

Children's Services Improvement Plan

September 2021 – March 2022 Priorities

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Progress update	n/a

Introduction

In Bradford, we have high aspirations and ambitions for all our children and young people, especially for those whom we have Corporate Parenting responsibilities. We have made some progress and improvements across a number of areas, but we know that progress is still too slow and that we need to accelerate our improvement journey with a clear focus on what we want to deliver next.

This Action Plan sets out the 7 Outcomes that we aim to achieve over the next 3-6 months. In developing this plan, we have listened to the views of Children and Young People, looked at what our data tells us, listened to the views of Ofsted / DfE and identified where we need to drive forward change to rapidly improve the outcomes for our children and young people. We want our planning to be outcome focussed so that we can be clear about the difference we want to see.

We have deliberately not set a specific outcome for “voice of the child”. This is because we believe that their voice will run through every outcome and will be considered as part of every action. As this is an Action Plan about improving outcomes and experiences for children and young people, their voices and views are integral to the success of this plan.

We want staff from senior leaders, middle and frontline managers, to frontline staff to consider how they can support and contribute to some or all of the Outcomes contained in this Action Plan. This is a high level action plan and we want lead officers to create, with their teams, a more detailed action plan which is informed by frontline managers and staff and delivers rapid results.

This is an action plan for the District and, like the original Improvement Plan, will need to be shared and owned across the Council and partners if it is to be truly successful. Critically, the success of many of these outcomes is reliant on the active involvement, commitment and support, including resources, from partner agencies. We need partners to be with us on our improvement journey and see that it is part of their own improvement journey.

We want all children and young people in Bradford to have the best chances to thrive and be successful, and wherever possible to be with their families. Where children and young people are looked after by the Council, we want to be great parents to our children. We want to make sure they have supportive and nurturing experiences and help when they need it most.

Governance of the Plan

Governance will be through Childrens Services DMT, through a brief highlight report, and impacts reported to Childrens Improvement Board.

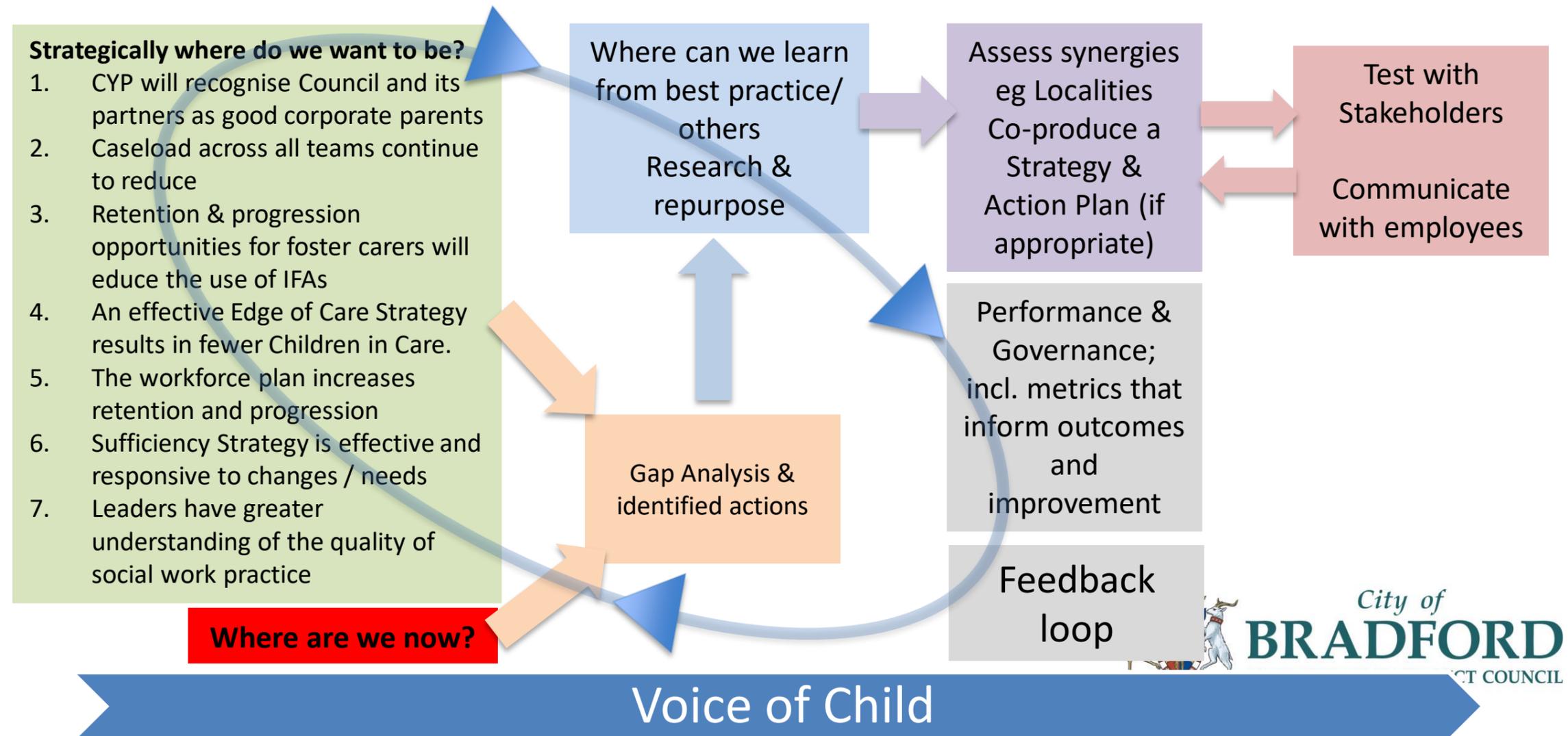
Central Transformation team will provide PMO support and direct support to the action plan as required.

The diagram below illustrates the generic process considerations that will underpin the action plan deliverables.

In summary Leads will consider:

1. Where we want to be from a strategic perspective (identified within plan headings)
2. Where we are now
3. The ‘Gap’ between current position and aspiration, and identification of actions to address
4. In closing the gap lead officers will consider best practice and lessons learnt from other organisations
5. Synergies will be considered against other programmes, for example Locality Working, importantly any strategy and actions will be co-produced with partners
6. Strategies and actions plans will be tested with stakeholder and communicated with Employees
7. Performance and governance processes will be introduced and performance metrics reviewed to ensure the action plan is delivering the intended outcomes.
8. A feedback loop will ensure that action plans are responsive and iterative to requirements
9. Finally, the Voice of the Child informs all stages and actions

Childrens Improvement Plan



1. Children and young people will recognise Bradford Council and its partners as good corporate Parents

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer
To develop and implement a corporate parenting strategy which will;	The strategy consists of stakeholder analysis and is co- produced with partners ensuring there is a shared responsibility and vision.	HoS - Safeguarding, QA and Workforce
Ensure the voice of the child is reflected throughout the strategy.	The Strategy is shaped by C/YP views, wishes and feelings which are captured in a range of engagement mechanisms/ forums.	HoS - Safeguarding, QA and Workforce
Ensure the strategy is understood by children and young people and is accessible.	To work in collaboration with our marketing and communications team to ensure appropriate and accessible language is used.	HoS - Safeguarding, QA and Workforce
	To assess and develop different methods to communicate with young people e.g. using IT platforms.	HoS - Safeguarding, QA and Workforce
	Deliver Corporate Parent training events to CYP, Senior Managers across BMDC, Elected Members and Partner agencies.	HoS - Safeguarding, QA and Workforce (with AD)
Co-produced in partnership to ensure improvements are recognised, embedded and implemented.	Corporate parenting board to engage in the development of the strategy with key stakeholders.	HoS - Safeguarding, QA and Workforce
Engage with partners and all directorates across the council and secure their commitment to becoming a good corporate parent.	Key stakeholder agencies will oversee the development and implementation of the corporate parent strategy as well as; <ul style="list-style-type: none"> ▪ Identify champions at a directorate level ▪ Identification of training and learning needs 	HoS - Safeguarding, QA and Workforce

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> ▪ Poor and/or outdated analysis of data ▪ Lack of partnership commitment, particularly at senior leadership level ▪ Lack of senior partnership representation on the Corporate Parenting Board ▪ Lack of meaningful engagement and co-production with C&YP who do not feel the Strategy is by them, about them and for them. 	<p>Headline KPI's</p> <ul style="list-style-type: none"> ▪ School attendance ▪ % annual health assessments ▪ % PEPs ▪ SDQs 	<p>Additional KPI's</p> <ul style="list-style-type: none"> ▪ Short term stability ▪ Long term stability ▪ 3 or more school moves ▪ Care Leavers in suitable accommodation ▪ In touch with care leavers ▪ Permanence plans ▪ % of senior staff receiving training on corporate parenting ▪ % Care leavers supported by advocacy ▪ % CiC participating in their review ▪ % PEPs where the child's views are recorded
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> ▪ Children and young people to thrive and reach their full potential. ▪ Children and young people will feel safer, healthier and will enjoy stability in their home lives, relationships, education and work. ▪ Children and young people shape future services and feel that they are heard and valued. 		

2. Caseloads across all social work teams, including fostering, continue to be safe and manageable

DMT Lead: David Johnston, Deputy Director, Childrens Social Care

Action	Milestones for Achievement	Lead officer
To review the Practice Supervisor role and incorporate case holding as an interim measure where necessary, on an individual team basis.	Practice Supervisors are supportive of the interim allocation of a protected caseload, where necessary.	HR Specialist
	Regular reviews are built in to determine if caseloads can be safely reduced or removed for practice supervisors over time.	
Staff report a "sense of community" and belonging to the wider CYPS and Council	To capture positive feedback within the regular engagement sessions, team meetings and away days.	Executive Support / HR Specialist
	Staff teams returning back to offices and increased face to face contact.	
Implement workforce recruitment plan so that we can: <ul style="list-style-type: none"> • Release agency workers as caseloads reduce. • Release fixed term teams as permanent staff are appointed • Extend Fixed-term teams to the end of March. Consider / research retention options & plans	Reduced numbers of single agency workers and proportionately increased numbers of permanent staff and fixed-term teams.	HR Specialist
	Increased stability in caseload allocation due to reduced reliance on single agency workers	
Assess the span of control of all Team Managers & Service managers to ensure it is fit for purpose.	The span of control of managers is appropriate and ensures adequate management capacity.	HR Specialist

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> ▪ Financial support to enable the interim position of fixed-term teams and agency workers is not in place to help reduce caseloads ▪ HR support and processes lead to delays in progressing restructuring of the Fostering Service ▪ Strategic Contracts process leads to delays in recruiting agency to fill vacant posts ▪ IT is not provided to new staff (both permanent and agency) in a timely way ▪ Practice Supervisors do not have their concerns adequately addressed regarding the interim allocation of a protected caseload 	<p>Headline KPI's</p> <ul style="list-style-type: none"> ▪ Maximum number of cases held ▪ % children visited on time – CPP, CIN and CiC ▪ % Case summaries up to date 	<p>Additional KPI's</p> <ul style="list-style-type: none"> ▪ % caseworker with more than their target caseload (possibly broken down by caseworker type) ▪ % of children who have more than 3 Social Workers in the first 12 months of coming into care ▪ % permanent staff ▪ % Sickness Absence ▪ % children seen as part of their assessment ▪ % Plans up to date
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> ▪ Reduced caseloads will improve the quality of practice and achieve better outcomes for children and families. ▪ Reduce the number of changes of Social Worker for CYP, to help build trusted relationships. ▪ Improved morale and retention rates enabling the service to provide high quality interventions and support to children, young people and families. 		

3. We will have a sufficient fostering workforce to look after children and young people in Bradford.

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer
Develop and implement a framework to incorporate a “level 4” option for foster carers Assess mockingbird design, structure and function (commissioning) – fostering.	Progression framework communicated and understood by foster carers.	Service Manager, Fostering
	Timelines for progression training are produced.	Service Manager, Fostering
	Level 3 & 4 foster carers have clarity on the support via the mockingbird model. <i>(Level 4 has to be developed)</i>	Service Manager, Fostering
	Clarity from HR regarding level 4 carers and their employment status.	HoS, Fostering, Placements and Residential
Finalise and approve the implementation of; <ul style="list-style-type: none"> Review fostering and residential structures and staffing fostering fees and allowances policy SGO policy. Commission residential capacity and review current Statements of Purpose 	Refresh policy is communicated to all stakeholders.	Service Manager, Fostering
	Communication to foster carers on the timeframe for implementation of the recommendations	HoS, Locality
	Fostering and residential staffing is for purpose including skill and knowledge	HR Specialist
	Explore joint commissioning of specialist residential provision with Health Colleagues	Commissioning Manager
To develop and streamline the process of the recruitment and approval of foster carers.	Monthly performance reports to track and monitor new interests stage 1 through to stage 3 approvals.	HoS and Service Manager, Fostering, Placements and Residential
	To develop effective monitoring and reporting mechanisms.	
To complete a demand and need analysis.	To have a proposed structure based on the findings of the analysis.	HoS and Service Manager, Fostering, Placements and Residential
To recruit to a pool of emergency foster carers.	Agree a payment structure for the carers.	

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> Further delay or lack of decision to implement the recommendations in the “Money Matters” paper Lack of support from Corporate Communications team to support key messages to foster carers Lack of financial commitment to support the development of a “level 4” option for foster carers Lack of clarity regarding the employment status of level 4 foster carers 	<p>KPI's</p> <ul style="list-style-type: none"> Long term stability Unplanned placement moves Number of foster carers recruited. Number of foster carers lost.
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> Increased confidence and resilience within our foster carers. Improved retention and progression rates for foster carers who feel valued and safe. Increased recruitment rates due to level of support offered to foster carers 	

4. Fewer children will be coming into care as our Edge of Care strategy is effective

DMT Lead: Philip Segurola, Assistant Director, Safeguarding & Review, Commissioning & Provider Services and David Johnston, Deputy Director, Childrens Social Care

Action	Milestones for Achievement	Lead officer
To develop and re-establish Prevention and Early Help partnership and governance.	To ensure data across partner agencies is captured, especially from health to inform the local preventative model.	Data and Performance Manager
	Statutory partners will identify director level officers to lead across the prevention and early help partnership board.	HoS, Early Help
	Universal providers are clear about their role as part of a tiered approach to supporting families (level 1 & 2 or Universal & Universal Plus).	HoS, Early Help
	The board will have developed a strategic response to level 1 and 2 of the continuum of need.	HoS, Early Help
	Early Help clearly enhances the support provided by universal providers.	HoS, Early Help
Develop and implement with partners an Edge of Care strategy.	We will have an effective monitoring and performance framework for the Edge of Care across partner agencies.	Data and Performance Manager
	We will have appropriate data sharing protocols in place with partner agencies.	Data and Performance Manager
	Bringing together Family Group Conferencing and Intensive Family Support under the management of BPP. To provide a more joined up service, avoid duplication and mobilise these services at the earliest possible opportunity.	HoS, Fostering, Placements and Residential
	Edge of Care aligns with statutory social work at CIN/CP and the remit is understood by social work practitioners and wider partners.	HoS, Fostering, Placements and Residential

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> Lack of partnership engagement and commitment to delivering the edge of care strategy Lack of engagement and commitment from key universal services, particularly schools, in supporting the early preventative model of locality working 	<p>Headline KPI's</p> <ul style="list-style-type: none"> Numbers referred to Edge of Care Numbers of families receiving EH Partners leading EH assessments 	<p>Additional KPI's</p> <ul style="list-style-type: none"> % of children who come in to care within 12 months Numbers of children coming in to care Number of children returned home. FGC – number of referrals and number held Families accessing parenting programmes
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> More Children will remain at home safely, and where children do need to be brought into care with the provision of appropriate service, we will be able to return them back home safely More children will remain at home safely, and where children do need to be brought into care with the provision of appropriate service we will be able to return them back home safely. Reducing the need for children to enter care by strengthening the early help offer and improving the quality of front line practice in supporting families. Improved relationships and family networks building resilient communities. Reduce pressures on social work services through improved early help and community support. 		

5. The Implementation of a workforce plan that will lead to the increased retention of ASYEs, and provide progression opportunities for all social workers

DMT Lead: Marium Haque, Acting Strategic Director, Children's Services

Action	Milestones for Achievement	Lead officer
Implement a consistent approach to individual personal and professional supervision.	Supervision, CPD, performance objectives and audit outcomes (best practice and learning) are aligned.	Principle Social Worker
Succession: Implement succession planning with locality social work teams	Launch session and build plan with HoS, SM and TM's - run every six months and capture data, movements and training needs that are identified as a result which will feed back into the L&D plan	HR Specialist
Recruitment: Develop and implement a week long induction programme for all staff new to Bradford focussing initially on L3 social workers.	Induction will cover both corporate and service based elements. No case work will be allocated during this time. Other areas covered will include: health safety and wellbeing, governance, recruitment, procurement and IT, navigating systems and processes.	HR Specialist
Implement 'always on' strategy to attract and hire quality social workers at all levels but in particular L3 social workers and ASYEs	Launch new brand work, microsite and video interviews to drive attraction alongside enhanced candidate experience at every stage of the process and into induction/ on-boarding. Data will show increased applications and hires as a result.	HR Specialist
	ASYE intakes will move to 2 x annual intakes rather than current monthly model and the training offer will be enhanced (leading to the creation of an academy in the future)	HR Specialist
Retention: Reduce the level of attrition across social work roles in all areas of the service	Embed 'stay interviews' discussions with staff to ensure we are aware of any issues to avoid attrition	HR Specialist
	Cascade comms on flexible working and employee wellbeing offers to ensure staff are aware of the offer and able to access where needed	HR Specialist
	Scope the use of group supervision and clinical supervision to enhance practice and well being	Principle Social Worker

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> Insufficient applications and recruitment of both newly qualified and qualified social workers (and associated support roles) Inability to reduce attrition across the locality teams Slow and inadequate processes and systems e.g. cumbersome application process, lack of timely response and poor candidate experience in a candidate driven, talent short market Slow process in the provision of issuing contracts for permanent appointments or staff who have been promoted Insufficient salary benchmark data to ensure competitiveness and/or market supplements for hard to recruit roles 	<p>Headline KPI's</p> <ul style="list-style-type: none"> Number of starters and leavers Number/ percentages of personal supervision Progression between levels 	<p>Additional KPI's</p> <ul style="list-style-type: none"> % cases supervised Budget monitoring Number of adverts, time between application and interview Social work survey
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Impact – What difference will this make:

- A stable workforce that ensures adequate resource levels to meet the demands of the service and provide good quality, consistent care to children, young people and their families
- Reduced overspend on agency allowing budgets to come back in line with plans
- Bradford will become a 'destination employer' for social workers at all levels with robust inductions, relevant IT kit and systems, career pathways and restorative practice approach
- Staff will be engaged and have clear career pathways linked to succession plans that mitigate the risk of under resource and skills gaps
- Staff will recommend Bradford as a good employer to other social workers
- Supervision will contribute to improved quality of practice and staff wellbeing and retention

6. The Sufficiency Strategy is fit for purpose, iterative and responsive to the changing demographic of C&YP in our care

DMT Lead: Philip Segurola, Assistant Director, Safeguarding and Review, Commissioning and Provider Services

Action	Milestones for Achievement	Lead officer
Baseline data required, with trends to inform resource planning. * Children looked after. * Profile of CLA coming into care, * CLA placements in Fostering and * CLA with Disabilities	Data is provided and updated every 6 months	Data and Performance Manager
External providers to run the additional homes.	Market testing of Homes providers to deliver specialist residential medium term placements	Commissioning Manager
Create new 5 small bedroom homes for CLA and consider options for delivery in the medium term to include:	Identify properties	Finance, FM and HoS, F, PC and Residential
Partners, particularly Health, to commit to supporting more children to remain in District via increased specialist health provision to support children's homes.	Agreement in place to support children receiving appropriate health provision to sustain children in placement.	HoS, F, PC and Residential and Commissioning Manager
Approach to commissioning external and internal placements to be reviewed and revised.	Commissioning strategy is developed which impacts, delivers and supports external and internal placement commissioning	Commissioning Manager
Internal expansion of the current residential estate (including the new Ofsted regulations for multi-home registrations)	Recruit RM's and staffing	HoS, F, PC and Residential and Service Manager

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> ▪ Poor data analysis does not provide useful or accurate projection of needs of the CLA population ▪ Lack of partnership financial commitment to support more children to remain in the District ▪ Lack of suitable homes being made available for rent or purchase ▪ Lack of financial capital and revenue commitment to purchasing and resourcing/staffing additional homes ▪ Slow HR processes to support additional staffing to be put in place 	<p>Headline KPI's</p> <ul style="list-style-type: none"> ▪ % children placed out of District ▪ % children placed with foster carers 	<p>Additional KPI's</p> <ul style="list-style-type: none"> ▪ Short term placement stability ▪ % children placed externally ▪ % children placed in residential ▪ % children placed with parents ▪ % children placed with Family and Friends
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> ▪ Appropriate placements which meet the level of need and avoid early placement breakdown causing further distress for children and young people. ▪ Stable placements reducing the number of times children/ young people are moving to new placements. ▪ Building positive and stable relationships enabling children and young people to reach their full potential. ▪ Children and young people have improved mental health and well-being 		

7. Leaders (all of DMT) have greater understanding of the quality of social work practice

DMT Lead: Marium Haque, Acting Strategic Director, Children's Services

Action	Milestones for Achievement	Lead officer
DMT ensure they are visible and accessible leaders	Full staff briefings are held on a monthly basis with an agenda that is representative of all areas across C&YP Services.	Executive Support
	DMT identify learning points and celebrate good practice communicating this via staff briefings and in regular communications.	
	Staff feedback is positive about the visibility of leaders.	
Dip-sampling of casefiles undertaken by the Deputy Director of Children's Social Care are discussed at DMT	DMT members are trained on the auditing framework used for Casefile Audits	Deputy Director
	Deputy Director of Children's Social Care's dip sampling report is a monthly agenda item on DMT	
	Continuous learning and development culture embedded by ensuring all learning is incorporated within all team meetings and other communication platforms to ensure we are closing the loop.	
Monthly performance monitoring becomes a focussed "deep dive" where DMT have good understanding of the progress and risks in identified areas each month.	Performance monitoring identifies 3 areas each month (2 of poor performance and 1 of good performance), and enables DMT to understand what is/isn't working well and why, and what needs to be done to improve performance	Data and Performance Manager
	Deep dive areas includes a specific focus on C&YP with mental health needs, disabilities, children missing, and placement with parents	
	Data intelligence is produced to enhance understanding in relation to trends, emerging needs and risks.	
Regulation 44 reports provide a themed analysis on the quality of care across all Children's Homes.	Regulation 44 reporting format enables the easy extraction of issues & improvements.	HoS - Safeguarding, QA and Workforce
	DMT will have full oversight of the risks and concerns provided by quarterly reports and ensure the relevant actions and resources are taken to mitigate future risks.	
	DMT have clarity on the mitigations and actions being taken to improve identified areas.	
The impact and quality of care planning is highlighted within reports that DMT receive	All reports to DMT on CSC practice contain reference to the impact of care planning, including permanence planning, IRO decision-making and PLO	HoS - Safeguarding, QA and Workforce
Develop feedback from C&YP and parents to share with DMT for discussion to shape future provision, services.	Listening events and social media platforms capture the voices of parents and C&YP	Comms Manager and Participation Officer
	DMT receive quarterly reports on the Voice of the Child & parents views with recommendations for DMT's consideration	

<p>Risks to Implementation:</p> <ul style="list-style-type: none"> ▪ Poor quality regulation 44 reports that do not adequately inform DMT of themes ▪ Lack of time for DMT members to undertake a monthly audit ▪ Poor communication with staff on audit actions, sharing of learning and celebrating good practice ▪ Lack of infrastructure to enable the gathering of the voices of C&YP and their parents ▪ DMT meetings do not provide adequate time and planning to enable meaningful discussion and decision-making to take place 	<p>Headline KPI's</p> <ul style="list-style-type: none"> ▪ Number of cases audited ▪ % of audits where case files are good or outstanding 	<p>Additional KPI's</p> <ul style="list-style-type: none"> ▪ % children seen by alone during an IRO visit
<p>Impact – What difference will this make:</p> <ul style="list-style-type: none"> ▪ Improved grip and oversight by leaders and managers ensuring good quality and timely services are delivered to children and families. ▪ Improved visibility and communication up and down the organisation ensuring the workforce feel engaged, heard and listened to creating a sense of community and belonging. ▪ Enhanced data intelligence informing the future direction of the service and mitigating any potential risks in a timely manner. ▪ Children, young people and families influence and shape future services 		