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Pennaeth Gwasanaethau Cyfreithiol a
Democrataidd



TO: Councillor: Hilary McGuill (Chairman)
Councillors: David Barratt, Marion Bateman, David Cox,
Peter Curtis, Adele Davies-Cooke, Rosetta Dolphin,
Veronica Gay, Cindy Hinds, Trefor Howorth, Hilary
Isherwood, Richard Jones, Dave Mackie, David
McFarlane, Eric Owen

Your Ref /
Eich Cyf

Our Ref / Ein Cyf MP

Date / Dyddiad 05/10/2010

Ask for / Gofynner am Maureen Potter

Direct Dial / Rhif Union 01352 702322

Fax / Ffacs

Dear Sir / Madam,

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD** on **MONDAY, 11 OCTOBER 2010** at **10:00** to consider the following items.

Yours faithfully

Democracy and Governance Manager

AGENDA

1. **APOLOGIES**
2. **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
3. **MINUTES**
To confirm as a correct record the minutes of the meeting held on 13/09/2010 (copy enclosed).
4. **MAPPA (MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS)**
To receive a presentation from the North Wales MAPPA Co-ordinator
5. **OUTCOMES OF THE CSSIW INSPECTION OF THE FLINTSHIRE FOSTERING SERVICE FOR 2009/10**
Report of Director of Community Services enclosed

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The Council welcomes correspondence in Welsh or English
Mae'r Cyngor yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg

6. **OUTCOMES OF THE CSSIW INSPECTION OF THE ADOPTION SERVICES OF FLINTSHIRE COUNTY COUNCIL 2010**
Report of Director of Community Services enclosed
7. **UPDATE ON THE NORTH WALES ADOPTION SERVICE (APRIL - SEPTEMBER 2010)**
Report of Director of Community Services enclosed
8. **DISABLED FACILITIES GRANTS WORKSHOP**
Report of Learning and Social Care Overview & Scrutiny Facilitator enclosed
9. **ROTA VISITS**
To receive a verbal report from Members of the Committee.
10. **FORWARD WORK PROGRAMME**
Report of Learning and Social Care Overview & Scrutiny Facilitator enclosed

SOCIAL AND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE
13 SEPTEMBER, 2010

Minutes of the meeting of the Social and Health Overview and Scrutiny Committee of the Flintshire County Council held at County Hall, Mold, on Monday, 13 September, 2010.

PRESENT: Councillor H.J. McGuill (Chairman)

Councillors: D. Barratt, R. Dolphin, V. Gay, H.T. Howorth, R.B. Jones, D.I. Mackie, D. McFarlane and E.W. Owen.

ALSO PRESENT: Councillors R.C. Bithell, J.C. Cattermoul, D.L. Cox, E.F. Evans, R. Hughes, R.P. Macfarlane, C.A. Thomas and Mr. D. Hytch.

APOLOGIES: Councillors P.J. Curtis, A. Davies-Cooke and C. Hinds. Executive Member for Social Services and Head of Head of Development and Resources.

CONTRIBUTORS: Director of Lifelong Learning, Head of Social Services for Adults, Head of Social Services for Children, Service Manager Youth Justice Service, Interim Manager Learning Disabilities, Adult Safeguarding Manager, Adult Safeguarding Assistant, and Physical Disability and Safeguarding Service Manager.

IN ATTENDANCE: Member Engagement Manager, Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer.

20. DECLARATIONS OF INTEREST (including Whipping Declarations).

No declarations of interest were received.

21. MINUTES

- (i) The minutes of the meeting of the Committee held on 14 June, 2010, were submitted.

Matters Arising

The Head of Social Services for Adults advised that a bathing clinic would be starting the next week and further information would be provided to Members in the Member/Officer workshop which was to be held next week.

RESOLVED

That the minutes be received, approved and signed by the Chairman as a correct record.

- (ii) The minutes of the meeting of the Committee held on 1 July 2010, were submitted.

RESOLVED

That the minutes be received, approved and signed by the Chairman as a correct record.

22. **BUSINESS PLAN INCORPORATING THE SELF ASSESSMENT AND IMPROVEMENT TOOL FOR THE FLINTSHIRE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB).**

The Head of Social Services for Children introduced the report which was to inform the Committee of the outcome of the CSSIW Inspection of the LSCB, the resultant Self Assessment Audit and the Action Plan currently in place. She also introduced Mr. Ray Dickson, Service Manager Youth Justice Service and co-Chair of Flintshire's LSCB, and provided background information and context to the report. The Chairman invited Members to raise questions.

Members considered the FLSCB Business Plan 2010-2013 and appendices attached to the report and raised a number of concerns and queries about funding, partnership working, action plans and self assessment which Officers provided detailed responses to.

Mr. D. Hytch expressed concerns relating to the roles of the LSCB and School Governing Bodies with regard to the suspension of school staff during investigation into allegations of abuse. In their response the Officers referred to Section 4 meetings under the All Wales Child Protection Procedures and gave reassurance that guidelines and individual circumstances were carefully considered in such matters. The Officers also advised that the Chair of the Section 4 would make a recommendation, however, the final decision was made by the Governing Body and school concerned.

During a discussion the following proposals were put forward for consideration and agreed by Members:

- A recommendation from Councillor H.T. Howorth to write to the appropriate Assembly Minister to express the Committees concerns regarding funding of the Local Safeguarding Children Board.
- Inform other Overview and Scrutiny Committees across North Wales about our actions.
- Appoint a joint Task and Finish Group to look at the issues in this report.
- A recommendation from Councillor R.B. Jones to include it in the SARC document.

The Chair of Lifelong Learning Overview & Scrutiny Committee agreed in principle to a joint Task and Finish Group being established subject to the proviso that

the proposal be discussed further at the next meeting of the Lifelong Learning Committee.

RESOLVED:

That the report be noted and the following requested:

- (a) That the Facilitator writes on behalf of the Committee to the appropriate Assembly Minister to express the Committees concerns regarding funding of the Local Safeguarding Children Board;
- (b) That the Facilitator informs the Chairs of the relevant Overview and Scrutiny Committees across North Wales about the Authority's actions;
- (c) That a joint Task and Finish Group is appointed to look at the issues in this report;
- (d) That a recommendation from Councillor R.B. Jones to include funding of the Local Safeguarding Children Board in the SARC document be carried out.

23. ADULT PROTECTION ANNUAL REPORT – APRIL 2009 TO MARCH 2010

The Head of Social Services for Adults introduced a report to inform Members about activity and developments within Adult Safeguarding over the year in relation to Adult Protection and the new Deprivation of Liberty Safeguards. The report was also to update Members on progress in addressing recommendations made by the Care and Social Services Inspectorate for Wales following its inspection of Adult Protection in Flintshire in December 2009, and inform Members of the annual Adult Protection statistics for Flintshire.

The Head of Social Services for Adults introduced Chris Phillips, Adult Safeguarding Manager, and Liz Burrows, Adult Safeguarding Assistant, to the meeting. The Chairman asked Officers to outline the procedures for dealing with complaints from the time a referral is made to Social Services to the outcome of investigations. The Adult Safeguarding Manager advised that there had been a rise in the number of referrals received by Social Services which reflected increased training and awareness amongst provider organisations and the general public in Adult Protection.

Jo Taylor, Physical Disability and Safeguarding Service Manager, gave an overview of the Adult Protection Annual Report (April 2009 to March 2010), statistical analysis of the numbers and types of referrals and outcomes and the Action Plan to meet the recommendations made by the Care and Social Services Inspectorate for Wales inspection of Adult Protection in Flintshire in December 2009.

During a discussion Officers responded in detail to a number of queries and concerns raised by Members about complaints made by service users, out of county

placements, and training for staff in other Directorates of the Authority. In response to Members comments concerning the introduction of Deprivation of Liberty Safeguards (DoLS) in April 2009, the Physical Disability and Safeguarding Service Manager offered to provide an overview of the legislation to Members at a future meeting of the Committee.

RESOLVED:

- (a) That the report be accepted: and
- (b) That the offer for the Physical Disability and Safeguarding Service Manager to provide an overview of the legislation on Deprivation of Liberty Safeguards (DoLS) to a future meeting of the Committee be accepted.

24. QUARTER 1 PERFORMANCE REPORTS

The Chairman invited the Heads of Service to present their Quarter 1 performance reports for the period April to June 2010, and provide an update on the Strategic Assessment of Risks and Challenges (SARC) within the reports.

The Chairman invited Members to ask questions following the presentations of the reports. Councillor R.B. Jones raised a number of concerns and queries and expressed the view that there was a need to review the reporting of Performance across the board. He suggested that the current system did not accurately reflect what was happening in relation to improvement targets and a more “meaningful” way was needed to identify what was important in Flintshire.

During the ensuing discussion it was agreed that a meeting would be arranged with Councillor R.B. Jones and the relevant Officers concerned to consider the issues raised by Councillor Jones. It was also agreed that a further meeting would be held with the Chairman and Councillors R.B. Jones, V. Gay and D.I. Mackie to discuss the outcome of that meeting and establish a way forward for the reporting of performance.

RESOLVED:

That the reports be noted and the following requested:

- (a) That a meeting be arranged with Councillor R.B. Jones and the relevant Officers concerned to consider the issues raised by Councillor Jones;
- (b) That a further meeting be held with the Chairman and Councillors R.B. Jones, V. Gay and D.I. Mackie to discuss the outcome of that meeting and establish a way forward for the reporting of performance.

25. ROTA VISITS

There were no reports on Rota Visits undertaken by Members. Members advised the Head of Social Services for Adults that they were awaiting a new list for Rota Visits to Authority establishments. The Head of Social Services for Adults offered to pursue the request with the appropriate Officer.

During a discussion Members agreed that a workshop be scheduled to review the arrangements for Rota Visits including the evaluation of the recording of accidents which had been piloted over recent months.

RESOLVED:

- (a) That the Head of Social Services for Adults arranges with the appropriate Officer for a new list of Rota Visits to Authority establishments to be distributed to Members; and
- (b) That a workshop be scheduled to review the arrangements for Rota Visits including the evaluation of the recording of accidents which had been piloted over recent months.

26. FORWARD WORK PROGRAMME

The Learning and Social Care Overview and Scrutiny Facilitator introduced a report the purpose of which was to consider the Forward Work Programme of the Committee.

The Facilitator reminded Members that a joint workshop with members of the Community & Housing Overview and Scrutiny Committee, would be held on 20 September, to discuss Disabled Facilities Grants.

Members reviewed the current programme and agreed that the following items would be considered at the next meeting of the Committee on 11 October:

- North Wales Adoption Service
- Adoption Inspection Report
- Fostering Inspection Report
- Multi Agency Public Protection Arrangements (MAPPA)

RESOLVED:

That subject to the foregoing the Forward Work Programme be agreed.

27. DURATION OF MEETING

The meeting commenced at 10.00 a.m and ended at 1.30 p.m.

28. PRESS IN ATTENDANCE

There were no members of the press in attendance.

29. PUBLIC IN ATTENDANCE

There were no members of the public in attendance.

.....
Chairman

SUMMARY OF DECLARATIONS MADE BY MEMBERS
IN ACCORDANCE WITH FLINTSHIRE COUNTY COUNCIL'S
CODE OF CONDUCT

SOCIAL AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE		DATE: 01 JULY 2010
MEMBER	ITEM	MIN. NO. REFERS

FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 5

REPORT TO: SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE : 11 OCTOBER 2010
REPORT BY: DIRECTOR OF COMMUNITY SERVICES
**SUBJECT : OUTCOMES OF THE CSSIW INSPECTION OF THE
FLINTSHIRE FOSTERING SERVICE FOR 2009/10**

1.00 PURPOSE OF REPORT

1.01 To advise and inform Social and Health Overview and Scrutiny Committee of the outcome of the inspection of Flintshire's Fostering Service for 2009/2010 undertaken by the Care and Social Services Inspectorate (Wales) (CSSIW) which was conducted between September -December 2009.

2.00 BACKGROUND

2.01 The Fostering Service has responsibility for the assessment, co-ordination, management, recruitment and support of all foster carers, kinship and private foster carers.

2.02 At the time of the inspection these were made up of the following placement types:

- General Foster Carers
- Teenage Foster Carers
- Therapeutic Carers
- Short-break Carers
- Kinship Carers
- Private Foster Carers

2.03 In general the service seeks to ensure that all carers receive support in line with national minimum standards and the provision of urgent/emergency or planned placements are available to children/young people requiring a foster care setting.

2.04 The purpose of the annual inspection as set out by the CSSIW was to consider the following areas:

- Managing and staffing of the Service
- Provision of Foster Carers
- Quality of care and safety for children placed

Date: 05/10/2010

Part V and VI of the regulations

Records

Short term placements

Family and friends as carers

The inspection therefore covered the duties and responsibilities of the Fieldwork Teams alongside that of the Family Placement Team.

- 2.05 CSSIW operates under the auspices of the Care Standards Act (2000) and the Fostering Services (Wales) Regulation 2003 against the foster care services are inspected.

3.00 CONSIDERATIONS

- 3.01 The conclusion of the inspection can be summarized as following-:

- 3.02 Achievements of the Fostering Service and Frontline Fieldwork Teams:

The service continues to be managed efficiently and effectively

Robust file auditing systems are in place

The authority was commended for maintaining its commitment to involving young people in service development

Foster Carers receive the support and supervision they need from an experienced, qualified and stable staff team.

The majority of children receive visits from their social workers in accordance with statutory requirements

Good promotional material

There is good quality and accessibility of information provided for children and young people about the service

- 3.03 Areas for improvement highlighted :

Concern was again noted about the adequacy of the office space (this has been rectified with the service moving to new offices at County Hall on the 28th May 2010)

To demonstrate and highlight examples where service user consultation changes or improvements in the service.

That supervision records note the detail of the issues discussed and where supervision was cancelled this is recorded in the information section of the supervision document

Frequency of statutory visits (to one child) was noted

3.04 In 2008 CSSIW introduced a new system of compliance notifications which require the Foster Care Service to demonstrate actions where these has been identified in the inspection. The inspection of 2009/2010 identified no compliance notifications with areas for improvement being as good practice recommendations only.

3.05 The overall inspection findings recognise the continuous progress made by the service. It further endorses the progress made since the new inspection regime commenced in 2003 that the service meets the National Standards in Foster Care in the key areas of support, assessment and management.

4.00 RECOMMENDATIONS

4.01 That Social and Health Overview and Scrutiny Committee receives the reports and notes the continued progress which has been achieved and the areas for developments as noted.

5.00 FINANCIAL IMPLICATIONS

5.01 The recommendation for more appropriate office accommodation has been met at a cost of £10k.

6.00 ANTI POVERTY IMPACT

6.01 An effective Foster Care Service provides a range of opportunities for children who as result of family circumstances might experience issues around access to education, and social interaction with peers and others. Such opportunities impact positively upon their future life chances.

7.00 ENVIRONMENTAL IMPACT

7.01 None arising from this report.

8.00 EQUALITIES IMPACT

8.01 None arising from this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None arising from this report.

10.00 CONSULTATION REQUIRED

10.01 See 11.01.

11.00 CONSULTATION UNDERTAKEN

11.01 These include the following:

- Looked After Children
- Foster Carers
- Social Services for Children staff
- Health Service Providers

It was acknowledged in the 2008/09 inspection that parents of children in care should be more effectively involved and consulted. The Head of Social Services for Children conducted a survey based on a DCSF document she located. This was subsequently undertaken and produced, but fell outside the inspection timetable for commentary. This document has however been forwarded to the CSSIW for their comments and observations.

12.00 APPENDICES

12.01 Appendix 1 - Inspection Report (published February 2010)

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 BACKGROUND DOCUMENTS

None

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Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Fostering services**

Flintshire Fostering Services

**County Hall
Mold
CH7 6NN**

Date of publication – 28th February 2010

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Care and Social Services Inspectorate Wales

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 Wrexham Road
 Mold
 CH7 1HP

01352 707900
 01352 707905

Name of fostering service:	Flintshire Fostering Services
Contact telephone number:	01352 701000
Registered provider / Director of Social Services:	Susan Lewis, Director of Social Services, Flintshire County Council
Responsible Individual / Head of Service	Carol Salmon
Manager:	Liz Byrne
Dates of this inspection episode:	28th September 2009 – 31st December 2009
Dates of other relevant contact since last report:	None
Date of previous report publication:	1st May 2009
Inspected by:	Denise Stickels and Shirley Cox
Other regions contributing to this report:	None

Introduction

This report has been compiled following an inspection of the fostering service undertaken by Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users (foster carers and children in placement).

The report contains information on how we inspect and what we find. This inspection focuses specifically on the Fostering Services (Wales) Regulations 2003 but also takes into account the National Minimum Standards for Fostering Services. The report is divided into nine sections reflecting the broad areas covered by the inspection:

1. Summary of findings
2. Policies and procedures / information
3. Management and staffing of the service, (including premises and finance)
4. Provision of foster carers (including fostering panel)
5. Quality of care and safety for children placed
6. Placement of children, parts v & vi of the regulations
7. Records
8. Short term placements
9. Family and friends as carers

CSSIW inspectors are authorised to enter and inspect fostering services at any time. Inspection enables CSSIW to satisfy itself that the service should continue to operate, and for IFAs this will include satisfaction that continued registration is justified. It also ensures that all fostering services are compliant with:

- Care Standards Act 2000 and The Fostering Services (Wales) Regulations 2003, whilst taking into account the National Minimum Standards for Fostering Services.
- The service's own statement of purpose.

At each inspection episode there are visits to the service during which CSSIW may adopt a range of different methods in its attempt to capture service user's and their relatives /representatives` experiences. Such methods may for example include self-assessment, discussion groups, case tracking, visits to carer`s homes, observation, interviews, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered / responsible person/s is/are responsible for ensuring that the fostering service operates in a way which complies with the service specific regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under regulation 42B, (Compliance Notification), to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the Inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The report is a public document and will be available on the CSSIW web site, www.cssiw.org.uk

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Section one: Summary of findings

Flintshire's County Council's fostering service provides a range of services, including long and short term placements, pre-adoption, respite and short break care, remand placements and placements with family and friends. At the time of the inspection there were 87 approved foster carers, providing a total of 158 approved places. 10 applicants were in the process of being assessed; 14 were waiting to be allocated for assessment. 25 children were placed with other fostering service providers.

The inspection was announced and took place during November 2009. Comprehensive self-assessment documentation was received by the CSSIW prior to the inspection, which, together with the findings of the 2008/2009 inspection, informed the development of an inspection plan. The inspection plan identified the following areas for attention:

- Staffing
- Education
- Statutory visits to children
- Support to foster carers
- Placement plans

These areas were assessed by the use of questionnaires to staff within the family placement team, foster carers, children accommodated, external agencies and members of the fostering panel. The inspector's examined a sample of eight children's case files and six foster carers' files. Discussions took place with members of staff, with the team manager, Head of Service, Looked After Children (LAC) co-ordinators for education and health, a child care team manager, the chair of the fostering panel and the service manager for planning, performance and quality assurance. Inspectors visited two fostering households.

The aspects of the service which include short break care and the service to family and friends' carers were not assessed at this inspection. A full assessment of short break care will be carried out during the 2010 / 2011 inspection.

This inspection has found that the fostering service continues to be managed efficiently and effectively. A number of strategic initiatives have been implemented or are planned, leading to developments in the service. Robust file auditing systems throughout Children's Services ensure that the quality of case records for children and foster carers is maintained to a very good standard. The authority is commended for maintaining its commitment to involving young people in service development. Foster carers receive the support and supervision they need from an experienced, qualified and stable staff team. The majority of children receive visits from their social workers in accordance with statutory requirements; however, a regulatory breach was identified regarding the frequency of statutory visits to one young person.

Good practice recommendations have been made in relation to the recording of staff supervision, the annual review of the quality of care and recording of supervisory visits to foster carers.

The inspectors would like to thank everyone who contributed to this inspection and would particularly like to thank the foster carers who were visited for their time, openness and hospitality.

Section two: Policies and procedures / information

Inspector's findings:

The authority has ensured that the required policies and procedures are in place to guide the operation of this service. Previous assessments of these documents recorded that the policies and procedures bring together all aspects of the service and are linked to the National Minimum Standards for Fostering Services (NMS). The SAF document identified a number of procedures that have or are being updated. Of the documents required to be submitted to the CSSIW, the Children's Guide and the procedure for the annual review of foster carers have been updated. Revised copies have been received by the CSSIW. It is recorded that the staff training plan has also been revised. The Foster Carers Handbook was reviewed and updated in October 2008. An engaging new logo, featuring a family of yellow plastic ducks, has been used to promote the fostering service in posters displayed on local authority transport, in civic buildings and also on the covers of recruitment and information booklets.

The service continues to develop the quality and accessibility of the information provided for children and young people about the service. This has been achieved by involving groups of children who are looked after in foster care, and inviting them to contribute their ideas and suggestions about the content of the children's guides to the service.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

Section three: Management and staffing of the services, (including premises and finance)**Inspector's findings:**

The Head of Service participated in a pre-inspection planning meeting, where information was shared with the inspectors on strategic initiatives that had been put in place and others that were planned. These initiatives demonstrated the political support for this service within the authority. Some of the initiatives include: the development of a permanency team, outcome focused training for staff, user survey questionnaires, exit interviews for foster carers and plans to collaborate across the North Wales authorities on short break services. The participation and involvement of young people is encouraged through the children's services forum and by providing care leavers the opportunity to take up work placements within the authority. The local authority celebrates the achievements and successes of 'looked after' children at the annual 'Pride of Flintshire' awards.

The service currently comprises of a manager, senior practitioner, nine family placement social workers, two children's services assistants, a recruitment and marketing officer and three administrators. The operation of a caseload management scheme has enabled the manager to identify appropriate staffing levels and two additional posts have been created to meet the growing demand for the service. A two-year business plan has been developed which will identify the needs of the service and future staffing requirements.

The manager and senior practitioner hold relevant qualifications and have extensive experience of working within local authority children's services. The senior practitioner has recently been appointed to this position from within the fostering team, following the departure of the previous post holder in July 2009. From information gathered at this inspection, it continues to be evident that the manager is providing efficient and effective management of the service and is supported in this by the service manager and Head of Service. New developments in the service since the last inspection include the re-organisation of the team into four functional sub groups (fee paid carers; general foster carers; short break carers and kinship carers) and a fostering scheme for sibling groups, with the recruitment of four sets of carers. One member of the team has delegated responsibility for the management of foster carer training.

The staff team is qualified and experienced, with a consistent core group of staff who have between 10 – 20 years experience of working within children's services. A low staff turnover during the past three years has enabled the team to consolidate and stabilise, which has clearly benefitted the quality of the service provided to foster carers. All members of the staff team completed and returned a CSSIW questionnaire; an excellent response. Staff evidently feel supported in their respective roles, say that they receive regular supervision and have opportunities for professional development and to attend relevant training. Information provided for this inspection confirms that staff members have attended a variety of training courses and have updated their training in relation to safeguarding. Team meetings are held every two weeks; team days take place twice a year.

In order to assess the quality of staff supervision inspectors examined a random sample of six staff supervision files; supervision had been provided by either the manager or (in

the absence of a senior practitioner) by the service manager. This confirmed that supervision takes place approximately every 4 -6 weeks. There was clear evidence of the range of discussion and professional advice offered to staff supervised by the service manager; however, it was not possible to independently assess the quality of supervision offered by the manager because the supervision records were not detailed enough. It was also noted that, where a supervision session had been missed, the reason for this was not always provided in the relevant box. Good practice recommendations are therefore made for these matters to be addressed.

Previous inspection reports have commented on the unsuitability of the premises used by the fostering service and a requirement was made last year to advise the CSSIW of the action being taken to rectify the situation. At the time of this inspection the team's situation was unchanged, however, inspectors were advised that alternative accommodation had been identified and the team should be moving by the end of April 2010. In the interim, strategies have been introduced to alleviate the problem, including a formal desk sharing plan and a 'working from home' policy.

A programme of Quarterly Performance Reviews has been established within the service and the manager produces a quarterly family placement report for the Directorate Management Team, detailing achievements against agreed targets and identifying those areas where improvements or developments are required. Quarterly meetings are held between the manager, service manager and senior practitioner, at which, service development issues are discussed.

In accordance with Regulation 42 (2) and (3) of the Amended Fostering Services (Wales) Regulations 2003, the manager has produced a Quality Assurance Report for the year ending April 2009, which was forwarded with the pre-inspection information and represents an annual review of the fostering service. A recommendation was made at the previous inspection, for the review to be informed by a process of consultation with service users. The 2009 review has described the various processes in place to consult with and gain feedback from foster carers and young people in placement, but it is recognised that this is an area where further development is needed, particularly in relation to gaining the views of parents whose children are in foster care. A good practice recommendation is made for future reports to include examples of where the process of consultation has influenced changes or improvements in the service.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source
1. Staff supervision records reflect the nature of case discussions and any decisions taken are clearly recorded.	NMS 17.4
2. When a planned supervision session does not take place, the reason is recorded.	NMS 20.3
3. Annual quality of care reports to include examples of where the process of consultation has influenced changes or improvements to the service.	.Reg 42[1][b]

Section four: Provision of foster carers (including panel)

Inspector's findings:

Information provided in the self-assessment form confirmed that the service has a total of 87 approved foster carers, providing a total of 158 approved places. This represents an increase of 10 fostering households from the previous year. At the time of the inspection 10 applicants were in the process of being assessed; 14 applicants were waiting to be allocated for assessment. 25 children from within the authority are placed with other fostering service providers. Whilst the overall situation is an improving one, it was reported that the service is still not able to fully meet the demand for placements and the Family Placement Business Plan for 2009 -2011 seeks to address this. Since the last inspection, the introduction of a fee paid scheme for sibling groups has been particularly successful, with the recruitment of four sets of foster carers. Another significant development has been the recruitment of five sets of foster carers who were previously working for independent fostering agencies.

The current recruitment strategy is primarily to increase the number of general foster carers, but is also looking to further develop the short break and respite care service. It is evident from a range of discussions held during the inspection that the inadequacy of the accommodation for the fostering team has placed some constraints on the level of recruitment, with insufficient space available to accommodate the additional staff required. It was also reported that the time taken to recruit staff, particular when a new post is created, has placed additional constraints on meeting recruitment targets.

There has been a range of evidence gathered at this inspection (from questionnaires, discussions and records viewed) to confirm that foster carers' assessments are carried out to a very good standard. As part of its role, the fostering panel carries out a quality assurance function, reporting back to the management team on the standard of assessments and deferring matters where additional information is requested. The six panel members who completed the CSSIW questionnaire confirmed that the majority of assessments were completed in a timely manner and in sufficient detail to inform the decision making process. On files viewed, the foster carers' terms of approval reflected the experience and expressed preferences of the applicants.

Prospective foster carers attend the 'Skills to Foster' training course, which is preceded by introductory talks from an experienced foster carer and a young person who has previously been in foster care. An additional day's training is provided to foster carers who wish to be approved for short break care. Applicants may also access the foster carers' training programme while they are being assessed. Where appropriate, the service also provides training to the children of applicants.

The fostering service continues to have a range of support mechanisms for foster carers to access - in addition to contact with and visits from the supervising social worker, there is a special helpline 'Foster Don't Fester' (manned by experienced carers) an 'out of hours' service, a support group which meets every 4 - 6 weeks and an 'attachment group' facilitated by the CAMHS service and the specialist family placement worker. A support group has also been set up for the birth children of foster carers.

Nine foster carers returned questionnaires for this inspection and two sets of carers were visited in their own homes. In every case foster carers made very positive comments about the support they received from the fostering service and their supervising social workers: *'The Flintshire family placement team provide an excellent service which is second to none'; 'Flintshire is very good, their support and help is excellent. Their link workers are the best and I couldn't ask for any more from them'.*

Full-time foster carers receive a minimum of six visits a year, of which three are formal supervision sessions and at least one is an unannounced visit. Examination of foster carers' files confirmed that these visits are taking place in accordance with agency expectations. Generally, supervisory visits to foster carers are well recorded, however, in one file there was no evidence of the young person in placement being discussed, and the phrase 'no issues identified' was used. This suggests a somewhat negative approach to the discussion and gives no indication of how the placement is progressing. A good practice recommendation is therefore made to ensure that all visits to foster carers retain a focus on the young person's welfare and progress, which is commented upon in case records. In discussion, the manager stated that she had identified the supervision of foster carers as an area where further development is needed. Plans are already in place for fee paid carers to receive some supervision sessions in their specialist groups and the manager is considering further options to develop the general standard of supervision within the service.

Information provided by the manager in the self-assessment form stated that, with three exceptions, the review of foster carers' approval was compliant with regulation 29. Where a review had not taken place there were exceptional circumstances for this. Examination of case records and further discussion with the manager clarified the process, which is that foster carers are reviewed by their supervising social worker at the appropriate time and then go forward to the next available panel. Case records showed that a wide range of views and opinions are gathered as part of the reviewing process, including the comments of young people in placement and those of the carers' own children. It was reported that the introduction of a financial incentive by the fostering service has encouraged more children and young people to contribute to these reviews. Examples of good practice were seen in the quality of the reports presented to panel.

Foster carers' training was not considered in any detail at this inspection; however, information provided with the self-assessment form indicates that foster carers have had opportunities to attend a wide variety of training courses. It is recognised within the service that the developmental needs of more experienced carers are not being fully addressed by the regular foster carers' training programme. However, where relevant, carers may access training courses provided for staff working within Flintshire's Children's Services.

Foster carers are encouraged to work towards the NVQ level 3 award in the Care of Children and Young People and, to date, 23 carers have successfully completed the course. At the present time, the assessment and verification of the NVQ programme is carried out by Action for Children, because the local authority has been unable to recruit assessors with the necessary skills and experience. The NVQ assessor advised inspectors that information gathered from candidates on completion of the award had been very positive, with the knowledge and insight gained leading to changes in foster carers' practice.

Inspectors did not attend a meeting of the fostering panel at this inspection, because this area was assessed fully at the previous inspection. The minutes of four of the most recent panel meetings were considered by inspectors; questionnaires were sent to panel members and discussions took place with the panel chair. Panel minutes provided a comprehensive record of the matters for consideration and reflected the wide ranging and robust discussions which take place between panel members. It is evident from their comments that panel members have read the assessments and reports and are well prepared for meetings. Panel has deferred matters when there is insufficient information for panel to make a decision; there was also evidence of panel voting not to recommend an application.

The function of the panel is supported by a framework of policies, procedures and guidance. Since the last inspection a one-day workshop has taken place to review panel policies and procedures, which was attended by panel members, child care social workers and supervising social workers. Panel members confirmed in the CSSIW questionnaire that they are clear about panel processes and receive panel papers in sufficient time to read them thoroughly. It was the view of one panel member that an additional social worker on the panel might prevent some matters from being deferred on those occasions when the social worker panel member is involved in the presentation, thereby resulting in the panel becoming non-quorate. At the previous inspection, inspectors identified a number of occasions from the minutes when the panel had not been quorate for this reason, but business had still been conducted. A requirement was made for the panel to re-consider these matters and panel minutes confirmed that this has been met.

The independent panel chair was appointed in February 2009; he has extensive experience of working within the field of children's services and family placement, and is currently employed by the British Association of Adoption and Fostering (BAAF). It was the chair's view that the panel is functioning well and he has recently introduced a checklist to assist the panel further in identifying if there are any gaps in the evidence presented to them. It is evident from the minutes that the chair is proactive in promoting the importance of gaining children's views (including those of very young children) in relation to foster carers' annual reviews and disruption meetings.

Two complaints have been made in relation to the fostering service since the last inspection, both relating to one young person in placement; the complaints have been made by the young person's parent. Information provided for this inspection showed that these matters are being dealt with through the local authority's complaints' procedure and have not yet been concluded.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source
The recordings of supervisory visits to foster carers retain a focus on the child's welfare and progress, which is commented upon in case records.	NMS 22.7

Section five: Quality of care and safety for children placed

Inspector's findings:

A particular focus for attention in relation to this element of the inspection was the education of 'looked after' children. This was assessed through discussion with key personnel, use of questionnaires, examination of case records and documentation provided to the inspectors.

A useful meeting was held with the LAC educational co-ordinator, a post that is fully funded by the local authority. The inspector learnt that the majority of the 120 school age children are in main stream school, and that some children had achieved significant scholastic results in recent years. The co-ordinator liaises with schools, social workers and team managers and seeks to attend children's first reviews, from which she receives requests for additional support when identified. An example was given of a child who had fallen behind in English and maths. A tutor was identified who was able to provide additional home tuition for a specific period of time, with positive results. There are several resources available within the county that are used when attempting to reintegrate a child back into main stream school; these include a behaviour moderation group, pupil referral units, youth access unit and learning coaches. New initiatives and developments are being supported by additional funding and a meeting with educational psychologists was planned to move the initiative forward.

A problematic group of young people are those within the key stage 4 group [14/15yrs]. Particularly when they are accommodated a distance from their school, which can happen when foster carers are recruited out of county. The difficulties of integrating a child of this age into a new school in an unfamiliar area can create a major dislocation in the child's education progress, even though the additional needs service manager follows through looked after children by liaising with 'out of county' providers. A plea is made for greater attention to be paid to the child's educational needs during the matching process. The co-ordinator has attended the life long learning scrutiny committee and copies were received of the reports that are presented to this committee.

Eight children and young people, aged 9 -16 years, completed questionnaires for this inspection, of these seven were in an education placement and one was being educated by home tutoring; three children said that they 'loved school'. Where relevant, Personal Education Plans were seen on children's case records and evidence was seen of children receiving additional support to meet their assessed educational needs.

A LAC nurse has recently been recruited to the post of health co-ordinator for looked after children across the county and she is currently establishing a data base to track that health assessments are completed in a timely manner. The data base will also hold a commentary that will give insight into a particular child needs. The nurse has used her skills to advise and 'signpost' foster carers to particular health resources; she has joined the care leaver's participation group and, together with input from this group, has developed a health leaflet. The nurse has a base in a child care team and a health base; she has access to health data and is linked into the vulnerable group's health action team. Case records demonstrate that children and young people in placement receive the services and support they need in relation to specific health issues.

The eight children and young people who contributed to this inspection gave positive responses to questions about their experience of living with their current foster carers, comments include: *'I love it here'; 'I like my placement and my foster carers'; 'I'm happy where I am'; 'My foster mum treats me like her own, she is always there for me and I feel part of the family. I love her more than anything'*. The children were all involved in a variety of hobbies and activities and confirmed that they received support in maintaining contact with their families.

During visits to foster carers' homes, warm, attentive and supportive relationships were observed between foster carers and the children in placement. In discussing their experiences, foster carers demonstrated care and commitment to the children, despite the various challenges, and clearly derived a great deal of satisfaction in seeing the progress that children have made in their care.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

Section six: Placement of children parts v & vi of the regulations

N.B. Use of this section of the report will apply primarily to inspections of local authority fostering services and the duties and responsibilities covered in Parts 5 and 6 of the Fostering Services (Wales) Regulations 2003 only. It may need to be used for inspections of independent agencies where a local authority delegates certain duties to them under Regulation 40.

Inspector`s findings:

Part V & VI of the Regulations were inspected in detail during the 2008 / 2009 inspection, therefore limited information was sought to support this section of the report during this inspection. From analysis of the information and evidence obtained during the 2008 / 2009 inspection, the inspectors were of the view that the local authority was meeting its legal obligation to ensure that children were in placements that were the most suitable for them, having regard to all their circumstances. The authority has demonstrated that when a suitable placement is not available for a child within 'in house' resources, they will seek an external solution for the child. Information provided in the self-assessment documentation identified that 25 children were in placement with other fostering service providers. At the inspection planning meeting, the Head of Service discussed her concerns at the number of external placements, and the age of some of the children who required such placements. There is recognition that some foster carers need to undertake a more specialist role in caring for children and the team is being reorganised to support this initiative. A child care team manager made positive comments about the quality and frequency of reports emanating from some independent fostering agencies, which provided very useful information on the progress of children in placement.

From the case files viewed, this inspection identified that the majority of children were receiving statutory visits to the timescales identified within the Regulations. The case file of one child, however, did indicate that the child was not receiving timely statutory visits. This particular discrepancy has been brought to the attention of the manager and service manager, to follow up with the child care team concerned. Regulation 35 of The Fostering Services [Wales] Regulations 2003, lays out the duty of the responsible authority to satisfy itself that the welfare of each child placed by it continues to be suitably provided for by the placement. For this purpose the authority must ensure an authorised person visits the child where the child is placed within a specified time and carries out the visiting duties described in this regulation.

A requirement made at the previous inspection, in relation to the frequency of statutory visits when children are placed under Regulation 38 (emergency and immediate placements), has been met.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

Section seven: Records

Inspector's findings:

The case records of a selection of children accommodated and their foster carers were reviewed at this inspection. There was evidence of maintained standards in both recordings and file content. Children's files contained care plans, evidence of plans being reviewed within the legal timescales and of statutory visits taking place. The case files demonstrated the commitment of foster carers, the service and the authority in sustaining contact between the child and birth family. There was evidence that the children's medical histories were collated and known, and that they were registered with a medical practice. Some children were receiving support from the CAMHS service. Case records were up to date, and recordings projected a very positive image

Foster carers' files are maintained to a good standard through an effective file audit system. An up-to-date-record of visits and contacts with foster carers was seen in all cases files, which included formal supervision sessions. Each file contained a chronology of placements, minutes of panel recommendations, terms of approval, safe caring agreements, foster carer agreements, health and safety audits, and annual reviews.

There was clear evidence of robust auditing processes by team managers and service managers within the case records of children and foster carers. The quality of case recording in some children's case files was excellent; where issues and concerns were identified there was evidence of these being acted upon and followed through. Evidence of good practice was seen on one file where the 'child's voice' was particularly clear, with the social worker recording the child's views on a regular basis and at every statutory visit. Inspectors would also want to comment on the quality of reports completed by sessional workers following supervised contact visits; these were consistently well-written, clear and informative and demonstrated a very good understanding of the significance of the observations made.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

Section eight: Short term placements

Inspector's findings:

The short break service was not assessed during this inspection. This element of the service will attract a full assessment during the 2010 /2011 inspection. The inspectors have learnt that applicants who apply to become carers in the short break service, are required to participate in the general foster carer assessment process and attend additional training, which covers aspects of disability care, to ensure that the needs of the children who use the service will be met. During the past year, two additional fee paid carers were approved for this service.

A debate on the legal status of children receiving short break care services has been running nationally since 2006. The general query is whether or not there is a duty to review cases of children who are provided with 'short break' care for less than 24 hours at a time. The legislation provides several scenarios. The Children Act 1989 section 22 refers to short break provision as accommodation, which is provided for a continuous period of more than 24hrs. Regulation 12 of the Review of Children Cases Regulations 2007 and Regulation 14 of the Placement of Children [Wales] Regulations 2007, both applying to short term placements, assume that a series of short term placements are added up and treated as a single placement. Furthermore the Shared Care Network presented a memorandum to the House of Commons, in response to a White Paper, summarising the issues and submitted a response questioning whether the 'Looked After' system provided appropriate safeguards for this group of children. The inspectorate is aware that legislative interpretation towards children who receive short breaks services is variable across local authorities in Wales.

During the inspection, the inspectors became aware that debates have taken place within Children's Services about the consequences of accommodating children in short break provision, other than under the 'Looked After Children' arrangements. A decision is yet to be made.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

Section nine: Family and friends as carers

Inspector's findings:

A review of the assessment of kinship placements is currently taking place within the authority, which is developing a specific assessment model for kinship care applicants. An assessment of the family and friends service will be considered at a future inspection with the outcome of the review and any subsequent initiatives, incorporated into the assessment.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number.

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:	NMS or other source

FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 6

REPORT TO: **SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE**
DATE : **11 OCTOBER 2010**
REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**
SUBJECT : **OUTCOMES OF THE CSSIW INSPECTION OF THE**
ADOPTION SERVICES OF FLINTSHIRE COUNTY COUNCIL
2010

1.00 PURPOSE OF REPORT

1.01 To advise and inform Social and Health Overview and Scrutiny Committee of the inspection of the Adoption Services of Flintshire County Council conducted by the Care and Social Services Inspectorate (Wales)(CSSIW) during February 2010.

2.00 BACKGROUND

2.01 The inspection of the Adoption Service seeks to review the Adoption Service and includes the wider remit of inspecting other routes for placing children and young people into permanent outcomes (including Residence Orders and Special Guardianship Orders) other than by adoption.

2.02 The purpose of the report is to report on and consider the following areas within the document examined during the inspection :

Access to services

Assessment

Care Management and Review

Range of Services provided

Quality of Services provided

Protecting Vulnerable people

Promoting Independence and Social Inclusion

Performance and Management

Planning and Partnerships

Commissioning and Contracting

Resources

Leadership and Culture

Corporate and Political Support

Date: 05/10/2010

Cross cutting issues

- 2.03 The CSSIW operates under the provisions of the Health and Social Care Act (2003), the Care Standards Act (2000) the Adoption and Children Act (2002) and associated regulations.

3.00 CONSIDERATIONS

- 3.01 The conclusions for this inspection can be summarised as follows:

3.02 Achievements of the Adoption Agency

The authority has embraced the changes required of an adoption service following the introduction of the new regulations and has a well developed service.

Social work practice on the whole is very effective

Very good examples of assessments based on enquiries and analysis of both children and adopters

Generally positive public information and guidance leaflets and relevant age appropriate guides

Children's adoption case files were well structured.

Positive relationship with our external agency (After Adoption) to provide a range of counselling services for those affected by adoption.

The inspectors noted that no breakdowns of adoption placements have occurred since the last inspection in 2005. This is noted as a very positive indicator of the quality of the service provided.

- 3.03 The areas for improvement highlighted can be outlined as:

Ensuring compliance when completing and reviewing relevant Adoption and Special Guardianship Plans

The recruitment, training, skills and knowledge mix of the members of the Adoption Panel

Adoption Panel members' files are updated and maintained in line with guidance

That the Adoption Panel (15/02/10) which was deemed to be not quorate be reconvened (this was undertaken and completed in March)

That a "later life" letter (which in effect tells the story of the child/young person's adoption) is placed on the child's file

That minutes of panel and relevant matching meetings be placed on the child's adoption file.

That user friendly information be provided on overseas adoptions

That minutes from statutory reviews are produced within a recognised and accepted timeframe and placed in the child's file

3.04 The 2010 Inspection recognises the continuous improvement in service delivery and asks that a number of good practice recommendations be addressed.

3.05 The inspectors examined a range of documents including the casefiles of children who had been through the adoption process therefore the inspection focus was upon the frontline fieldwork teams as well as the Family Placement Team.

4.00 RECOMMENDATIONS

4.01 That Members receive the report and note the achievements which have been made and the areas for development identified above.

5.00 FINANCIAL IMPLICATIONS

5.01 None arising from this report, although Members may be aware that adoption services will be provided under a North Wales consortium arrangements from 01.04.10 and future inspections will be tailored accordingly by CSSIW.

6.00 ANTI POVERTY IMPACT

6.01 Adoption and other permanent outcomes provide children and young people with the potential to make significant progress in their educational, social and learning outcomes which might not be attainable in their birth family settings.

7.00 ENVIRONMENTAL IMPACT

7.01 None arising from this report.

8.00 EQUALITIES IMPACT

8.01 None arising from this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None arising from this report.

10.00 CONSULTATION REQUIRED

10.01 See 11.01

11.00 CONSULTATION UNDERTAKEN

11.01 In completing the inspection, the process involved the following consultations:-

Birth and Adoptive family Members

Chair of the Adoption Panel

Legal and Medical Advisers to the Panel

The Independent Reviewing Officer, Social Services for Children

The File Manager and Archivist of the County Council

Service Manager for the external support services to adopters (AFTER ADOPTION)

Various members of Social Services for Children Staff

12.00 APPENDICES

12.01 Appendix 1 - Adoption Inspection Report
Appendix 2 - Action Plan

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 **BACKGROUND DOCUMENTS**

None

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Care and Social Services Inspectorate Wales

Care Standards Act 2000

Adoption and Children Act 2002

Health and Social Care (Community Health and Standards) Act 2003

**INSPECTION REPORT
INSPECTION OF FLINTSHIRE ADOPTION SERVICES WITHIN THE WIDER
FRAMEWORK OF PLANNING FOR PERMANENCE**

Date of publication – 12 April 2010

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Care and Social Services Inspectorate Wales

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Name of Local Authority:	Flintshire County Council
Contact telephone number:	01352 701000
Director of Social Services:	Susan Lewis
Head of Children's Service:	Carol Salmon
Manager of the adoption service:	Liz Byrne
Dates of this inspection episode:	01/02/2010 – 24/02/2010
Dates of other relevant contact since last report:	N/A
Date of previous report publication:	September 2005
Inspected by:	Shirley Cox, John Nutley, Colin McKay and Denise Stickels

Introduction

This report has been compiled following an inspection of the Local Authority's adoption service within the wider framework of planning for permanence. The inspection has been undertaken by Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Health and Social Care (Community Health and Standards) Act 2003, the Care Standards Act 2000 and the Adoption and Children Act 2002 and associated regulations.

The report contains information on how we inspect and what we find. The inspection is based on relevant legislation, service specific regulations, national minimum standards and Welsh Assembly guidance. A full list of the relevant legislation and guidance is provided in the Guidance Notes for Local Authorities produced by CSSIW which is available on request. The report is divided into seven sections reflecting the broad areas covered by the inspection plus four appendices, as detailed in the list of contents on page five.

This report includes information about the quality of service experienced by service users (children who may be adopted, prospective and approved adopters, adopted persons, birth parents and any persons receiving adoption support services).

CSSIW inspectors are authorised to enter and inspect local authority services at any time. During each inspection episode CSSIW may adopt a range of different methods in its attempt to capture service users' and their representatives' experiences. Such methods may for example include self-assessment, file reading, discussion groups, case tracking, observation, interviews, and the use of survey questionnaires. At any other time visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a report is intended to reflect the findings of the inspector(s) at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The Director of Social Services, Head of Children's Services and the Manager of the Adoption Service are responsible for ensuring that their services for looked after children operate in a way which complies with the service specific regulations. CSSIW will comment in the general text of the inspection report on their compliance. Regulations which CSSIW believes to be key in bringing about change in the adoption service will be clearly identified in the requirement section.

Where key requirements have been identified in respect of the local authority's adoption service, the provider may be required under regulation 24 of the Local Authority Adoption Service (Wales) Regulations 2007, (Compliance Notification), to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

CSSIW may be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the Inspector's findings, you may discuss these with CSSIW or directly with the service provider.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The report is a public document and will be available on the CSSIW web site, www.cssiw.org.uk

Section one: Key findings and recommendations

Flintshire County Council together with the five remaining Councils in North Wales have worked to establish a model for a co-ordinated North Wales Adoption Service[NWAS], in order to provide a more effective resource base from which to recruit, train and support adopters and their families. To this end, and whilst corporate and legal differences were being addressed, managers and staff within each of the family placement teams worked together to develop pan North Wales policies, procedures and operational documents that would comply with the adoption regulations, introduced following the Adoption and Children Act 2002. Whilst engaged in this activity, the manager of this service also sought to ensure implementation of the regulations within the adoption service of Flintshire County Council.

In 2009 a manager was recruited to the NWAS and the Councils are approaching a position to allow the launch of this service in April 2010. The policies and procedures and supporting documentation developed to support the NWAS, were assessed by the CSSIW during the inspection of Wrexham County Borough in 2009, the recommendations and points of action that were identified by the CSSIW at that time have been addressed. At the time of this inspection there was a combination of the local authority and NWAS documentation presented, but because of the imminence of the new service the inspectors focus was on those of the NWAS.

The methodology used to gather evidence for this inspection included: analysis of returned surveys from pre-adoptive and adoptive parents, from staff within the adoption and fostering team and from child care social workers; from panel members and from families who had obtained a Residency or Special Guardianship Order.

Discussions were held with the Head of Service and the Adoption Support Services Advisor, the service managers for resources and fieldwork, and team managers for the family placement team and a child care team. Additional discussions were held with the Lead Member for Children's Services, with the Performance Manager, a training manager, two child care social workers and three members of the adoption team. Meetings were held with the Adoption Panel Chair, the Medical and Legal Advisors for the Panel and an Independent Reviewing Officer. To establish the process for file storage and archiving, an inspector met with the File Manager and the Archivist. A telephone conversation took place with the Service Manager for After Adoption.

In addition inspectors read a number of children's adoption case files, adopter's files, adoption support files, files provided by After Adoption and files relating to Special Guardianship and Residence Orders. An inspector attended the Adoption Panel and the Children's Services Forum and three families were seen.

The inspectors' assessment of this service is that the authority has embraced the changes required of an adoption service following the introduction of the new regulations, and although diverted by the NWAS development, has a well developed adoption service. The inspectors found that social work practice was on the whole very effective. There were very good examples of assessments based on enquiry and analysis of both children and adopters.

Priorities for action were identified as;

1] The authority is required to develop an adoption support plan and demonstrate review of the plan as required by The Adoption Support Services [Local Authorities] [Wales] Regulations 2005]

2] The authority is required to meet all the elements required by Part 3 of The Special Guardianship (Wales) Regulations 2005, in relation to assessing and reviewing support services, other than financial, for families who are in Special Guardianship arrangements.

3] The adoption panel to reconvene to consider the items discussed on the 15th February 2010 when the panel was not quorate.

Good practice recommendations were identified as:

- ✓ 1] Adoption files to contain a 'later in life' letter for later access by the adopted person.
- 2] Public information to be made available on overseas adoptions.
- 3] The inspectors would want to see improvements in the length of time that is taken for minutes of statutory reviews to be placed on children's case files.
- ✓ 4] The agency is advised to assess the child care experience of the social workers who are adoption panel members.
- ✓ 5] The agency to ensure that training is accessible to panel members, and panel members to be encouraged to attend such training.
- ✓ 6] Minutes of matching meetings and panel meetings to be located on adoption case files.
- ✓ 7] Panel members' files to be constructed in accordance with Schedule 4 of the Local Authority Adoption Regulations 2007 and the National Minimum Standards for LA Adoption Services.
- ✓ 8] The agency to apply best practice public appointment procedures in appointing panel members, as advised within The Adoption Agencies (Wales) Regulations 2005 Guidance.

The inspectors would want to thank the family placement service for their hospitality during this inspection and to everyone who was interviewed, completed surveys, and contributed to this inspection.

HOW GOOD ARE THE SERVICES?

Section Two: Getting help

Inspector's findings:

2.1 Access to services

The inspectors would want to acknowledge the attention this agency has given, in conjunction with the six North Wales authorities, in the development of leaflets, policies and procedures and a Statement of Purpose for the North Wales Adoption Service. Although the Statement of Purpose is a generic document for the six local authorities, there are local arrangements described within. The Statement of Purpose submitted pre-inspection by this service is informative and of a good standard. The document has been developed by following the structure outlined in Standard 1 of the National Minimum Standards for Local Authority Adoption Services for Wales and Schedule 1 of the Local Authority Adoption Services [Wales] Regulations 2007. Minor amendments were suggested and brought to the attention of the service managers. With the launch of the North Wales Adoption Service planned for the 1st April 2010, the policies assessed for this inspection concentrated on those developed for this service.

The two Children's Guides submitted for this inspection were colourful, age appropriate booklets. A strap line indicates that if a child has a particular need or preferred other language, that the authority has facilities to provide individualised copies. An observation made by inspectors was that the leaflet for older children may be easier to read if the print was larger and some of the script reduced. This observation was made against a general perception that the upper age of children who are placed for adoption is usually 10 years.

The authority has a well developed website that provides easy access to information on the range of services provided by the adoption service. The site is informative, easy to understand and navigate, describing the type of children requiring adopted families and offers the option to request information packs online.

Very good public information was available for prospective adopters and adopted persons, about the different components of the adoption service. Included in the comprehensive booklet developed for prospective adopters is information about their right to make representation to the agency or to apply to independent review panel for review if they disagree with the panel's recommendations. The majority of adopters who returned completed CSSIW surveys said that they were made aware of their right to appeal. The comprehensive handbook available for adopters provides details of the three year membership, paid by this agency, to Adoption UK, there are also details of a support plan and support services although no acknowledgement of the need to review the plan. Of the responding adopters, four agreed that the information provided to them clearly explained the range of support services available to them, two disagreed that they had received this information.

One area where public information appeared to be missing was on overseas adoptions, although it is acknowledged that a policy is available on this area of service. The manager recognised that this service area was not publicised, assuring this omission would be communicated to the co-ordinator of the North Wales Adoption Service. It was acknowledged that there was a lack of expertise in this area, and that further developments and training need to be initiated.

The inspectors found that information for birth parents had been further developed for the North Wales Adoption Service and letters to birth parents were seen in case files informing them of the service available through Birth Ties, a counselling service for parents provided under the umbrella of the After Adoption agency. Intermediary services are commissioned from After Adoption. Leaflets are available publicising this service for birth families and adopted people.

A new attractively designed information booklet has been launched on fostering as part of a targeted recruitment strategy, informing potential applicants of the children needing foster placements and the assessment and training required to become a foster parent.

A referral process for processing prospective adopters is in place and an assessment of case files confirmed that on the whole, referrals were responded to appropriately, with responses within the prescribed timescale set out for the adoption service. The approval process for adopters is contained within the agency's policies and procedures. These documents were written for the developing North Wales Adoption Service and were reviewed by the CSSIW in 2009. Amendments that were proposed at review have been implemented.

Whilst acknowledging that for this inspection a review of the quality of care is considered to be completed with the completion of the two self assessment forms, the inspectors would want to reinforce the need for an annual review of the adoption service.

The archivist and file manager were spoken to, who explained the process for storing and archiving case records about a person's adoption as prescribed, in order that an adopted person may access it in the future. The inspectors felt there was a very good system in place for securing these files. The inspectors learnt that when freedom of information requests are received and relate to adoption these are passed to the manager of the adoption service for consideration.

2.2 Assessment

The adoption case files assessed for this inspection contained a completed Child's Assessment Report for Adoption [CARA]. All of the CARA's seen were of a good standard, some were excellent. It was noted that detailed information had been encouraged from birth parents and recorded. Chronologies were comprehensive and up to date tracking the milestones of the child's journey. The inspectors were told that training in chronologies has been provided by a member of the local authority's legal team, the impact of the training was reflected in the high standards seen.

There was a variety of care experiences reflected in the CARA's seen, from that of a baby relinquished at birth, parents agreeing to adoption, to children who had had several placements in the Looked After system before a decision was made to seek a solution through adoption for the child. Some files reflected extensive work with extended families in an attempt to secure the child's future with family members. The recordings within the case files demonstrated that every effort was made to engage parents; if fathers were absent attempts had been made to trace them so that their views could be obtained and recorded. Family relationships, structures and dynamics were obtained and family members with specific relationships with the child were identified. Full health assessments and health histories were recorded, as were the child's emotional, social

and behavioural development. It was noted that on one case file where a child was too young to speak, the social worker had described the child's demeanour and responsiveness, creating a very poignant image for the adopted adult.

Although the child's anticipated adoption support needs were well recorded within the CARA it was difficult to assess how these needs were reviewed and built into a recorded support plan at placement. Matching reports for panel that were seen for two placements, recorded the future support needs of the child, but there was no indication of how these needs would be met and by whom. The managers of this service did assure the inspectors that assessment of support needs does take place and is recorded within the Integrated Children's System documents

The self assessment form for the adoption service recorded that this service had completed 18 assessments of prospective adopters over the past three years. [5 in 2006-07, 9 in 2007-08 and 4 in 2008-9]. A completed application from prospective adopters generates a home visit, if the decision is to proceed, the applicants are required to attend pre approval training before the full assessment begins. The inspectors noted that for some applicants there were significant delays in their assessments being allocated. Adopters who were spoken too said that the assessment process had been comprehensive. From questionnaires returned from adopters five said that, for them, the process to approval had taken up to two years, this was also noted in one of the files reviewed. The inspectors were concerned that adoption does not appear to have the same quality assurance mechanisms in place as fostering and wondered if panel were considering assessment timescales. The manager commented that most of the case files that were assessed related to a period when there were staffing difficulties in the team, leading to delays in allocation and assessment. It is anticipated that once operational, the North Wales Adoption Service will be able to respond in a timelier manner to assessments.

The authority has an established and structured case file for adopters that contains the information determined by regulation. The assessments of prospective adopters were carried out in line with the regulations and the local authority procedures. Social workers had visited each applicant in a joint application, individually, at least once and the assessment interviews were conducted in the applicant's home over a period of approximately six/eight visits. Information was obtained by the social worker and a report prepared on the BAAF Prospective Adopters Report [P.A.R] and a portfolio of evidence was developed with the applicants. Evidence within the case files confirmed that required statutory checks are undertaken and outcomes recorded within the adopter's case files.

2.3. Care management and review

Children's adoption case files were well structured delineating the information identified to be placed in the case record by Regulation 12,13,14,19 and 34 in the Adoption Agencies [Wales] Regulations 2005 Guidance. The inspectors would want to commend the standard and differentiation the authority has established for these case files.

Adoption case records were set up for all the children whose case files were read, and were of a manner that enabled reasonable navigation of the file. Most of the files contained the required information, although there were problems with review minutes. Just one of the case files contained a 'later in life' letter, although when checked with adopters they said they had received a 'later life' letter for their adopted child. The inspectors would want to advise that copies of 'later in life' letters do need to be held on

the case file as advised by the Guidance and for later access by the adopted person. It was noted that in some instances the panel minutes for best interest decision were not on file, and in one instance that only one visit was made to the child in placement before the first review. This omission was raised during the inspection.

From the case files it was clear that, when the agency considers placing a child with particular adopters, the adopters were given significant information about the child. However, some adopters who responded to the survey did say they had not received enough information on the child. The adoptive parents who were interviewed confirmed that they had received a lot of information about the child and in one instance met with the child's foster carer to discuss the child's needs. Further evidence demonstrated that when a child had particular physical and learning needs, these were discussed with a paediatrician. The inspectors learnt that the service does, when possible, hold life appreciation days.

There were reports prepared by social workers for statutory reviews on case files but there were a limited number of minutes of the review. Occasionally, there was an email from the IRO to the team manager with a list of tasks/actions to be undertaken with a named person and a timescale. On two files read there were scribbled notes on the back of a report and in one set of notes it mentioned two names who did not appear to be connected to the case. The inspectors were aware that the IRO's continue to have high case loads [93], that one member of staff has had extended sick leave, and that the longest serving IRO is about to leave the authority. Whilst workload management schemes, support and temporary cover have been provided, these combined factors must have an effect on the overall capacity to carry out functions and specifically in ensuring plans for permanency are in place at the second review (presently 79%). Although at this inspection it was difficult to assess that a plan for permanence was introduced at the 4 month review, because of the circumstances of the children whose files were read. The inspectors would want to see improvements in the information that is contained within children's case files on the decisions that are made at their statutory review.

The inspectors were made aware that the review of adopters (two years after approval if a child had not been placed) had not been as robust as the manager would have wished. However, to ensure more systematic tracking of these families, details are now presented to the adoption panel.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action

Action required	Timescale for completion	Regulation number
The authority is required to develop an adoption support plan and demonstrate review of the plan as required by The Adoption Support Services [Local Authorities][Wales] Regulations 2005	01/05/2010	ASS(LA) 9(1)(a) ASS(LA) 10(2)

**Good practice recommendations:
NMS or other source**

- 1] Adoption files to contain a 'later in life' letter for later access by the adopted person.
- 2] Public information to be made available on overseas adoptions.
- 3] The inspectors would want to see improvements in the length of time that is taken for minutes of statutory reviews to be placed on children's case files.

Section Three: the services provided

Inspector's findings:

3.1 Range of services provided

Information provided in the Self Assessment Form (SAF) confirmed that, in the last three years, Flintshire has approved 18 adopters and has placed 25 children with adoptive families. At the time of the inspection, four children whose care plan for adoption had been confirmed by panel were awaiting adoptive placements and two approved adopters were awaiting placements. Four adoption assessments were in progress, one application was waiting to be allocated and eight prospective adopters were either undergoing statutory checks or were awaiting training.

The authority has entered into a service level agreement with an independent agency, After Adoption, to provide a range of support services, which includes services to adopted adults, intermediary services and services to birth parents. The agency also provides support to adopters or adopted children if this is required, following an assessment. Information provided for this inspection has shown that After Adoption is currently undertaking 35 pieces of work on behalf of the local authority. The Head of Service has some concern that this service may be reduced when it is shared with the other local authorities in the North Wales Adoption Service. At the time of the inspection the manager said that, although she had not carried out a formal review of the service, there was currently no unmet need and they were able to respond promptly to requests for support.

It was reported that the local authority is providing financial support to 27 adopters and also pays for adopters to be members of Adoption UK for a period of three years after a child is placed. Where it has been assessed as appropriate, adopters may be referred to the Safe Base Parenting Programme for additional support. Other sources of support include an Adopters Support Group, which is being run jointly with Wrexham County Borough Council and an Attachment Group, which is run jointly with the CAMHS service. It is evident from a range of discussions and from responses to questionnaires, that the Attachment Group has a significant role to play in helping adopters understand the behaviour of some children and understand how, through simple play exercises, they may be able to quieten a child's anxieties. Support with 'face to face' and letter box contact, post adoption training and support in the event of placement disruptions is also provided. At the present time the authority is not providing any discussion or activity groups for adoptive children or for birth parents or relatives. However, inspectors heard about a drama group which is run in Theatr Clwyd which has adopted children as participants.

The Head of Service is the person nominated as the Adoption Support Services Advisor (ASSA) for the local authority; however, implementation of the day-to-day tasks has been delegated to the manager of the adoption service (for financial support, advice and 'signposting') and a member of the team who has a particular interest and enthusiasm for this area of work. In discussion, the manager acknowledged that more work needed to be done in endeavouring to engage birth parents in the adoption process and is anticipating that this will be taken forward by the manager of the North Wales Adoption Service after April 1st 2010, in their partnership with After Adoption.

Inspectors found evidence in case records of counselling and support being offered to birth parents, although the offer was declined in most cases, and of financial support being awarded to adoptive families. In discussion, an adoptive parent confirmed that they receive financial support, which is means tested and is reviewed annually. Evidence of good practice was seen in the quality of support offered to a birth parent during a final contact visit and in the level of support provided to an adopted child whose placement had been disrupted and to their adoptive family. There was written information in the CARA on the future support needs of individual children, but no indication of how these needs would be met and by whom. No adoption support assessments or adoption support plans were found on any adopters file.

The process for carrying out annual reviews of adoption support plans, other than for financial support, was not clear in case records. The inspectors advised that an adoption support plan should be a stand alone document that enables considered input from the adoptive parents, and if disagreements arise they have a plan against which they can appeal. [Reg 9[3] The Adoption Support Services [Local Authorities][Wales] Regulations 2005] Similarly from reading of a Special Guardianship case file it was not clear that the authority was meeting all the requirements of Part 3 of the Special Guardianship [Wales] Regulations 2005 in assessing support needs. Where financial support is awarded this is reviewed annually but there was no evidence that reviews of other support services take place. The Adoption Support Services (Local Authorities) (Wales) Regulations 2005 also require the local authority to give notice of the support plan to the relevant agencies who may be included in the provision of services; there was no evidence in case records that this was taking place.

At the time of the inspection, responsibility for considering and reviewing financial support was with the service manager for resources, whilst responsibility for other support services was with the field work manager. Inspectors were advised that discussions were taking place for these two elements to be brought together, in order to encourage a more holistic approach.

Intermediary services are provided by the After Adoption agency. A contract agreement is in place between the two agencies, which is due to expire on the 31/3/10. It is anticipated that the North Wales Adoption Service will discuss further contract arrangements with this agency. The After Adoption Service Manager said that Flintshire was a very good authority in ensuring that referrals were made in a timely manner and in discussing individual cases. After Adoption provide quarterly outcome reports to the authority. Very positive comments were made by the family placement team manager and adoption support worker about the professionalism and quality of service that After Adoption provides.

Evidence regarding the provision of intermediary services was obtained from examination of records held by After Adoption and from a discussion with the Service Manager of the agency. Two examples were provided of assistance to people who were adopted before the 30th December 2005, one in 1949 the other in 1950. In each case the processes followed and individual support offered was clearly documented and met with regulatory requirements. Birth families had accessed this service, as had adopted adults.

3.2 Quality of Services Provided

The inspector's assessment of this service is that the authority has embraced the changes required of an adoption service following the introduction of the new regulations, and although diverted by the North Wales Adoption Service development, has a well developed adoption service. The inspectors found that social work practice was on the whole very effective. There were very good examples of assessments based on enquiry and analysis of both children and adopters.

As mentioned previously, no formal reviews of the service have taken place to date. The CSSIW has agreed with service providers that the completion of the self-assessment form will be regarded as the quality of care review for the current year, but the local authority must undertake a review of the service within 12 months of this inspection. The annual report should include evidence of consultation with adoptive parents, birth parents, children being adopted, staff and others prescribed by Regulation 22 of the Local Authority Adoption Service [Wales] Regulations 2007.

Some consultation has taken place with adopters in relation to feedback on the adoption panel process and the written information provided to them about the service. In addition, adopters who withdraw their application or resign are offered exit interviews. The manager believes that, as adopters become more familiar with and comfortable in accessing support services, there will be continued growth in this area of work. It is recognised within the service that further work needs to be done to engage with birth parents and ensure that they are fully aware of the support available to them.

Case records provided evidence of the wishes and feelings of birth parents being sought; these are recorded variously in the CARA, court papers and guardian ad litem reports. In one case, a birth mother's request for her child to be placed with a half-sibling had been recorded and was adhered to. It has not been possible to assess how the local authority meets its obligation to ascertain the wishes and feelings of children, because the adoption files provided at this inspection all related to babies or very young children who were unable to express a view. However it was noted that the social worker had tried to reflect the child's responsiveness to significant adults.

It was reported that the transfer of responsibility for managing letter box contact to the adoption support worker has led to significant improvements in this aspect of the service. Contact arrangements run smoothly; birth parents are seeking advice on writing letters and direct contact has been established in two cases. Other areas where the manager reported improvements in the service include: the support offered to adoptive families, the development of post approval training for adopters and joint working with Wrexham County Borough Council around support groups.

It has not been possible to assess the quality of the matching process at this inspection because of incomplete information in case records. The matrix used for scoring potential adoptive families was seen, but there was no narrative on the form to explain the scoring rationale. No minutes of the matching meetings which took place before these forms were completed were on children's or adopters case files. The matching process, as described in the SAF, involves referral to the family placement team by completion of the CARA, a discussion between the child's social worker and the team member with 'family finding' responsibilities, short-listing a number of families and joint visits to each family. Further short-listing then takes place and the families chosen are presented at the matching meeting. The matching meeting is chaired by the senior practitioner of the family

placement team and is attended by two social workers and an independent person, usually a senior practitioner from another team. The inspectors would advise that minutes of matching meetings and panel meetings need to be located in case files, so that future readers understand the decisions that influenced a placement with a particular family.

In discussion, the family placement team manager and a child care team manager both said that they believed the matching process to be very rigorous. Inspectors were advised that the matching form has recently been updated and now clearly shows the reasons for arriving at a matching decision.

Flintshire County Council is currently operating with a single panel, but plans to form a joint panel with Wrexham County Borough Council are at an advanced stage, with an anticipated merger date of the 1st April 2010. Single panels should have no more than ten members; the Flintshire panel has nine members. A regulatory breach was noted at this inspection in relation to the adoption panel being non-quorate on the 15th February 2010. The breach occurred because the only social worker panel member who was present withdrew to present an application to panel. This has been discussed with the Head of Service and the manager of the service, requesting that panel be reconvened to consider the relevant items discussed on the date identified. The authority is required to inform the CSSIW when this has been achieved.

It was also noted that the second child care social worker panel member does not work for the agency, but is employed by the CAMHS service. The guidance issued with the Adoption Agencies (Wales) Regulations 2005 states that there should be two social worker panel members, preferably employed by the agency: one should have experience of working within a fieldwork child care team, have undertaken care proceedings and have experience of working with 'looked after' children; the other should have experience of assessing prospective adopters for suitable matches. From information on the social workers' panel files, it was not possible to ascertain if the child care social worker members met the criteria as described.

Prospective and approved adopters and two families involved in special guardianship confirmed that they were treated with respect by panel members and felt able to express their views. They found the pre-approval training helpful and all agreed that it prepared them to understand the issues around contact with birth families. The majority of respondents rated the overall quality of the service as either 'good' or 'excellent'; one rated it as 'inadequate'. With one exception, all respondents agreed that the staff were skilled, knowledgeable and experienced. Staff who returned questionnaires had all attended panel. They confirmed that they were treated with respect by panel and had found panel members to be well prepared and were constructive and supportive in their comments.

The independent panel chair was first appointed in 2002 and was reappointed in December 2005; he has extensive experience of working within the field of children's services and of chairing permanency and adoption panels. Panel members have a range of relevant professional or personal experience; one member is an adopted person, another is an adoptive parent.

Panel minutes are held in a central file and those considered at this inspection included panel recommendations and the reasons for them. In surveys, panel members confirmed that the minutes reflected panel discussions. All agreed that panel operates effectively

and that the agency keeps them up to date with adoption matters; assessment reports are received in good time and are in sufficient detail to inform their decision making. Not having access to someone with expertise regarding adoptions with a foreign element and not receiving feedback to improve their practice, were areas highlighted by two panel members.

Panel members are invited to all relevant training, however, it was reported that the numbers choosing to attend has been disappointing and is therefore highlighted as an area for development. Training in relation to making sibling placements work was highlighted as a training need by one panel member.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action:

Action required	Timescale for completion	Regulation number
The authority is required to meet all the elements required by Part 3 of The Special Guardianship (Wales) Regulations 2005, in relation to assessing and reviewing support services, other than financial, for families who are in Special Guardianship arrangements.	31/05/2010	SG(W) 3(1)
The adoption panel to reconvene to consider the items discussed on 15 th February 2010 when the panel was not quorate.	31/05/2010	AA(W) 5(1)

Good practice recommendations:

- 1] The agency is advised to assess the child care experience of the social workers who are adoption panel members.
- 2] To ensure panel training is accessible to members, and panel members should be encouraged to attend such training.
- 3] Minutes of matching meetings and panel meetings must be located on adoption case

files.

Section Four: The effect on people's lives

Inspector's findings:

4.1 Protecting vulnerable people

A systematic framework is in place to ensure that all the required statutory checks are undertaken on prospective adopters. Information is being well recorded and monitored to ensure that checks are timely.

The robustness of staff recruitment and selection procedures has not been considered at this inspection but has been found to be satisfactory at recent inspections of the fostering service. Information provided in the SAF confirmed that all family placement staff hold a current CRB and, where relevant, are registered with the Care Council for Wales.

CRB checks are undertaken for members of the adoption panel before they are appointed and panel members sign a confidentiality agreement. Two panel members' files were checked, but limited information had been collated in relation to their suitability for the role. The Adoption Agencies (Wales) Regulations 2005 Guidance states that 'agencies should apply best practice public appointment procedures in appointing panel members', which might include:

- advertising appointments/vacancies in the local press;
- producing and publishing clear job descriptions and person specifications;
- short-listing candidates against agreed criteria;
- interviewing short-listed candidates;
- following up references
- applying equal opportunities criteria for all appointments.

In constructing panel member's files, it is recommended that the same process is followed as for staff employed by the service, as set out in Schedule 4 of the Local Authority Adoption Regulations 2007 and the National Minimum Standards for LA Adoption Services.

The local authority follows the All Wales Child Protection procedures. Child protection and safeguarding awareness training is provided as part of the pre-approval training for adopters. All staff have attended relevant training and are required to update it at regular intervals. There has been one child protection referral in relation to a child who had been adopted for a number of years. The manager reported that this experience has underlined the importance of providing an adoption support service which is easily accessible.

The authority has a complaints procedure in place and details of the procedure are included in the Statement of Purpose and the Children's Guide to the service. Information provided in the SAF confirmed that the service has received three complaints since the last inspection. One in relation to an adoption allowance and two about the behaviour of an agency social worker. Appropriate steps were taken to address both matters; where necessary, policies and procedures have been updated and a new model for financial assessments has been adopted.

No notifications, as required by Regulation 26 / Schedule 5, have been made to the

CSSIW since the last inspection.

There have been no breakdowns of adoptive placements since the last inspection; a very positive indicator of the quality of the service. The service has, however, been involved in assessing and providing considerable financial support to a disrupted adoptive placement for a child placed within Flintshire by another authority. At this time the family are being supported by the adoption support worker.

4.2 Promoting independence and social inclusion

Case files demonstrated that the authority is promoting adoption for disabled children and children who are hard to place. The authority has funded a placement with Families Forever for one young person and has funded training for adoptive parents in order to meet the individual needs of children with disabilities. Life story work and therapy has been provided in an attempt to help one child who has limited understanding, make sense of their background.

Training on Life Story Work has been commissioned via BAAF and resource materials are available to support this work. When required, family placement workers provide advice and guidance to child care social workers on 'later in life' letters.

Additional funding support is available to children placed in long term foster care to enable them to take part in social activities, hobbies and interests. Foster carers are supported in enabling young people to develop the skills they will need for independent living; the leaving care team provides additional support.

The participation and involvement of young people is encouraged through the Children's Services Forum. The authority promotes the achievement of young people in the annual Pride of Flintshire Awards and has recently started to offer work experience placements to care leavers.

The service manager with responsibility for managing the Independent Reviewing Officers reported a high use of advocates and Independent Visitors, as compared with other local authorities and a 'conference buddy' system is used to enhance participation.

It was reported that no requests have been received by the service in the last three years in relation to inter-country adoption. A couple who were approved a number of years ago have not yet been successful in adopting a child from their country of choice. Two members of the team who have experience in this area are available to mentor inexperienced staff in undertaking any future assessments. The manager said that, where necessary, advice is sought from the Welsh Assembly Government and the Overseas Adoption Helpline.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

1] Panel members' files to be constructed in accordance with Schedule 4 of the Local Authority Adoption Regulations 2007 and the National Minimum Standards for LA Adoption Services.

2] The agency to apply best practice public appointment procedures in appointing panel members, as advised within The Adoption Agencies (Wales) Regulations 2005 Guidance.

HOW WELL PLACED IS THE AUTHORITY TO SUSTAIN AND IMPROVE SERVICES?

Section Five: Delivering Social Services

Inspector's findings:

5.1 Workforce

In common with recent experiences of other local authorities, this authority has found it difficult to recruit experienced staff to child care teams. The authority has been successful in recruiting newly qualified staff who, team managers suggested, are inducted and mentored into their role. The inspectors were told that Flintshire has a good rolling programme of training, in which adoption is an element. The managers acknowledged that experience in adoption work in the child care teams is centred in a small number of individuals, i.e. managers and senior staff, who supervise and mentor the staff. All staff are recruited under the authority's comprehensive recruitment and selection procedures, which have been assessed by the CSSIW on an annual basis, when inspecting fostering services. Generally, as was evidenced through discussions and from survey responses, staff felt supported by this authority to carry out their professional responsibilities.

The training officer was interviewed and identified the structure to support training in this authority, which is managed and delivered from a workforce development team. It was indicated that opportunities are always explored to provide training with other specialisms, and training has been provided that linked mental health and childcare. Details were provided of mandatory training and the adoption-related training courses that had been delivered within the past year. It was indicated that staff are encouraged to undertake post qualifying training as well as appropriate external training. The inspectors were informed that WAG guidelines on management training had been implemented with a level 6 management programme now in place; a current attendee is the manager of the family placement service.

Staff confirmed in discussion and in staff surveys that they were satisfied with the training they received, although in relation to permanence training there was an equal split in responses between satisfied and not satisfied. The inspectors are aware that the local authority legal team has provided training for staff in relation to the implementation of the 2002 Adoption and Children Act and the Public Law Outline, but there does not appear to have been any 'in house' regular training in relation to the regulations. Discussion with team managers did indicate that recent requests had been made for adoption related training.

There has been a core of stability within the family placement team, with significant numbers of staff employed in their current roles for more than five years. There has been an evaluation of work practices and specialism's within this team, particularly given the development of the North Wales Adoption Service and the additional emphasis on adoption support. The outcome from the evaluation has seen two additional posts allocated to the family placement service, of which some time will be dedicated to kinship carers. A wider evaluation of Children's Services has led to the imminent reorganisation of teams and the inclusion of a permanence team.

Three staff within the team are identified as undertaking adoption work, of which one is

identified as the adoption support worker. The staff confirmed that they had a job description that reflected their current roles. The members of staff confirmed they were busy with recruitment, pre and post approval training and assessment demands. The challenges of finding placements for sibling groups and children with specific needs were discussed, together with the solutions the authority had sought for children in these circumstances. It was clear that this authority has paid for external placements in pursuit of a permanent placement for a child.

The person responsible for adoption support has been a member of the family placement team for some years leading on adoption support services since the introduction of the new regulations in 2005. He is a member of the adoption panel, monitors indirect or direct contact arrangements and maintains the letter box system. In conjunction with Wrexham, the adoption support worker is running a support group for adopters and is also in discussion with a youth advocacy service to develop a group for adopted children. He has recently been involved in a drama initiative run at Theatre Clwyd, where 6 adopted children attended a two week drama workshop. The aim of the workshop was to build self confidence and self presentation. This worker receives initial assessments for adoption support and is the conduit for intermediary services and birth parent counselling to the After Adoption agency.

The team receives support from a number of experienced administrative staff and various specialist staff are available to offer advice and support to the service and to adoptive families. These include a LAC nurse, LAC education co-ordinator and the CAMHS service, which has helped in developing an established attachment group.

5.2 Performance management

There was a record on a number of case files viewed that demonstrated these case files had been audited. The inspectors were informed that a case file monitoring system is in place that includes some input by service managers and the Head of Service. From information gathered at this inspection, it continues to be evident that the manager is providing efficient and effective management of the service and is supported in this by the Service Manager and Head of Service. New developments in the service since the last inspection include the re-organisation of the team into four functional sub groups.

A programme of Quarterly Performance Reviews has been established within the service and the manager produces a quarterly family placement report for the Directorate Management Team, detailing achievements against agreed targets and identifying those areas where improvements or developments are required. Quarterly meetings are held between the manager, service manager and senior practitioner, at which, service development issues are discussed.

During the fostering inspection in December 2009, the quality of staff supervision was assessed, which confirmed that supervision takes place approximately every 4-6 weeks. At that inspection, a random sample of six staff supervision files were examined, confirming supervision timescales. There was clear evidence of the range of discussion and professional advice offered to staff supervised by the service manager; however, it was not possible to independently assess the quality of supervision offered by the manager because the supervision records were not detailed enough. This matter has since been rectified and the manager provided an example of the recording process that is now implemented. The inspectors were informed that supervision policies have just

been reviewed and that the Head of Service is undertaking an audit of supervisions.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Section Six: Shaping services

Inspector's findings:

6.1. Planning and partnerships

The service has established links with Wrexham County Borough Council adoption service and is in the process of setting up a joint adoption panel with this neighbouring authority. The adoption support group is run jointly by staff from Wrexham and Flintshire and is accessible to adopters from both authorities.

The authority has been working in partnership with the other authorities in the North Wales Consortium in the development of the North Wales Adoption Service. This initiative required attracting funding from the WAG to commission advisors to help outline a workable service, that would be supported by all North Wales authorities. There are close working relationships with health, particularly with the CAMHS service. An agreement with this service now means that children referred will be seen within a 10 week period.

To date there has been no formal review of the quality of care provided by the adoption service but a review will be due within 12 months of the current inspection. The authority is reminded that the review should show evidence of consultation with any partner agencies and between LAC teams and the adoption team.

6.2 Commissioning and contracting

After Adoption is an umbrella organisation that provides services under contractual arrangements for birth families, adopted person's and difficult to place children; families from Flintshire have accessed each element of these services. The contract is due to expire on the 31st March 2010, after which time the responsibility for providing adoption support will pass to the North Wales Adoption Service.

Birth families and adopted adults receive a very good service in this authority. Staff know where referrals need to be directed to and birth families receive a letter from the authority informing them of the service available to them by After Adoption. Full contact details are contained in a letter, and they are advised that the service is paid for by Flintshire County Council.

There is recognition of the contractual relationship this authority has with the voluntary sector, particularly those agencies with a children and families focus. The authority has also worked closely with BAAF in developing adoption literature and in commissioning training.

6.3 Resources

Previous inspection reports of the fostering service have highlighted the unsuitability of the premises used by the family placement team. The size of the accommodation does not allow for all the team to be working from desks at the same time and strategies were introduced to alleviate the problem, such as a 'working from home' policy and a formal desk sharing plan. Alternative suitable accommodation on the site of County Hall in Mold has since been identified, however, and it is anticipated that the team should be moving at

the end of April 2010.

The case records viewed at this inspection were generally maintained to a good standard and are reflective of a robust and effective file auditing system. Inspectors are aware that files are taken home by staff who are working from home and, following a particular incident that occurred during the inspection, advice was given regarding the security of records managed under this arrangement.

Adoption records are kept at the office in a secure room for one year after their closure and are then sent to the authority's records management unit where they will be stored for the required 100 years. The manager of this unit is advocating that these records are kept for 120 years because people are living longer. The unit receives requests for information under the Freedom of Information Act but, if they believe that the request relates to an adoption, the request is passed to the adoption team to handle.

Examples were provided in the self assessment form of how resource allocation decisions are linked to strategic and service planning priorities. In line with the 2009 -2011 Placement Strategy, key priorities in the allocation of resources are to identify adoptive placements for children with significant on-going needs and for large sibling groups. It is noted that the staffing and financial contributions made by Flintshire to the North Wales Adoption Service will represent the largest percentage of the other five member authorities.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Section Seven: Providing direction

Inspector's findings:

7.1 Leadership and culture

It was evident from discussions at this inspection and previous fostering inspections that the Head of Service is very involved in and has a strong commitment to services focussed on achieving permanence for children. She is very visible within the teams, understands the complexities and challenges for these services and has been successful in achieving political support and stable funding for these services. The Head of Service is the agency decision maker, and recordings were seen in case files where questions had been raised on particular cases considered by panel. The Head of Service demonstrated knowledge of the children, where permanency, through adoption was the plan for the child. The Head of Service has retained the ASSA role, although day to day tasks associated with this role are devolved to the manager of the family placement service.

The manager holds relevant qualifications and has extensive experience of working within local authority children's services. There is a range of evidence to demonstrate that the family placement team in Flintshire has benefitted from having a consistent and committed manager. Since coming into post six years ago, the manager, supported by senior practitioners, the service manager and the Head of Service, has worked steadily to develop and improve the service.

7.2 Corporate and political support

The Lead Member meets with the Head of Service at monthly Executive Briefings and the reports prepared are considered by the Scrutiny Committee. The Head of Service does keep the member informed of any issues arising from Performance Indicators or monthly reports. The Councillor does receive a copy of the 'unmet need' report and adoption and fostering is included in this. In addition the Lead Member regularly has informal discussions with the Member representative on the adoption and fostering panel. It was recognised by the Head of Service that they may need to consider how they 'keep tabs' on adoption matters once the North Wales Adoption Service comes on stream.

The Councillor meets children at formal events such as the Pride of Flintshire Awards and two young people attend the Children's Services Forum as representatives and contribute to the discussion with Members. There has been a recent policy development where all departments are offering work experience to care leavers.

Corporate Parenting training has been made available, which was attended by about half the members at the last event. The Lead Member and Head of Service stated that there is a good commitment from Members to Children's Services and budgets have been protected. The Lead Member is an ex-youth worker and has five years standing as a Member, now in the second year as Lead Member. The interview demonstrated a good understanding of and commitment to the role.

Requirements made since the last inspection report which have been met: not applicable at this inspection

Action required	When completed	Regulation number

Requirements which remain outstanding: not applicable at this inspection

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

Priorities for action:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Cross cutting issues

There was evidence in case recording of the attempts that had been made to engage and take into account the wishes and feelings of the, at first unknown and absent, father and paternal grandparents. Also recorded was the degree of success achieved in promoting and maintaining contact in a Special Guardianship case. There were also case recordings of the past and ongoing views of a grandparent.

The CARA's and related documents detailed the child's cultural and religious background, the wishes and feelings of relevant family members and the planned contact arrangements with parent's, siblings and other family members post adoption.

The children's case files that were assessed were mostly of young children or of a child with limited speech. Therefore the views of children, as expressed by themselves were not recorded. There was record made at one review where the IRO had talked separately with one child and their discussion was recorded. Contact was initiated for one child with a relative after therapeutic work with the child revealed the importance of this person to the child. The inspectors were informed that the IRO would visit a child to ascertain their wishes if they did not want to attend review meetings.

The Adoption Support worker manages the 'post box' service for families. Case files indicated that birth parents and adopters are alerted when a letter is due, also noted was the sensitive guidance given to both sets of parents in relation to the content of letters. An adoptive parent confirmed that they send and receive information to birth family via the 'post box' coordinator

There was evidence of significant use of staffing and financial resources in relation to a disrupted placement.

Through discussion with staff and case file reading the inspectors gained a very positive view of the attempts this authority makes to find the right permanent placement for children who have complex needs.

**INSPECTION OF FLINTSHIRE ADOPTION SERVICES WITHIN THE WIDER FRAMEWORK
OF PLANNING FOR PERMANENCE**

AREA IDENTIFIED BY INSPECTION	ACTION	BY WHOM	DATE	OUTCOME
The Authority is required to develop an adoption support plan and demonstrate review of the plan as required by the Local Adoption Support Services (LA) (Wales) Regulations	Need to establish a mechanism to record changes / endings or new plans on the child's adoption file and the date of a new review to note on the summary / closure	Fieldwork Services	March 2010	Completed
The Authority is required to meet all the elements required by Part '3' of the Special Guardianship (Wales) Regulations 2005 in relation to assessing and reviewing support services, other than financial for families who are in Special Guardianship arrangements	Production of plans which account for changes and amendments and can be reviewed in line with the needs of the child	Fieldwork Services	March 2010	Completed
The Adoption Panel to reconvene to consider the items discussed on the 1 st February 2010 when the Panel was not quorate	Reconvened Panel was held in March 2010	Team Manager Family Placement	March 2010	Completed in March 2010

AREA IDENTIFIED BY INSPECTION	ACTION	BY WHOM	DATE	OUTCOME
GOOD PRACTICE RECOMMENDATIONS				
(1) Adoption files to contain a 'later in life' letter for access by the adopted person	Complete the 'later in life' letter and place copy on the child's adoption file	Fieldwork Services	With immediate effect	Completed in March 2010
(2) Public information to be made available on overseas adoption	This task has been assigned to the NWAS	Project Manager NWAS	March 2011	Work in progress
(3) The Inspectors would want to see improvements in the length of time that is taken for minutes of statutory reviews to be placed on children's files	IRO to ensure that minutes are completed within a timely manner	IROs and Service Manager	March 2010	Work in progress
(4) The Agency is advised to assess the childcare experience of social workers who are adoption panel members	NWAS will have sufficient competent, skilled and knowledgeable childcare social work panel members	Project Manager NWAS	March 2011	Completed for joint Flintshire / Wrexham Panel September 2010
(5) The agency is to ensure that training is accessible to panel members, and panel members to be encouraged to attend such training	Training is offered, the expectation of the NWAS Panel is that Panel members attend requisite training	Project Manager NWAS	March 2011	September 2010

AREA IDENTIFIED BY INSPECTION	ACTION	BY WHOM	DATE	OUTCOME
(6) Minutes of matching meetings and Panel meetings to be located on adoption case files	CCSW are to ensure that documents are placed onto the child's adoptive file	Fieldwork Services	March 2010	Completed
(7) Panel members files to be constructed in accordance with Schedule 4 of the Local Authority Adoption Regulations 2007 and National Minimum Standards for Local Authority Adoption Services	NWAS have been given the information for file construction and the Project Manager is aware of the good practice recommendation	Project Manager NWAS	March 2011	Outstanding
(8) The agency to apply the best practice public appointment procedures in appointing panel members, as advised within the Adoption Agencies (Wales) Regulation 2005	This information has been relayed to the NWAS Project Manager who is aware of the public appointment process	Project Manager NWAS	March 2011	Outstanding

FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 7

REPORT TO: **SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE**
DATE : **11 OCTOBER 2010**
REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**
SUBJECT : **UPDATE ON THE NORTH WALES ADOPTION SERVICE**
 (APRIL - SEPTEMBER 2010)

1.00 PURPOSE OF REPORT

1.01 To advise and inform members of the Social and Health Scrutiny Committee of developments of the North Wales Adoption Service (NWAS).

2.00 BACKGROUND

2.01 The NWAS was formally launched in April 2010 (see Appendix 1 'Partnership Agreement') which confirms the full arrangements for all the relevant parties.

2.02 A progress report (NWAS Update Report September 2010) (Appendix 2) sets out all the activities which have been achieved or are in progress over the last twelve months. This was prepared by Mandy Humphreys, Project Manager (NWAS). This sets out the developments and progress of the service concerning:

Staffing
Joint Adoption Panels
Training
Information Systems
Partnership Agreement

3.00 CONSIDERATIONS

3.01 Members recognise the progress in the project since its full-time implementation in April 2010. The NWAS further reflects the collaboration agenda which the Welsh Assembly Government has promoted.

4.00 RECOMMENDATIONS

4.01 That Members receive this report and appendices 1 and 2 which provide a comprehensive range of information in relation to the progress and framework which underpins the work of the NWAS.

5.00 FINANCIAL IMPLICATIONS

5.01 The agreement provides for both a contribution in finance and staffing to the NWAS.

Date: 05/10/2010

6.00 ANTI POVERTY IMPACT

6.01 Nothing noted.

7.00 ENVIRONMENTAL IMPACT

7.01 None reported.

8.00 EQUALITIES IMPACT

8.01 None reported.

9.00 PERSONNEL IMPLICATIONS

9.01 None reported.

10.00 CONSULTATION REQUIRED

10.01 None reported.

11.00 CONSULTATION UNDERTAKEN

11.01 None

12.00 APPENDICES

12.01 Appendix (1) NWAS Partnership Agreement
Appendix (2) Update Report on the NWAS (September 2010)

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
BACKGROUND DOCUMENTS**

None

Contact Officer: Carol Salmon
Telephone: 01352 702503
E-Mail: carol_salmon@flintshire.gov.uk



NORTH WALES ADOPTION SERVICE

PARTNERSHIP AGREEMENT

This AGREEMENT is made day of 2009
BETWEEN :-

1. **WREXHAM COUNTY BOROUGH COUNCIL**
2. **FLINTSHIRE COUNTY COUNCIL**
3. **DENBIGHSHIRE COUNTY COUNCIL**
4. **CONWY COUNTY BOROUGH COUNCIL**
5. **GWYNEDD COUNTY COUNCIL**
6. **ISLE OF ANGLESEY COUNTY COUNCIL**

Hereinafter referred to as 'the Parties'.

THE PURPOSE OF THE NORTH WALES ADOPTION SERVICE

To provide a regional adoption service on behalf of the local authority areas of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Isle of Anglesey Councils.

THE AIMS OF THE NORTH WALES ADOPTION SERVICE

- To develop a robust, regional adoption service in North Wales.
- Increase the adoptive placements of choice for relinquished and Looked after Children within the North Wales area by establishing and maintaining a pool of approved prospective adopters who also reside in the North Wales area.
- Explore and develop other joint activities that will contribute to improving practice and outcomes for children being adopted and all others entitled to access services provided by an adoption agency.

1. DEFINITIONS

In this document, the following expressions have the following meanings:-

- 1.1 **'the Agreement'** means "this Agreement".
- 1.2 **'the Business Plan'** means "the annual business plan of the North Wales Adoption Service".
- 1.3 **'the Co-ordinator'** means "Wrexham County Borough Council"
- 1.4 **'the Host Authority'** means "Wrexham County Borough Council"
- 1.5 **'the Partnership Management Board'** means "a Board established by the Parties to undertake the functions set out in Schedule 2 hereof to which each Party shall send one representative at Head of Children's Services level or an Authorised Representative".
- 1.6 **'the Policy and Procedure Manual'** means "the most up to date Policy and Procedure manual, which has for the time been agreed by the Partnership Management Board".
- 1.7 **'the Premises'** means "the premises where the service is located".
- 1.8 **'the Operational Management Group'** means "a group established by the Parties to undertake the functions in Schedule 2 hereof to which each Party shall send one representative at Head of Service/Service Manager/Operational Manager level or an Authorised Representative".
- 1.9 **'the Service'** means "North Wales Adoption Service"
- 1.10 words importing one gender shall be construed as importing any other gender
- 1.11 words importing the singular shall be construed as importing the plural and vice versa
- 1.12 references to numbered clauses and schedules are references to the relevant clause or schedule in this Agreement.
- 1.13 any obligation on any Party not to do or omit to do anything is to include an obligation not to allow that thing to be done or omitted to be done.
- 1.14 any reference to an enactment includes reference to that enactment as amended or replaced from time to time and to any subordinate legislation or byelaw made under that enactment.

2. AGREEMENT

- 2.1 This Agreement is made under the powers conferred by Section 101 of the Local Government Act 1972, Section 25 of the Local Government (Wales) Act 1994, the Local Authorities (Goods and Services) Act 1970 and all other enabling powers now vested in the Parties.
- 2.2 This Agreement contains the whole agreement between the Parties and supersedes and replaces any prior written or oral agreements, representations or understandings between them.
- 2.3 The Parties confirm that they have not entered into this Agreement on the basis of any representation that is not expressly incorporated into this Agreement. Nothing in this Agreement excludes liability for fraud.

3. DURATION

- 3.1 This Agreement is for a period of 3 years from the commencement date.
- 3.2 The Agreement may be terminated in accordance with the provisions laid down in clause 7 of this Agreement.
- 3.3 Subject to earlier termination, the Agreement may be extended for a further period or period(s) in accordance with clause 5 below.

4. PERIOD FOR REVIEW

- 4.1 There will be an annual review of this Agreement to ensure it is achieving its objectives and the Parties are upholding the spirit and the terms of the Agreement.
- 4.2 If necessary, there will be an interim review if there are any significant policy changes or new legislation that require the Agreement to be updated.

5. EXTENSION

- 5.1 Any of the Parties may, by notice in writing to the remaining Parties not later than
6 calendar months before the date this Agreement would otherwise expire, state the intention to extend the Agreement by a period not exceeding 12 months for the first and subsequent extension.
- 5.2 Any decision to extend this Agreement shall be subject to the review of the financial contribution of the parties.

6. VARIATION

- 6.1 This Agreement cannot be varied without the prior written consent of all the Parties.
- 6.2 Any variation will be annexed to this Agreement.

7. TERMINATION

- 7.1 This Agreement may be terminated for any reason at any time by any Party giving the others not less than twelve months written notice of termination.
- 7.2 If any of the Parties withdraw from the arrangements under this Agreement in accordance with clause 7.1 above, then such Party shall not be released from the obligation to make contributions or financial provision in accordance with Schedule 3 for the period of notice.
- 7.3 In the event of a fundamental breach of agreement, such as absolute failure to deliver the service the parties will be able to terminate with immediate effect.
- 7.4 Notwithstanding the withdrawal of one or more Parties from the arrangements under this Agreement it shall continue in force mutatis mutandis as between the remaining Parties and the term "the Parties" as defined in shall be deemed to refer to the remaining Parties to the Agreement after such withdrawal.

8. FINANCIAL ARRANGEMENTS

Each Party agrees to the financial arrangements set out in Schedule 3 hereof and to make such financial provision as may be required of them under the terms of this Agreement. Each party acknowledges the requirement to include an inflationary uplift each financial year and to review financial arrangements yearly. This review will be the responsibility of the Partnership Management Board (see schedule 2).

9. PAYMENT

- 9.1 Costs will be apportioned on the basis of a formula set out in Schedule 3.
- 9.2 The Year 1 costs of the service have been agreed by the Partnership Board and broken down as follow:-



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- 9.3 Each party acknowledges the requirement to include an inflationary uplift each financial year and to review financial arrangements annually.
- 9.4 Costs (other than in kind) are payable six monthly in July and January upon an invoice being received from the Host authority. Payment must be made within 28 days of receiving the invoice.

10. OPERATION OF THE PARTNERSHIP MANAGEMENT BOARD

- 10.1 Members of the Partnership Management Board shall be made up of representatives of each of the Parties, which will be at Head of Children's Services level or other authorised representative, and in all matters shall act on behalf of the respective Parties.
- 10.2 The Partnership Management Board shall meet at least twice a year. The Board will be chaired by a Head of Children's Services from one of the Parties. The Partnership Management Board will determine its exact terms of reference but in principal the provisions of Schedule 2 will apply.
- 10.3 The Partnership Management Board must provide a review report every 6 months and an annual report and Business Plan which will be available to each of the Parties to ensure accountability to appropriate member forums. These reports will as a minimum detail the following:
- Activity levels
 - Performance data
 - Financial update
 - Staffing update
 - And any other issues deemed appropriate.
- 10.4 Additional exception reports may be submitted to members at the discretion of the Partnership Management Board where major issues arise in relation to service performance failure, personnel or finance.
- 10.5 Any member of the Partnership Management Board may on fourteen days written notice or earlier in cases requiring a more urgent response or as otherwise agreed request the Co-ordinator to convene a meeting of the Partnership Management Board which shall be held within fifteen working days of the receipt of the said written request or such earlier date as is agreed between the members of the Partnership Management Board in respect of urgent matters.

- 10.6 The quorum for all meetings of the Partnership Management Board shall require representation from each of the Parties to be present. Decisions shall be by simple majority of those present except that no decision concerning the level of expenditure or the admission of new members or variations to this Agreement shall be taken except by resolution passed unanimously at a meeting, the notice of which shall have contained particulars of the proposed resolution, by all members voting personally, or through a representative or by written notice or by proxy.
- 10.7 The Partnership Management Board shall consider the Business Plan of the Service and shall monitor the delivery of the Service in accordance with the Policy and Procedure manual in Schedule 1 and the terms of this Agreement, ensuring adherence to them, and resolving any issues which may arise.
- 10.8 Each Party shall take such steps as are necessary to enable the Partnership Management Board to carry out its duties in accordance with the terms of this Agreement.
- 10.9 The Partnership Management Board will be advised by the chairperson of the Operational Management Group as set out in Schedule 2.

11. CO-ORDINATOR

- 11.1 The Co-ordinator will be Wrexham County Borough Council in the first instance.
- 11.2 The Co-ordinator will be responsible for the supervision and deployment of all staff necessary in order to provide the Service referred to in this Agreement. Seconded staff from parties to this agreement will remain within the employ of the seconding authority.
- 11.3 Officer Representatives from each of the Parties shall make up the interview panel to appoint any manager of the Service. The Co-ordinator shall be responsible for appointing any additional staff after such persons have been agreed by the Operational Management Group.
- 11.4 The Co-ordinator shall provide the Service as from April 1st 2010 or such other date as shall be agreed between the Parties in accordance with the Policy and Procedure manual in Schedule 1.
- 11.5 The Co-ordinator will be responsible for the provision of administrative support to the Partnership Management Board
- 11.6 The Co-ordinator will be responsible for producing an annual report and a bi-annually statement of accounts. For this purpose, the

accounting period shall run from the 1st April to the 31st of March each year.

- 11.7 Each Party will take such steps as are necessary to enable the Co-ordinator to carry out its duties in accordance with the terms of this Agreement. In addition, the Parties will comply with their obligations and responsibilities under the Policy and Procedures manual set out in Schedule 1.

12. HOST AUTHORITY

- 12.1 It is agreed between the Parties that for the purpose of the development and operation of the Service the Host Authority shall have authority as from the date of this Agreement to enter into any agreement necessary with any third party in respect of the provision of the Service including:

12.1.1 any agreement relating to the employment of staff (subject to the prior agreement of the Operational Management Group),

12.1.2 the provision of equipment and machinery

12.1.3 the provision of Premises from which the Service shall operate.

- 12.2 The Parties shall as from the date of this Agreement contribute towards the cost of the provision of the Service in accordance with the terms of this Agreement.

- 12.3 No party to this Agreement will be permitted to assign the benefit of it to any other third party without the permission of the remaining Parties and the Partnership Management Board.

13. ACCESS TO INFORMATION

- 13.1 To provide an efficient, safe and high quality service the Service is dependent upon good information from each of the Parties. The Parties will provide secure electronic access to their client records, together with acceptable back up facilities and support. Each of the Parties will need to provide induction and on going staff instruction regarding any developments to their client databases.

- 13.2 It is the responsibility of each of the Parties to provide the following to the Service on a regular basis:

- telephone lists

- updates of current service providers
- departmental changes
- staff changes
- any other changes which are considered relevant.

14. INFORMATION SHARING

- 14.1 The Parties shall follow and comply with all legislation regulations and guidance on information sharing applicable to local authorities in England and Wales (including the Data Protection Act 1998 and other data protection legislation)
- 14.2 The day to day sharing of information will be done in accordance with the Information Sharing Protocol in Schedule 4 to this Agreement.

15. CONFIDENTIALITY

Except as required by law, each Party agrees at all times during the continuance of this Agreement and after its termination to keep confidential all documents and papers which it receives or otherwise acquires in connection with the other and which are marked with such words signifying that they should not be disclosed.

16. FREEDOM OF INFORMATION

The Parties agree that they will each co-operate with one another to enable any Party receiving a request for information under the Freedom of Information Act 2000 to respond to that request promptly and within the statutory timescales.

17. INDEMNITIES AND RESPONSIBILITIES

- 17.1 Each Party shall indemnify the other Parties, their officers, employees and agents against any damage, cost, liability, loss, claim or proceedings whatsoever arising in respect of:-

17.1.1 Any damage to property real or personal;

17.1.2 Any personal injury including injury resulting in death;

17.1.3 Any fraudulent or dishonest act of any of its officers, employees, contractors or agents; or

17.1.4 Any service user complaint or investigation by the Public Services Ombudsman for Wales

arising out of or in connection with activities under or in connection with this

Agreement in so far as such damage, cost, liability, loss, claim or proceedings shall be due directly or indirectly to any negligent act or omission or any breach of this Agreement by one of the Parties, its officers, employees or agents.

- 17.2 Where a Party has only contributed partially to the cause of any damage, cost, liability, loss, claim or proceedings, it shall only be liable to indemnify the other Parties for such proportion of the total costs of such damage, cost, liability, loss, claim or proceedings as its contribution bears to the total. Where the Parties are unable to agree any such apportionment, the dispute procedure in clause 22 below shall apply.
- 17.3 The Parties shall ensure that they maintain policies of insurance to cover the matters referred to in clauses 17.1 and 17.2 including but not limited to employer's liability, public liability and other liabilities to third parties.
- 17.4 All other losses and expenses will be met equally by the Parties.

18. COSTS AND EXPENSES

Each Party shall bear its own legal costs and other costs and expenses arising in connection with the drafting, negotiation and execution of this Agreement.

19. FORCE MAJEURE

- 19.1 The Co-ordinator shall not be liable for delay in performing or failure to perform obligations if the delay or failure results from events or circumstances outside or beyond its control by rendering performance impossible.
- 19.2 Notwithstanding the relief granted to the Co-ordinator by this clause, the Co-ordinator shall nevertheless use its best endeavours in any situation where it has invoked this clause to perform its relevant obligations as soon as possible, especially due to the nature of the service to be provided.
- 19.3 The Co-ordinator shall not be entitled to relief under this clause in any circumstances where it has caused or substantially contributed to any delay or failure in the performance of its obligations by any default on its part, including (but without limitation), any failure to issue instructions when it ought reasonably to have done so.

- 19.4 Provided the Co-ordinator shall promptly notify the other Parties in writing of the reasons for the delay and/or non performance and the likely duration of the delay or non performance, the performance of the Co-ordinator's obligations shall be suspended during the period that Force Majeure persists.
- 19.5 However, any party may, if such delay continues for more than 6 months, terminate this Agreement forthwith on giving notice in writing to the other Parties, in which case the Party shall not be liable to the others by reason of such termination save that the Parties shall pay the Co-ordinator a reasonable sum in respect of any work carried out by it prior to such termination.

21. FURTHER ASSURANCE

Each of the Parties to this Agreement shall at the request of any of the others execute and do any deeds and other things reasonably necessary to carry out the provisions of this Agreement or to make it easier to enforce.

22. DISPUTES

- 22.1 All disputes between the Parties on the interpretation of this Agreement and all disputes or differences in any way or at any time arising in respect hereof shall be referred to the Operational Management Group in the first instance.
- 22.2 in the event that the dispute is not resolved the matter will be referred to the Partnership Management Board.
- 22.3 In the event that it remains unresolved, the matter will be referred to some competent arbitrator, such as NWSSIC, to be agreed between the Parties in dispute and failing agreement to an arbitrator appointed on nomination by the President of the time being of the Institute of Arbitrators and the Arbitration Act 1996 or any statutory modification thereof for the time being in force shall apply to any such arbitration.
- 22.4 The responsibility for the cost of the Arbitrator will be determined by the Arbitrator whose decision will be final and binding.

23. COMMUNICATIONS AND NOTICES

- 23.1 Any notice or communication shall be in writing.
- 23.2 Any notice or communication to the relevant Party shall be deemed effectively served if sent by first class post or delivered by hand to the addressee at the address set out below and shall be deemed to be served 48 hours after it was posted.

(a) Wrexham County Borough Council addressee and address:-
Head of Children's Services
Guildhall
Wrexham
LL11 1AY

(b) Flintshire County Council addressee and address:-
Head of Children's Services
County Hall
Mold

CH7 6NN

(c) Denbighshire County Council addressee and address:-
Head of Children's Services
County Hall
Wynnstay Road
Ruthin
LL15 1YN

(d) Conwy County Borough Council addressee and address:-
Head of Children's Services
Bodlondeb
Conwy
LL32 8DU

(e) Gwynedd County Council addressee and address:-
Head of Children's Services
Council Offices
Shire Hall Street
Caernarfon
LL55 1SH

(f) Isle of Anglesey County Council addressee and address:-
Head of Children's Services
County Council Offices
Llangefni
LL77 7TW

23.3 The addressee shall be the person last notified in writing to the other Parties as being the person to receive communications for the purpose of this Agreement on behalf of that Party.

24. THIRD PARTY RIGHTS

For the purposes of the Contracts (Rights of Third Parties) Act 1999 this Agreement is not intended to, and does not, give any person who is not a party to it any right to enforce any of its provisions.

25. SEVERANCE

25.1 If at any time any provision of this Agreement is found by any court, tribunal or administrative body of competent jurisdiction to be wholly or partly illegal invalid or unenforceable in any respect then if it would not affect or impair the legality, validity or enforceability of any other provision of this Agreement, this Agreement shall continue in full force and effect as if the Agreement had been executed with the invalid provision eliminated except where it deprives one of the Parties of a

substantial part of the benefit to be derived by it from this Agreement without providing any corresponding benefit.

- 25.2 If clause 25.1. shall apply the Parties shall in good faith amend and, if necessary, execute such further assurances in relation to this Agreement to reflect as nearly as possible the spirit and intention behind that illegal, invalid or unenforceable provision to the extent that such spirit and intention is consistent with the laws of that jurisdiction and so that the amended clause complies with the laws of that jurisdiction.
- 25.3 If the Parties cannot agree upon the terms of any amendment or assurance within 6 months of the date upon which the provision was determined to be wholly or partly illegal or unenforceable by any court, tribunal or administrative body then the dispute will be determined in accordance with clause 22.

26. WAIVER

- 26.1 No term or provision of this Agreement shall be considered as waived by any Party unless a waiver is given in writing by the Party and any failure by any of the Parties at any time to enforce any provision of this Agreement or to require performance by any of the other Parties of any of the provisions of this Agreement shall not be construed as a waiver of any such provision and shall not affect the validity of this Agreement or any part thereof or the right of any Parties to enforce any provision in accordance with its terms.
- 26.2 No waiver under clause 26.1 shall be a waiver of a past or future default or breach, nor shall it amend delete or add to the terms conditions or provisions of this Agreement unless (and then only to the extent) expressly stated in the waiver.

27. GOVERNING LAW AND JURISDICTION

The validity, construction and performance of this Agreement shall be governed by English Law. Any dispute arising under or in connection with this Agreement shall be subject to the exclusive jurisdiction of the English courts to which the Parties to this Agreement submit.

IN WITNESS whereof the Common Seals of the respective parties were hereunto affixed the day and year first before written.

The Common Seal of WREXHAM
COUNTY BOROUGH COUNCIL was
hereunto affixed in the presence of:- }

Authorised Sealing Officer:

The Common Seal of FLINTSHIRE COUNTY
COUNCIL was hereunto
affixed in the presence of:- }

Authorised Sealing Officer:

The Common Seal of DENBIGHSHIRE
COUNTY COUNCIL was
hereunto affixed in the presence of:- }

Authorised Sealing Officer:

The Common Seal of CONWY
COUNTY BOROUGH COUNCIL was
hereunto affixed in the presence of:- }

Authorised Sealing Officer:

The Common Seal of GWYNEDD
COUNTY COUNCIL was
hereunto affixed in the presence of:- }

Authorised Sealing Officer:

The Common Seal of ISLE OF ANGLESEY
COUNTY COUNCIL was
hereunto affixed in the presence of:- }

Authorised Sealing Officer:

Service Policy and Procedure Manual

The Legal Framework for Adoption

Equalities “Mission Statement”

Section 1:- Statement of Purpose

(NMAAS 2007 s. 1 and 2; TLAAS (W) R 2007 r.3, r.4, r.5)

- 1.1 Statement of Purpose and The Children’s Guide
- 1.2 Policy on the Dissemination of Information on Adoption
- 1.3 General policies of the Adoption Agency

Section 2:- Safeguarding, Monitoring and Reviewing Children

(NMS 07 s.3; TLAAS(W)R07r.14; TAA(W)R 2005 r. 32-35, r.36-39, TAA(W)R 2005 r.11-19)

- 2.1 The Child and Adoption
- 2.2 Safeguarding, Visiting and Reviewing Requirements in Adoption
- 2.3 Policy on North Wales Adoption Service
- 2.4 Guidance on the National Adoption Register
- 2.5 Indirect Contact including the Letterbox Scheme
- 2.6 Direct Contact including review
- 2.7 Relinquishing a child for adoption

Section 3:- Prospective and Approved Adopters

(NMS 07 S.4-6; TLAAS (W) R 07 r.8; TAA (W) R 05 r.21-31)

- 3.1 Recruitment and Matching
- 3.2 Procedures for the Assessment and Review of Prospective Adopters
- 3.3 Adoption Support to Adopters, Pre, Post Placement and Post Adoption
- 3.4 Financial support for Adoption
- 3.5 Review of financial support for Adoption
- 3.6 Assessment of Foster Carers as Adoptive Parents
- 3.7 Partner of Parent (formerly Step parent Adoptions)
- 3.8 Adoptions with a Foreign Element
- 3.9 Placement Disruption

Section 4:- Birth Parents and Birth Families Intermediary Services

(NMS 2007 s.7; TAA (W)R 2005 r.14, 16,19,39)

- 4.1 Adoption Support – Birth Parents and Birth Families
- 4.2 Adoption Support – Adopted Adult and Access to Birth Records,

Section 5:- Adoption Panel and Agency Decision

(NMS s.10 - 13, TLAAS(W)R 07 r.9, TAA(W)R 05 r.3 - 10)

- 5.1 Adoption Panel Procedures
- 5.2 Agency decision making and appeal procedures
- 5.3 Involvement of Birth Parents in the Adoption panel
- 5.4 Involvement of Young People in the Adoption panel

Section 6:- Fitness to Manage a Local Authority's Adoption Service

(NMS s.10 - 13, TLAAS (W) R 07 r.10 -13, 19)

- 6.1 Fitness and Skills to Manage
- 6.2 Policy on Accessing Specialist Advisers and Services
- 6.3 List of Charges

Section 7:- Provision and Management of the Local Authority's Adoption Service

(NMS s.12, TLAAS (W) R 07 r.22 - 26)

- 7.1 Managing Effectively and Efficiently

Section 8:- Employment and Management of Staff

(NMS s.13 - 16, TLAAS (W) R 07 r.15 - 18, 19)

- 8.1 Suitability to Work with Children
- 8.2 Organisation and Management of Staff
- 8.3 Training of Staff

Section 9:- Records

(NMS s.17 - 19, TLAAS (W) R 07 r.6, 20; TAA (W) R 05 r.12, TAA (W) R 05 r.40 - 45)

- 9.1 Case Records - including Storage, Preservation, Confidentiality, Access to and Disclosure and Transfer
- 9.2 Case Records for Managers, Staff and Adoption Panel Members
- 9.3 Case Records for Child
- 9.4 Case Records for Prospective and Approved Adopters
- 9.5 Guidance on Records Keeping

Section 10:- Fitness of Premises

(NMS s.20, TLAAS (W) R 07 r.21)

- 10.1 Fitness of Premises

For further information please access Policies and Procedures Manual on
www.northwalesadoption.co.uk

Schedule 2

FUNCTIONS OF THE PARTNERSHIP MANAGEMENT BOARD AND OPERATIONAL MANAGEMENT GROUP

PARTNERSHIP MANAGEMENT BOARD

Each party will send one representative to the Partnership Management Board, which will be at Head of Children's Services level or other Authorised Representative. The Partnership Management Board will be chaired by the Designated Director of Social Services nominated by the regional collective.

The Partnership Management Board will ensure that bi-annual reports are provided as set out in Section 10 of this agreement.

The Partnership Management Board will receive an annual Service Improvement and Business Plan presented by chair of the Operational Management Group.

The Partnership Management Board will review expenditure and apportionments during each financial year in accordance with the Memorandum of Agreement and with Financial Arrangements at Schedule 3.

The Partnership Management Board will monitor contract compliance bi-annually, or by exception, in accordance with this agreement and will agree steps to resolve any non-compliance on the part of the co-coordinator /contractor and the parties to the agreement.

The Partnership Management Board are responsible for any future changes to this memorandum of agreement as recommended by the Operational Management Group and where agreed and accepted the service specification and legal agreement will be considered amended accordingly subject to requisite Member approval.

The Partnership Management Board will where necessary consider unresolved issues of complaint from any of the three Parties to this agreement.

OPERATIONAL MANAGEMENT GROUP

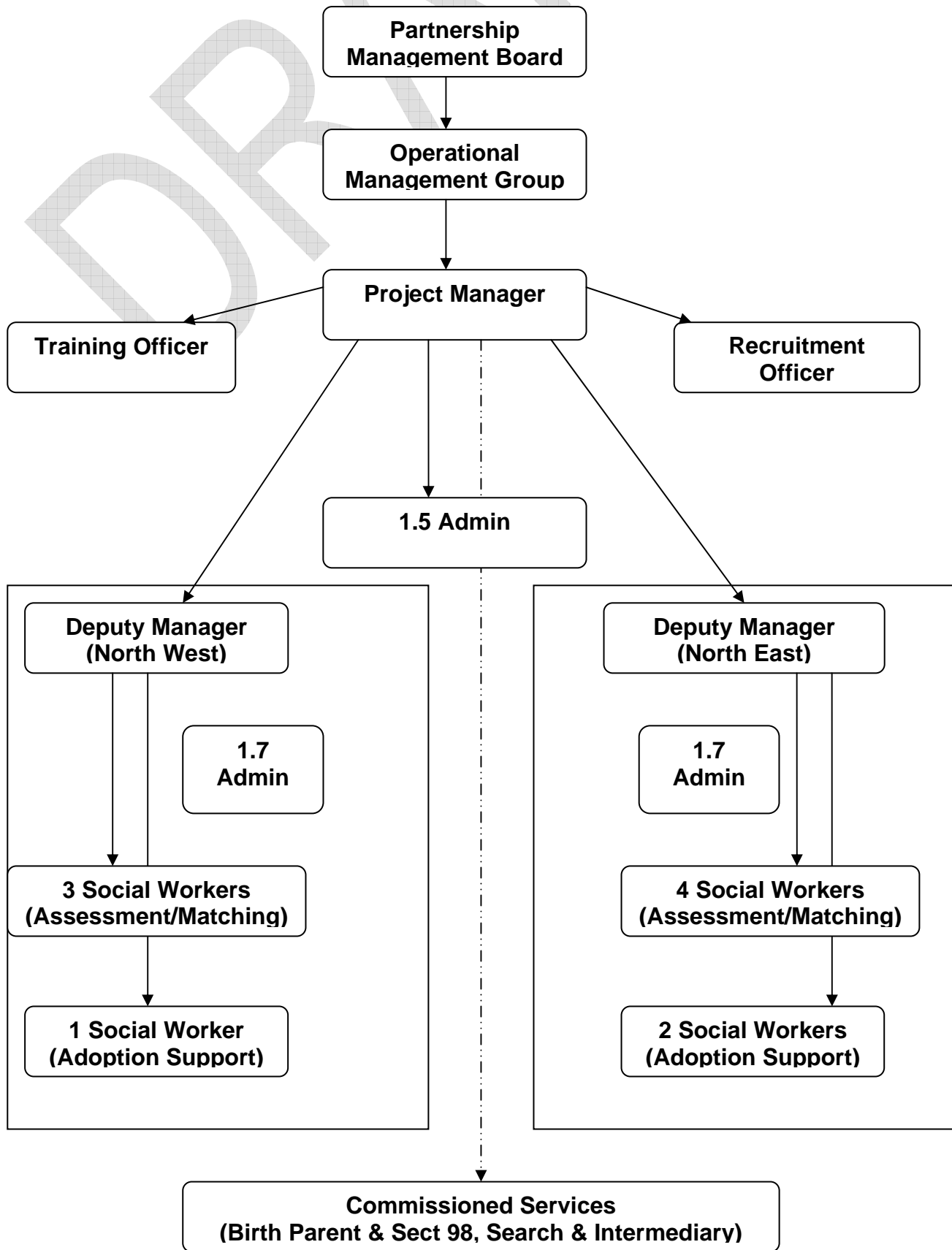
Each Party will send one senior operational manager to Operational Management Group. The Group will be chaired by a senior manager elected from within the Operational Management Group.

The Operational Management Group will be responsible for monitoring the functions and quality of the North Wales Adoption Service in line with the agreed Policy and Procedures manual. They will meet at least 6 times per year and receive reports in writing from the Service Manager.

The Operational Management Group will advise the Partnership Management Board via its chairperson.

DRAFT

Structure Chart



1. Budget, Financial Records and Open Book Accounting

- 1.1. The Host Authority shall prepare an annual forecast budget for the agreement of the Parties by the last working day of October each year.
- 1.2. The budget will detail estimated: -
 - 1.2.1. Staffing costs;
 - 1.2.2. Office and establishment costs;
 - 1.2.3. IT and processing costs;
 - 1.2.4. One off costs and proposed investments/improvements;
 - 1.2.5. The Budget will be based on actual spend in the preceding year.
- 1.3. The finances of the Partnership will be managed through the Host Authority's financial systems and processes including the application of the Host Authority's financial regulations and standing orders.
- 1.4. The Host Authority will present detailed financial reports to each of the Parties on their costs and related income in an Excel format on a quarterly basis.
- 1.5. The Host Authority will enable full access to financial and activity records by any of the Parties' auditors, internal or external.
- 1.6. The Parties will agree their budgeted allocation of costs through their own budget processes.
- 1.7. The Parties will agree their budget allocations by 31st December in each year.
- 1.8. The Partnership shall only operate within its budget as supplemented by any additional funding unless otherwise agreed by the Partnership Management Board.
- 1.9. Budgeted operating costs for each Party will be paid by the Parties to the Host Authority six monthly on the first of July and January.
- 1.10. The Parties guarantee to pay the agreed budgeted operating costs throughout the financial year unless otherwise agreed by the Host Authority and all Parties.

1.11 The Host Authority is responsible for ensuring that accounting practices applied for the Partnership comply with recognised accounting standards (SORPS) and government accounting regulations .

1.12 The initial Budget is set out in paragraph 9.2

2. Allocation of Costs, Surpluses and Deficits

2.1. The budget for operating costs will be allocated to each Party on the basis of the following formula:

Conwy	16.5%
Denbighshire	14.0%
Flintshire	22.4%
Gwynedd	17.6%
Wrexham	19.4%
Ynys Môn	10.1%

2.2. Surplus amounts shall be identified by the Host Authority and reported to the Parties through the Partnership Board.

2.3. The Host Authority and the Parties through the Partnership Management Board may resolve to use all or part of the surplus to invest in improvements to the service delivered by the Partnership.

2.4. Surpluses either in whole or part, after application of monies for service improvements, will be distributed on an equal basis

2.5. A holding account for surpluses will be managed by the Host authority which will enable any balance agreed for retention by the Partnership board to roll forward to subsequent years

Personal Information Sharing Protocol

1 Introduction

- 1.1 This Information Sharing Protocol forms part of the Information Sharing Agreement designed to facilitate and formalise the exchange of personal information between the parties, to ensure effective co-ordination and integration of health and social care services for individuals. The primary purpose for sharing personal information under this Protocol is to support and facilitate the operation of the North Wales Adoption Service.
- 1.2 The Information Sharing Agreement (ISA) includes four tiers:
1. **Wales Agreement to Share Personal Information (WASPI)**
 2. **Personal Information Sharing Protocol (PISP)** – details the specific purpose(s) for information sharing, the group(s) of service users it impacts upon, the relevant legislative powers, what data is to be shared, the consent processes involved and where appropriate, the required operational procedures and the process for review.
 3. **Operational Instructions** - the means of communicating to practitioners the specific operational requirements arising from a PISP.
 4. **Privacy, Confidentiality and Consent** - the range of processes and documentation that will directly impact on service users.
- 1.3 Effective working in partnership is dependent on information being exchanged between agencies in a seamless and consistent manner without compromising the confidentiality and integrity of personal information. The need to develop an information sharing Agreement is therefore paramount.
- 1.4 The Protocol will support the Parties in providing integrated and co-ordinated services to people in accordance with the policies and procedures of the North Wales Adoption service:

2 Scope

- 2.1 The primary purpose of this Protocol is to enable the sharing of person-identifiable information arising from the work of the parties in the provision of an adoption and adoption support service in North Wales.

The Data Protection Act (1998) distinguishes between “personal” and “sensitive personal” information in the following way:

- *Personal information* relates to data that can be used to identify a person, e.g., name, date of birth, address.
- *Sensitive personal information* is data that relates specifically to the person, e.g., racial or ethnic origin; political opinion; religious or other beliefs; trade union membership; physical or mental health or condition; sexual life; criminal proceedings or convictions.

Parties

- 2.2 The parties to the Protocol are:

- Wrexham County Borough Council - Children and Young People Service.
- Flintshire County Council - Social Services Department
- Denbighshire County Council - Social Services Department
- Conwy County Borough Council – Social services Department
- Gwynedd County Council – Social Services Department
- Isle of Anglesey County Council – Social Services Department

Wrexham CBC are the host authority for the service. However, the Adoption Service is a partnership arrangement between Wrexham CBC, Flintshire County Council, Denbighshire County Council, Conwy CBC, Gwynedd County Council and Isle of Anglesey County Council with each individual authority retaining its statutory duty. It is therefore expected that information collected by the Adoption Service on service users living in party authority areas will as a matter of course be shared with the relevant social services team in that local authority.

The Protocol will be reviewed within 12 months of issue and it is intended that this will include extending the scope to include other partners working with the six agencies.

Reporting and auditing

- 2.4 Data which is not person-identifiable, i.e., is totally anonymous, such as statistics, is not subject to the provisions of the Data Protection Act and may be shared with other organisations for reporting and auditing purposes. Parties should note that information is still identifiable if it contains unique numbers or other keys that allow it to be merged with other information, e.g., names, which in so doing makes it personal information.
- 2.5 The Protocol governs the agreement of sharing of information, satisfies the requirements of the law and guidance, regulates working practices, and provides operational guidelines in both the disclosing and receiving organisations.

Child Protection and Protection of Vulnerable Adults Procedures

- 2.6 The sharing of information, where there are concerns regarding the safeguarding of children and/or adults, is outside the scope of this document. (See Safeguards)

Other Relevant Documentation

- 2.7 The Protocol takes into account relevant legislation, as well as guidance issued in the Caldicott Report, by the Welsh Assembly Government and by the Department of Health. It may also be appropriate to refer to other documents in relation to information sharing, such as:
- Confidentiality: Code of Practice for Health and Social Care in Wales
 - Multi Agency Public Protection MAPPA Guidance – National Probation Service 2003
 - The North Wales Multi Agency Public Protection Arrangements prepared by North Wales Police and North Wales Probation Service.
 - An Information Exchange Protocol between Conwy & Denbighshire NHS Trust, North East Wales NHS Trust, North West Wales NHS Trust and the North Wales Crime and Disorder Partnership
 - North Wales Crime And Disorder Chief Officer Group Joint Protocol And Procedure For The Exchange Of Information
 - The Crime and Disorder Act 1998 (Section 115)
 - Data Protection Act 1998
 - Professional Codes of Conduct

3 Key Principles

3.1 The key principles of this Protocol are:

- To agree with the person, the information that is to be shared with the Party agencies
- To obtain consent to sharing information, or the action to be taken if consent is withheld or withdrawn
- To inform people of their rights under this Protocol and associated legislation
- That each Parties' agency must comply with their responsibilities under the relevant legislation
- That complaints and redress arrangements are swift and effective
- That each Parties' agency will have arrangements for ensuring the security of any recorded information, and who is to be responsible for this within each Party agency
- That stored information will be disposed of in accordance with Party agency's record management policy

4 Sharing Information

Need to know

4.1 Information should only be shared between agencies when there is a "need to know", i.e., when the information is essential for another professional to undertake their duties effectively, efficiently and safely.

4.2 All information collected by the Service will be shared with the relevant social services team in the county where the service user resides.

Consent

4.2 "Processing" of personal and sensitive personal data under the terms of the Data Protection Act 1998 can mean a variety of things - obtaining, recording, holding, using, disclosing (sharing), altering, destroying.

4.3 Sharing of such information among each of the Parties' agencies is fundamental to providing a comprehensive and effective service

4.4 It is generally accepted that obtaining consent before "processing" is a pre-requisite. However there may be circumstance where consent has either been withheld or withdrawn and where "processing" could still be undertaken. In these circumstances, and as Joint Data Controllers, the nominated representatives of the relevant Parties' agencies See Appendix 1 will discuss collectively, on a case by case basis, the process to be followed.

- 4.5 If a person has withheld or withdrawn their consent to share information, then an agency cannot override the person's decision not to share information unless the circumstances described in paragraph 4.4 refers. In such circumstances it is advisable for staff to discuss with their line manager who may wish to refer the matter on to the relevant representative listed in Appendix 1
- 4.6 Consent must always be informed and must never be implied. Informed consent will be obtained wherever possible and practicable and the outcome recorded at the beginning of each episode of care and reviewed at regular intervals.
- 4.7 A person has the right to withdraw consent to the sharing of information at any point. If a person withholds consent to share their information, it must be assumed that a judgment has already been made that they have the capacity to make a decision.
- 4.8 All Parties' agencies will ensure that that staff involved in sharing information have obtained consent to do so as outlined in the Operational Instructions.

Safeguards

Incidents of significant harm

- 4.9 If an incident of significant harm or abuse has occurred or staff are concerned that significant harm or abuse is likely to occur, they must, without delay, follow the All Wales Child Protection Procedures or the Protection of Vulnerable Adults Policy and Procedures for Responding to the Alleged or Confirmed Abuse of Vulnerable Adults. These procedures take precedence over this Protocol.

Health and Safety Risks

- 4.10 If there is any indication that a health and safety risk may occur (to either the person or others involved in the person's care), as a result of a refusal to consent to share information, then local procedures regarding the management of this risk would be applied following discussion with the line manager. Decisions need to be made following a risk assessment. The person should be informed of the decision and decisions and actions recorded.
- 4.11 Where there is a risk of potential violence from an individual that needs to be 'flagged' on records the guidance on Violent Warning markers must be adhered to see Appendix 3.

Information sharing methods

4.12 The following methods of sharing information are acceptable:

- Verbal
- Fax
- Hard copy, i.e., paper-based - by hand or by post
- Electronic

Verbal

4.13 Where information is shared verbally it is expected that normal confidentiality safeguards are applied.

Fax

4.14 The sharing of sensitive personal information by fax should be avoided where possible unless to a designated 'safe haven' fax.

Hard copy

4.15 All agencies will agree the statement of privacy and confidentiality to be used on the outside of envelopes to safeguard the confidentiality of the information and make other partner agencies aware of what it is, to safeguard confidentiality.

Electronic systems

4.16 The Adoption Service will have authorised access to the electronic social care system of each Party, enabling access to personal information. Adoption Service staff accessing the information are required to observe the policies and procedures of the employing agency.

4.17 The use of e-mail to transmit person identifiable information between the Parties organisations is **not permitted**, other than on the same network e.g. the Digital All Wales Network (DAWN) ,a Local Authority network adhering to local security policies and procedures or the secure online CHARMS system..

5 Responsibilities of each agency

Storage and disposal of information

- 5.1 Each partner will maintain policies and procedures relating to information security, including storage and disposal of information that comply with the Data Protection Act.

Staff

- 5.2 Adoption Service staff must be made aware of the requirements for sharing information between partners, including access to a copy of this Protocol and associated Operational Instructions.
- 5.3 The host authority will have a means of requiring staff to comply with this Protocol and associated Operational Instructions. These may include policies, confidentiality agreements or clauses staff contracts or terms and conditions.
- 5.4 Each partner will identify a designated information manager(s), e.g. Information Governance Manager, Data Protection Officer, Knowledge Officer, who can provide specialist advice in respect of sharing information under this Protocol.

Publication

- 5.5 The Protocol will be included in the respective Publication Scheme of each agency, as required under the Freedom of Information Act (2000).

Review and monitoring

- 5.6 The Operational Management Group will monitor the implementation of the Protocol and will review the Protocol and its implementation at least annually.

6 Breaches of the Protocol

Breaches by an individual

- 6.1 The host agency must have in place disciplinary procedures which will be invoked if a member of staff is found to have shared information in a manner which does not comply with the ISA. Any individual breaches will be logged and investigated in accordance with the procedures of the employing partner agency and brought to the attention of the agency's representative on the Operational Management Group.

Breaches by a Party agency

- 6.2 Where a Party agency is in breach of this Protocol, it will be brought to the attention of the Information Sharing Monitoring Group and appropriate action will be considered and recommendation made to the agency concerned.

Complaints Procedure

- 6.3 If a person complains about the information shared about them or the implementation of this Protocol, then it is the responsibility of the receiving agency to initiate an investigation in line with their representation and complaints procedure and respond to the complainant.
- 6.4 If the complaint refers to more than one agency, then the agency receiving the complaint will involve other agencies as appropriate. In these cases, the formal response will be agreed between appropriate representatives of each of the agencies involved.

Appendix 1: Glossary of Terms

Advocate	Any informed person who is authorised to act on behalf of the “person”.
Anonymised Information	This is information which does not identify an individual directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full postcode and any other detail or combination of details that might support identification.
Capacity	Capacity should be assessed for each individual at the relevant time. The test of capacity (or rather incapacity) should be applied in each instance and it is the personal ability of the individual to make the particular decisions that is assessed. “Does the individual understand the nature and likely consequences of the decision?”

<p>Carers (Informal)</p>	<p>For the purposes of the <i>Carers and Disabled Children Act 2000</i> the term “carer” includes people (age 16 and over) who may or may not be a relative and who may or may not be living with the person for whom they are caring. The 2000 Act excludes from the definition of a carer, paid care workers and volunteers from a voluntary organisation.</p> <p>Children as carers Children and young people affected by caring situations should be considered and assessed as children in need under the <i>Children Act 1989</i> using the Framework for the Assessment of Children in Need (2002).</p> <p>The carer is usually a relative or friend who provides care or support on a voluntary basis in excess of that implicit in relationships between family members.</p>
<p>Child</p>	<p>A person under the age of 18 (Children Act 1989) S105.</p>
<p>Confidential Information</p>	<p>Information which should not be in the public domain or readily available from another source and that has a degree of sensitivity or value and has been imparted in confidence.</p> <p>A duty of confidence arises when one person shares information with another (e.g. patient to doctor) in circumstances where it is reasonable to expect that the information will be held in confidence (Confidentiality – A Code of Practice for NHS Staff).</p>
<p>Disclosure</p>	<p>This is the passing on of information.</p>
<p>Government</p>	<p>The use of the word ‘Government’ in this document includes both the Welsh Assembly Government and Central Government where appropriate.</p>
<p>Information Sharing Protocols</p>	<p>Documented rules and procedures for the disclosure and use of patient information, between two or more organisations or agencies.</p>

<p>“Need to know”</p>	<p>The "need to know" is interpreted as meaning that members of an organisation should have access to information, if the function or role which they are charged with fulfilling at that particular point in time in relation to a particular person, cannot be achieved without access specified.</p> <p>Violent Warning Markers It may be considered necessary, on occasions, to share information about violent tendencies of a person. To ensure the legality of this process, the relevant Data Protection guidance must be adhered to. A summary of this is contained in Appendix 3.</p>
<p>NWSSIC</p>	<p>North Wales Social Services Improvement Collective</p>
<p>Person Identifiable Information</p>	<p>Key identifiable information includes:</p> <p>Person’s name, address, full postcode, date of birth;</p> <p>Pictures, photographs, videos, audio-tapes or other images of the person;</p> <p>NHS number and local person identifiable codes;</p> <p>Anything else that may be used to identify a person directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.</p>
<p>Person</p>	<p>An individual that is, or has been, subject to the Unified Assessment and Care Management process</p>
<p>Practitioner</p>	<p>A member of staff who is involved in the Unified Assessment and Care Management process</p>
<p>Safe haven fax</p>	<p>A fax in a secure area that can only be accessed by authorised personnel</p>
<p>Social Care</p>	<p>Social care is the support provided for vulnerable people, whether children or adults, including those with disabilities and sensory impairments. It excludes “pure” health care (hospitals) and community care (e.g., district nurses), but may include items such as respite care. There is therefore, no clear demarcation line between health and social care. Social care also covers services provided by others where these are commissioned by CSSRs (Councils with Social Service Responsibilities).</p>
<p>Third Party</p>	<p>For the purposes of this protocol a third party is someone who is not part of one of the Party agencies that have signed up to the Protocol</p>

Vulnerable Adults	A person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation.
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Appendix 2: Violent Warning Markers

Summary of Guidance published by the Information Commissioner:

- Decisions about marking an individual as being potentially violent should be made by a nominated person within the organisation according to criteria clearly laid down.
- The individual must be informed that he is considered to be potentially violent, why he is considered to be potentially violent, to whom the information may be passed, and when the inclusion of his details in any list will be reviewed.
- Information indicating that an individual is potentially violent must be kept secure, and only be disclosed to those who need to know.
- Markers indicating an individual is potentially violent should be reviewed regularly according to criteria clearly laid down by the data controller.
- Passing on of details to other bodies must usually only happen on a case-by-case basis where there is a credible risk of an unlawful act.

The full text of this guidance can be found at -

<http://www.ico.gov.uk>

REPORT ON NORTH WALES ADOPTION SERVICE SEPTEMBER 2010

Introduction

Following the feasibility study carried out by IPC Brookes on the adoption services in North Wales all six authorities agreed to the amalgamation of their adoption services and the recommended timescales for the implementation of “*a comprehensive, fully integrated North Wales Adoption Service*”. The target date for the implementation of the service was specified as the 1st April 2010.

The final report of the feasibility study provided an implementation plan for 2008-2010 which specified the creation and appointment of an Adoption Advisor, Full time Adoption Administrator and an Adoption Training & Development Post by the end of the Year 1. Funding for the appointment of a dedicated project manager for a twelve month period was also acquired. Unfortunately these appointments were not filled and in order to keep up with the timescales of the project BAAF were appointed on a part-time temporary basis to move this forward.

At the point of appointing the permanent Project Manager in June 2009 a considerable amount of work had been undertaken by BAAF facilitating task groups, collecting and analysing data in the following areas:

- Review of existing panel arrangements and activity across the six authorities
- Training requirements/training plan
- Policy and procedures
- Data collection on adoption activity
- Recruitment strategy

Progress from June 2009 to September 2010

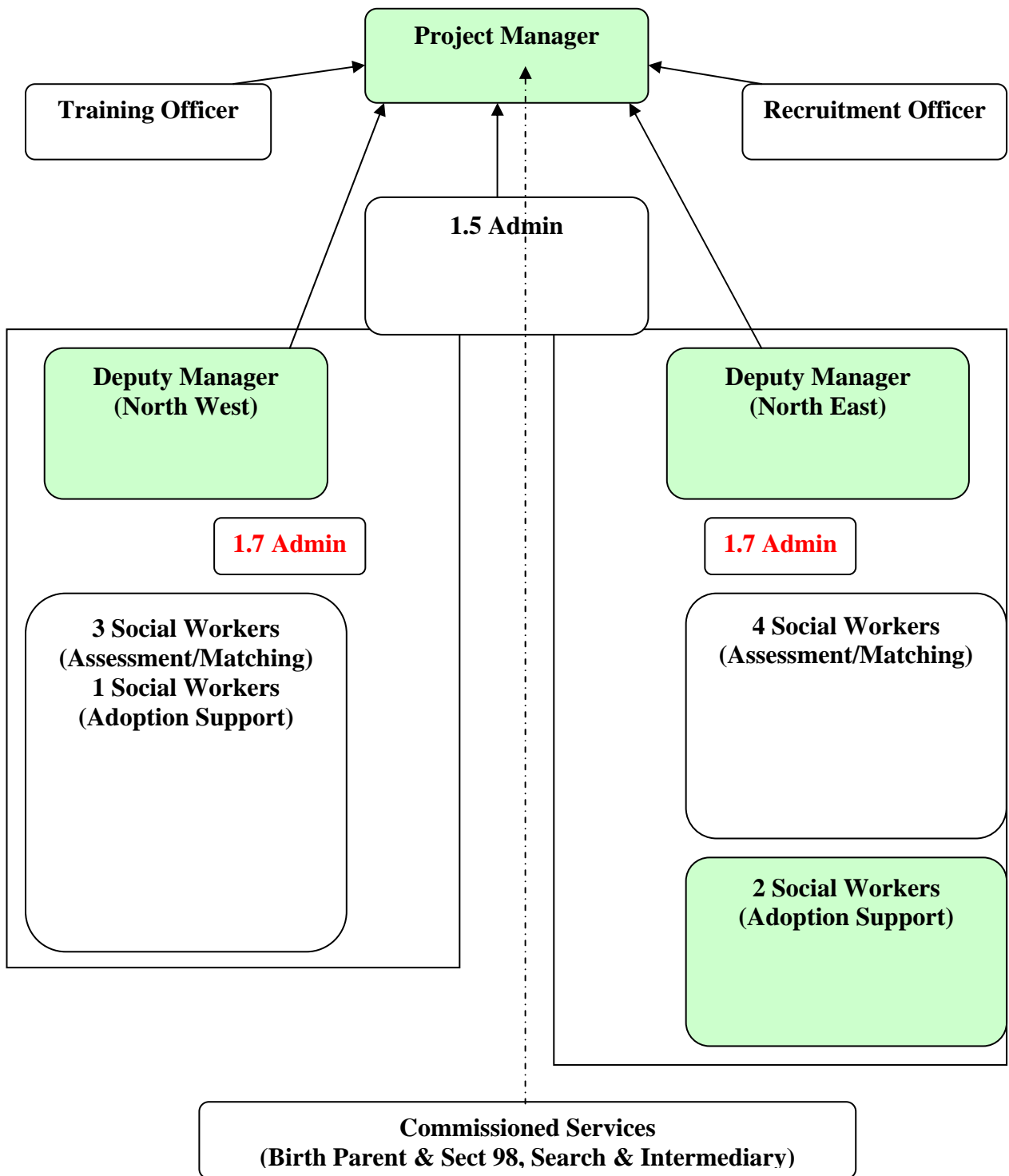
Activity	Tasks	Completed	Additional work required
NWAS Policies & Procedures	All Policies and Procedures updated and given political approval	June 2009	Translation ongoing Policies to be included on website Statement of Purpose to be amended once staff recruitment is complete
Recruitment	Logo Poster and Banners designed and printed Website Information leaflet for prospective adopters designed and printed All other information leaflets complete but require printing NWAS Enquiry/Response forms prepared Recruitment Officer Post	November 2009 In post by September 2010	Ongoing recruitment strategy to be produced Website to be transferred to .co.uk Additional leaflets to be translated and printed Interviewed 1 st July 2010

Database	<p>Charms Database, Consultation with WCBC, purchased and installed</p> <p>Information on ongoing cases transferred from previous system</p> <p>All new referrals being entered on new system</p>	October 2009	Administrators to attend additional training on data collation
Joint Panels	<p>Consultation undertaken with HoS and Panel members of Flintshire & Wrexham Adoption Panel</p> <p>Joint Panel Training Day Joint 'Mock' Panel Day Joint Panel Induction Pack</p> <p>First joint Panel</p>	<p>June 2009 – June 2010</p> <p>Ongoing June 2010 September 2010</p> <p>September 2010</p>	<p>Other 4 LA's in initial discussions re: joint Panels</p> <p>First joint FCC / WCBC Panel</p>
Training	<p>BAAF Training Contract provided for all adoption staff and panel members Joint Pre Approval Training/adopters</p> <p>Recruitment of Training Officer</p>	<p>April 2009 to March 2010</p> <p>May 2009 Nov 2009 June 2010 Interviewed</p>	<p>Training Officer to complete training strategy/programme on return from sick leave</p>
Organisational Model	<p>Collation of current activity data on adoption to inform organisational model and costs of proposed service</p> <p>Options presented and agreed</p>	<p>June – October 2009</p> <p>October 2009</p>	
Partnership Agreement	<p>Meeting with Legal advisors</p> <p>Presented to Partnership Board</p>	<p>January 2010</p> <p>February 2010</p>	<p>Original signed copies to be sent to LA legal departments</p>

	Agreement signed by all 6 authorities	April 2010	
Transfer of Staff	Consultation meeting with staff, HR departments and Unions Secondment Agreement	January 2010 March 2010	Majority of staff transferred Confirmation letters to staff Additional admin support to be confirmed
Adoption Support	Prepare PQQ Tender for adoption Intermediary and counselling service Tenders assessed Tender Confirmed	December 2009 February 2002 April 2010	Review referrals on quarterly basis Information on other Adoption Support Services across all LA's to be collated and developed.

Despite the initial difficulties in recruiting the Project Manager and the absence of the Adoption Adviser, full time Administrator and Training and Development Officer the project has remained largely on target in terms of the transfer of staff. There continues to be work to be done to progress the service with the filling of vacant posts being a critical factor.

STAFFING STRUCTURE N WAS



Statistics

Number of Adopters Approved April 2009 - March 2010 24

Number of Adopters Approved April 2010 – June 2010 03

APRIL 2010- JUNE 2010

ENQUIRIES

Enquiries	Conwy	Denbigh	Flintshire	Gwynedd	Wrexham	Ynys Môn	Total	With drawn
Adoption	8	13	5	5	7	5	43	
Foreign Element	0	1	1	1	0	0	03	
Partner of Parent	2	8	5	2	4	0	21	
AFTER ADOPTION REFERRALS								
Access to Records/S98	4	7	2	3	5	1	22	
Birth Parent Counselling	1	1	0	1	2	0	05	

CHILDREN REFERRED

Children	0	4	0	2	2	0	8	
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CURRENT SITUATION -ADOPTERS

Waiting for	Conwy	Denbigh	Flintshire	Gwynedd	Wrexham	Ynys Môn	Total
Response Form	10	15	17	10	14	2	68
Initial Visit	0	5	4	2	1	1	13
Training	2	2	6	10	4	0	24
Application	3	0	2	0	4	0	9
Assessment	1	0	0	7	1	1	10
Under Assessment	2	1	4	3	2	3	15
Available	4	2	0	3	4	1	14
On hold potential link	2	4	1	1	3	0	11
Matched NWAS	3	5	2	2	2	1	15

FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 8

REPORT TO: SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE : 11 OCTOBER 2010
REPORT BY: LEARNING AND SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR
SUBJECT : DISABLED FACILITIES GRANTS WORKSHOP

1.00 PURPOSE OF REPORT

- 1.01 To advise Members of the recommendations made at the Disabled Facilities Grants Workshop held on the 20th September 2010.
- 1.02 To seek Member support and approval for the recommendations to be sent to the Community Services Directorate for consideration.

2.00 BACKGROUND

- 2.01 A joint meeting of the Community and Housing Overview & Scrutiny Committee and Social and Health Overview and Scrutiny Committee held on the 14th June 2010 considered a report informing them of current performance in relation to Disabled Facilities Grants. The report demonstrated the significant increase in referrals to the Occupational Therapy service from 150 per month in 2009 to over 200 per month in 2010. Reasons for this included supporting people with very complex needs, earlier discharges from hospital and the increase in the number of elderly people in Flintshire.
- 2.02 £50,000 additional funding had been agreed by the Council to support the increase in demand with independent occupational therapists being employed to reduce the waiting list. A bathing clinic was also due to be provided at Llys Eleanor in order to help reduce waiting times. Members and Officers agreed to hold a joint workshop between Community and Housing and Social Services Scrutiny Committees to explore what improvements could be made to improve the performance of the service which was subject to ever increasing demands.
- 2.03 A Joint workshop of Community and Housing and Social Services Scrutiny Committees was held on the 20th September 2010 with Officers from Adult Services, Children Services, Housing and Flintshire Care and repair were in attendance.

3.00 CONSIDERATIONS

Date: 05/10/2010

3.01 The Workshop was well attended by Members and provided an open discussion forum between Members, Officers and representatives of Flintshire Care and Repair Service which resulted in a range of recommendation for consideration by the Community Service Directorate as follows:-

1. Self Assessment to be considered as an option with a suggestion that consideration to be given to the models already operating in other Authorities, e.g. Barnet, Cumbria, Leicester.
2. Consider joint working between Adults & Children's Occupational Therapy Services
3. Exploration of Registered Assessors Model used in Knowsley which is currently being considered by Flintshire Care & Repair.
4. Occupational Therapists should be relieved of tasks that do not require specialist OT skills and could be done by administration staff.
5. Review eligibility criteria for Occupational Therapy Services
6. Consider ASKsara as a signposting mechanism on Flintshire Website
7. Strengthen housing allocations policy with regard to adaptations etc. For example someone living on their own in a 3 bedroom council owned property should be offered suitable 1 bedroom adapted accommodation.
8. Approach Wales Assembly Government to consider Flintshire as a pilot authority to trial new ways of working in relation to Disabled Facilities Grants
9. Future proofing appropriate housing stock - e.g. walk in showers not baths in sheltered housing and bungalows for older people.
10. Consider joint working with health in relation to Occupational Therapy Services.
11. Strengthen communication with Flintshire Tenants awaiting adaptation and awaiting transfer, and how this impacts on them. For example DFG can be deferred while waiting for a transfer and the client may be unaware
12. Make better use of Local Member ward knowledge
13. Reduce complexity of application forms
14. Address issue of IT Systems for compatibility between Health and Local

Authority

15. Introduce a bond deposit for small adaptation which could encourage recycling/re-use of returned equipment
16. Assess the effectiveness of a "picture catalogue" showing available equipment
17. Improve procurement in bulk purchases of equipment
18. Use of third sector for assistance with clients in application process

4.00 RECOMMENDATIONS

- 4.01 That Members approve the recommendations as listed in 3.01 for consideration by the Community Services Directorate

5.00 FINANCIAL IMPLICATIONS

- 5.01 None arising directly from this report

6.00 ANTI POVERTY IMPACT

- 6.01 None arising directly from this report.

7.00 ENVIRONMENTAL IMPACT

- 7.01 None arising directly from this report.

8.00 EQUALITIES IMPACT

- 8.01 None arising directly from this report.

9.00 PERSONNEL IMPLICATIONS

- 9.01 None arising directly from this report.

10.00 CONSULTATION REQUIRED

- 10.01 Not applicable

11.00 CONSULTATION UNDERTAKEN

- 11.01 Publication of this report constitutes consultation

12.00 APPENDICES

None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
BACKGROUND DOCUMENTS

Minutes of Social & Health Overview & Scrutiny Committee meeting 14
June 2010

Contact Officer: Margaret Parry-Jones
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FLINTSHIRE COUNTY COUNCIL

AGENDA ITEM NUMBER: 10

REPORT TO: **SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE**
DATE : **11 OCTOBER 2010**
REPORT BY: **LEARNING AND SOCIAL CARE OVERVIEW & SCRUTINY
FACILITATOR**
SUBJECT : **FORWARD WORK PROGRAMME**

1.00 PURPOSE OF REPORT

1.01 To consider the Forward Work Programme of the Social & Health Overview & Scrutiny Committee.

2.00 BACKGROUND

2.01 Items feed into a committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny committees, members of the public can suggest topics, items can be referred by the Executive for consultation purposes, or by County Council, or from Directors. Other possible items are identified from the Executive Work Programme and the Strategic Assessment of Risks and Challenges.

2.02 In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:

1. Will the review contribute to the Council's priorities and/or objectives?
2. Are there issues of weak or poor performance?
3. How, where and why were the issues identified?
4. Do local communities think the issues are important and is there any evidence of this? Is there evidence of public dissatisfaction?
5. Is there new Government guidance or legislation?
6. Have inspections been carried out?
7. Is this area already the subject of an ongoing review?

3.00 CONSIDERATIONS

3.01 Following discussions at the July meeting and a discussion with the Performance Manager, Social Services it is suggested that a workshop is arranged to review the arrangements for Rota Visits including the evaluation of the recording of accidents which has been piloted over recent months.

Date: 05/10/2010

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work Programme of the committees of which they are Members. By reviewing and prioritising the forward work programme Members are able to ensure it is member-led and includes the right issues. A copy of the Forward Work Programme is attached at **Appendix 1** for Members' consideration, which has been updated following the last meeting.

4.00 RECOMMENDATIONS

- 4.01 That the Committee considers its Forward Work Programme (attached as **Appendix 1**).
- 4.02 That a workshop be arranged to review the arrangements for Rota Visits.

5.00 FINANCIAL IMPLICATIONS

- 5.01 None arising directly from this report.

6.00 ANTI POVERTY IMPACT

- 6.01 None arising directly from this report.

7.00 ENVIRONMENTAL IMPACT

- 7.01 None arising directly from this report.

8.00 EQUALITIES IMPACT

- 8.01 None arising directly from this report.

9.00 PERSONNEL IMPLICATIONS

- 9.01 None arising directly from this report.

10.00 CONSULTATION REQUIRED

- 10.01 Not applicable.

11.00 CONSULTATION UNDERTAKEN

- 11.01 Publication of this report constitutes consultation.

12.00 APPENDICES

- 12.01 Current Forward Work Programme

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 **BACKGROUND DOCUMENTS**

Minutes of previous meetings of the committee

Contact Officer: Margaret Parry-Jones
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Date of meeting	Item	Purpose of Report/Session	Responsible / Contact Officer	Submission Deadline
10 am 29 November	Presentation by senior officers of Betsi Cadwaladr University Health Board Child Protection and Safeguarding Update Looked After Children Work Placements Q2 Performance Report Rota Visits	To receive a presentation on the Besti Cadwaladr University Health Board To receive the annual statistical and contextual information in relation to child protection and safeguarding. To receive a progress report on the scheme to include an invitation to Young People who have taken part in the scheme. To enable Members to fulfil their scrutiny role in relation to performance monitoring	Facilitator Director of Community Services Director of Community Services Director of Community Services	17 November
10 am 24 January 2011	Independent Sector Care Corporate Parenting Rota Visits	To receive a report on Residential and Domiciliary Care provision to include procurement/brokerage, contract monitoring, reviewing, training and adult protection. To receive a report on Corporate Parenting	Director of Community Services Director of Community Services	

ITEMS TO BE SCHEDULED as agreed by Committee

Learning Disability Service Integration / Mental Health Service Integration / Substance Misuse Service Integration
 Charging Policy Review - 2010/11
 Update report on financial situation – JWG/SP/Cymorth etc
 North Wales Social Services Partnership Board update
 Short break Provision at Arosfa

Regular Items

Month	Item	Purpose of Report	Responsible / Contact Officer
Quarterly	Performance Information	To consider quarterly performance outturns against directorate indicators	Director of Community Services
March	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning
June	Health, Social Care & Wellbeing Strategy	Update report	Director of Community Services
June/July	Foster Care	To receive an update on the recruitment and retention of Flintshire's Foster Carers.	Director of Community Services
May	Comments, Compliments and Complaints	To consider the Annual Report.	Director of Community Services
September	Protecting Vulnerable Adults & Inspection Action Plan Update	To inform Members of the annual adult protection monitoring report submitted to the Welsh Assembly and to monitor progress of CSSIW Inspection Action Plan	Director of Community Services
	Child Protection	To consider the annual report	Director of Community Services