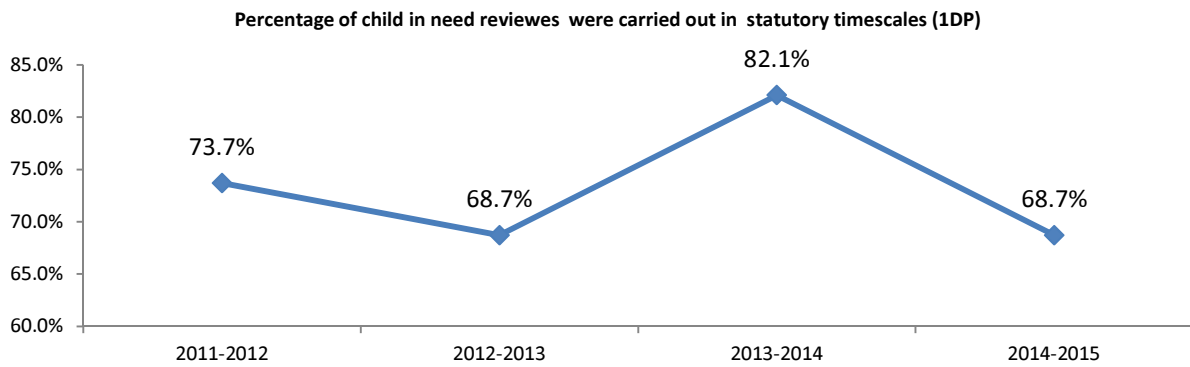
- 99.6% of reviews of children on the Child Protection Register were carried out within statutory timescales compared to 99.0% the previous year.



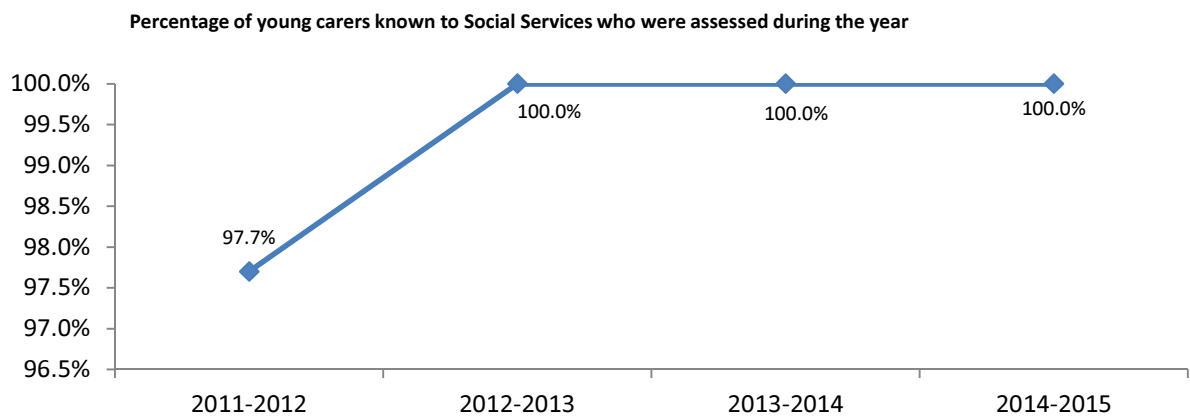
- 100% of all child protection cases were allocated to qualified workers, compared to 99.7% the previous year.



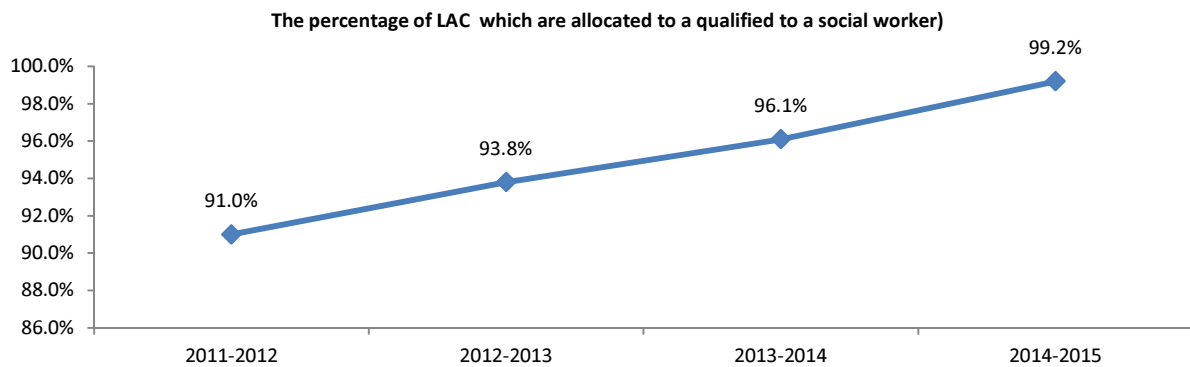
- 82.1% of reviews of children in need were carried out within statutory timescales compared to 68.7% the previous year.



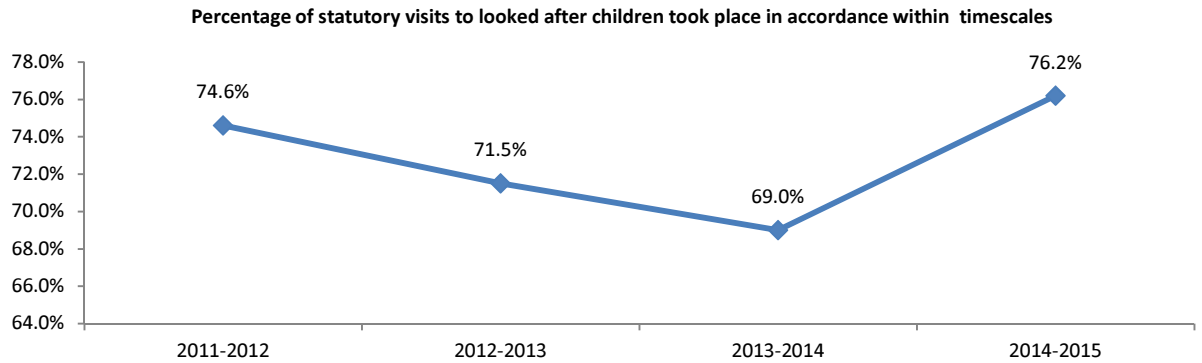
- 100% of young carers known to social services were assessed during the year with 100% receiving a service.



- 99.2% of LAC cases were allocated to qualified social workers.

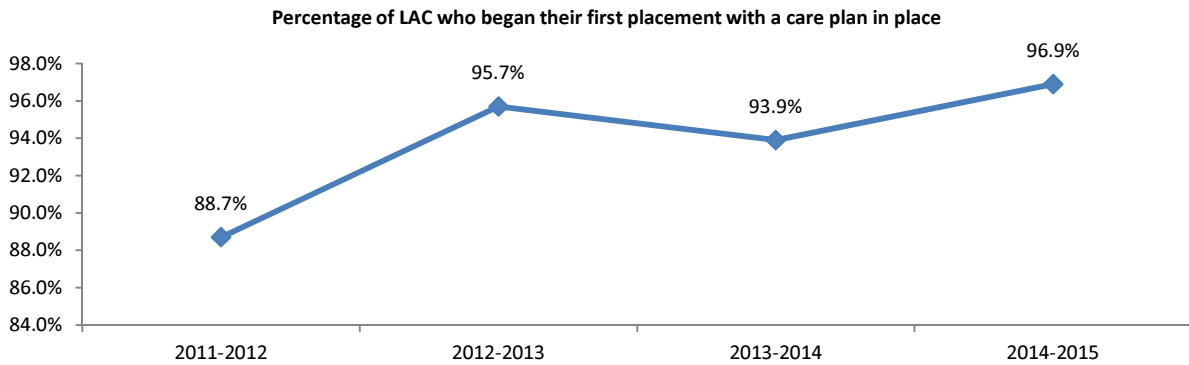


- 76.2% of LAC statutory visits were completed within timescales.

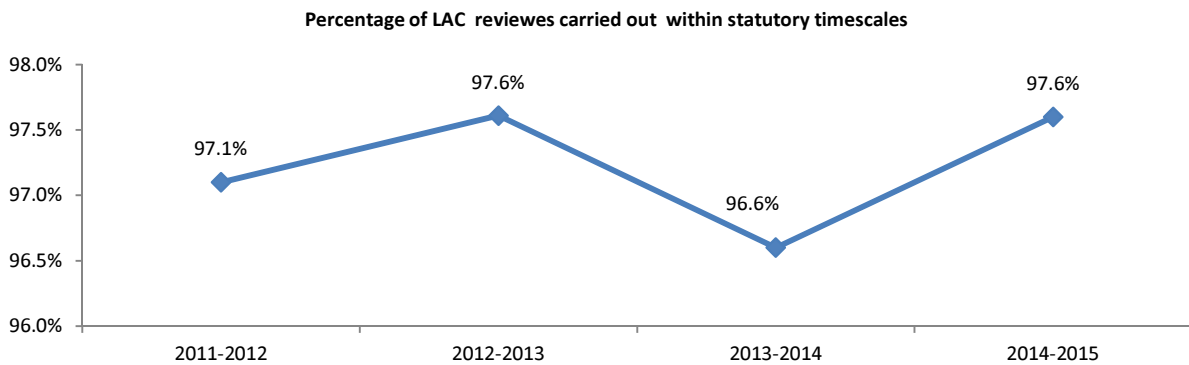


Improvements in planning for LAC

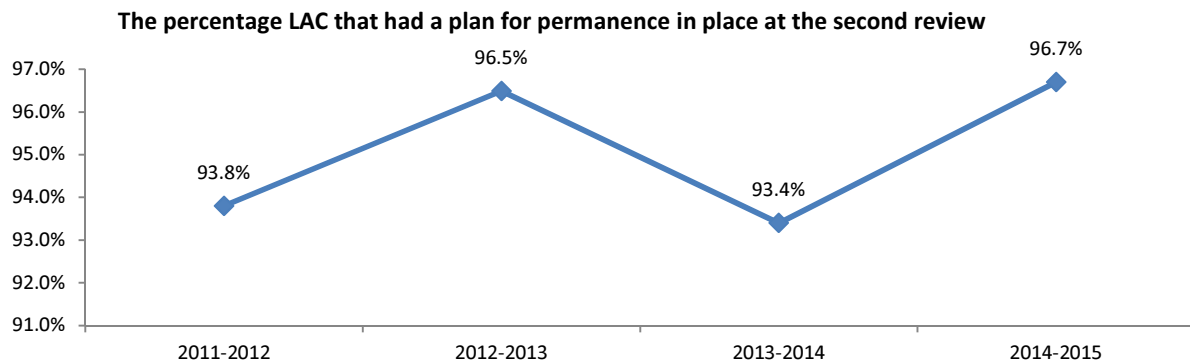
- 96.9% of first placements during the year began with a care plan in place compared to 93.9% the previous year.



- 97.6% of reviews of LAC were carried out within statutory timescales compared to 96.6% the previous year.



- 96.7% of LAC had a plan for permanence in place at the second review due date compared to 93.4% the previous year.



- 86 Full Care Orders were granted, 91 interim care orders were granted;
- Three Child Arrangement Orders were granted, 22 Special Guardianship Orders and 35 Care Orders were discharged.

Improvements in Permanency Planning:

- 100% of eligible children had a pathway plan in place as required throughout the year compared to 85% the previous year;
- The Adoption Service exceeded its target of 16 children being adopted during the year with 24 children being adopted. 18 new Adopters were approved;
- Three Care Orders were discharged as a result of Child Arrangement Orders being granted, a further 22 Care Orders were discharged as a result of Special Guardianship Orders being granted and 35 Care Orders were discharged where no other order was required;
- There has been a reduction in the number of “First Time Entrants” into the youth justice system, as well as a reduction in the number of re-offending rates.

Safeguarding and Family Support – Priorities for improvement 2014-15:

- Continue to monitor the work of multi-agency panels to ensure effective contingency planning and effective transition planning for out of county placements;
- Ensure the production of high quality initial and core assessments that focus on improving outcomes for children;
- Ensure robust mechanisms are in place to identify and provide appropriate services to children at risk from Child Sexual Exploitation;
- Progress the development of the Regional Adoption Service;
- Review all family intervention services and co-locate within Safeguarding teams based at the three planned Safeguarding Hubs;
- Improve partnership working arrangements for LAC;
- Develop the Council’s model for assessing and providing services for young carers;
- Continue to develop quality assurance and audit activity;
- Monitor the impact of senior practitioners carrying complex caseloads due to the relative inexperience of high numbers of newly qualified social workers;
- Increasing the number and range of both fostering and adoption placements available;

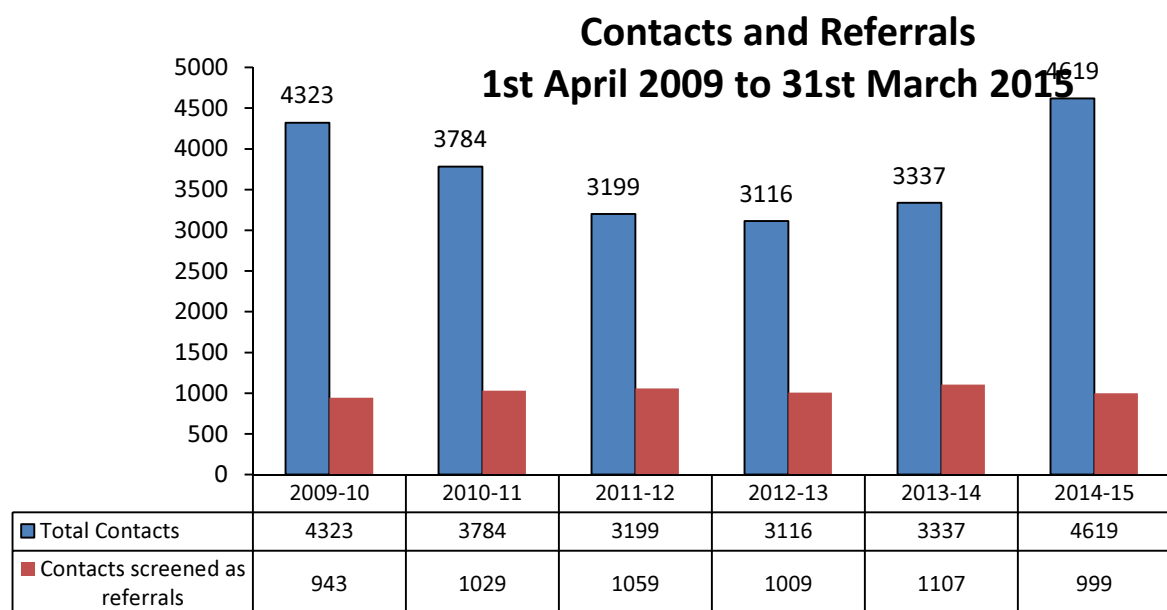
- Maintaining quality in social work practice, through improving workload management, how we share learning, effective supervision and support for the high number of newly qualified staff;
- Extending the reach of integrated family support services to further support both earlier intervention and families with acute and complex needs;
- 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;
- Refresh the strategy to reduce the increasing numbers of looked after children and those on the child protection register.

Getting Help

Access to Services

Our Safeguarding and Family Support Services (SFS) aims 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.

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 2014-15 the Assessment Team received an increase of 1,302 more contacts compared the previous year. In all, the service received 4,619 contacts. The significant increase of contacts made to the service is a direct consequence of South Wales Police withdrawing from the programme of joint screening of all police referrals made to the service. Ultimately, this has placed considerable pressure on our Assessment Team.



98.5% of all referrals received by the service were reviewed, and a decision made about the necessary course of action, within 24 hours of the initial contact. This compares with 99.1% the previous year. The drop in performance in this area is a direct consequence of the significant increase in the number of contacts made to the Assessment Team. Where children 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 2014-15, the percentage of referrals that were re-referrals within 12 months rose to 20.4% compared to 12.7% the previous year. We are currently analysing potential reasons for this increase. Early analysis suggests that the increase is as a result of closing CIN cases that had been open for prolonged periods where subsequent re-referrals were made. Re-referrals to children's social care services have historically been very low in Bridgend compared with similar authorities and nationally, as evidenced in the table below:

	2011-12	2012-13	2013-14
Pembrokeshire	35%	29%	26%
NPT	27%	35%	22%
Wrexham	44%	23%	21%
Flintshire	18%	16%	13%
Bridgend	9%	12%	13%
All Wales	30%	27%	22%

Low rates of re-referral are generally a positive indicator although very low rates may indicate low thresholds for social care-led interventions. These rates have crept up in the past 12 month period and consequently have brought Bridgend more in line with the national rate and that for NPT and Wrexham for the preceding year. One explanation for this trend is that the service had been attempting to divert more families into preventative services but that cases were 'coming back' to social care quickly afterwards. Another explanation is that child in need cases may have been closed earlier than before over the last 12 months, or closed without an adequate 'step down' into early help arrangements.

The project established in 2010 with the police to jointly assess, on a daily basis, all reports of domestic abuse which could impact on the welfare of children ceased during the year which resulted in a significant rise in the number of domestic abuse incidents referred to children's social care. The table below illustrates the increase of domestic abuse referrals made during the year. These are police reports made to children's social care following their attendance at incidents where there have been domestic abuse which may impact upon children's safety and protection.

Month	Domestic Violence/ Incident referrals
Mar-14	15
Apr-14	7
May-14	7
Jun-14	14
Jul-14	10
Aug-14	9
Sep-14	20
Oct-14	23
Nov-14	20
Dec-14	21
Jan-15	12
Feb-15	6
Grand Total	164

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 2014-15, we continued to refresh the information available to children who may become LAC, those who are already LAC and those who have been LAC. We have introduced performance management arrangements to ensure that all LAC are made aware of and offered professional independent advocacy if they deem it necessary. We have also continued to disseminate information 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.

Service User Feedback

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 undertake processes 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.

Complaints and Compliments

During 2014-15, the service received 19 compliments from service users and professionals. There were ninety eight informal complaints received which were quickly dealt with by Team Managers. We received seven formal complaints all of which were dealt with at Stage 1 and resolved formally by front line managers or complaints officers 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 2014-15 which is a significant achievement and neighbouring authorities are consulting with us on our processes for resolving complaints early on in the procedure.

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 and the Complaint Form are also available in Welsh.

All complainants continue to be provided with a feedback questionnaire entitled “Improving the Way we Handle Complaints” (formulated and provided in accordance with the Welsh Government former Complaint 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 low unfortunately, however all feedback received is taken into consideration and is also included in the Annual Report.

As stated above, much work has continued to be undertaken by the Complaints Officers to work with Team Managers to attempt to resolve complaints at source. This work has been successful in that the number of cases that have been successfully resolved to the satisfaction of complainants, normally within 24 hours of their receipt, has increased during 2014-15. As a result, complainants are spared the stress and inconvenience of embarking upon what can be a long and protracted process. The work required by Team Managers and the Complaints Office has also been reduced in terms of the need to provide lengthy formal written responses.

Arrangements are now in place for work to be undertaken by the IT Department to review and update the complaints database to bring it into line with the revised complaint Guidelines and, once completed, will allow the Complaints Team to generate statistical reports that will reflect the new prescribed timescales.

Staff training has continued across Safeguarding and Family Support it is proposed that arrangements will now be made to develop an electronic learning facility for staff, which will reflect the requirements of the revised Representations and Complaints Procedure.

As part of the Western Bay Collaborative and to fulfil the requirements of the revised Complaint Guidelines, meetings have taken place with Neath Port Talbot and Swansea to develop reciprocal arrangements, in particular, in relation to the undertaking of Stage 2 Independent Complaint Investigations. A protocol is currently being developed for use by the three Authorities. Agreement has also been made for representatives of each Authority to meet periodically for the purpose of reviewing this collaborative arrangement and share best practice.

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.

When initial assessments are undertaken, we monitor the percentage of assessments where children are seen alone by the social worker. In 2014-15, this was 50.5%. The primary reasons that children were not 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 and we are now capturing the precise reason why children were not seen alone by the social worker during initial assessments.

Assessment/Case Management Services

2014-15 proved to be another busy year for all our safeguarding and family support services. During 2014 -15 63% of core assessments were completed within prescribed timescales which we acknowledge is a dip in performance compared to the previous year. We believe that this coming year will see a significant improvement in the number of core assessments completed within timescales as we start the year with no backlog of overdue assessments. The increased pressure placed on our frontline safeguarding teams as a result of increased contacts being made to the service has inevitably impacted on social workers ability to complete all core assessments within statutory timescales. We are confident that the improvement and more outcome focussed assessments have been influenced by continued and enhanced team based training, individual mentoring, supervision and audit activity.

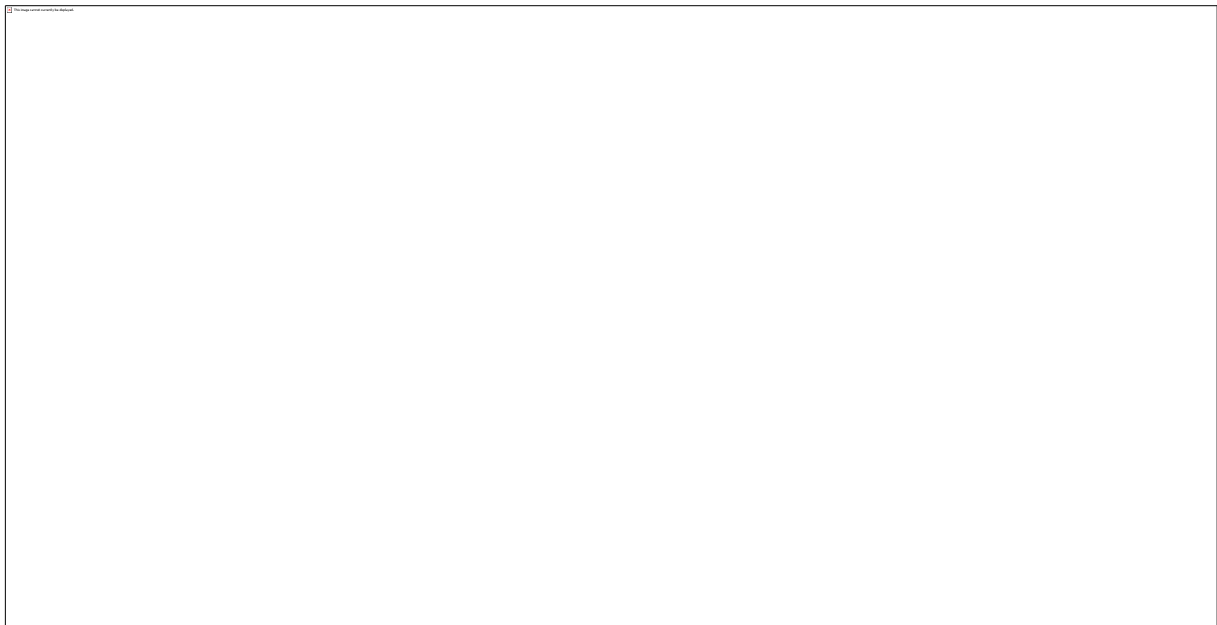
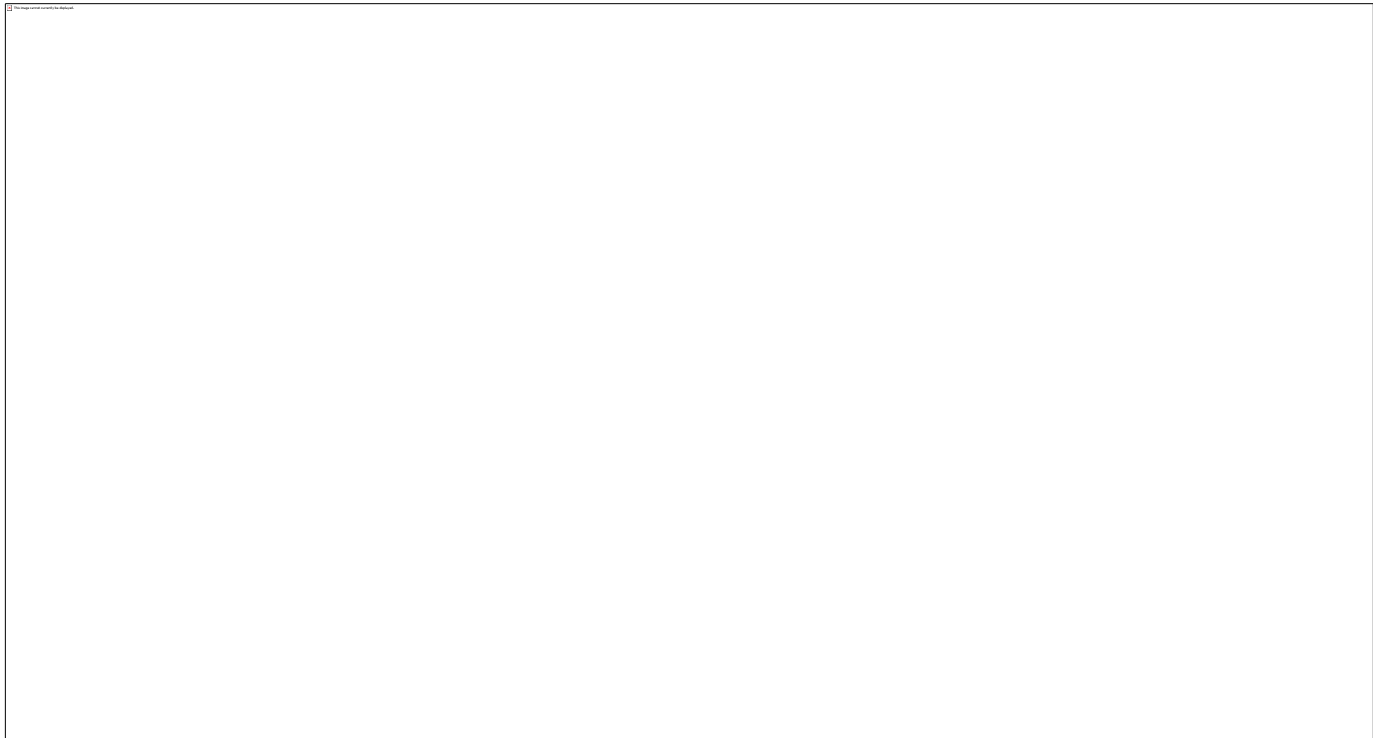
Last year it was reported that we had been particularly challenged with the number of experienced social workers leaving the Authority coupled with the fact that these were generally being replaced by newly qualified social workers or social workers with less than two years post qualifying experience. Unfortunately, this trend continued throughout 2014-15. As a result many of our senior practitioners have been required to hold heavier caseloads comprising of the more complex child protection and LAC cases. Notwithstanding this, during 2014-15 the average caseloads for both social workers and senior social work practitioners reduced. The average caseload for social workers was 16 and for senior practitioners, the average caseload was 12.

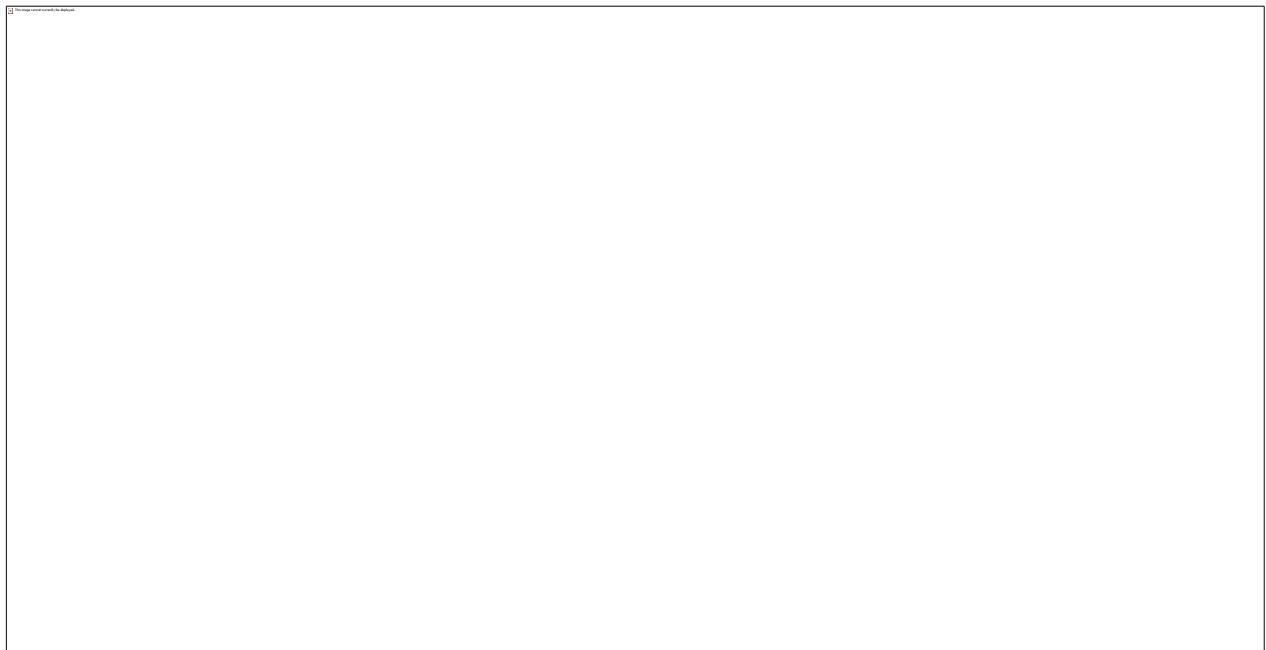
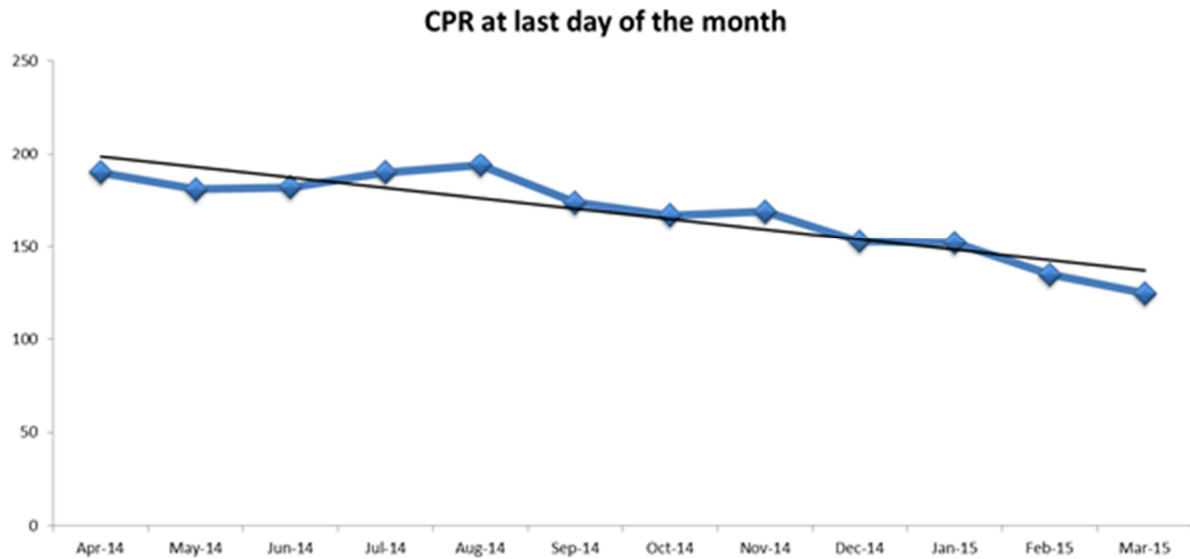
Case Management

Throughout 2014-15, the number of open and active cases that were allocated across our Safeguarding and Family Support teams decreased to 1,384 on 31st March 2015 from 1519 on 31st March 2014. This is an 8.8% decrease on the previous year. During the early months of 2015 we instigated plans to restructure our five safeguarding teams. This was in preparation for our safeguarding teams being co-located with our preventative, early help and intensive family support service within one of three Safeguarding Hubs. Consequently we start the new financial year with just three safeguarding teams strategically located within three newly formed geographically located Safeguarding Hubs in the North, South and West of the county. To increase management capacity within the three newly formed safeguarding teams, we have strengthened management capacity by introducing new roles of deputy team managers and increasing the number of senior practitioners. This will facilitate greater support, supervision and mentoring to front line social workers and reduce the number of direct reports that each of the team managers have. This is particularly important at a time when we still have relatively high numbers of newly qualified social workers resulting in senior practitioners having to carry the more complex workloads.

Child Protection Activity

Throughout 2014-15, all child protection cases were allocated to qualified social workers. The names of 219 children were added to the Child Protection Register (CPR) compared to 255 in 2013-14. 273 children's names were removed from the CPR, compared to 238 in 2012-13. This again demonstrates significant child protection activity throughout the year. The table below shows the rate of CP registrations and de-registrations month on month throughout 2014-15.





During 2014-15, 92.2% of initial child protection case conferences were held within 15 working days of the strategy discussion compared to 87.7% in 2013-14 and 87.7% of initial core groups were held within 10 working days of the initial child protection case conference in line with Welsh Government expectations. 99.6% of reviews of children on the child protection register were conducted within statutory timescales throughout 2014-15, a slight improvement on the previous year. Nevertheless, we consider this a significant achievement in the context of demanding workloads and the associated pressures placed on the service.

Child Sexual Exploitation (CSE)

Throughout 2014-15, widespread revelations about incidences of reported CSE in both Rotherham and Oxford prompted questions about how we in Bridgend safeguard and protect children from sexual exploitation. Bridgend is committed to protecting the most vulnerable members of our community from exploitation and as such all practitioners have access to a

number of key documents which provide guidance and structure to their practice, in addition to the training they receive.

CSE meetings in Bridgend are held on a weekly basis and are chaired by the Group Manager for Safeguarding and Quality Assurance (QA) and the Independent Reviewing Service Manager. This ensures continuity and oversight of the actions identified within safeguarding plans, continuous evaluation of the level of risk posed to the child/young person and identification and monitoring of those persons who pose risks to children.

Such individuals are being identified within a number of cases and as such they can be closely monitored by the Police and attending agencies to assist in the protection of young and vulnerable children and in the prosecution of offenders. Between the months of April 2014 and February 2015, 34 children/young people have been identified as being at risk of child sexual exploitation across Bridgend. Sixty four child sexual exploitation meetings have been convened in respect of these children, fifty five of which have been in respect of young females and nine in respect of young males. The ages of the children/young people who have been subject to CSE meetings varies between ten years to 17 years and the majority of children/young people are aged between 14 years and 16 years. Each multi-agency meeting takes into account the specific vulnerabilities of the child/young person to ensure their care plan targets all aspects of their needs and their need to be protected and educated around the facets of grooming and sexual exploitation. BCBC statistics show that at the time of the child's initial Sexual Exploitation Strategy meeting:

- Nine children were subject to Child Protection procedures.
- 11 children were Looked After.
- Two children were subject to both Child Protection and Looked After procedures.

In March 2015, the position in Bridgend was that out of the children who have been subject to CSE meetings, nine children's names were placed on the Child Protection Register

Good communication and collaborative working with the Police is essential in all Child protection cases and particularly so in child protection and CSE cases. The priority for the Police service is to protect children and young people through the investigation and prosecution of offenders. A recent addition to the Child Abuse & Investigation Unit for Bridgend is a dedicated CSE Single Point of Contact (SPOC) who is an experienced Detective Sergeant, and has responsibility for the overview of all CSE investigations. The Detective Sergeant has a small team of investigators supported by a police analyst who has completed a problem profile for the Bridgend area regarding children who are at risk of being sexually exploited and the perpetrators of exploitation.

The public protection department are currently reviewing past cases as well as taking new matters forward. Bridgend holds a database of all young people subject to CSE meetings and also has performance reporting arrangements with the Western Bay Safeguarding Board. The Sexual Offences Act 2003 introduced new offences to protect all children aged less than 18yrs. The Act now provides specific offences in respect of CSE and more child abduction notices are being actioned via the CSE process. This is relevant in situations where a young person is visiting the home of an adult where it is suspected he/she may be at risk of being groomed for exploitation.

Focusing on a multi-agency approach BCBC Safeguarding services, South Wales Police, ABMU Health and BCBC Education department have formed a “CSE Task Force”. The task force will address issues such as identifying gaps in training, highlighting and tracking current and new CSE cases, monitoring and mapping children and young people who are reported as Missing. When appropriate, forums will be convened with practitioners to share the group’s findings thus ensuring vital information is shared and robust safeguarding measures are implemented. Professionals in Bridgend work closely with health professionals from Abertawe Bro Morgannwg University Health Board (ABMU). The Accident and Emergency (A&E) department within the Princess of Wales Hospital has direct computer access to the Child Protection Register. The Safeguarding lead within the A&E department meets regularly with the Safeguarding Group Manager in BCBC to discuss any issues that may arise. In addition, Health professionals frequently make contact with Child Protection Clerks to make enquiries of children who present at the A&E department where there may be child protection concerns. Links have also been developed with the Hospital’s Sexual Exploitation team. Together, BCBC safeguarding and health professionals continue to work effectively in a variety of arenas to share information and complete holistic assessments to support and protect children and young people. In particular, the Corporate Safeguarding Team within health provides representation at child sexual exploitation strategy meetings, professional strategy meetings and other complex cases of a safeguarding nature. A multi-agency peer group provides opportunity for multi-agency challenge and scrutiny of child protection examinations and their findings. In addition health representatives support in the delivery of multi-agency events and there are a number of forums across Western Bay where Safeguarding health representatives work closely alongside BCBC professionals, for example Child Practice Review and other Western Bay Regional Children’s Safeguarding sub groups.

Multi-Agency Public Protection Arrangements (MAPPA) manage the risk posed by the most serious sexual and violent offenders. These arrangements within Bridgend bring together lead professionals from the Probation Service, Mental Health Service, Housing, Public Protection and Children’s Services on a fortnightly basis. These professionals are experienced in this arena and are effective in the sharing of important information between agencies which is key in protecting the most vulnerable people in our society. BCBC is represented by the Group Manager for Safeguarding and QA, who is also responsible for joint chairing the Child Sexual Exploitation meetings. This ensures continuity in information and process, and individuals who pose a risk to children and young people are identified and brought to the attention of safeguarding practitioners at the earliest stage. The Group Manager also ensures agencies and professionals outside of Safeguarding make the necessary referrals to the department which are then tracked to ensure assessments are carried out in a timely manner to ensure the protection of children, young people and their families. To assist this process, individuals subject to MAPPA are listed on the BCBC Electronic Records Database, ‘DRAIG’ with safeguarding alerts attached to ensure practitioners take a proactive stance to safeguarding children at the earliest stage.

CSE in Education

Staff in schools, further education colleges and other education establishments in Bridgend are uniquely placed to recognise and refer children who are believed to be vulnerable to CSE. School staff should be alert and competent to identify and act upon concerns where a child is vulnerable to, at risk of, or experiencing abuse through CSE. Across Bridgend, the Child Protection Coordinator for Education and Youth Services delivers an annual

programme of Child Sexual Exploitation training to year eight pupils with their teachers present. During February 2015, 33 sexual exploitation awareness sessions aimed at Year 8 pupils were held across ten secondary schools in Bridgend. This training is delivered jointly with South Wales Police Officers and an outcome report is produced on an annual basis.

This training has been regularly reviewed and adapted to keep it up to date and relevant, responding to emerging potential threats to children, for example, Sexting. What is always surprising is the responses of young people and in particular their lack of awareness of the potential risks posed to them through their use of interactive technology. Through the delivery of training programmes in schools, children and young people within the education establishments in Bridgend receive appropriate early education around the risks and behaviours associated with CSE. The Child Protection Coordinator, Officer and Group Manager are always available to offer additional guidance support and advice. The Child Protection Coordinator for Education and Youth Service is one of 24 trainers commissioned and trained via the Western Bay Safeguarding Children Board to deliver CSE awareness raising sessions for professionals. A comprehensive roll-out of this training is currently underway. In addition the Child Protection Coordinator has also undertaken 'train the trainer' learning in relation to human trafficking/Modern Slavery. This training is currently being rolled out in two forms: three hour awareness raising sessions and a number of full day first responder courses. The link between CSE and Trafficking is often overlooked as the general view of trafficking is that of persons trafficked into the UK from abroad. What is becoming more prevalent is the danger associated with internal trafficking. In particular in CSE cases young people may be trafficked from one location in the UK to another for the purposes of sexual exploitation.

CSE has been recognised as one of the strategic priorities for the WBCSB with the key objective being;

- To ensure full implementation of the statutory All Wales Safeguarding Children and young people from Sexual Exploitation Protocol;
- To understand the extent to which children are involved in CSE across Western Bay;
- To have an effective prevention strategy in place to identify risk early and provide the most appropriate services for children identified as at risk;
- To have inter-disciplinary training package in place for all professionals who work with children to help recognise and respond to symptoms of CSE;
- The desired outcome of the above priority is to ensure that children/young people who are identified as being sexually exploited are effectively safeguarded from on-going exploitation;
- Less children/young people become sexually exploited;
- Children/young people who are identified as at risk of CSE are provided with effective services and interventions to prevent them becoming exploited.

The WBCSB has been assured there is significant work going on across the whole workforce area to prioritise, recognise and respond to issues of CSE. There are many areas of good practice and robust arrangements which can be drawn upon to share experience and skills regionally. The WBCSB has also been assured that partner agencies are committed to working with the Board to address the issue of child sexual exploitation and this will be further demonstrated by the upcoming CSE audits and performance reporting arrangements established by the Board and its partners. Such reporting will also allow for scrutiny of multi-agency attendance at CSE meetings.

One recent example of the use of effective multi-agency procedures and practice across safeguarding services within Bridgend is cited in the recent conviction of a male who has been sentenced to serve a custodial prison term for several sexual offences against a young vulnerable female who is Looked After by BCBC. The Initial CSE concerns for this young person were identified through assessment and collaborative working with other agencies and professionals across the Borough of Bridgend. In total ten CSE strategy meetings were convened which included a number of agencies involved in the care planning for this young person. Also in attendance was a representative from the SERAF service, the Missing Person's Coordinator from the Child Abuse & Investigation Unit in Cowbridge, and a Detective Inspector from the CID based in Cardiff. The meetings ensured that all relevant agencies/services, where appropriate, were referred to, all actions within the safeguarding plans were adhered to and professionals worked extremely hard to ensure the young person received the right level of support and advice whilst being part of the criminal investigation. This work was so effective that the young person returned to education and felt informed and supported to the point where she was willing to give evidence in the court. The Police commended those workers involved in the coordination of the CSE meetings within Bridgend, which clearly protected this young person and others from the grooming and sexual exploitation perpetrated by this offender.

Many of these young people known to Safeguarding are also frequenting particular localities or addresses within the area and are also in the presence of named individuals; males who have been identified as a risk within the remit of CSE and also known to the Police and Probation services. The majority of those individuals identified as posing a risk to young people in Bridgend are predominantly slightly older males, in their late teens, early twenties and a very small number of males have been identified to be in their forties. No female perpetrators have been identified but concerns have been shared about females introducing other young girls to males. To date, there is no evidence to indicate that known young people who are at risk of CSE or adults who pose a risk to children are of any ethnic background other than white Welsh.

As referred to above, the value of interagency working is beyond doubt and to ensure this is maximised a Bridgend CSE Task Force has been established. This multi-agency group consists of the Detective Inspector and the CSE dedicated Sergeant (both from the Child Abuse and Investigation Unit at Cowbridge Police Station), the Safeguarding Group Manager, the Independent Reviewing Service Manager, the Child Protection Coordinator for Education, and a Health representative. Representation of other agencies at these meetings is considered when appropriate. The group will discuss and share information on all high risk CSE cases, consider all new cases of CSE, identify maps and profile perpetrators and consider ongoing prosecutions. In addition, the group will monitor the behaviours of and agency responses to young people who are frequently reported missing. A mapping process has already begun and front line professionals will be presented with information which links young people, perpetrators and locations together, thus ensuring they are fully informed and practitioners are not working in isolation but rather in a unified approach where the sharing of this information can assist in accurately assessing risk and responding with a care plan that, as far as practicably possible, protects children/young people from sexual exploitation.

Another example of inter-agency working is with regard to CSE training. The Task Force will also share resources for training but in the first instance group members will observe each other's training to create a bespoke package of trainers and training for targeted staff across Bridgend. In terms of statistical data it is acknowledged that at present, this is limited due to

reporting arrangements within the Western Bay only being in their infancy. However, in Bridgend, Members can be assured that comprehensive information is maintained in respect of the number of young people who have been identified as vulnerable to CSE. Those currently deemed most at risk are females aged between 14 and 16 years.

The collection of CSE data complemented by the CSE Task Force will place Bridgend in a unique position to provide an extensive portfolio around CSE. Finally, what needs to be acknowledged is that CSE does is a UK wide issue however to date there has been no evidence of organised sexual exploitation by criminal gangs in Bridgend.

Looked After Children

2014-15 proved to be yet another very challenging year for us in responding to high numbers of LAC. During the year we implemented a refreshed placements and permanency strategy aimed a safely reducing the number of LAC. This strategy, along with the launch of our new prevention and early help strategy has influenced a steady reduction in the number of LAC children during the year, from 412 in April 2014 to 390. Despite this strategy numbers remain high in comparison to other similar size local authorities in Wales and consequently, the safe reduction of LAC continues to be a priority for the Council.

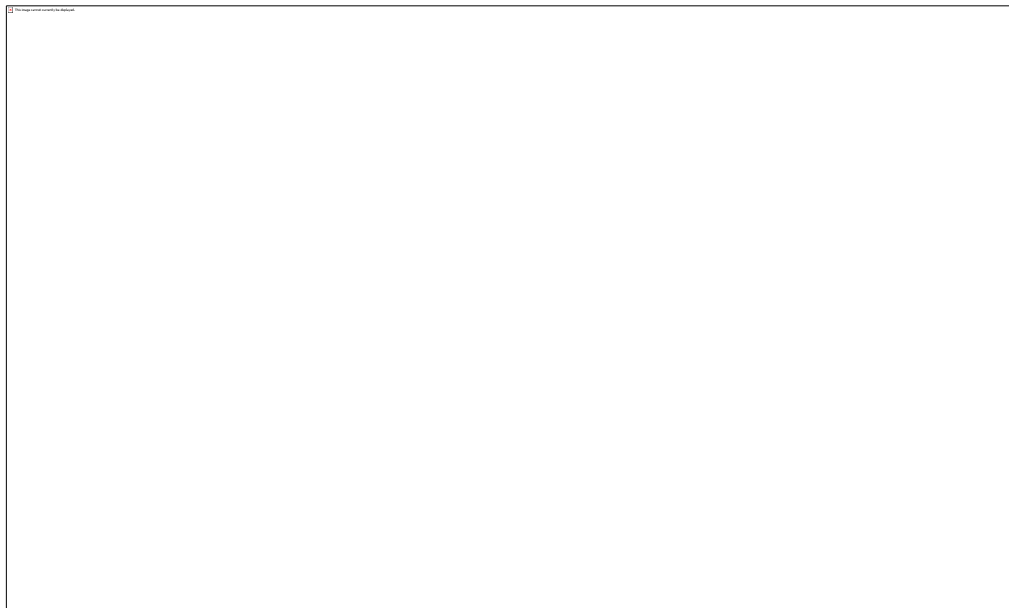
During 2014-15, 99.2% of all LAC were allocated to a qualified social worker, with only three cases allocated to social work assistants. On the rare occasions when LAC have been allocated to social work assistants these cases had been open for several years and are closely monitored and supervised by qualified senior social workers. Notwithstanding this, we have increased the percentage of our LAC cases allocated to qualified workers from 97.1% in March 2014 to 99.2% on the 31st March 2015. The table below provides a breakdown of our LAC population by age on the 31st March 2015:



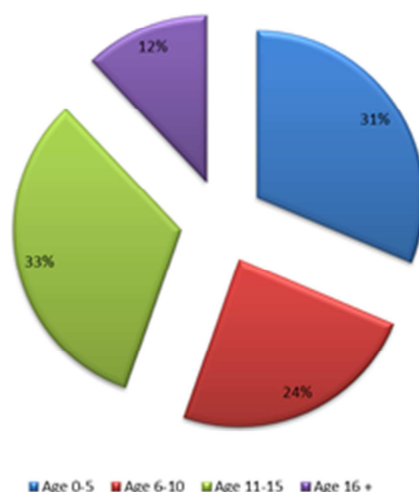
Irrespective of the number of LAC in Bridgend, we continue to make a concerted effort to ensure that the health and educational needs of LAC are promoted at all times. Each child has a dedicated LAC health nurse whose primary responsibility is to ensure the health needs of all LAC children are addressed. LAC health nurses are co-located with our independent reviewing service and 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.

The Looked After Children in Education team (LACE) ensures that the 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 focussed educational support and mentoring to LAC who require additional educational support. During 2014-15 the percentage of attendance of LAC pupils in both primary and secondary schools improved, to 96.8% and 93.3% respectively.

The demands placed on local authorities to conclude care proceedings as a result of changes to the Public Law Outline (PLO) has resulted in increased numbers of legal surgeries. These meetings are attended by a senior lawyer, principal officer and key professionals involved in the cases being considered. Between 1st April 2014 and 31st March 2015, eighty six full Care Orders and ninety one Interim Care Orders were granted by the courts and during the same period, three Child Arrangement Orders and 22 Special Guardianship Orders were also granted by the courts. 35 Care Orders were discharged.



% Breakdown of LAC Population by Age @ 31/03/2015



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 continued to progress plans for children and young people where it has been identified that they would more appropriately be looked after under the auspices of either a Child Arrangement Order or Special Guardianship Order.

During 2014-15, 96.9% of LAC placements began with a care plan in place at first placement. 96.7% 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.

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 remained an issue in terms of visits being promptly written up due to social workers competing work pressures. During 2014-15 performance did improve and we were able to evidence that 76.2% of statutory visits took place in accordance with regulations. However we are confident that this will improve significantly during 2015-16, as we start the year in a more positive position as there are very few outstanding write ups of visits already undertaken.

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 2014-15 99.6% of LAC review meetings were conducted within statutory timescales compared to 99% the previous year, a significant achievement considering the very high number of reviews that were actually held.

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 comprises of a county-wide Assessment Team, three recently formed generic safeguarding teams covering geographical locations within the borough and a county-wide Disabled Children's Team.

Our **Family Support Team** work alongside the assessment and case management service to provide interventions focussed on intensive support to prevent family breakdown, offering 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.

Early Help, Prevention and Intervention Services

Historically investment in prevention and early intervention initiatives in Bridgend has been un-co-ordinated. Whilst many services are still relatively new we recognised that there was a need to co-ordinate these more effectively to make more rigorous links between our approaches to children at different tiers of need. In recent years there has been some significant investment and commitment to prevention and early intervention within Bridgend, i.e. Connecting Families, the Intensive Family Support Service, Rapid Response Team and Families First funded initiatives.

It was acknowledged, however, that there needed to be a strategy in place to ensure that the range of prevention and early intervention initiatives are joined-up, coherent and have a common purpose. With this in mind, an Early Help Strategy was agreed in October 2014 to take this work forward.

As part of this strategy, there has been a significant re-structure of Family Intervention Services which was completed in March 2015. Three Early Help locality hubs (North, East and West) have been created to work with families in a more joined-up way. Family Support Workers, Education Welfare Officers, Family Engagement Officers, Counsellors and Youth Workers have been co-located in each of the hubs as well as Safeguarding Social Work

Teams to support a whole system approach to ensuring that the needs of all our children and young people will be met at the earliest opportunity. In addition, we have created a central hub of specialist Family Support Services (e.g. Connecting Families) who provide a range of services across the whole County Borough.

A single 'request for help' form has been introduced to simplify existing referral arrangements to access family intervention services and this will support the work underway to develop a Multi-Agency Safeguarding Hub (MASH) which will create one front door for accessing children's services.

The Connecting Families Team has been re-configured to focus on targeting children on the cusp of the care system and those returning home from care as well as the crisis intervention/rapid response service. Support workers within the previous Family Support Team were moved into Connecting Families. This will ensure that there is clarity with roles of the support workers, consistency in the intervention and no duplication of work undertaken with the families.

Connecting Families have continued with participation events inviting a service user's participation group to share their views and offer ideas for further development. In 2014-15, the service worked with 60 families. Of these, the Connecting Families Edge of Care service provided support to 24 families. Within the 24 families, a total of 46 children/young people have been prevented from becoming looked after. 67.4% (31/ 46) of the children or young people were targeted under the Edge of Care remit and the remaining 32.6% (15 / 46) children were siblings. Early indication reveals that young people and their families are making sustained positive change, impacting on their level of need on services. Notably 19 young people that are in the maintenance phase of intervention have remained out of the care system. This is significant when considering that at the point of invite they were identified as being at risk of becoming looked after. Other examples of prolonged change include; 87.5% (7 / 8) of the young people that improved their school attendance during the intervention period have continued to sustain this change in the maintenance phases. In addition, one young person who had been committing anti-social behaviour prior to intervention has not had any involvement with the police for the past 6 months.

Additional confirmation of positive change in service dependency can be drawn from the fact that 3 young people have been completely closed to Children's Social Services and another 10 have been de-registered from the CPR, leading to the conclusion that there has been a significant change in risk. In addition to this, the Edge of Care key workers have made the best of resources through enlisting the support of the partners linked to the team, guaranteeing access to early intervention. This has empowered individuals to live independently by ensuring that they received appropriate information and the right level of support. It is certain that without early support, issues would have escalated requiring further support from front line or specialised services.

The volunteer driver service has moved to the Education Transport service, where it is envisaged that they will be in a better position to assist with the education transport of those children who are looked after.

The supervised contact workers have moved into the Safeguarding Teams as it was felt that this would provide a more responsive service to manage the levels of supervised contact.

Within the Integrated Family Support Service (IFSS), there has been a change of manager which has led to the consultation/referral process being streamlined and improved, bringing it back into the principle of the IFSS model.

In 2014-15, the service worked with 57 families. An evaluation of the first year of the IFSS was completed and an event to look at the first year of the service took place in April 2014 attended by children, their families and partner agencies. In addition, a review of Western Bay IFSS has also taken place with recommendations being made to improve the service which are being taken forward.

Our Invisible Walls Wales (IWW) Project continues to carry out awareness events on a quarterly basis. Professionals from all agencies are invited to attend to find out more about the service. IWW has developed a support for system for schools to enabling them to support children affected by parental imprisonment more effectively. This includes evening sessions inviting teachers into the Prison to understand the environment and the impact imprisonment has on families.

In summary, the theme of Early Help continues to be a key priority for the Authority as we all recognise the value of identifying issues early to enable children, young people and families to get back on track before problems become entrenched and more costly to put right, in both financial and human terms.

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 services 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. 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.

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.

Bridgend's short breaks statement has been reviewed and re-published on the BCBC website. 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 currently co-located with disability

services for adult social care. 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 five 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 was a specialist therapeutic play scheme which operated from Heronsbridge School. The play scheme provided 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 operated for three days per week for two weeks in the Easter school 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.

Y Bont Day Care Centre is a commissioned service, which 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 work will be further progressed during 2015-16. 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.

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 2014-15, all our regulated service received CSSIW inspections, 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 counselling 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 2014-15 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 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 merged with Adoption services in Swansea and Neath/Port Talbot to form a new Western Bay regional Adoption service. This became fully operational in January 2015 and is now based at Neath Port Talbot Civic Offices.

Bridgend Foster Care Service (BFC) provides general, relative and Regulation 38 (emergency family and friends) foster carers for children accommodated by the local authority.

In order to increase the number of in-house foster carers to provide more placements to Bridgend's LAC population, Bridgend Foster Care (BFC) has a clear marketing plan for the recruitment and retention of foster carers. The plan is based on providing immediate and positive responses to people applying to become Local Authority foster carers, offering placements to local children. There are bespoke marketing campaigns targeted at recruiting foster carers for sibling groups, teenagers and disabled children based on identification of local placement need and trends. The Local Authority has access to a dedicated marketing resource to support recruitment of foster carers and ensure that marketing is appropriately targeted. The Local Authority also has a recruitment officer based within the team to oversee the planning and management of assessments, both for general foster carers and managing the court timescales and assessments for relative foster carers.

The Local Authority currently has 38 approved relative foster carer households and is focussed towards working to secure permanence via legal orders thereby reducing the number of children placed with family who are LAC. Relative foster carers are carers who are approved specifically for named children within their family. The Local Authority has seventeen general in house foster carers who are resident outside of the Local Authority boundaries, supporting us to offer in house provision to children who have been identified as needing out of county placements.

The Local Authority has seen an increase over the past year of carers who wish to transfer from Independent Fostering Agencies (IFA's) to the Local Authority service. This is reported

to be due to the reputation of BFC and as a result of consistent positive CSSIW inspection reports. BFC also has a sound reputation amongst its foster carers for the excellent support it provides to carers from a dedicated team of professional social workers and a placement support worker. The IFA carers report that there is a better choice of placements and matching of children to households and in some cases better remuneration for the task they perform.

Throughout the past year Bridgend CBC has been fortunate, through acting promptly and setting out clear guidelines and expectations in writing (for all the carers wishing to transfer) in being able to secure a significant number of the foster carers who were previously approved by the Resolutions Fostering service. Only one carer household out of nineteen chose to transfer to another fostering agency (for whom they previously fostered). This has provided the Local Authority with a pool of experienced carers located within a number of Local Authorities across South Wales.

On a weekly basis, all open placement referrals are discussed and, wherever possible, the Local Authority seeks to place children with, in house provision and return children from out of county provision or IFA provision. Every placement referral is initially scoped in respect of in house foster carer households and only when all options have been exhausted do we consider the need to resource an IFA placement, or where the care plan necessitates that a child/ren should not be placed in house.

The practice in respect of relative foster carers has recently been revised so that all potential relative foster carers are subject to a Unified Assessment (UA). This provides three recommendations in respect of three types of care provision and placement options to the court, these being:

- Carers being fully approved as foster carers, meaning a specific child/ren is looked after under the auspices of a full care order;
- Carers are recommended to care for identified child/ren under the auspices of a Special Guardianship. (SGO) In these situations the child/ren would not be looked after children and consequently the Local Authority would not share parental responsibility. This is often awarded alongside a supervision order for a year so the Local Authority has continued oversight to monitor the success of the placement;
- Carers are recommended to care for identified child/ren under the auspices of a Child Arrangement Order; (CAO) meaning that the children are not looked after and the Local Authority does not share parental responsibility.

One of the key principals of the Children Act 1989 is to ensure that where it is deemed necessary for a legal order to be in place for a child, it should be an order that requires the least intervention from social services and consequently requires the court to consider the range of orders as detailed above.

To ensure that every LAC has the right permanency plan in place, social workers are very proactive in their work with our existing in house approved relative carers to encourage them to secure permanence for their fostered children via an SGO or CAO. This has resulted in the Council maintaining a relatively low number of approved relative foster carers, 37 at the time of writing this report. Throughout the past 12 months eight relative foster carers have ceased to become approved relative foster carers because they were able to secure either SGO's or CAOs for the children previously fostered with them. An additional two children were returned home to their natural parents. In addition there are currently seven relative foster carers who

are actively pursuing permanence orders in respect of 13 children. We consider this to be a significant achievement.

As stated above BFC benefitted from the transfer of a number of former Resolutions foster carers which together provide 22 foster placements. Over the last 12 months, BFC has been successful in achieving a steady increase in the number of general foster carers approved, approving an additional 12 carer households offering a further 17 placements to children. BFC has also been successful in achieving a steady increase in the number of general IFA foster carers who have transferred to BFC. During this financial year, eight former IFA carers have transferred to BFC, offering 22 placements.

In 2014-15, 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.

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. 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. As part of transition planning, 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 **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 IROs 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 a monitoring and reviewing form which is used prior to, and after, all 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 focussed 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.

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 Youth Offending Teams (YOTs) are multi-agency services that work in partnership 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 18 years of age. The YOT 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 YOT engages with other service providers, the local community, parents, carers and family members and the victims of crime and anti-social behaviour. The YOT 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 challenge the service faced during 2014-15 was to bring the existing well performing youth offending services established in Bridgend, Neath Port Talbot and Swansea into one, even better performing service together.

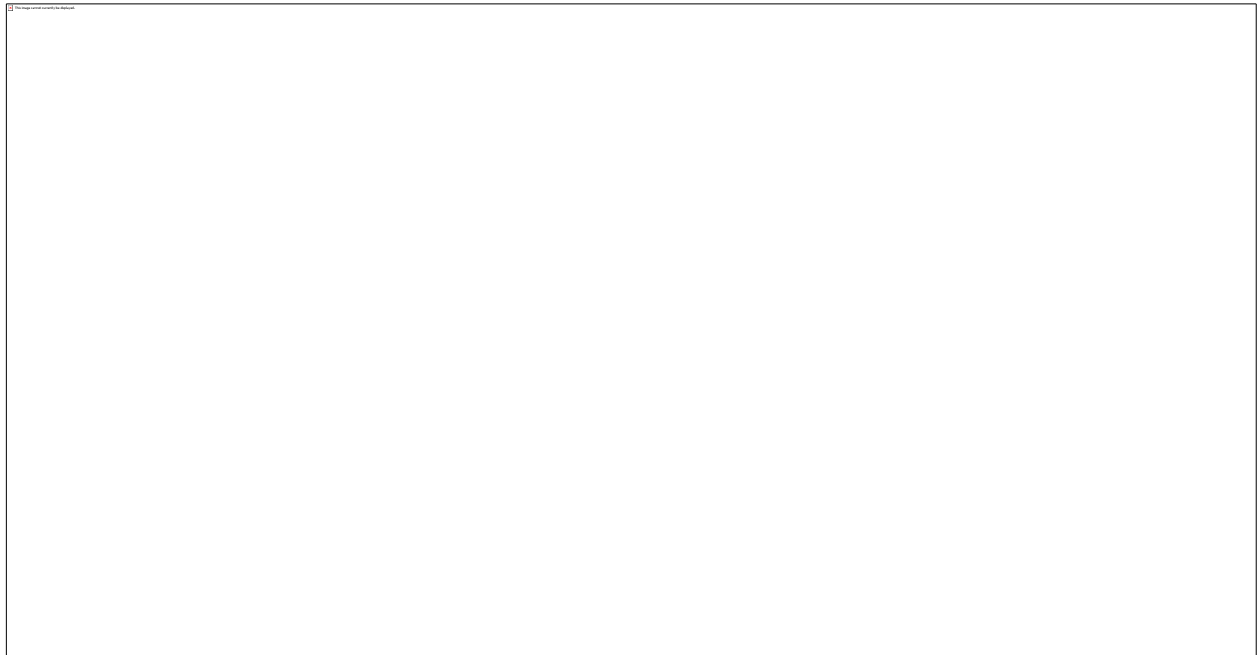
In 2013, each of the three council Cabinets agreed to not just collaborate but to amalgamate the three Youth Offending Services in the Western Bay region. Agreement was given to Bridgend County Borough Council (BCBC) to host the Western Bay Service. On 29th May 2014, the first Western Bay Youth Justice and Early Intervention Service Management Board was held and all local management boards ceased. The Management Board is chaired by the Neath Port Talbot Director of Social Services and has a membership in line with the requirements of the Crime and Disorder Act including Cabinet Members from all three Local Authorities.

The Annual Youth Justice Plan for 2014-15 was agreed by the board and submitted to the Youth Justice Board as a transition plan. It provided the medium to long-term business plan for the service setting out the aims of the new service maintaining a focus on quality service delivery and continuous improvement. Whilst there is one youth justice plan, the performance and financial reporting requirements remained on a locality basis for the transition year.

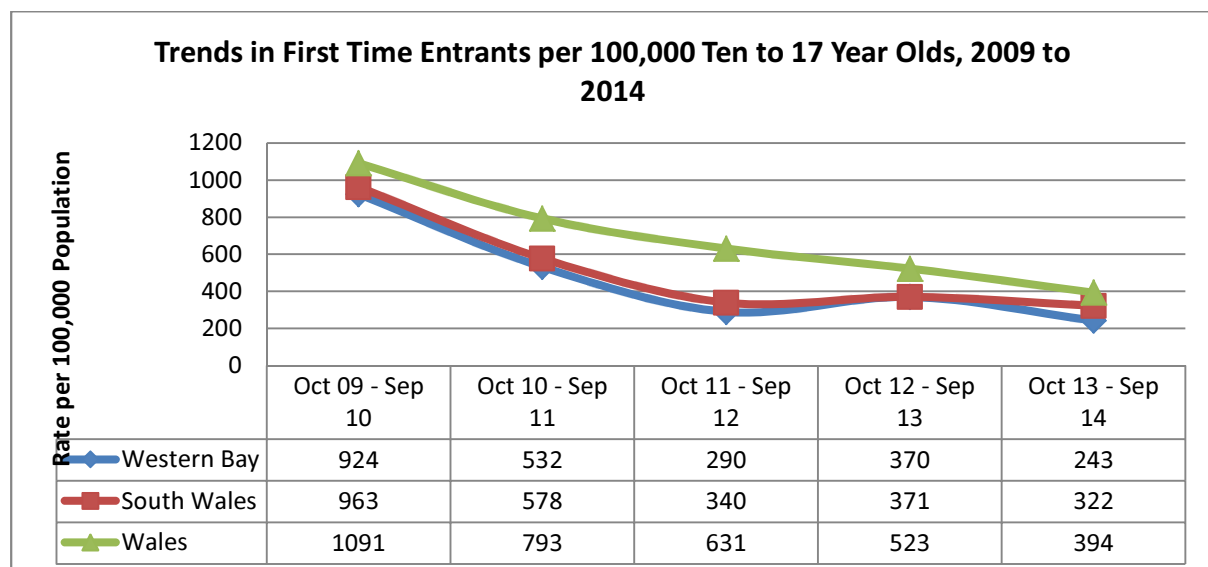
The progress made towards achieving an amalgamated service has not been without some difficulties, specifically in relation to delays in recruitment of key posts. However, the management team is now in place and practice and resources being shared across the region.

The Youth Offending Service reports quarterly to the Youth Justice Board on six Key Performance Indicators, the three reported on by both England and Wales are below but only inclusive of data up to the first two quarters of the last financial year.

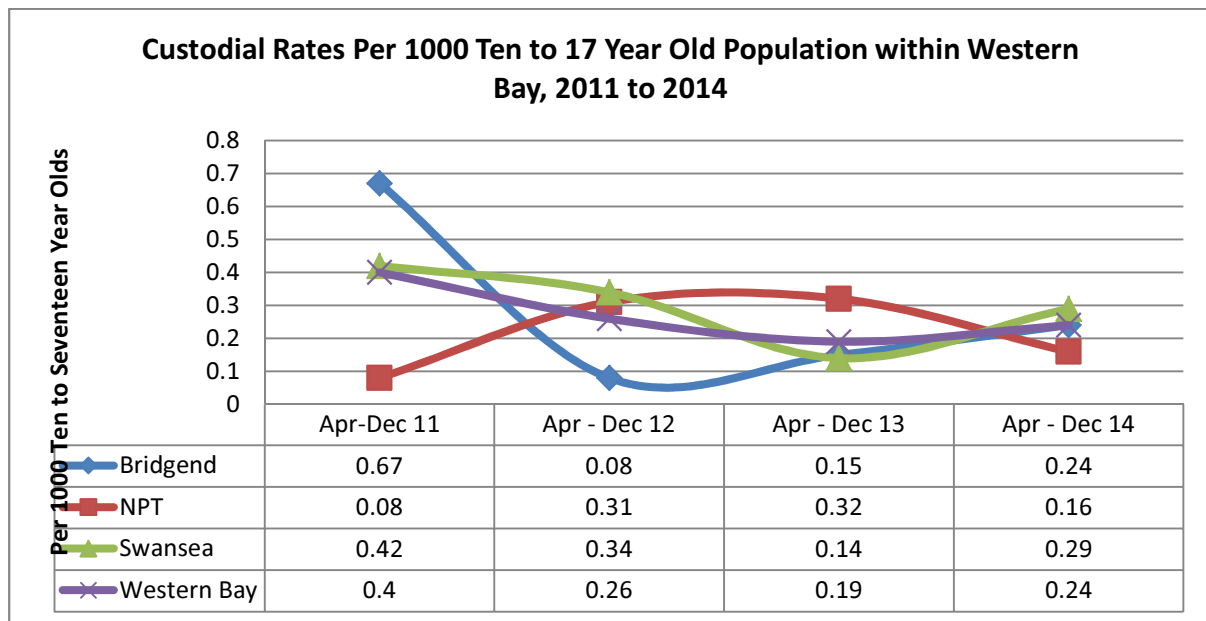
Reduce first time entrants into the Youth Justice System



Bridgend now has the lowest number of first time entrants per 100,000 population – this represents 20 young people. The rate in Swansea is in line with the Western Bay average representing 51 young people and Neath Port Talbot have the highest rate representing 42 young people. For Bridgend and Swansea, this represents the lowest number of first time entrants since this was first measured:

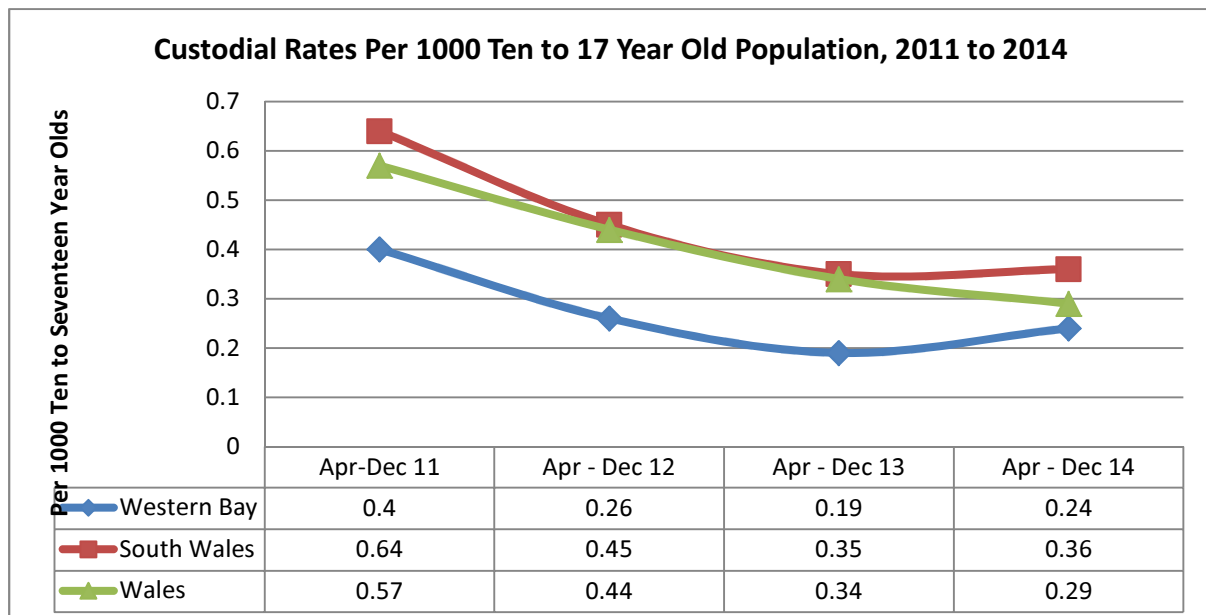


Reduce the use of custody

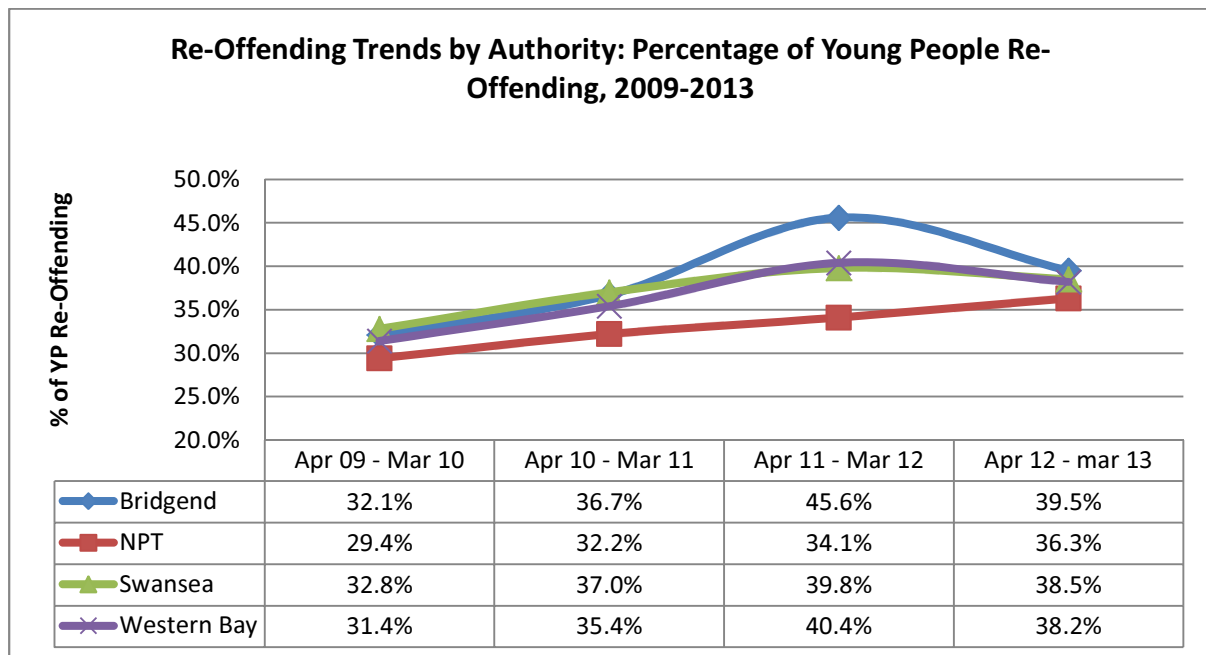


Custodial trends across the three authorities have varied considerably over the last four years.

Between April and December 2014, Swansea had the highest rate of custody (6 episodes); Bridgend was in line with the Western Bay average (3 episodes) and Neath Port Talbot the lowest custodial rate (2 episodes). However, it is likely that custodial rates will continue to fluctuate in the future as the small numbers means that the commission of a serious offence by a group of co-defendants can affect the trends considerably.

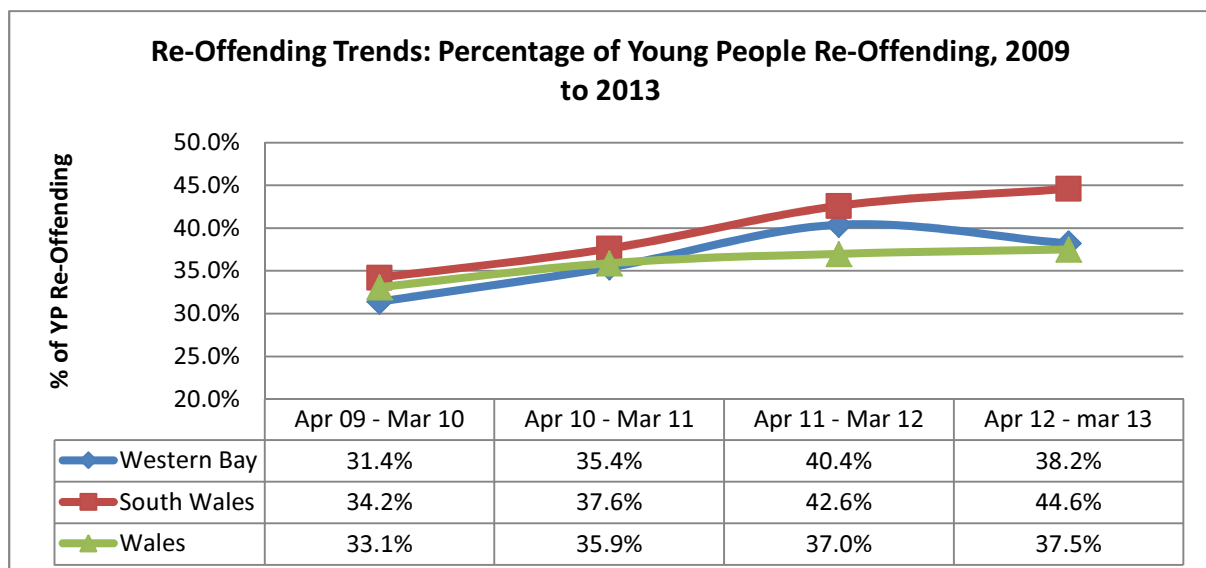


Reduce reoffending



Re-offending rates in Bridgend have dropped by 6.1% in the last year and there has also been a 1.3% decrease in Swansea. Rates in Neath Port Talbot have risen by 2.2% but remain the lowest of the three authorities. As highlighted in the previous chart headline rates do not reflect the overall decrease in the numbers of young people re-offending which have consistently dropped in all three authorities over the last four years.

Reoffending data reported via the YJB is always two years behind because of the time taken to track the offending behaviour.



Quality of Services and Performance Management

We constantly strive to maintain and improve the quality and range of the services that we provide. During 2014-15, we continued 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 2014-15, 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, Sunny Bank, Newbridge House and our Fostering Service (Bridgend Foster Care) all received positive CSSIW inspections during 2014-15.

Quality Assurance and Performance Priorities identified in 2014-15

- Continue to develop the strong corporate and political support to drive modernisation and to respond effectively to the requirements of the new Social Services and Wellbeing (Wales) Act 2014;
- Develop a system of effective case files audit and supervision;
- 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;
- Monitor the impact on senior practitioners of carrying complex caseloads due to the relative inexperience of newly recruited social workers;
- 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.

In addition to the above, the Children's Directorate Business Plan 2014-15, identified the following commitments of particular relevance to the safeguarding of children and supporting young people and families.

- Put systems in place so that families need only tell their stories once using the Joint Assessment Families Framework (JAFF);
- Increase the number of staff fulfilling the key worker role within the Multi-Agency Community teams;
- Continue to develop effective partnership working arrangements with all relevant partners;

- Improve the way we and other agencies help families address the root cause of their problems;
- Increase the number of family support workers and train them to help families make the decisions that are right for them;
- Implement the Looked After Children strategy and the regional adoption service;
- Increase the number of children benefiting from Flying Start nursery provision by expanding the service into Blackmill, Sarn and Lewistown;
- Protect and promote the health, safety and wellbeing of our employees;
- Deliver the savings proposals identified in the 2014-15 budget;
- Share best-practice and take action, where necessary, to reduce absence levels.

In addition our aims for 2014-15 were to:-

- Continue to improve our performance management approach by rolling out across the Directorate the new corporate PM framework and train staff accordingly;
- Ensure that Bridgend is successful in implementing the replacement for Draig our social care system and that we prepare formally for the transition to this new system;
- Improve the availability of performance information on our Infozone;
- Expand and deepen staff knowledge of Outcome Based Accountability processes, especially in relation its use to improve the effect of our services on service users;
- Review our current commissioning and contract monitoring procedures and measures;
- Use analysis of performance data to inform planning and intervention activity.

Improve the provision of sickness absence information and work with managers to develop new ways of working.

Throughout 2014-15, we have continued to focus on sickness absence by providing training on the Absence Management Policy and sickness absence procedures and chasing any outstanding sickness absence paperwork.

Contribute to the Corporate and Business Planning and Programme Management across the council.

The business plans for 2014-15 were developed following a strict corporate finance and performance timetable and template. The directorate business plans are increasingly outcome focussed and link very directly to the Council's improvement priorities, which were widely consulted on. The Corporate Performance Assessment reviews performance against actions, targets and sickness data every quarter.

Continue to improve our performance management approach by rolling out across the Directorate the new corporate PM framework and train staff accordingly.

The Directorate has invested heavily in ensuring that the new Corporate Performance Management Framework and associated System which has been implemented with a Directorate lead officer (Principal Officer Business Systems and Quality Assurance). This system now supports both our own internal reporting processes (Corporate Performance Assessment or CPA and the statutory reporting for both Safeguarding and Education Performance Indicators.

Within Safeguarding and Family Support we have introduced a range of systems and processes to monitor performance including the following:

- Monthly performance senior management meetings chaired by the Statutory Director of Social Services;
- Monthly team managers meetings that specifically focus of performance and quality issues;
- Monthly meetings of the recruitment and retention board;
- Monthly finance monitoring meetings;
- Fortnightly senior management team meetings chaired by the Head of Service.

Expand and deepen staff knowledge of OBA, especially in relation its use to improve the effect of our services on service users.

The Children's Directorate has led much of the implementation of OBA within Bridgend. To date, 21 staff across Children's Directorate have received 'train the trainer' training for 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.

The Bridgend Corporate Plan now follows a more explicit OBA approach and references the key partnerships in achieving desired outcomes for relevant population, in particular learners, but also their parents. The Directorate Business Plan also includes an element the identification of SMART deliverables and by asking the critical questions 'who is better off and how?' This has given a greater focus to the outcomes for children, young people and their families in the planning process and is now well documented in both the Corporate and Directorate Plan with four clear outcomes as follows:-

The OBA approach has corporately informed the work of the Local Service Board and its development of the Single Integrated Partnership Plan and also the development of the Bridgend Corporate Plan.

There is an outcome focus on the Children's Directorate Business Plans 2014-15 and increasingly, all our strategies, plans, projects and services should be based on achieving explicit outcomes.

Within Families First, the changes to the specifications for service delivery have been informed by the OBA approach used throughout the programme in its first two years.

Contracts with service providers are now explicitly monitored in relation to performance against the OBA 4 quadrants. In addition, Communities First employs the OBA approach, which includes activities in support of reducing NEETS, especially the use of the vulnerability assessment profile (VAP).

Service developments, such as The Just @sk Plus 16-25 support service demonstrate developing projects to directly respond to the identified needs of specific target groups of actual and potential service users. Consultation regarding the development of this project involved identifying the needs of young people as service users of Aftercare Services and

Just @sk Plus, adapting planned actions, as a result of ongoing consultation. This process will be ongoing via the established Just @sk Plus Service User Consultation Forum.

Review our current commissioning and contract monitoring procedures and measures

The Directorate does not have a dedicated commissioning and contracting team as services commissioned within Children's services are predominantly carried out by individual service areas rather than offering a centralised approach. The directorate does however, offer an Outcome Focused Commissioning model and toolkit to support commissioners and ensure best practice.

A Commissioning Project Support Officer is available to offer support to individual services areas on commissioning and procurement practices and contractual preparations as well as providing a contract monitoring function for reviewing services of third sector providers and this year the officer has been embedded within the equivalent team within the Social Services and Wellbeing Directorate to maximise resources and allow opportunities for a more joined up approach to commissioning and contracting.

This has resulted in:-

- Children's Directorate working closely with adult social care and regeneration to order review and align contract monitoring processes for third sector services, building on good work and sharing best practice;
- A formal review has been undertaken of all third sector funded services held by Safeguarding and Family Support in line with the contracts as per the Corporate Third Sector review. This review evaluated value for money, quality and performance of service providers against the 2013/14 contract along with the outcome focused measures within the service specifications;
- The service has updated the Children's services contracts log to include those contracts put in place during 2014-15 to ensure that the directorate is able to maintain a strategic overview of commissioning activity and investment trends within Children's services;
- Following the Council's recent decision to combine the Wellbeing (adults services) and Children Social Care service from the Children's Directorate, we have now seen a few functional areas of Children's services and adult social care align under a single directorate which will further help commissioning and contract monitoring teams to share and improve upon best practice. Further integration will continue into 2015-16.

Use analysis of performance data to inform planning and intervention activity

During 2014-15, the directorate has used analysis of performance data to inform planning and intervention activity.

The accessibility of performance data is now allowing senior management to consider a range of intervention activities to improve performance, in a range of areas. The Head of Service for Safeguarding and Family Support Services, is regularly challenged on the performance of the services he is responsible for, especially in relation to national PIs. The Corporate Management Board, the Leader and Cabinet members provide high level challenge in respect of performance and I am held accountable for the performance of my areas of operation.

The Council Executive is taking far more interest and challenging performance on key Council services. Although challenge can be direct, there are opportunities for the sharing of good practice and the offering of suggestions to positively improve performance. This also provides an opportunity to gain approval post discussion as corporate directives in terms of making things happen much quicker than via the quarterly CPA process.

The 456+ model has been used to gauge tiers of need via a three point assessment which establishes the family's needs at the beginning of the process. Some further work will need to be undertaken to investigate improving the data collected linked to disability and learning capacity as a full family record.

As the datasets for JAFF, Safeguarding and SEN are now available on the central case management system DRAIG, this allows us to interrogate a far more comprehensive range of records for a child and monitor their outcomes more effectively. The children's disability index is also now contained as part of this record. Furthermore the replacement for Draig i.e., CCIS, as our primary case management system is well advanced and Bridgend is leading the procurement of this nationally important project which is due in 2015. This will allow us to examine much more easily and will provide a portal to a full range of dynamic data integrated for both health and social care (including JAFF and SEN).

We have used analysis of performance data to inform planning and intervention activity. Data has been used to augment our strategy in respect of locality working and our multi-agency collaborations. Families are actively feedback via the support planning process and this informs our performance management and ultimately our service improvement.

Data in the performance management system (PMS) now goes back five years where this data is available and this ensures that trend data for our performance measures are available to ensure that managers understand and determine where our performance has been particularly positive. When the data is examined over a number of years, the data will show if there was persistence in the commissioning measures. Ultimately, data trending now allows us to determine whether or not our activities have been a successful in bringing about improvements.

All Senior (Group Managers) prepare and report on their service areas as a SWOT analysis. This is discussed with the head of service to determine the impact of the issues raised but to also celebrate the achievements to date. These are shared across the board. Therefore, there has been a marked improvement in the sharing of information between managers to ensure that lessons can be learned and good practice can be implemented if available.

Social Services and Wellbeing (Wales) Act 2014

In line with the transformation of services and in preparation for the implementation of the Act in April 2016, significant work has been done in relation to prevention and wellbeing. Listed below are the key highlights:

- Consultation with partners – early February 2015 regarding the self- assessment tool;
- Following completion of the self-assessment tool, support in the development of a Local Implementation Plan contributing to the regional Western Bay Implementation Plan;
- Development of a Prevention and Wellbeing Strategy for Bridgend has commenced;

- Prevention and Wellbeing Project Board established from within the different service areas, to include key stakeholders;
- Development of a training and development strategy;
- Development of local communication of information in respect of the Social Services and Wellbeing Act for staff and development of publicly accessible information.

The following work is planned for the end of 2014-15 and into 2015-16:

- Further development of the Local Implementation Plan for the preparation work around the Social Services and Wellbeing (Wales) Act, and contribution to the regional Implementation plan prior to submission to Welsh Government;
- Completion of the draft Prevention and Wellbeing Strategy for identification and development of community preventative and statutory services and how they could link together to take forward the prevention work;
- Consider how the front facing services/single point of access within the council can develop as eligibility to the assessed services increases. Enable and support staff to be more able and have appropriate information and training to signpost away from assessed services;
- To begin a consultation and engagement process with partner organisations on the local Implementation plan and the draft prevention and wellbeing strategy;
- Further work around the communication and training and development element for preparation of the Act.

Partnership Working/Collaboration

The Welsh Systems Consortium (WSC) is a partnership of eight local authorities across South East Wales that have jointly developed the DRAIG social care system. The WSC LAs continue to work together to develop DRAIG to meet service needs and to share best practice.

Partnerships are explicit in our integration of health and social care and our work across Western Bay. Third sector agencies are key stakeholders and provide important services on behalf of the council.

The Flying Start plan as an example is devised jointly with partner organisations contributing and a development based on collaboration which ensures the value for money agenda remains at the centre of the plan. All partners are required to understand the responsibility in delivery on the public purse; Bridgend Flying Start has clear and effective relationships with all partner providers.

The four themes within Flying Start are each led by a Manager and this joint working approach has led to significant improvements for Flying Start in the last few years, this distributed leadership is effective and ensures that Flying Start is progressive and reflects the development in the greater LA. The role of the Flying Start team manager and the four thematic lead officers contributes heavily to the effective and evaluated relationships with partner providers; there is a strong ethos of collaborating and honesty which supports the multi-agency team and therefore the successful delivery of the programme and impacts positively for the eligible children in the programme.

The Youth Support Strategy (YSS) articulates the basis upon which YSS partners share common goals, co-ordinate the provision of services and track their effectiveness. As all YSS are collaborating on the implementation of the youth Engagement and Progression Framework, the Youth Support Services' (YSS) Network members have elected to replace the Youth Support Strategy with the Youth Engagement and Progression Implementation Plan. This plan has an associated action plan which will provide common goals and identified milestones for YSS members.

During 2014-15, the numbers of registered young people attending Youth Clubs, Centres reduced slightly due to a closure of several part time provision part way through the reporting period, following an initial service restructure. The numbers of young people engaging in school based and mobile provision remained consistently high, however the numbers of young people reached via detached and outreach provision reduced dramatically following a significant re-focusing of provision way from street based youth work. The total numbers of young people reached reduced from 8,691 during 2012-13 to 6,893 during 2013-2014 in response to priorities intensive work with the most vulnerable young people, whilst beginning a process of increased collaboration with Third Sector providers to provide Open Access Youth Service provision.

As part of the proposed restructure of Integrated Working and Family Support (Nov 2014) and following recommendations from the Youth Review Task Group, a Third Sector Partnerships Officer post had been established within the Local Authority structure. One of the key duties of this post will be to work collaboratively with the Third Sector via individual providers, representative bodies including BAVO and CWYVS and the Youth Support Service Network, to ensure a consistent agreed curriculum is delivered across open access youth provisions and to monitor this process. As part of the work of the Youth Review Task Group, a full public consultation will take place from January 2015, in order to ensure future service developments ensure young people are able to access their full range of entitlements and a broad and balanced youth work curriculum regardless of geographical location in the borough.

All Third Sector providers that have been commissioned via the LA Youth Service to provide services for young people are being encouraged to utilise a joint Management Information Service to record service outputs and impact. This process will assist with ensuring service provision is meeting agreed standards with regards to quality and scope regardless of whether delivered by the Local Authority or Third Sector.

The effect on people's lives

Safeguarding Vulnerable Children and Young People

The Western Bay Safeguarding Children Board (WBSCB) was established in April 2013 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, the Safeguarding Children Service (PHW) and voluntary sector organisations. Since its establishment it has been chaired by a Local

Authority Director for Social Services from one of the local authorities. The chairing arrangements will rotate between LA Social Services Directors on a two year basis.

The reporting arrangements into each LA's Service Board or equivalent are currently inconsistent however each receives progress updates when required. LA scrutiny committees provide oversight and scrutiny of SCB arrangements through their respective representatives however this should be strengthened through consistent reporting framework mechanisms.

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 assist in reporting activity of Board members against elements within their role profiles. This 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

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 1st 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.

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Summary and Evaluation of WBSCB's effectiveness and activity

Governance:

The WBSCB has established 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 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.

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

The Child Practice Review Management Group 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 meets monthly and has developed referral and decision making processes to manage cases consistently across the region. The processes are aligned with the National Child Death Review processes and PRUDiC processes to ensure that all child deaths are reported via this group. In addition the CPRMG is notified of any community safeguarding incidents reported to the Youth Justice Board by the Western Bay Youth Justice and Early Intervention Service.

Policy Procedure Practice Management Group

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 pieces of work and has 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 Difference
- 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

In accordance with the WBSCB's Performance and Impact Framework the performance information is recorded in the WBSCB's annual report.

Audit and Evaluation Management Group

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 three 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.

A smaller sample of looked after children who were subject to a strategy meeting have been examined however an additional sample is required prior to the overall evaluation. In accordance with the WBSCB's Performance and Impact Framework the performance information is recorded in the WBSCB's annual report.

Strategic Training Management Group

The Strategic Training Management 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

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 was originally chaired by the Business Coordinator from within the Business Management Unit however this was an interim arrangement to assist in the coordination and set up of the website etc. Staff turnover and continued debates on membership have had an impact on progress and a decision has been made by the Board that the status of this group will change. Following the completion of work outlined below the group will become dormant other than for advice and assistance in publications and awareness raising campaigns.

The Draft Communication Strategy and Draft Media Protocol need to be finalised, ratified and operational to assist both the Safeguarding Children Board and the Safeguarding Adult Board. These documents require consideration in its widest sense to promote the work of the Safeguarding Boards whilst also managing media interest in the publication of reviews and so a task and finish group will continue to develop these.

The Communication and Engagement Management Group has achieved the following:

- Development of a website for both WBSCB and WBSAB: www.wbsb.co.uk;
- Coordinated a successful launch of the Safeguarding Children Board;
- Planned and arranged the launch conference for the Safeguarding Adult Board including securing a speech from the Deputy Minister in Welsh Government;
- Developed a newsletter for the whole workforce intended to be produced quarterly;
- Designed and produced promotional merchandise to promote the Boards.

Article 12, UN Convention on the Rights of the Child (**UNCRC**) states Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

WBSCB is keen to ensure that wherever possible children and young people actively engage in the work of the Board as well as the services its member agencies provide. During the previous 12 months the Board has taken advice from groups of children and young people when developing information leaflets and its website and local authority participation officers are collating information on the vast types of children's participation currently being undertaken across the region. The WBSCB also recognises its role in holding individual agencies to account in relation to participation and engagement and below is a list of examples/case studies of how WBSCB member agencies undertake their responsibilities in participation and engagement with young people.

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 and service user engagement

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.

Mechanisms continue to be 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 including initial and core assessments, 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 all have mandatory data fields for recording the child's wishes and feelings

Efforts continue to be 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.

Delivering Children's Social Services

Workforce Management and Development

Throughout 2014-15, 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.

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.

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 Children's 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.

During 2014-15, we undertook a review of the Senior Leadership Team of the Safeguarding and Family Support Service to secure a structure capable of delivering corporate and service specific objectives, whilst also achieving an overall saving in the cost of senior management. During the summer of 2014, all group manager positions were filled with competent and confident managers with considerable post qualifying experience.

In December 2014, the Council agreed some changes at the Corporate Management Board level and from 1 January 2015, the Corporate Director of Wellbeing (Statutory Director of Social Services) assumed direct line management responsibility for Children's Social Care, in the capacity of Director of Social Services and Wellbeing.

The establishment of a 'single Social Services' structure will provide line management arrangements to secure the Director of Social Services' ability to deliver against core accountabilities automatically, as a consequence of the structure. This also enables a co-ordinated approach to the increased responsibilities of the Social Services and Wellbeing (Wales) Act, and the council's commitment to continue to strengthen the robustness of our safeguarding arrangements.

Recruitment and retention of experienced registered social workers has remained a priority during 2014-15. A project board comprising managers from the Safeguarding and Family Support Service and corporate functions has been taking forward improvement objectives. The staffing position has been monitored regularly and a workforce summary report is produced on a regular basis to assist decision making. Vacancy rates have varied during the year and the current vacancy position is 4 FTE, 2 Deputy Team Managers and 2 Social Workers.

During 2014-15 turnover continued to be high, with 24 leavers and 17 starters, compared with 28 starters and 23 leavers in 2013/14. Recruitment practices have been improved, promoting the professional development opportunities available and recruitment timescales have been responsive to service needs. A rolling advertising campaign has been implemented and there has been targeted recruitment for social workers with more than 2 years post qualifying service, which has had limited success, with the majority of new starters being newly qualified.

The primary reasons for social workers leaving the service are to take up promotional opportunities outside of the authority, achieve a better work life balance or to seek employment nearer to their home.

Newly Qualified Social Workers (NQSWs) entering their first year in practice are supported in Bridgend through a model based on Care Council for Wales & Welsh Government guidance (2008). A two day specific programme will be delivered in early autumn to support NQSWs in making the transition from student to qualified practitioner and a group mentoring scheme will run from Sept – July to encourage critical reflection on practice; action learning and development of peer support networks.

During 2014-15, 23 Newly Qualified Social Workers entering their second year of practice, will be supported to access the Consolidation Programme via Consortiwm Y De. The Local Authority actively contributes to the management and delivery of this programme and assessment of students in practice will be coordinated by the SCWDP team through a mixed model of 'in-team' and 'distance' assessment depending on individual team capacity.

Through utilising the five funded CPEL places made available by the Care Council for Wales for 2014-15; the Local Authority is supporting 8 individuals to access modules / full programmes that sit within the CPEL framework. Assessment arrangements for specific modules will be coordinated by the SCWDP team; alongside ensuring assessors / line managers fully understand programme assessment requirements and their specific responsibilities in supporting the candidate's progression.

In addition one candidate will be supported to complete the 2014-15 AMHP programme through SCWDP funding and opportunity will also be made available for social work staff to train as Best Interest Assessors.

Monitoring arrangements have been established for the engagement of agency social workers and there are 5 agency social workers currently engaged; 4 Social Workers and 1 Senior Practitioner.

Exit Interviews have been undertaken and there is a consistent approach to face to face exit interviews being undertaken by HR Officers. Since June 2014, 10 exit interviews have been held.

During the autumn of 2014, the staffing structure for Safeguarding and Family Support social work teams was reviewed to reflect the service's future priorities and ensure sufficient managerial capacity to support front line services. During late November and December 2014, a process of consultation was undertaken in respect of these proposals. During the period of consultation, extensive feedback was received from individual staff and teams. Some of which reflected the feedback received from exit interviews. This coincided with

changes introduced to the corporate management structure, resulting in the Safeguarding and Family Support Service coming under the line management of the Statutory Director of Social Service.

Following careful consideration of the feedback received from affected employees, a revised structure proposal was presented to employees. The consultation process was completed and the structure proposals finalised and were fully implemented by 1 April 2015.

The need to reduce levels of sickness absence remains a high priority and this has continued to be monitored closely at Directorate level, by the Corporate Management Board and through the Corporate Performance Assessment meetings and at Scrutiny Committees.

In comparison, the absence levels between 2013 and 2014 the Safeguarding and Family Support Service has seen an increase in the average days lost per (FTE) employee. Whilst the level of absence has increased this is consistent with an overall increase across the council, which is receiving attention.

On a practical level, arrangements have been established for HR to provide managers with the information required to assist them in managing sickness absence and undertake relevant absence review and welfare meetings. This will help to ensure compliance with the absence review process and ensure that long term absences are proactively managed.

Stress continues to be amongst the most common causes of absence. Where this is work related, welfare meetings are arranged as part of an early intervention process which aims to support employees and, wherever possible, facilitate an early return to work.

People management training has been rolled out for managers during 2014 with the aim of this face to face training being to enable managers to feel confident in managing employees and having difficult or challenging conversations. In particular, this will apply to the application of HR policies, including managing absence e.g. return to work interviews, managing stress.

Further training specifically on absence management has been developed to assist managers to fulfil their responsibilities in managing absence. This training will explore ways of managing both short and long term absence and how best to use available support. This will assist managers to undertake effective return to work interviews and build their confidence in dealing with the range of sickness absences.

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 2014-15 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.

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 of 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. 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.

Summary – Forward View of 2015-16

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 and the challenging times of austerity. 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

PART FOUR

GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- employ someone directly to help with their care (a Personal Assistant)

- buy care from a private registered care agency
- make their own arrangements instead of using Social Services day care or respite care

DRAIG - DRAIG is a live database used to store information on past and present client known to Social Services. It has been developed to include Integrated Children's System (ICS) documents that facilitate multi-agency working as described in Working Together to include agencies such as Health, Education and Police. Another function of DRAIG is to ensure care management processes are adhered to as outlined in Care Management Practice Guide. However, as DRAIG is a live system, regular validation is required to ensure the integrity of data stored. Performance Information Team in conjunction with Business Support develop and monitor reports to guarantee accurate data is held and that compliance targets are met. This will be replaced by **CCIS** in 2016.

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.

Extracare Housing (ECH)

This is one of a number of options for an older person who needs personal care or other type of support, but who wants to retain a degree of independence and is able to live safely on their own. An Extra Care Housing Scheme is usually a group of flats built on the same site (some providers offer bungalows), providing specialised accommodation and support services 24 hours a day. The accommodation can be rented or bought, both by an individual and by a couple. Older people living in them enjoy the freedom of having their own front door and the peace of mind from knowing staff are available if they are needed.

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

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

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

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

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

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

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

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

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

Local Service Board (LSB)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

People's Partnership - A multi-agency partnership aimed at ensuring effective strategic planning of services for individual citizens and families across the Bridgend County area.

The first task of the Partnership board is to contribute to the development of a Single Integrated Partnership plan. See also the entry for the Children and Young People's Partnership.

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

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

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

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

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

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

Reablement

This service enables people to be discharged from hospital into a specialist and supportive environment in order to regain sufficient ability and confidence to return safely to their own home or decide if a residential care setting is more appropriate for their needs. The service provides on-going multi-disciplinary assessment and reablement programmes with 24hr support over an agreed period of six weeks.

Registered Social Landlord (RSL)

These are government funded not for profit organisations that provide affordable housing. They include Housing Associations, trusts and co-operatives. They work with Local authorities and develop land, build homes and operate as a landlord function.

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.

Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act 2014 received Royal Assent in May 2014. It provides a legal framework for the policy aims of the Welsh Government in relation to social services, bringing together Local Authorities' duties and functions. The Act has two key policy objectives:

- To improve the well-being outcomes for people who need care and support and
- To reform social services law.

It seeks to:

- Transform the way in which social services are delivered, primarily through promoting people's independence and giving them a stronger voice and control;
- Promote partnership working in social care;
- Enhance the preventative role of social care and health, setting out overarching wellbeing duties to reduce or delay the need for care and support.

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.

Telecare

Our vision for Telecare services in Bridgend County Borough: *'A person is able to access and use Telecare as the part of a care plan or a preventative measure which enables them to continue to live in and perform daily tasks within their home irrespective of the limitations imposed by their frailty or disability'*. Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. As well as responding to an immediate need, Telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

Transition

The process through which young people transfer from children's services to adult services.

Western Bay

This is a collaborative working between Bridgend, Swansea, and Neath/Port Talbot Local Authorities together with the Health Board, and aims to develop an integrated services across the Western Bay area.

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.