

**READING BOROUGH COUNCIL
REPORT BY DIRECTOR OF EDUCATION, ADULT AND CHILDREN'S SERVICES**

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES & EDUCATION COMMITTEE		
DATE:	7 JULY 2014	AGENDA ITEM:	9
TITLE:	SAFEGUARDING ACTIVITY REPORT - Quarter Four (Jan - Mar 2014)		
LEAD COUNCILLOR:	CLLR JAN GAVIN	PORTFOLIO:	CHILDREN & FAMILIES
SERVICE:	CHILDRENS SERVICES	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides an update of the key activity areas within children's social care and related services between January and the end of March 2014. Previous safeguarding activity reports were reported to the Children's Safeguarding Panel which is held in private; it was decided to bring these reports into the public domain to ensure open scrutiny.
- 1.2 The service has rated itself as amber overall against a 'good' benchmark on the key quality indicators with some areas of continuing improvement.

RECOMMENDED ACTION:

That the report is scrutinised

2. OVERVIEW

- 2.1. As approved by the ACE (committee in October, Children's Social Care is now using a set of key quality indicators (QI's) to compliment the performance indicators (PIs) underpinned by practice standards introduced in September 2013. These act as a tool for managers supervising front line social work, a benchmark for practice and focuses scrutiny on the child's lived experience and tracking the child's journey through the system.

The benchmark being used to measure performance is now 'GOOD' as now the acceptable benchmark being used to measure performance. Hence if we report something as not reaching our required standard in the QI's this means it is not reaching a good standard as opposed to an acceptable standard.

- 2.2. Quality and Performance meetings (QAPM) are being held quarterly, chaired by the Head of Children's Services (HoCS) and her team who scrutinise activity, agree actions arising from the various strands of quality assurance and call managers to account for performance in the previous quarter.
- 2.3. The updated rating for the seven overarching QIs is attached (appendix A). It demonstrates that Children's Social Care continues to be self-rated as amber (against a good rating) across the board with positive progress still being made, although some areas remain a challenge to ensure each and every activity undertaken is of a good standard all of the time.
- 2.4. The new social care database was introduced in this quarter and staff are now required to keep their files very differently. As to be expected, it will take some time for staff to become familiarised with the changes, and some adjustments to the way the system works is needed and underway.

3. KEY QUALITY INDICATORS

- 3.1. The key quality indicators are calculated using all of the qualitative and quantitative data collected and available in the quarter. The key lessons and actions required are shared with staff so that they are aware of what they need to do to improve and to ensure consistently good practice.
- 3.2. In this quarter the QIs were all rated as amber (against a 'good' benchmark) with progress in the right direction on most of them. The detail of each is given in Appendix A for reference.
- 3.3. Child Protection Plan numbers have reduced to 153 (from 168); there continues to be some issues with regard to evidencing SMART planning and consistent recording. The position has improved particularly regarding the evidencing of children and young people's lived experience and voices on file. To ensure this moves to good, workers will need to ensure that they are evidencing on file the direct work they do with children and young people during their visits and to ensure that their visits are recorded well on every case file rather than the majority. Good progress is being made in terms of permanency for children - numbers of adoptions are good but we need to continue to work to ensure that we are assessing adopters more quickly than now.
- 3.4. Whilst we have noted the good progress in recording the child's lived experience, this is not yet being noted by Child Protection Chairs and IROs in the protection plan reports and LAC review reports, hence the performance group decided this should remain rated as amber.

4. AUDIT ACTIVITY

- 4.1. Over the last quarter 56 cases were audited by managers in social care (appendix B). Of these cases, 96.5% were rated as adequate or better, with 3.5% needing immediate improvement. Immediate feedback has been given to each social worker involved and corrective action plans are in place where needed. No child was found to be unsafe/at risk during the audit process.

- 4.2. The internal audit results over the last year show that there are distinct improvements in the evidencing of children and young people's lived experience on files, with 94% of files rated as 'good' in this respect.
- 4.3. Further work is needed to better evidence the work undertaken by social workers and managers on their case files and to ensure that plans for children in need are SMART and consistently reviewed.
- 4.4. An additional 16 case files were audited internally in the fostering and adoption teams with recording in case files needs particular attention. This in the context as noted before of the introduction of the new database.
- 4.5. Children's Social Care continues to have a programme of external audit as described in Appendix C. Six cases are examined in depth, by an external auditor each quarter. This is a qualitative audit of the case file, supplemented by discussion with the social worker and manager. Of these cases one child protection case was rated as adequate and the second needed immediate improvement to bring the case up to the standard needed. Two child in need cases were rated as adequate. One looked after child case was rated as good and the other as adequate.
- 4.6. The audit found that looked after children files showed that there were good outcomes for the children and that the lived experiences of the children were evidenced on file.
- 4.7. Three of the cases needed immediate attention to make sure that the files sufficiently evidence the depth or frequency of supervision and management oversight. Social workers also needed to make sure that the case file was always up to date within 24/48hours of activity.
- 4.8. Following the audit corrective action plans have been agreed with workers who are aware of the actions they need to take and these actions will be checked for compliance in due course.
- 4.9. Whilst recording continues to be an area of focus, (noting that the new database was introduced in December so this quarter has seen workers getting to grips with new recording and process systems) there has been clear improvement in ensuring that chronologies are of good quality and are up to date in case files. The Access and Assessment Team, Locality Teams and Fostering and Adoption teams have worked hard to ensure that all files have chronologies. In the next quarter, work will continue to make sure that chronologies on file meet the standards expected. Regular updates are expected at the performance board.

5. SERVICE USER EVALUATION

- 5.1. In the last 2 quarters the service has been introducing a new more robust way of capturing 'real time' service user feedback. This includes taking random surveys from service users, families and foster and adoptive carers who are contacted by telephone each month as described in Appendix D, and a small number of questions asked about their recent experience of the service.

In the last quarter the feedback from service users has been that the long term locality teams, have received largely positive feedback in relation to individual workers.

Individual workers in the long term locality teams have received largely positive feedback from service users in the last quarter."

- 5.2. However, frustration arises when service users feel they are not being kept as up to date as they wish to be. Foster carers have also been positive in relation to individual workers but think that our own internal communications could be improved. Carers going through the adoption process have been positive about workers and have found delays frustrating.
- 5.3. Overall, there has been much valuable learning from the new qualitative process and feedback given to individual workers and to teams, and it is hoped that a number of service users will participate in future focus groups to help further support the development of consistently good services.

6. PRINCIPAL SOCIAL WORKER PROJECT - SOCIAL WORKER FEEDBACK

- 6.1. Feedback is gained from frontline social workers through the Principal Social Worker group. This group aims to identify areas of good practice - and to share these - and to also identify blocks to improvement. Higher specialist social workers identified administration support as a key to freeing up social workers and one particular social work team which had been able to use their administration team to support their work. As a result, a review of practice is taking place with the aim of sharing good practice across all teams. The Service Manager Improvement links with the national group of Principal Social Workers on a bi-monthly basis.
- 6.2. As the group progresses, it aims to share its experience and expertise with less experienced social workers through seminars, coaching and mentoring. The group is also planning for a visit by the Chief Child and Family Social Worker to Reading in July.

7. OTHER ACTIVITY

FOSTERING AND ADOPTION QUALITY UPDATE

- 7.1. The 2013/14 fourth quarter report (appendix E) presents information from the fostering and adoption teams and highlights some core performance indicators.
- 7.2. The percentage of looked after children placed in family placements continues to be positively high compared with our statistical neighbours. However, we continue to rely on independent fostering providers with a consequently higher cost. This demonstrates the importance of our continued focus on recruiting local carers to be matched with our own looked after children (including BME children, adolescents and sibling groups).
- 7.3. Work is underway to ensure that we are able to offer stability in placements - whilst some placement moves are unavoidable e.g. moves to an adoptive placement. The work related to foster care recruitment is identified through the data with 225 initial enquiries resulting in 11 approved short term foster carers in 2013/14. (This number does not include recruitment of other types of carer). Carer retention has also been positive with only 4 carers ceasing to care in the year.
- 7.4. Permanency and continuity of care continues to be achieved for significant numbers of children via Special Guardianship Orders (SGO's) and adoptions. However, the demand for adoptive placements continues to exceed the number of adopters available - this is a challenging environment particularly when attempts are made to match children who are

deemed harder to place (e.g. older children, sibling groups, BME children etc). Despite this, there are good outcomes for children and Reading continues to perform very well in comparison with other local authorities.

- 7.5. An adoption activity day was held in February 2014 (held with other Berkshire teams). Overall, 40 sets of adopters attended, and 18 children for whom adopters are being sought. From this day, 6 enquiries were received including 2 for whom links have progressed. This is very successful and it is planned to hold more such events in 2014.

8. CONCLUSION & RECOMMENDATIONS

- 8.1. There continues to be a strong focus on ensuring consistent quality across Children's Social Care. The quarterly Quality and Performance meeting is a demanding forum for managers attending and they are being very actively challenged to be good the vast majority of the time in every case. Given the very nature of their work, this is a tough challenge and should not be underestimated. The focus on quantitative and qualitative information enables the senior management team to scrutinise performance and to call managers to account.
- 8.2. Actions required from individual audits, overarching lessons and themes arising are shared with practitioners and managers to enable them to make the improvements necessary to ensure consistent, good practice with children, young people and families.

9. CONTRIBUTION TO STRATEGIC AIMS

The work of children's social care is aligned with the strategic priorities of Reading Borough Council and the Reading Health and Wellbeing Strategy 2013-16.

10. COMMUNITY ENGAGEMENT AND INFORMATION

A wide range of partners and parents, carers, young people and families accessing social services were actively involved in the planning around their own case but are also engaged in the development of the work as a whole, and it is our ambition to further improve this through the work of the service user evaluation programme.

11. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

12. LEGAL IMPLICATIONS

There are no legal implications to this report, although the children's social care work enables the Council to meet the statutory duties set out in the Children Act 1989, the Children Act 2004 and the Childcare Act 2006.

10. FINANCIAL IMPLICATIONS


10.1 There are no new financial implications outlined in this report.

11. **BACKGROUND PAPERS**

None

Appendix A
Children's Services Key Quality Indicators

(available on A3 sheet)

Quality and Performance Report Internal Audit			
Date	21 April 2014	Lead	Pat LeRoy
Reporting To	QAPM	Reporting Period	Feb- April 2014
Date of last report	Feb 2014		


Introduction	<p>A total of 56 generic audits were completed by the social work teams in the period February - April 2014 using the agreed format.</p> <p>15 CIN and 1 private fostering case was audited 16 CP cases 24 LAC cases</p>
Methodology	<p>Team managers and assistant team managers audited cases across their own teams using the generic audit tool. Team managers used their own methodology to select cases to audit and actions were shared with the supervising managers.</p> <p>Each audit has an action plan which has been shared with the social worker and supervisor to ensure improvements where needed.</p>
Results	<p>In the last quarter, 94% of child protection cases were rated as requiring improvement (adequate) or better, with 29% rated as good overall or better.</p> <p>In the last quarter, issues were noted regarding Core Groups, the frequency and quality of supervision and the quality of chronologies.</p> <p><u>It must be noted that a generic audit tool is being used this quarter.</u></p> <p>However, the following overarching results were noted:</p> <p><u>Children in Need:</u> 73% rated good or better overall <u>Child Protection:</u> 56.3% rated good or better overall <u>Looked After Children:</u> 67% rated good or better (7.6%; 2/26 were noted to need immediate improvement)</p>
Themes arising	<ol style="list-style-type: none"> <u>Children in Need</u> <ul style="list-style-type: none"> There are a number of gaps in reviewing CIN plans for longer term cases - whilst the TAC process fills this gap for some cases, 45% of cases needed to evidence on file how the plan was being reviewed. CIN Plans are not always SMART/ outcome focused - in 2 cases, the plan needed immediate improvement to ensure that it was focused on improving the outcome for the child. <u>Child Protection</u> <ul style="list-style-type: none"> Social workers and managers need to make sure that they record child protection visits, Core Groups and case notes more clearly - the audits showed that

	<p><i>56% of cases audited needed some improvement with one case needing immediate improvement.</i></p> <ul style="list-style-type: none"> <i>In three cases, the child protection conference minutes did not clearly evidence that the plan had been thoroughly reviewed.</i> <p>3. <u>LAC</u></p> <ul style="list-style-type: none"> <i>Children's lived experiences and views are well recorded in 87.5% of files. However, social workers need to make sure that the electronic record shows that they are completing and reviewing education plans and health checks in a timely way.</i> <p>4. <u>Overarching</u></p> <ul style="list-style-type: none"> <i>There is more evidence of better quality and timely chronologies but social workers need to make sure that they keep these up to date. Work is also needed to make sure that the electronic system supports this task.</i> <i>Workers do not all use the same forms to write up child protection and LAC visits - social workers need to make sure that the file shows the work that they are doing.</i> <p><u>KEY STRENGTH OVERALL</u></p> <p><i>There is a clear improvement in the recording of children's views/ lived experience on the child's file. This would be further improved by ensuring that all SoS documents are scanned and therefore available on the child's file.</i></p>
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ACTIONS RECOMMENDED

Social Work Standard/ criteria	Issue identified	Action(s) needed	By who	By when
2.3 All Plans for children will be focused on improving outcomes and the child's daily lived experience. Plans will be SMART and written in language that is understood by parents, carers and partners.	1. Longer term CIN cases do not all have clear, SMART plans evidenced on file. For 45% of cases, reviews were not clearly identified on file.	<ul style="list-style-type: none"> All CIN cases open to teams to be looked at by the responsible manager. Review date and review frequency to be set. Service Manager to spot check. 	TMs SM	30/6 10/7
As 2.3 and 7.1 Work is in accordance with legislation, guidance and local policy and procedure. 7.2 Work is undertaken with due regard to the national minimum standards, best	2. Cases need to better evidence the role that Core Groups and Conferences play in reviewing the plans for children and young people.	<ul style="list-style-type: none"> Core Group action plan in place. Supervisors to check efficacy of core groups (and CPCs) when supervising CP cases. 	SWs ATMs	Immediate At least 3 monthly Each

practice guidance and is informed by the best evidence available including research findings.		<ul style="list-style-type: none"> CP Chairs to escalate any cases where Core Groups have not fully carried out their functions Spot check to be carried out. 	CPCs DG	CPC 10/7
Standard 8 Our records are accurate, complete and demonstrate the child's story.	3. Child protection and LAC visits are not all completed on the file using the agreed form.	<ul style="list-style-type: none"> Workers to complete all CP and LAC visit recording according to the Fwi guidelines. Supervisors to check that this is happening when cases are reviewed. Team managers to interrogate the reports from Fwi and ensure that recording enables performance to be accurately recorded. 	SWs ATMs TMs	Immediate Every 3 months Every week
Standard 8 Our records are accurate, complete and demonstrate the child's story.	4. In the audits completed, not all PEPs are completed and signed off.	<ul style="list-style-type: none"> The Fwi group to make sure that the adjustments made for PEPs meet the needs of the service 	FUG	30/6
Standard 8 Our records are accurate, complete and demonstrate the child's story.	5. Chronologies are present, but 30% are 2/3 months out of date.	<ul style="list-style-type: none"> Chronology action plan in place Supervisors to check when cases are reviewed 	SWs ATMs	Immediate Every 3 months
Standard 8 Our records are accurate, complete and demonstrate the child's story.	6. Recording is not consistent across teams/ processes - some recording is out of date.	<ul style="list-style-type: none"> Workers to ensure that case notes, recording of visits and supervisions are up to date on file. Supervisors to check when cases are reviewed 	SWs ATMs	Immediate Every 3 months

Quality and Performance Meeting External Case Audit Report			
External Audit			
Date	25 April 2014	Lead	Pat LeRoy
Reporting To	QAPM	Reporting Period	Dec 2013 - March 2014


Date of last report	Feb 2014
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BACKGROUND	
<ul style="list-style-type: none"> • 6 cases are selected quarterly for in-depth/ deep dive audit by an external auditor using Reading's agreed audit tool. • The auditor undertakes a total of 6 audits randomly selected from CIN, CP and LAC cases. • The auditor undertakes a case file audit alongside working with the social worker/ ATM where possible. • The auditor provides judgements on the last 18m of work and an overall judgement for each case. 	
Results	<p>One LAC case was graded as a 2 (good). Four cases were graded as adequate. This was one CP cases and two CIN cases and one LAC case. One CP case was graded a 4 (needs immediate improvement) No cases were graded as a 1 excellent.</p> <p>Feedback has been given to all social workers and supervisors and action plans are in place where needed.</p> <p>The auditor will be conducting a re-audit in the next quarter to review previous action plans from external audit.</p>
Lessons to be learned	<p>In previous audits, themes arising included:</p> <ul style="list-style-type: none"> - Lack of evidence of joined up work between the family placement teams and the front line social work teams. - The recorded threshold for s47 investigations were less clear in long term teams compared with the access and assessment team. - Some gaps in evidencing reflective supervision and management oversight. <p>In this round, the following issues emerged</p> <ul style="list-style-type: none"> - Recording on case files in all types of cases continues to be the key area requiring improvement. - Both Child Protection cases demonstrated that whilst managers and social workers can talk persuasively about the case (and demonstrate in-depth case

	<p>knowledge), this is not as well evidenced in the file though.</p> <ul style="list-style-type: none"> - Management oversight and supervision (frequency and depth) are not sufficiently demonstrated in casework files. - The 2 LAC cases both demonstrated good outcomes for the child/ young person (however, this is not consistently evidenced as well on the case file). - One LAC child had been adopted, but some work was needed to make sure that all documents were available to the adopters within timescale.
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ACTIONS RECOMMENDED

Standard/ criteria	Issue identified	Action(s) needed	By who	By when
<p>Standard 9</p> <p>Work with children is managed and supervised to achieve the best possible outcomes.</p>	<p>Management oversight and supervision (frequency and depth) are not sufficiently demonstrated in casework files.</p>	<ul style="list-style-type: none"> • All cases to be supervised in line with agreed supervision policy. • All discussions/ observations/ agreements to be immediately logged on the file and labelled as management oversight. • Team managers to spot check and report back to QAPM. 	<p>ATMs</p> <p>ATMs TMs</p> <p>TM</p>	<p>As agreed per case type</p> <p>10/7</p>
<p>Work is in accordance with legislation, guidance and local policy and procedure.</p> <p>Work is undertaken with due regard to the national minimum standards, best practice guidance and is informed by the best evidence available including research findings.</p>	<p>There was an issue where one child did not have a life story book/ later life letters prior to the adoption order being granted. This was not adequately monitored/ checked via supervision/ LAC reviews.</p>	<ul style="list-style-type: none"> • Social workers to ensure that life story books and later life letters are completed prior to a child being adopted. • ATMs to check this in supervision once permanency outside the family is established as the plan. • IROs to ensure that this is a part of routine checking (and monitoring) once a child is placed for adoption. 	<p>SWs</p> <p>ATMs</p> <p>IRO</p>	<p>Immediate</p> <p>At least 3monthly</p> <p>Each review</p>
<p>Standard 8</p> <p>Our records are accurate, complete and demonstrate the child's story.</p>	<p>4. Case notes and other records are not always up to date in CIN, CP and LAC cases</p>	<ul style="list-style-type: none"> • Workers to ensure that recording is completed contemporaneously. • Supervisors to check when cases are reviewed. 	<p>SWs</p> <p>ATMs</p>	<p>Immediate</p> <p>Every 3 months</p>

Quality and Performance Report Service User Experience			
Date	21 st April 2014	Lead	Rose Blackadder
Reporting To	QAPM	Reporting Period	Jan - March 2014
Date of last report	None Previous		

Introduction	Stakeholder Engagement is universally recognised as being a key ingredient in service improvement. The Service User Experience (SUE) project is undertaking a range of activities to encourage direct feedback from our Service Users, Foster Carers and Adopters at various stages of their individual journeys through our systems to provide real time feedback to staff and help us adapt services to better meet the needs of our customers.
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Methodology	
Access & Assessment Team	All Families are sent a paper based questionnaire with Stamped Addressed Envelope on case closure following Assessment. A random sample of 6 families are contacted by telephone following the closure to A&A of cases.
Area Teams x3	A random sample of 6 families per team are contacted by telephone where their cases have been open to the team for 6 months.
Fostering	A random sample of 6 carers on a monthly basis covering Main Placements, Short Breaks and Respite and Family and Friends on a rolling basis until all carers have been contacted.
Adoption	Monthly calls to all Adopters/Potential Adopters as they reach one of three stages in the Adoption Process (Initial Contact, Approval Panel, 1 month after Adoption Order)

Results	
A&A	<ul style="list-style-type: none"> There have been 0 returns of the paper based A&A questionnaire against a total of 184 cases closed Jan - March. Of the 11 returns received the previous quarter (as yet unreported) 10 families (91%) either Agreed or Strongly Agreed that "The best outcomes for my family were achieved" by CSC Involvement'. It has proved difficult to make contact with families randomly selected via 'A&A case closed' data. This has been due to a range of reasons including changes in phone number, users not answering phones, or users asking callers to ring back at a specific time and then not answering phone or again re-arranging. Of two Service Users who answered our call, both responded positively to all questions asked. <p>When asked whether they would be happy to be contacted in the future for further SUE activity, both said yes.</p>

<p>Area Teams x3</p>	<ul style="list-style-type: none"> • Of the 8 Service Users who answered our call eight felt that their SW always arrived when they said they would and seven felt listened to by the SW. • One Service User did not feel listened to and this was followed up directly with the ATM. The Service User feedback was noted in context of the current family situation (children in Friends and Family care). • Three positive comments were received when asked ' Anything else you would like to tell us': <ul style="list-style-type: none"> ○ "People say that working with social workers is a negative experience but I found it positive which is helping me to be a better mum". ○ "I am happy with the work that xxx does - I think she deserves a medal for the work that she has done with my son." ○ My SW is very supportive. Any problems I always felt I could contact her and if I wasn't around she would always reply to a message. • One negative comment was received: <ul style="list-style-type: none"> ○ "Whilst I'm kept up to date, social workers fail to stick to their deadlines, for example I don't receive the report 48 hours before a CP conference. I also feel like the SW sometimes puts words into my child's mouth rather than letting him speak openly. We often don't agree with the report but don't get to see the revised version. People often relay message (such as health visitors) directly to my social worker without informing me - as a parent I feel like I should be informed at the same time." <p>When asked whether they would be happy to be contacted in the future for further SUE activity all eight said yes.</p>
<p>Foster Carers</p>	<ul style="list-style-type: none"> • Calls have been made to the groups of Long Term Foster Carers and Short Break/Respite Foster Carers Only. Family and Friends Carers are being contacted w/c 21st April • Of the 10 LTFCs contacted, three responded. Comments from this group were mixed, especially when asked 'Do you feel you are kept up to date' 2 out of 3 were not happy with effectiveness of communication (within RBC) • Of the 10 SB/RFCs contacted, two responded. Comments from this group were 100% positive. • All FC's across the two groups were happy with their SSW, disappointment came from lack of notice around meetings and decisions. <p>When asked whether they would be happy to be contacted in the future for further SUE activity all five said yes.</p>
<p>Adopters Phase 1</p>	<ul style="list-style-type: none"> • Five adopters are currently in Phase 1 of our process (First Enquiry through to Stage 2) and four have responded to contact. • The questions asked provided a large amount of qualitative data which varied depending on each individual adopter's experience. • My feeling having conducted the initial four surveys is that the adopters were happy with the input from their Social Worker (and there are many positive comments about the flexibility and responsiveness of particular workers). However most had experienced different frustrations within stages of the process: <ul style="list-style-type: none"> ○ One couple reported that the process had taken 16 weeks to this point rather than 8.


	<ul style="list-style-type: none"> ○ Two couples specifically mentioned the length of time taken for DBS to be returned, and one the length of time taken for the Medical Assessment ○ One couple had had a particularly negative experience in relation to references being taken up before they had given permission. ● All potential adopters remain engaged in the process and are looking forward to the next stages and getting their panel dates.
Adopters Phase 2	<ul style="list-style-type: none"> ● Six adopters are currently in Phase 2 of our process (Stage 1 - Approval Panel) and one has been contacted and responded. A further adopter has requested the form by post as they do not want to be contacted out of hours. ● Satisfaction was rated at 7/8 out of 10. ● Very positive comments were made about both Social Workers allocated to them "All Social Workers have been brilliant ..." ● The adopters experienced some frustration during the time they were 'between' Social Workers however, as one worker left the service. ● They also felt frustration with the process and make the comment: <ul style="list-style-type: none"> ○ "Sometimes we feel like we are left to drive the process. Things get done when we call and ask if they have been done, everything done at the last minute which is stressful. They wonder if they didn't push all the time if the process would move at all. They feel that other adopters they have spoken to feel the same."
Adopters Phase 3	<ul style="list-style-type: none"> ● Three adopters are currently in Phase 3 of our process (1 month Post Adoption Order) and two have been contacted and responded. ● The questions asked provided a large amount of qualitative data which varied depending on each individual adopter's experience. ● One Adoptive Couple were unhappy with aspects of their process. The SM will contact them directly w/c 22 April as they wanted to understand how their feedback would be given to the team. ● One Adoptive Couple gave a response which was more balanced by both positive and negative experiences. The positive relate to the honesty they experienced from their Social Workers, and the relationship they have with their current Social Worker. ● Frustrations once again arise through the speed of the process and also the number of changes in staff. These adopters have had three workers all together, with gaps in between appointments.
Themes Arising	
A&A and Area Teams	<p>Making contact with Service Users in A&A and the Area Teams has been very challenging, resulting in fewer responses than anticipated.</p> <p>Feedback received has largely been positive in relation to individual workers.</p> <p>Frustration arises when Service Users feel they are not kept up to date and given enough notice of key processes.</p> <p>The majority of Service Users have not expressed any dissatisfaction with the timekeeping of their Social Workers.</p>

Fostering	<p>Making contact with Foster Carers by phone has proved more difficult than anticipated.</p> <p>Feedback received has been very positive in relation to individual workers</p> <p>Carers feel that an area of improvement for RBC would be internal communication.</p>
Adoption	<p>Feedback received is very personal to the individual service users.</p> <p>Feedback received has been positive in relation to individual workers.</p> <p>Potential adopters were impacted by turnover in staff and gaps in access to individual workers.</p> <p>Potential adopters find that delays within the process are extremely frustrating. It is not always clear to them what the cause of these delays is. DBS has been mentioned on more than one occasion.</p>

ACTIONS RECOMMENDED *This is the recommended list of items that will be taken forward as a result of the audit - it will be adjusted (if required) and signed off at the meeting you are reporting to. The following format should be used:*

Observation	Issue identified	Action(s) needed	By who	By when
<p>Contact is not being made with the agreed number of Service Users each month</p> <p>In the first month only 8 calls were successful from a total of 18 parents and foster carers called. In the second month 10 calls from a total of 32 called. 42 and 31% respectively.</p>	<p>FWi has an issue with the storage of phone numbers & SW's need reminding to enter phone numbers on the system.</p> <p>Users do not welcome the contact</p> <p>Users do not answer their phones to calls so we do not know if they would be happy to talk with us or not.</p>	<ul style="list-style-type: none"> • Calls to be undertaken by BA within the teams so they can link more closely with SW before making calls • Consideration to be given to amount of time it takes to receive the amount of information elicited. 	SM Team	Immediate
<p>Feedback from BA Managers is that by the time we get through to parents the questions asked are very quick.</p>	<p>It feels as if the people being called would be open to being on the phone for longer.</p>	<ul style="list-style-type: none"> • Consideration to be made to whether we contact fewer people but have a more qualitative questionnaire. 	SM Team	By end of May
<p>As body of feedback grows TM's will need to identify key messages from individual feedback.</p>	<p>Overall, service users seem happy with their individual contacts. Issues arise over communication and delays in process.</p>	<ul style="list-style-type: none"> • Service to identify methods of improvement and evidence change. 	All	By end June
<p>The Service Users contacted have all expressed an interest in continuing to work with us.</p>		<ul style="list-style-type: none"> • RB to liaise with management team to understand whether it would be useful to devise workshop/consultation day to obtain 	RB/PLR	Summer 2014

		more qualitative feedback from group.		
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Quality and Performance Report Fostering & Adoption Update Q4			
Date	17.4.14	Lead	Jean Ash
Reporting To	29.4.14 Quality and Performance Board	Reporting Period	January-March 2014
Date of last report	N.A		

Introduction	Standard 25.7 of the National Minimum Standards 2011 (unchanged in 2014) stipulates that the “executive side of the local authority.../trustees, board members or management committee members: receive written reports on the management, outcomes ...of the fostering service every 3 months”. The report relating to the performance of both the Fostering and Adoption Services is provided quarterly for presentation at the ACE Committee.
Methodology	<p>Sources of information:</p> <ul style="list-style-type: none"> • Team performance is reviewed monthly in the Fostering and Adoption Performance Meetings (involving the ATM Recruitment + Assessment, Fostering and Adoption Team Managers, Service Manager and HOCS). • The detailed tracking of progress for every child whose plan includes adoption (& earlier notifications) as reviewed in the monthly Adoption Liaison Meeting (involving Children’s Social Work teams, IROs and Adoption Service managers). • Statistical data from the “Purple Book”
Results	<p>Fostering</p> <p>LAC: At end of March 2014 80% of LAC were in family placements. Of these: 42% were in IFA placements and 38% were in RBC foster placements.</p> <p>Placement stability: For LAC in long term care, the number in the same placement for more than 2 years was 48 (64%) in March '14 compared to 46 (69.7% in April '13. There were 19 (9% of LAC) however needing more than 3 placements in the current reporting year compared to 11 (4.9%) the previous year</p> <p>Foster Carers:</p> <p>In 2013-14:</p> <ul style="list-style-type: none"> ○ 225 initial enquiries from prospective foster carers were received. Of these 198 were responded to within 3 days. ○ 46 initial visits were undertaken. Of these 42 were arranged within 8-13 days ○ 10 applications were received. ○ 11 new foster carers were approved to offer “main” placements compared to 7 in 2012-13. ○ 4 of the 11 were assessed within 6 months <p>b) Adoption + Permanence</p> <p>Benchmarked information shows that in terms of the performance for</p>

	<p>percentage of LAC adopted : Reading is currently 28th best performing nationally + third best in the cohort of 11 statistical neighbours.</p> <p>LAC:</p> <ul style="list-style-type: none"> • In 2013-14: 26 children have been adopted exceeding the performance of the last 2 consecutive years when 18 adoptions were achieved p.a. • As of March '14: the full range of family finding activity is required for 30 children, early work for 5 early notifications + work to support adoptive placements proceeding to orders for 15 children. • The numbers of adoptions + SGOs reported in Q3 of the respective years show that 31 were achieved in 2013-14 compared to 24 in 2012-13 and 20 in 2011-12 <p>Adopters:</p> <ul style="list-style-type: none"> • From October 2013-March 2014: <ul style="list-style-type: none"> ○ 51 initial enquiries from prospective adopters were received. Of these 46 were responded to within 2 days. ○ 16 initial visits were undertaken. Of these 10 were arranged within 10 days. ○ 5 applications were received • In 2013-14: 14 new adopters were approved (with 2 more going to panel in March but the ADM decision in April) compared to 14 in 2012-13. • There are 6 outstanding assessments started before July 2013 (under old Regulations). 5 will have gone to Panel by the end of May + 1 is on hold due to serious family illness. <p>In March 2014 there are 6 assessments under way (under the new Regulations): four in Stage 1 + two in Stage 2.</p>
<p>Themes arising</p>	<p>Fostering Looked after children:</p> <ul style="list-style-type: none"> • The percentage of LAC placed in family placements has been consistently high when benchmarked with statistical neighbours. This has relied heavily on use of IFA placements. This is why there is a focus on recruiting RBC foster carers able to offer "main" placements to children. To match our LAC population there has been particular emphasis on recruitment for those offering placements to children over 5 yrs (particularly adolescents, siblings and BME carers.) • The results in terms of placement stability are mixed. There has been a recovery in performance in terms of the numbers of children remaining in long term placements for more than 2 yrs. However, more children (who may not have been in care for as long) have more than 3 placements. Though some of these move for good reasons (to achieve permanency) the ideal would be for them to do so with less prior moves. <p>Foster Carers:</p> <ul style="list-style-type: none"> • Initial enquiries and visits are progressed efficiently overall • Despite the increase in Nos of foster carers recruited to offer main placements compared to last year, the target of achieving a net increase of 10 "main" RBC foster carers was not met due to 4 "main" carers

ceasing to foster (2 moved a long distance out of the area and 2 were de-approved).

- The level of recruitment activity picked up again after a lull in July and August including targeted attendance of different faith groups and participation in a local radio programme during the designated Black History fortnight in November. To date this has not produced an increase in BME applicants however. The impact of a lengthy period of vacancy for the Recruitment Officer post is being felt.
- Assessment: In common with other L.A's Reading has experienced difficulties in obtaining the necessary references, checks and information from carers within the 2 month target for the carer-led Stage 1 of the new assessment process. Practice has been amended to try to address these.
- Carer Retention: This has remained positive (with 4 carers ceasing to foster for unavoidable reasons as identified above). This was a major achievement in light of staff turnover (including the Team Manager and both Assistant Team Managers) and an inability to recruit agency/independent worker cover which meant that 13 carers had duty officer cover only for several months until Sept '13. Feedback from carers clearly indicates that staff retention (providing continuity of support for carers) is important.

b) Adoption

LAC

- Permanency and continuity of care are being achieved for significant numbers of older children via SGOs as well as adoptions.
- Demand for adoptive placements continues to exceed the number of RBC recruited adopters.
- Although RBC is performing well in comparison to other L.A's. It is not meeting the government's increasingly challenging targets in terms of timeliness. In 2013 only 36 local authorities were successful in meeting both targets compared to 71 in 2012. In common with many other L.A's therefore timeliness of placement remains an area for improvement both because of the high demand and a mismatch between carers' wishes and the profile of children in terms of age, history etc. Despite this, positive permanency outcomes are being achieved for individual children.
- Analysis of the plans for children in adoptive placements awaiting placement orders has not identified planning drift but rather the placements are less than 10 weeks in duration or carers are experiencing difficulties and require considerable support.

Adopters

- Initial enquiries and visits are progressed efficiently overall.
- In common with other L.As, Reading has experienced difficulties in obtaining the necessary references, checks and information from carers within the 2 month target for the adopter-led Stage 1. Practice has been

	<p>amended to try to address this. These difficulties have been identified as issues by all the Local Authorities in the S.E BAAF Region</p> <ul style="list-style-type: none"> • One of the stage 2 assessments is on track for an ADM decision within 4 months. It remains a challenge to achieve this for the 2nd assessment. • Analysis of approved RBC adopters has identified 7/9 of those available at the end of March have proposed links and these have generally been progressed quickly.
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ACTIONS RECOMMENDED

This is the recommended list of items that will be taken forward as a result of the audit - it will be adjusted (if required) and signed off at the meeting you are reporting to. The following format should be used:

Standard/ criteria	Issue identified	Action(s) needed	By who	By when
Targeted recruitment + retention to achieve net increase of 10 new "main" foster carers - 80% to offer placements to children over 5 yrs (particularly adolescents), siblings and BME carers.	Under-representation of carers vis-à-vis Nos of LAC in these groups	Discussion with Marketing re strategies to recruit Recruitment Officer Progression of new models of supporting carers e.g Mockingbird	JA + KBA/SR JA, VS + KBA	15.5.14 Sept '14
<i>Improving Placement stability (As per N163 + N162 in Purple Book)</i>	<i>As above</i>	<i>Conclusions from the analysis of LAC 11 exercise</i> <i>Development of Foster For Adoption in conjunction with BAAS</i>	<i>DAG, JA + AK</i> <i>DG + JA</i>	<i>May '14</i> <i>End June '14</i>
<i>Improving Permanency Planning</i>	<i>Continued improvement of performance for SGOs and adoptions quoted above</i>	<i>Publish updated Permanency Planning Strategy Policy + Procedures</i>	<i>AK, JA + DAG</i>	<i>End of May</i>
<i>July 2013 Regulations -assessments of foster carers and adopters achieved within a total of 6 mths (Stages 1 + 2)</i>	<i>As above</i>	<i>Continued detailed tracking of reasons for delay in monthly performance meetings and addressing issues</i>	<i>KBA, SR, DG and JA</i>	<i>Monthly</i>
<i>Improving timeliness of adoptive placements as per the Adoption Scorecard in the Purple Book</i>	<i>As above</i>	<i>Work with 7 L.As to explore membership of an extended Hants, Oxon, Surrey consortium as well as continued membership of Berks-wide consortium</i>	<i>JA</i>	<i>End of May</i>