

Health, Care and Housing Scrutiny Committee

Meeting Venue
**Council Chamber - County Hall,
Llandrindod Wells, Powys**

Meeting Date
Wednesday, 4 July 2018

Meeting Time
2.00 pm

For further information please contact
Liz Patterson
elizabeth.patterson@powys.gov.uk



County Hall
Llandrindod Wells
Powys
LD1 5LG

Issue Date 28th June
2018

The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

AGENDA

1.	APOLOGIES
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To receive apologies for absence.

2.	DECLARATIONS OF INTEREST
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To receive declarations of interest from Members.

3.	DECLARATIONS OF PARTY WHIPS
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To receive disclosures of prohibited party whips which a Member has been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

(NB: Members are reminded that under Section 78 Members having been given a prohibited party whip cannot vote on a matter before the Committee.)

4.	CHAIR'S BRIEFING
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To receive a verbal update from the Chair of the Health, Care and Housing Scrutiny Committee.

5.	CHILDREN'S SERVICES PERFORMANCE REPORTS
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To receive the Children's Services Performance Report.
(Pages 3 - 44)

6.	CHILDREN'S SERVICES INSPECTION REPORT
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To receive the Children's Services Inspection Report for Bannau/Camlas and the Powys Fostering Services.
(Pages 45 - 80)

7.	COMPLAINTS REPORT - CHILDREN'S SERVICES
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This item has been prepared at the request of the previous Children's Services Scrutiny Group which now falls under the remit of the Health, Care and Housing Scrutiny Committee.
(To Follow)

8.	WORK PROGRAMME
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To consider the scrutiny work programme.
(Pages 81 - 84)

9.	EXEMPT ITEMS
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The Monitoring Officer has determined that category 3 of the Access to Information Procedure Rules applies to the following items. His view on the public interest test (having taken account of the provisions of Rule 14.8 of the Council's Access to Information Rules) was that to make this information public would disclose information relating to the financial or business affairs of any particular person (including the authority holding that information).
These factors in his view outweigh the public interest in disclosing this information.

Members are asked to consider these factors when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.

10.	IMPROVEMENT AND ASSURANCE BOARD NOTES
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To receive the notes of the Improvement and Assurance Board May 2018.
(Pages 85 - 92)

Children's Performance Report

May 2018

Page 3



12



Yn agored a blaengar - Open and enterprising





What's working well?

1. The Service is nearing compliance in terms of statutory performance.
2. The development of the performance culture within the teams is showing positive impact across all the service. We hold twice weekly team manager performance meetings, WCCIS dashboards are in place for all teams and there is clear evidence that the use of the dashboards and the Insight Centre is translating through to the improved performance.
3. Continue to implement the Children Services Improvement Plan to improve services in response to the CIW inspection.



What are we worried about?

1. With regards to Looked After Children there is an inability to report accurately on the number of Looked After Children within the service. This is due to the locked down records within the service that currently affects six children. Please note that as long as this issue remains, these children are not being considered as part of the other indicators for Looked After Children e.g. Statutory Visits within Timescale, 3+ Placements in 12 months.
2. There are ongoing concerns around the LAC of care plans for Looked After Children being in place within 10 days of becoming Looked After.
3. Data issues concerning LAC Legal Status' and Placements not being updated in a timely manner.
4. Increased demand. Caseloads have increased and there are more than 100 more Children open to the service this month compared to last month. Contacts to PPD have increased significantly from 376 in April to nearly 500 in May, The number of children undergoing assessment has also gone up considerably to 158. Workload is continuing to increase, numbers of agency staff have reduced and compliance with statutory timescales has been impacted.
5. The stability of the workforce and the reliance on agency staff continues to be a critical issue for the service. There has been a change of manager within the assessment team in the North of the County. The Team Manager in Newtown and the Assistant Team Manger is absent. The Newtown team is made up predominantly of agency staff and the turn-over of these agency staff is also high. We have recently appointed two permanent staff to the Newtown team who are due to start at the end of the summer. The Improvement Consultant as of the end of May is now supporting the management oversight of the North locality and assessment teams and we anticipate that this will support the stabilisation and address some of the performance issues over the coming months.
6. The number of Looked After Children has increased to 211 however this does not include six children who are looked after but due to system access these are currently not reported within the figures. In addition there are recording issues within the service. There are concerns over recording and reporting of looked after children data.
7. The number of Children without a Care Plan has also increased significantly to 161 however this is partly due to the deduction of migrated care plan documents from the reported figured which have not been reviewed.
8. The number of Looked After Children without a Care Plan is 13. This is partly due to workers not closing documents and updating legal status' in a timely way. This figure has also been impacted by the deduction of migrated care plan documents.

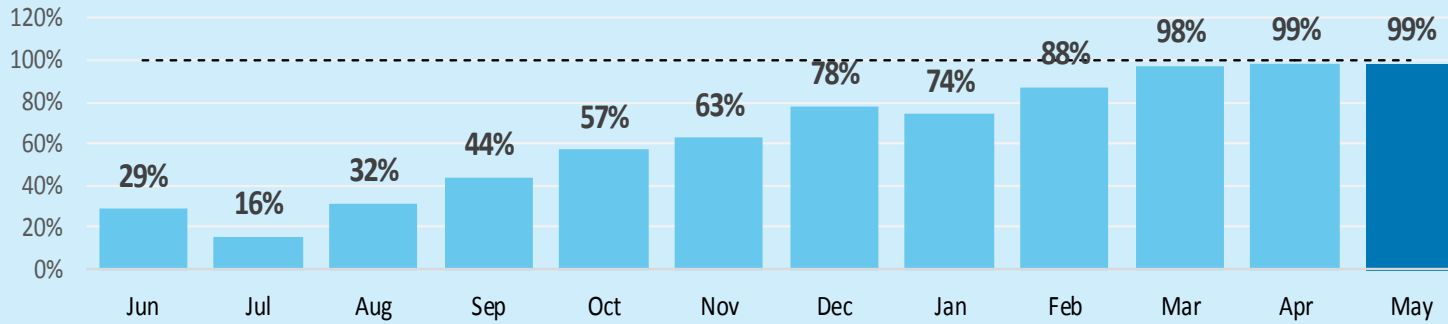


1. Resolve issues with recording of data.
2. Agree and implement future model of delivery and future structure by Oct\Nov 2018
3. Stabilise the workforce by recruiting permanent staff this will be supported by the finalisation and implementation of our future structure and Workforce Strategy
4. Implementing a resource panel for LAC to consider and agree external placements, ensuring effective monitoring of placements and manage the commissioning of individual support packages for children and families. June 2018
5. Continue to recruit In-house Foster carers to have a net increase of 15 by Dec 18
6. Ensure we do not become complacent and the focus on performance remains priority and the performance culture becomes embedded within the service and developing quality and outcome measures.



Top 5 indicators

% of assessments completed for children within statutory timescales



Trend
↑

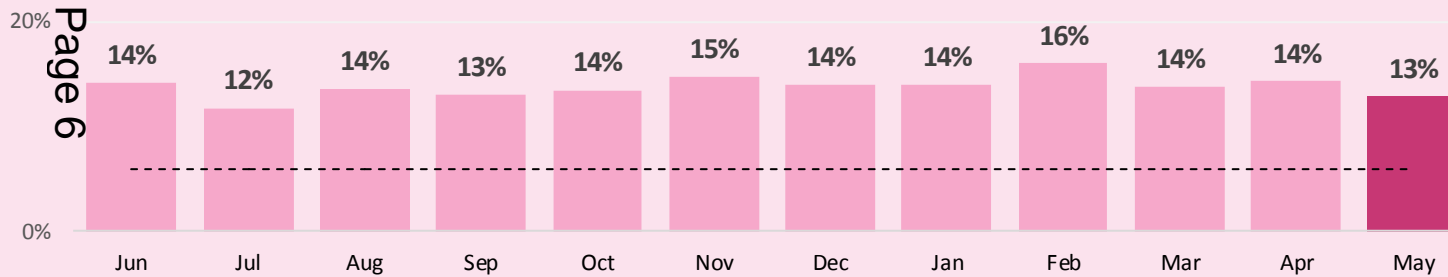
Welsh average
91%

Target

100%

YTD
99%
RED

% of children looked after who have had three or more placements during the year



Trend
↓

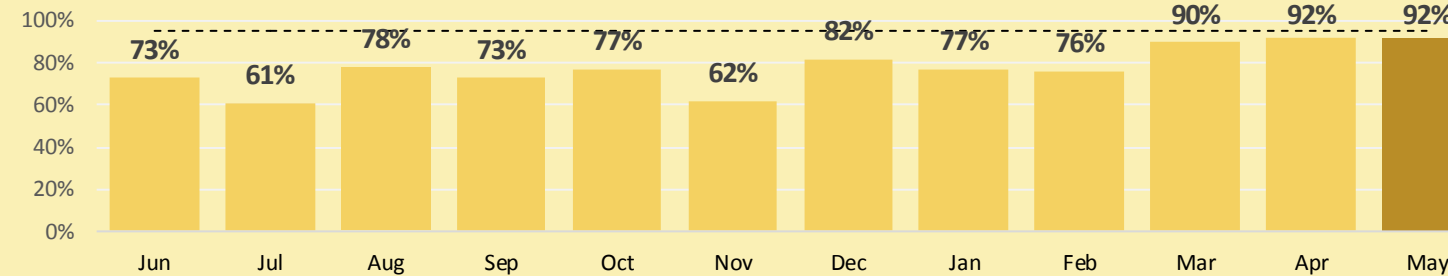
Welsh average
10%

Target

6%

YTD
12%
RED

% of Looked After Children Statutory Visits carried out within timescale



Trend
→

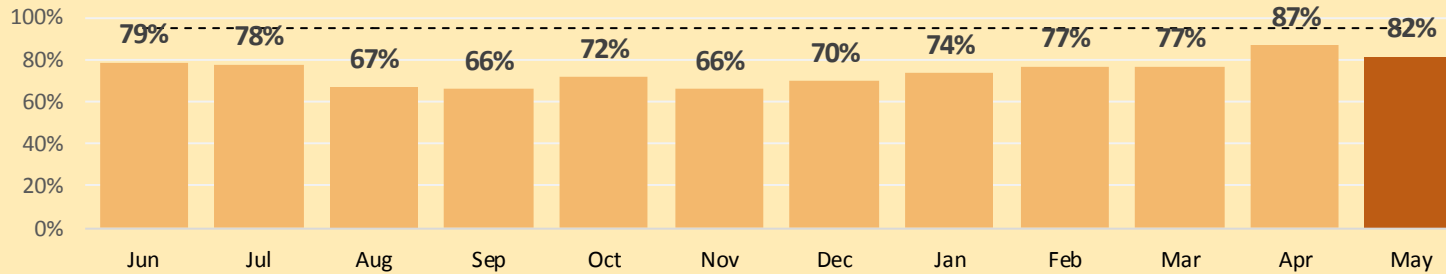
Welsh average
N/A

Target

95%

YTD
92%
RED

% of Child Protection Statutory Visits carried out within timescale



Trend
↓

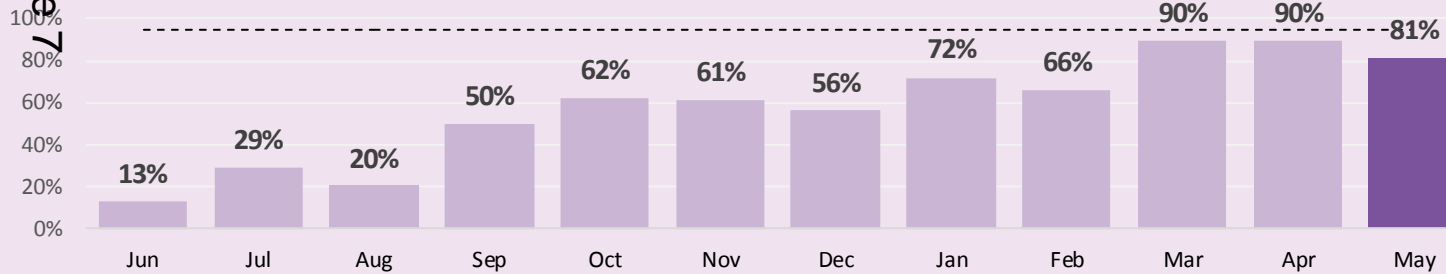
Target

95%

Welsh average
N/A

YTD
85%
RED

% of Operational staff who have had Case Supervision on a monthly basis



Trend
↓

Target

95%

Welsh average
N/A

YTD
83%
RED



1.

958

No. of cases open to Children's Services

Of which:

1a.

211

No. Looked After Children

1b.

108

No. of Children on the Child Protection Register

Page 8

639

No. of Children with Care and Support Plans (Including LAC and CP)

1d.

13

No. of LAC and CP Children without a Care Plan

1e.

158

No. of Children currently undergoing an Assessment

1f.

161

No. of Current open cases with no Care and Support Plan

Arrows in this report show performance trends/numbers from previous to current month.



Performance improved/
numbers increased



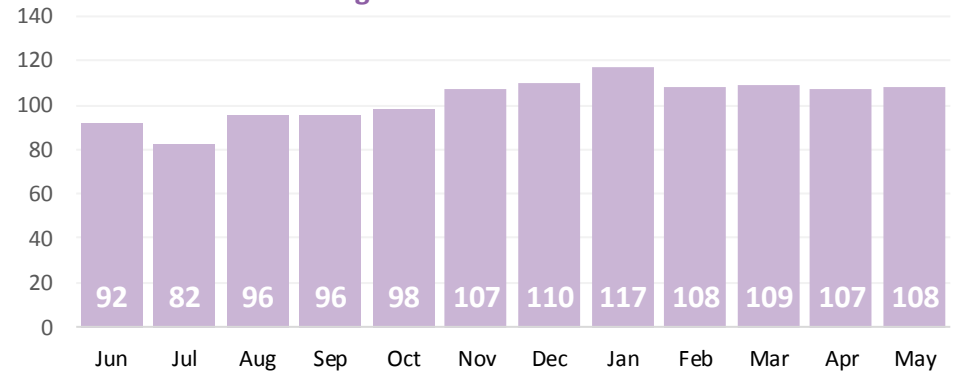
Performance unchanged/
numbers increased



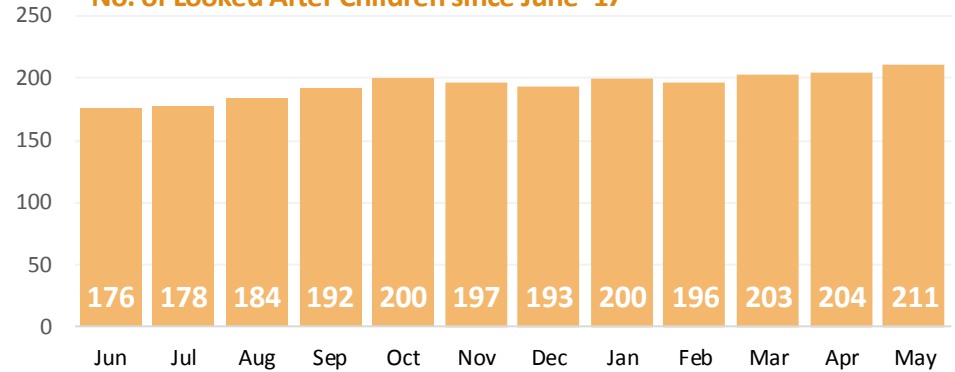
Performance declined/
numbers increased

Year to date (YTD) totals with a target will be shown as a coloured figure and text to indicate if we are on or off target. On target = Green Off target = Red

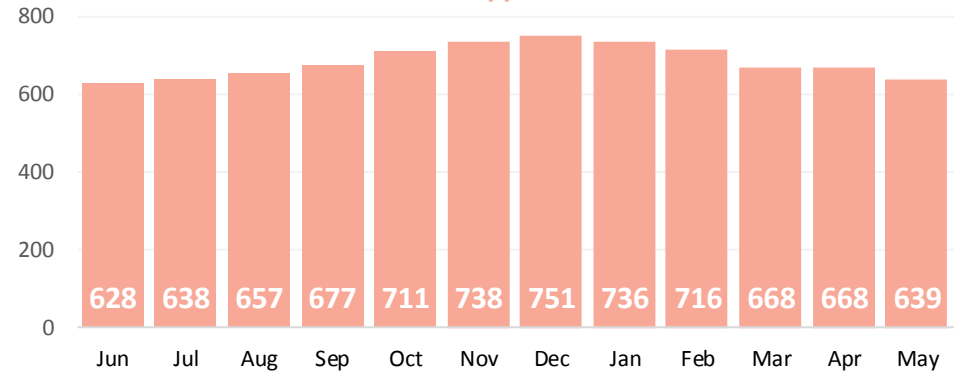
No. of Children on Register since June '17



No. of Looked After Children since June '17



No. of Children with a Care & Support Plan since June '17





What's working well?

Measure 2a - Significantly more families provided with information in May.

Measure 3 – Significant proportion of approaches to Children Services are supported by PPD



What are we worried about?

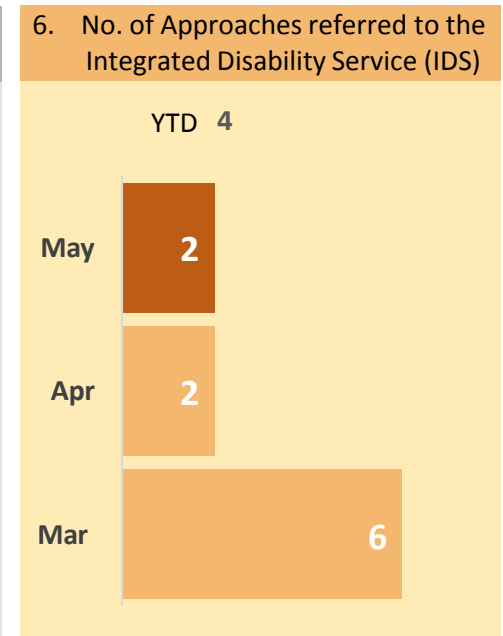
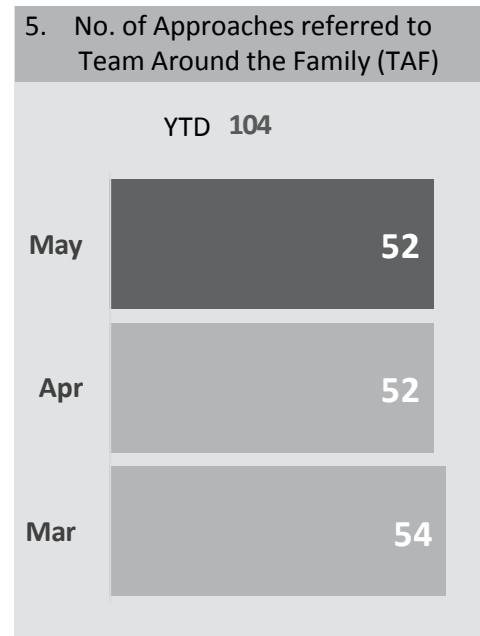
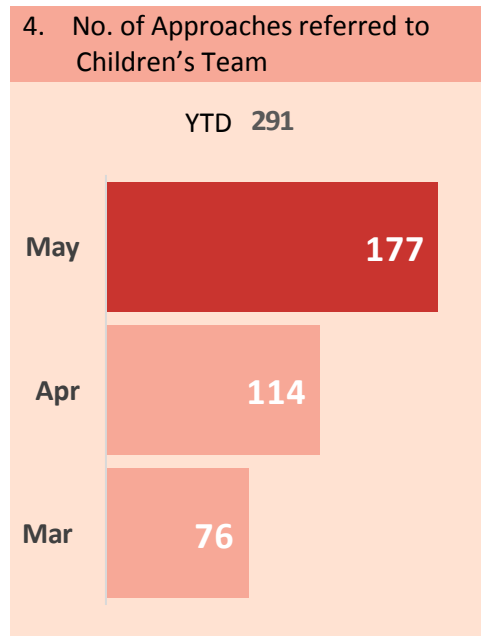
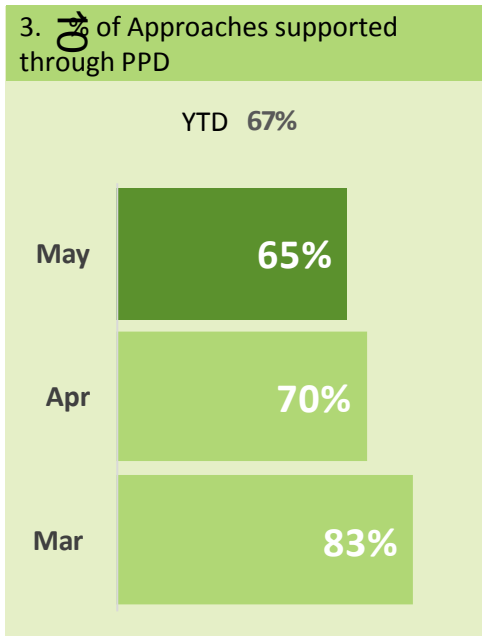
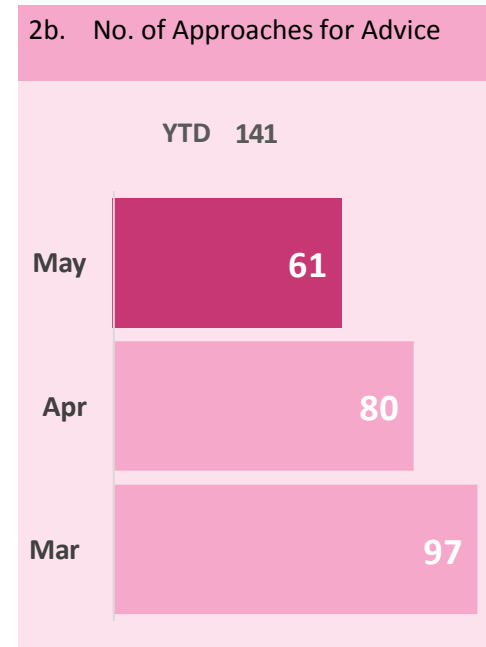
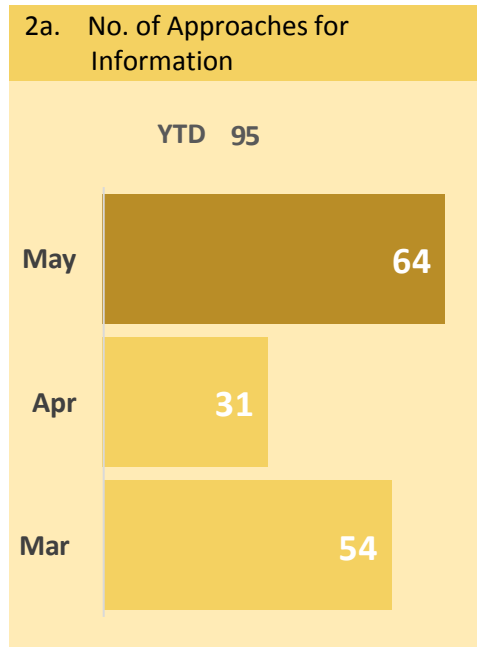
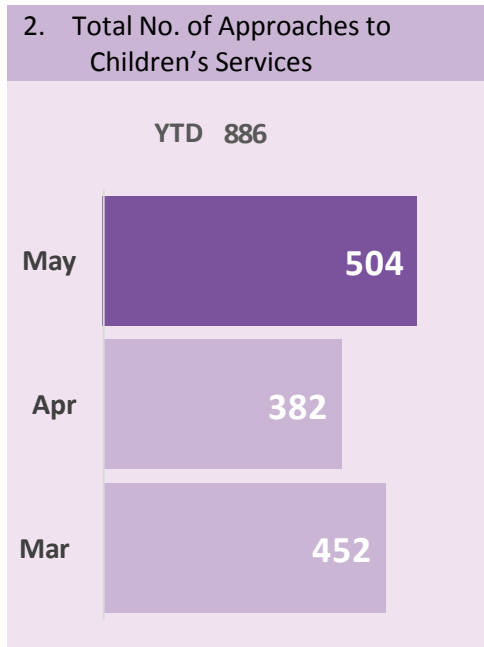
Measure 2 - There has been a dramatic increase in approaches to Children Services during May, this has resulted in a further increase of referrals to the locality teams of an extra 55%. Over the last 2 months the increase has been 133%

Measure 4 – More approaches have been pushed through the locality teams, and less referred to TAF. Additional demand being placed on the service.



What do we need to do?

Continue to monitor the demand and ensure teams have the appropriate staffing resources to respond. We need to anticipate an increase of approx. 51 children with assessments leading to care and support plans during June given the increase in the number of assessments currently open in May by June 18.





What's working well?

Measure 7b - The number of care and wellbeing assessments completed within timescale remains above target and the number completed within 10 days has improved to 30%.

Measure 7g - The number of children moving on to a care and support plan following assessment remains consistent.

Measure 7d – The care and wellbeing assessment overdue was overdue by 1 day.

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What are we worried about?

The increased demand and the impact this will have on performance.

Measure 8 - Re referral rates are not fully understood. The re-referral flag on WCCIS is not being used correctly to allow us to report accurately on measures 8 and 8a.

Measure 9 – Indicator 9 is misleading as 51% are closed following assessment. Others have Information and Advice provision, referrals to other services etc. Indicator 7g and 9 are related however do not report the remaining 13%

Measure 10 - There are 161 open children without current care and support plans in place. This increase is partly due to a reporting change as the migrated care plans which are due review are no longer considered as care plans in place.

Measure 13 - The process for accurately capturing the dates around re-assessments has yet to be established (indicators 13, 13a and 13b) and will be considered at IPAS.



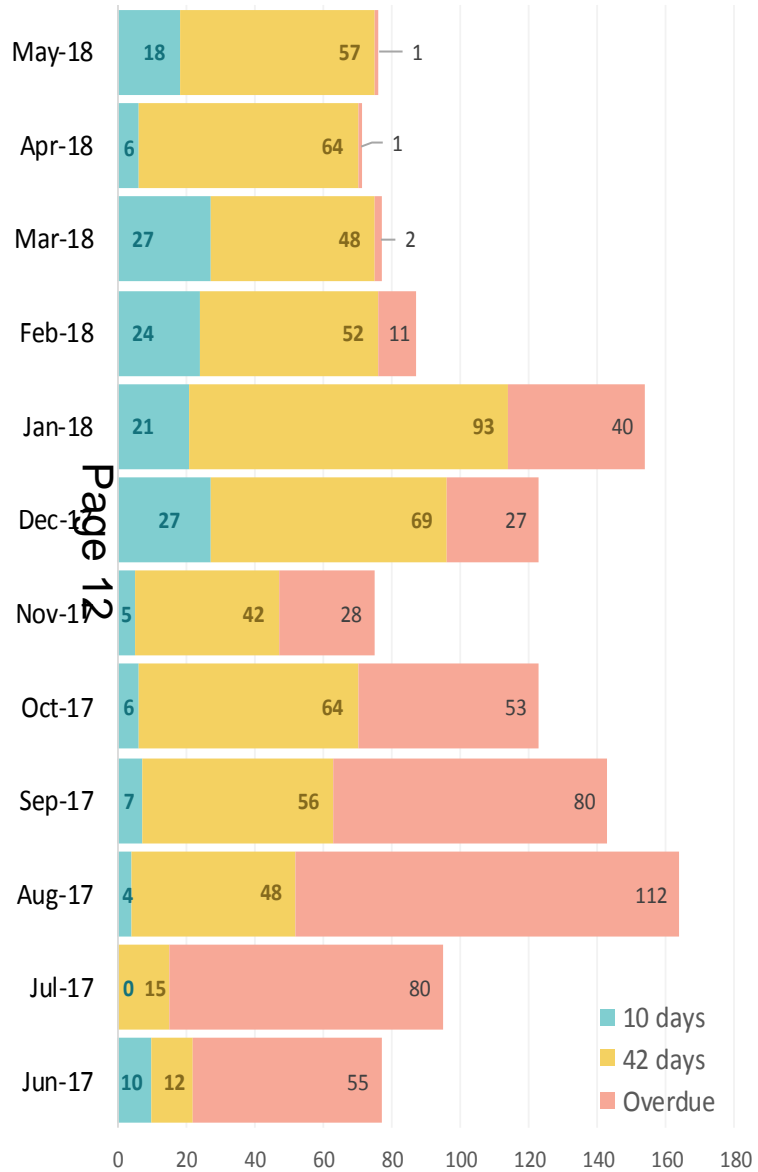
What do we need to do?

Review staffing resources in assessment and locality teams to ensure we have the appropriate staffing resource to respond. We need to replicate the successful pilot in the North of the County and establish the Assessment team in the South of the County by July 18, (B23)

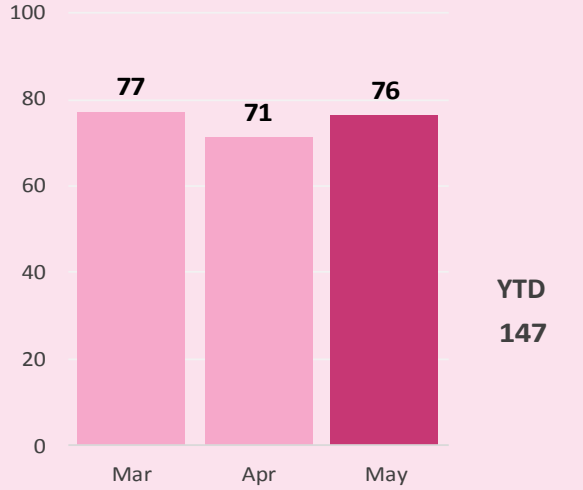
Make the outcome assessment a mandatory field so we are capturing the outcome of all assessments by Aug 18 .

Review of all 161 children with no current care plan by June 18.

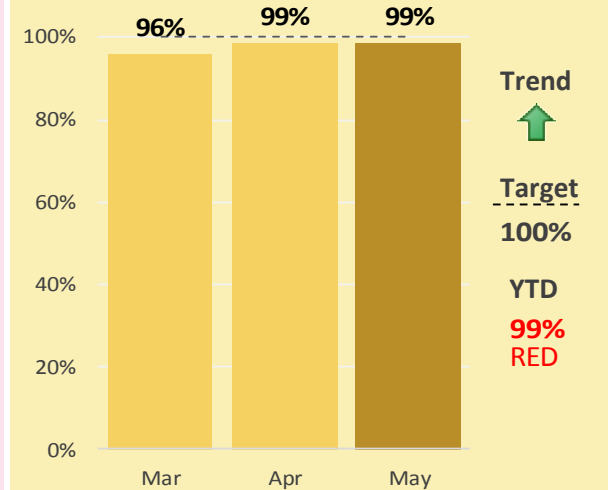
No. of Assessments within timescale since June 2017



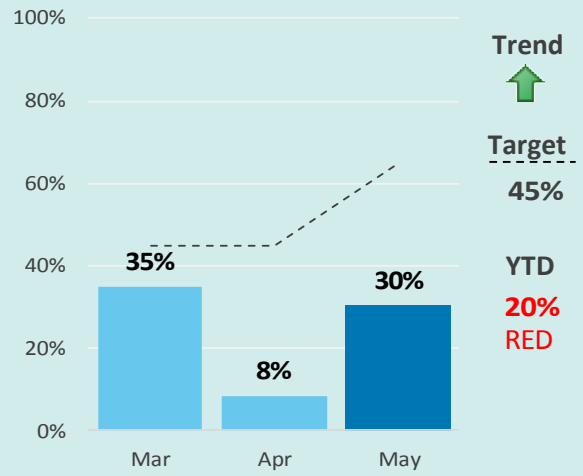
7. No. of Care and Wellbeing Assessments completed



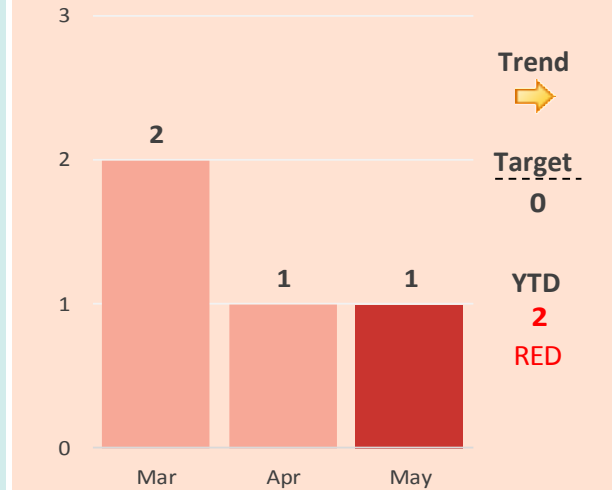
7a. % of Care and Wellbeing Assessments completed within 42 days



7b. Of which, % completed within 10 days

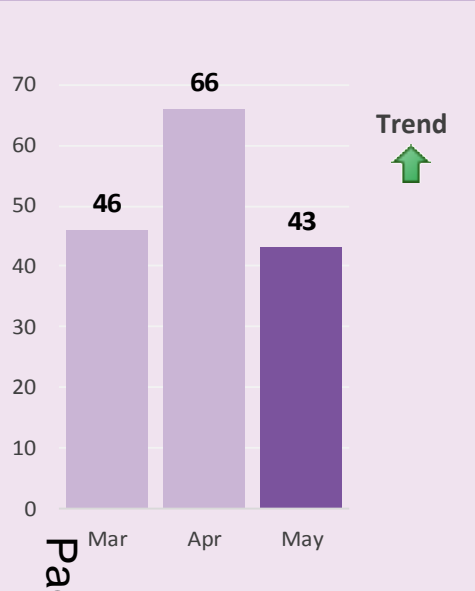


7c. No. of Care and Wellbeing Assessments completed out of timescale

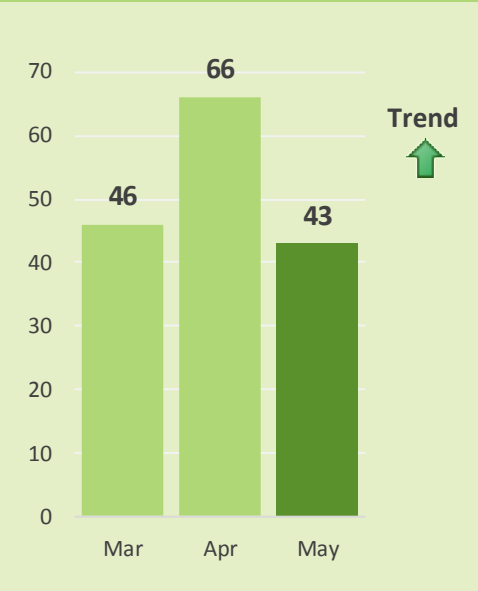


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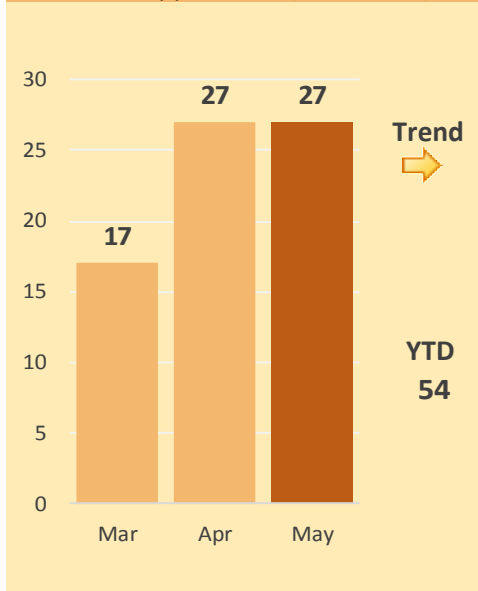
7d. Of these, Average number of days taken to complete



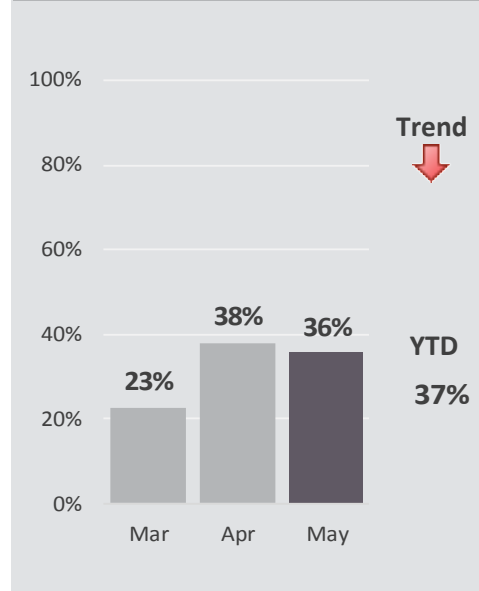
7e. Of these, maximum no. of days taken to complete



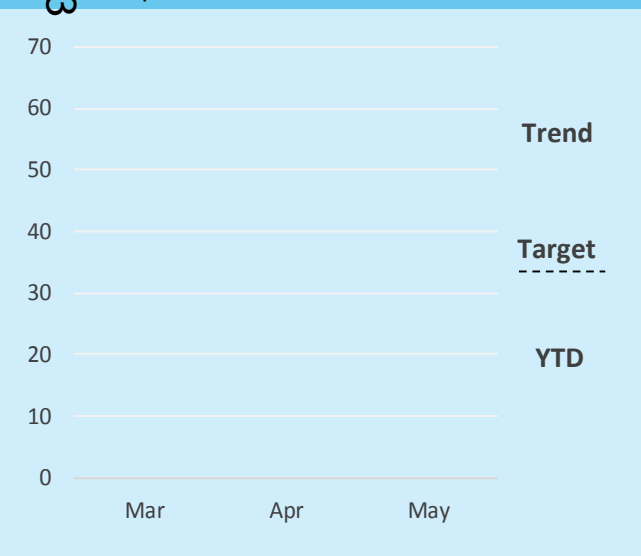
7f. No. of Assessments that lead to a Care and Support Plan (Assistance)



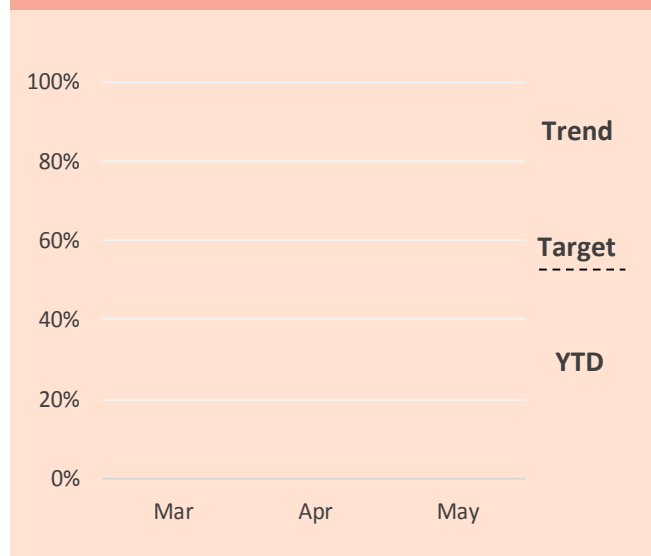
7g. % of Assessments that lead to a Care and Support Plan



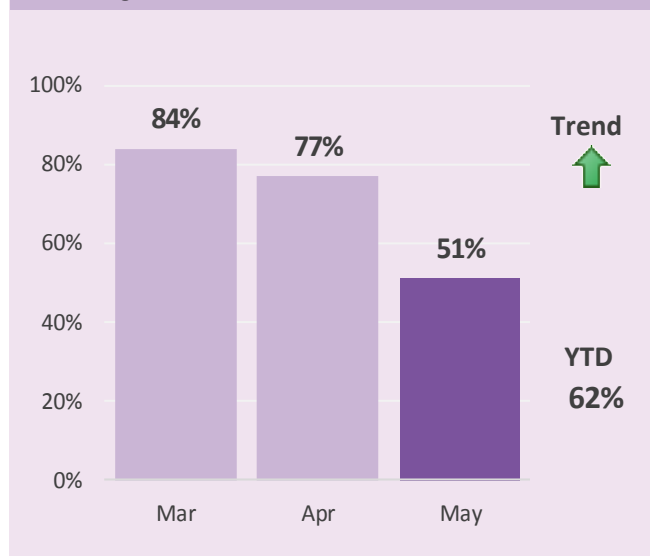
8. No. of Children Assessed that had been Assessed within the previous 12 months



8a. Of these, % that lead to a Care and Support Plan

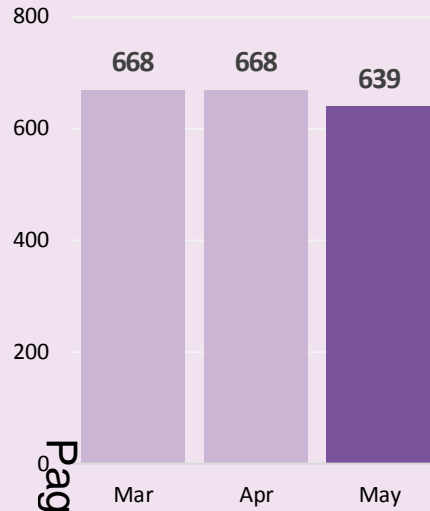


9. % of Approaches to Children's Teams closed following Assessment

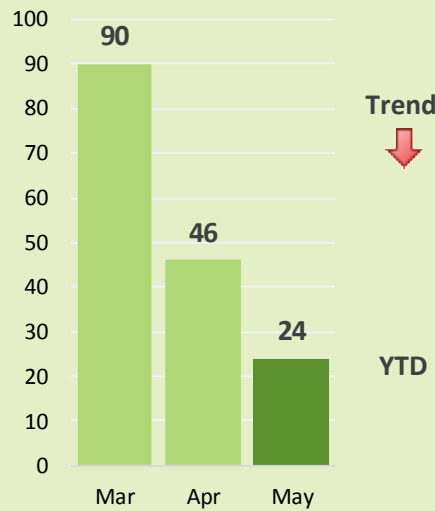


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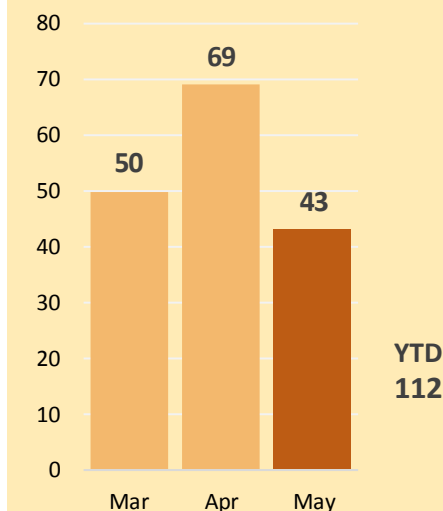
10. No. of Children with Care and Support Plans



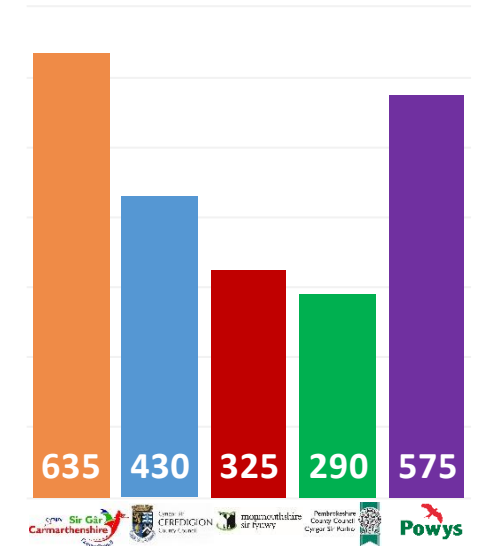
11. No. of New Care and Support Plans completed during the period



12. No. of cases closed where the child had a Care and Support Plan



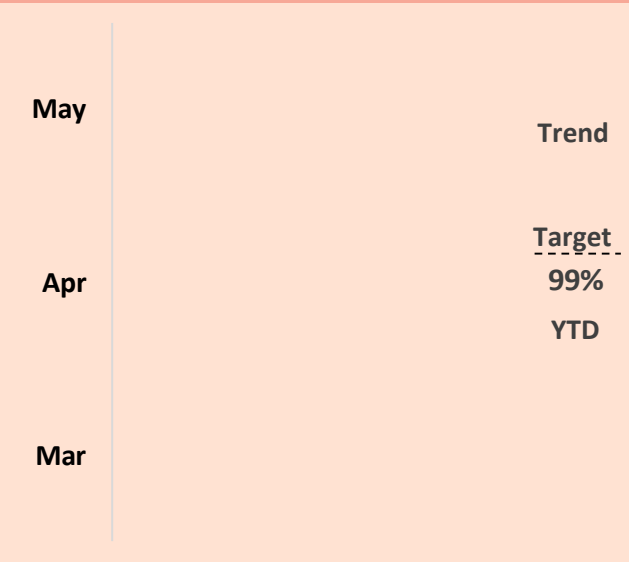
No. of Children with Care and Support Plan as at 31/03/2017



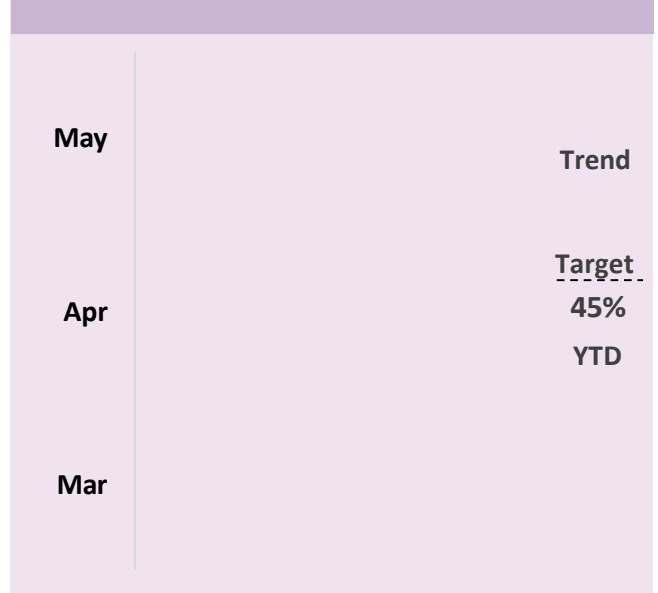
13. No. of Re-assessments completed during the period



13a. % of Re-assessments completed within 42 days



13b. Of which, % completed within 10 days





What's working well?

Measure 14 - Increase of the number of Section 47 assessments completed (almost double) yet compliance has not dropped significantly.

Measure 16a - Average days children are on the register has increased to 159 however this is due to a low figure reported in April due to a large sibling group being registered for a short period of time.

Measure 17a – No children registered in May were previously registered on the Child Protection Register.

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What are we worried about?

Measure 14a – there are ongoing gradual decreases in performance with regards to Section 47's. The continued increase in demand will impact on performance figures and Section 47 assessments will not be completed within Statutory timescales.

Powys complete high numbers of section 47 assessments in comparison to other local authorities in the Mid and West Wales Region 332 and the numbers of children on the CPR is not comparative to this figure.

Measure 15 - A small number of children have been registered for nearly 2 years.

Measure 15/16 There is a data lag in children being removed from the register in a timely manner. E.g. in April we reported 110 children on the register, however upon running the report again a few weeks later, the child protection register was at 107 at the same date.

Measure 17b/17c - The reregistration need to be reported as numbers due to the small number of children which this measure relates to.

Measure 18a – A lower number of child protection statutory visits were undertaken, and the percentage of these undertaken within timescales was reduced.

Measure 19/20/21d - ongoing issue with regards to not being able to report on conferences held. This is being addressed via a new form, however it will take time to be implemented.

Measure 21 - The increase in Strategy discussions held due to the increase in demand at the front door.



What do we need to do?

The children registered for between 12 months and 2 years will all be reviewed in June 18.

Audit of Section 47 assessments to be undertaken Jan to June 18 to assess if the assessments are appropriate and proportionate by June 18.

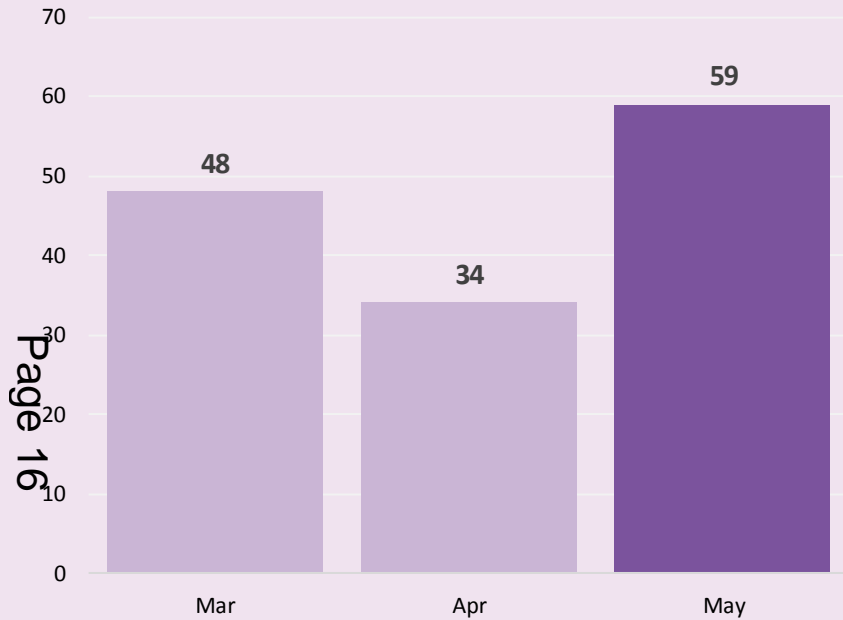
Continue to monitor and ensure appropriate staffing resources are available to respond.

Address why we have no strategy meetings and a very high number of strategy discussions and Section 47 assessments undertaken. Review Threshold document and how this is being implemented at the front door. August 2018

14. No. of Section 47 Assessments Completed

14a. % Section 47 Assessments Completed in Timescale

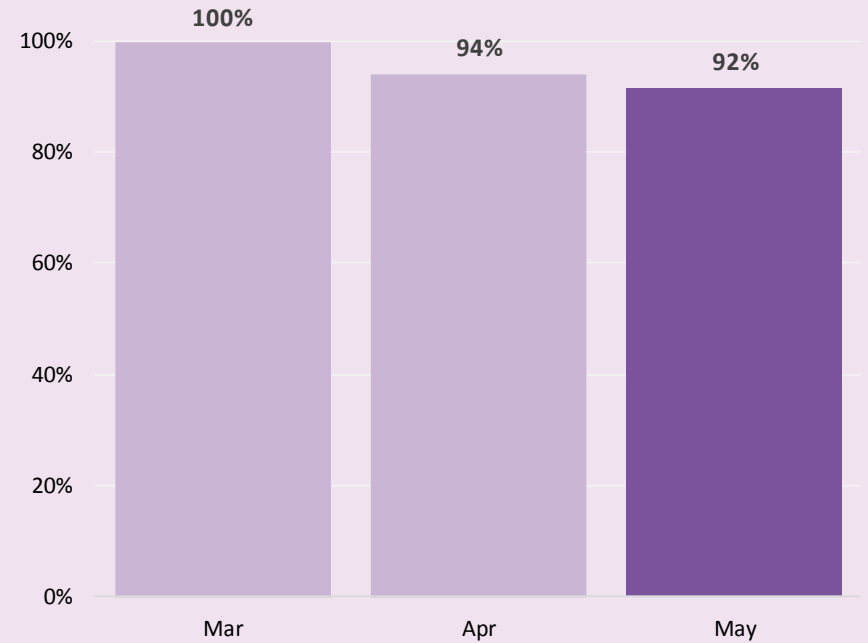
YTD 93



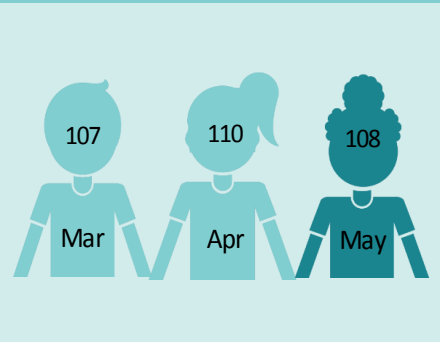
Trend
↓

Target
100%

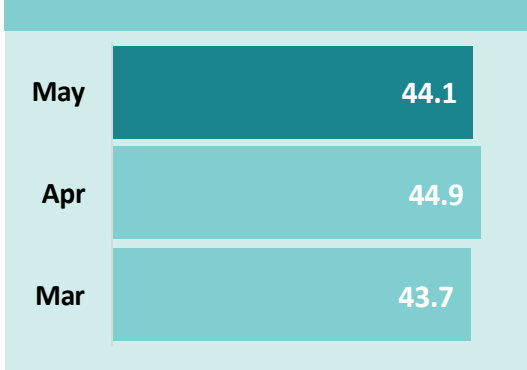
YTD
94%
RED



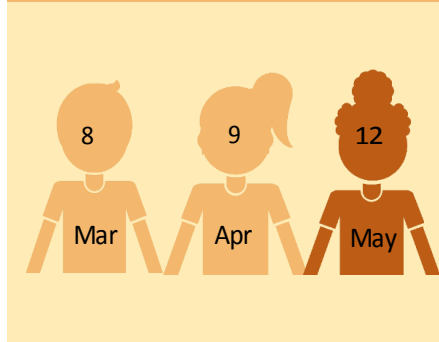
15. No. of Children on the Child Protection Register (CPR)



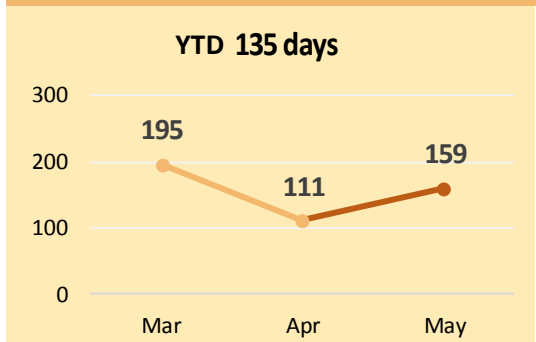
15a. CPR Rate per 10,000 Population



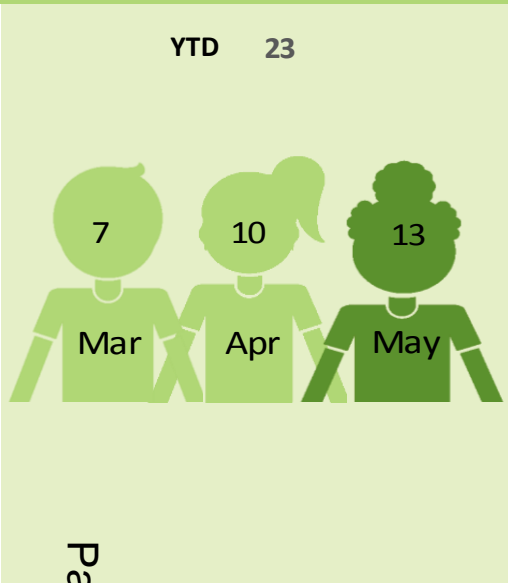
16. Number of Children Removed from the CPR



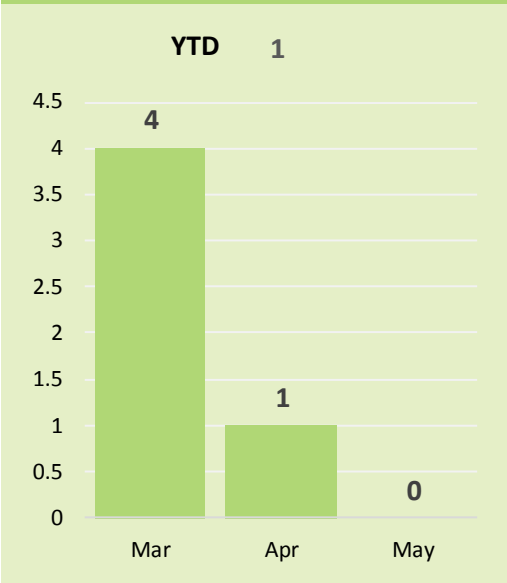
16a. The average length of time on the CPR for those removed (days)



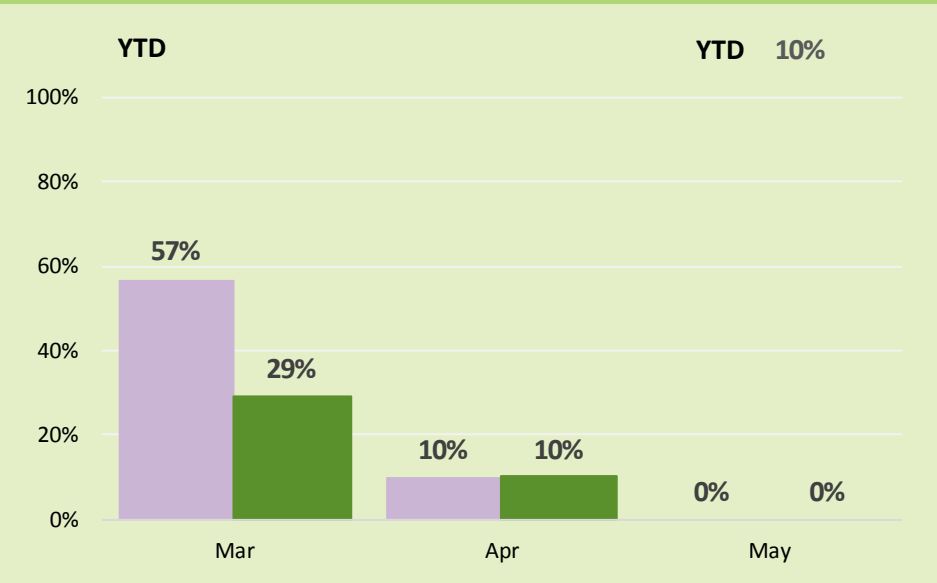
17. No. of Children Registered at Conference



17a. No. of Re-Registrations on the CPR

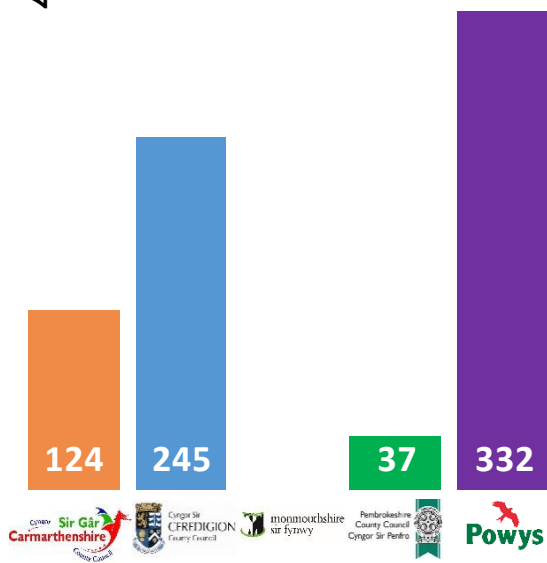


17b. The % of Re-Registrations of all Registrations during the Year
 17c. Of which, % Re-Registrations within 12 months of previous De-Registration

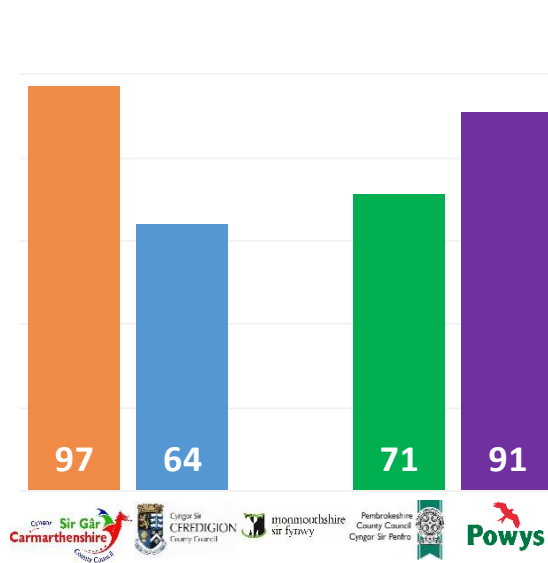


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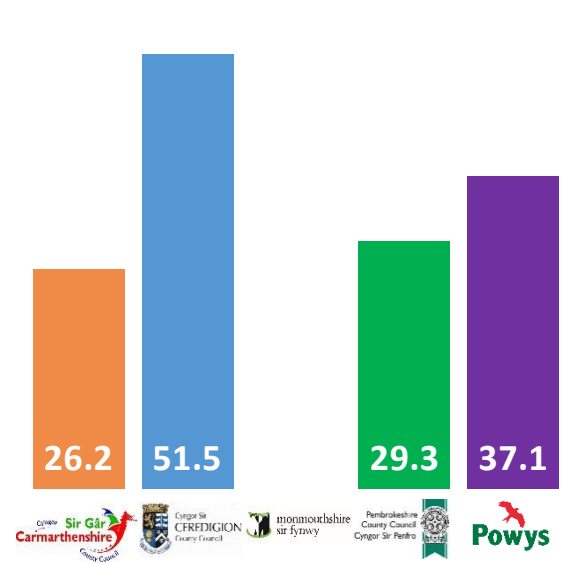
No. of Section 47 Completed as at Assessments 31/12/2017



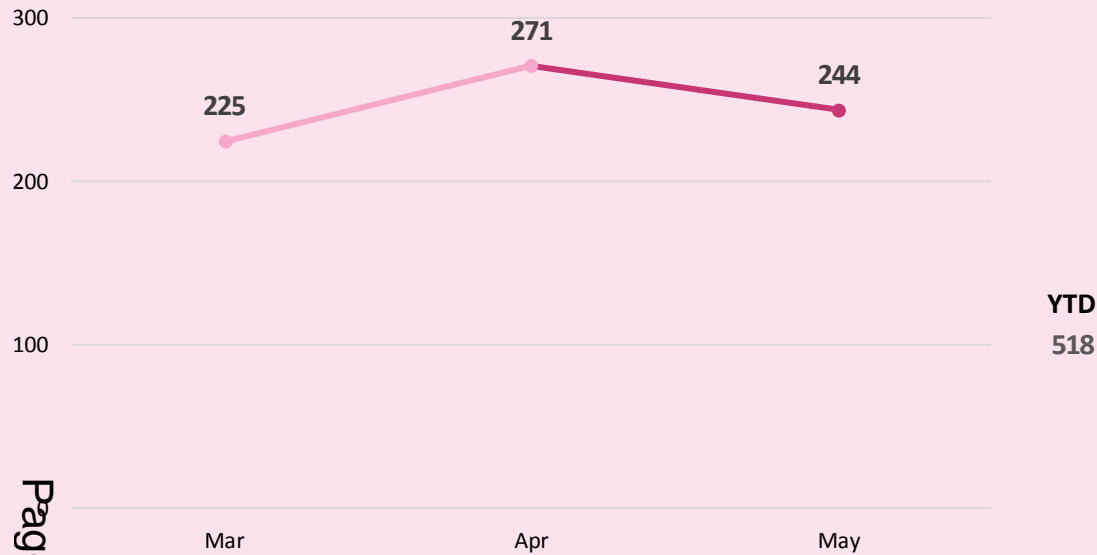
No. of Children on the CPR as at 31/12/2017



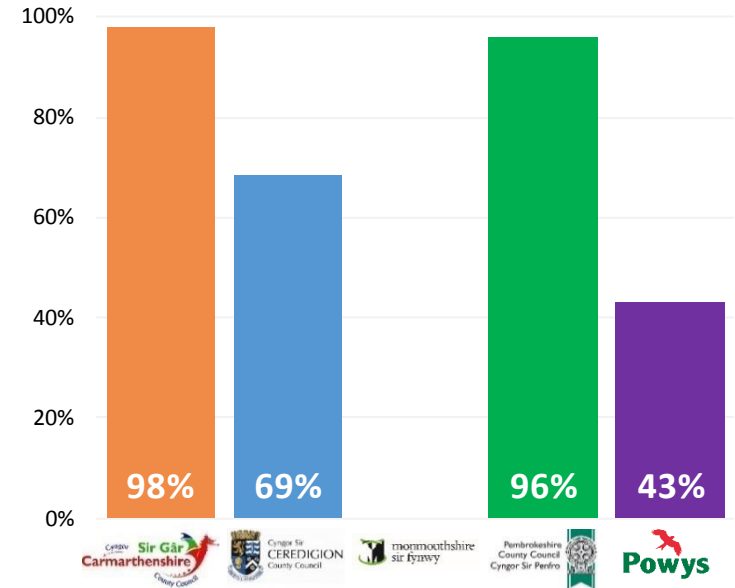
CPR Rate per 10,000 Population as at 31/12/2017



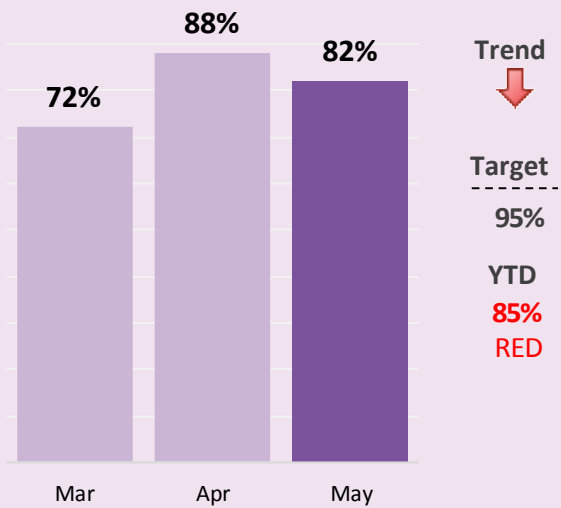
18. No. of Child Protection Monitoring Visits taken place



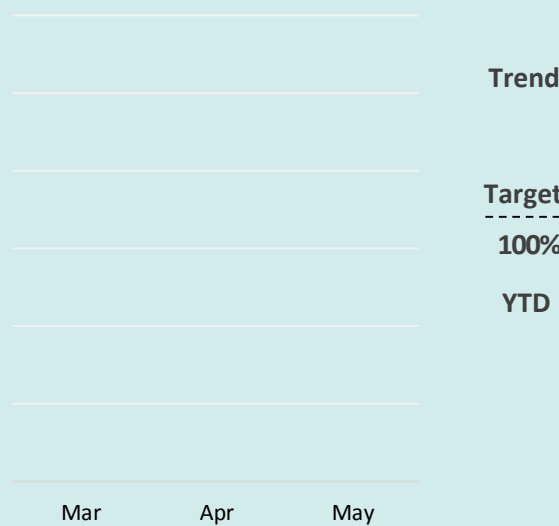
No. of Initial Case Conferences as at 31/12/2017



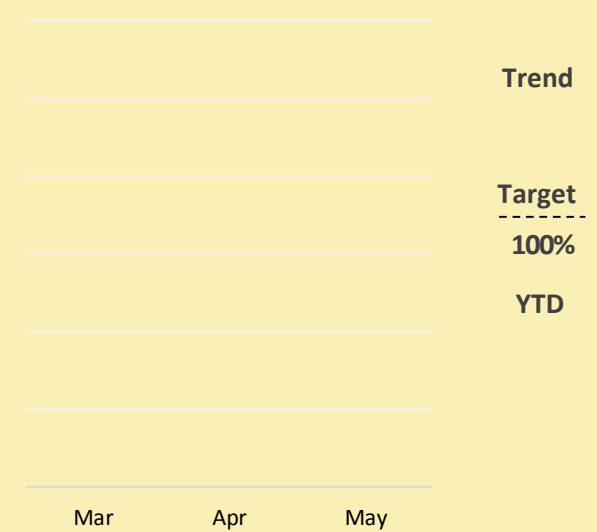
18.a. % of visits held within Statutory Timescale



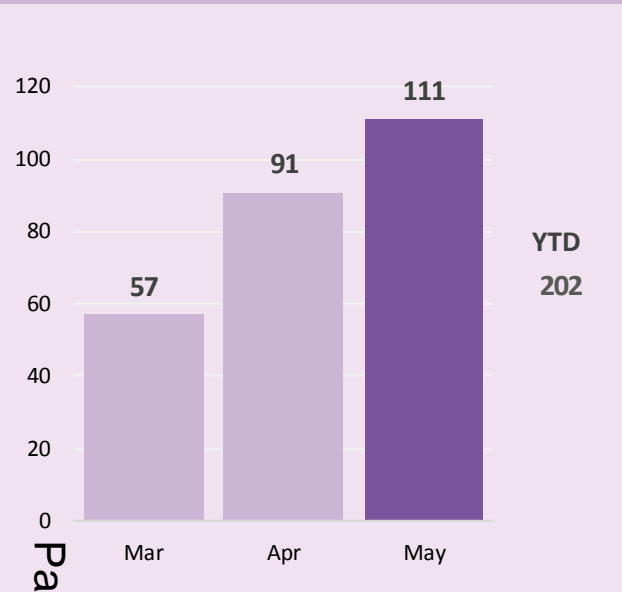
19. % of Conferences Held in Timescale



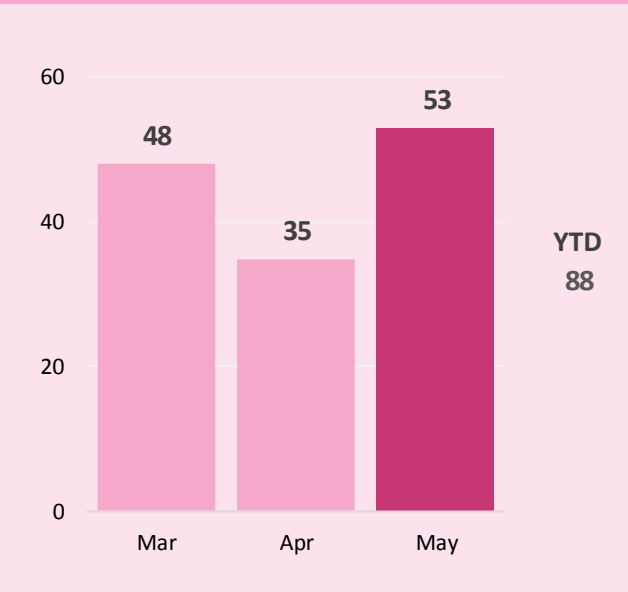
20. % of Initial Core Group Meetings held in Timescale



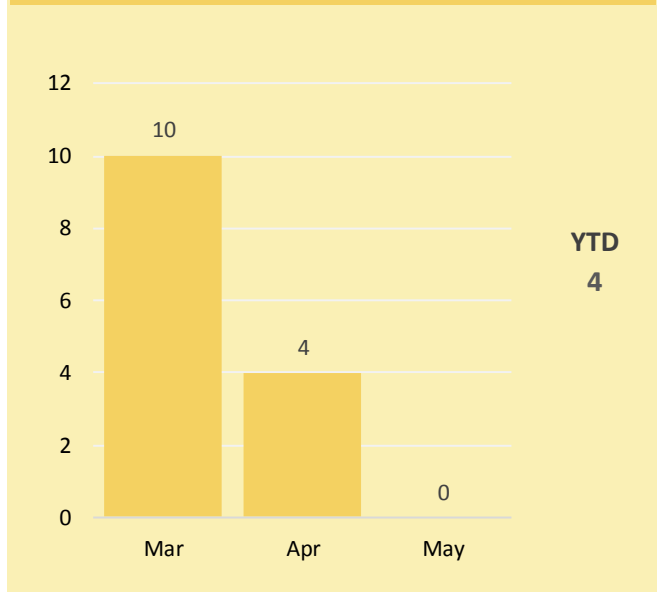
21. No. of Strategy Discussions Held



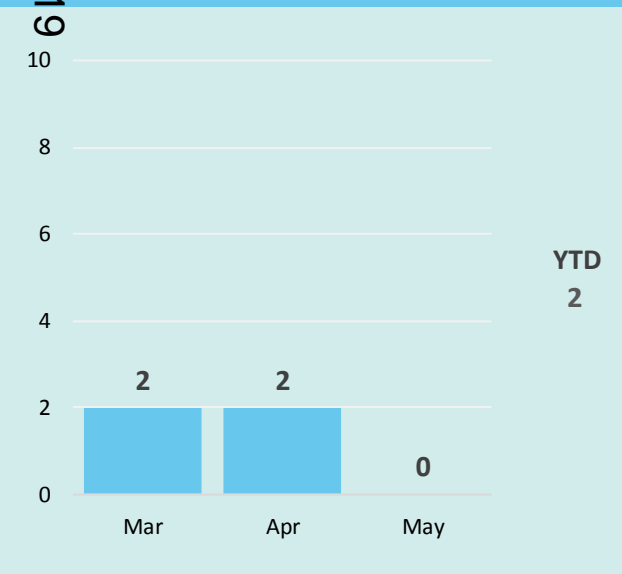
21a. No. of Section 47 Assessments Commenced



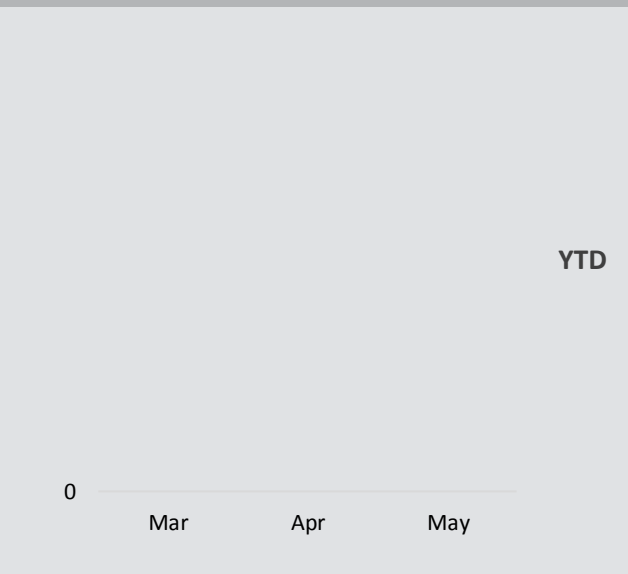
21b. No. of Strategy Meetings Held



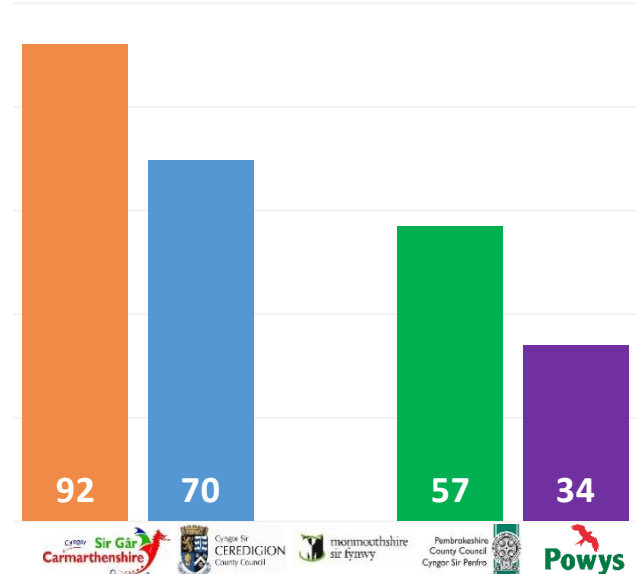
21c. No. of Initial Case Conferences



21d. % of Children Registered at Conference



No. of Initial Case Conferences as at 31/12/2017





What's working well?

Measure 36 - 6 children become looked after during May, 3 of these children were part of a sibling group.

Measure 37 - 6 children become looked after during May, 3 of these children were part of a sibling group.

Measure 38 - The number of placement moves has reduced in May to 6 from 9 the previous month reducing the % 3 plus placement moves to 12%. This means more stability and better outcomes for our looked after children.



What are we worried about?

Measure 22 – LAC recording and reporting as there are delays in updating legal status', inaccurate data in relation to LAC legal status and lockdown records are not reported within the figures.

Measure 22 - There is a significant issue with data lag and the LAC Legal Status's/placements not being updated in a timely manner or at all.

Measure 40a/40b – None of the 6 children who became looked after had a care plan in place within 10 days. This needs to be addressed within the service as a priority June 18

Measure 41 – Number of LAC reviews taking place remains low for the number of LAC in our care.

Measure 41a - ongoing issue with regards to not being able to report on reviews held in timescale. This is being addressed via a new form, however it will take time to be implemented.

Measure 42 – There were a significantly lower number of visits undertaken. Performance increased slightly, but does not meet target.

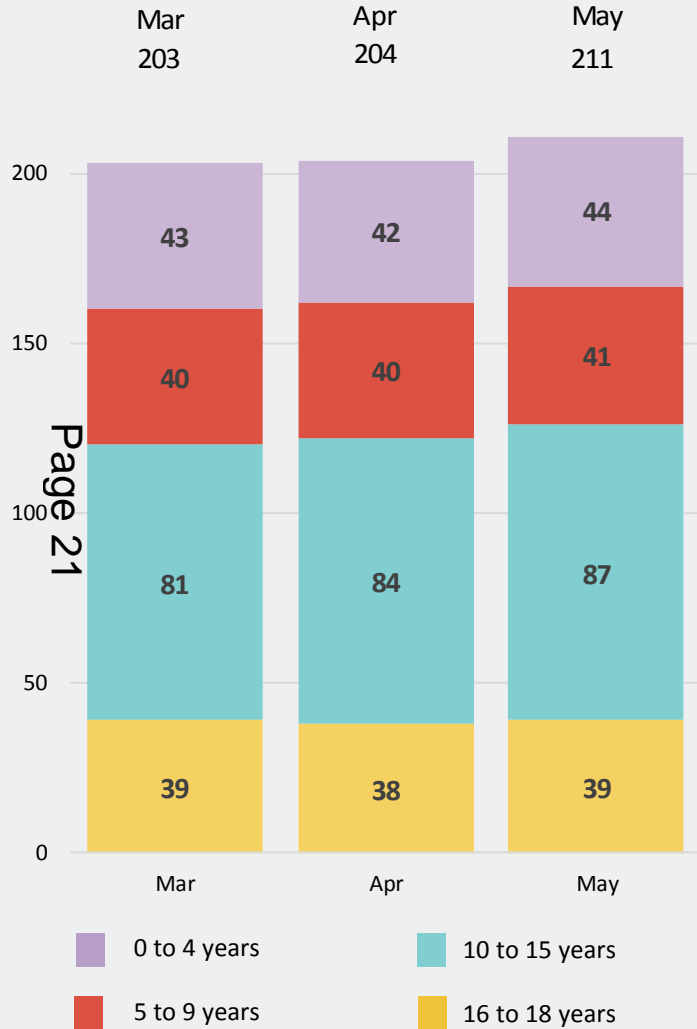


What do we need to do?

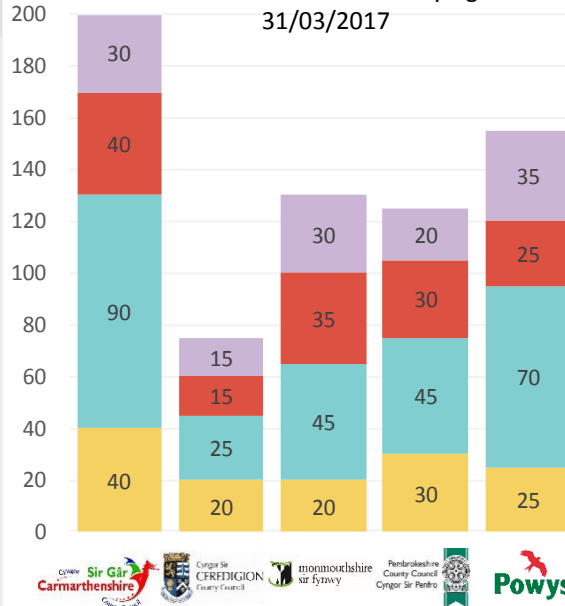
Instruct Team Managers and practitioners to update all records in a timely and accurate way.

Implementing a resource panel for LAC to consider and agree external placements, ensuring effective monitoring of placements and manage the commissioning of individual support packages for children and families in June 2018 (D19)

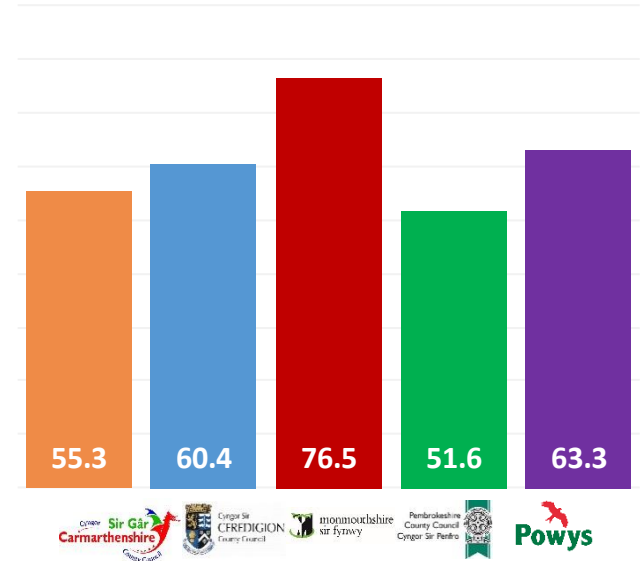
22. No. of Looked After Children by Age



No. of Looked After Children by Age as at 31/03/2017

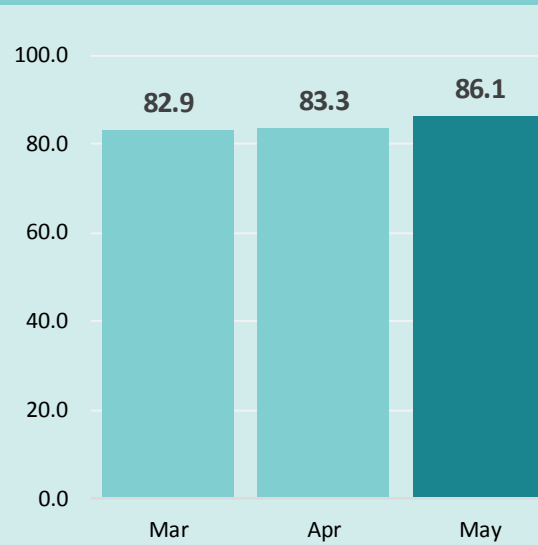


LAC Rate per 10,000 Population as at 31/03/2017

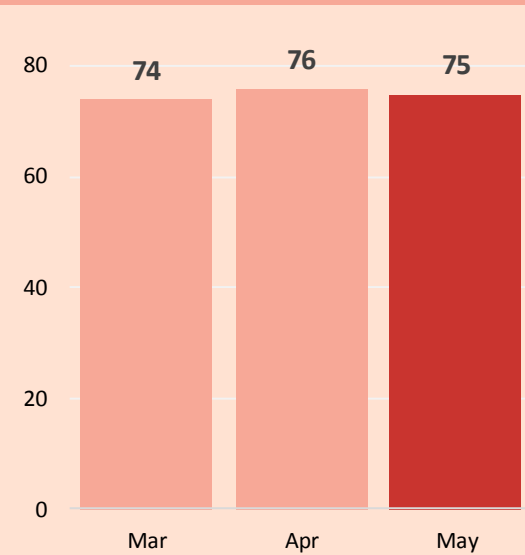


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22e. LAC Rate per 10,000 Population

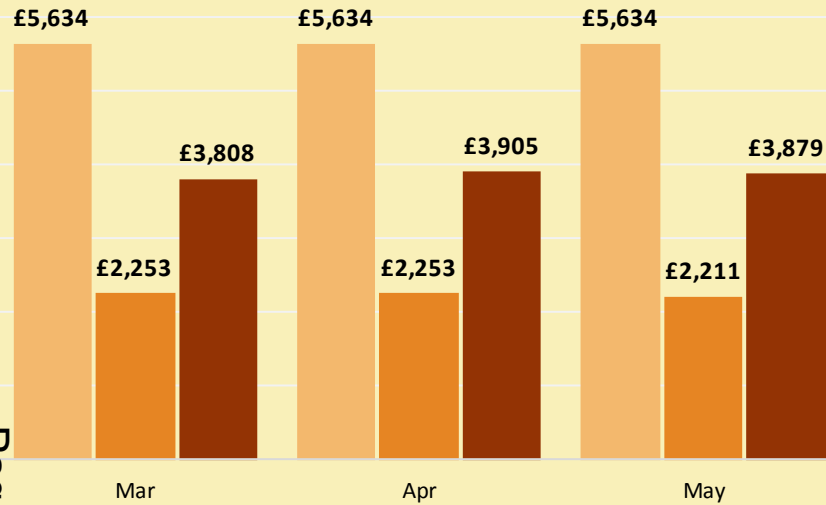


22f. No. placed out of county



23. Residential Placement costs (per week)

23. Highest 24. Lowest 25. Average



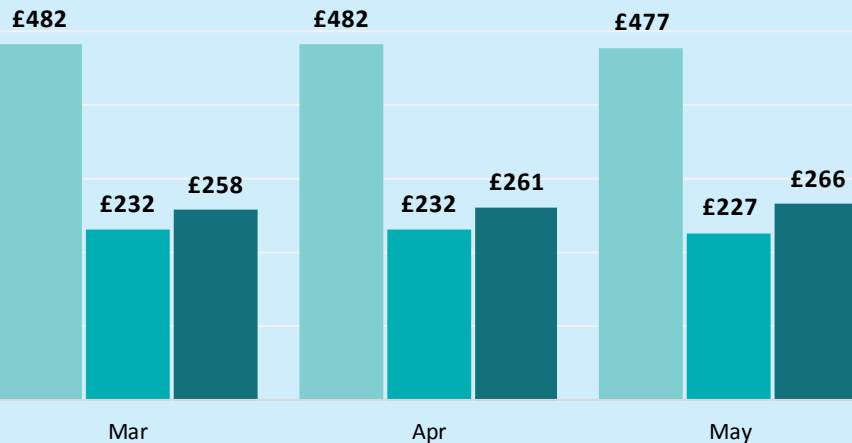
24. IFA Placement costs (per week)

26. Highest 27. Lowest 28. Average



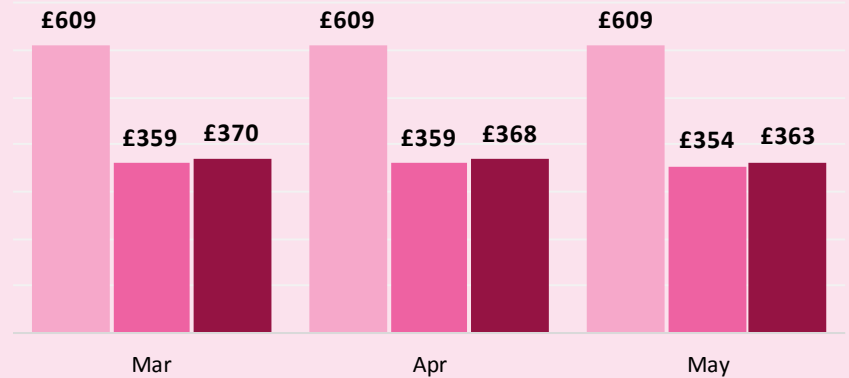
25. Kinship Placement costs (per week)

29. Highest 30. Lowest 31. Average



26. In-house Placement costs (per week)

32. Highest 33. Lowest 34. Average



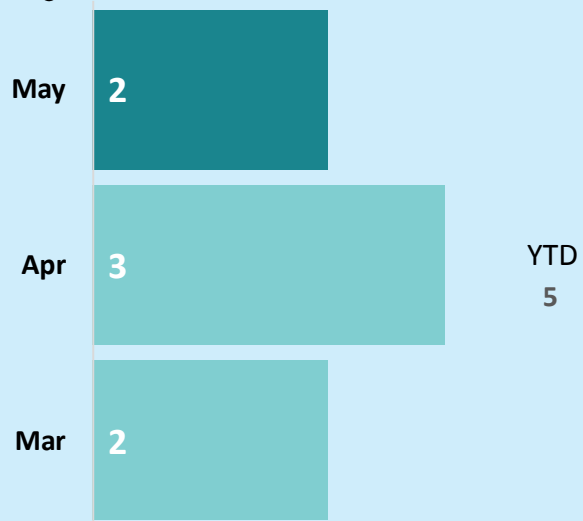
27. Total cost of placements

YTD total **£9,678,026.60**

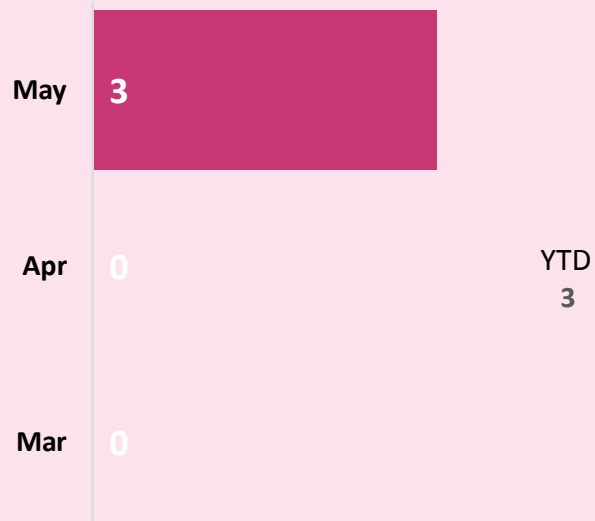
28. No. of Children becoming Looked After



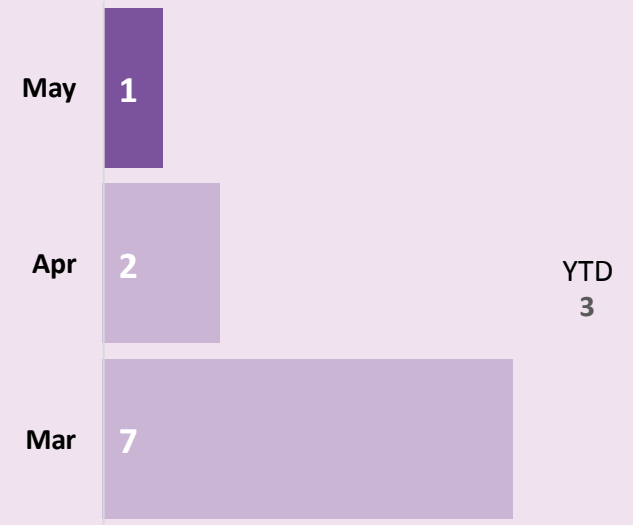
28a. Single Period of Accommodation under Section 76 (Previously Section 20)



28b. Police Protection Order / Emergency Protection Order

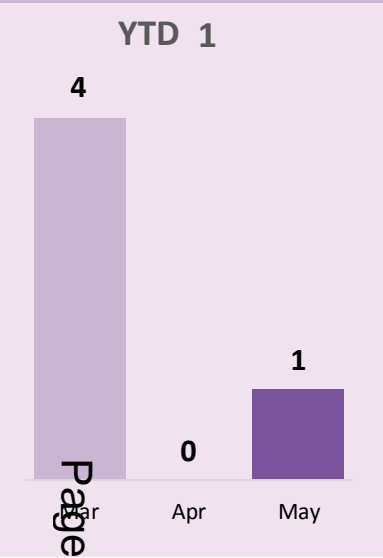


28c. Interim Care Order

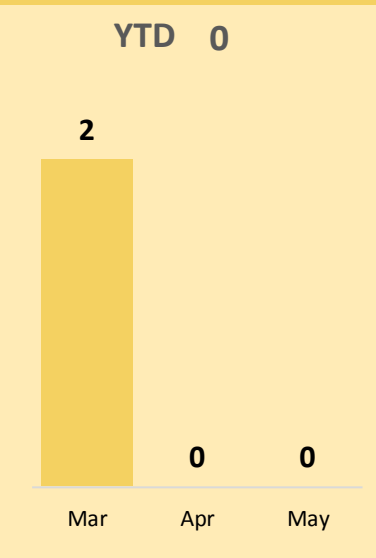


Ceased to be Looked After Reason:

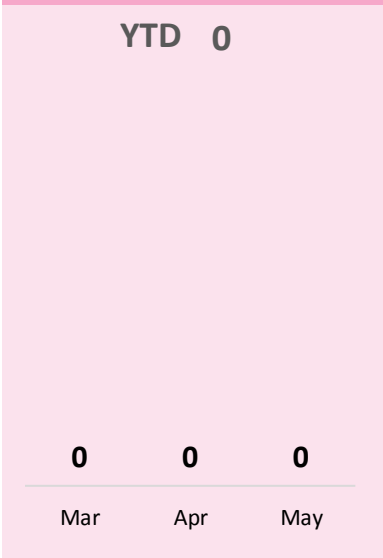
29. No. of Children Ceasing to be Looked After



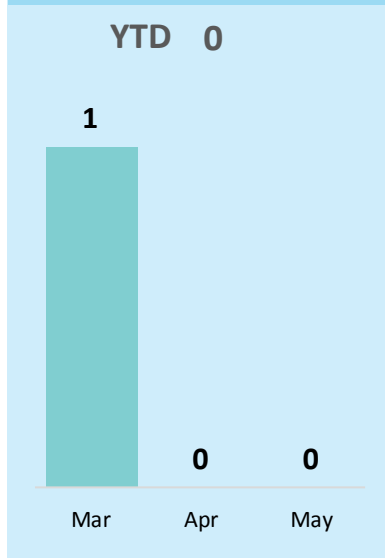
29a. Returned Home to Live with Parents



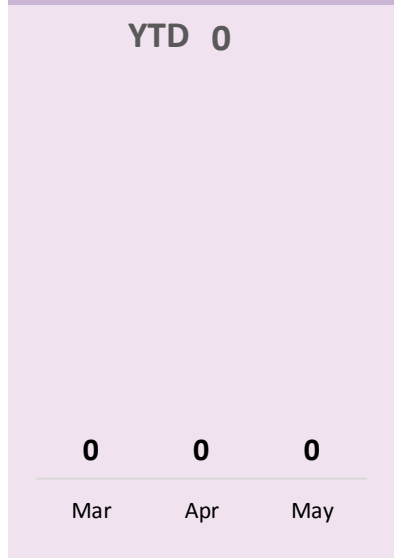
29b. Adopted



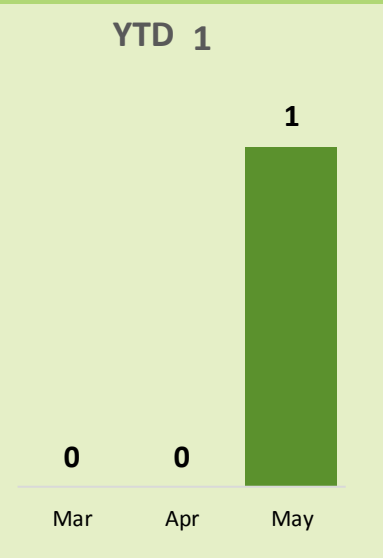
29c. Turned 18



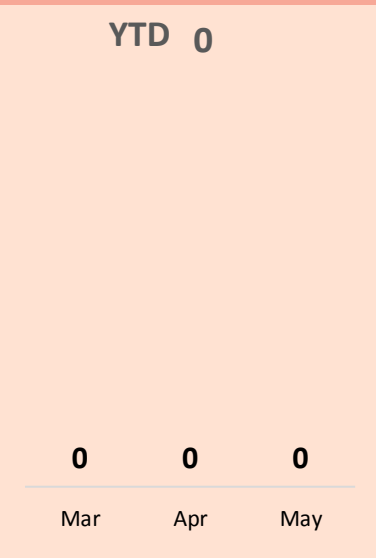
29d. Special Guardianship



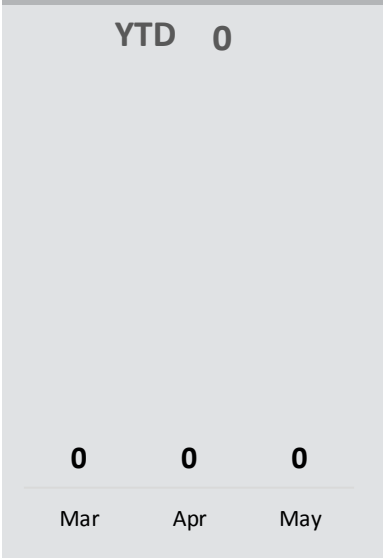
29e. Independent Living



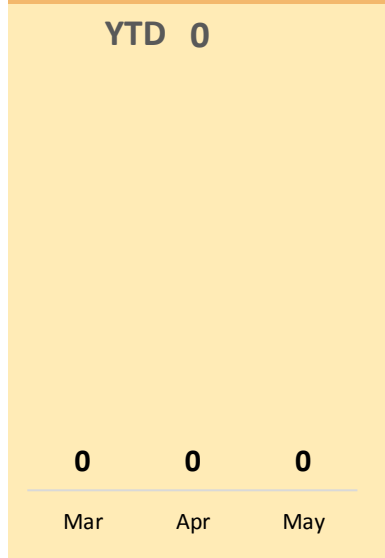
29f. Transferred to Adult Services



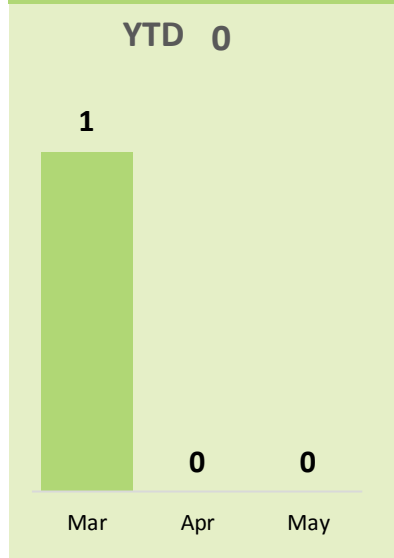
29g. Care taken over by another LA



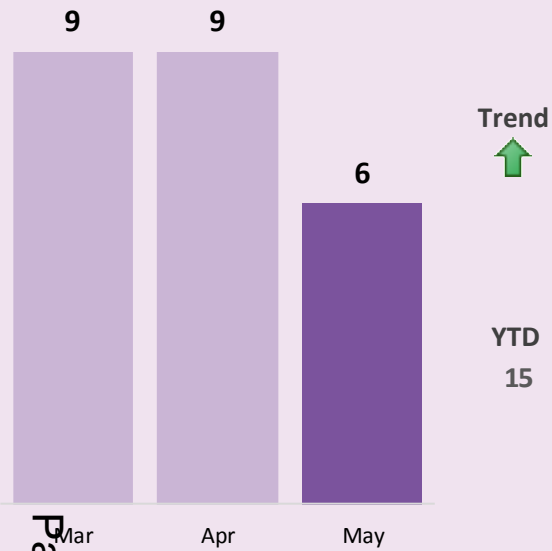
29h. Sentenced to Custody



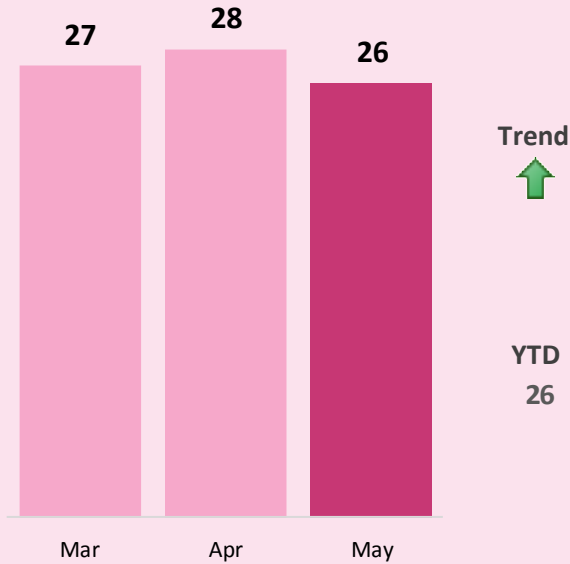
29i. Ceased for any other reason



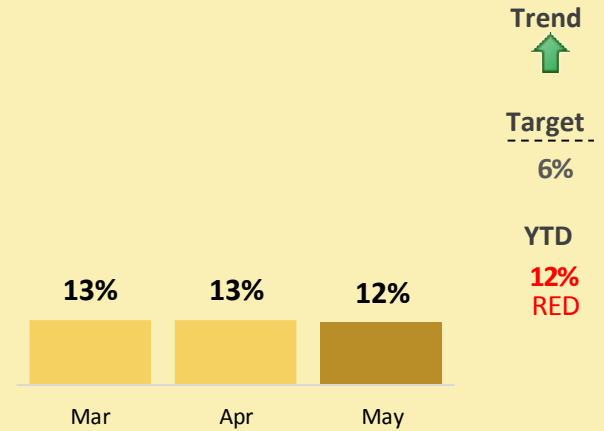
30. Number of Placement Moves



31. No. 3 Plus Placement Moves (12 months)



31a. % 3 Plus Placement Moves (12 months)

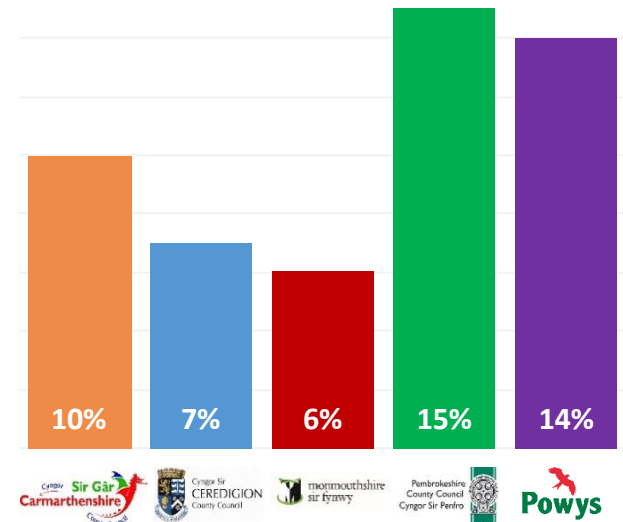
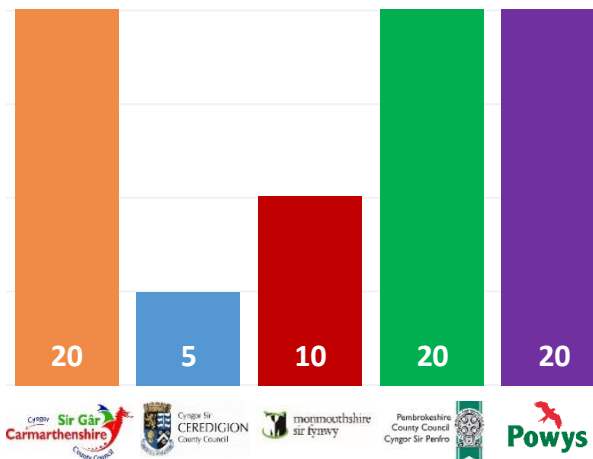
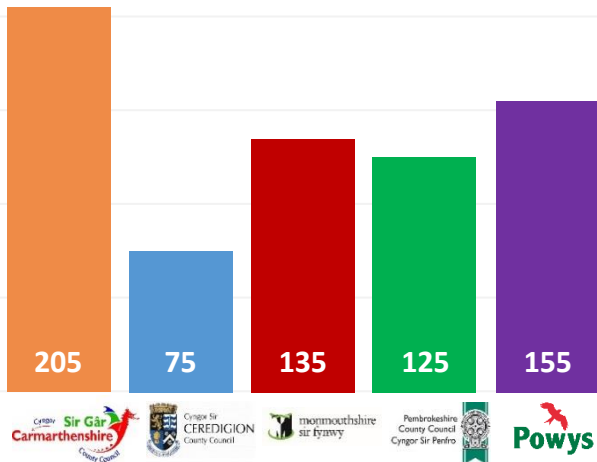


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Number of Placement moves as 31/03/2017

No. 3 Plus Placement Moves (12 months) as at 31/03/2017

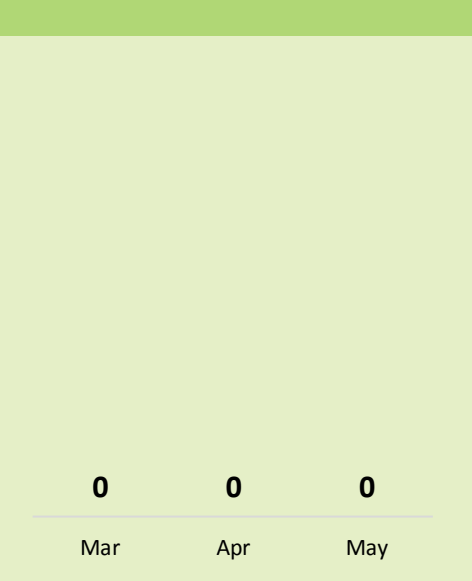
% 3 Plus Placement Moves (12 months) as at 31/03/2017



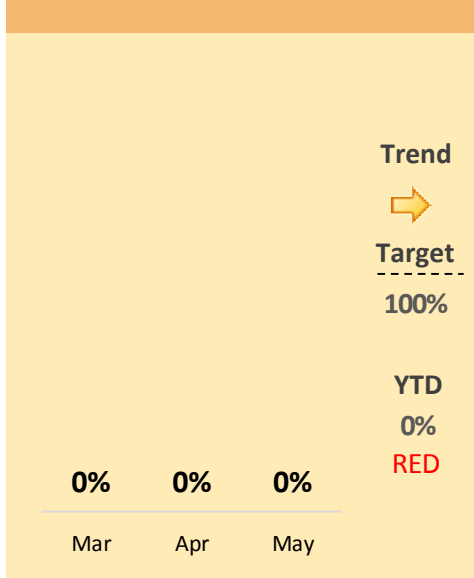
32. No. of Children who should have had a care plan within 10 days of placement



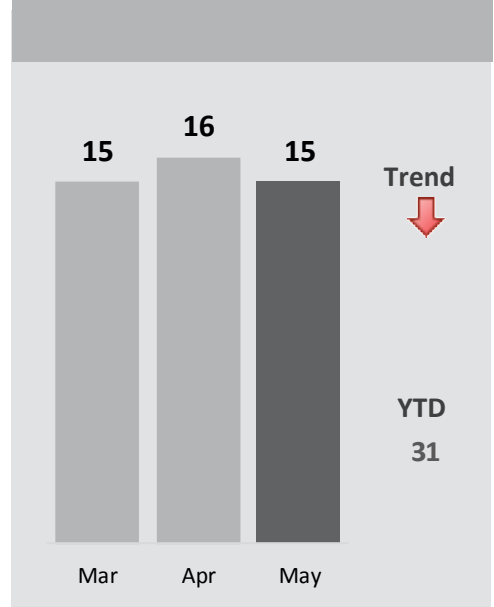
32a. No. of Children who had a care plan within 10 days of placement



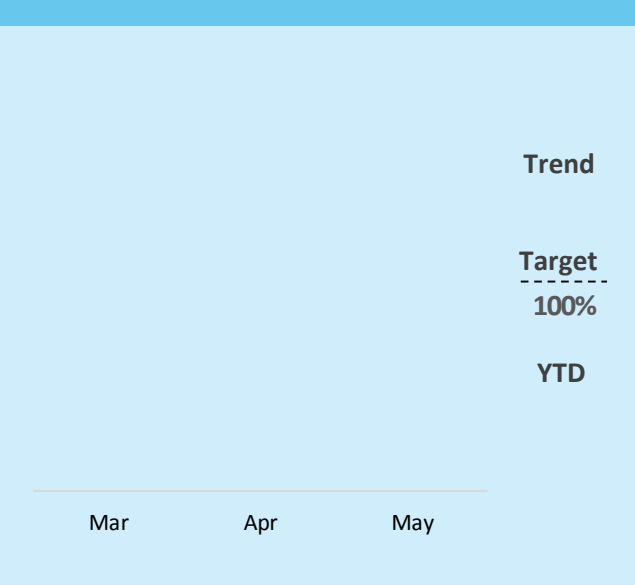
32b. % Children who had one in place within 10 day of placement



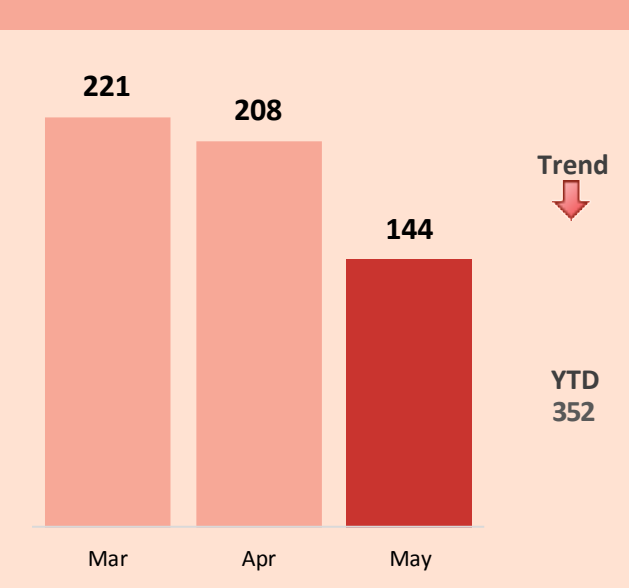
33. No. of LAC Reviews Completed



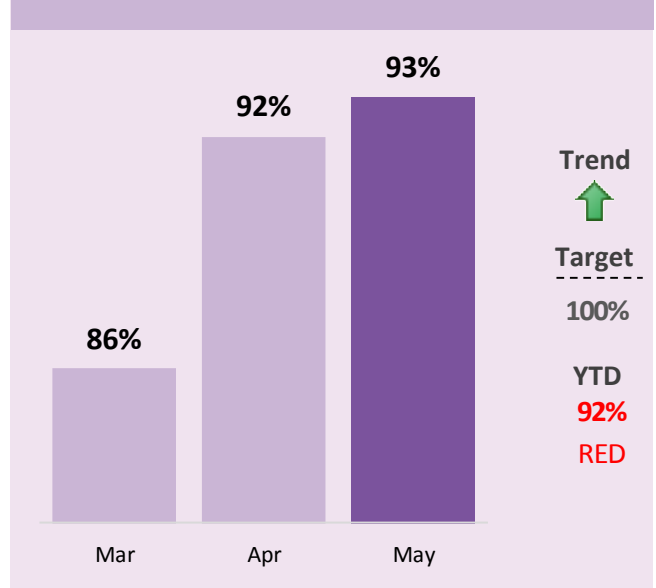
33a. % of LAC Reviews Completed in Timescale



34. No. of LAC Statutory Visits Taken Place



34a. % of Visits Held in Timescale





What's working well?

Measure 44 – Reduction in Agency staff to 28.

Supervision policy in place with template for consistent recording across adults and children services.

Supervision training has been scheduled so as managers are appropriately trained to undertake quality supervisions.

Recruitment Campaign live and we continue to recruit to permanent key posts, with the advert for the permanent Head of Service out currently. (C2)

Recruitment events held and further events planned to attract qualified staff to Powys. (C7)

Common themes are being identified through exit interviews in respect of why frontline staff are leaving Powys Children's Services. Leavers are now sent the exit questionnaire to return

as they do not always feel comfortable completing this with their line manager, this has improved response rates. (B7)

Recent appointment of 4 Newly qualified staff who are due to commence in post imminently.



What are we worried about?

Measure 43 – There is a significant decrease in the number of staff supervisions being undertaken in May 2018.

Increased demand and not enough staffing resource to meet this demand. Continued instability within the workforce and continued reliance on agency staff. Impact on compliance performance can start to be seen within the reporting and it anticipated that this downward trend will continue in June.

Level of monthly supervisions undertaken has reduced. A number were booked and staff have subsequently been absent from work sick (4), a number on placement (2) and (2) are TRENT issues, recording issue (1) = resulting in 86% of staff having supervision in May



What do we need to do?

The service and BI to work with BSU to develop indicators around statutory training compliance in readiness for June's Report.

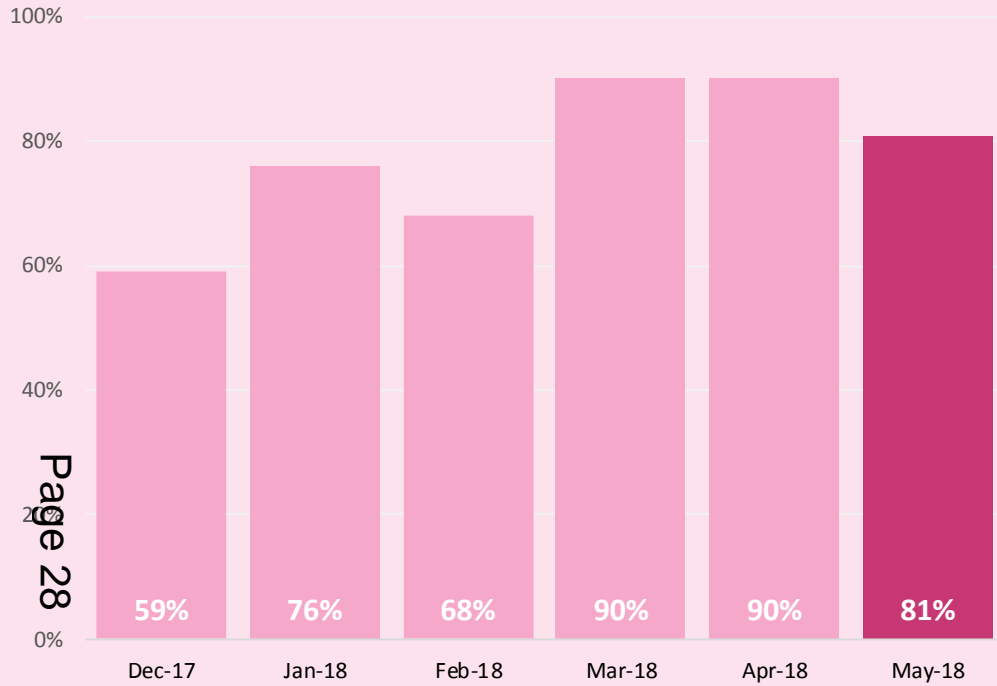
Review staffing resources in assessment and locality teams to ensure we have the appropriate staffing resource to respond to the increasing demand by June 2018 (A11)

Continue to develop future model of delivery and future staffing structure. Implementation by November 18 (A11)

Ensure Managers have access to the supervision reports within the Insight Centre by June 18

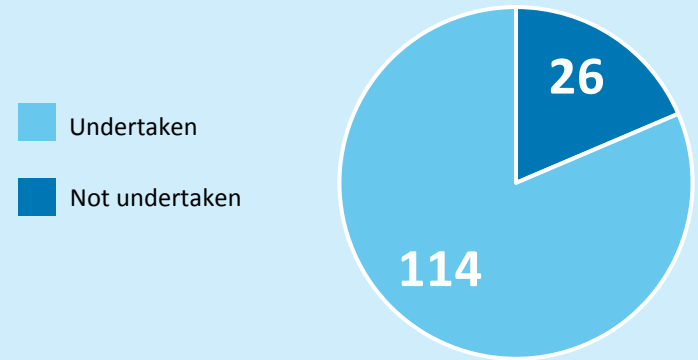
Ensure Managers are undertaking quality supervisions in a timely way and recording accurately on the TRENT System in June 18

35. % of Monthly 1 to 1s Undertaken per Month



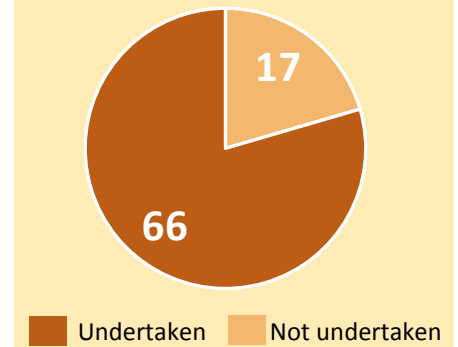
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35a. Total 1 to 1s by all Teams in May 2018

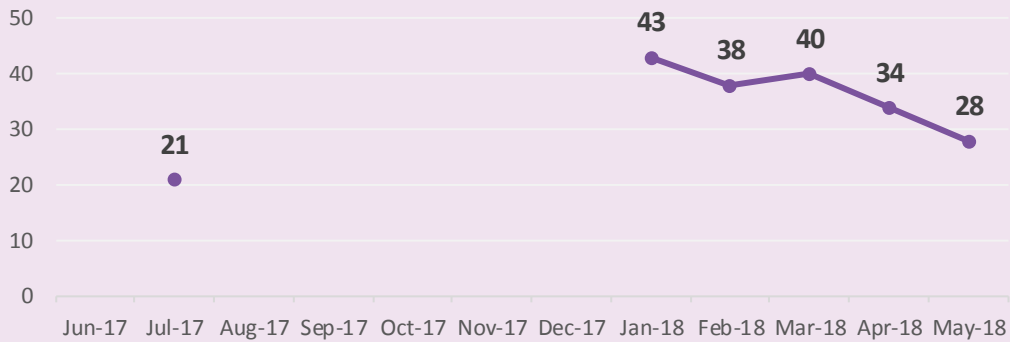


Staff supervision by team May 2018

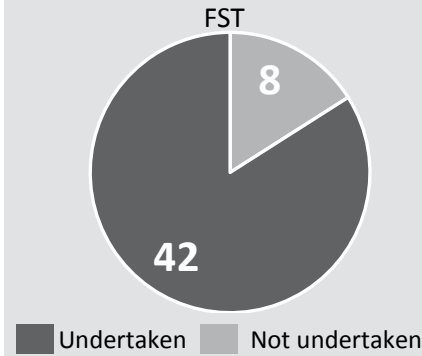
35b. Childcare & PPD total



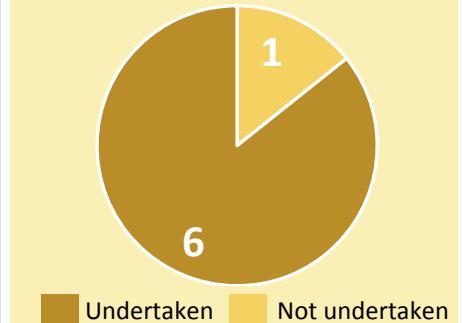
36. The Number of Agency Workers in Childrens Services per Month



35c. Fostering, Adoption, CWD & FST



35d. Safeguarding Children's Services





What's working well?



What are we worried about?



What do we need to do?

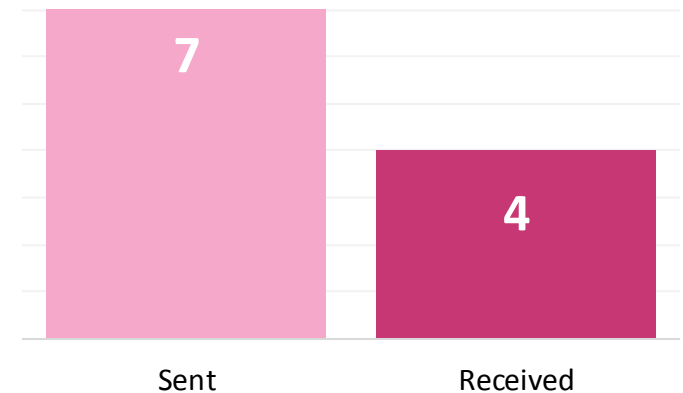
45. Leavers exit interviews questionnaires May 2018

Job title	External (Agency)	Internal	Sent	Received
Senior Social Worker Practitioner	0	1	0	1
Night Care Worker (Relief) Golwg Bannau	0	1	1	0
Deputy Care Manager	0	1	1	0
Social Worker	5	0	3	2
Independent Reviewing Officer	1	0	1	0
Locality Manager	1	0	0	1
Totals	8	3	7	4

Reasons for leaving PCC

- End of contract
- Leaver own accord

Total interview questionnaires sent/received



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Appendix A – Children’s Services Measure Calculation Guidance

Top 5 Measures

Measure Name: The Percentage of Assessments completed for children within statutory Timescales		
Measure Code: Measure 24 CSC.MGT.REP02	Measure Owner: SMT	Version: V2 Last updated: March 2018
Service Area: Children’s	SMT Sign off Date:	Next review due:
<p>Guidance: A local authority must offer an assessment to any child where it appears to that authority that the child may have needs for care and support in addition to, or instead of, the care and support provided by the child’s family. The detail of the duty to assess children is provided in the code of practice for Part 3 of the Act, (Assessing the Needs of Individuals) issued under the Social Services and Well-being (Wales) Act. The duty applies in relation to children that are ordinarily resident in the area and to other children in the area, regardless of the level of need for care and support and the level of financial resources of the child, or any person with parental responsibility for the child. An assessment must be proportionate to the needs and circumstances but should at a minimum record the core data set out in the national minimum core data set, which forms part of the national assessment and eligibility tool and structure the assessment around the five elements as set out in the code of practice for Part 3 of the Act. The response from social services departments to an initial contact or a referral requesting help is critically important. It is important, also, that each social services department has structures and systems in place to ensure an effective, accessible and speedy response to children and families. A timely response to responding to a child’s needs means that the process of assessment cannot continue unchecked over a prolonged period without an analysis being made of what is happening and what action is needed, however difficult or complex the child’s circumstances.</p>		
<p>Calculation Methodology: This measure calculates the number of Care and Wellbeing Assessments that were completed within 42 working days as a percentage of all assessments. Timescales are calculated as the length of time between the referral start date and Manager sign off date of the assessment form. The following forms are to be included and are held in individuals records on WCCIS:</p> <ul style="list-style-type: none"> • Care and Wellbeing Assessment • Care and Wellbeing Assessment v2.1 • Care and Wellbeing Assessment v2.2 <p>Excludes:</p> <ul style="list-style-type: none"> • PPD assessments • Re-assessment under the same referral • Assessments where the outcome is “Cancelled” are to be excluded from the count <p>Numerator: All the assessments completed during the year within Powys’ agreed timescales as follows:</p> <ul style="list-style-type: none"> • Care and Wellbeing Assessments completed within 42 days from referral date/time <p>Denominator: All the assessments completed during the year</p> <p>Calculation: Numerator/Denominator*100 = %</p>		
<p>Other comments: This measure is based on the national guidance to count all assessments completed up to 42 working days. A local measure will be developed to measure progress on a more proportionate basis.</p>		

Measure Name: Measure 33 - The Percentage of Looked After Children who have had three or more placement during the year		
Measure Code: Measure 33 CSC.LAC.REP.06	Measure Owner: SMT	Version: V1 Last updated:
Service Area: Children’s	SMT Sign off Date: 31/10/2017	Next review due: January 2018
<p>Link to Welsh Government Guidance (if applicable)</p>		
Methodology:		

This measure calculates the number of children who have had three or more placements (including started to be looked after) recorded on WCCIS under “LAC Legal Status” module in the last 12 months. This relates to children who have had 2 or more changes of placement during the year with their first placement will count as placement number 1. Any placement open at the start of the reporting period will count as placement number 1. Changes that must be counted are those where a “reason” is either P: Change of Placement or B: Both a change of placement and legal status at the same time.

Numerator: Children who have had three or more placements during the year

Denominator: All the children looked after on the 31st March.

Calculation: Numerator/Denominator*100 = %

Other comments:

There are some examples of where children have had three or more placements and these have been in the best interests of the child. An example might be an initial placement in a mother and baby unit, subsequent placement with a foster carer and then a third placement with adopters prior to an adoption order being granted.

Measure Name: The Percentage of LAC Statutory Visits Carried out within Timescale

Measure Code: CSC.LAC.REP.02	Measure Owner: SMT	Version: V2
Service Area: Children’s	SMT Sign off Date: <i>(insert minutes as object)</i>	Last updated: March 2018 Next review due:

Methodology:

This measure calculates the number of statutory visits to Looked After Children in timescale (as per the numerator) as a percentage of all Statutory Visits to Looked After Children. The start date of the placement is taken from the “LAC stat visit form” from on WCCIS the field named “Date Placed” and the date of the visit is taken from the same form from the field named “Date of Visit”. The calculation for the days between visits, starts from the day after the visit (i.e. 24 hours).

Numerator: All Looked After Children Statutory Visits during the year within Powys’ agreed timescales as follows:

- When the child becomes looked after or changes placement (episode) the first visit after the episode start date should take place within 1 week (7 days) of the episode start date
- Then once every six weeks (42 days) thereafter

Denominator: All the statutory visits completed during the year

Calculation: Numerator/Denominator*100 = %

Other comments:

No. of days to be counted from the day after the visit.

Measure Name: The Percentage of Child Protection Statutory Visits Carried out within Timescale

Measure Code: CSC.CP.REP.08	Measure Owner: SMT	Version: V2
Service Area: Children’s	SMT Sign off Date:	Last updated: March 2018 Next review due:

Methodology:

This measure calculates the number of statutory visits to children registered on the child protection register in timescale (as per the numerator) as a percentage of all Statutory Visits to children on the child protection register. The start date of the registration is taken from the “CP Monitoring Visit” Form on WCCIS. The “Date Placed on CP Register” field and the date of the visit is taken from the same form “Date of Visit” field. The calculation for the days between visits, starts from the day after the visit (i.e. 24 hours).

Numerator: All visits to children registered on the child protection register during the year within Powys’ agreed timescales as follows:

- Within 3 days (72 hours) of the date of the initial child protection conference at which the child was placed on the Child Protection Register.
- every 10 working days thereafter

Denominator: All the visits to children registered on the child protection register completed during the year
Calculation: Numerator/Denominator*100 = %
Other comments: No. of days to be counted from the day after the visit.

Measure Name: The percentage of operational staff who have had case supervision on a monthly basis		
Measure Code: N/A (Local Measure)	Measure Owner: SMT	Version: V2
Service Area: Children's	SMT Sign off Date:	Last updated: January 2018 Next review due: January 2019
<p>Methodology: This measure calculates the number of operational staff (who were in post for the month) who have had case supervision each month.</p> <p>Numerator: All operation staff employed by Powys County Council Children's Services who have had a case supervision recorded on TRENT for every month they have been employed during the year. Operational staff should include:</p> <ul style="list-style-type: none"> • Team Manager • CSO 16+ Qualified • Locality Manager • Senior Social Work Practitioner • Specialist Designated Lead Manager (DLM) • Support Officer (Childrens Services) • Wellbeing Officer - Childrens • Area Manager • Care Officer • Deputy Care Manager • Snr Care Officer • Intervention Specialist Night Care Worker • Intervention Specialist • Restorative Approaches Co-ordinator • Senior Practitioner • Social Worker • Youth Inclusion & Support Panel Key Worker • Children's Safeguarding Lead Manager • Independent Reviewing Officer • Assistant Team Manager <p>Exclude as non-case holders:</p> <ul style="list-style-type: none"> • Children's and Young People Partnership – Social Workers • Children's and Young People Partnership – Senior Manager and Team Managers • TAFF workers <p>Denominator: All operation staff employed by Powys County Council Children's Services recorded on TRENT</p> <p>Calculation: Numerator/Denominator*100 = %</p> <p>Other comments: This measure includes agency workers registered in post on Trent database in the above positions. Where a worker is on maternity leave for the entire month the worker will be excluded from the count. Sickness Leave/Maternity leave/Starters/Leavers/Movers – if for the whole month exclude or 14 calendar days or more exclude. (<i>recording sickness absence on Trent is a delayed process and this may skew the figure</i>) Annual Leave to be included regardless of the amount of time off as this is generally planned. Exclude Duplicates unless 2 different managers (people). Exclude anyone with 0 Contracted hours.</p>		

Measure 1

Measure 2a

Measure Name: Number of Approaches to the Service for Information		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people who have received information from the service. Each referral can have one of many assessments, each one allows for the provision of information to be given. The forms to be used are:</p> <ul style="list-style-type: none"> • PPD Information Form • Care and Wellbeing Assessment (PPD) • Care and Wellbeing Assessment <p>If there is more than one assessment against the same referral number, please use the latest assessment.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • All form where the outcome is different from "Needs can be met through the provision of advice" • Care and Wellbeing Assessment where the re-assessment box is ticked • Care and Wellbeing Assessment where the outcome is cancelled <p>Numerator: All the assessments completed during the month where the outcome of the assessment is "Needs can be met through the provision of Information"</p> <p>Denominator: N/A</p> <p>Calculation: count of unique identifier</p> <p>Other comments:</p>		

Measure 2b

Measure Name: Number of Approaches to the Service for Advice		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people who have received advice from the service. Each referral can have one of many assessments, each one allows for the provision of advice to be given. The forms to be used are:</p> <ul style="list-style-type: none"> • Care and Wellbeing Assessment (PPD) • Care and Wellbeing Assessment <p>If there is more than one assessment against the same referral number, use the latest assessment.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • All form where the outcome is different from "Needs can be met through the provision of Advice" • Care and Wellbeing Assessment where the re-assessment box is ticked • Care and Wellbeing Assessment where the outcome is cancelled <p>Calculation: count of unique identifier</p> <p>Other comments:</p>		

Measure 3

Measure 4

Measure 5

Measure 6

Measure 7

See – Measure 24 from Top 5 Indicators

Measure 7a

Measure Name: Improvement Board Report - % of Assessments completed within 42 working days of Referral Date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
Methodology: This measure calculates the number of children and young people who had a care and wellbeing assessment completed within 42 working days of referral during the reporting period. The following assessment forms are to be taken into account: Care and Wellbeing Assessment Care and Wellbeing Assessment v2.1 Care and Wellbeing Assessment v2.2		
Numerator: No of assessments during the reporting period where the "closed" date is within 42 working days of the referral date.		
Denominator: All assessments where there is a "closed" date within the reporting period The closed date is the date the assessment is signed off by the Team Manager. Assessments will have a status of "closed"		
Excludes: Care and Wellbeing Assessments completed by PPD Any Assessments where the status is "in progress" Closed assessments where the outcome was "cancelled"		
Calculation: Numerator/Denominator *100		
Other comments:		

Measure 7b

Measure Name: Improvement Board Report - % of Assessments completed within 10 working days of Referral Date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
Methodology: This measure calculates the number of children and young people who had a care and wellbeing assessment completed within 10 working days of referral during the reporting period. The following assessment forms are to be taken into account: Care and Wellbeing Assessment Care and Wellbeing Assessment v2.1 Care and Wellbeing Assessment v2.2		

Numerator:

No of assessments during the reporting period where the “closed” date is within 10 working days of the referral date.

Denominator:

All assessments where there is a “closed” date within the reporting period.

The closed date is the date the assessment is signed off by the Team Manager. Assessments will have a status of “closed”

Excludes:

Care and Wellbeing Assessments completed by PPD

Any Assessments where the status is “in progress”

Closed assessments where the outcome was “cancelled”

Calculation: Numerator/Denominator *100

Other comments:**Measure 7c**

See – Measure 24 from Top 5 Indicators

Measure 7d

Measure 7e

Measure 7f/7g

Measure Name: Number of Approaches to the Service for Assistance		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children’s	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people who have received assistance from the service. Each referral can have one of many assessments, each one allows for the provision of advice to be given. The form to be used is:</p> <ul style="list-style-type: none"> Care and Wellbeing Assessment <p>Excludes:</p> <ul style="list-style-type: none"> All form where the outcome is equal to “Needs can be met through the provision of Advice” Care and Wellbeing Assessment where the re-assessment box is ticked Care and Wellbeing Assessment where the outcome is cancelled <p>Numerator: All the assessments completed during the month where the outcome of the assessment is “Needs can only be met through the provision of a Care and Support Plan”</p> <p>Denominator: N/A</p> <p>Calculation: count of unique identifier</p>		

Measure 8

Measure 8a

Measure 10

Measure Name: Children With a Care and Support Plan on a user defined date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people open to a Children's Services Locality Team who have a Care and Support Plan in place on a user defined date. The referral date will be less than or equal to the user defined date and the end date will be after the user defined date or is null. Care and Support Plans on the system that have been completed will have a status of "closed" on WCCIS. The documents to be included as a care plan are: Powys - CS - Care & Support Plan Powys - CS - LAC Looked After Children Care Plan Powys - CS - CP Record of Core Group Meeting & Child Protection Plan Powys - CS - 16+ Pathway Plan</p> <p>Excludes: Any care and support plans where the status is "in progress" Migrated Care Plans as these should now have been reviewed</p> <p>Calculation: count of unique identifier.</p>		
<p>Other comments: For Improvement Board Report, the date parameter will be indicated in the report.</p>		

Measure 11

Measure Name: Children With a Care and Support Plan Completed between a defined date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people open to a Children's Services Locality Team who have had a Care and Support Plan completed during a user defined period. The referral date will be less than or equal to the period start date and the end date will be after the user defined end date or is null. Care and Support Plans on the system that have been completed will have a status of "closed" on WCCIS. The documents to be included as a care plan are: Powys - CS - Care & Support Plan Powys - CS - LAC Looked After Children Care Plan Powys - CS - CP Record of Core Group Meeting & Child Protection Plan Powys - CS - 16+ Pathway Plan</p> <p>Excludes: Any care and support plans where the status is "in progress" Migrated Care Plans as these should now have been reviewed Children who have had a care and support plan in place before as part of the same referral</p> <p>Calculation: count of unique identifier.</p>		
<p>Other comments: For Improvement Board Report, the date parameter will be indicated in the report.</p>		

Measure 12

Measure Name: Number of cases closed where the child had a care and support plan in place		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
Methodology: This measure counts the number of children and young people whose referrals closed during the user defined period who had a care and support plan in place prior to closure. The following care plans are to be taken into account: <ul style="list-style-type: none">Powys - CS - Care & Support PlanPowys - CS - LAC Looked After Children Care PlanPowys - ICS - Migrated Child Protection PlanPowys - ICS - Migrated CIN Plan and CIN ReviewPowys - ICS - Migrated LAC Care Plan and LAC ReviewPowys - CS - CP Record of Core Group Meeting & Child Protection PlanPowys - CS - 16+ Pathway Plan		
Excludes: Any Plans where the status is "in progress" or "Completed"		
Calculation: unique count of ID		
Other comments: For the Improvement Board Report the specified period is laid out in the report.		

Measure 13

Measure 13a

Measure 13b

Measure 14/14a

Measure Name: The Percentage of Section 47 Assessments completed for children within Timescales		
Measure Code:	Measure Owner: SMT	Version: V2
Service Area: Children's	SMT Sign off Date:	Last updated: March 2018 Next review due:
Methodology: This measure calculates the number of Care and Wellbeing Assessments that were completed within Powys' timescales (see below) as a percentage of all assessments. Timescales are calculated as the length of time between the referral start date and Manager sign off date of the assessment form, from the following forms held in individuals records on WCCIS: <ul style="list-style-type: none">• Section 47 and Care and Wellbeing Assessment• Section 47 Assessment The date calculation is from the start date of the form to the team manager sign off date		
Numerator: All the assessments completed during the year within 15 working days.		
Denominator: All the assessments completed during the year		
Calculation: Numerator/Denominator*100 = %		
Other comments:		

Measure 15

Measure Name: Child Protection Register on a user defined date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure counts the number of children and young people on the Child Protection Register on a user defined date. This indicator is collated by identifying the young people in the system who have a Child protection registration where the start date is less than or equal to the user defined date and the end date is greater than the user defined date or is null. The status recorded will be either "Registered", "Re-Registration" or "Change of Category of Registration".</p> <p>Excludes: Children recorded on the register under the status of "temporary registration"</p> <p>Calculation: count of unique identifier.</p> <p>Other comments: For Improvement Board Report, the date parameter will be indicated in the report.</p>		

Measure 16

Measure Name: The number of children removed from the child protection register		
Measure Code: CSC.CP.REP.05	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people who have been de-registered on the child protection register during a period. Children registered will have a status of "De-Registered" and the end date is the de-registration date.</p> <p>Excludes:</p> <ul style="list-style-type: none"> Registrations where the status is recorded as "Temporary Registration" <p>Calculation: count of unique identifier.</p> <p>Other comments:</p>		

Measure 16a

Measure Name: The average length of time on the Child Protection register for those removed during the month		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the average (mean) number of days spent on the child protection register during a period.</p> <p>Excludes:</p> <ul style="list-style-type: none"> Registrations where the status is recorded as "Temporary Registration" <p>Numerator: Of the children de-registered in the period, a sum of days spent on the register from start date to end date.</p> <p>Denominator: Unique count of children de-registered</p> <p>Calculation: numerator/denominator = average</p> <p>Other comments:</p>		

Measure Name: The number of children added to the child protection register		
Measure Code: CSC.CP.REP.09	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children and young people who have been registered on the child protection register during a period. Children registered will have a status of "Registered" or "Re-Registered" and the start date is the registration or re-registration date.</p> <p>Excludes:</p> <ul style="list-style-type: none"> Registrations where the status is recorded as "Temporary Registration" <p>Calculation: count of unique identifier.</p> <p>Other comments:</p>		

Measure 17a/17b/17c

Measure Name: Measure 27 - The percentage of re-registrations of children on local authority Child Protection Registers		
Measure Code: Measure 27 CSC.IA.REP.06	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due: January 2018
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure calculates the number of children who have been re-registered (placed back on the Child Protection Register) within 12 months of their last deregistration date. Data is taken from the Child Protection registrations module on WCCIS.</p> <p>Numerator: Children who are recorded on WCCIS who have been registered on the child protection register during the year where a previous deregistration date ("End Date") has taken place within 12 months of their re-registration date ("Start Date"). The "status" of the registration should be recorded as 'Re-Registration'. Children recorded under the "status" of 'Temporary Registration' should be excluded from this report.</p> <p>Denominator: All the children registered on the child protection register during the year. Children recorded under the "status" of 'Temporary Registration' should be excluded from this report.</p> <p>Calculation: Numerator/Denominator*100 = %</p> <p>Other comments:</p>		

Measure 18/18a

Please refer to Top 5 Indicators

Measure 19

Measure Name: % of Initial Child Protection Conferences held in Timescale		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
<p>Methodology: This measure Calculates the % of initial child protection conferences held with 15 working days of the most recent strategy discussion. The date of the most recent strategy discussion is to be taken from the form "strategy discussion" add in field name The date of the Initial Child Protection conference is to be taken from the form "Child Protection Conference Minutes" where the Conference Type of "Initial" is selected.</p>		

Numerator:

The number of Initial Child Protection Conferences held during the period that took place within 15 working days of the most recent strategy discussion during the reporting period.

Denominator:

The number of all initial Child protection conferences held during the reporting period.

Calculation: Numerator/Denominator *100

Other comments:

For the Improvement Board Report the specified period is laid out in the report.

Measure 20

Measure Name: % of Core Group Meetings held in Timescale

Measure Code: N/A

Measure Owner: SMT

Version: V1

Service Area: Children's

SMT Sign off Date:

Last updated:

Next review due:

[Link to Welsh Government Guidance \(if applicable\)](#)

Methodology:

This measure Calculates the % of core group meetings held with 15 working days of the initial child protection conference within the reporting period.

The date of the core group is to be taken from the form "Minutes of Core Group Meeting and Child protection plan". Field name is ("get exact wording from WCCIS"). *For the purposes of this measure, we are only interested in returning the values relating to the very first core group form recorded on WCCIS post most recent initial child protection conference.

The date of the Initial Child protection conference ("Date of Conference" field) is to be taken from the form "Child Protection Conference Minutes" on WCCIS for all forms where the conference Type of "Initial" is selected.

Numerator:

The number of core group meetings held during the period that took place within 15 working days of the initial child protection conference

Denominator:

The number of core group meetings held during the period.

Calculation: Numerator/Denominator *100

Other comments:

For the Improvement Board Report the specified period is laid out in the report.

Measure 21

Measure 21a

Measure 21b

Measure 21c

Please refer to measure 19

Measure 21d

Please refer to measure 17 and Measure 19

Measure 22

Measure Name: Looked After Children on a user defined date		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
Methodology: This measure calculates the number of children and young people that are Looked After on a user defined date. This indicator is collated by identifying the children and young people in the system who have a Looked After status recorded in the "CIN Status module" on WCCIS. The start date of the status is less than or equal to the user defined date and the end date of the status is greater than the user defined date or is null.		
Calculation: count of unique identifier.		
Other comments: For Improvement Board Report, the date parameter will be indicated in the report.		

Measure 22a

Measure 22b

Measure 28/28a/28b/28c

Measure 29/29a/29b/29c/29d/29e/29e/29f/29g/29h/29i

Measure 30

Measure 31/31a

Please see Measure 33 in Top 5 Indicators

Measure 32/32a/32b

Measure Name: Looked After Children with a care plan within 10 days of becoming looked after		
Measure Code: N/A	Measure Owner: SMT	Version: V1
Service Area: Children's	SMT Sign off Date:	Last updated: Next review due:
Link to Welsh Government Guidance (if applicable)		
Methodology: This measure calculates the number of children and young people becoming looked during a period who had a care plan in place within 10 days of becoming looked after. Some children from the previous month may need to be included if they became looked after within 10 days of the period end date and similarly anybody becoming looked after within 10 days of the end date should be to be excluded. This indicator is collated by identifying the children and young people in the system who have a Looked After status recorded on the "CIN Status module on WCCIS" where the start date is between a set of two parameter dates and the status reason is "S: Started to be Looked After". Of these, the number of young people with a care and support plan on the system that started on or after they became looked after date. Plan must have a status of "closed".		
Exclude: Open documents		
Calculation: count of unique identifier.		
Other comments: For Improvement Board Report, the date parameter will be indicated in the report.		

Measure 33/33a

Measure 34/34a

Please refer to the top 5 indicators

Measure 35/35a/35b/35c/35d

Please refer to the top 5 indicators

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Inspection Report on

Golwg Camlas/Bannau

Brecon

Date of Publication

Wednesday, 9 May 2018

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Description of the service

Golwg Camlas and Golwg Bannau are operated by Powys County Council and provide residential and short breaks for children and young people with disabilities. Golwg Camlas provides a short break service for up to three children and young people between the ages of eight and eighteen with complex needs. Golwg Bannau is a six bed provision providing residential care and short breaks for children and young people with Autistic Spectrum Disorder. The interim Head of Care is Hannah Griffiths and there is a nominated responsible individual.

Summary of our findings

1. Overall assessment

Young people are looked after by a caring and committed staff group who understand the needs of the young people and provide person centred care so that overall the service to young people is satisfactory. However we found that the registered provider has not ensured that there are robust quality assurance systems in place for monitoring and improving the quality of care. Recruitment and retention of staff which was highlighted in the last two inspections remains an issue. At the time of the inspection approximately one third of care worker posts were vacant. A full and stable staff team is particularly important to ensure that young people's attachments are not overly disrupted and that they are looked after by staff with the appropriate levels of skills and experience.

2. Improvements

We did not identify any particular areas of improvement at this inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Recording and administration of medication.
- Staff who are appropriately skilled and experienced
- Staff qualifications
- Monthly monitoring visits,
- Quality of Care reports
- Children's Guide

1. Well-being

Summary

Overall young people are looked after by a staff team who have a good understanding of their needs and individual preferences. Young people living in, or staying at Golwg Bannau and Golwg Camlas are provided with opportunities to exercise choice and to express themselves. Young people would benefit from being offered a wider range of fun activities and social and leisure opportunities.

Our findings

Young people have positive relationships with the staff who care for them. Staff spoke with warmth and knowledge about the routines, habits, likes and dislikes of the young people accessing both homes. We saw that staff were attentive and reassuring. We read documentation in one young person's file that showed that staff were sensitive to their particular and changing health need and what this might mean for activities they could participate in. We also saw from Looked After Children Review minutes that parents felt that there were good relationships between their child and staff. A social worker commented *"the staff, when questioned, have a knowledge of [the young person's] likes, dislikes, triggers and can identify when [the young person's] anxieties are raised"*.

We were told about the arrangements for introducing new young people referred to receive respite in Golwg Camlas. The key worker visited the child and family at their home and parents completed a booklet about their child to share information about their child's routines, behaviours, likes and dislikes. Staff often had some knowledge of the children as they attended the school which shared the site. Plans for first visits or overnight stays were developed in consultation with the family and included tea visits or visits with family as appropriate. Staff said they tried to make the environment at Golwg Camlas a "home from home" by following routines as closely as they could while also trying to ensure children were able to access a variety of activities and experiences. Young people are looked after in an environment where staff understand the things that are important to them.

Children are able to exercise choice, using their preferred communication methods. We saw reference to young people using Makaton, PECS (Picture Exchange Communication System) or hand gestures to communicate. The daily routines for each young person were displayed on the dining room wall using velcro pictures and we saw that these were used in different ways for different young people. Records evidenced that young people expressed preferences over the activities they participated in and meals offered. We saw one young person in Golwg Bannau helping staff to prepare lunch. One young person had a copy of their Personal Behaviour Support plan in an easy read format. We read in one young person's file, a recording which included their views of living in Golwg Bannau. There was a version of the Children's Guide which was young person friendly and suitable to the needs

of young people who used the Picture Exchange Communication System (PECS). Young people are given opportunities to participate in the way their care is delivered.

Young people's engagement in a variety of activities is not consistent. Children living or staying in Golwg Camlas and Bannau had access to the facilities of the local school including an outdoor playground, hydro-pool and soft play area. We saw feedback from a health professional for one young person's LAC Review which praised staff for managing to get one young person out on an activity which they had enjoyed although had initially not been keen to go. We also saw a record of a discussion initiated by a care worker in a team meeting about how best to encourage one young person to be involved in more activities. Staff at Golwg Camlas told us that they tried to ensure that at least one off site activity would take place for a young person on weekend respite. Records we viewed showed that young people were offered a range of activities but that in practice this was often going out for a walk or for a trip in the car. Young people would benefit from more focus on them being purposefully engaged in their free time. This would mean that their care and support would be more consistent with the aims set out in the Statements of Purpose- to enable them to "develop skills and widen their experience" (Camlas) and "participate in inclusive community activities" (Bannau). There were play facilities and equipment for the young people's use but overall their involvement in a range of different and fun social and leisure opportunities is limited.

2. Care and Support

Summary

Young people receive individualised care and support packages delivered in collaboration with other professionals but the link between the day to day care young people experience and the intended outcomes of the placement is not clear. The importance of partnership working with parents is evident.

Our findings

There are systems and structures in place to enable staff to meet young people's care and support needs. Placement plans were individualised and detailed. They covered areas such as risk assessment, health, personal care, education, pocket money and leisure. We saw that there was manager or deputy manager oversight of young people's plans and key records such as physical incident records. Files also contained 'risk assessment profiles'. These were detailed and we saw that they had been updated to communicate to staff about the changing behaviours of the young people and management strategies to be employed. A social worker wrote in a report for a LAC Review for one young person that staff were aware of their care plan and risk assessments. However, it was not always possible to see how the records kept by Golwg Camlas and Golwg Bannau linked with Local Authority Care and Support plans as the 'aims and objectives' sections of the files we read were empty and some Local Authority documentation records were not available or not easily retrievable on Powys's I.T system. Overall young people receive person centred care.

Young people's health, including sexual health is promoted. Young people living in Golwg Bannau were registered with local dentists, G.Ps and opticians and accessed more specialist services as appropriate. We saw in case files evidence of contact with the G.P for advice, and that young people's medication had been reviewed in the past year by CAMHS. We saw that at a LAC Review Golwg Bannau staff had been tasked with referring to the Occupational Therapy Service for a piece of equipment and that was done and the equipment in place. As some of the young people living or staying in Golwg Camlas and Golwg Bannau had self injurious behaviors, for example when frustrated or upset, body maps were completed twice a day and in between if necessary, to record all marks. Records indicated that parents and social workers were updated appropriately. We saw that young people's plans referenced encouraging young people to manage as much of their personal care as appropriate to their abilities. Overall we concluded that young people are supported to be healthy.

Staff work in partnership with parents and professionals. Staff we spoke to understood the importance of close liaison with parents to ensure that care was provided in a way that was consistent with the young person's needs and known preferences. Records showed that parents were routinely informed about incidents and accidents in a timely way, and that

staff had more general conversations with parents about their child at a level agreed with them. Records indicated that the manager of the home and the specialist learning disability nurse had developed a package for the young people on sexual health issues and appropriate behaviour and that they planned to deliver this to young people jointly. Staff worked closely with education staff to prepare the children for their introductory visits and later overnight stays using social stories if appropriate. Records of LAC Reviews evidenced that relevant agencies including, health, education and adult services attended reviews or were at least consulted. Young people benefit from staff working proactively with parents and other agencies to best understand them and meet their needs.

3. Environment

Summary

Overall, we found that young people are cared for in a safe and clean environment which meets their needs. Young people are able to personalise their bedrooms. The interior is spacious and accessible for the young people. Appropriate health and safety arrangements are in place to ensure the young people are safe.

Our findings

There are measures in place to ensure young people's needs are met within their environment. The design of the building gave the young people room to move around freely and communal areas were spacious giving independence to young people who use wheelchairs or mobility equipment. There was ample space for young people to be able to relax and there was a 'rumpus room' (containing soft play equipment) for young people to have time out if this was required. The kitchen areas were spacious and there were appropriate safety measures in place to prevent young people accessing the kitchen if it was deemed unsafe. We saw that each young person staying in Golwg Camlas had their photograph on their bedroom door and young people were encouraged to bring some of their belongings with them during their stay to help with a sense of continuity. There were blinds and curtains up in the kitchen and various pictures and paintings in the hallways to give a homely feel.

Young people have the opportunity to personalise their bedrooms. We were told that the bedrooms were painted with the young people's choice of colour. Each bedroom had underfloor heating to ensure adequate temperature for each young person. The bedrooms were spacious with one room having an en-suite, a small hallway and an array of the young people's belongings. Therefore, young people's individual needs are considered and met.

We found that attention is given to young people's physical safety. Track hoists were in place in some of the bedrooms and bathrooms. There was a television in the kitchen to monitor young people who were upstairs via CCTV in Golwg Camlas as well as sound monitors. We were advised that the bedroom cameras and audio were only on at night time when the young people were in bed to monitor any movement or activity and to alert staff if young people are in difficulty. These were only used if parental consent was given and we saw those consents on the young people's files. We were advised by staff that these were used to ensure young people were kept safe and there was no intention to intrude on their privacy. There was frosted glass in the bedrooms for added privacy and safety restrictors on the windows. One young person slept with their bedroom door open and there was a safety gate in place. Additionally, there was padding in young people's bedrooms for protection to prevent them causing injury to themselves. Staff informed us that some bedrooms had more belongings in them than others due to young people's own choice or

because of potential risks to their safety. All doors had a lever to open the doors in both directions to prevent young people barricading themselves or becoming trapped in the event of a fire for example. Some young people had stick on Velcro black out blinds for their protection in case they pulled them down.

There are appropriate health and safety systems in place. Young people can be reassured that visitors to the home cannot gain entry without invitation. Identification was requested on our arrival to the home and the visitor's book was completed. There was secure access from all external doors for the safety of young people. We saw that the home had regular systems in place to ensure the testing and servicing of equipment is undertaken and on the whole completed within the specified timescales to ensure the young people were safe. Overall young people's safety is prioritised.

4. Leadership and Management

Summary

On the whole we found that there are systems in place to support and guide staff. Staff recruitment and retention which was identified in the last two inspections remains a concern. The quality assurance systems for the service require improvement to ensure compliance with regulations.

Our findings

We found a commitment to ensuring that there are staff support structures in place. Supervision was generally monthly and we saw that staff were able to raise issues of concern and discuss the needs of young people and how these could be best met. They were also able to discuss their own learning and development. We saw that team meetings were held, though not always at the frequency aimed for, i.e monthly. Staff confirmed that they were encouraged to put forward agenda items and the minutes showed that the meetings provided opportunities to discuss individual young people with staff contributing ideas and suggestions. Meetings were also used to enable the manager to provide direction to staff on, for example, record keeping or supervision arrangements when young people were having contact visits with their family. It was evident from the minutes of meetings that staff actively participated in the discussions and that they were encouraged to put forward their own views. Although staff felt supported by the manager and each other, we found staff morale to be low as a result of delays in implementing plans for the service and uncertainty as to its future direction. We saw that staff were informed of developments in team meetings and those we spoke to said that they were “hopeful” that the service would now get the attention and investment they felt the service deserved. Overall there are systems in place for staff support.

Recruitment and probationary systems are in place. Personnel files evidenced that appropriate recruitment processes were followed, with references taken up and DBS checks in place prior to employment. Staff files evidenced that employment was only confirmed on satisfactory completion of a probationary period. Young people are looked after by staff who are properly vetted.

Staff recruitment and retention difficulties mean that young people are not always looked after by skilled and experienced staff. Golwg Camlas and Golwg Bannau had experienced recruitment difficulties for a number of years. At the time of the inspection approximately one third of care worker posts were vacant. We were told by staff that the service relies on agency workers and relief staff to continue operating. Sometimes staff on the rota for Golwg Camlas were called upon to work in Golwg Bannau, and Golwg Camlas would then have to be closed due to insufficient staff. This was confirmed by some of the comments from parents in the last quality of care review. The Head of Care told us that he had tried to

minimise the impact on young people by employing only the same agency workers, and staff rotas showed that permanent staff often worked additional hours. The manager was in the process of recruiting more staff and there was also a plan in place to be more innovative in recruitment activities.

We viewed various documents relating to staff qualifications and training. We found that:

- Less than 80% of permanent members of staff had achieved a relevant care qualification.
- Three permanent members of staff were not registered as social care workers with Social Care Wales in accordance with legislation.
- Eight out of ten of the regular agency workers employed to work at Golwg Bannau/Camlas were not registered with Social Care Wales, and eight did not possess a relevant qualification.
- Around half of the staff working in Golwg Bannau, and a third of staff working in Golwg Camlas had not completed the in-house training course on Challenging Behaviour and Autistic Spectrum Disorder (although most had completed an e learning course).
- Safeguarding training was provided on an e learning basis. We also explored with the Head of Care an out of hours incident in which a senior staff member had been uncertain of the correct procedure to follow. We recommended that the arrangements for safeguarding training be reviewed.

As the service is not able to attract and retain a stable permanent staff team young people cannot always be confident that they will be looked after by familiar staff who are appropriately qualified and experienced.

The systems in place to monitor the quality of the service are not adequate. We viewed the system for recording physical interventions which were not always accurately completed in respect of who had written the record and they were not always countersigned by a shift leader, deputy manager and Head of Care in a timely way, and in accordance with the home's 'Intervention behavior policy'. We noted that several Regulation 32 reports, including that of August 2017 had highlighted this, but several months later (at the time of the inspection), this was still an issue. The interim Head of Care told us that with two deputies now in place, oversight of record keeping was expected to be regular in future.

There are shortfalls in respect of the medication recording system. We viewed a sample of records which were appropriately completed and signed. We found that the controlled medications book was not always completed by two members of staff and there was no indication of this being followed up or that there was a regular audit of the records, by the manager.

The monthly monitoring visits and reports were not compliant with regulations as these were not always carried out monthly. Written reports were also not provided to the manager

in a timely fashion. For example the report for August 2017 was provided to the Head of Care in February 2018, and this report noted that the Head of Care had not received the report for the month before. The remaining reports for the period July 2017 to January 2018 were not available on the day of inspection. These were provided to the interim Head of Care on 5 March 2018, and subsequently to CIW. We noted that the reports referenced verbal feedback from the responsible individual to the manager on the day of the monthly visit and an acknowledgement that the Head of Care should be provided with written reports. However, the sections of all the reports except one, relating to the manager's comments, any actions agreed and a signature to confirm that the manager had read and understood the report, were empty. There was therefore no evidence that the manager acknowledged the issues being raised or was undertaking any actions in response.

Furthermore, we read the last two quality of care reports dated August 2016 and December 2017-January 2018. We found that these did not comply with regulations as they:

- Did not consider the matters set out in the relevant schedule.
- Although there was evidence of consultation with parents, staff and other stakeholders there was no reference to the young people having been spoken to.
- Were not carried out annually.

People cannot be confident that there is a robust system for monitoring and reviewing the quality of care young people receive at Golwg Camlas/Bannau or which effectively identifies and addresses shortcomings leading to efforts for continuous improvement.

5. Improvements required and recommended following this inspection

Areas of non compliance from previous inspections

At the previous inspection we advised the registered persons that improvements were needed in relation to:

- The administration of medication Regulation 21 (2b) and Regulation 21 (2c).
At this inspection we found that there were still short falls in the systems for recording medication.
- The percentage of staff employed at the home holding a relevant qualification was less than 80%.
We found that this was still the case at this inspection.
- Annual Quality of Care reviews (Regulation 33 (2)(a)) had not been held annually.
We found that this was again the case at this inspection

Areas of non compliance identified at this inspection:

We advised the registered persons that improvements are needed in relation to:

- Following the written policy on the use of restrictive physical interventions (Regulation 17 (2)). The system for recording physical interventions was not being operated in accordance with the home's policy on 'Intervention behaviour'.
- Arrangements for recording and administering medication (Regulation 21 (1)). The controlled medications book was not always completed by two members of staff and there was no evidence of a regular audit of the records by the manager.
- Staff who are appropriately qualified, skilled and experienced (Regulation 25 (1),(1A) and (2A)). Less than 80% of staff employed at the home held a relevant qualification, and less than 90% of the care staff were permanent employees.
- Staff being registered with Social Care Wales (Regulation 26 (2)(G)). Not all staff had registered as social care workers with Social Care Wales within six months of their appointment.
- Monthly monitoring visits (Regulation 32 (3), (4) (a) and 5 (a)). The registered provider had not always visited monthly, had not provided written reports in a timely fashion and there was no evidence that the manager acknowledged the issues being raised or was undertaking any actions in response.
- Quality of Care reviews (Regulation 33 (2) (a), (b) and (c) (i) did not reference children who stay at the home having been spoken to, were not carried out annually and did not evidence the full monitoring and reviewing of the necessary matters.

Notices have not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered persons to take action to rectify this and it will be followed up at the next inspection.

Recommendations for improvement

- Consideration should be given to offering a wider range of interesting and enjoyable leisure and social activities and for individual activity planners to be put in place for each young person.
- The staff training programme should be reviewed so that the Registered Provider is satisfied that the range of e-learning and training courses provided is appropriate and sufficiently in depth to equip staff to work with the complexity of needs of the young people accommodated in Golwg Camlas/Bannau.
- The Head of Care should ensure that each member of staff has their training needs reviewed to ensure that they have undertaken appropriate core and refresher training in key areas such as safeguarding, working with young people with autistic spectrum disorder, challenging behaviour and restrictive physical interventions. Where these have not been undertaken or are not up to date, action should be taken to provide such training as soon as reasonably possible.

6. How we undertook this inspection

This was a planned unannounced inspection undertaken as a part of Care Inspectorate Wales programme. The inspection was undertaken on the 8 January 2018 by two inspectors

The following sources of information were used to inform this report:

- One announced visit to the home.
- We reviewed information held about the home held by CIW.
- Observations of interactions between the staff and the children.
- We spoke with the registered manager and members of staff on duty.
- We looked at a range of documentation held at the home including the Statement of Purpose and Children's Guides.
- Examination of records relating to safety of the premises.
- We viewed the premises, including the communal areas and the young people's bedrooms. We viewed a sample of general documentation held at the home including staff files and documentation relating to the placement of young people in the home.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Childrens Home
Registered Person	Powys County Council
Registered Manager(s)	Interim Head of Care Hannah Griffiths
Registered maximum number of places	9
Date of previous CSSIW inspection	09/06/2015
Dates of this Inspection visit(s)	08/01/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	

Bannau/Camlas Action

Inspection Report Published 09th May 2018

Update 05th June 2018

Recommendation	Action	Person Responsible	Timescale	Progress
<p>Following the written policy on the use of restrictive physical interventions (regulation 17 (2)). The system for recording physical interventions was not being operated in accordance with the Home's policy on "Intervention Behaviour"</p>	<p>All staff to receive update training in respect of the Policy in relation to Physical Intervention.</p>	<p>Head of Care</p>	<p>31.05.2018</p>	<p>Training to be delivered to staff at a Joint Team Meeting on 13th June 2018.</p>
	<p>All Physical Intervention records to be up to date and signed off by Deputy Care Manager/Head of Care within 5 working days.</p>	<p>Head of Care</p>	<p>14.05.2018</p>	<p>At last Visit this had been significantly improved.</p>
	<p>Fortnightly Audit of records for compliance.</p>	<p>Head of Care</p>	<p>14.05.2018</p>	<p>This audit has been completed and the written outcomes will be reviewed at next 1:1</p>
	<p>Monthly audit of records for compliance.</p>	<p>Responsible Individual</p>	<p>21.05.2018</p>	<p>Completed at Regulatory Visit on 21st May 2018. Significant progress made and records signed off to within 3 days of date of visit.</p>
<p>Arrangements for recording and administrating medication (Regulation 21(1)).The controlled medications book was not always completed by two members of staff and there was no evidence of a regular audit of the records by the manager.</p>	<p>All staff to receive updated training in respect of completion of controlled medication book.</p>	<p>Head of Care</p>	<p>31.05.2018</p>	<p>Training to be delivered to staff at a Joint Team Meeting on 13th June 2018.</p>
	<p>Quarterly Audit of controlled medication book to be undertaken and findings shared with the Responsible Individual.</p>	<p>Head of Care</p>	<p>On-going</p>	<p>1st Audit undertaken and written outcomes to be discussed at next 1:1.</p>

	Each child to have their own controlled drugs book (where required).	Head of Care	30.06.2018		
Page 62	Staff who are appropriately qualified, skilled and experienced (Regulation 25(1).(1A) and (2A). Less than 80% of staff employed at the home held a relevant qualification, and less than 90% were permanent employees.	Continue to have a rolling advert for Vacant posts on Powys Web and Powys Council Jobs page.	Head of Care/ Employment Services	On-going	Rolling job advert remains in place.
		Open day/evening recruitment events to be held quarterly.	Head of Care, Employment Services and Market and Recruitment Officer (Fostering)	Minimum of Quarterly	Head of Care to attend a jobs fair in Ystradgynlais – 28.06.18 Open evening planned in Merthyr area on 03 rd July 2018.
		Bi-monthly meetings with Training Unit to discuss staff training and development requirements.	Head of Care	To commence in June 2018	Dates TBC
		Consultation with all permanent staff regarding Retention.	Human Resources	31 st July 2018	HR are attending a the Joint Team Meeting on 13.06.18
Staff being registered with Social Care Wales (Regulation 26(2) (G). Not all staff had registered as social care workers with Social Care Wales within 6 months of their appointment.	Details of Shortfall to be reported to Corporate Parenting Group.	Responsible Individual	15 th May 2018	Report shared with CPG and will continue to be reported.	
	Requirements regarding Registration to be recorded on TRENT with notifications sent to Head of Care and Responsible Individual at 3 months and 5 months.	Responsible Individual and Employment Services.	31 st July 2018	Meeting arranged with TRENT on 13 th June 2018.	
Monthly monitoring visits (Regulation 32(3), (4) (a) and (5) (a). The Registered Provider had not always visited monthly, had not provided written reports in a timely fashion and there was no evidence that the manager acknowledged the issues being raised or was undertaking any actions in response.	Monthly monitoring Visits to be undertaken and written details provided to Head of Care within 72 hrs of the visit being undertaken.	Responsible Individual	On-going monthly	Visits for March, April and May 2018 undertaken and shared with Head of Care. New Regulations – minimum requirement is every 3 months.	
	Head of Care to provide a written response acknowledging issues raised	Head of Care	On-going monthly	Complied with March and April and response for May is due shortly.	

	<p>and actions within 7 days of receipt of report from Responsible Individual.</p> <p>Copy of Monitoring Visit and Response to be provided to Head of Service and Portfolio Holder within 15 days of the visit being undertaken.</p> <p>Dates of Visits, requirements and response to be reported to Corporate Parenting Group.</p>	<p>Responsible Individual</p> <p>Responsible Individual</p>	<p>On-going monthly</p> <p>On-going bi-monthly</p>	<p>March and April Visits sent.</p> <p>Reported to May CPG.</p>
<p>Quality of Care reviews (Regulation 33 (2) (a), (b) and (c) (i) did not reference children who stay at the home having been spoken to, were not carried out annually and did not evidence the full monitoring and reviewing of the necessary matters.</p>	<p>Date for undertaking Annual Quality of Care Report to be Scheduled for reporting to Corporate Parenting Group.</p> <p>Findings of Quality of Care Review and any identified actions to be reported to Corporate Parenting Group.</p> <p>Review current practice for undertaking Quality of Care review and re-design/implement any changes required (ensuring that it addresses all necessary matters).</p> <p>Ensure the Young People (supported by an Advocate where necessary) are consulted as part of the Quality of Care Review.</p>	<p>Responsible Individual</p> <p>Responsible Individual</p> <p>Responsible Individual and Head of Care</p> <p>Responsible Individual</p>	<p>31st July 2018</p> <p>13th September 2018</p> <p>30th June 2018</p> <p>31st July 2018</p>	<p>TBC</p>
<p>Consideration should be given to offering a wider range of interesting and enjoyable leisure and social activities and for individual activity planners to be put in place for each young person.</p>	<p>Each young person access Bannau and Camlas to have individual activity planners that demonstrate they have access to a wide range of interesting and enjoyable leisure and social activities.</p>	<p>Head of Care</p>	<p>31st May 2018</p>	<p>Staff have started to introduce more activities: Trampoline Park Canal Walks Cooking Water Play (sensory)</p>

				<p>A trip planner was established for half term holidays and staff are currently working on summer holidays.</p> <p>Head of Care is seeking the repair of a number of bikes for use by YP.</p>
<p>The staff training programme should be reviewed so that the Registered Provider is satisfied that the range of e-learning and training courses provided is appropriate and sufficiently in depth to equip staff to work with complexity of needs of the young people accommodated in Golwg Camlas/Bannau.</p>	<p>Meeting to be held with Training Unit to review the current training programme.</p>	Head of Care	31st July 2018	TBC
	<p>Any additional training requirement to be identified.</p>	Head of Care	31st July 2018	
<p>The Head of Care should ensure that each member of staff has their training needs reviewed to ensure that they have undertaken appropriate core and refresher training in key areas such as safeguarding, working with young people with autistic spectrum disorder, challenging behaviour and restrictive physical interventions. Where these have not been undertaken or are not up to date, action should be taken to provide such training as soon as reasonably possible.</p>	<p>Review all staff's training needs.</p>	Head of Care	30 th September 2018	TBC
	<p>Record of attendance at Key training and refresher requirements to be built into TRENT.</p>	Head of Care and Employment Services	31 st October 2018	
	<p>All staff to be up to date with all key areas of training.</p>	Head of Care and Training Unit	31 st March 2019	



Inspection Report on

Powys County Council Fostering Service

**1 High Street
Llandrindod Wells
Powys
LD1 6AG**

Date of Publication

Monday, 11 June 2018

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Description of the service

Powys County Council fostering service provides foster placements for children who are looked after by the local authority. Services provided include short and long term placements, respite, short breaks and connected care placements. There is a nominated individual to represent the authority and the team manager is Lisa Hocking, although she was due to move to a new role following the inspection. At the time of inspection there were 113 children in placement with local authority foster carers, 7 short break placements and 30 with connected person. In addition there were 35 children placed with Independent Fostering Agencies.

Summary of our findings

1. Overall assessment

We found that children who live in stable, planned placements are cared for by foster carers who provide them with good opportunities and they experience positive outcomes. A lack of placement opportunities has resulted in some children not having a choice of foster carers who are able to meet their needs. As a consequence some children have had to move away from their home area resulting in a change of school or experience significant daily travel. Some of these placements have been successful but for others a number of moves have been required until a suitable placement can be secured.

Powys fostering service had benefitted from consistent leadership with the same manager in post for a number of years. The responsible individual had been in post since 2016, however, had worked for the authority for a number of years prior to that appointment. There had been some staff absences and changes during the preceding 12 month period and feedback indicated that this had impacted on the quality and consistency of support received by some foster carers. At the time of this inspection, all staff vacancies had been filled. We received mostly very positive feedback from foster carers about their support however; the feedback on training was mixed.

The implementation of the Public Law Outline (PLO) has placed an expectation upon the local authority to conclude care applications within the 26 week timescale. There has also been an increase in the number of children being looked after with a demand for placements. Consequently, the fostering service has been placed under pressure with a greater focus on connected person assessments. This has impacted upon recruitment activity. Further action is required to ensure the effectiveness of the service's quality assurance systems in order to ensure the development of the service.

2. Improvements

Improvements had been made to the arrangements to provide support to foster carers.

3. Requirements and recommendations

Section 4 of this report sets out the areas where recommendations are made to improve the service. These are in relation to the Statement of Purpose, Quality Assurance, recruitment of foster carers to allow choices of placements, safer caring agreements, staffing issues and team structure and supervision recording.

1. Well being

Summary

We found that children are encouraged to have a voice and express their views in their day to day lives and care planning. Placements that are planned and some emergency placements children's well-being is generally promoted through foster carers who are matched to meet their individual needs.

Our findings

Information about their placement and rights is provided to children. All young people are given a children's guide upon admission which contained details and advice about how to complain, along with details of advocacy services. Young people had been involved in the development of this guide which was bilingual. Advocacy is provided by Tros Gynnal service. Children were contacted independently by the staff in Tros Gynnal to remind them of their right to advocacy and this was supported by the Looked After Children (LAC) Boo newsletter. There was evidence on file of advocates acting on behalf of children and also instances when children had decided they no longer wished to have contact with an advocate. Children were encouraged to attend their LAC reviews and there was evidence of children speaking to their allocated independent reviewing officer. Children have been involved in the Junior Local Safeguarding Children's Board, the Project Management Board and the editorial group for the LAC magazine BOO. It is clear that young people have opportunities to have their voice heard.

The matching of children and foster carers is constrained by the limited number of foster carers available in each of the geographical areas of the local authority. We saw evidence that the authority had gone outside of their in-house provision, to provide a suitable match with foster carers in an independent fostering agency. However, some social workers spoken to were more confident of being able to gain the option of an independent fostering agency placement. Social workers spoke about their concerns that some of the best matches left conflict when they were in a different geographical area and led to decisions about the best situation for the child. On other occasions the placement offers were very limited and resulted in moves quite quickly, due to the incompatibility or the need to maintain school attendance. Foster carers spoken to were clear that they would be able to say 'no' if they felt that the placement was not appropriate. Clearly when placements had been planned and matching completed appropriately very stable placements had been made following phased introductions. We saw from records viewed that a number of successful placements had been made with children remaining with foster carers throughout their childhood. Foster carers also spoke about children who remained in contact with them into adulthood. Some social workers shared concerns about the limited number of emergency placements available, with an example of only two for the whole county the weekend prior to inspection causing difficulties for the emergency duty team. Workers also gave an example of a suggestion that a young person settled in placement be asked to move for a weekend to accommodate a new placement which workers refused to agree to. In order to meet the needs of children the service needs to develop their placement strategy and target recruitment in geographical areas.

Generally foster carers told us that they received sufficient information to make decisions prior to accepting a placement and even with emergency placements some basic information was shared. Discussions with the staff and manager confirmed that they knew their foster carers well and their strengths and acknowledged areas for improvement in caring for children. We saw that delegated authority agreements were in place on the files we viewed. However, there was a inconsistency in relation to the safe care agreements, with some reviewed being generic rather than looking at the individual child's needs. Placement Plans for children also presented a mixed picture, with some good examples of placement plans being drawn up in advance and signed off following a period of introduction. However, the other extreme was a plan drawn up as the child was moving in without any prior planning. The service needs to improve the opportunity of choice of placements for children to ensure proper matching; also the required care planning documentation should accompany children to the placement. In order to ensure that foster carers are equipped with the information required to meet children's needs. We conclude that the service cannot fully demonstrate that it promotes the well-being of children at all times because of the lack of documents, which would provide clear guidance for foster carers regarding the individual needs of children.

Children are able to enjoy a range of leisure activities and have the opportunity to gain new experiences. Typically they include sport, attendance at local community clubs and involvement in the arts. All young people were entitled to a leisure passport providing unlimited access to a local leisure centre. There was also evidence of foster carers promoting play and visits in the community to both enjoy days out and also promote educational development e.g. teaching about stars and planets. The children were often included in the family holidays of foster carers and these included those both in this country and also in travels abroad. Foster carers were seen to have been proactive in children having their own bank accounts to learn to save to have additional pocket money for holidays and activities. Children's well-being and self-esteem is promoted through participation in activities.

2. Care and Support

Summary

Children receive care from families and individuals who are robustly recruited. Foster carers provide stability for children who experience care which promotes their health, education and well-being.

Our findings

The recruitment and assessment of foster carers is thorough. The increase in court directed assessments of connected persons and the timescales for completion of this work had impacted upon service delivery and development. During the period from April 2017 to January 2018 only five mainstream foster carers had been recruited along with five respite foster carers and twenty one connected persons. However, recruitment activity had improved with three mainstream foster carers approved in the month prior to inspection. Further work was required to meet the demand for placements in each geographical area with the increase in the number of looked after children. This had been acknowledged and raised as the first point in the 'Placement Service Action Plan' dated 23 November 2017. A new strategy had been produced and signed off by the senior management team. To support this, the local authority intranet site had some useful information for anybody considering fostering. Children are supported by a service that promotes safe recruitment, however, the level of recruitment and the provision of foster carers in all areas of the authority needs to be improved to better meet the needs and experiences of children.

Children have opportunities to learn and develop as the service promotes educational attendance and attainment. On the files examined all of the young people had Personal Educational Plans. Educational achievement was reported to the corporate parenting group. Evidence from files and talking to foster carers confirmed that education was supported and promoted. In order to maintain established school attendance some children were required to travel considerable distances when the foster placement was in another part of the authority. Consideration was given to the balance between maintaining existing provision with travel and moving schools with the needs of the child prioritised. We saw evidence of children gaining positive educational outcomes. Foster carers were also in contact with schools regarding the children placed and attended parent's evenings. Some of the comments we noted from annual reviews were:

- *“view education attendance, attainment and development as an important aspect”*
- *“value school as important and can provide opportunities”*
- *“.....has been successful in his GCSEs and is now studying for his 'A-levels'”*
- *“....continues to be very active in encouraging them to reach their potential and is pleased that Is attending university”*

- *“.. has always had regular communication with the school whenever necessary and has positive, constructive relationships with the staff there”*
- *“She supports their formal education, such as making space for and encouraging homework as required, helping them prepare themselves for school”*

Children are supported to reach their educational potential with foster carers advocating for children in their education provision.

Children have their primary health care needs attended to and support is provided to manage any additional needs. We saw that the health care needs of children were considered at matching including the use of an independent foster agency and children were registered with local primary health services and attended regular check ups. We saw from records that many foster carers promoted a healthy lifestyle in regard to diet and exercise as far as possible, although some recordings could improve as they made little reference to diet. Foster carers were also asked about diet and healthy options during their annual reviews at panel. Records confirmed that there was delegated responsibility to administer medication for foster carers. Some foster carers had demonstrated commitment to the children placed with them attending regular hospital appointments. Other foster carers also sought advice for specialist health care needs and/or support for substance misuse. Some of the children placed had significant health care needs and there were reports from medical advisors indicating that they had been stable since placement with their foster carers. If required the foster carers could access psychology support, however, therapeutic support was mainly accessed through community based services. Some foster carers were also seen to have contributed to life story work alongside the child’s social worker and support worker. There was also evidence of foster carers purchasing a ‘worry monster’ to support a child in their care and work on words to express emotions to help them to self regulate. Foster carers were also seen to have pursued an alternative educational placement which had provided a therapeutic environment for the individual in which they had excelled. Children are encouraged to adopt healthy lifestyles and their health care needs are attended to promptly.

Children are supported to maintain contact with their family members and other people who are important to them. The service managed arrangements for contact carefully, with foster carers fully informed about whom it was appropriate for children to maintain contact with and what restrictions, if any, were placed upon this contact. There were numerous examples of foster carers transporting young people to contact and also making the direct arrangements via telephone or in some instances through the child’s social worker. There was also an example of a relative being reluctant to maintain contact and the carer made contact through social media messenger, which was confidential, to encourage meetings to take place. The well-being officers were also able to offer support with contact. Children are able to maintain contact with the people who are important to them through the pro-active actions of foster carers.

Foster carers are supported to maintain the stability of placements through respite breaks and out of hours contact. Some children receive a regular break with specific foster carers to ensure their needs were met or to enable the foster carers to have a break. Different arrangements were in place and examination of records confirmed that these arrangements were beneficial to all concerned and prevented placement disruption especially when young people had more complex needs. We saw that specific respite foster carers were identified for specific children whilst others provided a service for several children. A respite carer told us that they were given full information about the child in their care, however, considered that they were not included in meetings about the future plans for the child when they considered they had information to share. Foster carers accessed the emergency duty team when they had any issues at night. The response from foster carers to the service was on the whole positive with some concern when workers had not been available. Children are provided with care and support which helps to maintain stability in placement.

Children are safeguarded when living with foster carers as they were aware of their duties. Foster carers had received training in safeguarding through the skills to foster initially and refresher training was provided annually. Many foster carers had also attended additional training to support children with specific needs and risk taking behaviour. Foster carers were able to share information about their role in reporting children as missing and contacting social workers and the emergency team. Foster carers were aware of the need to report a child as missing and follow procedures taking account of individual care plans. Foster carers ensure children placed in their care are safeguarded.

3. Leadership and Management

Summary

The service had experienced a difficult year prior to inspection as a result of staffing shortages and competing demands upon the work of social workers through the increase in connected person assessments. The agency had robust systems to recruit staff and whilst agency staff, were recruited by the authority they had been slow to cover a long term absence. The service had stable management, however, the manager had an unrealistic task in supervising the whole team and developing the service and the management of the team needed to be strengthened. Foster carers are on the whole well supported and provided with support to undertake their role in caring for children.

Our findings

Children, foster carers and professionals involved in the service are clear about what the service sets out to deliver, but in practice the experience can be quite mixed. There was a clear statement of purpose dated April 2018, which outlined the aims and objectives of the service and described the service being offered. The service did not include its position on the 'active offer' of the Welsh language and it was recommended that the service updated the statement of purpose taking account of Welsh Government's *'More Than Just Words follow on strategic guidance for Welsh language in social care'*. Children were found, on the whole, to have experienced a placement as described in the statement of purpose when the placement was planned. However, a number of emergency placements made when limited choice was available gave a different picture with a move to a different geographical area or a number of placement moves until stability was achieved. The outcome for children was a change of school or travel to both school and contact. Whilst the statement of purpose sets out the aims of the service clearly, they are not always able to operate as planned due to placement restrictions.

The fostering service has strength in the experience of key staff but has suffered from staff shortages in the last year and would benefit from a restructure to strengthen the management of the team. The team consisted of a team manager, deputy, senior practitioner, six full time equivalent social workers, two part-time placement officers, three support officers, a marketing and recruitment officer (0.8 of a post) and two part-time supported lodgings officers. At the time of inspection, they had recruited new staff and held one part time supported lodgings vacancy and one full time social worker was on long term absence. The manager of the service was moving on to another post within the authority and an agency manager had been appointed with a period of overlap. The service team was based in two locations within the authority, one in the North of the county; Newtown and one in the South of the county; Brecon. During the last year the north team had been under pressure with two vacancies out of four which had been resolved by the inspection. The south team was under pressure at inspection with a long term absence leaving a senior practitioner, a newly qualified full time worker and an experienced part-time worker. To add to the difficulties, the team had managed a significant increase in the assessments of connected persons and also a 30% increase in the looked after children population. The three staff had shared the cases of the absent worker in the south which resulted in high caseloads. It was recommended, to support the manager in the two areas, that a deputy position was established in each area and that absence arrangements are covered

promptly. This would improve direct support of the team, foster carers and improve development.

The fostering panel promotes safe, secure placements through robust operation and rigorous quality assurance. We observed a foster panel in operation, met separately with the panel chair and read panel papers and minutes which included annual reviews and Form F assessments. Observation and information we read indicated that the service had established the fostering panel in accordance with regulations and national minimum standards. The service had appointed an independent chair who had extensive experience and knowledge of chairing panels. The panel was well conducted with the chair ensuring that all panel members contributed in the discussions. The panel agreed questions in advance of the prospective foster carers and approved foster carers being invited into the room and also agreed who would ask them. It was the practice of the service to invite foster carers to attend their annual reviews at panel and there was a take up of about 90% in feedback from the panel chair. This was viewed as positive practice as panel members clearly recognised foster carers and they could directly ask some questions e.g. attendance at training, healthy eating. Due to the pressure on the team in the previous year some assessments for panel had been commissioned out and the quality assurance monitoring had highlighted some practice not up to the required standard resulting in assessments being deferred. The manager informed us that they had settled on a group of assessors who they could rely upon to provide robust assessments and would not use other independent staff again. Children are provided with safe secure placements because foster panel ensures that rigorous checks have been undertaken on foster carers approved by the local authority.

The local authority ensures that foster carers who look after children are provided with on-going training; however, improvements could be made. There was a mixed picture in terms of attendance, with some foster carers pro-active and attending all available, whilst there was some reluctance on the part of others. It was good to note that training attendance was followed up at annual reviews. Foster carers spoke positively about the training courses provided but were critical of the number of places available, with one carer quoting that a course had been fully booked by 10 am on the day they received the information. Many courses were held twice a year and this only allowed for attendance of half of the foster carers. Foster carers were also critical of the timing of the courses which did not take account of child care arrangements, travelling requirements and any work commitments. The local authority 'Placement Service Action Plan' had identified a need to develop and implement a training programme for foster carers and following consultation with foster carers a needs analysis had been submitted to the training unit. The team were awaiting confirmation from the training unit of the agreed programme for the coming year. Foster carers are able to access training; however, improvement is needed to the planning of venues, capacity and timing. In order to fully meet the needs of children being cared for the service needs to have all foster carers fully trained.

Foster carers receive support from their allocated supervising social workers. With a return to almost full compliment within the team the frequency of direct 1:1 supervision had improved. During periods of staff shortages and competing demands due to time limited assessments, staff stated that some supervision had been via telephone. It was also noted that some staff had achieved their direct supervision by working beyond their contracted hours. Examination of the computer system found that a number of supervision logs had been uploaded on the same date for one carer covering several months, having been

signed by them on that date. The foster carers need to have copies of their supervision notes without delay. Some of the supervision notes read were comprehensive and of good quality whilst others needed improvement. Foster carers spoke positively about the support they received from their supervising social workers especially given that many of the children had experienced little stability from their own social workers with the turnover and use of agency staff. Unannounced visits had been undertaken but some had been when children were not at home, which is not in line with legislation. However, it was noted in supervision notes that supervising social workers regularly spoke to children in placement, but this does not replace the requirement of a statutory placement visit to see the child in placement. Foster carer support groups operated and it was clear from discussion with foster carers that some more established foster carers also met independently. We viewed the details of the meetings held since October 2017 which were held in three locations, Newtown, Llandrindod Wells and Brecon. They listed the people present and the topics covered but did not give any outcomes but did give some comments from foster carers. A selection of the comments made included:

- *Communication is an on-going issue*
- *Need to attract foster carers but make it attractive like IFAs do*
- *Have lost 16+, LAC Education co-ordinators – impact upon the young people and the support available to foster carers*
- *Need a stable workforce*
- *Retention of staff inc management is important*
- *Continue to foster for Powys as we value the LA ethos*
- *Need crisis support teams for foster carers*
- *Need to explore the development of foster carers as worker*

The well-being officers provided additional support for new foster carers; however, the feedback from some workers included their concerns about undertaking work that was not in their job description. Foster carers had been invited to staff roadshows for the first time and whilst some foster carers were less enthusiastic the feedback from one was: “*never felt so proud, so professional*”. It was stated by some foster carers that they considered positively that the Head of Service had listened to them and taken on board some of their thoughts. It was planned that all foster carers would receive Powys ID badges to make them feel more a part of the organisation and that Powys e-mail addresses would be considered in the future to ease communication. The team had discussed the introduction of peer mentoring to make the most of the experience some foster carers could share with newly approved foster carers. There had already been an example of experienced foster carers sharing the most important questions to be asked when considering a placement. A great frustration for foster carers had been the new telephone system introduced by the authority. Many were avoiding this by contacting their supervising social workers on their mobile phones and also using this to ask them to contact the child’s social worker. This was clearly having an impact upon the quality of communication. Foster carers have support systems in place which are at times fragile due to staffing and there are plans to improve them in the future.

The fostering service undertakes annual quality assurance reports. The latest report covered the period from April 2017 to January 2018 and this was provided to the Operations Management Team, Senior Management Team and Corporate Parenting Group. A placement service action plan had also been introduced in November 2017 with many of the actions outstanding at the time of inspection. The quality assurance report had

not identified the failure of the computer system to fully meet the needs of the fostering team nor were the difficulties with foster carer training identified. The authority had replaced their computer system and it was disappointing to see that it was not fully functional for the fostering team. As a consequence they were not able to collate statistics relating to breakdowns and movements and these had to be collated manually. This needed to be attended to for the fostering service to operate effectively. Quality assurance systems are in place but do require some improvement.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

None

4.2 Recommendations for improvement

During this inspection, we advised the registered person that improvements are needed in order to fully meet the legal requirements in relation to:

- Training for foster carers: (Regulation 17 (1)).
 - There needs to be improvement in the training attendance of foster carers.
 - There needs to be improvement in the opportunities for training for foster carers.

Further recommendations:

- The fostering service should consider Welsh Government's *More Than Just Words* follow on strategic guidance for Welsh language in social care. All social care providers should include information on their level of Welsh language service provision in the statement of purpose and young person's guide and reflected in the annual review of the quality of care. The statement of purpose needs to be amended taking account of Welsh Government's *'More Than Just Words follow on strategic guidance for Welsh language in social care'*.
- Some of the supervision notes for foster carers were comprehensive and of good quality whilst others needed to see improvement.
- The service needs to improve the choice of placements to ensure proper matching
- Safer care plans should be reviewed and individualised
- The service should ensure that staff vacancies are covered without delay.
- A restructure to provide a deputy manager in both locations would strengthen the operation of the service.
- Quality assurance reviews need to cover all aspects of operation.
- The IT system should be fully implemented to support the work of the fostering service

5. How we undertook this inspection

This was a full scheduled inspection and took place on March 15 between 10.30 and 17.00, March 16 between 10.00 and 16.30, March 19 between 14.00 and 17.00 & March 20 between 9.30 and 16.45. Two inspectors were involved in the inspection.

The following methods were used:

- Consideration of information held by CIW; including the previous inspection report and notifications of significant events.
- Meeting with foster carers, service social workers and children's social workers
- We observed the fostering panel, met with the chair of the fostering panel and read the last three minutes of panel
- We met with the manager and the responsible individual.
- We examined recruitment files for 4 staff members and looked at a range of records
- We examined the statement of purpose and children's guides
- We examined the files for eight children placed with foster carers
- We examined the annual quality of care review

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Local Authority Fostering Service
Date of previous CIW inspection	12/01/16 & 13/01/16
Dates of this Inspection visits	15/03/18, 16/03/18, 19/03/18 & 20/03/18
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people/children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's <i>'More Than Just Words follow on strategic guidance for Welsh language in social care'</i>.	

Scrutiny date	Scrutiny Committee	Item	Cab/Manmt Team Date	Cab Date
Fri 29/06/2018	Audit (seminar)	Draft Accounts		
		Notes from Imp and Assurance Board		10/07/2018
Fri 06/07/2018	Audit	Corp Tracker, Risk Register, TM IA, Outturn, Capital, Making it Happen		
Fri 20/07/18 (1.30-3.30)	HCH	Access arrangements (PPD)		
TBC	Joint Chairs and Vice-Chairs	Ian Bottrill and Rebecca David Knight - Scrutiny Development Strategic Equalities Plan		
Thur 19/07/18	LSE	HTR Transformation		
Fri 24/08/18	HCH	Social Care Perf Report (June 2018) Improvement Plans (2) - Topic TBA		
Wed 22/08/18	LSE	Home to School Transp (post consultation)	04/09/2018	18/09/2018
		Virtual Learning	04/09/2018	18/09/2018
		ALN update	04/09/2018	18/09/2018
		HAMP	04/09/2018	18/09/2018
Thurs 06/09/2018 (pm)	Audit (Seminar)	Final SOA and AGS		
Tue 11/09/2018	Joint Chairs and Vice-Chairs	CIP Performance Reports		18/09/2018
Thur 12/09/18 am	HCH	Social Care Perf Report (July 2018) Notes of Imp and Assurance Board WHQS	25/09/2018	09/10/2018
Thur 12/09/2018 pm	Audit	Final SOA and AGS		
Fri 14/09/18	LSE	School budgets	25/09/2018	09/10/2018
		HOWPS Annual Report	25/09/2018	09/10/2018
		School AMP incl Admissions		

September	PSB	Steps towards 2040 Well-being Plan		
Wed 26/09/18	HCH	LAC strategy and Education of LAC		
Wed 03/10/18	HCH	Homelessness Strategy	23/10/2018	06/11/2018
Mon 01/10/18	LSE (Estyn attending to observe)	Standards incl LAC, attendance, exclusions, use of PDG Annual Estyn Inspection outcomes Youth Service restructure review		
Tue 9/10/18	Joint Chairs and Vice-Chairs			
Mon 15/10/18	HCH	Social Care Perf Report (August 2018) Notes - Improvement and Assurance Board		
Wed 17/10/18	LSE	Review of Pre-School provision HTR Transformation		
Wed 24/10/18	FSP	Budget		
Thur 01/11/18	HCH	Improvement Plans (3) - Topic TBA		
Fri 02/11/18	LSE	Fair Funding Review HTR Transformation ALN review	14/11/2018	28/11/2018
Tue 13/11/18	Joint Chairs and Vice-Chairs	CIP Performance Reports		28/11/2018
Fri 16/11/2018	Audit	Corp Tracker, Risk Register, AGS , Revised Business Continuity Policy		

November	FSP	Budget		
Thur 08/11/18	HCH	Social Care Perf Report (Sept 2018)		
Fri 09/11/18 (possibly won't run)	LSE			
Thur 22/11/18	HCH	Review of Daytime Activities OP Improvement Plans (2) - Topic TBA	04/12/2018	18/12/2018
	Audit	Improvement Plans (1) - Topic TBA		
Wed 21/11/18	LSE	HTR Transformation		
Mon 10/12/18	HCH	Crime and Disorder Social Care Perf Report (April 2018) BUPA Homes		
Tues 11/12/18	Joint Chairs and Vice-Chairs			
Thur 13/12/18	LSE			
Wed 19/12/18	FSP	Budget		
		Requests to add to HCH:		
		Reasons for admissions to care over last 12 months		
		Signs of Safety		
		Early Intervention and Prevention		
		Integrations options appraisal		
		ASC risk register		
		Modern slavery/county lines/child sexual exploitation (Member Development?) - PSB?		
		Safeguarding		
		Integrated Youth Support Service		
		Integrated Family Support Service		
		Requests to add to LSE		
		Schools budgets (november) - Joint meeting with Audit? Consider at July Joint Chairs		
		Youth Structure Review - March 2019		

		Skills and Employability		
		New SLAs - traded and non traded		
		PSB		
		Annual Report Wellbeing Plan March 2019		
		Adult Detocs		
		Continuing Health Care		
		Mental Capacity Act - Deprivation of Liberty		
	FSP			
		Asset Disposals		
		PLUS		
		County Farms		
		Property and Assets		
		Trading Standards		
		Environmental Health		
		Economy		
		Leisure		
		Children's pre-Cabinet?		
		SIP s (Education already programmed)		
		Finance monitoring (Social Care already programmed)		
		Perf monitoring (Social Care already programmed)		
		AGS		
		Internal Audit to be incorp to Audit quarterly		

By virtue of paragraph(s) 14 of Part 1 of Schedule 12A of the Local Government Act 1972.

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