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AGENDA

Pwyllgor	PWYLLGOR YMGYNGHOROL RHIANTA CORFFORAETHOL
Dyddiad ac amser y cyfarfod	DYDD MAWRTH, 22 TACHWEDD 2016, 2.00 PM
Lleoliad	YSTAFELL BWYLLGORA 4 - NEUADD Y SIR
Aelodaeth	Cynghorydd Lent (Cadeirydd) Y Cynghorwyr De'Ath, Evans, Goddard, Merry, Sanders a/ac White

1 Ymddiheuriadau am absenoldeb

Derbyn ymddiheuriadau am absenoldeb.

2 Datgan Buddiannau

I'w gwneud ar ddechrau'r eitem agenda dan sylw, yn unol â Chod Ymddygiad yr Aelodau.

3 Cofnodion (*Tudalennau 1 - 8*)

Cymeradwyo cofnodion y cyfarfod a gynhaliwyd ar 19 Gorffennaf ac 13 Medi 2016 fel gwir gofnod.

4 Diweddariad ar Berfformiad Chwarter 2 (*Tudalennau 9 - 20*)

Mae'r adroddiad hwn yn rhoi gwybodaeth a data perfformiad o ran Chwarter 2 2016/17 i'r Pwyllgor.

Bydd Kim Brown (Rheolwr Gwasanaethau, Polisi a Pherfformiad) yn bresennol i gyflwyno'r adroddiad ac i ateb unrhyw gwestiynau.

5 Gohebiaeth – Pwyllgor Craffu Plant a Phobl Ifanc Perfformiad Chwarter 1 (*Tudalennau 21 - 22*)

Llythyr gan Gadeirydd Pwyllgor Craffu Plant a Phobl Ifanc at Gadeirydd y Pwyllgor Ymgynghorol Rhianta Corfforaethol

6 Chwarter 2 Adroddiad ar Gwynion a Chanmoliaeth 2016/17 (Tudalennau 23 - 30)

Mae'r adroddiad yn rhoi manylion i'r Pwyllgor o'r cwynion a'r sylwadau ar gyfer Chwarter 2 - 1 Gorffennaf 2016 - 30 Medi 2016.

Bydd Kim Brown (Rheolwr Gwasanaethau, Polisi a Pherfformiad) yn bresennol i gyflwyno'r adroddiad ac i ateb unrhyw gwestiynau.

7 Rhaglen Waith - Eitem Drafod (Tudalennau 31 - 32)

8 Adroddiad Gwasanaeth Mabwysiadu Rhanbarthol (Tudalennau 33 - 64)

9 Adroddiad Sicrwydd Ansawdd Blynyddol Crosslands (Tudalennau 65 - 104)

Bydd Siobhan Teague yn bresennol i gyflwyno'r adroddiad.

10 Addysg yn Bwysig - Adroddiad ar Ganlyniadau 2015/16 (i'w rhoi mewn tabl)

Bydd Gillian James (Arweinydd Cyflawni, Cau'r Bwlch) yn bresennol er mwyn rhoi'r diweddariadau.

11 Adborth ar Ymweliadau Aelodau – eitem drafod.

12 Swyddog Adolygu Annibynnol – Adroddiad 6 mis (Tudalennau 105 - 120)

Bwriad yr adroddiad hwn yw rhoi gwybodaeth i'r Pwyllgor am rôl, swyddogaeth a gweithgareddau'r Gwasanaeth Swyddog Adolygu Annibynnol.

13 Gwahardd y Cyhoedd

Mae'r adroddiad a'r atodiadau'n gyfrinachol ac ni ddylent gael eu cyhoeddi yn rhinwedd paragraff 12 Rhannau 4 a 5 Deddf Llywodraeth Leol 1972. Caiff y cyhoedd ei allgáu o'r cyfarfod pan gaiff yr eitem hon ei chyflwyno yn unol â'r un ddeddfwriaeth.

14 Adroddiad Rheoliad 32 (Tudalennau 121 - 152)

Mae'r adroddiad a'r atodiadau hyn yn gyfrinachol ac ni fyddant yn cael eu cyhoeddi yn rhinwedd paragraffau 12 a 13 o Ran 4, a pharagraff 21 o Ran 5 o Atodlen 12A, Deddf Llywodraeth Leol 1972 (fel y'i diwygiwyd).

Caiff y cyhoedd eu gwahardd o'r cyfarfod er mwyn ystyried yr eitem hon.

Bydd Debbie Martin-Jones (Rheolwr Gweithredol, Gwasanaethau Arbenigol) yn bresennol i gyflwyno'r adroddiad ac i ateb unrhyw gwestiynau.

15 Dyddiad y cyfarfod nesaf

Davina Fiore

Cyfarwyddwr Llywodraethu a Gwasanaethau Cyfreithiol

Dyddiad: Dydd Mercher, 16 Tachwedd 2016

Cyswllt: Mandy Farnham, 02920 872618, Mandy.Farnham@cardiff.gov.uk

This document is available in English / Mae'r ddogfen hon ar gael yn Saesneg

Mae'r dudalen hon yn wag yn fwriadol

CORPORATE PARENTING ADVISORY COMMITTEE

19 JULY 2016

Present: County Councillor Lent(Chairperson)
County Councillors De'Ath, Evans, Goddard, Sanders and White

1 : APPOINTMENT OF CHAIRPERSON

At the Annual meeting of Council held on 26 May 2016 Councillor Lent (Deputy Leader & Cabinet Member Early Years, Children & Families was appointed as Chairperson of this Committee.

2: COMMITTEE MEMBERSHIP

At the Annual meeting of Council held on 26 May 2016, Councillors Lent (Chairperson), De'Ath, Evans, Goddard, Merry and White were appointed as Members of the Committee.

3 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sarah Merry.

4 : DECLARATIONS OF INTEREST

No declarations of Interest were received.

5 : NYAS LISTENING EVENT MARCH 2016 REPORT

The Chair welcomed Elly Jones (Project Leader, National Youth Advisory Service) and Dorian Lewis to the meeting to present the Report in relation to the event which took place on the afternoon of 12th March 2016 at the Looked After 14+ Team offices at Suffolk House. The event was attended by 13 young people, a number of Councillors and a number of Officers. The report detailed a number of recommendations including access to advice and support services, further financial supporting and housing/accommodation.

Officers were invited to comment on the recommendations. The Director advised that a written response would be provided by way of feedback to the young people, however, he provided the Committee with the following information in relation to the recommendations outlined in the report:-

- Meic Cymru will be more widely promoted, that is a 24 hour service. A social media App is currently being developed which will provide information.
- There is currently no provision to increase weekly allowances.
- The Gateway project is now offering greater support in relation to housing issues and accommodation generally.
- Additional benefits such as access to free sports and leisure facilities and bus passes can be considered.

- Young people would like to have a passport upon leaving care, the obtaining a provisional licence is all they can obtain at the present time.
- It is important that young people are given information about changes in staff involved with them, particularly their social worker, for example if they are leaving the Council.

The Committee was invited to comment, raise questions or seek clarification on the information received. Those discussions are summarised as follows:

- Members noted the view of those at the event that there should be more Personal Advisors and queried why there is a problem with the recruitment of Personal Advisors. Officers confirmed that there are currently 3 vacant positions, interviews are scheduled for August, one Advisor is currently on maternity leave.
- Members referred to the concerns raised in relation to Social Workers, namely that there should be more social workers and a managed transition when a Social Worker is leaving. Officers advised that progress is being made to ensure young people do have access to Social Workers.
- Members stated that they believed that young people should be represented on this Committee.
- Officers advised that they had tried to achieve a balanced report capturing the information obtained during the course of the day, particularly as some young people did not want to share their views as they do not see any positive response as a result.
- Members discussed the need for a Feedback event to be arranged with the young people.

AGREED: To note the contents of the report.

6 : LOOKED AFTER CHILDREN - OUT OF COUNTY PLACEMENTS 2015/2016 REPORT

The Chairperson welcomed Debbie Martin-Jones (Operational Manager, Specialist Services) who presented the report which provided information about the circumstances in which Out of Area Placement arrangements have been made to meet children's needs.

The Committee was invited to comment, raise questions or seek clarification on the information received. Those discussions are summarised as follows:

- Members sought clarification regarding the retrospective placement arrangements and were advised that there are occasions when placements are made without referral to the Panel. The Panel, which is Health led meets once a month and there are occasions when placements need to be identified urgently, however, all retrospective placements are scrutinised individually.

- Officers advised that there are no current plans for the authority to increase residential provision at this time, and that although Crosslands is maintaining its high standards these are challenging times bearing in mind the recent increase the numbers of those requiring residential placements.
- Members discussed the need to ensure that the officer of advocacy is available to all.

7 : CHILDREN'S SERVICES & EDUCATION INSPECTION FINDINGS REPORT

The Chairperson welcomed Irfan Alam (Assistant Director, Children's Services) to the meeting who presented the Children's Service element of the report which related to the inspection of Children's services by the Care and Social Services Inspectorate Wales in January 2016.

The inspection included consideration of the access arrangements for children and young people and their families who were either referred for care and support or where information was received about a child's well-being; and also a review of the effectiveness of the interface between preventative and statutory provision. There was no focus on services for disabled children.

Members were advised of the positive nature of the outcome of that report and confirmation that the recommendations outlined in the inspection report are to be incorporated into the business plan.

The Chairperson welcomed Gillian James (Achievement Leader, Closing the Gap) to the meeting who presented the Education element of the report which related to the Estyn monitoring visit which took place between 25th and 29th January 2016 and confirmation that Cardiff is now judged to have made specific progress in relation to the recommendations after the monitoring visit in February 2014 and as a consequence is no longer in need of significant improvement or follow up activity.

AGREED: To note the content of the report and appendices.

8 : QUARTER 4 PERFORMANCE 2015/2016

The Chairperson welcomed Kim Brown (Service Manager, Policy and Performance) to the meeting who presented the report, the purpose of which was to enable the Committee to understand the factors that impact on outcome for children in need and looked after children and also to enable them to consider opportunities for improving these outcomes.

Members were advised that there had been some continued progress but also some slippage in some areas detailed in the report.

The Committee was invited to comment, raise question or seek clarification on the information received. Those discussions were summarised as follows:

- Members queried the robustness of the Safeguarding monitoring requirements and were advised that a suite of performance measures and reporting measures are being developed. Monitoring is also undertaken by the IRO who report biannually.

- With reference to the information concerning Savings Members stressed the importance of ensuring that budgets are protected to enable young children to be protected, and queried whether the savings were both reasonable and realistic. Officers advised that savings are getting more difficult to both find and make. If a child becomes Looked After it is because it is best suits their needs.
- There has to be a commitment to providing the best placements for the children within the system, and whilst they are in the system for good reason it may well be that with better Early Help they may not need to be in the system and help can be provided to ensure they care able to remain with their families.

AGREED: To note the contents of the report.

9 : WORK PROGRAMME 2016 - 2017

Members discussed the content of the Draft Work Programme:

- It was suggested that there be a feedback session following the presentation of the Listening Event Report for Members and young people.
- Members discussed the type of visits to be arranged, CHAD, Rumney Primary School, Youth Offending Service and an out of county Children's Home.

Members were also advised that the Bright Sparks event is to take place at City Hall on 9th December 2016.

AGREED: To note the content of the report

10 : REGULATION 32 REPORT

This item was not for publication in accordance with paragraph 12 of Part(s) 4 and 5 of Schedule 12A Local Government Act 1972. It was RESOLVED that the public be excluded for consideration of this item.

Debbie Martin-Jones (Operational Manager, Specialist Services) was in attendance to present this report.

11 : PROGRAMME OF MEETINGS 2016 - 2017 AND DATE OF NEXT MEETING

The Committee noted the dates of the future meetings as being:

- Tuesday 13 September 2016 at 2.00 pm, CR1
- Tuesday 22 November 2016 at 2.00 pm, CR4
- Tuesday 17 January 2017 at 2.00 pm, CR1

Tuesday 21 March 2017 at 2.00 pm, CR4

The meeting terminated at 4.40 pm

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

CORPORATE PARENTING ADVISORY COMMITTEE

13 SEPTEMBER 2016

Present: County Councillor Lent(Chairperson)
County Councillors Evans, Merry and White

12 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sanders, Councillor De'Ath and Councillor Goddard.

13 : DECLARATIONS OF INTEREST

No declarations of interest were received.

14 : MINUTES

The minutes of the meeting on 24 May 2016 were agreed as a correct record and signed by the Chairperson.

15 : WHEN I AM READY (WIR) SCHEME PRESENTATION

The Chairperson welcomed Eleri John (Specialist Services) to the meeting. The Officers was invited to deliver a presentation on the scheme.

The Chairperson thanked the Officer for her presentation. Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows.

- Members sought clarification of the position should a young person not want to remain in foster care. Officers and were advised that young people can go into supported lodgings at the age of 16 years and those homeless can also go into supported lodgings.
- Whilst is clear is that one model does not fit all and consideration is being given to creating a preparation programme to assist young people making the transition.
- Members queried whether the WIR scheme was open to those young people currently in residential care and were advised there can be a move to foster care and then WIR.

RESOLVED: To note the content of the report and presentation.

16 : QUARTER 1 COMPLAINTS & COMPLIMENTS REPORT 2016-17

The Chairperson welcomed Irfan Alam (Assistant Director, Children's Services) to the meeting who presented the report, the purpose of which was to enable the Committee to understand the factors that impact on outcomes for children in need and looked after children and also to enable them to consider opportunities for improving those outcomes.

The Chairperson thanked the Officer for the presentation. Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members expressed concern that one of the ongoing complaints is that calls are not being returned by Social Workers. Officers advised that a system is in place whereby the Duty Social Worker should return calls if the Social Worker or Personal Advisor is not available. Currently an extension to the notice period of Senior Social Workers and Team Managers is being canvassed to help maintain the level of staffing and staff are advised to notify young people if they are taking annual leave or are leaving. Officers also advised that all young people will be provided with the contact numbers they require to be able to make contact.
- Elly Jones suggested a consultation with young people in relation to their dealings with both Social Workers and Personal Advisers.
- Members requested an explanation of what is meant by mobile working. They were advised that staff would have access to portable devices; a laptop or tablet and a mobile phone, they would be able to access desk space in the office when required which will lead to a more efficient and flexible way of working.
- Elly Jones queried who is responsible for ensuring that complaints continue to be dealt with when the Complaints Officer is absent, despite having being reassured by staff previously that there is a system in a place. Officers advised that an independent review is being conducted, officers also have to provide managers with a monthly spreadsheet of complaints to ensure that all information is accurately captured and complaints investigated.

RESOLVED: To note the content of the report.

17 : QUARTER 1 PERFORMANCE UPDATE & ANNUAL OUTTURN

The Chairperson welcomed Irfan Alam (Assistant Director, Children's Services) to the meeting who presented the report.

The Chairperson thanked the Officer for his presentation. Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members had been provided with examples of indicators that had declined during the year as percentages and asked for the actual figures be provided.
- Officers advised that there remained some recording issues one of which was the registration of looked after children with a General Practitioner.
- Members queried the vacancy position for Social Workers, and were concerned to note that, whilst it remains reasonable stable, it is still quite high at 23%.

RESOLVED: To note the content of the Report.

18 : EDUCATION ITEM/UPDATE

The Chairperson welcomed Nicola Holder, Achievement Service to the meeting to deliver a presentation summarising the recent Estyn Report in relation to the raising of attainments, achievements and aspirations of children who are looked after in Wales.

Members were pleased to receive the presentation and noted the positive references to the work undertaken by authority.

19 : NYAS CHILDREN'S SERVICES QUARTERLY REPORT

The report and appendices were not for publication in accordance with paragraphs 12 and 13 of Part 4, and paragraph 21 of Part 5 of Schedule 12A, Local Government Act (as amended).

Elly Jones, (Project Leader, National Youth Advocacy Service) was in attendance to present the report and to answer Members questions.

RESOLVED: To note the information contained in the Regulation 32 Report

20 : REGULATION 32 REPORT

The report and appendices were not for publication in accordance with paragraphs 12 and 13 of Part 4, and paragraph 21 of Part 5 of Schedule 12A, Local Government Act (as amended).

Debbie Martin-Jones (Operational Manager, Specialist Services) was in attendance to present the report and to answer Members questions.

RESOLVED: To note the information contained in the Regulation 32 Report

21 : DRAFT ACTION PLAN FROM ANNUAL REPORT

Members discussed the draft action plan which had been produced as a result of recommendations from the Corporate Parenting Advisory Committee Annual Report.

It was noted that a letter would be written to Dr Clare Bull and 2 young people would be invited to the next meeting of the Committee on 22 November 2016.

22 : WORK PROGRAMME/MEMBER VISITS

Members noted the schedule of visits arranged.

23 : DATE OF NEXT MEETING

The next meeting of the Corporate Parenting and Advisory Committee is 22 November 2016.

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**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

CORPORATE PARENTING ADVISORY COMMITTEE

22nd November 2016

**Corporate Parenting Advisory Committee Performance Summary – Quarter 2
2016-17**

Reasons for the Report

1. The purpose of the report is to provide the Committee with information and performance data in respect of Quarter 2 2016-17 to enable the Committee to:
 - a. Understand the factors that impact on outcomes for looked after children.
 - b. Consider opportunities for improving outcomes for looked after children.
2. This is the latest attempt at a more strategic approach to reporting to Committee. It will be used as the basis for developing future reports that will give Members an understanding of cross cutting issues relating to looked after children both within the Council and wider partnerships.
3. The Quarter 2 report covers the period from 1st July 2016 to 30th September 2016.
4. The new Social Services & Wellbeing (Wales) Act 2014 that came into force on 6th April 2016 provides the legal framework for improving the wellbeing of people who need care and support, and carers who need support, and for transforming social services in Wales. The Council is working on the implementation of the Act and the associated National Outcomes Framework during 2016-17. In terms of performance management and monitoring, the implementation of the Act has 3 significant implications:

a. **National Strategic Indicators (NSIs) / Public Accountability Measures (PAMs)**

It had been our expectation that all NSIs and PAMs would come to an end after 2015-16, but the Welsh Local Government Association (WLGA) has decided to retain 2 Children's Services NSIs / PAMs on a non-statutory basis for 2016-17. The impact of this for Children's Services will be minimal as both of these indicators are also included in the new National Outcomes Framework.

b. **Quantitative Measures**

Children's Services have 14 new performance indicators under the new National Outcomes Framework and have agreed that a further 15 indicators from the old national set are still relevant and will continue to be collected. A list of the new national Children's Services PIs is available at **Appendix A**. As many of these PIs are new, it is not possible to set targets for 2016-17. Rather, during 2016-17 we are working to establish a baseline position which will enable a robust target setting methodology to be implemented. Where the National Outcomes Framework Measures were previously NSIs, PAMs or Service Improvement Data, targets have been set for 2016-17 and 2017-18.

c. **Qualitative Measures**

A substantially greater focus on qualitative information and outcomes which brings a new set of challenges in terms of capturing performance in this area. The purpose of collecting this information is to provide a tool for local authorities to secure service user voices in designing, developing and improving care and support services.

Overview of Quarter 2 Performance

5. As a result of the changes to the performance indicator sets that were introduced in April, it is difficult to provide a full overview of performance as there is limited comparator data for the new indicators as this is only the second time that they have been reported. In relation to indicators that have been

carried over from the previous set, performance during Quarter 2 is mixed.

6. For example, performance in relation to timeliness of initial and review child protection conferences improved from 91% to 97% and 98% to 100% respectively. However, the percentage of social worker vacancies increased from 23% to 25%. For further information, please see paragraph 8a.
7. Work to progress the Directorate's commitments in the Corporate Plan has continued and key areas of progress include:
 - a. **Corporate Parenting Strategy** – The Corporate Parenting Strategy is due to be launched in Quarter 3. In the meantime, feedback from looked after children and young people includes a high level of satisfaction with the support they receive, but notes some concerns in relation to housing, social work / personal adviser support and finance. Admission to the looked after system has been avoided for 22 children from 15 families by the preventative initiative Family Group Conferences (FGC). The number of children supported by the Looked After Children traineeship scheme is currently six, with an additional six apprentices within the Council. In September alone, Children's Services endorsed 27 adoption recommendations which will lead to significantly better outcomes for infants and substantial savings over the longer term.
 - b. **Multi Agency Safeguarding Hub (MASH)** - The Multi Agency Safeguarding Hub (MASH) is now fully operational. Early evidence suggests that our response to safeguarding children and adults is improving.
 - c. **Child Sexual Exploitation (CSE) Strategy** – The newly established process for dealing with a CSE concern and data gathered from CSE Multi Agency Strategic Meetings is beginning to identifying trends - data is routinely reviewed.

Cardiff will be working with the Welsh Government (WG) in relation to the dataset, actions in the National CSE Plan and how Cardiff can contribute

to taking these important matters forward. Cardiff will also propose improvements to the multi-agency training currently being rolled out by WG to ensure it reflects the latest learning around CSE, trends, patterns and intervention. Work to develop a properly supported victim participation group to better understand how to prevent children becoming exploited is underway including discussions with organisations best placed to facilitate this group.

The Prevent Strategy (part of the Government's counter-terrorism strategy, CONTEST) is being implemented via a Cardiff Delivery / Action Plan and discussions commenced regarding governance for Prevent to sit within Social Services.

- d. **Specialist training regarding the Social Services and Wellbeing (Wales) Act 2014** - Training in relation to the Social Services & Wellbeing (Wales) Act 2014 (SSWB) is ongoing – both in-house and with the third sector. Further in-house training is planned for social workers and managers to support outcome-focused practice. Opportunities for SSWB Act training sessions for elected members were not taken up so members were offered e-learning training via the Care Council website.
8. There has been some slippage in progress against some of the milestones in the Corporate Plan relating to:
- a. **Recruitment and retention of children's social workers** - Work to refresh adverts has been completed. Use of the Council's social media platforms to accelerate recruitment activity has had a positive impact with 12 offers of appointment in July and August with anticipated start dates in Quarter 3. Development of the 'pool' of additional social workers is to be accelerated once all vacancies have been filled. A report to extend the notice period of social work staff and managers has been prepared. In relation to retention, work on the remodelling of services and the implementation of the Workforce Strategy as identified in Quarter 1 is ongoing and will continue through Quarters 3 and 4.

- b. **Effectiveness of Transition** - Work undertaken in relation to achieving the Intermediate Care Fund (ICF) bid and subsequent implementation has delayed the specific work on milestones previously identified for Quarter 2. The bid was submitted in March and agreed in May 2016. A significant part of the bid was to facilitate stronger links between Adult Learning Disabilities and the Child Health & Disability team. Through the establishment of a complex needs Child Health Team; comprising of Health and Social Services staff (including two adult transition workers) and working in close collaboration with Education and the third sector, it is hoped that more efficient and effective systems will be established for the benefit of children, young people and their carers.

9. In relation to the Directorate Plan, there has been progress in relation to:

- a. **Implementing Information, Advice and Assistance functions** – Information for children, young people and their families is available on DEWIS and via the Family Information Service.
- b. **Remodelling of services for disabled children, young people and young adults** – Intermediate Care Fund award for additional wrap-around services enabled collaborative decisions on what services should be delivered regionally, resulting in four regional pilot services being commissioned and operational from the beginning of September:

Regional Parenting Support for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD)
Independent Living Skills for ADHD and ASD
Transitional Services for ADHD and ASD.
Services for Parents with Learning Difficulties

Work has commenced on a new service specification and contract that will enable Cardiff and the Vale University Health Board (UHB) to deliver an integrated children's respite service within Cardiff. Additional consultation work has been undertaken with families to

inform the specification of services to be delivered within this integrated model.

- c. **Regional Workforce Development Partnership** – Communications Strategy agreed and good progress made on development of new website – use of new logo and branding has been incorporated in the design.

- d. **Health and wellbeing of the Social Services workforce** – Team briefing sessions in the context of agile / mobile working conducted with all staff affected, by the Agile / Mobile Project Manager.

- e. **Bilingual Services** - Exercise currently underway that will supplement responses to the corporate linguistic tool received in 2015-16 by requesting more detail regarding levels of skill and confidence of Welsh speaking staff to work in the medium of Welsh. Information gained should enable the Directorate to map its current capacity to deliver a bilingual service. Although approval is pending, actions in the Directorate Welsh Language Standards Action Plan are being implemented and progressed.

- f. **Agile / Mobile Working Strategy** – Approximately 300 employees across Social Services transferred to mobile working including Intake & Assessment, Children in Need and Family Intervention & Support Services. Phase 2.2 commenced during Quarter 2 for Looked After Children teams, Youth Offending Service and Personal Advisers.

- g. **Collaborative working** – The Regional Safeguarding Children Board and business unit is progressing. Jobs have been evaluated and staff consultation will commence in Quarter 3. Intermediate Care Fund bid has been successful and the project plan has been signed off by the partnership board with key elements of a multi agency approach to working with disabled children starting to be delivered locally.

- h. **Benchmarking** - Social Services' benchmarking will continue to follow the framework set out in 2015-16, with Welsh authorities likely providing the main focus due to our shared legislation and circumstances, and councils and organisations from further afield used as and when relevant to our work. All Wales data for 2015-16 has been published and will be used for benchmarking as required.
- i. **Early Help Strategy** – The Joint Assessment Family Framework (JAFF) pilot is ongoing and subject to regular monitoring and review; to date 18 members of staff have completed the JAFF training.
- j. **New model for the delivery of children's social services** - Signs of Safety planned incremental training programme for staff continues and engagement with Team Managers commenced.
- k. **Joint working protocol between the Health Service and Children's Services** – A psychologist in place and located with the Looked After Children teams, providing helpful advice and information. A positive impact is felt by the teams but being part-time their capacity is causing delays in children and young people's needs being met. As a consequence, costs for alternative therapy to meet these needs is rising. Insufficient capacity in Child & Adolescent Mental Health Services (CAMHS) remains problematic. There is a good shared understanding with Health on documentation and processes to be used in respect of the Social Services & Wellbeing (Wales) Act 2014 and work on a joint understanding of key priorities across the partnership continues.
- l. **When I Am Ready Scheme** - Training sessions are underway for foster carers and support staff interested in the scheme as part of the rolling programme of awareness.

10. There has also been some slippage in progress against some of the milestones in the Directorate Plan relating to:

- a. **Social Services Workforce Strategy** – Ongoing progress for Children’s Services Workforce Strategy; initial meeting set up to begin work on Adult Services Workforce Strategy.

- b. **Budget and savings proposals** - At month 5, Children’s Services are projecting an overspend of £2.766m. This reflects the impact of continuing demographic pressures on Children’s Services, notably an increase in the number of external fostering placements for children. A number of preventative measures in relation to early help have been introduced in Children’s Services and there has been a continued focus on returning children placed in high cost out of area placements to Cardiff that has successfully achieved savings in excess of £700,000. In spite of this however, within Children’s Services, there is a significant shortfall (£1.4m) against the £3.5m savings target set for the service as part of the 2016-17 budget.

- c. **Quality Assurance Framework (QAF)** – The interim Quality Assurance Officer began the process of updating QAF with implementation through a task and finish group - unfortunately the funding for this post was withdrawn during Quarter 2 as part of a financial savings exercise. However, those areas of the QAF already implemented around case work auditing will continue and a permanent Quality Assurance Officer post is being created with a view appointment in the new financial year.

- d. **Social Services Business Unit** - New Team Manager and senior posts have been considered by the Job Evaluation (JE) team who require more information ahead of reaching a decision on grades.

- e. **Adolescent Resource Centre (ARC)** - Recruitment commenced and vacancies have gone back out to advert. Challenges regarding identified premises have resulted in alternative premises being explored.

Progress in relation to the Education of Looked After Children

11. Designated teacher forums take place termly giving schools the opportunity to share positive practice that they have put in place. The focus of the autumn forum was Attachment Awareness training.
12. The majority of the Pupil Deprivation Grant (PDG) for 2016-17 has been given directly to schools via the Consortium (Cardiff, Bridgend, Merthyr Tydfil, Rhondda Cynon Taff and the Vale of Glamorgan). The Consortium has maintained an amount for training across the consortium and to have a consortium based Looked After Children Education (LACE) team. This decision has implications for the small team supporting schools in Cardiff as some posts were funded from the PDG grant. For example, the Transition Worker post has been lost as a result, and the amount of additional Educational Psychology time has had to be reduced as these posts had been funded from the grant in the previous financial year.
13. In relation to the virtual school" data tracking system for all looked after children, the tracker has been updated with the summer term teacher assessment. A new tracker sheet has been devised for schools after the initial pilot identified issues in transferring information to the Virtual tracker effectively. The majority of schools are sending in termly information when requested.
14. Representatives from the Child Health & Disability team and from the Education Casework Team continue to attend Multi Agency (MAG) Meetings. The meetings continue to develop and are more focussed using the data that is now available.
15. At the time of writing, a report on end of school year results was being prepared for presentation to the Corporate Parenting Advisory Committee - there is a small improvement at each key stage.

Detailed Commentary – Quarter 2 2016-17

16. The number of children who were looked after at 30th September 2016 (not including those children being looked after as part of a respite care arrangement) was 701 compared with 678 at 30th June 2016 (CS LAC 3e). This represents a rate of 9.3 children per 1,000 in Cardiff, which is above the all Wales rate of 8.8 per 1,000 as at 31st March 2015.
17. The percentage of children supported to remain living within their family (SSWB 25) was 57.3% (942 / 1,643) compared with 59.0% (980 / 1,661) in Quarter 1. Of the 1,643 children with a Care and Support Plan at 30th September 2016, 942 were being supported to live at home (i.e. were not being looked after).
18. The percentage of looked after children returned home from care during the year (SSWB 26) was 6.2% compared with 3.2% in Quarter 1. Of the 839 children who have been looked after during the year to date, 52 have returned home. This PI is cumulative, and performance will improve as we progress throughout the year.
19. The latter two PIs are a welcome measure of the effectiveness of the Service in supporting children and young people within their families.
20. 74.0% (388 / 524) of looked after children were placed with independent sector providers at the end of Quarter 2 (CS LAC 44), stable from 73.6% (391 / 531) in Quarter 1. The number of children placed in independent sector residential placements has reduced to 50 from 54 at the end of Quarter 1.
21. 60.9% (319 / 524) of children in regulated placements were placed in Cardiff at the end of Quarter 2 compared with 61.2% (325 / 531) at the end of Quarter 1 (CS LAC 58). A further 83 children placed outside Cardiff were within 20 miles of their home address. 6 of the children not placed in Cardiff are placed with relative carers. For some children placement outside the authority is in their best interests, examples include children placed with family members who live outside Cardiff, children placed in specialist placements and some children who are placed in areas that are closer to their home address than some parts of the

city.

22. 93.8% (499 / 532) of statutory reviews for looked after children were held within prescribed timescales in Quarter 2, a reduction from 96.1% (492 / 512) in Quarter 1 (SCC/021) in the context of a 4% increase in the number of reviews due. Of the 33 reviews that were not held on time, 7 were held within a week, 6 within 2 weeks, 5 within 4 weeks and 8 within 7 weeks. 7 reviews were still pending at the time of writing, four of them siblings as a result of further information leading to a major change in the care plan. The number of late reviews in September was partly due to sickness absence resulting in the reviews being reassigned to other Chairs in accordance with their availability. 95.3% (507 / 532) of statutory visits were held in accordance with regulations in Quarter 2 showing an increase from 94.1% (482 / 512) in Quarter 1 (SCC/025).

23. All looked after children were allocated to a social worker at 30th September 2016.

24. As at 30th September 2016, 50 children were in external residential placements. Children's Services were solely responsible for funding 34 of these placements with the remaining 16 receiving contributions from Education, Health, or both. The average weekly cost per child was £3,372, although this ranged from £1,800 to £5,300. Contributions from Education range from 5% to 50% and Health range from 2% to 15% of the weekly cost - the percentage of the contribution is based upon factors such as how much the provider charges for education and therapy costs, the number of weeks in the school terms, the period of therapy, continuing health care needs and whether the child is statemented.

Financial Implications

25. There are no direct financial implications arising from the report.

Legal Implications

26. There are no legal implications arising from this report.

RECOMMENDATION

The Committee is recommended to:

- Consider the contents of the report and report any comments to the Cabinet Member.

TONY YOUNG

Director of Social Services

3rd November 2016

Date 5 October 2016

My Ref SS/CYP/MJH
Your Ref:



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Councillor Sue Lent
Deputy Leader and Cabinet Member for Families, Children and Early Years
County Hall
Atlantic Wharf
CARDIFF

Dear Sue

The Children & Young People Scrutiny Committee agreed to write to you in your capacity as Chair of the Corporate Parenting Advisory Committee to inform you and the Committee of my Committee's concerns around a number of performance issues, which the Committee considered fell within the Terms of Reference of your Advisor Committee

The Children and Young People Scrutiny Committee on 27 September 2016 considered a report on **Quarter one performance for Children's Services**. Although the Committee continued to be pleased with the overall direction of Children's Services performance, it is noted that there was still slippage in some areas of performance. In particular the Members were concerned around the following:

- the reduction in young carers accessing the care systems from 83% in 2014-15 to 60% in 2015/16;
- that only 27.6% of Personal Education Plans were in place in 2015/16;
- Secondary school attendance for children looked after in Cardiff schools declined slightly to 91.8%, compared with 93.6% in 2014-15;
- Achievement of the Core Subject Indicator at Key Stage 2 (reaching Level 4 in Science, Mathematics and English or Welsh) was 54.5% compared with 65.2% in 2014-15; and
- Achievement of the Core Subject Indicator at Key Stage 3 (reaching Level 5 in Science, Mathematics and English or Welsh) was 34.4% from 37.0% in 2014-15.

The Committee recommends that your Advisor Committee investigates the reasons for the decline in performance and identifies actions to improve performance over the next year.

Yours sincerely

COUNTY COUNCILLOR RICHARD COOK
Chairperson – Children and Young People Scrutiny Committee

CC: Tony Young, Director of Children's Services
Melanie Jackson - Personal Assistant to Deputy Leader

Mae'r dudalen hon yn wag yn fwriadol

**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

CORPORATE PARENTING ADVISORY COMMITTEE

22 November 2016

**QUARTERLY COMPLAINTS AND REPRESENTATIONS REPORT
QUARTER 2 2016-17**

Reason for the Report

1. The Committee's terms of reference state that it will receive Children's Services Complaints reports.
2. This Quarter 2 Report covers complaints and representations from 1st July 2016 through to 30th September 2016.

Introduction

3. The current Welsh Government guidance and regulations in relation to social services complaints and representations came into being on 1st August 2014.
4. The procedure places the emphasis on the initial local resolution stage – Stage 1 - with complainants being offered a discussion to resolve the matter. The second formal stage (Stage 2) provides for independent investigation. If the outcome of Stage 2 does not satisfy the complainant s/he has recourse to the Public Services Ombudsman for Wales.
5. Citizens making complaints have a right to be listened to properly and have their concerns resolved quickly and effectively. Children's Services emphasis is on listening to concerns and using this learning to improve services for everyone who uses them.
6. Complaints should be handled in such a way that the complainant is the focus, not the process, and that the particular circumstances of the complainant are taken into account (including their age or disability). Where the complaint relates to a looked after child, a child in need or a care leaver the local authority has a duty under the Children Act 1989 to provide an advocate as required. All children or young people

who make complaints are offered a meeting and all children and families will receive a written response to the concerns they have raised.

7. The Social Services and Wellbeing (Wales) Act 2014 devotes Part 10 to complaints and this reflects Welsh Government guidance and regulations and the Councils procedures. The Council is mindful that the Act will further promote people's rights and collaborative working will be actively encouraged.

Summary of Complaints Activity During the Period

8.

Item	Q2 2016-17
Number open at start of period	34
Number received (overall)	42
Number received directly from children and young people	6
Number closed	22
Number outstanding at end of period	51
% acknowledged within 2 working days	38 / 42 = 90%
% concluded within 15 working days of acknowledgement	5 / 22 = 23%

9. During this quarter the number of complaints received by Children's Services has increased to 42 (from 24 in Quarter 1 2016-17).
 - a. 38% (16) of the complaints received were in relation to the Social Worker or the service received. 19% (8) of the complaints received were in relation to contact. 14% (6) of the complaints received were in relation to communication / confidentiality. 12% (5) of the complaints received were in relation to finance. The remaining 17% (7) of complaints were in relation to other issues including decision making, delay, foster carer and placement. There has, in addition, been a single complaint alleging racism whereby a complainant felt that they had been discriminated against in relation to decision making and how he has been ignored / misrepresented by social workers over the period of time that Children's Services have been involved with the family.

- b. 5 complaints were received about the Intake & Assessment Service, which is no change from Quarter 1. 17 complaints were received regarding the Child in Need Service (1 from a young person) compared with 14 in Quarter 1; 12 complaints were received about the Looked After Children Service (4 complaints from 5 looked after children; including 2 brothers making a joint complaint) compared with 3 in Quarter 1. The remaining 8 complaints were in relation to the Safeguarding Unit, Family Intervention Support Service, Personal Adviser Service (1 of which was received from a care leaver) and the Multi Agency Safeguarding Hub (MASH).

10. An example of a complaint concluded during the quarter is:

Children's Services received a complaint from a paternal grandmother who provided signed consent from the children's parents agreeing that information could be shared with her.

The grandmother was unhappy about how previous requests for help for her grandson had been managed stating that the social worker had been unprofessional in his handling of the case. The complaint gave examples of matters that the grandmother was unhappy about.

At the time of the complaint the Local Authority had placed the matter before the Court so Children's Services were limited in what could be considered as a complaint because the issues should be considered as part of the Court proceedings. Investigation demonstrated that many of the issues raised were inaccurate, likely because the complainant was not party to matters first hand or to the proceedings.

The response letter confirmed that it was difficult to reconcile the complainant's version of events with that recorded in Children's Services files and confirmed that the children would remain with their maternal grandparents until the conclusion of care proceedings.

Stage 2 Independent Investigations

11. If complainants remain unsatisfied at the conclusion of the informal Stage 1, they are entitled to seek a formal Independent Investigation under Stage 2 of the procedure.

12. At 30th June 2016 there were 8 complaints open at Stage 2, 1 of which was resolved during Quarter 2.

13. 1 new Stage 2 investigation was initiated during the quarter, so at 30th September 2016 there were 8 complaints being investigated under Stage 2 of the complaints procedure.

Ombudsman Investigations

14. There was Ombudsman activity in relation to 5 complaints during the quarter, of which 2 remain live:

- a. The Ombudsman considered information provided by Children's Services and determined that they would not be investigating 2 complaints.
- b. The Ombudsman liaised with Children's Services to assess one complaint and this has been resolved without investigation.
- c. The Ombudsman is liaising with Children's Services in relation to one complaint.
- d. Children's Services are finalising their response to recommendations received from the Ombudsman in relation to one complaint in Quarter 1.

Learning from Complaints

15. Stage 2 reports undertaken by Independent Investigators and reports from the Ombudsman include recommendations if required. In response, an Action Plan is initiated to ensure that the recommendations are implemented and lessons are learned.

Themes Emerging During the Quarter

16. Quarterly complaints reports are shared with managers so any emerging themes can be considered and actions can be taken to improve practice.

17. Despite being primarily about other issues, many of the complaints received refer include an element of issues about communication difficulties.

Update on Progress from Themes Identified in Previous Periods

18. The previously noted issue of social workers not returning calls re-emerged during Quarter 1. A strong message regarding the importance of returning calls has been issued by senior managers who will follow up on any individual issues that are brought to their attention. As noted in Quarter 1, the new agile / mobile working arrangements have provided social workers with more flexibility and the right kit to enable them to respond to messages in a more timely way.
19. Another theme that has previously emerged is father involvement in assessments. As noted in Quarter 1, this theme has not re-emerged, and is not expected to as a result of the following:
- a. Senior managers have more of an oversight into casework (e.g. by chairing the Legal Surgery) and challenge practice where it is considered that both parents have not been consulted.
 - b. In preparation for the implementation of the Signs of Safety approach (which maps out a safety network for children considered to be at risk), social workers routinely consider every relationship linked to the child and this will include both parents and extended family.
 - c. The re-introduction of Family Group Conferences in April 2016 reinforces the whole family approach as they also involve both parents and extended family.

Early Resolution

20. Children's Services place an emphasis on resolving issues at the earliest possible opportunity, and where these concerns are dealt with immediately they are not opened as a formal complaint. On these occasions, the issues are brought to the attention of relevant Team or Operational Managers who acted promptly to address the issues raised to the satisfaction of the individual. There are 4 examples of this during Quarter 2.

Review of Complaints in Social Services

21. An external independent review of the arrangements for receiving, managing and resolving complaints in Social Services as a whole has been commissioned. This commission in part stems from learning that has arisen as a result of complaints made in relation to Children's Services at Stage 1 and Stage 2 during the last 12

months. The thematic issues identified above with particular reference to those identified in paragraphs 17 and 18 will be considered as part of the independent review.

Summary of Compliments

22. Teams are more readily sharing the compliments they receive from a variety of sources, e.g. service users and professionals, although it is recognised that further work is required to ensure that all compliments are captured and reported.

23. 9 compliments were received in Quarter 2, which is no change from Quarter 1. A breakdown of compliments by team is provided below. This will help Children's Services build upon positive work and could identify improvements.

Team	No. of Compliments
Targeted Services	5
Specialist Services	1
Other	3 (CareFirst and Performance)

24. Example of a compliment received during the quarter:

A mother with 4 children contacted the Family Intervention and Support Services Team to give thanks and appreciation for the support and direct work undertaken by a staff member over a period of 3 months. The mother felt more able to impose boundaries for her children and said she could not have achieved this without the support worker's help. The children were prevented from being looked after as the risks decreased.

Responses to AM / MP / Councillor Enquiry Letters

25. 6 AM / MP / Councillor enquiry letters were received by Children's Services during the quarter. An example of these enquiries is a father seeking contact with his two children following care proceedings.

Subject Access Requests

26. A Subject Access Request is a request from an individual to see a copy of the information an organisation holds about them, or their children. These requests should be responded to within 40 calendar days of receipt. Some types of personal data are exempt from the right of subject access and so cannot be obtained by

making such a request. On receipt of the request work is undertaken to ensure that individuals are only provided with information that they are entitled to receive.

27. Children's Services undertook the following activity in relation to Subject Access Requests in Quarter 2 2016-17:

- a. 4 were responded to on time.
- b. 0 were completed outside of the statutory time frame.
- c. 0 was closed because no identification was received.
- d. 7 new requests were in process at the end of the quarter.

28. In addition to this, Children's Services received:

- a. 26 requests from the Police under the 2013 Protocol and Good Practice Model re: Disclosure of information in cases of alleged child abuse and linked criminal and care directions.
- b. 9 requests from other Councils, solicitors and Insurance for access to records under Section 35 of the Freedom of Information Act. These requests relate to cases in legal proceedings.

Financial Implications

29. There are no direct financial implications arising from the report.

Legal Implications

30. There are no legal implications arising from this report.

RECOMMENDATION

The Committee is recommended to endorse the report.

TONY YOUNG
Director of Social Services

3rd November 2016

Mae'r dudalen hon yn wag yn fwriadol

Draft Corporate Parenting Advisory Committee Work Programme

Theme	Event	19 July 2016 Meeting	13 Sept 2016 meeting	Event	22 Nov 2016 meeting	17 Jan 2017 meeting	21 March 2017 meeting	Event	May 2017 meeting	July 2017 Meeting	
Internal services	Looked after children – Director’s annual report engagement	1. Children’s Services and Education 2016 Inspection findings	1. ‘When I’m ready’ presentation	10 October 2016 Induction Workshop for Members	1. Children & Young People Scrutiny Committee letter re Q1 Performance	1. Staff workload	1. Foster carers. 2. Disability Strategy	Member engagement event	1. Traineeship for looked after children annual report 2. IRO annual report	1. 2015/16 updates: Looked After Children Teams, the Gateway, the Virtual Schools.	
External service providers		2. Children Placed out of County annual report 2015/2016			2. IRO 6 month report	2. Emotional / Mental Health tbc.				2. Children Placed out of County 2016/2017 report	
Annual Reports					3. National and Regional Adoption Service Annual Report 4. Annual Quality Assurance Report for Crosslands Children’s Home	3. Fostering Annual Quality of Care Report				3. Corporate Parenting Advisory Committee annual report for approval	3. Corporate Safeguarding Board Annual Report
NYAS / Participation		3. Feedback from March event and NYAS participation group	2. NYAS update			4. NYAS Advocacy and Independent Visiting Service Annual report				4. NYAS update	4. Feedback from March event and NYAS participation group
Education		4. Education report	3. Education report			5. Education report	5. Education report		3. Education report	5. Education report	5. Education report
Reg 32		5. Regulation 32 report	4. Regulation 32 report			6. Regulation 32 report	6. Regulation 32 report		4. Regulation 32 report	6. Regulation 32 report	6. Regulation 32 report
Complaints			5. Q1 Complaints 6. Compliments Report			7. Q2 Complaints & Compliments Report			5. Q3 Complaints & Compliments Report	7. 2016/17 Complaints & Compliments Report	
Performance		6. Q4 Performance	7. Q1 Performance Update and Annual Outturn			8. Q2 Performance Update			6. Q3 Performance Update		7. Q4 Performance
Visits		7. Members visits	8. Members visits			9. Members visits	7. Members visits		7. Members visits	8. Members visits	8. Members visits
Work programme		8. Work programme.	9. Work programme			10. Work programme	8. Work programme		8. Work programme		9. Work programme /
Forum Meetings / workshops						9. Forum Meeting Corporate Parenting Advisory Committee annual report – Member workshop					

Items to be scheduled: Induction Workshop, 4Cs Commissioning.

Member visit schedule: **1)** Out of County Children’s Home (Ynys y Bwt House) - *completed*, **2)** Targeted Services including Child Health and Disability Team and Agile Working (3rd floor County Hall) - *completed*, **3)** Rumney Primary School - *completed*, **4)** The Youth Offending Team – *scheduled 16th November 2016*, **5)** Crosslands Children’s Home, **6)** Bright Sparks Awards, **7)** Cord House.

Mae'r dudalen hon yn wag yn fwriadol

VALE, VALLEYS & CARDIFF ADOPTION SERVICE

ANNUAL REPORT

Vale, Valleys & Cardiff Adoption Collaborative

For Period 1 April 2015-31 March 2016



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Adoption Agency Annual Report 2015/16

1. Introduction

The requirement to provide an annual review of the Adoption Service is set out in Regulation 22 of the Local Authority Adoption Service (Wales) Regulations 2007 and Section 15 (c) of The Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015. The aim of this report is to bring into one document a presentation and analysis of the activity of Vale, Valleys & Cardiff Adoption Collaborative which can be used for the following purposes –

- The Review of Service (Regulation 22 report)
- The Annual Report to the Director of Operations for the National Adoption Service.
- The Review of the Collaborative for presentation to the Management Board and Joint Committee.
- Local authority reporting mechanisms to Corporate Parenting Boards and Scrutiny Committees.

This report is in respect of the period 1 April 2015- 31 March 2016. The narrative however applies to the period from the formation of the Collaborative on 1 June 2015 to the 31 March 2016. Some of the data is also only available for this period.

2. Background

Vale, Valleys & Cardiff Adoption Collaborative (VVC) brings together the adoption services of the Vale of Glamorgan Council, Merthyr Tydfil County Borough Council , Cardiff Council and Rhondda Cynon Taff County Borough Council . It is one of the five regional Collaboratives which form part of the National Adoption Service in Wales (NAS) .The Vale of Glamorgan Council host the Collaborative.

In March 2015 Welsh Government published the (Joint Adoption Arrangements) (Wales) Directions 2015, known as “ The Directions Powers “, which prescribe the regional areas and the governance structure for the service at a national and regional level.

The merger of the adoption services within the region in June 2015 was the culmination of much co-ordinated effort and joint working on the part of all partners in progressing the plan to implement the service

3. Current Position

VVC became operational on the 1 June 2015 when adoption staff transferred to the employment of the Vale of Glamorgan Council under TUPE transfer arrangements. The team is based in an open plan office on floor 7 , Ty Pennant in Pontypridd. The accommodation is leased from RCT under a formal licence agreement.

A regional workplan to cover the work of Collaborative for the first ten months of operation was put in place in September 2015 and approved by the Joint Committee in December 2015. The plan was set against local and national priorities developed by NAS:

- recruiting more adopters for siblings and older children
- placing children more quickly
- providing better adoption support
- engaging with service users and improving performance.

This plan has been used as a baseline in order to measure progress in meeting objectives and achievements to date.

4. Staffing

The service is managed by a Regional Adoption Manager (RAM) who has overall responsibility for the day to day running of the service. The Regional Manager is an experienced manager who is suitably qualified to meet the requirements of the Regulations.

There are 2.5 Managers who manage the specific service functions of Recruitment & Assessment of Adopters, Family Finding and Adoption Support and the individual staff teams. There is a Business Support Manager and 4 full time equivalent Business Support staff.

The service has a staff establishment of 16 full time equivalent Social Workers. Due however, to a number of vacancies created by the merger and maternity leave, a full staffing position has not yet been achieved. Prior to and following implementation, VVC has been actively involved in recruiting to these posts to ensure vacancies are filled and has been successful in recruiting a number of new staff Collaborative with a range of skills.

At the end of March 2016 there was one part time permanent Social Work vacancy which was in the process of being filled and 1.5 temporary maternity cover vacancies, although the full time member of staff on maternity leave was due to return to employment in May 2016.

Team & service development

The establishment of the Collaborative represented a significant organisational change both for staff and for the way adoption services were formerly delivered. The creation of the joint service has posed a number of challenges but considerable commitment has been demonstrated by all staff throughout the period of change to maintain service delivery and in minimise the level of disruption for service users.

Prior to the implementation of the Collaborative staff were involved in an extensive period of consultation and were involved in a staff workshop to assist in the development of the agreed service delivery structure. As part of the implementation process staff were asked to express a preference to work in a particular service function and allocated to functions accordingly.

The staffing position however has meant that the full implementation of the agreed service model according to specialist functional teams of Family Finding, Recruitment and Assessment and Adoption Support has been delayed. Managers however take lead responsibility for the particular functions but they also share a range of tasks, such as chairing matching and placement meetings for children and providing agency advice to the local authority Agency Decision Maker and the Adoption Panel.

Social Workers who transferred into VVC retained their existing caseloads and new work has been allocated across the whole staff team so that staff currently major in their particular area of preference whilst taking on cases from otherspecialisms. Newly recruited staff to the service have built up experience in all aspects of adoption via a generic workload. Business Support roles have been assigned to specialist tasks to provide consistency and economies of scale.

The management team within VVC has focused attention upon developing support structures for staff. Supervision is provided on a monthly basis for all Social Workers and annual appraisals were conducted for all staff in January 2016. Probationary reports have been completed for all new staff according the Vale of Glamorgan's requirements.

A regular schedule of monthly Team Meetings is in place for Social Work staff and a Team Development day was held in February 2016 for the whole regional team. Since then individual functional meetings have been put in place for staff involved in Family Finding & Recruitment & Assessment. Going forward the service will review the feasibility of implementing fully the functional model of service delivery.

Meetings have been held with Business Support staff to discuss specific issues and roles and responsibilities. The Business Support Manager attends all regional Team Meetings. Managers within the Collaborative meet on a monthly basis.

As part of the implementation of the service, workshops were held with Childcare Teams across the region to explain remit of VVC and the role and responsibilities of local authority partners. Interface meetings have now been set up with relevant

Managers in Merthyr, RCT and Cardiff to deal with performance and specific issues. Managers within VVC are part of the Children's Services Divisional Management Team within the Vale of Glamorgan where similar issues can be raised.

The RAM and all the Managers within VVC are members of the respective national subgroups set up by NAS to develop the service.

5. Adoption Panel Membership / Advisers and Training

VVC managed four separate Adoption Panels until October 2015 when a Joint Regional Panel covering the four partner authorities was established. A central list of Panel members was drawn from the existing Panel membership including Panel Chairs & Vice-Chairs.

The Panel operates from two sittings, a south sitting covering RCT and Merthyr and north sitting covering Cardiff and the Vale of Glamorgan.

Panel training has not been held since the Joint Panel was set up but this will be planned for the forthcoming year. A consultation meeting was held in January 2016 with Panel Chairs, Vice Chairs and Panel Advisers to look at the draft best practice guide developed by the Family Finding Manager to improve consistency of Panel functioning and decision making.

In January 2016, a Project Group was established with colleagues within the Vale of Glamorgan IT Department to look at the development of a digital, paperless Adoption Panel system. This group has met on a regular basis and consulted with Panel members. Tablet computers have now been purchased for Panel members and a licence with Egress has been set up to enable secure transfer of Panel information.

Training is planned for Panel members on the new system within the first quarter of next financial year with a view to full implementation during the summer.

Appraisals of existing Panel members will be scheduled for autumn 2016.

All Managers within the Collaborative act as Panel Advisers. The main responsibility for this role however rests with the Family Finding Manager who advises the south sitting and the Recruitment and Assessment Manager who advises the north sitting of the Panel. The RAM and Adoption Support Manager act as Panel Advisers covering leave periods and general absence.

6. Adoption Panel Activity/Workload Management

The south sitting of the Panel meets on a fortnightly basis and the north monthly, although north sittings increased in November 2015 and February 2016 to meet

workload demand. The south sitting meets at the Civic Offices, Barry and the north sitting in the Ty Pennant office, Pontypridd.

Panel meetings are co-ordinated by the Panel Co-ordinators and cases scheduled in conjunction with Managers and Social Workers.

The table below shows the number of individual and Joint Panels held during the year. One Cardiff Panel was cancelled for lack of quoracy, one scheduled during the week of the merger could not go ahead and one was cancelled because there was only one case to consider. Two Merthyr Panels were cancelled due to cases being cancelled.

No Joint Panels have been cancelled.

	Period 15-16
Number of Panels held	Cardiff 10 RCT 7 Merthyr 4 VOG 5 VVC 19 TOTAL 45
Number of Panels cancelled due to lack of quoracy	Cardiff 1
Number of Panels cancelled for other reasons	Cardiff 2 Merthyr 2

The current central list provides a solid pool of experienced Panel members. More independent members are however needed to represent all aspects of the adoption experience. A tendering exercise to recruit new Panel members will be considered in the coming year. The current membership list is appended to the report.

A questionnaire for Panel attendees was devised by the Policy and Quality Assurance Officer in conjunction with the Family Finding Manager. The findings of this survey was used to inform and develop the best practice guide for the Panel. This guide is in the process of being finalised and will be rolled out to the wider Panel membership and attendees. A QA checklist forms part of this guide which will be used by Managers in approving reports being presented to Panel.

7. Advertising and Marketing

For the year 2015-16 there has been no sole VVC advertising or marketing activity. Since the first day of the Collaborative coming together a high volume of adoption enquiries has been received and these are analysed in section 9.

The Recruitment and Assessment Team Manager has taken an active and vocal role on the NAS Marketing and Media subgroup and VVC have identified and put forward adopters who are willing to share their stories with the media for campaigns run by NAS.

VVC have developed their own website address, which is independent from any local authority within the Collaborative but this has remained as a landing page providing basic information on VVC. Work was undertaken prior to the merger, which considered the content and information contained on the four local authorities adoption webpages and researching the adoption pages of other agencies and local authorities but time constraints and competing demands has meant that this work has not been progressed. VVC recognise the need to develop the website, not solely for the purposes of marketing but also as a means of providing up to date family finding information to inform recruitment and Adoption Support information. It is also planned to use the website to share adopters' stories, review adoption literature and celebrate our work.

For the coming year VVC has secured some additional capacity in the form of an experienced Marketing Officer employed on a temporary basis by NAS to support the development of the website, provide information and advice around social media and look at branded literature.

8. Children

As part of the range of functions delegated to the Collaborative, it was agreed that the Collaborative would receive adoption referrals on children from early on in the process and that VVC would co-ordinate the should be placed for adoption decision (SBPA) process on behalf of the four partner authorities. This has resulted in this being a key area of activity for the service and overall performance in relation to the placement of children for adoption is a key priority for the region.

A revised SBPA process was agreed in consultation with the Medical Advisers following the implementation of the Collaborative and cascaded to relevant staff within the region. This process incorporateS a more pro-active approach to the provision of birth parent counselling and frontloading of information to ensure that adoption medicals can be undertaken and the twin tracking timetable could be met. Processes have been put in place to track referrals and a monthly Placement Meetings have been set up with the Family Finding & Recruitment Teams to review all children on Placement Order and adopters waiting.

From April 2014, performance within the Collaborative has been reported on an individual local authority basis against the Performance Management Framework developed by Welsh Government. This practice of reporting continued until the implementation of the Collaborative in June 2015 when the responsibility for quarterly reporting transferred to VVC.

There are a number of performance measures which monitor performance in relation to the key stages in the adoption process for children with particular emphasis upon the overall timeliness of the process. Some of these measures relate directly to local authority performance and some are shared jointly between the local authority and the Collaborative.

The region placed **70** children for adoption during 15-16. This return represents a decrease from the previous year where the regional total at year end was **112** but reflects the national downturn in the numbers of children being brought forward for adoption. VVC however recorded a total of **67** Placement Orders for the year. The overall number of Placement Orders made in Wales fell by 20% in 2014-15 and NAS data suggests a further decrease during 2015-16.

At the end of the reporting period **71** children had a 'should be placed' for adoption decision (SBPA) but had not been placed for adoption, **9** of these children had a SBPA decision alone, **2** had been matched and not placed and **62** children remained with a SBPA decision and Placement Order.

The average time taken from the last LAC episode to placement for adoption is **15 months** and the annual average for VVC is **451 days** (national target 395 days). VVCs performance in relation to this indicator is comparable to other similar regions.

The average length of time for children to progress from adoption decision to placement is **10 months** and our annual average is **288 days**. The average length of time from Placement Order to placement for adoption is **9 months**.

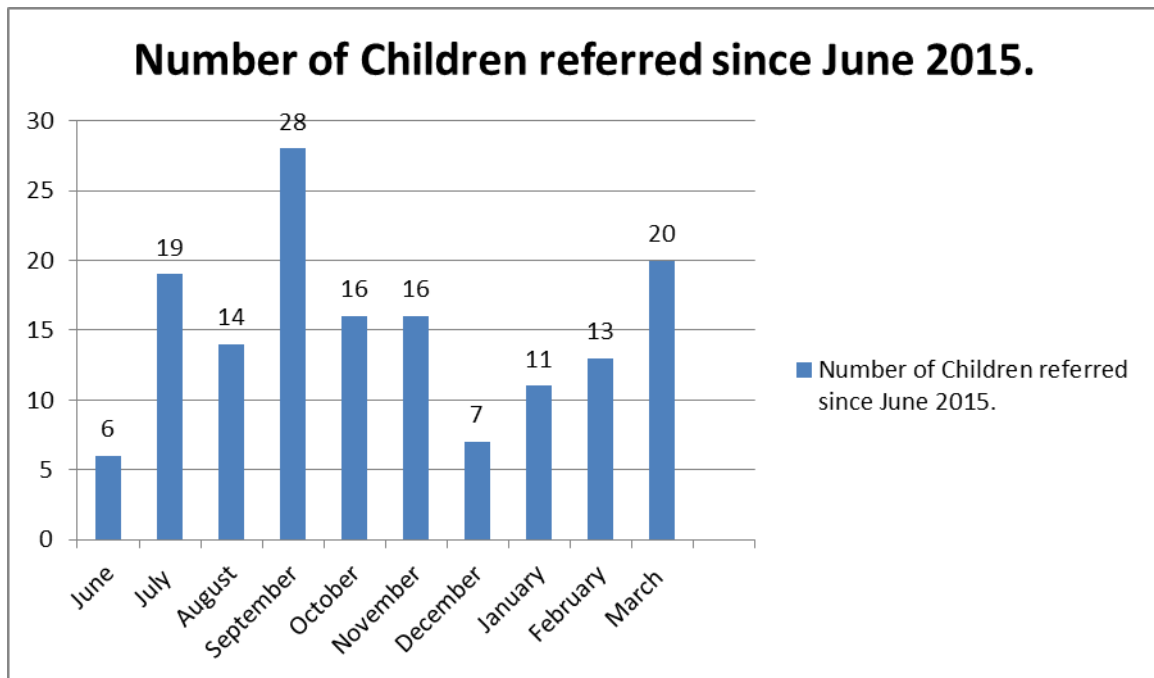
There were **7** children who had been waiting longer than six months for a match at the end of the reporting period. The reasons for the delays are reported to NAS.

Other measures which relate directly to the service for children concern the provision of birth parent counselling and the provision of Life Journey Material for children placed for adoption by the time of their second adoption review.

Birth parent counselling now forms part of the child referral process and is offered on two occasions following referral. During the year **234** parents were referred for birth parent counselling and this was taken up by **94** which equates to **40%**. This is short of the national target set by NAS which is **50%** although overall regional performance has improved.

Performance in relation to the provision of Life Journey material, which is the responsibility of the local authority holding case responsibility for the child has been closely monitored within the region but overall performance remains poor with this being in place in only **30%** of placements. This issue has been raised at the Management Board (MB) and agreed as an improvement action for all Heads of Service to take back into their respective authorities. Regional training on life story work has been proposed for Childcare staff within the Collaborative which will be taken forward during the next year.

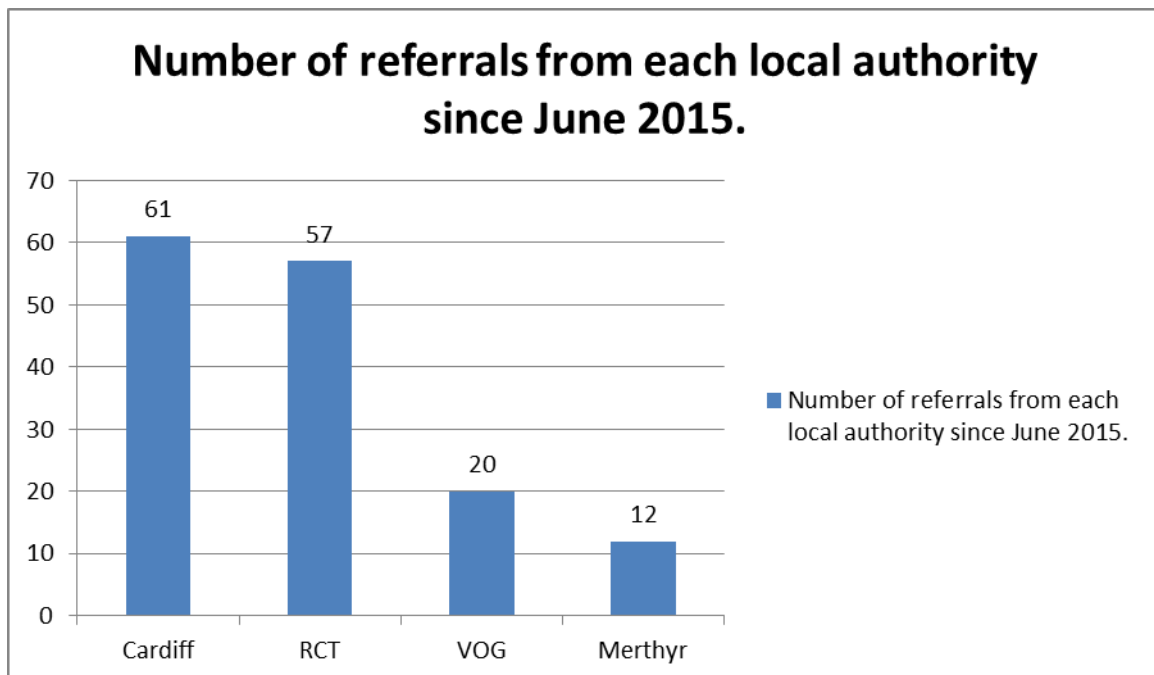
The following graphs present some additional information which has been collated by VVC.



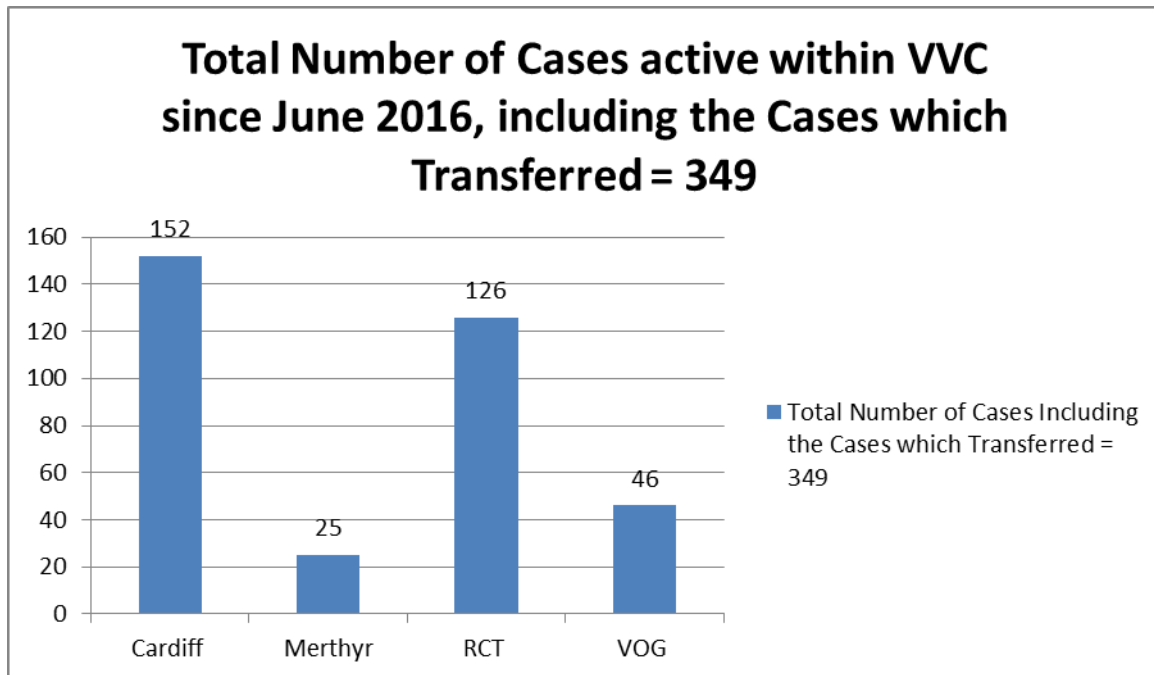
The number of referrals for adoption is not currently collated by NAS but has been recorded by VVC since June 2015. The total number of referrals received is **150**.

Of these numbers, **33** have had their plan changed from twin tracking for adoption which represents **22%**.

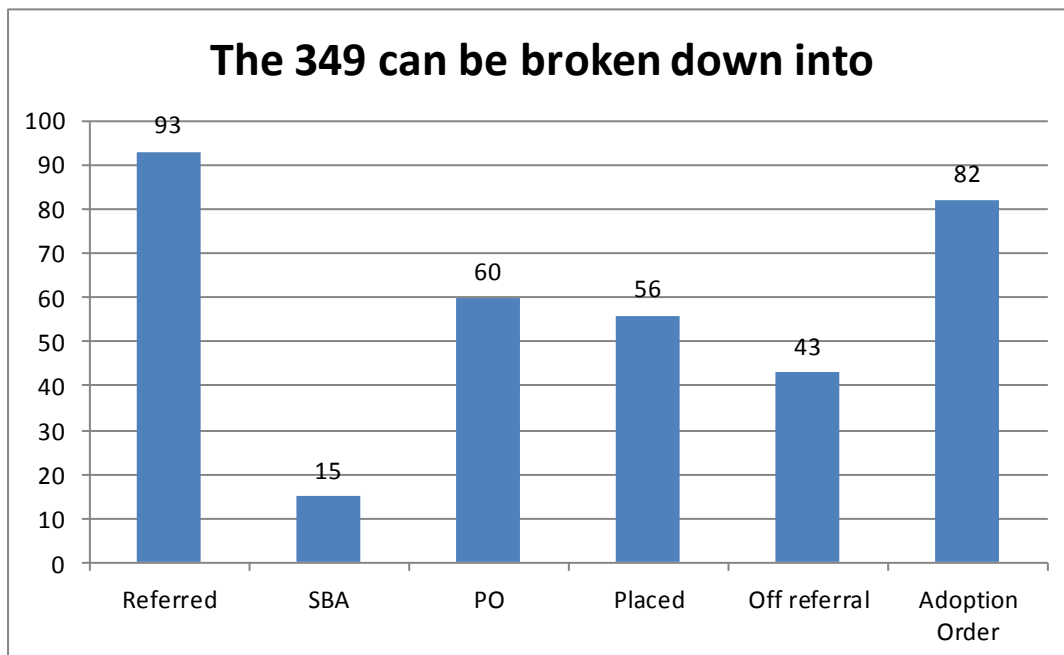
This number is further broken down by authority. The highest number of referrals has been received from Cardiff, followed closely by RCT, the Vale of Glamorgan & Merthyr.



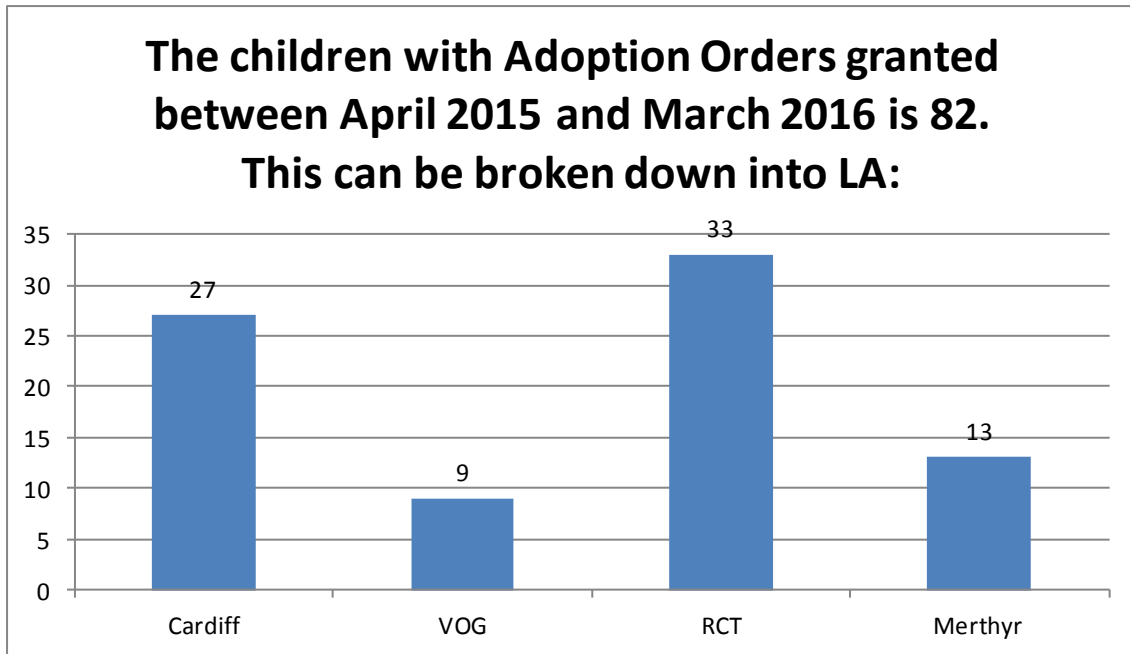
The figures below indicate the high level of work undertaken by the Collaborative and cases held during this period :



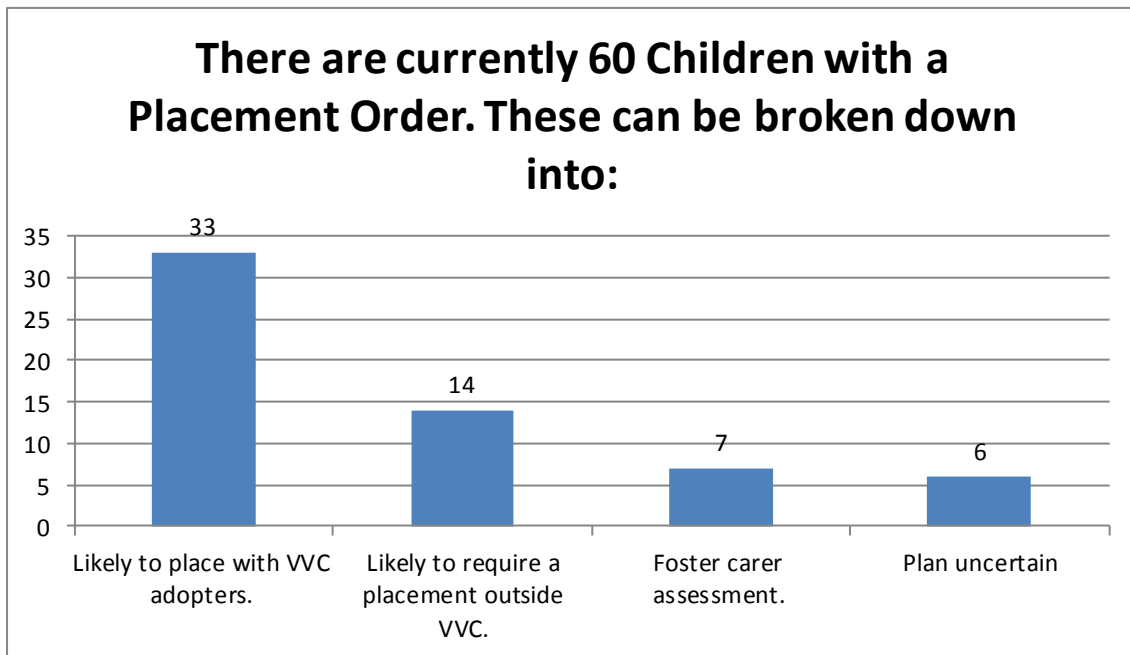
These figures can be broken down further into the following categories:



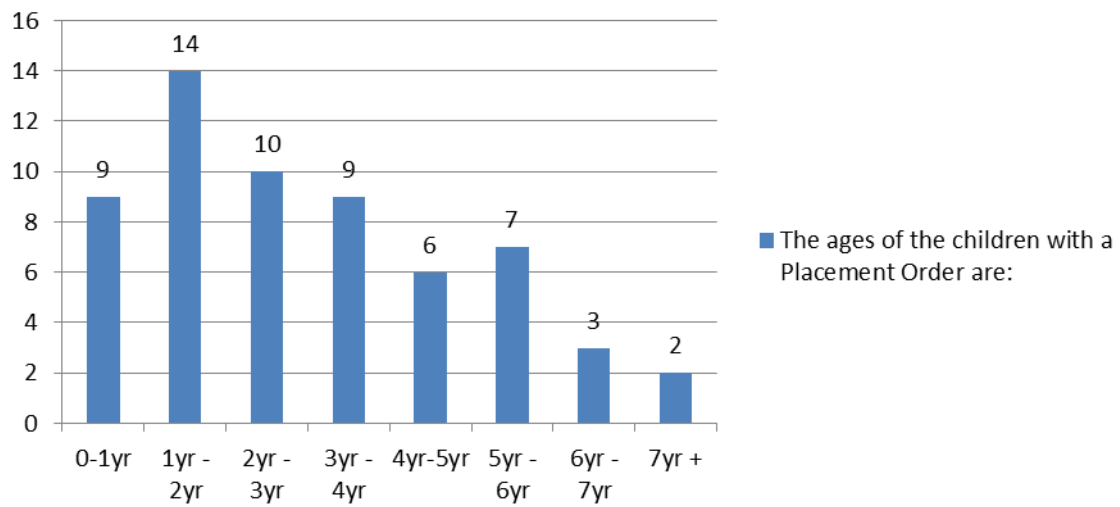
The children who have had their Adoption Order's granted have been active cases in VVC between June 2015 – March 2016.



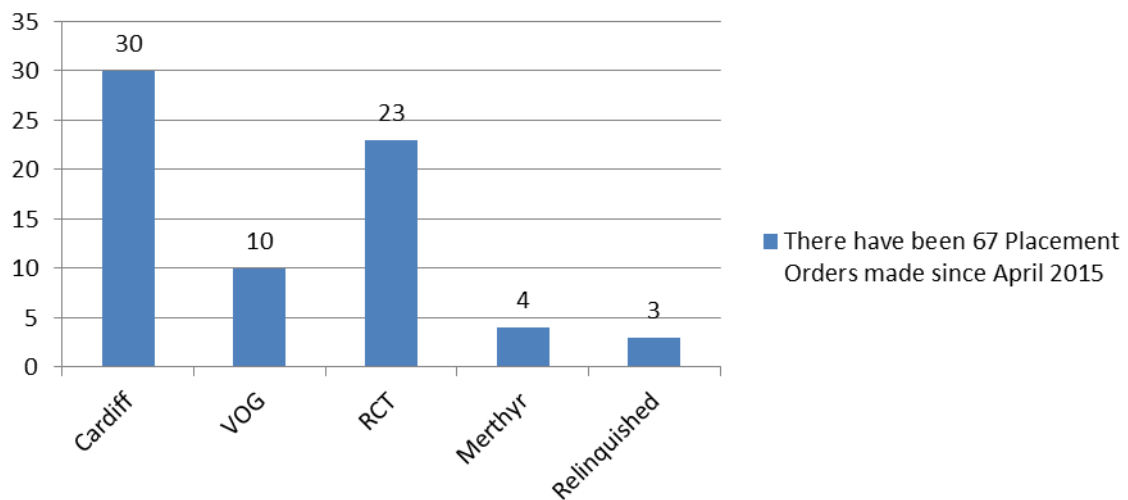
At year end there are 60 children with Placement Orders. The following tables provide additional information in relation to the children on Placement Orders.



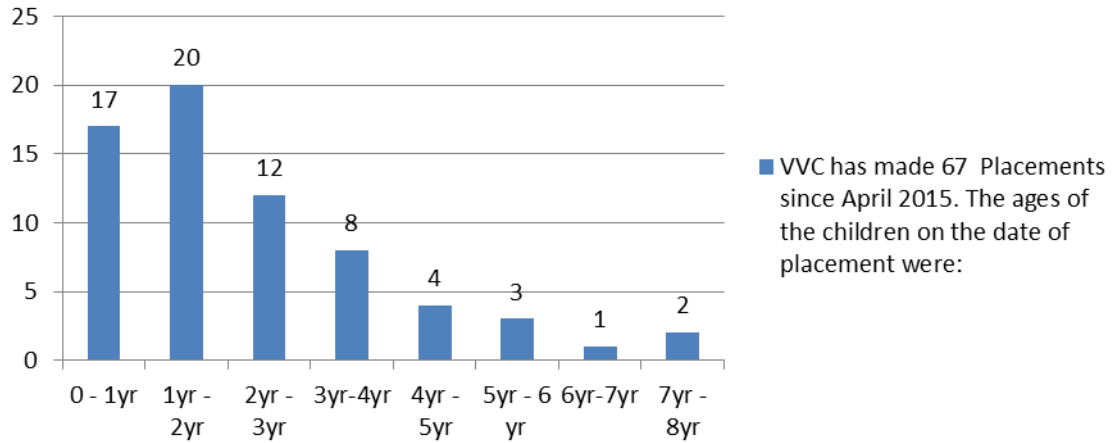
The ages of the children with Placement Orders are :



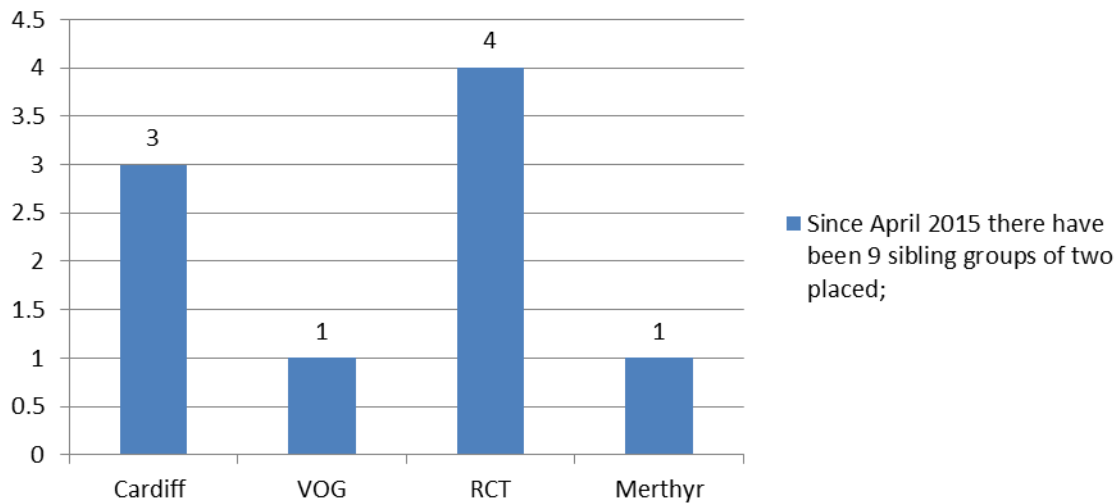
There have been 67 Placement Orders made since April 2015

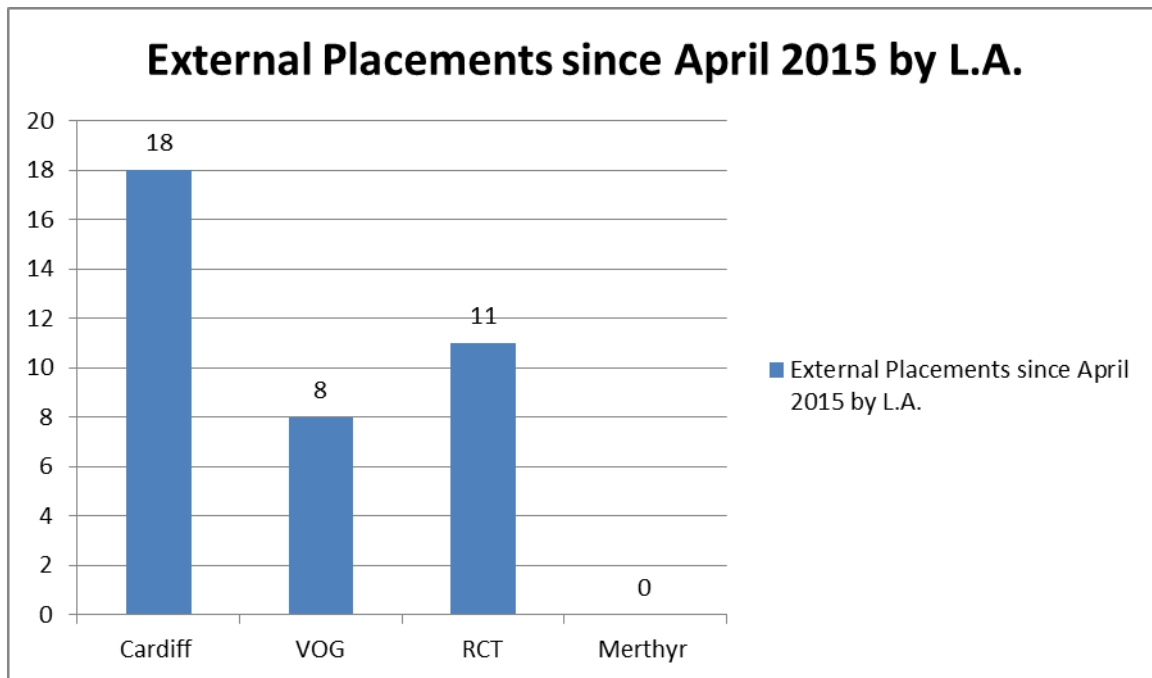


VVC has made 67 Placements since April 2015. The ages of the children on the date of placement were:



Since April 2015 there have been 9 sibling groups of two placed;





The above graph details the number of children placed in external placements during the year which totals 37. The Collaborative has advertised externally for a small number of children, has utilised the service of Adoption Link, a national family finding service and refers and registers all children with the Wales Adoption Register (WAR). The region has also participated in a national Exchange Day last autumn facilitated by WAR.

The number of children placed externally reflects the range of needs which cannot be met in-house. This information is now being collated and will be used to inform recruitment practice in the coming year with the aim of trying to reverse this trend and place more children within regional resources.

9. Matches

The table below highlights a small number of children who had been matched at Adoption Panel but not yet placed at the end of the year. The other part of the table highlights those placed but not yet adopted.

	Cardiff	RCT	Merthyr	VOG	Regional Total
Number of children matched but not placed at end of reporting period.	0	0	2	0	2
Number of children placed but where adoption order has not yet been granted.	19	19	4	8	50

10. Disruptions

During the period there were two children where the proposed match broke down during introductions. The reasons for the breakdowns are different. In one case, a little girl aged 4, the prospective adopter decided that the child was not the right match for her and has subsequently decided not to continue as a prospective adopter. The other case involved a young girl under one where during the introductions it emerged that the adoptive couple had marital difficulties.

There have been four placement breakdowns following placement. One breakdown involved a one year old little boy where the adoptive parents felt it was the wrong match and the female adopter felt unable to attach to the child. A sibling group of two older female children broke down when the adopters felt unable to cope with their behaviour and there was a breakdown of an 11 month old girl where the adopters decided that they no longer wished to adopt.

All the placement disruptions have been the subject of Disruption meetings chaired independently of the service. Findings of the meetings have been considered on a case by case basis. Due to the range of circumstances described, it is difficult to assess the wider implications for practice. The local Family Finding process which is being developed puts in place a range of actions on the part of the Family Finder to minimise the risk of breakdown by ensuring that the needs of the child are fully explained. There are obvious lessons for recruiting and assessing Social Workers in terms of ensuring assessments are robust but there are always circumstances which can develop which cannot be foreseen. Finally the outcome of breakdowns need to be routinely reported to the Adoption Panel to ensure that their role remains robust in terms of considering potential matches.

	Cardiff	RCT	Merthyr	VOG	Regional Total
Number of children matched but where, following Panel and prior to placement the match does not proceed.	0	2	0	0	2
Number of children placed or adopted but where the placement disrupts.	3	1	0	0	4

11. Adopters

As noted in section 7, there has been no active recruitment activity by VVC since its inception in June 2015. Since June 2015 we have received in excess of **200**

enquiries from potential adopters. It is clear from the breakdown of those enquiries that almost half of them come from people living within the Cardiff area, with RCT recording the next highest amount, followed by the Vale of Glamorgan and Merthyr Tydfil.

As per the Performance Management Framework **99%** of these enquiries were responded to in 5 working days. Improvements have been noted in our response time due to improvements made to the logging and recording of enquiries and prioritising this task as part of the daily duty system.

Local Authority	Numbers of Enquiries
Cardiff	85
RCT	50
Vale of Glamorgan	32
Merthyr Tydfil	11
Unknown (email address)	32
Non VVC - LA	4
TOTAL	214

In the year 2015/16 there were **55** adopters (households) approved. This equates per head to **109** adopters.

Of these 55 adoptive households we have had **39** matches/placements generated (16 placements in 2015/16 and 23 placements/booked matches in 2016/17). We have had one approved adopter who has since advised that she no longer wishes to pursue adoption due to changes in her personal life.

Of these 55 adoptive households they were recommended for the following:

Up to 3 children	2
Up to 2 children	12
1 child	35
Specific approval	6

Up to 3 years	26
Up to 6 years	20
Over 6 years	3
Specific	6

This table indicates that that over half of the approvals were for 1 child and that just over half were approved for children under 3 years of age.

In addition to those adopters approved during the year the region also inherited a significant number of approved adopters who were awaiting placements. A meeting was held in January 2016 with all adopters in the region to explain the current situation in relation to children waiting and the matching process. The meeting was also used to profile some harder to place children.

There have been three occasions in the year 2015-16 where adopters have voluntarily withdrawn from the assessment process. The reasons were due to pregnancy in one case, marital difficulties in another situation and concerns raised during the assessment which related to a history of domestic abuse in relation to one partner.

The number of adopters who do not proceed from initial visit to application to adopt is one of the performance measures collated under the Performance Management Framework. During the past year this has been recorded as 10. Since the merger the service has begun to collate wherever possible the reasons for potential applicants not proceeding. There are a various range of reasons recorded.

There were two initial visits undertaken where one of the prospective applicants had a significant medical condition that warranted an early medical and the Medical Adviser then stated that they could not recommend the applicant.

Other reasons ranged from a very new relationship in one case, lack of a support structure in two instances, limited childcare experience and unrealistic expectations in another situation.

VVC has seen a decrease in the numbers of children being placed for adoption on the previous year but continues to receive a significant number of enquiries from prospective adopters. Referral trends also demonstrate that more children with additional needs and sibling groups require placements. In order therefore, to better meet the needs of the children currently requiring placement within the region the Management Board has agreed a more targeted approach to the recruitment of adopters.

This approach involves providing more information around the needs of looked after children much earlier in the process. The format of Information Evenings for prospective adopters has been amended to include a fuller presentation on the range of needs and those currently waiting. The team has also put together an information pack which includes information around neglect, drug & alcohol misuse etc for prospective applicants to consider before progressing to a home visit. Applicants who can consider a wide age range and range of needs will then be prioritised for assessment.

VVC is currently undertaking **39** assessments at the end of the reporting period with a further **6** to be allocated following the next training. In addition **5** requests for second time adopter assessments have been received.

The Performance Framework also measures the length of time taken for adopter approvals from initial enquiry to decision. In the last year that the average time taken was **181** days which is less than the national target of **8 months (243 days)**. In order to keep assessments on track all Social Workers are expected to use assessment plans and mid-point reviews are now increasingly being used to measure progress in assessments. The Recruitment and Assessment team are keen to develop and share assessment tools in order to ensure that processes are robust.

VVC also undertakes a significant number of non-agency adoptions, with the majority being step adoption applications. There have been **39** enquiries from 1st June 2015 to 31st March 2016 in respect of non-agency applications. The geographical breakdown is shown in the table below.

Local Authority	Number of Enquiries
Cardiff	13
RCT	19
Merthyr	2
Vale	4
Unknown (email)	1

The overall picture in relation to adopter activity during the past year is summarised in the table below:

Number of adopter enquiries	214
Number of adopter approvals	55 households (109 individuals)
Number withdrawing during assessment	3
Number of unsuccessful applications	0

12. Adoption Support

The Collaborative has a small Adoption Support Team comprising of a part time Manager and 3 full time equivalent Social Workers. This section provides a summary of the workload of the service.

Adoption Support Referrals (one off service / advice as well as on-going work)

	Cardiff	Merthyr	RCT	VOG	Regional Total
Referrals since 01.06.2015	25	3	17	11	56

The figures above refer to referrals from 1st June 2015. Unfortunately there was no clear data for referrals received in April 2015 or May 2015. Below however are details of the open cases to the 4 local authorities as at 31st May 2015 which transferred into the Collaborative:

	Cardiff	Merthyr	RCT	VOG	Regional Total
Open cases as at 31.05.2015 (Referral date not recorded)	12	0	21	9	42

Adoption support referrals can be made directly from adoptive families or from local agencies and teams. As part of the functions delegated to the Collaborative it was agreed that where required VVC would undertake the assessment of support needs for adopted children and the vast majority of current referrals have been direct requests for support from families themselves. This model was agreed as the preferred option in order to provide assessments of need from a specialist adoption perspective and for the families we would consider that this model has worked well. On occasion VVC has had to make a referral into the local authority Children's Services Team where it has been considered that the presenting needs or risks are beyond solely adoption support and where there are safeguarding or other child in need factors to be assessed. The region has continued to receive a high number of referrals for adoption support services and challenge of this model is being able to respond to the demand for assessments in a timely manner.

The budget for the Collaborative does not contain an element for funding adoption support packages and so where the outcome of the assessment recommends funding a therapeutic support package or other financial support these assessments are referred to the relevant decision maker in the local authority responsible for the child.

There are currently no service level agreements between the Collaborative and other providers and agencies of support services, although individual arrangements have previously been in existence within some of the local authorities in the past. VVC has sought to establish a list of potential providers of services which can be drawn upon

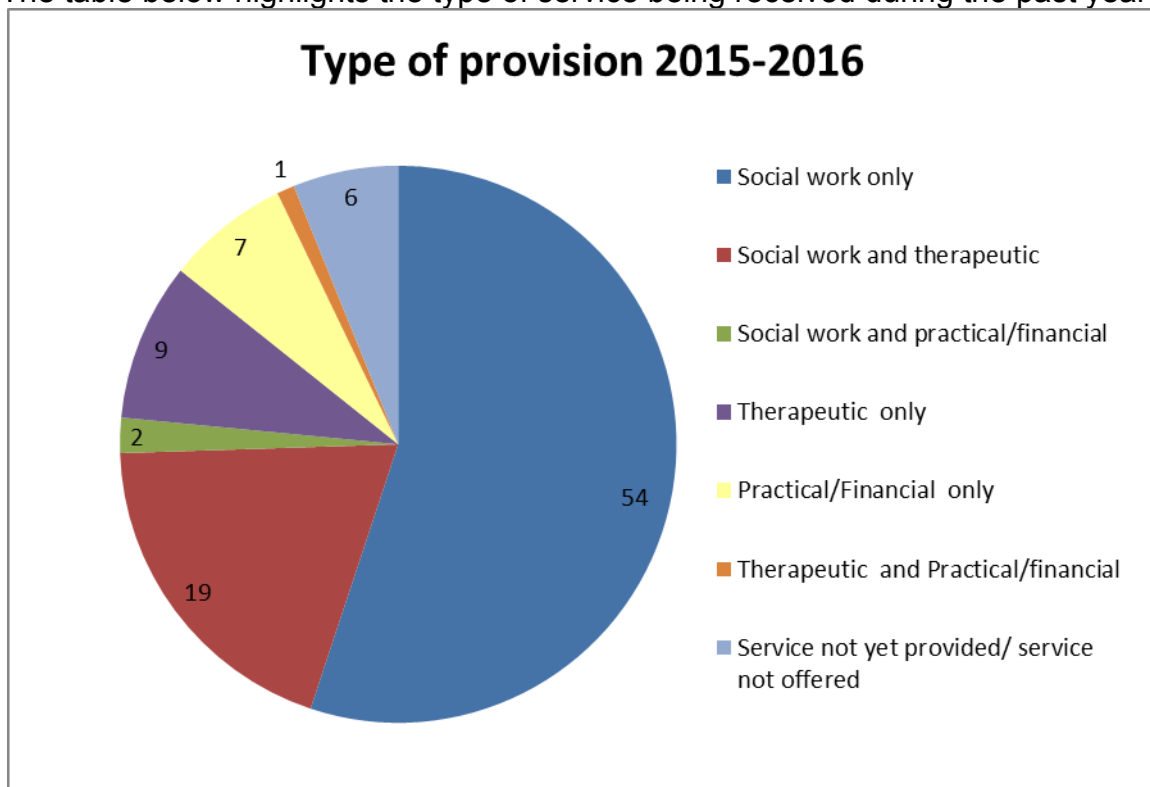
to provide support services to families. Developing a service level agreement may be considered in the future in consultation with our local authority partners.

Two reviews of the service have been undertaken by the Adoption Support Manager since the Collaborative was established. The purpose of this has been to consider the level of demand for services and how this is currently being managed within available resources as well as capturing a clearer picture of a service area which has historically not gathered as much consistent data as other service areas. It has provided us with some overview of the recurring presenting difficulties as well as the range of support services that have been put in place. This information was presented to Management Board in March 2015 and has enabled the service to propose some additional short term measures to support the service over the coming year. This pilot was agreed as part of proposals to utilise an underspend in budget by the Management Board and Joint Committee.

As may well be expected, the most commonly recurring presenting needs within referrals received by the Collaborative have been:

- Attachment difficulties
- Behavioural difficulties
- Identity and emotional difficulties
- Violence/physical aggression from the child
- Additional complex needs such as learning disability, ADHD, Autistic Spectrum Disorder.

The table below highlights the type of service being received during the past year:



Practical/Financial does not include Adoption allowance requests which are managed separately. Practical support includes the facilitation of direct contact arrangements

Of the **28** cases receiving therapeutic support (either solely or alongside Social Work support) 20 different providers have been commissioned and as outlined previously the service is now beginning to identify a range of providers of therapeutic and other relevant services particularly given reliance on specific providers within different local authorities.

Within adoption support assessments and referrals mainstream and universal services are considered and VVC has established links with Health and Education departments to ensure that children are accessing the services that should be available to them. In some instances families have been supported to access CAMHS or liaison has taken place with the LEA regarding Pupil Deprivation Grant funding.

Training has been identified as a priority for the service particularly in the area of adoption support. Agreement has been given in the coming year to fund some places for staff on TheraPlay, Dyadic Developmental Psychotherapy (DDP), Parenting with PACE, Life Story Work and Non-Violent Resistance training. The intention of specialist training is both to equip practitioners with the skills to provide some of the direct work and interventions currently being commissioned externally for families and also to increase the range of training and workshops that the service can offer as preventative or early intervention.

Access to Birth Records/Intermediary Services

The service also provides a service for persons wishing to access their birth records and an intermediary service.

Number of Referrals for Birth Records Counselling /Intermediary Services

	Cardiff	Merthyr	RCT	VOG	Regional Total
Number of Referrals since 01.06.2015 for Birth Records Counselling	28	6	24	12	70
Number of Referrals since 01.06.2015 for Intermediary Services	8	0	9	2	19

As with adoption support referrals, there were also cases open to the four local authorities prior to the 1st June 2015. The majority of these birth records counselling or intermediary service requests were not yet allocated.

Below are the figures for open cases:

	Cardiff	Merthyr	RCT	VOG	Regional Total
Number of Open cases as at 31.05.2015 for Intermediary Services	0	0	10	8	18
Number of open cases as at 31.05.2015 for Access to Birth Records Counselling	10	0	6	16	32

Unfortunately due to the high volume of adoption support referrals for children and families received a number of these cases have remained unallocated although priority has been given to those waiting the longest.

There are no service level commissioning arrangements in place in relation to access to birth records or intermediary services and no external providers have been commissioned on an individual basis. As part of the pilot to enhance adoption support within the region there are plans in place to appoint a temporary part-time Social Worker to assist with the significant backlog of this work and reduce the waiting list.

In order to assist with intermediary searches we have a TracelQ account for which we purchase credits to use for searching.

Letterbox Contact

The Collaborative manages a high volume of letterbox contact arrangements which is currently managed by the whole staff team via a specific allocation of cases. A review of the service is underway and due for completion in April 2016. It is acknowledged that this area poses significant challenges for the regional service in managing such a complex set of sensitive information and the sheer volume of cases. As part of the evaluation of the service plans are in place for a temporary appointment of a part-time Letterbox Co-ordinator.

Current letterbox figures for the four local authorities stand at:

RCT	328
Merthyr	92
Vale	97
Cardiff	188
TOTAL	705

Taking into consideration those files which have not had any active correspondence for over 2 years it is estimated that 482 of the 705 contacts are 'active'. However those cases where there has not been contact for over 2 years remain open as new correspondence can be received.

Service User engagement

VVC has not run any specific service user engagement events since being established however it supported the event organised by the National Service in our area in March 2015. This provided opportunity for families to give feedback regarding the type of support that they are seeking, the findings of which have now been received within the region and will be utilised to inform future planning. These findings will be presented to the Management Board. Adoptive parents from the region also participated in an event facilitated by NAS in November 2015 looking at recruitment practice across the regions with the aim of introducing a two staged approach. The launch of the collaborative at our Christmas Fun Day in 2015 also enabled some feedback from adoptive families in the region and was attended by members of the Management Board and the Director of Operations for NAS.

The Collaborative has sought to build upon the existing support groups that were run by one authority prior to the merger (Rhondda Cynon Taff) and to extend these out to the other local authorities.

Monthly toddler groups have been run since the outset of the Collaborative aimed at adopters with pre-school children which in the majority of cases have been accessed by families with children recently placed as a form of support during the early stages of placement. This is run on a rota basis by Social Workers across the service.

Two family fun days are held per year, one in the summer and one at Christmas and both were successful events in 2015 with over 80 children in attendance.

In addition to these ongoing events, quarterly support groups for adoptive parents have been run from the autumn of 2015. The first of these took place with the theme of 'Non Violent Resistance'; the second of these focussed upon Letterbox and direct contact arrangements. Further events are planned for this next year.

A newsletter for adoptive families was launched in 2016 with the intention that this will be produced 3 times a year.

New children's guides and letterbox contact guides have been prepared and are due to be launched at the 2016 summer fun day.

Short- Medium Term improvement plans

There are temporary plans for a Letterbox Co-ordinator, a Social Worker for Access to Birth Records and to increase the Adoption Support Manager post to full time for a

time limited period to enhance the service. These measures will then be reviewed to assess the effectiveness of this temporary intervention in addressing the current pressures facing the adoption support team.

The support group programme for the year is to be established with dates and themes for these to be clearly set out for families in advance. In addition to this the service is also exploring a range of suitable venues for support groups and family events across the region to ensure that this is accessible to all.

Currently Adoption Allowances are being managed by the four local authorities who retain the budget for these Allowances. However it has been proposed that the administration of these Allowances should transfer to the Collaborative. A review of current arrangements is required to assess the practical and resource implications of this proposal.

Some steps have already been taken to improve the communication around the placement of children outside of the regions and the role of the Adoption Support Services Adviser. This needs further development to ensure that the process is consistent.

The training for staff which has been agreed needs to be progressed. Some arrangements are already in place to take this forward in the coming year. A training programme for adoption families on Non Violent Resistance (NVR) is also planned commissioned via Adoption UK..

Training for staff and local authority social workers in life story work to be arranged.

Within ongoing development of the VVC website there needs to be clear information and guidance for families as to how to access services and the type of support available.

Longer term aims for improvement

Long-term aims for the service are to explore a more multi-agency approach involving greater links with Psychology, Health and Education services. The opportunity of providing a consultation service with a number of different professionals as a form of signposting and early intervention has been suggested and needs further exploration.

Consideration of specific service level commissioning for therapeutic providers.

Other support groups and events need to be developed including birth parent support groups and events aimed at children of primary school age and their parents.

We have experienced a small number of disruptions within the first year of the collaborative and the majority of these cases would appear to be in the very early stages of placement. This has certainly informed decision making around matching

and introductions, assisted us in improving guidance and support to families during the introductions process and early stages of placement as well as being integral in assessments of adopters. From the 'Beyond the Adoption Order' research we are aware of a number of factors connected to adoption disruption post-adoption order, one of which is child to parent violence. The theme of one of our support group meetings was on 'non-violent resistance' which we commissioned and we have also accessed a workshop for staff on this through Adoption UK. We are currently due to pilot an NVR course for families which we are commissioning through Adoption UK.

13. Policies and Procedures

The development of policies and procedures within VVC has focused upon day to day operational processes to ensure that service delivery is maintained. The Collaborative has established a clear process for co-ordinating the adoption referral and decision making process for children across the region and this has been cascaded to all Heads of Service and local Childcare Teams.

Managers within the region contributed to the development of a national Family Finding guide and a localised process is being developed.

The Recruitment & Assessment Team have revised the format for Information Evenings and the recruitment process is being realigned to the development of a more targeted approach.

An Adoption Support Policy covering the provision of adoption support services has been developed and an agreed process to access funding from the respective local authority in respect of support packages and Adoption Allowances has been agreed.

There is a draft best practice guide for the Adoption Panel in place which needs to be finalised alongside procedural guidance to support the work of the Panel.

There are other policies and procedures to develop to support the work of the Collaborative but time constraints and operational pressures have delayed their completion. This area needs to be given some priority in the coming year given the need to comply with Welsh language translation requirements.

14. CSSIW

The agencies within the Collaborative were last inspected during 2012-13. The Head of Service for the Vale of Glamorgan, RAM and the Family Finding Manager attended a day facilitated by CSSIW looking at the revised methodology for the inspection of adoption services in November 2015. The CSSIW Self Evaluation based upon this revised methodology was completed and returned to CSSIW by the 1 March 2016. The schedule of new inspections was to begin in April 2016 but no date has yet been received for inspection of the Collaborative.

15. Local Monitoring and Governance

The host authority for VVC is the Vale of Glamorgan. Governance and reporting arrangements are set out in the Legal Agreement underpinning the Collaborative which was signed on 1 June 2015. The regional Management Board (MB) meets bi-monthly and is chaired by the Director of Social Services for the Vale of Glamorgan. The vice chair is the Director for Merthyr Tydfil CBC. The chair of the MB will rotate each year amongst the local authority Directors within the Collaborative.

The membership of the MB comprises of the Heads of Service from the four authorities which make up the Collaborative with membership from Health, Education and a VAA.

Agendas for the meetings are set in advance. Standing items include performance reporting, budget monitoring, service user engagement and communicating with stakeholders. The Health, Education & VAA representatives bring relevant issues and interest from their particular sectors.

The overall governance of the Collaborative is by way of a Joint Committee (JC) comprised of lead elected members from the four authorities and the Heads of Service. The JC meets twice a year and is responsible for approving the annual plan for the Collaborative and budget. The Regional Manager reports to both MB and JC.

The service fully complies with the reporting requirements set by NAS in terms of performance reporting. A mid-year report was prepared for NAS and an annual report will also be prepared by the end of April 2016. Performance is reported on a quarterly basis to the MB and six monthly to the JC. This annual report will be presented to the MB & the JC.

16. Consultation

Service user views are gathered as part of the casework process and are key elements in adopter assessments and Panels. As outlined earlier a questionnaire was developed for applicants attending Panel and the results of this feedback was used to improve consistency in Panel functioning.

Adoptive families within the region have participated in national consultation exercises including a NAS group to look at the recruitment and assessment process and a general consultation event held in March 2016.

A meeting was held in January 2016 for all adoptive families waiting for placements and members of the team. This provided an opportunity to engage, explain the current context of family finding and to gather their views.

Adoptive families have been involved with the planning and assisted with the running of activities during family fun days.

It has however acknowledged by all aspects of the service that more user feedback is required to inform service development and that customer surveys need to be more routinely embedded in practice within the Collaborative. This is an area for future development.

17. Compliments, comments, complaints and representations

Complaints against the Collaborative are managed via the Vale of Glamorgan's Complaints process.

Since June 2015, VVC has received four complaints which have been resolved at stage 1. The details are as follows:

1. Complaint from AM on behalf of adopters concerning delays at Adoption Panel.
2. Complaint from MP concerning the provision of an Adoption Allowance and settling grant. This was responded to on behalf of the respective local authority.
3. Complaint from London authority regarding the provision of an inter-agency agreement.
4. Complaint from adopters concerning post adoption contact.

In addition the Collaborative has provided contributions to six complaints received by individual local authorities within the region and three representations made to Welsh Government from individual adopters. The latter have been passed to NAS and so regional reports have been supplied to NAS to assist with their responses to the complaints.

There is currently no overall system within the Collaborative for recording compliments except from positive feedback and comments received on an individual basis by members of the team. A log of all compliments received will now be maintained and forwarded to the central Complaints Unit.

There have been no representations against Adoption Panel decisions.

18. Future Priorities

The regional service going forward needs to consolidate and build upon the progress made in the first year of operation, to continue to identify gaps in provision and areas

for development of the service in order to respond effectively to the range of needs being presented.

Specific improvements and priorities for 2016-17 can best be summarised as follows:

1. To review the feasibility of implementing a more specialised, functional model of service delivery.
2. To improve efficiency and reduce administrative costs of the Adoption Panel by implementing a paperless Panel system.
3. To develop VVC's website and to improve the range of information available for users of our service.
4. To develop the family finding process within the region to improve practice in relation to the timely placement of children .
5. To target the recruitment and assessment of adoptive families to better meet the needs of children awaiting placements within the region and reduce reliance upon external sources of placement.
6. To develop the plan to enhance the Adoption Support service in the short term and evaluate its' effectiveness to inform future planning of the service
7. To further develop processes, procedures and guidance to support the work of the Collaborative ensuring compliance with Welsh language requirements.
8. To develop opportunities for engaging and obtaining feedback from service users.

19. Conclusion

The overall vision of the Collaborative is to provide a comprehensive, high quality adoption service to all those requiring such a service within the regional area. Through collaborative working, pooling resources and joint effort it is hoped that the region will continue to be able to deliver improved outcomes for children and young people receiving adoption services.

VVC was the last of the regions within NAS to be established. The implementation of the Collaborative in June 2015 was the culmination of much planning and inter-agency working on behalf of the four partner authorities. The relatively smooth transfer of services and staff to the employment of the Vale of Glamorgan Council was mainly achieved as a result of the level of co-operation which existed and which has continued to be evident through the work of the Management Board and Joint Committee.

At the end of the reporting period there is emerging evidence to demonstrate that collaborative working is beginning to enable a unified, consistent approach to service delivery and easier identification of need and gaps in provision. Overall the region has performed well in certain key areas and as the report hopefully demonstrates that the Collaborative has managed a large volume of work and demand for services during its first year. Positive outcomes can already be seen in the timely placement of children, the recruitment of adopters and an improved service to birth parents.

Whilst much has been achieved, the challenges faced in continuing to develop the service whilst trying to meet increasing demands, particularly in Adoption Support cannot be underestimated. The large agenda for change and improvement in adoption set by the development of the National Adoption Service whilst positive is resulting in increased awareness and expectation at a local level. The service will therefore need to be able to develop mechanisms and resources to ensure that it is able to respond effectively to the improvements required and to ensure better outcomes for all those requiring a service.

Appendices

The current membership of the Joint Adoption Panel is appended to the report.

Report compiled by:

Angela Harris, Regional Adoption Manager
Bethan James, Family Finding Manager
Elizabeth Dickinson, Adoption Support Manager
Mary- Lou Rixon, Recruitment & Assessment Manager.

July 2016.

Appendix: Regional Panel Members and Advisers.

Name	Panel Role
Members	
Artie Meakin	Independent Chair
Mark Roszkowski	Independent Chair
Charles Twining	Independent Member / Vice Chair
Kay Owen	Independent Member / Vice Chair
Margaret Dickson	Vice Chair
Rachel Whiston	Independent Member
Tracey Payne	Independent Member
Erica Beddoe	Independent Member
Fiona Robinson	Independent Member
Joanne Weston	Independent Member
David Issac	Local Councillor
Howard Hamilton	Local Councillor
Sue Lent	Local Councillor
Sharon Rees	Local Councillor
Rhian Graham	Local Councillor
Elaine Williams	Social Worker
Claire Canham	Social Worker
Louise Davies	Social Worker
Lorraine Thomas	Social Worker
Hilary Coombes	Social Worker
Carol Ann Roberts	Social Worker
Martyn Blackmore	Social Worker
Amy Goddard	Social Worker
Rebecca Wells	Social Worker
Advisers – Formal	
Angela Harris	Panel Adviser
Bethan James	Panel Adviser
Mary-Lou Rixon	Panel Adviser
Liz Dickinson	Panel Adviser
Administrator	
Melanie Beere	Panel Coordinator
Lisa Gibbs	Panel Coordinator
Panel Advisers – Specific	
Carolyn Sampeys	Medical Adviser
Bethan Williams	Medical Adviser
Zed Sibanda	Medical Adviser
Niema Awadalla	Medical Adviser
Marilyn Skyrme	Medical Adviser

Mae'r dudalen hon yn wag yn fwriadol

**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

CORPORATE PARENTING ADVISORY COMMITTEE

22 November 2016

Crosslands Annual Quality Assurance Report (April 2015 –March 2016)

Reason for the Report

1. The Committee's terms of reference require that the Committee receive all relevant Children's Services inspection and annual reports, including: Children's Homes Quality of Care Reports.
2. This report provides Members with a copy of the Report; the annual report is a review of the performance of the home and quality of care provided to young people.

Background

3. The Registered Manager operates and maintains a system for monitoring, reviewing and evaluating the quality of care as specified in The Children's Homes (Wales) Regulations 2002.
4. The annual report is specified by Regulation 33 (schedule 6) which sets out the information to be monitored, reviewed and evaluated; with the aim of learning from the information to inform and drive improvements in the home and for the quality care of the young people placed there.
5. A copy of the Annual Quality Assurance Report for Crosslands for April 2015 – March 2016 is attached, **Appendix A**

Financial Implications

6. There are no direct financial implications arising from this report.

Legal Implications

7. There are no direct legal implications arising from this report

RECOMMENDATION

The Committee is recommended to note the content of the report, to consider any outcomes/recommendations and raise and comments/concerns.

TONY YOUNG
Director of Social Services
11 November 2016

Mae'r dudalen hon yn wag yn fwriadol

**CITY OF CARDIFF COUNCIL
CHILDREN'S SERVICES**



RESIDENTIAL SERVICES

**Annual Quality Assurance Report
CROSSLANDS CHILDREN'S HOME
1 April 2015 - 31 March 2016**

**CITY OF CARDIFF COUNCIL
CHILDREN'S SERVICES
RESIDENTIAL SERVICES**

**Annual quality assurance report for
CROSSLANDS CHILDREN'S HOME
(1 April 2015- 31 March 2016)**

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ANNUAL REPORT IN REGARD TO QUALITY ASSURANCE CROSSLANDS CHILDREN'S HOME

1st April 2015 – 31st March 2016

INTRODUCTION

The purpose of this report is to provide a review of the quality of care offered by Crosslands Children's Home during the period: **1 April 2015 - 31 March 2016** in accordance with the requirements of Regulation 33 of the Children's Homes (Wales) Regulations 2002.

Regulation 33 (2) states that the registered person shall provide to the appropriate office of the National Assembly a report in respect of each review conducted for the purposes of paragraph (1), and make a copy of the report available on request to children accommodated in the Home, their parents and placing authorities.

Information provided in relation to the monitoring of the matters is detailed in Schedule 6.

To help identify patterns and processes that require changes in order to improve the quality of the care provided at the Home, all matters detailed in schedule 6 are monitored by the Registered Person. Other monitoring practices used by the manager include:

- Responding to young people's complaints
- Reading young people's logs daily
- Reading all information in the Home's log daily
- Reading, analysing and responding to all incidents
- Reading all behaviour observation charts
- Observing staff in their daily practice with young people
- Undertaking supervision on a one to one basis with staff
- Annual Personal Performance Development Reviews (PPDRs) for all staff
- Holding monthly Placement Reviews where the young person's parents and social worker's views on the performance of the Home are sought
- Spending one to one time listening to young people's views
- Implementing recommendations from Independent Reviewing Officer (IRO) statutory visits
- Reading and responding to the issues raised by young people in their circle meetings
- Consultation systems that record young people's, and others opinions, views and comments

The Home has a number of mechanisms for consulting with young people and it has been able to analyse the information collected to improve the way the Home operates. The Home encourages young people to engage in consultation and make decisions about their lives as well as influence the running of the Home.

Examples of questionnaires are evidenced at **Appendix 1 of this report**. The young people have designed the questionnaires and complete them on a regular basis.

The form consists of specific questions that have been identified as being the most appropriate at the time of consultation with young people.

This questionnaire will continue to be developed as further young people are accommodated and consulted about the way they are cared for. Generally the comments are very positive and young people have been able to share their likes and dislikes concerning food, bedtime, activities and relationships with staff and what, if anything, would improve their time at Crosslands. The main finding is that young people want to maintain and improve their relationships with their families, this is very important to them.

Questionnaires were also sent to parents to gain their feedback but the return rate was low despite enclosing a pre-paid envelope with the questionnaires. Of the responses that were received the comments were positive and recognised the home's contribution in helping to build and restore their relationship with their child.

The Regulation 32 visitor is independent of the Home. The person undertaking the visits meets with the young people to ascertain their views, comments and any complaints about the running of the Home. During this period 21 interviews with young people took place. Throughout this period 13 young people were accommodated.

The Regulation 32 visitor has made great efforts to meet with the parents of the young people to ascertain their views about the quality of care their children receive whilst living at the Home. One young person's mother met with the Regulation 32 visitor at Crosslands in February. The comments were very positive.

"I was worried about her living in a residential children's home but it's much better than I thought. She is doing well with her education and is functioning socially much better. The staff are really good and if she has an agreement in the home the staff will go after her and help her to talk it through. I much prefer her in Crosslands to Foster care because she has more freedom and more contact with Mum and Dad. The staff are brilliant and they keep in contact with me letting me know everything I need to know. There are occasions when I wish people would listen more to her views about where she wants to live".

The young person's mother continued to praise the staff and management at Crosslands before leaving to go to her meeting.

Most of the young people spoken with throughout the year have provided very welcoming comments about the care and support they receive. Examples of the observations recorded throughout the reports include young people appeared content and supported, staff showing young people genuine levels

of warmth, speaking about young people with great sensitivity, levels of care were very good and levels of humour were relaxed and trusting.

Examples of some of the young people's comments are:

"I want to be a mid-wife and Siobhan is really helping me now, she actually listens to what I want and now she is helping me back seeing my family". I encouraged the young person to reflect on the last time I visited and she said "I get on ok with all the staff and I like Siobhan coz she listens to me now and helps me to do things".

The young person (X) said *"I went to see One Direction the other night with one other young person and two members of staff and it was really good".*

"Its better when Siobhan and Jan are here; the staff do more, and I'm glad I've got a new key worker now". This issue was addressed with the establishment of a new Deputy Manager post to ensure there was a regular Management presence at the home and to enable management to attend the home over the weekends and evenings.

"I've started going to Youth club in Llanderyn 3 nights a week and I've met new people. The staff take me and pick me up and I like going its good I get to play pool". Prior to coming to the home this young people was not engaging in any activities and was socially isolated from his peers. While resident at the home this young person re-established his faith and regularly attends a Mosque.

The young person went on to say how she liked living in Crosslands; and enjoyed the company of the staff especially RCCO (AR) when she took her to London for a day trip. *"We went sightseeing, Big Ben, River Thames, Houses of Parliament, shopping, food and we used the Tube. It was brilliant".*

The young person moved over to the menu and picked it up to read. He said *"I like Gammon and Toad in the hole so I might eat in tomorrow night and the night after".* I asked if he is able to have his preferred option of food and meals on the menu and he said yes and if there is a meal he doesn't like he can have an alternative meal.

"I like the food and we get a choice of what we want to eat but it's not better than my mums". He said he thought some of the staff were ok especially those who took him out on activities.

The Young person said all of his meals are prepared using Halal Meat and consistent with the planned menu for the home for example: Spaghetti Bolognaise and there is always a choice. He said he enjoys helping in the kitchen with the Sunday lunches and has made cakes a few times. He said bedtimes are not good at Crosslands, too early 9:30 – 10pm and *"Strict parents create sneaky kids".*

X said he had been to Oakwood on a trip and would like to go to see Formula One. He said he had joined the Life style gym because he wanted big muscles.

I asked X if she had time to have a chat with me. She agreed stating she couldn't spend too long because she wanted to help make her packed lunch before setting off for Bristol Zoo.

Common themes were:

Lots of activities

Food is ok and there's always a choice

Bedtime routine is too early

More pocket money

Mobile phones and credit very important

YP encouraged to do their own washing

The Regulation 32 visitor regularly commented that the 'commitment and continuity of a highly skilled team was demonstrated throughout the visit to ensure all children and young people are responding positively to the restorative approach and reaching their full potential'. The Regulation 32 visitor also observed positive communication and engagement with young people.

Some examples of the Reg 32 Visitor Comments are:

During this visit I spent time chatting informally to one young person who reluctantly agreed to have me present in the kitchen while he prepared drinks with an RCCO. I observed the staff member working positively together with the individual using every opportunity for the young people to make appropriate choices and decisions about his life and learn how to appropriately communicate with others and develop independent living skills to help him in the future.

The staff team remain vigilant and committed in ensuring young people have a stable and consistent Educational plan. One young person has maintained a placement over the past few months despite a series of behavioural incidents at the very start of her placement.

During this visit I spent time with young people chatting about their activities during the half term week and observed young people completing daily living tasks and chores to comply with strategies and plans implemented to support personal development. I observed Staff positively interacting with young people and encouraging self-help and independence skills encouraging appropriate choices and decisions. Staffing levels were proportionate to meet the changing needs of individuals living at the home and it was evident that the service and staff are able to adapt and improvise as and when necessary to meet the complex emotional needs of the young people present from time to time.

The comments from the staff were all positive. Staff commented that they received support from management who make a real effort to meet with them and that supervisions were flexible to support staff needs.

Examples of staff comments are:

NL said he loves his job and has developed good relationships with the children and young people. He said it took quite some time to gain a permanent position as an RCCO, but really enjoys the job *“There are lots of positives”* NL said *“The abuse we are given by the Children and Young people isn’t personal, it’s about the situation which they have very little control of. They need to vent their frustration somehow. I wish more work could be done, where we could be more honest with parents and say it as it is”*.

NL said the training was very good and is helping him to continue to develop skills to work more effectively and communicate with young people. NL explained *“We have a collective staff team, we all bring something to the job, and we are all able to reflect on situations and learn from each other. We can acknowledge others strengths and weaknesses and I wouldn’t feel uncomfortable reflecting and de-briefing with another staff member and suggesting different ways to do things, which I think is a real positive”*.

The RCCO (BD) explained he had taken 2 people camping for one night during the May half term holidays. *“It went really well and the young people had a brilliant time, we went to the Waterfalls and canoed down the River Wye. We stayed on a farm that was quite remote and the farmer brought us our water. There were chickens and a Shetland Pony and the weather was really good. We took all of our own food, frozen meat etc and cooked it”*.

I asked the RCCO (BD) how he was getting on with his QCF qualification. He said he had 7 units still to complete and is planning to do one a week, although only recently he has found out that the qualification needs to be completed by the end of August due to funding arrangements with the local college. Ben said he has spoken to the deputy manager Jan Moreland and they have agreed for the RCCO (BD) to set aside time for study. *“Jan has been good as gold, she is very supportive and has helped me to focus on the qualification. Another colleague (CF) has also been really good helping me to understand and interpret the questions and evidence requirements”*. The RCCO explained he has been in post almost a year and feels he has developed valuable relationships with young people and colleagues. He said he enjoys the work at Crosslands very much and has got on much better than he thought at the beginning of his induction.

She said she started her induction last Tuesday and the team have been very helpful and supportive in getting to know the young people and the policies and procedures for the service. On each day she is allocated a mentor and is working her way through the induction checklist, understanding all recording and reporting documentation, policies, procedures and systems etc. Mandatory training has been planned and she is due to complete her driving assessment, Food Hygiene, First aid and Safeguarding Children over the next few weeks. RCCO (BA) explained her previous job role was in the Youth

Service and although much of her experience and skill base is transferable she hasn't worked in a residential setting; however welcomes the change. She said *"Nothing is too much trouble for the team"*.

The night worker has a permanent post 10 – 8, 2 nights a week, and she said she is always able and available to work extra hours as overtime. She explained she previously worked for the Council in Older People Services however really enjoys working in Crosslands. She said *"I didn't think I'd be able to cope emotionally however over the last 2 years I have learnt why there is such a need for looked after services and the benefits of group living for the young people. I feel my job is very rewarding, I like to see the young people progress and develop independence skills ready to move on"*. I asked JH about the training this morning. She said *"It was all about communication and why it is important to think and be mindful of what you say, who you say it to and does it need to be said, we need to think about who's needs are being met when we communicate. It's about de-escalating situations and reflecting back what the young person has said, listening to the young people and helping them to manage their feelings"*. She continued to say she was up to date with all mandatory training, and she received regular supervision with Jan Moreland who is very accommodating coming in early before the end of her shifts, to avoid staying on in the morning. I asked about night duties and tasks. JH explained the priority is to settle the young people to bed and if young people are not in the building it's the night staff's role to encourage them back safely.

The comments detailed above range from a long-standing member of staff, a new member of staff and a Waking Nights member of staff.

A great achievement for the Home is the Regulation 32 visitor has consistently scored the Home as exceeding the minimum standards on each occasion which is an improvement on last year.

The Home has continued to encourage young people to engage in restorative approaches. The Home has also continued its focus on supporting young people to manage any conflict they may have with each other by using Circle Time, which has been very positive. Staff attended training in restorative approaches circles which has raised their awareness to recognise they cannot predict young people and others thoughts and feelings as each person has a unique perspective on any given situation. The Home have developed a more structured approach to circle time by planning sessions in advance and the number of circle time sessions increased this year (39) in comparison to last year (32).

The Home utilises a Results Based Accountability (RBA) performance management tool which monitors the progress of the service in delivering better outcomes. The team identified the key factors that impact on the service. It selected key indicators and measures its performance against them on a quarterly basis. This process helps to identify areas where improvements are needed and changes are made where necessary. Examples of the quarterly report are included at **Appendix 2**.

MATTERS TO BE MONITORED AND REVIEWED BY THE REGISTERED PERSON

- 1. In respect of each child accommodated in the children's home, compliance with the placing authority's plan for the care of the child (where applicable) and the placement plan.**

Childcare and Placement Plan

The Registered Manager prepares in consultation with the young person's placing authority a placement and action plan, which plan for the care of the young person and sets out the provision of the service to be provided.

When a young person is first admitted there is specific LAC information, which is required including a new delegation of authority form to empower the Home to make more decisions about the day to day activities of young people.

Childcare and Placement Plans

To ensure compliance with the placing authority's plan for the care of the young person and the placement plan, the following are undertaken at the Home;

- Residential Children's Services access to CareFirst, an electronic social care computer system, which holds individual case records
- Data collated centrally in relation to Looked After Children
- Initial Placement Planning Meeting held on or before admission
- Each young person's placement and action plan is held on file at the Home and electronically for monitoring purposes
- We undertake audits of all young people's files on a monthly basis
- Plans are reviewed and monitored during Statutory Reviews by the Independent Reviewing Officer and Monthly Placement Reviews
- Supervision of residential staff to ensure work undertaken with individual young people complies with current childcare plans
- Monthly Regulation 32 Visits are undertaken by a person independent to the Home
- All young people have individual Health books, where all appointments, consultations, health assessments, record of health history, record of medication administered to young people are recorded. The health books are monitored on a monthly basis.

Manager's Analysis

There have been 8 new young people admitted to Crosslands in the reporting period and 4 of these were emergency placements. Out of the 13 young people accommodated 7 were discharged on a planned basis in line with their Childcare Plan. There was one emergency discharge from the Home although a planned move had already been arranged as the young person

had an identified foster placement to move to. The majority of placement referrals came from foster placement breakdowns.

All young people have a Care Plan in place at the point of admission. The Care Plans produced for an emergency admission have to be reviewed and updated by the allocated Social Worker in a planning meeting. The Home ensures that every young person is involved in producing their care and placement plan and agrees with the arrangements set out to meet their needs. All young people admitted to Crosslands will have a new or revised Placement and Action Plan within 72 hours of admission.

Each young person admitted to the Home has a completed Residential Referral form which has the appropriate information recorded as required by the regulations. The referral process is explicit in identifying the needs of the young person and making a decision based on essential information and risk assessments, asked for within the referral form.

The Registered Manager is fully involved in the decision making of young people entering the Home and where applicable an Initial Placement Planning meeting is held before the young person is accommodated. The Home only provides admission to young people whose assessed needs can be met and during this reporting period the Registered Manager declined seven referrals where this could not be achieved.

The Placement and Action Plan continues to be reviewed and further improvements have been made to our reporting, recording and monitoring of identified tasks, using the result based accountability method to enhance the Schedule 6 Monitoring process. The Placement and Action Plan will then be distributed and reviewed in the next meeting to ensure tasks are being completed and areas of non compliance addressed. Positive comments have been provided to us in relation to these placement plans from social workers, education, health and parents.

The staff team have access to Carefirst, the case management system for Children's Services. This ensures that the quality of information required by the admission process is relevant, in date and captures all areas of a young person's life. A copy of the young person's Core Assessment is requested by the keyworker to support the staff to consider the level of need, the family situation and environmental factors. This information is used to consider how those needs may be best met within a residential context.

2. The deposit and issue of money and other valuables handed in for safekeeping

Compliance is monitored through:

- Financial Procedure Rules (1.CM.139)
- The Home has a written procedure (Procedure for Allowance and Safe Keeping of Personal Property) revised April 2013
- Personal Property Book
- Provide lockable cabinets
- Pocket Money Book
- Petty Cash and Clothing/Holiday Imprest Accounts
- Internal Auditor

Manager's Analysis

A detailed inventory of young person's belongings is completed and placed on their file. Young people are no longer required to sign relevant books and paperwork when issued with monies as this practice was not in keeping with family life. The management team routinely audit all records.

No notable patterns or issues have come up in the monitoring of the deposit and issue of money and valuables.

3. Daily Menus

Compliance is monitored through:

- Menu Book – monitored by the Deputy Manager
- Involvement with the LAC Specialist Nurse for advice
- Circle Time Meetings
- Monthly Placement Reviews
- HACCP - Management Safety Officer
- Individual food preferences are recorded on the dislikes/likes sheet of the menu book

Manager's Analysis

The Regulation 32 reports evidenced that young people are asked about their food choices and enjoy the food. The young people are consulted about what food they like and dislike. The young people are encouraged to help staff prepare meals. All the feedback in relation to food was positive. It is the intention that young people when leaving the Home will be able to cook three evening meals and this target will be monitored through their individual placement plans.

The young people and staff eat their lunch and evening meals together at the table which the Home feels is extremely important in the development of social skills and relationships.

We have continued to engage young people in drawing up the Home's menu on a regular basis.

A Hazard Analysis and Critical Control Point (HACCP) Plan has been developed by the Council and is regularly reviewed to identify any new practice and information from the resources at our disposal. The managers are proactive in seeking advice and training from our network of professionals within the service.

All special occasions are celebrated with appropriate food and festivities. The staff team discuss and plan activities with young people with regards cultural evenings, where they cook and sample food from different parts of the world. They also visit local restaurants to encourage positive memories associated with great food. We have set aside time for young people to bake desserts, cakes and biscuits with staff which has been successful. Photographs of activities and cultural evenings are kept and when a young person leaves they are presented with a photo album. These albums have been a great success.

This year Crosslands were awarded The Golden Spoon Award by the Children's Food Trust for their efforts in the 'Lets Get Cooking' programme which is detailed at **Appendix 3**.

4. All accidents and injuries sustained in the home or by children accommodated there

Compliance is monitored through:

- Young Person's Individual Health Record – monitored by the Health Link Worker
- Incident
- Reports
- Accident/Injury Reports
- Supervision systems
- Notification of Significant Events – Regulation 29 Reports
- COSHH
- Monthly Placement Reviews and Statutory Reviews

Manager's Analysis

There has been a significant reduction in accidents and injuries reported and recorded during this period.

After each accident all young people were supported by staff and other professionals to address their immediate physical and emotional needs. Where attendance at Accident and Emergency is required the young people are always accompanied by staff, including overnight stays. Each young person's plans are updated to reflect current concerns and help to reduce their access to further physical and emotional harm. After any accident/injury each young person's risk assessments will be updated to highlight the identified risks with regards to their behaviours on these occasions.

Any incidents that occur outside working hours are managed by the On Call Out of Hours service ensuring young people receive support from the staff team.

The Registered Manager continues to make every effort to ensure the safety of young people when in their communities. Every effort is made to identify the people in the young people's lives, families and friends. The young people are given many opportunities to take part in activities and outings to reduce their exposure to serious at risk behaviour.

5. Any illnesses of children accommodated in the home

Compliance is monitored through:

- Young Person's Individual Health Record monitored by the Health Link Worker on a monthly basis
- Young person registered with GP, Optician and Dentist
- Notification of Significant Events – Regulation 29 Reports
- Advice from Specialist LAC Nurse
- Advice from out of hours health service

Manager's Analysis

Each young people's health is monitored very closely and any signs of illness are responded to and actions taken quickly to identify the causes. The Health Link worker at Crosslands monitors the Young People's Health Records regularly, to ensure prescribed medication have been administered or self administered as instructed by health professionals. All young people are encouraged to attend their health appointments and are mainly accompanied by staff members. During this reporting period 160 (last year 233) health appointments were made and 134 (last year 181) attended. The number of health appointments attended declined due to the fact that 2 of the young people accommodated last year accounted for 33% of the appointments.

There have not been any serious illnesses at Crosslands in this period and the monitoring and reviewing of our procedures continue to be monitored and improved upon where necessary.

6. Complaints in relation to children accommodated in the home and their outcomes

Compliance is monitored through:

- Corporate Complaints Procedure
- Dedicated Complaints Officer
- Complaints Book
- Advocacy Service visit the Home weekly
- CSSIW
- Regulation 32

The Complaints Procedure is available and it is readily available to all young people as it is displayed on notice boards. All complaints are recorded and responded to in a timely manner via the management of the Home.

The young people are encouraged to use the Complaints Book to enable the current service provision to be improved.

On admission all young people are given a copy of the Complaints Procedure and the names of services they can contact if they are unwilling to talk to us about their issues. Young people are also able to raise any complaints with their Social Worker or an Advocate who visits the home on a fortnightly basis.

The Regulation 32 Visitor consults with the young people when they visit the Home to obtain their views about the standard and quality of the care provided to them.

Manager's Analysis

There have been seven complaints made within this period from different young people, 3 of these were in relation to other young people at the home and one was in relation to his mother refusing to speak to him on the phone. One young person complained about loud noises in the night. One young person complained about another of the young people who was accused of stealing her phone although she decided not to report this to the police. One young person complained about another young person calling her names and telling her to kill herself.

All complaints were discussed with the Managers and resolved within the Home using Restorative Approaches.

The Managers and staff seek to find resolutions to the young people's problems by getting them together with other young people and staff that they have the issues with. This does not always take place due to the wishes of the young person and we continue to implement the Restorative Approach, to minimise the need to make complaints. All young people are encouraged to bring issues that they have to the attention of staff and Managers and are supported in finding resolutions to their issues.

The use of Circle Time allows young people to bring up issues before they result in arguments with one another or matters become volatile because they have bottled them up. These sessions also allow staff to discuss general issues around the Home that young people need to be aware of.

One particular Circle Time focused on young people considering each other's needs and what that would look like in the home which gave them the opportunity to share their unique perspective as well as build problem solving skills.

During this period all complaints have been resolved at the informal stage therefore there has been no involvement of the complaints officer.

7. Any allegations or suspicions of abuse in respect of children accommodated in the home and the outcome of any investigation

Compliance is monitored through:

- All Wales Child Protection Procedures 2008
- Completion of Multi Agency Referral Forms
- Central Regulation 29 record file
- Central incident record book
- Complaints book

All allegations of abuse are recorded as incidents or complaints and notified to the CSSIW via Regulation 29 notifications. These records are kept centrally and on the young person's individual file and the outcome are logged on the relevant section of the Regulation 29 reporting form. Any new entry is read and signed by a Manager.

Manager's Analysis

All young people looked after are likely to be vulnerable at some time or other and will require targeted intervention and support to manage their at risk behaviour. The Home has safeguards in place to protect vulnerable young people.

There were seven instances of child protection concerns during the period (50% less than the previous year). Three of these incidents were in relation to one vulnerable person being contacted by someone they did not wish to be contacted by. Two were in relation to another young person who was in the community for several hours. Two were in relation to two separate disclosures by two young people. A summary of these instances is at **Appendix 4**.

Every effort is made by the Registered Manager and the team to provide young people with support by providing secure, stable and caring placements. This is a key factor in reducing their vulnerability and exposure to harm. All young people are provided with mobile phones to enable them to keep in contact with the home whilst in the community. Clear boundaries are also provided to young people to ensure they are aware that in the event of an unauthorised absence from the home staff will come and search for them to ensure their safety and the home is able to evidence this practice as Police involvement in the home has greatly reduced this year to 14 incidents of police involvement in 2015/16 from 25 incidents in 2014/15.

There were no complaints made against staff during the period.

8. Staff recruitment records and conduct of required checks for new workers in the home

Compliance is monitored through:

All new staff members have to provide Schedule 2 information when applying for the post or after appointment and before commencement of work at the Home.

An individual supervision file is kept on each member of staff and includes all the information required by Schedule 2.

Manager's Analysis

One full-time and one Relief Residential Childcare Officer were recruited during this period. One Deputy Manager was recruited during the period. (All registered with the Care Council and DBS certificates were checked and were clear. Three staff members completed the QCF Diploma in childcare. The Registered Manager annually reviews and amends the Registered Manager, Deputy Manager, Senior Residential Childcare Officer, Waking Night and Maintenance Person job descriptions and person specification in consultation with residential staff and the Operational Manager. One Handyman was recruited during the period whose DBS certificate was also checked and clear.

9. Visitors to the home and to children in the home

All visitors to the Home must make themselves known to staff who will establish who they are and the nature of the visit (if it has not been pre-arranged).

Compliance is monitored through:

- All visitors to the Home must come to the front door and be admitted to the building by a staff member
- The door is fobbed for security purposes
- ID is requested from all visitors who are unknown to the staff
- Regular checks of record of visitors to children, visitors book and daily logs for individual young people
- Monthly Placement Reviews

Manager's Analysis

The system continues to work well although the Regulation 32 visitor brought to our attention that some visitors were not signing out of the visitors' book when they left the building. As a result of this all staff have been instructed to check the visitors' book regularly to ensure compliance and there has been an improvement since this issue was raised.

10. Notification of the events listed in schedule 5 (Reg. 29)

Compliance is monitored through:

Regulation 29 notifications are read by the management team. The Home has a single Regulation 29 Notifications file. The Registered and Deputy Manager monitor and identify any patterns of behaviour that may require increased resources.

- Quarterly Regulation 33 report
- Regulation 29 central file
- All staff complete Regulation 29 notifications
- The management team report back to CSSIW any further action taken

Manager's Analysis

In the reporting period there have been fourteen Regulation 29 Notifications, this is 53% less than last year.

These notifications were fairly evenly spread amongst the young people accommodated. There were no Regulation 29 notifications for 5 young people accommodated during the period.

The Home worked closely with each young person to reduce their exposure to various at risk behaviours by the following:

- Restorative practice to repair and restore relationships
- Engagement in planned activities
- Engagement in Local Leisure Centre
- Prescriptive Behaviour Management Plans
- Individual work on self esteem
- Involvement with the police
- Missing person's coordinator
- Building relationships with Family members
- CAMHS
- Independent Visitor
- South Wales Inclusion Service
- Education Psychologists
- Connect Model of Care

The Registered Manager's priority is the safety and well being of the young person involved in the incident as well as providing any extra resources that may be required to reduce further reoccurrences. A monitoring system is in place to ensure that the actions and outcomes of each notified event have been recorded.

11. Any unauthorised absence from the home of a child accommodated there

Compliance is monitored through:

- Monthly Placement reviews

- Regulation 33 Quarterly report
- Individual daily logs
- Registers
- Chronological reports
- Monthly Placement Review reports
- Independent visits from the case accountable Social Worker

Manager's Analysis

There have been 50 unauthorised absences during this period. Three young people accounted for 90% of these absences. These three young people were aged 15 to 16 and two of the three young people had established a lifestyle of staying out late and going missing prior to admission.

One young person regularly absconded with friends to the local community.

One young person had established a social network that placed her at risk of CSE. During her stay the Home managed to remove her from the process by establishing boundaries which focused on keeping her safe and reducing her need to go missing. The home worked closely with her parent, friendship group, and the Street Based Youth Worker teams, Safe As, Youth Mentor and CAMHS.

One young person regularly absconded to their mother's house.

Where required young people are provided with mobile phones to enable the Home to stay in contact with them, however, the young people do not always respond to this measure or answer their phones.

The Registered Manager recognises that young people being absent without authority/missing can have a dramatic and dangerous effect on their lives. The Home works with professionals within a multiagency framework to prevent individual young people from establishing a pattern of unsafe experiences that have a profound impact on their physical and emotional well being. The culture of the Home is to support a young person to establish personal boundaries that keep them safe which is reinforced by showing empathy, understanding, respect and listening to their viewpoint. The Home continues to build a positive working relationship with the local Police Station. The Police Inspector including the Missing Person Liaison Officer and Community Officers have been very supportive; ensuring all absent without authority or missing is addressed with the Police.

12. The use of measures of control, restraint and discipline in respect of children accommodated in the home

Compliance is monitored through:

- Incident Record Book
- Responses written at the end of incident reports and complaints
- PROACT-SCIPr-UK® Individual Behaviour Support Record Book

- Personal Intervention Record Book
- Regular checks of the Incentives and Consequences Book
- Audits by PROACT-SCIPr-UK® Instructors
- Audit reports of PROACT-SCIPr-UK® Instructors
- PROACT-SCIPr-UK® Refresher training twice a year

Manager's Analysis

The use of Restorative Approaches combined with PROACT-SCIPr-UK® as a model of care continues to improve the way we respond to young people's behaviour. Moving away from a dependency of using sanctions to modify young people's behaviour to supporting them to becoming more accountable has been successful. The word 'sanctions' has been removed this year and replaced with 'action'. Any actions that staff want to apply to a young person have to be discussed with the Registered Manager and emphasis is placed on natural consequences.

Incidents

There are 11 categories of incident types that are reported on within the Home. There have been 90 (37% less than the previous year) incidents of various types of at risk behaviour involving twelve young people. Three young people accounted for 60 (67%) of all incidents recorded. The usual types of behaviour mostly displayed were verbal / aggressive behaviour, violent behaviour and assault / injury towards staff. There has been one incident of theft of another young person's personal property. There have been only three young people reported to have been involved in substance misuse which may reflect a recent national report, which shows a continued reduction in drug and alcohol use with some sharp regional variations.

There have been 14 incidents that required a Police response, which is a reduction in the percentage of incidents involving the Police in comparison to last year. This demonstrates that ongoing collaboration with the Police and clear Police involvement procedure for staff does significantly reduce the criminalisation of young people.

There have been twelve assaults on staff by four young people. Five of these incidents were in relation to one young person who had significant emotional needs and required around the clock, one to one supervision.

During this period there have been twenty physical interventions performed using PROACT-SCIPr-UK® prescribed interventions with young people. Nine of the physical interventions were implemented in response to one young person's attempts to assault staff on 6 occasions, another young person twice and another young person once. Six were implemented to stop young people assaulting each other. All of these interventions have been the least restrictive. The young people are encouraged to make comments after any episodes of physical

interventions. This enables the Home to reflect on how they have used the methods and how young people feel about them. Any relevant issues can then be discussed with our trainers of PROACT-SCIPr-UK® in identifying any practice issues or concerns raised by staff or young people.

Plans for Improvement

A qualified PROACT-SCIPr-UK® Instructor audits the use of physical interventions and behaviour management at the Home and reports back to the Manager who implements changes in practice as a result. This information is also used to shape the content of the bi-annual PROACT-SCIPr-UK® Refresher Training that is provided. The instructor meets with staff to discuss incidents which inform the development of very prescriptive behaviour management plans. The plan is to develop a learning environment that supports staff to develop proactive, active and reactive interventions. The staff team are using the time intensity model to increase their awareness of what level of support is required and what stage.

Although the young people struggle with the management of their own behaviour the staff team have become more restorative in their working practices and relationships with young people. The Registered Manager will continue to work closely with the instructor to improve members of staff management of incidents by increasing their knowledge and skill in areas such as warning signs, triggers and the use of I statements and circle time to focus on repairing harm and restoring relationships. Already by staff using I statements as part of their every day communication we are beginning to see results. The Incident Book has been reviewed and revised in consultation with staff to record how they restoratively supported and engaged young people and others when an incident occurs. Also the Home promotes problem solving circles to repair relationships when harm has occurred.

The Home has developed a Connect model of care that combines ELSA-Emotional Literacy Support Assistance training to support young people to recognise, understand and manage their emotions. This is compatible with PROACT-SCIPr-UK® and Restorative approaches. So far the Home has trained more than three quarters of the staff team to be ELSA trained. It is planned that all staff will have completed the training by the end of the year. Staff had the opportunity to attend the Corporate Parenting Panel and present their work concerning direct work with young people which was received well and feedback very positive.

The aim of the Connect model of care;

- Plan and deliver individual support programme
- Ongoing support/supervision from Educational Psychologists
- Assess & measure emotional wellbeing
- Emotional literacy programme
- Develop skills for life
- Educates staff as well as young people
- Secure base model
- Trauma and recovery

13. Risk assessments for health and safety purposes and subsequent action taken

Compliance is monitored through:

- The Manager completes the building risk assessment annually and it is reviewed on a 6 monthly basis
- Action plans are generated by the risk assessment with timescales identified for actions to be taken
- All individual young people's risk assessments are updated monthly or when required and discussed at the MPR
- Team meetings
- Building risk assessments signed and dated by the Registered Manager and the Operational Manager
- Fire Safety Management
- A comprehensive report and action plan are prepared

Manager's Analysis

The Registered Manager regularly questions the content of the risk assessments received prior to the admission of the young person. It is necessary that these assessments are robust, accurate and up to date. The risk assessments on young people are audited monthly and are revised and updated at any time if required. Health and Safety issues are discussed at team meetings as a set agenda item.

The Home has developed a Business Continuity Plan. This plan is to be used to assist in the recovery of the Children's Home a service provided by Children's Services Directorate Cardiff Council, in the event of a major disruption to the service. A major service disruption is defined as a significant incident which threatens personnel, buildings or the operational structure of the service and requires special measures to be taken to restore things back to normal.

The home was recently commended for the Fire Safety Risk Assessment by the Health and Safety Executive for The City of Cardiff Council.

14. Medicines, medical treatment and first aid administered to any child accommodated in the home

Compliance is monitored through:

- The Health Link worker monitors the health record on a regular basis as part of the regular file audits that take place
- Signed and dated file audit sheets on the young person's file
- LAC Specialist Health nurse

Manager's Analysis

The Individual Health Record that is kept for each young person is comprehensive. The record has been reviewed and revised in consultation with staff to ensure that the recording and administration of medication, medical treatment and first aid treatment is conducted to the highest standard. Any issues, or queries, relating to individual young people are discussed with the LAC Health Nurse that frequently attends the Home. The LAC Nurse will provide medical information relating to inoculations and has a specific section within the health books to record information relating to her visit. All members of staff have been trained in first aid so that there will always be at least one person on shift that is qualified to administer first aid. Medicines are stored in a secure facility. The young people cannot access medicines unless it is appropriate for them to self administer.

Plans for improvement

One staff member was C-Card trained and another male member of staff will be trained by the end of the year.

15. In the case of a qualifying school, the standards of educational provision

N/A to Crosslands Children's Home

16. Duty rosters of persons working at the home and the rosters actually worked

Compliance is monitored through:

- The original rota is written in the rota book and a copy is held on the Home's computer shared drive
- Any changes are made in the rota book and this forms the record of rotas actually worked
- Timesheets are checked weekly against the rota
- Copies of rotas available in the Home
- Copies of timesheets are kept at the Home

Manager's Analysis

The current working rota is well established. The implementation of waking night continues to be a great success with minimal disruption to the Home. There has been a noticeable reduction in incidents occurring at night and young people appear to settle well at bedtime. The reduction of sleep-in shifts has increased the availability of staff during the day and evening. The staff team's flexibility of hours worked ensures that we can operate the Home when we experience levels of sickness or annual leave.

17. The home's daily log of events

Compliance is monitored through:

Management ensuring that all sections of the Log has been completed and all tasks are carried out.

Manager's Analysis

The Daily Log is used throughout the shift by staff. The Log Book is monitored and reviewed regularly and is a source of valuable information that can be accessed quickly. The Daily Log informs staff of recent and forthcoming events, the whereabouts of the young people, telephone calls made and received, actions needed and a daily check list of all tasks that need to be undertaken during the shift.

18. Fire Drills and tests of alarms and of fire equipment

Compliance is monitored through:

- This forms part of the building risk assessment process
- It is checked by Regulation 32 visitors
- It is monitored by the nominated person and management of the Home
- Fire Warden Training
- Completed, signed, dated risk assessments
- Regulation 32 reports
- Independent Building Fire Risk assessment

Manager's Analysis

The Home continues to take positive steps to keep young people, staff and visitors safe from risk of fire. All young people on admission to the Home are shown how to evacuate the building safely. The staff team receive annual fire training and one appointed fire warden supports the management team ensuring fire safety compliance. We have systems in place to ensure that the staff team are competent in the evacuation procedure of the Home.

19. Records of appraisals of employees

Compliance is monitored through:

- Digigov (Human Resources database)
- Supervision

Manager's Analysis

All Residential staff have an annual personal performance developmental review which is reviewed at six months. There are Corporate and Service led

objectives which have to be undertaken by all staff as part of the PPDR. In addition a member of staff has their own personal objectives which have been agreed with their Manager. The Operational Manager for the service will sign off the performance review of each member of staff ensuring measurable quality objectives.

20. Minutes of staff meetings

Compliance is monitored through:

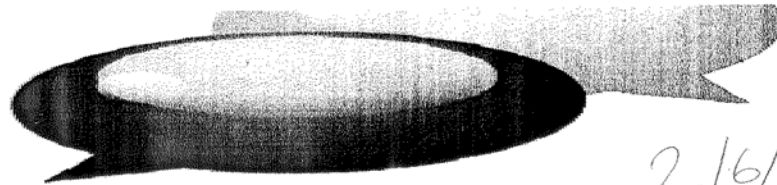
- Managers facilitate the team meeting
- Minutes are read by all staff
- Agenda

Manager's Analysis

Staff meetings have an agenda with regards specific areas of discussion i.e. Health and Safety, Core Brief, Anti-Discrimination Practice, Budgets, Review of the Home's practices, Children's Circle Time and discussion concerning individual young people. There have been ten Team meetings held, with some team meetings being utilised for staff training. The staff team have been receiving regular training on Restorative Approaches which has centred on improving their communication skills when managing conflict behaviour. Each team meeting is conducted in a circle time format which gives the staff team an opportunity to speak.

APPENDIX 1

Examples of questionnaires



2/6/15

O.U.R S.A.Y

What have you liked the most this week?

N/A because I fell out with my roomie

What have you disliked this week?

~~etc~~

How do you like the food? What else would you like to eat?

OK. Takeaway - Chinese

What activities did you engage in this week?

Gym - pool

How are the staff helping you?

To get me back in school.

What would you like to be different?

Change my behaviour

What can we do to improve Crosslands?

Spa

Form devised by the young people of Crosslands following consultation.

APPENDIX 2

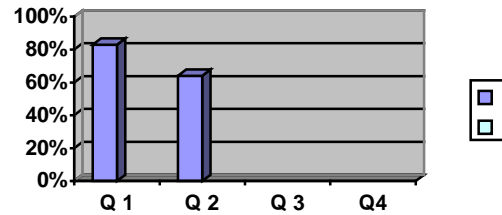
Quarter 2 July – September 2015

Crosslands Review of the Quality of Care Report

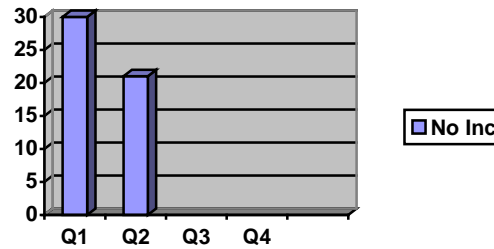
Outcome 1

Young people will have their needs met appropriately and will be secure in their placements

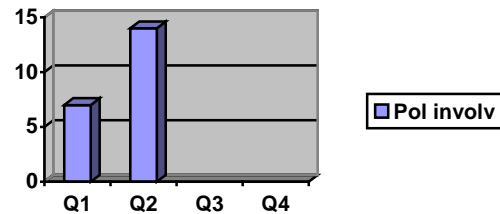
% of young people involved in incidents



No of incidents



% of incidents involving the police



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Story behind the baselines

- Young people need to feel safe and secure in their placements which will support them to concentrate on their development and to mature into responsible adults.
- The number of incidents within the Home is an indicator of the security that young people feel while living at the Home.
- Further reduce incidents to prevent placement breakdowns.
- Further reduce the number of incidents where the Police are involved.
- Young people are enabled to express their needs and emotions.

- The implementation of the use of Restorative Approaches will help to reduce incidents.
- Creating an environment where young people are helped to develop their own inner moral compass and they take control of their own behaviour by making positive choices.

Well managed services are essential for ensuring that young people receive the right care at the right time to achieve the best possible outcome for them. This means having a clear strategy and detailed realistic plans for implementing it, and monitoring and reviewing it regularly.

Getting it right for Children in Residential Care (September 2010)

How much did we do?

- 13 Circle Time sessions were held with young people.
- 21 incidents recorded in this quarter which is a 30% reduction in incidents in comparison to quarter 1.
- 3 incidents of Police involvement in comparison to 2 incidents of police involvement in quarter 1.

How well did we do it?

- 3 incidents had Police involvement. Two incidents occurred while the young people were in the community. 1 incident occurred at the home. Each of the 3 incidents involved different young people.
- A 30% increase in circle time sessions in comparison to quarter 1.

What difference did we make

- Young people taking part in Circle Time sessions to resolve and minimise any potential conflict situation.
- Continued involvement of young people in community activities such as gym, drama, free running and swimming although the young people accommodated at the time were very independent and spent a lot of their time socialising with their peers.
- Ongoing collaboration with the Police and clear Police involvement procedure for staff has significantly reduced the criminalisation of young people.
- Preventative plans updated on a regular basis.
- Ongoing support from Behaviour Management Advisor to analyse incidents to help us learn and reduce the behaviours from the young people.
- The staff are doing more activities in the home such as playing board games and cooking and these are not recorded as activities.

Partners who can help us do better

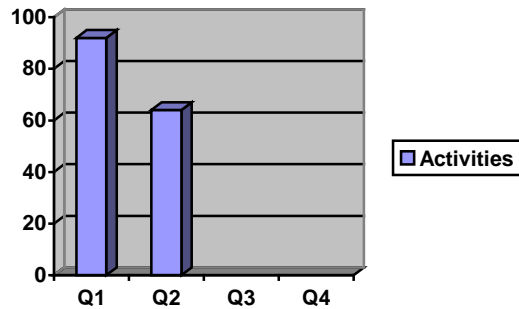
Families, Education Psychologist, LAC Nurses, Youth Mentors, CAMHS, Police and IFST.

What we propose to do to improve performance

- To monitor incidents closely and analyse them to ensure that lessons are learnt and practice is improved.
- To identify individual staff training needs with regard to the management of behaviour.
- To fully implement Restorative Approaches, using Restorative language daily and using methods of communication through Restorative meetings/discussions, Circle Time etc.

Outcome 2

Crosslands Children's Home will help young people to develop into responsible adults.



Story behind the baselines

What are the problems that we are trying to change and or improve upon:

- Having clear and up to date behaviour support plans in place for young people.
- Improve on having a consistent approach to the management of challenging behaviour.
- To ensure that Restorative Approaches are used in conjunction with PROACT-SCIPr-UK®.
- To reduce the amount of incidents in the Home.
- To concentrate on calming techniques, triggers and warning signs.

How much did we do?

- 71 Activities planned and 64 occurred. The majority of young people have taken part in planned activities.

How well did we do it?

- 4 young people left the home during this quarter. One young person returned home which was a positive outcome as it was thought that this young person would never return home. Another young person secured employment before he left to go to independent living. One young person was only resident for a day. Another young person moved onto independent living but was engaging well with the LAC traineeship scheme before they left. Another young person also attended the LAC traineeship scheme.
- One young person regularly assisted his father with selling goods in the market.
- One young person was having increased contact with their mother over this period thereby reducing the number of activities they were able to partake in.
- One young person had increased contact with their family over this period which included overnight stays.
- The young people had a camping holiday.
- An annual activity afternoon was held for all staff and young people and all young people engaged with this.

What difference did we make?

- The above approaches have shown good results although we have a lot more to do in employing these methods and recording information for the appropriate actions to be considered. We have been able to provide staff with the opportunity to analyse incidents in order to improve response and reaction to similar situations if they occur again.
- 2 young people passed their gym induction
- An activities programme is ongoing from Monday to Sunday which is supporting the young people to experience new activities. This is to encourage the young people to engage in group activities and take up new hobbies.

- By staff concentrating on young people's emotional, cognitive, behavioural actions and social development they are able to analyze young people's behaviour to a greater extent and therefore plan appropriately.
- Circle Time sessions were diarised and designated staff assigned to ensure they took place.

Partners who can help us do better

Police, YOS, Social Workers, CAMHS, Educational Psychologists

What we propose to do to improve performance

- We will continually improve our data for analysis and actions to be taken with regard this behaviour model. The information is scrutinised and analysed by our Behaviour Management Consultant which allows staff to concentrate on specific behaviours identified and how to manage the situations by using prescribed methods.
- Continue with a programme of staff training in Restorative Approaches and PROACT-SCIPr-UK®
- Compile baseline figures on our performance in using the Behaviour Support Programme.

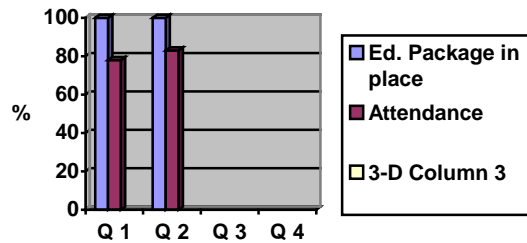
Crosslands Review of the Quality of Care Report Score Chart

Outcome 3

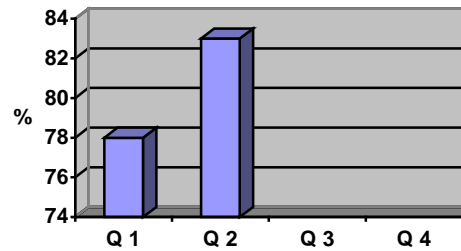
Educational needs of every young person placed at the Home will be appropriately met by Crosslands Children's Home

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Education



Attendance



Story behind the baselines

What are the problems that we are trying to change and or improve upon:

- Young people's access to appropriate education provision.
- Improve young people's attendance levels.
- Young people's academic achievements.
- Young people's attitude towards education.

- Quick response to requests for PEPS.

How much did we do?

- 89% of young people accommodated all had education packages during this quarter.
- 78% of relevant young people attended their educational provision although 1 young person was only resident for 1 day.

How well did we do it?

- 7 young people had education placements
- 3 young people had a special educational statement
- 7 young people attended their education placement during this quarter.
- 2 of the young people accommodated over this period had no identified school when they arrived and educational placements were found for them.
- 3 of the young people achieved 100% attendance over the quarter and 1 young person achieved 97% attendance this quarter.
- 2 young people achieved GCSE's and obtained places in College.
- The Education Link Worker has a good relationship with all schools and attends many meeting to support the young people with their attendance at school and help reduce any behaviour the young people present in the school.
- Staff have the opportunity every month to meet with the Education Psychologists to discuss any concerns regarding the young people at the education placements.
- On admittance of all young people a referral is made to the Youth Mentoring Service for a mentor to support them in there education placements and needs. This has been an invaluable service for the young people.

Is anyone better off?

- 2 Young people's attendance rates for school and alternative education placements continue to be positive.
- Due to her great improvement in ACT one young person attends mainstream education 2 days a week and will be taking GCSE's next year.
- 4 young people attending a special school provision.
- 1 young person in mainstream education.
- 2 young people attended alterative education placements
- 1 young person was over 16 and left school and the other was only accommodated for 1 day as an emergency
- 1 young person attends night school
- 1 young person performed a solo at the end of school year service

Partners who can help us do better

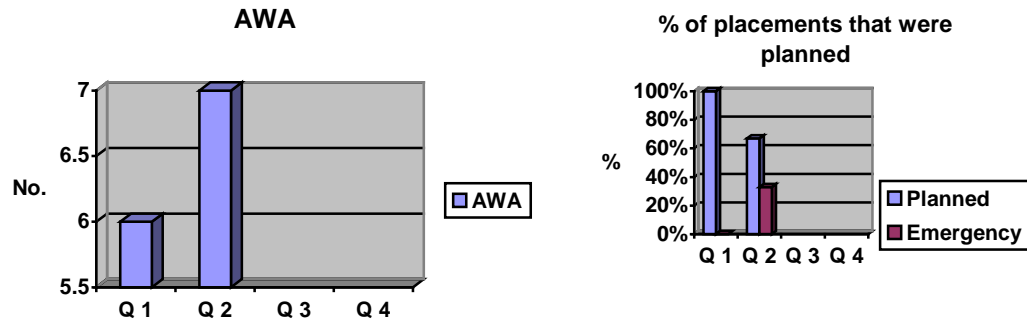
Schools, Colleges, Career Wales, Youth Mentoring Service, Social Workers etc

What we propose to do to improve performance

- Continue researching additional educational and training resources that may be available to young people.
- Monitor, communicate problems/trends with partners.
- Continue to develop emotional literacy within the home.

Crosslands Review of the Quality of Care Report Score Chart

Outcome 4 Quarter 3
Every child who needs to be looked after will experience placement stability and security



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Story behind the baselines

What are the problems that we are trying to change and or improve upon:

- Young people looked after often experience multiple placement breakdowns.
- There are more unplanned than planned placements.
- Young people are less likely to go missing if they are happy in a stable placement. There is a correlation between length of placement and the number of AWAs. Placements have become shorter this year with all of the young people having been accommodated between 1 to 11 months.

How much did we do?

- 6 referrals and 3 placements were made in this period.
- 7 AWA/Missing reports made in the period.
- 5 of the 9 young people who lived at the Home in this period were resident for longer than 6 months.
- 3 of the young people currently accommodated have been living at the home for more than 3 months.
- Of the 7 AWA reported during this period 1 young person accounted for 86% of AWA's.

How well did we do it?

- Accepted 50% of new placements requests in this quarter.
- 60% of placements are longer than 3 months.
- 6 out of the 7 AWA's (86%) were in relation to 1 young person absconding.
- Only 2 of the 9 young people accommodated over the quarter had periods of AWA.
- 1 young person was brought back from an out of County placement with the hope of reuniting and rehabilitating them back home.
- 1 young person was accepted to the home to avoid an out of area placement

- 1 young person who had previously disengaged with education achieved 100% attendance

What difference did we make?

- 2 planned placements have been provided to meet the need in this quarter.
- There has been an increase of 17% in AWA's from Quarter 1.

Partners who can help us do better

Families, Placements Team, Social Workers, Police

What we propose to do to improve performance

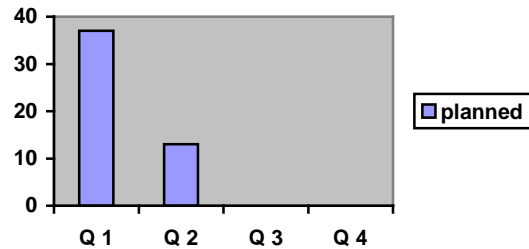
- To continue implementing and developing the Restorative Approaches programme, this will help to reduce the number of incidents and conflict issues.
- To further reduce the incidents of young people going absent from the Home.
- To continue working with the community police liaison officer for the Home.
- Developing further consultation with young people on all aspects of living in the Home, using Circle Time sessions and individual work restoratively.
- To support staff to continue to develop their knowledge and skill in conflict resolution and problem solving techniques
- To further enhance residential referral information required, working closely with social work teams to help improve the content and quality of the referral forms.
- To ensure that the Connect model is undertaken with young people within four weeks of their placement.

Crosslands Review of the Quality of Care Report Score Chart

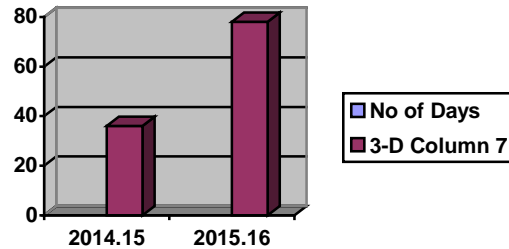
Outcome 5

Young people placed at Crosslands will be looked after by staff who are trained and competent to meet their needs

Supervision sessions



No of Days lost through Sickness



Story behind the baselines

What are the problems that we are trying to change and or improve upon:

- There has been an increase in sickness levels this quarter in comparison to quarter 1

- Personal Performance and Development Review process enables the staff team performance to be managed.
- Young people are looked after by a qualified residential workforce.
- Three new staff members completed the QCF Diploma for Looked After Young People and Children.

How much did we do?

- 69 working days have been lost through staff sickness compared to 44 days in Quarter 1 2014/15. This was mainly due to 2 staff members being on long term sick.
- 13 formal supervision sessions were carried out in this Quarter in addition to day to day supervision.
- There was a reduction in staff training sessions this quarter due to the summer holidays
- All relevant staff have a PPDR in place within specified timescales.

How well did we do it?

- Sickness levels increased by 13% this quarter in comparison to the last quarter.
- Each Reg 32 report conducted throughout this quarter was rated as exceeding expectations
- Considering there have been 2 staff members on long-term sick the home has continued to support the young people effectively and engage the young people in activities
- 2 members of staff left the home during this quarter and these posts remain vacant. Interviews for these posts took place in September and an offer of employment has been made to the full-time post

What difference did we make?

- Sickness absence increased by 9 days compared to Quarter 1.

Partners who can help us do better

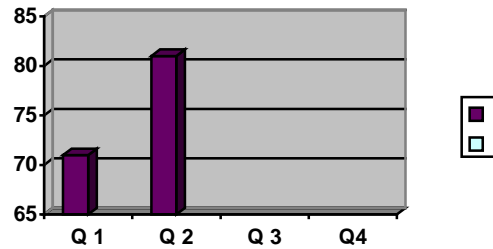
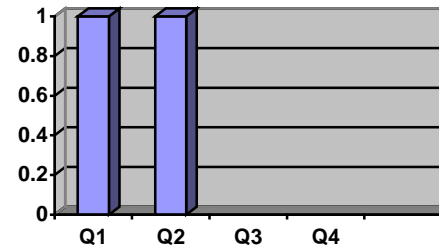
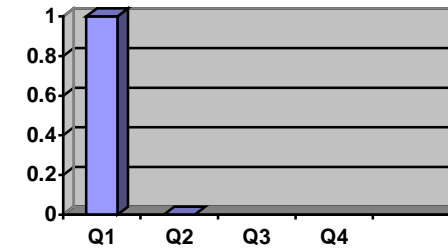
HR People Services, Training & Development Department, Care Council for Wales

What we propose to do to improve performance

- Monitor, communicate problems/trends with partners.
- Further implementation of the Restorative Approaches Programme, will help to reduce the number of incidents and conflict issues hence reducing sickness levels.
- Further improvements of the RBA performance management system, monitoring system and recording methods.
- To provide coaching/mentoring and specialist in-house training.
- To be proactive in implementing the new Sickness Policy.

Outcome 6

Good health and well-being of every young person placed at the Home will be appropriately met by Crosslands Children's Home

%of health appointments attended**No of appointments with CAMHS****No of Accidents****Story behind the baselines**

What are the problems that we are trying to change and or improve upon:

- Developing a robust system within the home that identifies the health needs of young people and appropriate action is taken to secure the services needed to meet them.
- To promote the Linkworker for Health role within the team to ensure that staff understand the individual health needs of young people.
- To ensure the staff team are competent and capable of ensuring the timely and effective delivery of health services to young people.
- To deliver comprehensive and factual recordings of young people's health needs.
- Young people who have experienced disruptive childhoods and inconsistent or broken attachments with their parents and families are very likely to have mental health problems, and often struggle to make attachments with carers.
- Young people in residential care, whose primary attachments, whatever their quality, have been disrupted; require care that prioritises reciprocal, affective relationships.
- Encourage a secure base model of care that promotes attachment and resilience; that builds relationships where a young person feels safe, nourished both physically and emotionally, where s/he is comforted when distressed, reassured when frightened.
- Young people (over 10 years old) accounted for almost three quarters (76 per cent) of children in need with a mental health problem.
- One of the Welsh Government 7 core aims is that young people (including those 'looked after') should enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation.
- Young people who are looked after have the same core health needs as other young people, but their backgrounds and experiences are likely to make them particularly vulnerable to poorer health outcomes.
- It is recognised that children in foster care were 7 to 8 times, and in residential care 6 times more likely to be physically or sexually abused.

How much did we do?

- 31 health appointments arranged
- 25 health appointments attended
- 5 health appointments refused
- 1 health appointment cancelled

- 1 CAMHS appointments attended
- 0 accidents occurred

How well did we do it?

- 5 Young people attended all their health appointments
- Regular visit from the LAC Specialist Nurse.
- There was a reduction in accidents this quarter as there were no accidents
- The Linkworker for health role ensures that individual young people's particular health needs are met and that treatment plans are monitored and reviewed regularly.
- 1 young person, in consultation with CAMHS was taken off long-term medication

What difference did we make

- The staff have joined in physical activities with young people at the local leisure centre.
- Developing young people's awareness of the benefits of healthy eating and nutrition.
- The staff team encourage young people to eat a variety of food and local produce.
- 2 staff members attended food awareness training which encourages young people to cook meals.

Partners who can help us do better

Health Professionals, Education Psychologist, LAC Nurses, Sexual Health Outreach Team, CAMHS, Police, Mend, Inroads, GUM Clinic.

What we propose to do to improve performance

- To encourage staff to physically take part in leisure activities such as swimming and gym.
- Staff have attended compulsory First Aid Training.
- We have applied for extra staff to attend C-Card training.

Appendix 3

Children's home scoops Golden Spoon award! >>



Crosslands Children's Home have won a Golden Spoon Award for whipping up some delicious recipes. Residential Childcare Officers, Nigel Locke and Kim Beard (pictured) along with young people from the Home have been busy learning all about cooking and healthy eating.

Hosted by The Children's Food Trust and funded by Iceland Foods Charitable Foundation, the aim of the programme was to learn new skills and try new recipes with the 'Lets Get Cooking' recipe books. The programme encouraged the young people to start cooking and improve their cooking skills as well as teaching them to manage a food budget, portion control and food hygiene.

Kim said "By using the recipe books

and completing the journals, young people learnt about the kitchen, its safety aspects, hygiene, preparation skills, following a recipe and producing a meal. These are valuable skills required for independence. This also gave us the opportunity to use cooking as a fun tool to build relationships with each other and work together as a team with an achievable goal at the end."

The three young people who took part in the programme completed 10 recipes in their journals and were awarded with a £20 gift voucher. Crosslands was given £300 towards cooking equipment, along with a Golden Spoon Award trophy and certificate.

Well done to everyone who took part!

APPENDIX 4

A summary of allegations or suspicions of abuse in respect of children accommodated in the home and the outcome of any investigation

YP	Date of Incident	Details of Incident	Outcome
x	05/06/2015	Young person in contact with inappropriate adult male over Facebook	Copy of Facebook messages forwarded to SW
x	08/07/2015	X came to a member to the Crosslands staff team, concerned that she had received 4 text messages from 'someone she didn't want to have contact with'.	x handed in her phone
x	05/12/2015	Contact with objectionable person on Facebook	x sent copies of e-mails and YP spoken to
x	08/12/2015	YP making threats to their mother and alleging that their sister was unsafe with their mother as she would beat her as she did the YP	Multi Agency referral completed no further action.
x	10.02.16	When staff went to pick x up from his mother's house, x was waiting outside the house with his two brothers who stated that they had not eaten any food for several hours/	Social worker informed
x	14/02/2016	x come into the unit saying her boyfriend punched her in the face and keeps hitting her but that he is only playing, but he does this all the time. x had a saw right cheek (although on checking staff could see no mark or visual injury) also bruising to her arms and a cut on her knee.	The police were informed as part of process and came to the home to visit x to enquire if she wanted to press charges. x is still in the process of thinking about this and will make a decision by the weekend
x	24.02.16	Phone call from youth club x attends, x and his brothers have been walking around the youth club area for about four and a half hours	Social worker informed

Mae'r dudalen hon yn wag yn fwriadol

**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

CORPORATE PARENTING ADVISORY COMMITTEE

22 November 2016

INDEPENDENT REVIEWING OFFICERS (IRO) REPORT

Reasons for the Report

1. The Corporate Parenting Advisory Committee's terms of reference require the Committee to regularly review performance data and ensure performance monitoring systems are in place to achieve sustained improvements. The purpose of this report is to provide the Committee with information about the role, function and activity of the Independent Reviewing Officer (IRO) Service.

Background

2. The purpose of an Independent Reviewing Officer (IRO) is to ensure that the care plan for a Looked After Child clearly sets out the help, care and support that they need and takes full account of their wishes and feelings. Local authorities are required by law to appoint an IRO for each Looked After Child.
3. Social Services and Well-being (Wales) Act 2014, makes provision for Looked After and accommodated children that currently exist in Part 3 of and schedule 2 of the Children Act 1989. IRO's convene and chair reviews for all children looked after by the Council; be they subject to care orders, accommodated voluntarily, placed with foster carers, in residential or secure establishments, living with kinship carers or placed for adoption.
4. Changes to Care Planning, Placement and Case Reviews (Wales) Regulations 2015 have strengthened the IRO role. IROs are now not only responsible for chairing statutory reviews but also for monitoring children's care plans on an on-going basis. IROs should also monitor the local authority's overall performance as a 'corporate parent' for Looked After Children. As a "Corporate Parent" all those who have responsibility for Looked After Children should act as a responsible and conscientious parent would act for their own children
5. Independent Reviewing Officers have specific responsibility to escalate concerns about Looked After Children, through a dispute resolution process, if it cannot be resolved within the line management structure, the process allows escalation through to the Chief Executive level within the Local Authority and ultimately to CAF/CASS Cymru to consider legal action if necessary. This escalation step will only be taken if all other avenues of resolution have been exhausted in turn. In

the last six months, there have been no escalations to CAFCASS Cymru for consideration of legal proceedings.

Issues

6. The Independent Safeguarding and Reviewing unit came into being in October 2014. During this time there have been a number of changes to the management structure. The most recent changes in the senior management structure has seen the appointments of a permanent Operational Manager and two Service Managers all of whom joined the service in November and December 2015.
7. Regulatory guidance requires the IRO service to be managed by an officer who does not have line management responsibility for individual children's cases or service provision. The Independent Reviewing Officers are managed by a Service Manager who has no line management responsibility for case work, or care planning decisions affecting Looked after Children.
8. Attached at Appendix 1 is the first annual six month monitoring report for 2016/17.

Financial Implications

9. There are no direct financial implications arising from this report.

Legal Implications

10. There are no direct legal implications arising from this report.

RECOMMENDATION

The Committee is recommended to:

- I. note the information contained in the report; and
- II. make any observations or comments on the six-month monitoring report.

TONY YOUNG
Director of Social Services
16 November 2016

The Six Month Monitoring Report November 2016

Adoption and Children Act 2002 and The Review of Children's Cases (Amendment) (Wales) Regulations 2004

Independent Reviewing Officers Guidance Wales 2004 sets out the requirements of the IRO's and Responsible Authority in more detail. The key outcomes envisaged are:

- Focus on needs of children and ensuring they are addressed.
- Minimising drift.
- Consistency of care planning and decision-making.
- Involvement of appropriate persons in the process. The Reviewing Officers Guidance 2004 clearly requires an IRO to chair reviews of children who are:
 - In an adoptive placement prior to an adoption order being granted;
 - Looked after subject to a statutory order or accommodated with the agreement of parents.
- Young people in Young Offender Institutions subject to a Care Order or on remand as required under Legal Aid Sentencing and Punishment of Offender's Act 2012 (LASPO 2012)

Frequency of reports

The Independent Reviewing Service provides a report to the Corporate Parenting Advisory Committee twice a year and will also provide twice yearly reports to the LSCB.

The Reviewing Service

The Service comprises of 13 IROs in post made up of full and part time positions. Due to staff sickness there are three agency workers who are covering vacant positions and sickness. The service offers IROs who have substantial experience with relatively new staff member's joining the service within the last 12 months. There is a buddying system in place to support new staff. 3 IRO's are currently being trained to undertake reviews for the Integrated Family Support Team (IFST). These reviews are also monitored and tracked by the IRO's.

All IRO and Child Protection (CP) chairs in the service are able to carry dual functions chairing Looked After Children reviews and/or child protection conferences. This has improved the effectiveness of the IRO function and quality assuring the support available for Looked After Children.

Immediate line management responsibility for the IROs is undertaken by the Independent Reviewing Service Manager.

There is also an Adult Safeguarding Service Manager in post who is responsible for the management of the Adult Protection Team and Safeguarding Education Service. A member of the Adult Protection Team, known as Designated Lead Managers (DLMs), are also positioned within the newly formed Multi-Agency Safeguarding Hub (MASH). This role is undertaken on a rota basis amongst the DLMs

The work of the Corporate Safeguarding Board continues to work through the recommendations made by the Welsh Audit Office (October 2014). As mentioned in the previous reports The Corporate Safeguarding Board will:

- i. Ensure the compliance of all Council Directorates with key safeguarding requirements in relation to children and vulnerable adults
- ii. Support the Statutory Director of Social Services in the discharge of his/her wider safeguarding duties.
- iii. Support HR in the delivery of key vetting and barring requirements and workforce development.
- iv. Provide an Annual Corporate Safeguarding Report, setting out the performance of all Directorates, in relation to vetting and barring, staff safeguarding training, and the operation of front-line services in terms of their effectiveness in identifying and referring safeguarding concerns.
- v. Review and develop relevant corporate safeguarding standards and policy.
- vi. Review and develop appropriate corporate safeguarding performance measures.
- vii. Advise the Head of the Paid Service and recommend relevant action in relation to corporate safeguarding standards and policy.
- viii. Promote effective cross Directorate safeguarding practice particularly in terms of information sharing and data collection, front-line operational awareness, staff training and wider partnership engagement.

The corporate safeguarding board meets quarterly to review and update an agreed work plan arising from the recommendations made by the Welsh Audit Office.

Independent Reviewing Officer workload

The team works on the basis that each IRO (FTE) is responsible for the reviews of up to 65 Looked After Children. Caseloads presently are running between 60 and 95 children. There are a number of reasons why caseloads are variable ranging from part time staff hold a smaller case load, to mixed caseloads from some IRO's undertake Child Protection conferences and Looked after children reviews.

The team is located at County Hall, although majority of the reviews are conducted within the community, usually in the child or young person's placement setting. There are travelling requirements involved in these reviews where children have been placed in North of Scotland, London, Manchester and Devon and Cornwall. We currently have 222 looked after children placed outside of the authority.

All IROs and Safeguarding officers have completed the Signs of Safety Training The Signs of Safety framework is part of the wider change programme within the service that is designed to significantly improve our ability to achieve better outcomes for the

children and families we work with. Signs of Safety It requires a fundamental change to our overall approach when working with children and families. The purpose in implementing Signs of Safety is to:

- Promote the need for children and families to remain together where it is safe for them to do so.
- Develop its workforce in order to make sure children are as safe as possible.
- Create a culture which empowers staff to proactively manage risk and engage with children, young people and their families.
- Ensure that there is clear and supportive leadership and open communication across the service.
- Focus on the practice that will provide the necessary interventions for the needs of children and their families.

The Service Manager of the Safeguarding Service has been identified as one of the practice leads for the support and implementation of Signs of Safety model and is currently facilitating peer support groups and will assist the identified lead manager for SOS implementation

Purpose of reviews

The purpose of the review meeting is to consider the plan for the child, monitor progress and enable decisions to be made. It is a statutory requirement for each looked after child to have an effective care plan that meets their day to day long term needs and which identifies the outcomes for the child. The plan achieves this by settings objectives for work with the child, birth family and caregivers in relation to the child's developmental needs. These needs include health, education, emotional wellbeing and behavioural development, identity, family and social relationships, social presentation, and self-care skills.

Frequency of Reviews

Looked After Children reviews must be conducted at the following frequency:

- Within 28 days of a child becoming looked after.
- Subsequently within 3 months
- 6 monthly thereafter,

Reviews should be convened earlier if there is a significant change in the child's care plan or failure to carry out an important aspect of that plan. The cycle begins again from the date the child is placed with an adoptive family.

Quality Assurance role

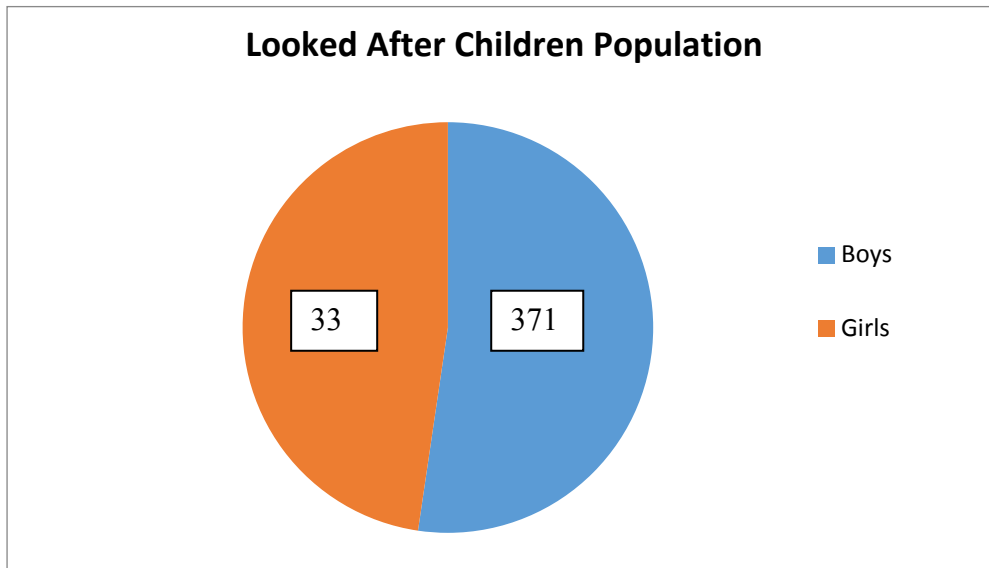
The IRO's provide a quality assurance role through regular review of cases. This provides appropriate challenge to social work practice and care plans for looked after children. As part of their input to the new Quality assurance frame work, IRO's

will be required to audit one case file each month and provide feedback of their findings to the Quality Assurance Officer. The Quality Assurance Framework provides a systemic monitoring and evaluation of practice, policies and procedures. This will be achieved through monthly case file auditing. The findings from the monthly audits will drive service improvement, identify areas of practice that are good or in need of further development through training.

Social Services & Well-Being Act (Wales) 2014

All team members have completed mandatory training in relation to the introduction of the Social Services & Well-Being Act (SSWBA) which came into effect April 2016. Part 6 of this Act relates to Looked After Children and the role of the IRO. All Looked After Children are required to have a Care & Support Plan that meets the requirements of this act and demonstrates the multi-agency plans to meet child's needs. These new care and support plans will provide the basis of all Looked After Children Reviews. A significant change of note is that section 20 of the Children Act 1989 'voluntary accommodation' is replaced with Section 76 of the 2014 SSWBA.

Looked After Children Performance Information

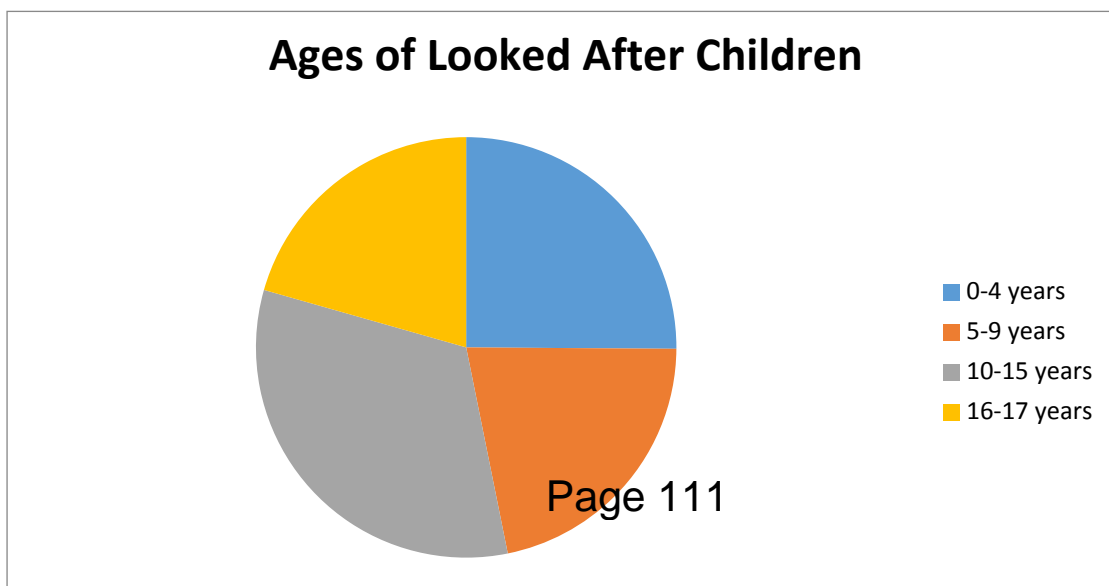


Gender (at 31/10/2016)

Male	371	52.3%
Female	338	47.7%

Total **709**

The Looked After Children Population as of the end of October 2016 was 709. We have seen a significant increase in the number of looked after children since the last reported figures of 640 in February 2016. This is an increase of 69 children, at present we are unable to provide specific details as to this increase although audit and case management reviews are taking place to look at any trends or issues that may have attributed to this significant increase. As detailed in the figures above neither males or females appear to be over represented within the Looked After population.



Ages (at 31/10/2016)

0-4	178	25.1%
5-9	154	21.7%
10-15	231	32.6%
16-17	146	20.6%

Total	709	
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Despite the increase of Looked After Children there has been a decrease in the numbers between the age ranges of 10-17 with the overall figure representing 53.2%. These age ranges previously represented 57% in February 2016, within the last 12 months this figure has continued to decrease. This is significant to note as in previous years this age range have previously represented in excess of 60% of the population. This would suggest we are more robust in the protection of children who are younger and more vulnerable as they lack the ability to care for themselves.

Start and End Becoming Looked After

	Starts	Ends
Feb-16	21	14
Mar-16	29	27
Apr-16	38	15
May-16	32	30
Jun-16	33	24
Jul-16	30	16
Aug-16	32	22
Sep-16	30	26
Oct-16	29	24
Total	274	198

The numbers of children ending their period of being looked after has increased within the last six months with 198 episodes ending within this period compared to 174 episodes ending in the previous six months. However, the overall number of children becoming looked after during this period was 274, which is an increase of 152 compared to the numbers between July 2015 and January 2016. This is a significant increase during this period and has an overall impact on all service areas, and the overall caseloads of the IROs.

Number of Unaccompanied Asylum Seeking Children in Care Feb 16 – Oct 16

We have had 25 Unaccompanied Asylum Seeking Children (UASC) come into care during the last six months. The Local Authority recently worked closely with the Home Office and Welsh Government in offering Care & Support to 17 UASC who were being dispersed to the UK following the closure of the 'Jungle' camp in Calais. The majority of these have since been reunited with their families in various parts of the UK. For those not reunited with family the Local Authority will continue to support them as Looked After Children.

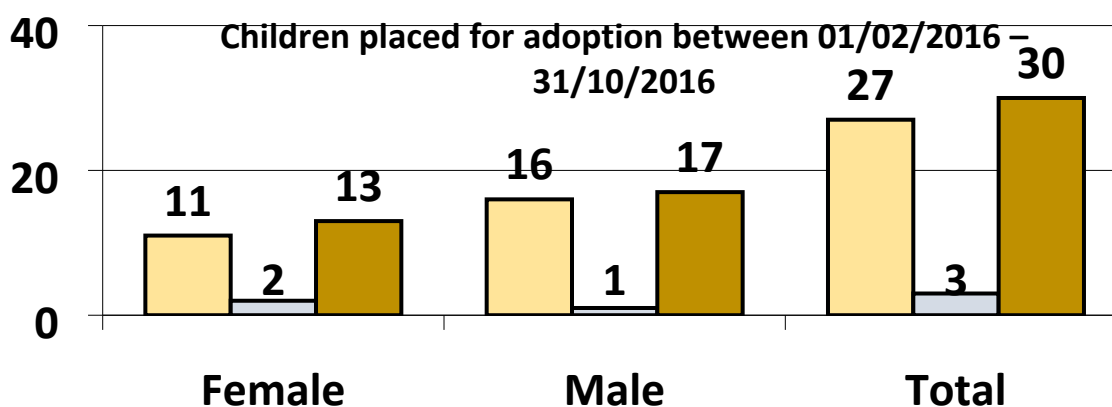
Number of children who have had 3 or more moves

2014/15	68/650	10.46%
2015/16	64/644	9.90%

Information relating to placement moves was unavailable for previous report in February 2016. As the figures show there has been a slight decrease in children who have experienced three or more placement moves in 2015/16. This figure includes a percentage of children who have moved from out of county placements. The Reviewing Service continues to support children and social workers to ensure that placements offer stability and are meeting their individual needs.

Children placed for adoption between 01/02/2016 – 31/10/2016

Age	Female	Male	Total
0-4	11	16	27
5-9	2	1	3
Total	13	17	30

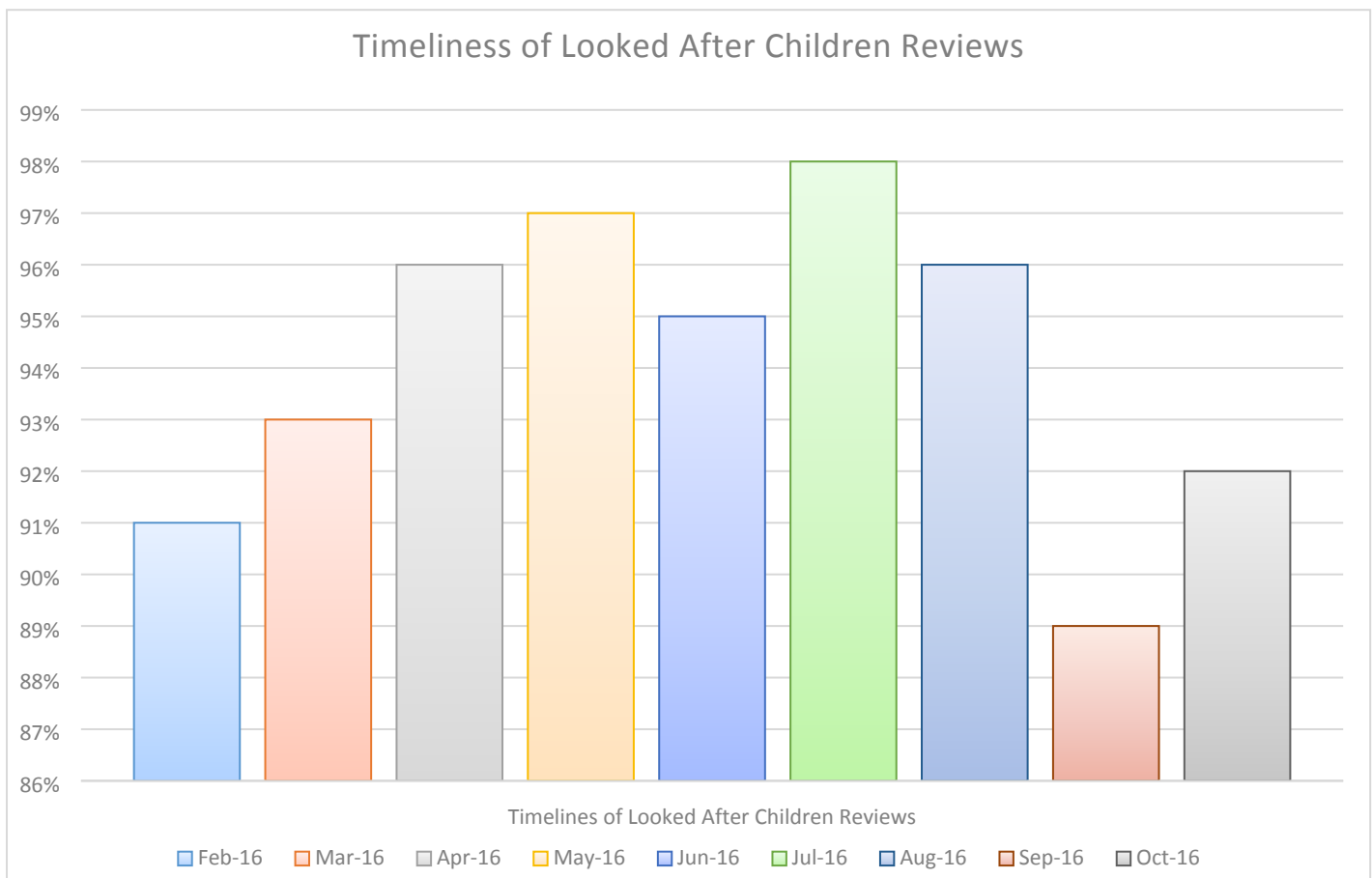


A total of 30 children were placed for adoption between February and October 2016. This is particularly worthy to note as the figures for the 12-month period January to December 2015 was 25 in total. This is in excess of 100% increase in the number of children being placed for adoption. The increase in these numbers can be attributable to the significant numbers of care proceedings that have taken place within the preceding months and concluding within this six-month period.

There remains disparity between the numbers of children placed for adoption within the 5-9 age range, this emphasizes the need to develop best practice to increase the chances of older children being considered and eventually adopted.

Timelines of Looked After Children Reviews

	Late	On Time	Total	%
Feb-16	10	105	115	91%
Mar-16	13	161	174	93%
Apr-16	7	163	170	96%
May-16	5	183	188	97%
Jun-16	8	146	154	95%
Jul-16	4	157	161	98%
Aug-16	7	155	162	96%
Sep-16	22	187	209	89%
Oct-16	13	158	171	92%
Total	84	1415	1504	94%



There was a dip in the month of September regarding timeliness of reviews; however, July highlights the high rate of reviews which took place within timescales. Cardiff is performing slightly below the Welsh average of 95.9% for reviews taking

place within timescale with our current average of 95.8%. When looking at factors impacting on timeliness it was identified that issues relating to sickness; availability of workers and late notification of start of being looked after impacted on achieving 100% compliance with this timescale.

In an effort to address the timeliness of reviews the Service Manager for the Reviewing service is now informed by the performance team on a weekly basis of all children that become looked after. This provides consistency and timeliness of allocation to an IRO, which in turn has resulted in less reviews being held out of timescales. There has also been changes to the internal notification system of start being looked after children which is now incorporated into our Carefirst System.

Timeliness of Looked After children reviews is essential to ensure no child or young person has their welfare compromised due to the delay or cancellation of a review. The system in place ensures operational managers must approve a review being cancelled or postponed.

Placement with Parents (as at 31/10/16)

There are currently 101 Placement with Parent (PWP) arrangements that are subject to review by the IROs. Placement with Parent arrangements has increased considerably with the last 18 months and discussions have taken place between Childrens Service Senior Managers, CAF/CASS and Judiciary in relation to this increase and the appropriateness of this arrangements in some cases.

Out of Area Placements

DOH Type Description	OOO	
	OOO	Grand Total
Children's home outside LA boundary	45	45
Foster placement with relative / friend outside LA	7	7
Independent living	2	2
Placed with foster carer provided by LA outside LA	8	8
Placed with parents / person with parental resp.	14	14
Placement with agency foster carer outside LA	140	140
Resid accom not subject to Children's Home regs	1	1
Residential School	2	2
YOI or Prison	3	3
Grand Total	222	222

The above details the number and breakdown of children currently in out of area placements. As detailed above, there is a significant number of children with agency carers outside of the Local Authority. Work continues to look at the appropriateness of all placements outside of area and an Out of Area Placements Panel takes place on a monthly basis to consider all requests for out of area placements. This is represented by Childrens Services senior management and representatives from Education and Cardiff & Vale Health Board.

IRO Resolution of Problems

IRO's are in a unique position within a local authority they carry out a critical monitoring and challenging role. They can highlight both positive and negative issues that affect children, ensuring that children's views are heard. They should be able to evidence how their role has made a positive difference to the child and helped to improve life chances of children they are involved with.

If an IRO believes that the practice or policy of the Local Authority is detrimental to the child's welfare, they have a duty to assertively challenge the Local Authority. A key feature of the IRO role is that they should provide an independent perspective uninfluenced by managerial or resource pressures of the local authority.

The Local Authority have recently adopted a new Dispute Resolution Protocol (DRP). This enables issues to be addressed via a formalised document that is retained and responded to within the Carefirst system.

There have been several IRO DRPs that have been escalated to assistant director level in the last six months, in line with the protocol.

An example of a DRP that was escalated through the protocol relates to a female baby who had come into Local Authority care shortly after birth. At the first looked after review the child was still subject to S.76 (SSBWA) and the IRO felt that the care plan for permanency was not being prioritised and raised their concerns. At the subsequent three month review the IRO was of the view that the Local Authority should formalise the child's legal position to ensure that her long term care plan could be determined at the earliest opportunity. This issue was escalated to Assistant Director as per the DRP and a resolution meeting took place. This meeting involved the Social Worker, OM Targeted Services, OM Safeguarding, IRO and chaired by Assistant Director. Issues were discussed and the outcome being that the LA would issue care proceedings within a specified timescale. The IRO would continue to review the care plan and ensure timescales were adhered to. Care proceedings were initiated with a twin tracking plan. This is an example of how the LA responds to the concerns raised by the IRO and the mechanisms in place to ensure that concerns/issues are escalated appropriately.

Elements of the role of the IRO include:

- To ensure that the welfare of the child in care is safeguarded.
- To provide consultation and advice for the child, social work teams, professionals, carers.
- To make effective challenges through the dispute resolution process when plans are not serving a child needs appropriately.

An IRO can raise any issues of practice with the social worker and team manager. If the issues are not addressed within an acceptable timescale the matter is escalated to the Operational Manager, in the relevant service area.

The IRO service provides robust challenge to social work team regarding case that have gone into drift or where the quality of care plan is not good enough.

Occasionally, this challenge has met with some resistance from some social workers or managers. Where matters have not been resolved satisfactory they have been escalated to the Assistant Director for resolution. In an effort to raise awareness and a better understanding of the IRO. The IRO service will be attending team meetings to discuss the role of the IRO and develop better working relationships. The escalation protocol has also been updated to reflect what will constitute the trigger for a case alert and/or escalation and will be distributed to all social work staff. Regular IRO's and Manager forums will take place to discuss cases and general practice to ensure better partnership working.

The range of powers available to the IRO include seeking of legal advice if they are not happy with the Local Authority's decisions regarding the long term plans for a child or young person. The Lancashire Judgement – 2012, a case brought by two teenage brothers, against Lancashire County Council and an Independent Reviewing Officer, found the Local Authority and the IRO had breached the boys' human rights by not challenging the care plan.

The Independent Reviewing Officer (IRO) was found personally responsible, alongside the Local Authority, because he did not hold the Local Authority to account for failing to implement its care plan and review decisions. In response to the Judgement, we have ensured that all IRO's have direct access to independent legal advice, which will aid challenge or should they need to attend court to give evidence. This will be spot purchased as and when required.

The monitoring forms are now embedded as part of the quality assurance framework.

It is a statutory requirement for IRO views to be included within all care plans submitted to court. This practice has not been widely adopted across Wales, however, Cardiff has embedded this practice, with the IRO being provided all care plans and relevant assessments prior to being filed and their views being recorded in all court care plans.

Pathway Plans

IRO's also chair pathway plan reviews for Young People from age 16 to 17 years who had previously been Looked After. Work is currently underway to develop reviews for Young Adults 18+ years in response to "When I'm Ready" for Young Adults who want to remain in their foster placement or continue in full time education or training. Consideration needs to be given to how these young people would like their reviews to take place in the future.

Consultation with children and young people

The IRO ensures during the reviewing process that wishes and feelings of the child/young person are sought and they are encouraged to participate in their review. Parents and foster carers are able to contribute to the review process, and also ensure that younger children also have an opportunity to discuss their feelings about the reviewing process and their experiences in foster care.

The Independent Reviewing and Safeguarding Service are reviewing the way they engage children and young people in the reviewing process and will be undertaking a review of how they can encourage children and young people to chair their own reviews. IRO's also visit children and young people in between reviews to ensure they are happy in the placement and they have the opportunity to share their views independently, this also take place if there are issues of concerns. The service is keen to strengthen even further children's participation in reviews. The IROs are currently communicating with other Local Authorities and gathering examples of good practice in this area to contribute to effective communication and engagement with Looked After Children. Some examples provided have used apps using phones and other devices which has been very successful in other authorities and improved engagement and communication.

It is intended that the Service Manager for the Reviewing Service will work with the Quality Assurance Officer to undertake quality assurance visits to young people to inform other areas in which we can develop good practice in engaging children and young people in the reviewing process.

Examples of Good Practice

'C' is a 14 year old girl who has experienced poor parenting and chaotic lifestyle associated with parental substance use. She became Looked After in 2014 and the initial plan was reunification with parents, following a period of intervention and parenting work. Unfortunately, this was not successful and the local authority were granted a care order in 2015. 'C' demonstrated challenging behaviour to all those who worked with her and in her school setting. However, following the determination of her long term care being long term foster care, 'C' began to settle and improvements with her engagement with school and carers improved. 'C' had developed a good relationship with her IRO and they have been meeting in between reviews to look at 'C' wishes and feelings. 'C' was offered the opportunity to chair her own review which she was in agreement with and this has taken place with 'C' reportedly finding this really helpful and made her feel that she has a direct impact on her care plan and decisions being made.

'D' is a five year old male child with is subject to Placement with Parent arrangement. He lives with his father and plans are in place to discharge the care order. His mother has had numerous periods of being in custody and posed issues to the family due to her lifestyle and substance misuse. Contact with 'D' was ceased via court order due to her aggressive and volatile behaviour, however, the IRO was able meet with mother to discuss her feelings around 'D' care and ensure her views are included and are shared with others

Adoption

The IRO team and the adoption team have worked closely together to improve adoption reviews. Timescales remain the same, but by the nature of adoption it is usually the case that these placements are out of county and this has an impact on capacity for IRO's and can affect caseloads. IRO's ensure they remain the chair for children until adoption is fully completed.

CAFCASS

IROs have attended two lunch and learn sessions with the CAFCASS team. This has been designed to develop good communication between Childrens Guardians and the IRO. The sessions focus around areas of concern; good practice and learning lessons for the future. This has had a positive impact on the relationships and communication between IROs and Children Guardians.

Next Steps:

- Ongoing recruitment to permanent posts
- Embed Signs of Safety across all areas of work
- Contribute to overall Safeguarding Service Plan and identify key areas for development
- Prioritise the participation and engagement of children & young people within their Looked After Reviews
- Explore use of software/apps to replace outdated modes of communication with young people and their families

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