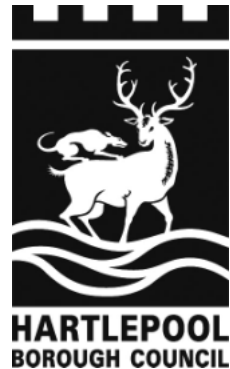


# CHILDREN'S SERVICES PORTFOLIO

## DECISION SCHEDULE



**Monday 30 January 2012**

**at 2.00 p.m.**

**in Committee Room "C"  
Civic Centre, Hartlepool.**

Councillor C Simmons, Cabinet Member responsible for Children's Services will consider the following items.

**1. KEY DECISIONS**

No items.

**2. OTHER ITEMS REQUIRING DECISION**

- 2.1 The Revision of Fees for Rossmere Skate Park by the Local Authority for 2012 – *Director of Child and Adult Services*

**3. ITEMS FOR INFORMATION**

- 3.1 Exmoor Grove Children's Short Break Care Unit – *Director of Child and Adult Services*  
3.2 Adoption Inspection – May 2011 – *Director of Child and Adult Services*  
3.3 Safeguarding Children In Hartlepool – *Director of Child and Adult Services*  
3.4 Children's Homes: Regulation 33 Reports – *Director of Child and Adult Services*

**4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

No items.

**5. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006**

**EXEMPT ITEMS**

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs

referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

**6. EXEMPT KEY DECISION**

No items.

**7. OTHER EXEMPT ITEMS REQUIRING DECISION**

- 7.1 Children's Services Contracts: Exceptions to the Contract Procedure Rules –  
*Director of Child and Adult Services*

**7. EXEMPT ITEMS FOR INFORMATION**

No items.

## **CHILDREN'S SERVICES PORTFOLIO**

Report to Portfolio Holder

Date 30 January 2012



**Report of:** Director of Child and Adult Services

**Subject:** THE REVISION OF FEES FOR ROSSMERE  
SKATE PARK BY THE LOCAL AUTHORITY FOR  
2012

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to seek approval for Hartlepool Borough Council Integrated Youth Support Service to raise fees for Rossmere Skate Park (Roszy Plaza) to enable the continued support of young people and the wider community to access the site safely.

#### **2. SUMMARY OF CONTENTS**

- 2.1 The report provides a background to the development of the skate park and the financial pressures likely to be experienced by the Local Authority with regards to the day to day development and management of the skate park going forward.
- 2.2 The report outlines a number of options that have been considered as part of a consultation process with local users and concludes by presenting a series of recommendations for consideration and noting the risks, alongside the financial and legal implications that need to be considered to enable the skate park to be effectively managed and developed in the future.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

- 3.1 This skate park is a key feature of the local youth offer in terms of providing a safe place for young people to go and lies within the portfolio holders area of responsibility.

**4. TYPE OF DECISION**

4.1 Non Key.

**5. DECISION MAKING ROUTE**

5.1 Portfolio Holder on 30 January 2012.

**6. DECISION(S) REQUIRED**

6.1 Portfolio Holder is requested to approve the proposed increase in annual membership fees for the Rossmere Skate Park.

**Report of:** Director of Child and Adult Services

**Subject:** THE REVISION OF FEES FOR ROSSMERE  
SKATE PARK BY THE LOCAL AUTHORITY FOR  
2012

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## **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to seek approval for Hartlepool Borough Council Integrated Youth Support Service to raise fees for Rossmere Skate Park (Roszy Plaza) to enable the continued support of young people and the wider community to access the site safely.

## **2. BACKGROUND**

- 2.1 Young people in Hartlepool had, for a number of years, identified a need for a skate park facility that was managed due to both concerns about safety and in response to being moved on from areas suitable for skating by police officers.
- 2.2 Through the Integrated Youth Support Service Detached Youth Work Team, young people formed a group to work on options for the development of a skate park. At the same time Sports Development were looking at options for the development of a multi use games area on the site adjacent to Rossmere Youth Centre. Both teams came together to look at options for the development of both sporting facilities at the Rossmere Way Site.
- 2.3 The skate park at Rossmere Way was funded through the Co location Fund which was capital spend only. The multi use games area has a charging policy for groups outside of the partnership.
- 2.4 The management of the site is the responsibility of the Integrated Youth Support Service Youth Work Team. Management arrangements include CCTV, swipe card access, health and safety information, code of conduct and access to helmets – to enable a managed not supervised site. A member of staff has been employed on a part time basis to enable swipe cards and membership to be accessed, hiring of helmets and engaging with the young peoples representative group to enable development work to be carried out.
- 2.5 At present staffing is secured until March 2012 via the Early Intervention Grant and the plan is to extend the position for a further year whilst pushing on with the plans to make the park more self sustaining from 2013 onwards. Capacity within the youth work programmes mean that

the service unable to pick up long term costs associated with the site management. When the original bid was submitted, swipe cards were pre-purchased until March 2012, next financial year these will need to be purchased at a cost of £4.50 per card plus administration time. Annual membership currently stands at £1.00 annually and is in no way comparable to fees at other local sites (Prissick Plaza in Middlesbrough charge £12.50). There will also be ongoing maintenance issues with the park over time. This will create a budget pressure in coming years (within the context of reducing budgets) that will need to be accommodated.

- 2.6 A range of options (see below) have been considered by the Skate Park Steering Group which includes elected members (Rossmere Ward), young people and council officers and through broader consultation with skate park users. Careful consideration by the Skate Park steering group has led to the proposal to increase fees as well as income generation next financial year.
- 2.7 75 young people who regularly use the park have been consulted about what they consider to be a reasonable fee for the year. 56 stated £10.00 or more. General discussion with those who stated less didn't indicate inability to pay, but rather a reluctance to pay given the current charge of £1.00 per annum. That being said, provision for inability to pay will need to be made as in other Local Authority pricing schemes.

### 3. OPTIONS APPRAISAL

#### 3.1 Open site to all with minimal supervision

Although this option would address budget issues (in that there would be no cost associated with staffing, or for swipe cards), this would not address maintenance issues. This would also potentially have the impact of not addressing young people's need for a safe and controlled space and may have an impact on residents concerns. This would also restrict development opportunities on the site. In addition the scooter ban would be unenforceable, resulting in significant potential damage to the concrete surfacing and associated increased maintenance costs. This is a situation that many local authorities are having to deal with in skate parks with unrestricted access which has led to other councils (including Newbury and North Hykeham) also banning them.

#### 3.2 Explore income generation other than membership fees.

This is being explored by the development worker and reps group in connection to helmet hire, tuck shop and commercial sales. Initial income from helmet hire is low (and has in fact been criticised from local shops as putting young people off buying helmets) due to low hire fees. This however is potentially over ridden by the health and safety requirement for young people to use them. Tuck although proving successful is in the early stages and will not generate the level of

income needed on its own. Social enterprise is in its early stages on the park. The reps group have been involved in a grant givers bid which was successful but needs to be spent on activities (promotional events), shelters and merchandise for sale, spare equipment etc.

### 3.3 Increase memberships fees and use other methods of income generation.

This option has been identified by the Skate park Management Committee as the only viable option that will enable the park to be sustainable in its current format in the future. At the outset of the development, young people from the reps group asked for a pricing structure of £10.00 per year based on feedback from other young people interested in accessing the site. Concerns around affordability for low income families meant that an initial price of £1.00 was introduced. For reasons already identified this will not be able to continue. It may be worth noting that Middlesbrough Council currently charge £12.00 for an annual membership and £3.50 for a day pass for their Prissick Plaza facility.

## 4. **CONSULTATION**

4.1 As part of the options appraisal local young people who currently access the skate park facility were asked a series of questions to ascertain their view on what would be a reasonable membership cost. Seventy five young people completed the questionnaire and their responses are as follows:

4.2 Question: What would be a reasonable membership cost?

19 young people stated £5.00 or less  
36 young people stated £10.00  
20 young people stated £10.00 or more

4.3 Question: Do you think membership should have been more than £1?

19 said No  
56 said yes.

4.5 General discussion with young people using park and also those that travel from out of town to use park, become a member, comment how cheap the membership is compared to other skate parks within the North East.

## 5. **EQUALITY AND DIVERSITY CONSIDERATIONS**

5.1 The skate park steering group acknowledged throughout the options appraisal and generation of proposals that some local young people may not be able to accommodate an increase in Membership costs due to financial constraints within the family.

- 5.2 It is the recommendation of the Skate Park Management Committee that any decision to raise the annual Membership fee includes a concessionary rate of £1.00 per annum available for families accessing benefits or in receipt of free school meals.

## **6. PROPOSALS**

- 6.1 That membership be raised to an annual fee of £10.00 per year.
- 6.2 That a day rate (which is currently obsolete) of £3.00 be introduced for young people who do not access frequently and do not wish to take up full membership.
- 6.3 That this be introduced as membership for this year runs out.
- 6.4 That concessionary rates of £1.00 be introduced for those with evidence of inability to pay (comparable to forms acceptable in other local authority facilities).
- 6.5 That further opportunities for income generation be developed to ensure the sustainability of the site.

## **7. RISK IMPLICATIONS**

- 7.1 The key risks associated with this proposal are linked to the Local Authorities ability to continue to sustain the current levels of site management and development within growing financial constraints.
- 7.2 The proposal to raise annual membership fees will contribute significantly to the continuation of the current site management arrangements to ensure that the Skate Park remains a safe environment for local young people to participate in a positive activity and can continue to contribute to its day to day development.

## **6. LEGAL AND FINANCIAL CONSIDERATIONS**

- 6.1 The Skate Park represents a significant investment and forms a key part of the Local Authorities duty to secure for qualifying young persons in the authority's area 'so far as reasonably practicable' sufficient recreational leisure-time activities, which are for the improvement of their well-being, and sufficient facilities for such activities under a newly inserted section 507B of the Education Act 1996.

## **7. RECOMMENDATIONS**

- 7.1 Portfolio Holder is requested to approve the recommendation to raise Skate Park Membership to an annual fee of £10.00 per year (which incorporates a concessionary rate of £1.00 per year) and introduce a



day rate of £3.00 per visit for young people who do not wish to take up full membership.

- 7.2 And that the Portfolio Holder approves for further opportunities for income generation be developed to ensure the sustainability of the site.

## **8. REASONS FOR RECOMMENDATIONS**

- 8.1 To ensure that the local Authority can continue to support children, young people and the wider community to access a key local recreational site in spite of broader budgetary constraints relating to children's services.

## **9. CONTACT OFFICERS**

Beth Storey, Youth Work Manager, Hartlepool Integrated Youth Support Service, [beth.storey@hartlepool.gov.uk](mailto:beth.storey@hartlepool.gov.uk) , 01429 523900

Mark Smith, Integrated Youth Support, Head of Service, [mark.smith@hartlepool.gov.uk](mailto:mark.smith@hartlepool.gov.uk), 01429 523405

## **CHILDREN'S SERVICES PORTFOLIO**

Report To Portfolio Holder

30<sup>th</sup> January 2012



**Report of:** Director of Child & Adult Services

**Subject:** EXMOOR GROVE CHILDREN'S SHORT  
BREAK CARE UNIT

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### SUMMARY

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder of the outcome of the recent OFSTED inspection of Exmoor Grove Children's Short Break Care Unit.

#### **2. SUMMARY OF CONTENTS**

This report will provide an overview of the recent OFSTED Inspection report. The report is attached as **Appendix 1**.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

Exmoor Grove is a regulated service and as such is inspected on an annual basis by OFSTED, the purpose of the inspection is to assure children and young people, parents, the public, local authorities and the government of the quality and standard of services provided. Therefore it is essential that the Portfolio Holder is provided with the report and the action plan to address recommendations.

#### **4. TYPE OF DECISION**

Non key.

#### **5. DECISION MAKING ROUTE**

Decision by Children's Portfolio Holder – 30<sup>th</sup> January 2012

**6. DECISION(S) REQUIRED**

Portfolio Holder to receive and note the report (**Appendix 1**) and action plan (**Appendix 2**).

**Report of:** Director of Child and Adult Services

**Subject:** EXMOOR GROVE CHILDREN'S SHORT BREAK CARE UNIT.

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**1. PURPOSE OF REPORT**

- 1.1 To inform Portfolio Holder of the outcome of the recent OFSTED inspection of Exmoor Grove Children's Short Break Care Unit.

**2. BACKGROUND**

- 2.1 Exmoor Grove was a purpose built building to deliver care for children with disabilities and opened in September 1985. The unit originally provided a long term home for four young people who were moving from Prudhoe Hospital to Exmoor Grove.
- 2.2 The unit ceased to provide long term placements in 2001 and moved to focussing solely on the provision of short break care for children with physical and learning disabilities and complex needs. It was recognised that the needs of children and young people requiring long term care could not be effectively met when also providing short break care to a high number of other children and young people.
- 2.3 In October 2009 the OFSTED Inspection report stated "The home is not furnished and equipped to meet the needs of the young people who now use the service. A decision has still not been made as to the future direction of the home and this is reflected in the basic nature of a lot of the furnishings and fabric of the home". As a result of this Exmoor's OFSTED rating dropped from 'Good' to 'Satisfactory'
- 2.4 Whilst the Ofsted Report highlighted the outstanding issues in relation to the fabric of the building, this had already been recognised and work commenced, on a reconfiguration programme for Exmoor Grove.
- 2.5 The outcome of the reconfiguration programme was that Exmoor Grove should specialise its services for children with challenging behaviour and associated learning disabilities.
- 2.6 Exmoor Grove closed on 31<sup>st</sup> October 2010 for a period of three months to allow extensive refurbishment work to be undertaken, re opening in February 2011.

### 3. DETAILS

- 3.1 Exmoor Grove underwent an inspection by OFSTED on the 07/11/11. The inspector found the Overall Effectiveness of the unit to be GOOD. He advised, he found young people to make good progress in relation to their starting points and stated they thrive in a well organised, efficient and supportive environment.
- 3.2 The Outcomes for children and young people were also judged to be GOOD, the inspector stated that young people have an allocated key worker and the system used in the home is well organised and effective at helping young people achieve their agreed goals.
- 3.3 He also advised that the home has an excellent approach to promoting the health and well being of young people stating staff have developed positive relationships with responsible medical practitioners and parents and their committed approach to caring for young people and the rapport that has been developed with parents and multi agency practitioners fully supports and enhances this.
- 3.4 The Quality of Care was judged to be GOOD. The inspector stated that the home provides an extremely warm, nurturing and supportive environment in which young people can thrive and develop both physically and emotionally. He stated that young people's files are detailed and well ordered and that written records provide an extensive and precise record of each young person's stay.
- 3.5 The inspector was also impressed with the admissions procedure for children entering the home describing it as thorough, detailed and individualised.
- 3.6 Safeguarding Children and Young People was judged as GOOD. The inspector found that the unit has good systems in place to safeguard young people from harm. He advised staff training was up to date and staff demonstrated a sound knowledge and understanding of safeguarding issues.
- 3.7 He found that staff actively promoted a culture of positive behaviour within the home and young people were supported to take responsibility for their actions and sanctions and restraints were seldom used.
- 3.8 The inspector stated that the home has a thorough and systematic approach to risk management with up to date risk assessments available with regard to building, gardens and each individual young person. He found the risk assessments to be clear, focussed, and regularly reviewed.
- 3.9 The inspector also commented on the benefits the young people gain from having an extremely stable staff team providing their care.

- 3.10 Leadership and Management was judged as SATISFACTORY. The inspector found that the home meets the aims and objectives set out in the Statement of Purpose however it did not include an up to date address for the current regulatory authority.
- 3.11 The inspector stated that members of staff fully understand each young person's individual strengths and needs and that working practices in the home are both coherent and consistent in enabling young people to develop and achieve maximum potential.
- 3.12 He advised that the young people receive care from a well supported staff team and all members of staff are fully committed to challenging anti discriminatory practice.
- 3.13 The inspector noted that a small independent team of staff were employed to provide one to one support for a young person separate to the majority of children in the unit; he found these staff was not provided with regular formal supervision by the management team and as a result the supervision of staff is inconsistent.
- 3.14 The inspector stated that whilst the home has regular Regulation 33 visits undertaken, the inspectors are not regularly speaking to families regarding the care their children receive and this should be happening as a matter of course each month.
- 3.15 Overall the inspector advised that the Home's manager is an experienced professional who provides effective and competent leadership and has systems in place to ensure that the quality of care is regularly monitored and that problem areas are quickly highlighted and swift action is taken.
- 3.16 The refurbishment work undertaken earlier in the year together with the hard work of the Exmoor Team following the re opening have resulted in an extremely positive OFSTED inspection with the unit being re classified as GOOD from its previous SATISFACTORY grading.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 There are no financial implications.

#### **5. RECOMMENDATIONS**

- 5.1 Portfolio Holder to receive and note the report and action plan.

#### **CONTACT OFFICER**

Sylvia Lowe  
Manager  
Exmoor Grove  
01429 232634

# Exmoor Grove

Inspection report for children's home

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<b>Unique reference number</b>	SC030967
<b>Inspection date</b>	07/11/2011
<b>Inspector</b>	Bill Drumm
<b>Type of inspection</b>	Full
<b>Provision subtype</b>	Children's home

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<b>Setting address</b>	Exmoor Grove, 16 Exmoor Grove, Hartlepool, TS26 0XE
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<b>Telephone number</b>	01429 232634
<b>Email</b>	sylvia.lowe@hartlepool.gov.uk
<b>Registered person</b>	Hartlepool Borough Council
<b>Registered manager</b>	Sylvia Anne Lowe
<b>Responsible individual</b>	Sally Robinson
<b>Date of last inspection</b>	24/01/2011





## About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the *Inspections of children's homes – framework for inspection* (March 2011) and the evaluation schedule for children's homes.

### The inspection judgements and what they mean

**Outstanding:** a service that significantly exceeds minimum requirements

**Good:** a service that exceeds minimum requirements

**Satisfactory:** a service that only meets minimum requirements

**Inadequate:** a service that does not meet minimum requirements

## Service information

### Brief description of the service

The home provides residential care for up to eight children and young people usually offering short breaks, but sometimes they can stay there for a few weeks. Children and young people who use the home have either a physical disability or a learning disability. The local authority owns and operates this setting.

### Overall effectiveness

The overall effectiveness is judged to be **good**.

Young people make good progress in relation to their starting points and thrive in a well organised, efficient and supportive environment. Members of staff provide consistent care and both encourage and support young people to develop their personal skills and abilities. Young people receive care from an experienced and lively staff team. The manager and members of staff consistently challenge themselves to deliver higher standards. There is a committed approach to enabling young people to develop socially, physically and emotionally. Members of staff actively support the education of young people and have developed strong links with local education providers. Young people living at the home are kept safe, well and free from harm. Thorough written records are maintained, which are both accurate and detailed.

The manager and members of staff are always looking for ways to improve and enhance the service they provide. The diverse needs of the young people using the service create new challenges for staff members who remain adaptable, dedicated and motivated. The home also employs a regular team of staff from an independent agency to work with one specific young person. The staff from the agency do not have their working practices directly supervised by the home's manager. This means the supervision of all staff within the home is inconsistent, and the care delivered to young people is not adequately monitored.

Each young person has an individualised behaviour management plan, care plan and risk assessment in place. Members of staff take time to explain the content of plans and risk assessments to young people. However, some documents are not written in a manner to aid their understanding and are not regularly reviewed. Some young people will not therefore, fully understand what it is that the home is trying to achieve for them, and how they can work toward meeting their own needs. The home has a Statement of Purpose in place which explains what the home wants to achieve and what services it provides. The Statement of Purpose does not record the details of the current regulatory authority. In addition, the independent visitor to the home does not always elicit the opinions of family members about the care the young people receive. The care young people receive is not, therefore, robustly



monitored by someone independent of the home and family members are unable to contact the regulatory authority directly, if they have any concerns.

The home has a young people's guide which is clear, easy to understand and provides detailed information about what it is like to live at the home. The home's manager has developed a recorded version of the young people's guide. This is available to all young people, but specifically those who have communication difficulties. This ensures that all young people know what the home provides and what it will be like to live there.

## Areas for improvementStatutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
33 (2001)	interview, with their consent and in private, such of the children accommodated there, their parents, relatives and persons working at the home as appears necessary in order to form an opinion of the standard of care provided in the home. (Regulation 33 (4)(a))	27/01/2012
27 (2001)	ensure that all persons working at the home receive appropriate training, supervision and appraisal. (Regulation 27 (4)(a))	27/01/2012

## Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- ensure that each young person who is eligible, has a detailed and comprehensive transition plan in place (NMS 12.4)
- encourage young people to take responsibility for their behaviour and keep all risk assessments associated with that behaviour up to date (NMS 3.6)
- ensure that each young person's behaviour management plan is regularly reviewed and kept up to date (NMS 2.93; Children's Act 1989 Guidance and Regulations Volume 5: Children's Homes)
- ensure that all placements made at the home are underpinned by an up to date assessment of the young person's needs and family circumstances (NMS 3.2; Children's Act 1989 Guidance and Regulations Volume 5: Children's Homes)
- review the home's Statement of Purpose to ensure it includes the up to date contact details of the current regulatory authority (NMS 13.3)



- review each young person's care plan on a regular basis and record all individual progress being made. (NMS 25.8)

## Outcomes for children and young people

Outcomes for children and young people are **good**.

Young people have a key worker and this key worker system used in the home is well organised and effective and helps young people to achieve their agreed goals. Members of staff are fully aware of each young person's strengths and they provide a supportive and enthusiastic environment in which young people can develop their independence and learn new skills. The local authority participation officer said, 'the home's fantastic, it really is. The young people here are fully involved in moving things forward and are on the authorities', young people's council.' Activities which young people have enjoyed include walks, visits to local parks, the sea life centre and theme parks. Young people living at the home receive individualised help and support. This helps them to become involved in the local community, to learn new things, to grow in confidence and to develop their self-esteem.

There is an excellent approach to promoting the health and well-being of young people. The health of young people remains the primary responsibility of their parents; however, staff members have developed positive relationships with responsible medical practitioners. Members of staff display a committed approach to caring for young people and the rapport developed with parents and medical practitioners fully supports and enhances this. Young people have clear health plans in place and their individual needs are clearly identified. Young people enjoy a wide variety of different foods, which includes food from other nationalities and cultures. One young person commented that the food was nice. Specific and specialised diets are fully catered for within the home. Young people are encouraged to take exercise and are supported to use the play equipment in the garden. This helps them to stay healthy, fit and well.

Young people receive a consistent level of help and support to learn new skills and to develop their independence. Within the limits of their abilities, young people are able to bake and prepare snacks. In addition, young people are also enabled to participate in budgeting and shopping. A grandparent stated 'my grandson is encouraged to do as much as he can. I was really nervous at first about him coming here but now I'm really pleased he did.' Young people are also supported to attend to their own personal care tasks. Members of staff adopt a sensitive, discreet approach to this and support young people to be as independent as possible and to attend to their own needs. This helps to prepare them fully for adult life.

The education of young people living at the home remains the primary responsibility of their parents. However, members of staff provide consistent support to young people in their attendance. One young person stated, 'staff always make sure I go to school.' Young people are able to continue learning whilst living at the home and to experience a wide range of activities. Young people's files contain all the necessary



educational information, including statements of special educational needs and personal education plans. This helps to promote each young person's continued education and improvement.

### Quality of care

The quality of the care is **good**.

The home provides an extremely warm, nurturing and supportive environment in which young people can thrive and develop both physically and emotionally. Care planning systems used within the home are well organised and thorough. Written records are maintained and any changes in young people's needs are quickly identified and acted upon. Consistent monitoring in this manner enables staff to evaluate the care they provide and to fully participate and contribute to any reviews. This helps to ensure the changing needs of young people are highlighted and services adapted to meet those needs.

Some young people are nearing the age when they will have to leave the home. Plans for their transition into adulthood and adult services were not available within the home. This means young people, and their parents, will not be fully prepared for this major change in their lives. Young people will not know, early in the transition process, what services are available and how they access them.

Young people's files are detailed and well ordered. Written records provide an extensive and precise record of each young person's stay at the home as well as the interventions carried out by staff members. Young people are fully involved in the running of the home. Regular meetings take place between staff members and young people. Young people also participate in formal consultation events about the care they receive and what improvements they would like to see at the home. Within the home there is a culture of promoting young people's rights and ensuring they are able to participate in all activities on an equal basis. This helps young people to develop and to feel part of the community.

The home has a thorough, detailed and individualised admissions process. Young people are able to visit the home and learn what it is like to live there prior to admission. However, not all young people had a comprehensive assessment of their needs carried out by their social worker prior to being introduced to the home. Staff at the home will be unaware of the young person's precise needs and how they are to be met. Members of staff are committed to ensuring each young person enjoys a positive experience whilst living at the home and are able to participate fully in all activities. Examples of such activities enjoyed by young people include trips to the sea life centre, theme parks and local outings. This helps young people to experience a full range of community activities and to develop their self-confidence and self-esteem.

Young people enjoy living in a quiet residential area. The home has extensive gardens with play equipment which young people can enjoy. Members of staff offer practical support to young people to help them use this equipment. Each young



person has their own bedroom and they are encouraged to bring personal possessions with them to make their stay more comfortable. Young people have access to several computers and gaming equipment. There is a television in the lounge where young people can relax. One young person was observed to be enjoying their time in the garden. The home also has a dining area where members of staff and young people can socialise and enjoy a meal together. Young people enjoy living in a very comfortable and pleasant environment.

Individual dietary needs are fully catered for. A record is maintained of what each young person has eaten whilst at the home to help ensure they eat a well balanced diet. Each young person has written consent forms so members of staff can administer medication or first aid where this is necessary. The welfare of young people is therefore safeguarded.

### **Safeguarding children and young people**

The service is **good** at keeping children and young people safe and feeling safe.

There are good systems in place to safeguard young people and all members of staff have received appropriate training. All training is kept up to date. No child protection concerns have been raised at the home. Members of staff spoken to were able to demonstrate a sound knowledge and understanding of safeguarding issues. There have been no occasions when a young person has been missing. In addition, there are no recorded incidents of bullying having occurred. When asked if they were happy at the home, one young person said, 'happy, yes.' The manager and all members of staff are trained in safeguarding and receive regular refresher training to keep their skills and knowledge up to date. Young people therefore are kept safe and free from harm.

Members of staff actively promote a culture of positive behaviour within the home. Young people are supported to take responsibility for their actions and sanctions and restraint are seldom, if ever, used. Each young person has a behaviour management plan in place. Behaviour management plans are not written in a style that young people can easily understand or contribute to. In addition, behaviour plans are not regularly reviewed and up dated. This means that young people are not enabled to fully understand the consequences of their behaviour. Members of staff use their skills and competencies to encourage young people to develop their positive social skills through reward systems and by listening to them.

The home has a thorough and systematic approach to risk management. Risk assessments are available with regard to the building and gardens and in relation to each young person. Risk assessments are clear, focused and regularly reviewed. Risks to young people are therefore minimised and they live in a safe environment.

The manager carries out regular checks of the fire systems, smoke detectors and emergency lighting. Young people take part in fire drills and the time at which fire drills take place are fully recorded. Regular checks of gas installations and electrical equipment also take place. Full written records are maintained by the home's



manager. Members of staff demonstrate a sound understanding of health and safety and fully implement the home's risk assessments. This helps to keep young people safe.

Young people benefit from an extremely stable staff team. There have been no new appointments since the last inspection. A small group of staff have been appointed from an independent agency to work with one young person. The membership of this group is consistent, which means the young person is familiar with those providing the care. Visitors to the home are asked to identify themselves on arrival and to sign the visitor's book. Checks undertaken ensure that young people are kept safe from abuse and potential abusers.

### Leadership and management

The leadership and management of the children's home are **satisfactory**.

The home meets the aims and objectives in their Statement of Purpose, although it does not contain the contact details of the current regulatory authority. This means that, the parents of young people will not be able to contact the regulatory authority if they have any concerns about the home. Members of staff provide an extremely warm, structured environment in which young people can flourish and develop both physically and emotionally. Care practices enable young people to develop their activities for daily living and independence skills. The young people's guide to the home includes contact details of the Children's Rights Director and their independent reviewing officer. In addition, the guide has been produced in a, 'talking book' format. This helps young people with communication difficulties to understand what the home provides.

Members of staff fully understand each young person's individual strengths and needs. Working practices are both coherent and consistent in enabling young people to develop and to achieve their maximum potential. Young people are supported to learn new skills and to participate fully in how the home is run. This helps them to develop their confidence and to improve their self-esteem.

Young people receive care from a well-supported staff team and all members of staff are fully committed to challenging anti-discriminatory practice. One staff member said, 'It's great here, I really love it. I can talk to the manager or anyone else if I have a problem or concern. I never feel on my own.' The home also employs a small staff team from an independent care agency to support a particular young person's needs. The staff from the agency are not direct employees of the organisation and the home's manager does not provide them with formal supervision. The staff from the agency do not have their working practices directly supervised by the home's manager. This means the supervision of all staff within the home is inconsistent, and the care delivered to young people is not adequately monitored. The organisation demonstrates a commitment to training all staff and in ensuring their training is kept up to date and is relevant to the needs of the young people they look after. This is a home where staff members actively share ideas and good practice.

The manager provides effective management and has systems in place to ensure that the quality of care is regularly monitored. Problem areas are quickly highlighted and swift action is taken. The home is visited by someone independent in accordance with regulations. Written reports of these visits focus on the home's strengths and also identify any areas for improvement. The independent visitor discusses the running of the home with both members of staff and young people. However, no regular discussions take place with the parent's or relatives of young people. The views of parents or relatives are not routinely considered.

The home's manager is an experienced and well respected professional who provides effective and competent leadership. Staff meetings are held at frequent intervals.

Equality and diversity practice is **good**.



## Statutory requirements reply form

This form contains details of actions you need to take to bring about the necessary improvement by the dates given.

Statutory requirement	Date
interview, with their consent and in private, such of the children accommodated there, their parents, relatives and persons working at the home as appears necessary in order to form an opinion of the standard of care provided in the home. (Regulation 33 (4)(a))	27/01/2012
ensure that all persons working at the home receive appropriate training, supervision and appraisal. (Regulation 27 (4)(a))	27/01/2012

You should have completed those actions with dates that have already passed.

An inspector may carry out an announced or unannounced visit to check that the necessary improvements have been made. If you have not carried out the required action or what you have done has had little impact, we may take further enforcement measures.

You must carry out these actions by the date(s) given otherwise Ofsted may take further action.

You will need to let us know when you have carried out all of the actions, by completing the attached reply form and returning it to Ofsted at the above address. If we have not heard from you by the date given, we will contact you again.

## DEVELOPMENT PLAN – EXMOOR GROVE

Action	Lead	Timescale	Status
Maintain and support consistent staff team, ensure team meeting , team training and development days are delivered	Sylvia Low e	October 11/ review April 12	
Monitor ongoing care packages	Sylvia Low e Mark Gwilt	Monthly, October 11/ review April 12	Review ed Nov 11
Visit units w ithin the region w hich have 'outstanding' status for advice and guidance.	Sylvia Low e	January 12	
Monitor Annualised Hours to ensure efficiency and effectiveness.	Sylvia Low e/ HR/Finance/Jane Young	Monthly review March 12	Review ed in Oct
Implement participation strategy	Sylvia Low e/ Annette Hall	April 12	See strategy
Review all documentation against NMS	Sylvia Low e	December 11	Completed
Ensure the building is maintained to the current standard.	Sylvia Low e	Review April 12	
Staff training/development. Discuss w ith Maria Richardson ( consider Intensive Interaction Training for all staff)	Sylvia Low e Jane Young	22.11.11	Complete, Sylvia w ill ensure training programme continues to be review ed and developed
Explore option of staff leader system <ul style="list-style-type: none"> <li>Appraisal – complete for all staff</li> <li>Personal Development Plan</li> <li>Identify w orker w ithin current rota</li> </ul>	Sylvia Low e Chris Purvis	Jan 11	Completed. Review arrangements in place and on track

Embed Child Appreciation Days as part of practice.	Sylvia, Mark, Jane	Review April 12	All children have had a Child Appreciation day.
Update Statement of Purpose to include contact details of regulatory authority.	Sylvia, Low e	Complete by 31 <sup>st</sup> January 2012	On track
Ensure that the external team of care workers relieved regular appropriate supervision from the registered manager or deputy manager.	Sylvia Low e	Completed by 31 <sup>st</sup> January 2012	Completed
Provide appropriate computer equipment available for the children to use	Sylvia	ASAP	Action has been progressed with funding in place but need to ensure IT infrastructure is in place.
Maintain monthly consultation meeting with families/ carers	Exmoor Staff	February 11/ Review April 12	Completed and on track
Development of new staff, consider implementation of a mentoring scheme for staff using social workers, experienced staff and managers.	Jane Young, Mark Gwilt, Sylvia Low e	Implement April 11	Completed
Develop a Friends of Exmoor Charity with the parents of Exmoor Grove	Sylvia Low e Chris Purvis Annette Hall	September 11	Completed

Develop a range of communication aids for children accessing the service for the first time to ensure the experience is as positive as possible.	Sylvia Lowe Emily Law ty Phil Dale	December 2011	On Track
Facilitate children's participation in Youth Council Meetings	Sylvia Lowe Chris Purvis Annette Hall	June 11	On track
Review Regulation 33 Inspection format to ensure it meets National Minimum Standards and parents and carers are spoken to with regards to the care provided to their child.	Sylvia Lowe/ Reg 33 Inspectors	31 <sup>st</sup> January 2012	On track
Ensure there are Transition Plan and Core Assessments complete and in place for all children and young people	Jane Young	March 2012	On track

## **CHILDREN'S SERVICES PORTFOLIO**

Report to Portfolio Holder

30 January 2011



**Report of:** Director of Child and Adult Services

**Subject:** ADOPTION INSPECTION – MAY 2011

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder of the outcome of an OFSTED Inspection into the services provided by Hartlepool Adoption Service and the Action Plan addressing the recommendations made within this report.

#### **2. BACKGROUND INFORMATION**

- 2.1 The Adoption service is a regulated service and as such is inspected on a three yearly basis by OFSTED, the purpose of the inspection is to assure children and young people, parents, the public, local authorities and the government of the quality and standard of services provided. The inspections are carried out to assess the effectiveness of the agency and that it is achieving good outcomes for children and/or service users. The inspection will consider how well the service complies with relevant legislation and meets the Adoption National Minimum Standards 2011.
- 2.2 A report is produced by Ofsted which comments upon the strengths and areas for improvement for the service, including any breaches of regulations and any failure to meet the minimum standards. A judgment is included in the report.
- 2.3 The inspection judgments are
- Outstanding: a service that significantly exceeds minimum requirements
  - Good: a service that exceeds minimum requirements
  - Satisfactory: a service that only meets the minimum requirements.
  - Inadequate: a service that does not meet minimum requirements.

- 2.4 The Adoption service's most recent inspection took place in May 2011, the service was judged as satisfactory with some areas identified for improvement. The inspection report was received in October 2011 the delay being due to the sickness absence of the lead inspector. It was felt that some positive aspects of the service which had been shared in the verbal feedback had not been noted within the written report and a letter was sent to the Inspector concerned to this effect. The inspection report had been published on the Ofsted website but was removed whilst consideration was given to the letter challenging the report, Ofsted has given an indication they will send an amended report but this has not yet been received. The original report is attached as **Appendix 1**.
- 2.5 As the report was not received until October 2011 it was difficult to fully address the recommendations that were highlighted prior to this. However through the verbal feedback, the service had information on the issues highlighted and started to address these and implement the required improvements to the service. Following receipt of the Inspection Report, an Action Plan was drawn up to ensure that all the recommendations made are fully and comprehensively addressed. This Action Plan is also appended to the report (**Appendix 2**).

### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Adoption Service is a critical resource in meeting the Authorities' statutory responsibility to looked after children. The report makes recommendations for improving the service and the Action Plan details the progress made in implementing these recommendations. It is hoped that the Portfolio Holder will be assured of the current effectiveness of and our commitment to the improvement of the Adoption Service.

### **4. TYPE OF DECISION**

None Key.

### **5. DECISION MAKING ROUTE**

Decision by Children's Portfolio Holder – 30<sup>th</sup> January 2012

### **6. DECISION(S) REQUIRED**

That the Portfolio Holder notes the Adoption Inspection report and its recommendations and also the arrangements in place to implement the recommendations.

**Report of:** Director of Child and Adult Services

**Subject:** ADOPTION INSPECTION – MAY 2011

---

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**3. RISK IMPLICATIONS**

**4. LEGAL AND FINANCIAL CONSIDERATIONS**

**5. RECOMMENDATIONS**

**6. REASONS FOR RECOMMENDATIONS**

**7. BACKGROUND PAPERS**

**8. CONTACT OFFICER**

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Hartlepool, TS25 1DX

Tel no: 01429 287159

Email: [jacky.yeaman@hartlepool.gov.uk](mailto:jacky.yeaman@hartlepool.gov.uk)



# Hartlepool Borough Council Adoption Service

Inspection report for local authority adoption agency

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<b>Unique reference number</b>	SC055687
<b>Inspection date</b>	26/05/2011
<b>Inspector</b>	Dennis Bradley
<b>Type of inspection</b>	Social Care Inspection

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<b>Setting address</b>	Hartlepool Borough Council Family Placement Team, 85 Station Lane, Hartlepool, TS25 1DX
<b>Telephone number</b>	01429275144
<b>Email</b>	fosterandadopt@hartlepool.gov.uk
<b>Registered person</b>	Hartlepool Borough Council
<b>Registered manager</b>	
<b>Responsible individual</b>	Glynis Howe
<b>Date of last inspection</b>	06/10/2008

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## About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

## The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough



## Service information

### Brief description of the service

This is a local authority adoption agency that undertakes, or makes arrangements for, all matters relating to the adoption of children under current legislation. It recruits, prepares, assesses and approves adoptive parents, and places children with them. The agency supports adoptive placements, supports children and adults affected by adoption, and arranges for birth parents to be counselled and supported.

### Summary

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

There are satisfactory arrangements for protecting children from harm and for promoting their welfare. For example, adoption workers and children's social workers demonstrate a careful and considered approach to identifying suitable placements for children. However, the quality of child permanence reports continues to vary in terms of the information given to prospective adopters when considering a match. The agency promotes the health, education and achievement of children; it has appropriate links, and works effectively with other agencies to achieve this.

There are appropriate arrangements for preparing and supporting prospective adopters, and adopters were very positive about the preparation training they received. The agency is committed to supporting birth families and adoptive placements and works with an adoption support agency to achieve this. Children also have access to a therapeutic service that is responsive and provides expert input when needed. However, the arrangements for assessing and recording adoption support needs are not always satisfactory.

There are satisfactory arrangements for making sure the views and wishes of children are taken into account in the preparation of, for example, their child permanence reports. However, there is limited evidence to show that the agency actively seeks and acts on the views of children concerning the service they receive from the agency. Life story work is undertaken in respect of each child who has a plan of adoption. However, there are delays in life story books being completed and given to children and prospecting adopters. Life story books help children to develop emotional resilience and positive esteem as well as a knowledge and understanding of their background.

Adoption workers have a rigorous but sensitive approach to assessing and preparing prospective adopters. There are satisfactory systems in place for the recruitment and selection of staff and panel members to ensure that only suitable people are appointed and children are safeguarded. Panel members are conscientious and diligent in their analysis of reports and information that is presented to panel. However, the panel does not always get information presented to it in a timely



manner and this could lead to delays in the implementation of a child's permanence plan.

The agency is managed by staff who have the appropriate skills, qualifications and experience. The management team has reviewed the service and introduced measures to address shortfalls such as, for example, the variable quality of child permanence reports and delays in the completion of life story books. However, some of these developments are quite recent and have not yet had time to impact on outcomes for children and other service users. Also, the arrangements for the more detailed auditing, monitoring and control of the service and outcomes for children are not sufficiently robust.

There is a positive approach to equality and diversity. The adoption service works positively to demonstrate an inclusive culture by, for example, welcoming prospective adopters from a diverse range of people within the community.

### **Improvements since the last inspection**

Following the last inspection the provider was asked to address a number of requirements and recommendations relating to: obtaining appropriate information about the health of children's birth parents; panel administration and the recruitment of people to the adoption panel; the preparation of a comprehensive child protection policy; staff training; case recording and the auditing of case files. Action has been taken to address these to improve the overall effectiveness of the service to children and others. The provider was also asked to: prepare a comprehensive Statement of Purpose and children's guide; improve the consistency and quality of child permanence reports; and provide the executive with reports on the activity of the service twice a year. These recommendations have not been met and will be repeated.

### **Helping children to be healthy**

The provision is not judged.

### **Protecting children from harm or neglect and helping them stay safe**

The provision is satisfactory.

There are satisfactory arrangements for protecting children from harm and promoting their safety and welfare. The adoption team works effectively with other agencies such as schools to achieve this outcome. The agency actively promotes the health of children and ensures they have appropriate access to the services they need. For example, children's assessments cover their health needs and prospective adopters are clear about what their responsibilities are in meeting these needs. Prospective adopters also have good access to the agency's medical advisor for advice and information.



Staff endeavour to make sure that children benefit from stable placements by matching them with prospective adopters who can meet their individual assessed needs. The management team has recently introduced a more structured approach to permanency planning and the matching process. For example, 'family finders' are identified earlier, and separate permanency planning meetings are now held to facilitate planning for each child and to help make sure an appropriate match is actively pursued. Regular 'family finding meetings' are held to review progress and prevent delay.

There is a thorough and careful approach to identifying suitable placements. This involves adoption workers and children's social workers working collaboratively and effectively to achieve this outcome. The quality of child permanence reports continues to vary in terms of the information they give to prospective adopters when considering a child. However, this is supplemented with information they receive from meetings with, for example, foster carers, children's social workers and the agency's medical advisor. This process helps prospective adopters who are considering the possibility of offering a permanent home to a child. One adopter said that although their child's permanence report contained more information about their siblings than them, they were satisfied overall with the information they received. They felt they were able to make a considered decision regarding a possible match. Adopters were also satisfied with the way introductions and the moves for children were planned and managed.

There was evidence that sometimes information about children who have a plan of adoption, is given to prospective adopters before their application had been considered by the adoption panel, or approved by the agency decision maker. This practice does not help ensure that there are robust arrangements for keeping information about children confidential and secure.

The agency recruits prospective adopters from a varied range of backgrounds and their preparation and training are non-discriminatory. One person commented that the training was 'brilliant and thought provoking'. The service prepares prospective adopters in a sensitive way that addresses the issues they are likely to encounter including those relating to diversity and difference. The agency also ensures children are prepared for adoption and this may include the provision of therapy to help children form appropriate attachments.

Appropriate arrangements are in place to provide staff with training in how they should handle allegations or suspicions of harm and abuse. There are satisfactory procedures covering child protection and there have been no allegations made about adopters or child protection investigations relating to children placed with the service during the last 12 months.



## Helping children achieve well and enjoy what they do

The provision is satisfactory.

There are satisfactory arrangements for preparing and supporting prospective adopters to help children develop positive relationships and behaviour. For example, prospective adopters receive training that covers promoting attachments and the provision of a stimulating environment. The assessment process helps ensure that adopters are approved who are committed to providing children with a safe and caring home to grow up in. Adoption workers carry out regular visits to provide support and advice to prospective adopters and this may continue after an adoption order is made if needed. There is also a therapeutic service that provides a responsive, expert input when required. This may include working with children prior to their placement or once they have been placed with prospective adopters. A further positive aspect is that children and families who may live some distance outside the local authority can still benefit from this service. Children also benefit from the good links that the agency has established with the local child and adolescent mental health service. This ensures that prompt support and guidance are available to children and adults.

Children placed in adoptive families are encouraged and supported to achieve their educational potential. Training for prospective adopters covers the promotion of children's education and achievement. Social workers have good working relationships with local education services and this helps ensure effective planning for the future educational needs of children. There is appropriate access to additional education support when needed. This includes support for children who have to move schools when they are placed with an adoptive family.

Adoption workers carry out appropriate assessments of prospective adopters' homes to make sure that children will live in a safe, warm and comfortable environment. This includes completing a health and safety assessment that covers a range of factors, in order to promote the safety of children.

The agency demonstrates a strong commitment to supporting birth parents and families as well as supporting and maintaining adoptive placements. This includes commissioning the services of, and working in partnership with, a well established adoption support service. The agency reviews these arrangements at regular intervals to make sure the needs of people who use the service are being met. There are suitable arrangements for making sure service users receive written information about the service they are to receive. However, the arrangements for assessing adoption support needs are not always fully satisfactory. For example, in one case where adoption support was being provided, there was no recorded assessment available of the need for such support. In another case, the quality of the assessment was not satisfactory. It did not clearly identify why the assessment was undertaken or why the particular service was being provided.



## Helping children make a positive contribution

The provision is satisfactory.

There are satisfactory arrangements for making sure the views and wishes of children are taken into account and, where possible acted upon. The agency's children's guide to adoption includes how to contact an independent advocacy service should they have any concerns. However, it does not include how to contact the Children's Rights Director, Ofsted.

There were good examples of where social workers had consulted children about the plans for their future and recorded their views and wishes in their child permanence reports. It is evident that the management team is endeavouring to make sure that, where appropriate, children's social workers do this consistently.

The council has a Children in Care Council that includes separate forums for older and younger children. These forums, and more informal events such as barbecues, are used to consult children and young people about the service they receive from the council. However, there was limited evidence available to demonstrate that the adoption agency actively seeks children's views about the service they receive from the agency and how it can be developed.

Adoption workers and children's social workers endeavour to obtain appropriate information to enable children to gain a good knowledge and understanding of their backgrounds. Managers of the agency have introduced measures to improve how this information is recorded in child permanence reports by, for example, introducing more robust monitoring of these reports. However, there has been limited time for these measures to have an impact on the quality of these reports and they continue to be variable regarding the quality of information they contain for the child in later life. For example, one report contained inappropriate information and another contained only very limited information about a significant member of a child's birth family. Another report had not been updated and consequently gave an inaccurate account of the contribution the child's birth parents had made to their life story book.

The management team has also taken action to address delays in the preparation of life story books for children, for example, by ensuring that it is clear who is responsible for coordinating this work. Again, because these developments are quite recent they have, to date, had limited impact on outcomes for children. Life story work is undertaken in respect of all children being placed for adoption. However, there are still delays in life story books being given to children and prospective adopters to help with work being done in the early stages of a child's placement. One adopter said that having the life story book would have helped 'to make inroads' with the child placed with them. But, they also said they had received a 'very good' memory box from the child's previous foster carer which was 'very helpful'.

The agency is committed to promoting and supporting constructive contact between a child and their birth family when it is beneficial to the child. For example, staff help by providing practical support such as assistance with writing letters or by arranging



venues and providing transport, to enable direct contact between siblings who do not live together. The agency is also committed to working with birth parents and families and encourages, where appropriate, their involvement in planning for their children. The agency ensures birth parents have access to independent support. Adoption workers and children's social workers actively encourage birth parents to take advantage of this service so that they are helped to work through any concerns they have regarding the plans for their child. The agency tries to ensure that birth parents are kept informed of the progress of their child's adoption.

### **Achieving economic wellbeing**

The provision is not judged.

### **Organisation**

The organisation is satisfactory.

The agency has a satisfactory strategy for recruiting prospective adopters and keeps this under review. Due to the rise in the number of children for whom adoption is the plan, the agency now advertises in the local press and this has proved to be successful in increasing the number of applicants. Adoption workers and their managers demonstrate a careful and thoughtful approach towards ensuring the most suitable placements are found for children, as well as a rigorous but sensitive approach to the assessment and preparation of prospective adopters. They treat prospective adopters and people who are interested in becoming adopters fairly and with respect. This includes ensuring enquirers receive relevant information and follow-up interviews in a timely manner, as well as carrying out robust checks on all applicants who are assessed. All of the adopters who were interviewed were very positive about the preparation courses they attended.

The agency is currently updating its policies and procedures on the recruitment to, and constitution of the panel, in order to comply with current legislation and guidance. The adoption panel is well managed and has appropriate administrative support to enable it to carry out its business. It also has appropriate access to legal and medical advice. The panel provides a rigorous analysis of the information presented to it and conscientiously reaches its recommendations. Decisions are made with the best interests of children and are usually timely. However, the panel does not always have the opportunity to consider whether a child should be placed for adoption within the recommended timescale and this could potentially lead to delays in the implementation of the child's permanence plan. Also, when this timescale has not been met the reasons are not always recorded in the minutes of the panel meeting.

The agency has a Statement of Purpose and a children's guide to adoption. Neither document is fully satisfactory. For example, the Statement of Purpose does not include information regarding the procedures for the recruitment and assessment of



prospective adopters, and it has not been updated regarding the membership and constitution of the panel. The children's guide does not contain information on how a child can contact their independent reviewing officer, or the Children's Rights Director, if they wish to raise a concern. Also, the guide is not available in different formats to ensure it is appropriate to each child's age and understanding.

The agency is managed by staff who have the appropriate skills, qualifications and experience to deliver an efficient service. There have been improvements to the managing and monitoring of the service overall. For example, action has been taken to address shortfalls such as delays in the completion of life story books for children. However, the arrangements for the more detailed auditing, monitoring and control of the service are not sufficiently robust. For example, the quality of child permanence reports is variable, there have been delays in the panel making recommendations regarding whether a child should be placed for adoption and not all panel members receive an annual appraisal of their performance. In particular, there has been no review of the performance of the panel chair. Also, the agency has not kept the executive side of the council informed by providing twice yearly reports about the management and outcomes of the service. This could affect the ability of the executive to monitor the agency and its effectiveness in achieving good outcomes for children and other service users.

The agency has satisfactory systems for the recruitment and selection of staff and adoption panel members, to ensure only appropriately qualified and suitable people are appointed and that children are safeguarded. Staff and panel members are provided with suitable opportunities for their training and development. There is an annual schedule of training and staff can access more specialised training to develop their skills and competences, in order to help deliver good quality outcomes for children.

The management team ensures that staff have a fair and balanced workload as well as appropriate support and supervision. The adoption workers demonstrate a clear commitment to continuous professional development and are very enthusiastic about improving standards and outcomes for children and families. For example, they provide mentoring and training to children's social workers to enable them to gain a good understanding of adoption and keep up to date with professional, legal and practice developments.

Adoption records are in general, appropriately maintained and they are stored securely. Staff work in satisfactory conditions with effective administration support to enable them to undertake their duties.

The promotion of equality and diversity is satisfactory. The agency attempts to recruit prospective adopters from a range of applicants, including same sex partnerships, single adults and minority ethnic couples. The agency is part of a consortium of adoption agencies that supports a project which helps services recruit and support potential adopters from minority ethnic backgrounds. Adoption workers make sure equality and diversity issues are appropriately addressed in the assessment and preparation of prospective adopters. The matching of children to



prospective adopters is carried out carefully and sensitively and, for example, religious and cultural considerations inform the overall process. This helps to ensure that, as far as possible, children are placed with adults who can best meet their needs.

## What must be done to secure future improvement?

### Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure the adoption agency has a clear and appropriate Statement of Purpose and that this is reviewed at least annually (NMS 18.1 and 18.3)
- ensure that the adoption agency's children's guide to adoption contains appropriate information including how to contact their independent reviewing officer and the Children's Rights Director, Ofsted if they wish to raise a concern. Ensure it is appropriate to each child's age and understanding and is reviewed at least annually (NMS 18.5)
- ensure the executive side of the local authority receives written reports of the management, outcomes and financial state of the agency every six months (NMS 25.6)
- ensure that only prospective adopters who have been approved are provided with information about a child who has a plan of adoption (NMS 13.7)
- ensure that when deciding whether to provide a service, or which service to provide, the agency has regard to an appropriate assessment of the needs for adoption support services (NMS 15.2)
- ensure that the wishes, feelings and views of children are actively sought and taken into account by the agency in monitoring and developing its service (NMS 1.6)
- ensure that the agency is active in its efforts to obtain for each child clear and appropriate information to enable them to have a knowledge and understanding of their background (NMS 2.1)
- ensure the life story book is given to the child and prospective adopters in stages: at the latest by the second statutory review of the child's placement with the prospective adopters; and the completed life story book at the latest within 10 working days of the adoption ceremony (NMS 2.7)
- ensure that each panel member's performance, including the chair, is reviewed annually against agreed performance objectives (Adoption Guidance: Adoption and Children Act 2002, paragraph 39)
- ensure the adoption panel makes a considered recommendation on whether a child should be placed for adoption within six weeks of the statutory review where adoption was identified as their permanence plan (NMS 17.6)

- ensure that there are clear and effective procedures for monitoring and controlling the activities of the agency and that these are implemented. (NMS 25.1)

## ADOPTION INSPECTION ACTION PLAN

## RECOMMENDATIONS TO BE UNDERTAKEN

NMS	Recommendation	Actions	Person	Timescale	Status/ Review
NMS 18.1 and 18.3	To ensure that the agency has a clear and appropriate Statement of Purpose	To update the current Statement of Purpose	Jacky Yeaman-Vass	By 31 January 2012	Completed
NMS 18.5	To ensure that the adoption agency's Children's Guide to adoption contains appropriate information including how to contact their independent reviewing officer and the Children's Rights Director Ofsted if they wish to raise a concern. To ensure it is appropriate to each child's age and understanding	To ensure that ASWs include contact information in current Adoption Guide	Alison Garbutt	On-going	Details being included in Guide
		To ensure that guide in versions appropriate for 0-5 years and 5-10 years	Alison Garbutt/ Participation Officer	By 31 January 2012	On-going
		To check at Placement Planning meeting that personalised guide available	Jacky Yeaman-Vass/ Kath Ling		Commenced January 2012
NMS 18.5	To ensure the Children's Guide is reviewed at least annually	Updated version to accompany Statement of Purpose to Portfolio Holder meetings and Corporate Parenting Forum on an Annual basis	Jacky Yeaman-Vass	By April 2012	To update by April 2012

NMS 25.6	Ensure the Executive side of the local authority receives written reports of the management, outcomes and financial state of the agency every six months	To prepare reports twice yearly a) The annual review b) Six monthly short report to update Executive side of local authority of the progress and achievements of the service	Jacky Yeaman-Vass	Update 19 January 2012  Annual Report April 2012  6 monthly update October 2012	Completed update   To complete April 2012  To complete October 2012
NMS 13.7	Ensure that only prospective adopters who have been approved are provided with information about a child who has a plan of adoption	Issue has been addressed and team are very clear about disclosure of a child's information	Adoption Service	Already addressed	Completed
15.2	To ensure that when deciding whether to provide a service, or which service to provide the agency has regard to an appropriate assessment of the needs for adoption support services.	To ensure that all referrals for adoption support have a completed thorough assessment  To review format for adoption assessment - revisit the form to be completed	Jacky Yeaman-Vass  Jacky Yeaman-Vass	On-going - audit April 2012  28 February 2012	On – going  To be completed
NMS 1.6	To ensure that the wishes, feelings and views of children are actively sought and taken into account by the agency in	To ensure that IROs record views of children within Adoption reviews	IROs	By 31 March 2012	To meet with IROs to agree process

	monitoring and developing its service	<p>To develop tools for feedback for use by younger children</p> <p>To seek feedback at</p> <ul style="list-style-type: none"> <li>• point of case closure</li> <li>• At social events such as Christmas party</li> </ul>	<p>Kath Ling/ Alison Garbutt</p> <p>Adoption Workers</p>	<p>By 31 December 2011</p> <p>By 31 March 2011</p>	<p>Form compiled and to be sent</p> <p>Form compiled - to be sent with closure letter To devise form</p>
NMS 2.1	To ensure that the agency is active in its efforts to obtain for each child clear and appropriate information to enable them to have a knowledge and understanding of their background	<p>To continue to address quality of CPRs prior to panel</p> <p>To ensure that CPRs are amended as directed by ADM</p> <p>To devise system for audit</p> <p>To provide training on completion of CPRs</p>	<p>Jacky Yeaman-Vass/ Jane Young/ Kath Ling</p> <p>Jacky Yeaman-Vass</p> <p>Jane Young/Adoption Team</p>	On-going to be reviewed June 2012	<p>Completed</p> <p>On-going</p> <p>Panel audit form to be used</p> <p>Completed – to be repeated</p>

NMS 2.7	To ensure that the life story book is given to the child and prospective adopters in stages : at the latest by the second statutory review of the child's placement with prospective adopters: and the completed life story book at the latest within 10 working days of the adoption ceremony	<p>To continue to timetable within the Adoption Placement planning meeting and confirm delivery date at Adoption Placement Planning meeting</p> <p>To devise method to seek confirmation that life story books are given within timescales.</p>	<p>Jacky Yeaman-Vass</p> <p>Kath Ling/ Alison Garbutt</p>	On-going	<p>Completed</p> <p>Completed. Feedback form devised and being sent to adopters post Adoption Order</p>
(Adoption Guidance : Adoption and Children Act 2002 para 39	Ensure that panel members performance including the chair, is reviewed annually against agreed performance objectives	<p>To continue to review panel members on an annual basis</p> <p>Panel chair to be reviewed on an annual basis</p>	<p>Panel Chair and Panel Adviser</p> <p>ADM and HOB</p>	<p>On-going</p> <p>By 28 February 2012</p>	<p>Reviews are on-going – to complete by 31.3.12</p> <p>Arranged 9.2.12</p>
NMS 17.6	Ensure that the adoption panel makes a considered recommendation that a child be	This process to be confirmed within the Permanency process meetings which are	Jacky Yeaman-Vass	Commenced November	On-going



	placed for adoption within 6 weeks of the statutory review where adoption was identified as their permanent plan.	held following confirmation of a plan for adoption		2011	
NMS 25.1	Ensure that there are clear and effective procedures for monitoring and controlling the activities of the agency and that these are implemented.	Procedures to be updated  Updated procedures to be uploaded onto Practice Guidance	Jacky Yeaman-Vass/Sheila O'Connor  Pam Swainson	29 February 2012  31 March 2012	Partly completed  To be completed

## **CHILDREN'S SERVICES PORTFOLIO**

Report to Portfolio Holder

30 January 2012



**Report of:** Director of Child and Adult Services

**Subject:** SAFEGUARDING CHILDREN IN HARTLEPOOL

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

- 1.1 To present information on the workload of children's social work teams in providing service to children in need in Hartlepool including those in need of protection and children looked after.

#### **2. SUMMARY OF CONTENTS**

- 2.1 This report presents information on the workload of children's social work teams and the current demands on the service. The information provided is an analysis of the activity from the period of July through to September 2011.
- 2.2 The report provides details of the numbers of children referred for and receiving services, workload and workforce information and details of complaints, comments and compliments received by the service during the quarter.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

- 3.1 The Portfolio Holder has a statutory responsibility to ensure that coordinated action is in place to safeguard children and should receive regular reports about how services are being delivered.

#### **4. TYPE OF DECISION**

- 4.1 Non key

#### **5. DECISION MAKING ROUTE**

- 5.1 Portfolio Holder meeting is 30 January 2011.

**6. DECISION(S) REQUIRED**

- 6.1 That the Portfolio Holder notes the contents of this report of activity within children's social care.

**Report of:** Director of Child and Adult Services

**Subject:** SAFEGUARDING CHILDREN IN HARTLEPOOL

---

**1. PURPOSE OF REPORT**

- 1.1 To present information on the workload of children's social work teams in providing service to children in need in Hartlepool including those in need of protection and children looked after.

**2. BACKGROUND**

- 2.1 There is a clear expectation from Government that Elected Members are routinely and regularly informed of the workload of children's social care services. The Government requires that the information set out in this report is regularly presented to Members to ensure the Council is fulfilling its statutory responsibilities.
- 2.2 The report provides details of the activity in children's social care throughout the period from July to September 2011. Information provided in this report is taken from the Integrated Children's System (ICS), the electronic social care record.
- 2.3 In September 2011, Hartlepool Borough Council Child and Adult Services Department were asked by OFSTED to participate in a survey about good practice in supporting quality for front line practitioners. The selection criteria was that the authority has been judged as performing well with positive references to the quality of support offered to front line staff during previous safeguarding and looked after children's inspections. Hartlepool Council was one of only two local authorities chosen regionally to participate in the study. The survey was undertaken over two days and OFSTED were furnished with valuable information which will contribute to a national report. The inspectors were extremely complementary about social care services in Hartlepool and the impact our work is having on vulnerable children and their families.

**Referrals and Assessments**

- 2.4 During the second quarter, July to September 2011/12, a total of 359 contacts progressed to referral. This compares with 228 in the first quarter and 163 in the same quarter of 2010/11 indicating that the number of referrals is substantially increasing. The average number of contacts progressing to referral during this period was 18.5% compared with an annual average last year of 10.2%. The average number of re-referrals to the service during the second quarter had also increased to 16%. The service is analysing the data to identify factors linked to the increase in

referrals; new management arrangements in place within the Initial Response Team may in part account for a slight variation. The analysis will complete a deep dive review of referrals to identify any common themes or any lessons to be learned to improve performance and practice. In addition the service is exploring ways in which the Initial Response team and the Duty team can develop a more seamless service.

- 2.5 74.1 % of the referrals received were coded to the Child in Need Category of abuse or neglect compared with 59% in the previous quarter.
- 2.6 During the quarter, a total of 244 initial assessments were completed; with 54 % completed within the timescale of 7 working days and 81% within 10 working days. In the same period last year 141 initial assessments were completed. There remains a lack of clarity around the national indicator for the completion of initial assessments within timescales. The Children in Need Census has amended the timescale to 10 working days, however the National Indicator Set remains prescriptive at 7 working days. We are still waiting on a response from the government following the recommendations made in the Munro Review of Child Protection around the distinction between initial and core assessments timescales.
- 2.7 The number of core assessments completed was 86, compared with 31 in the same quarter of 2010/11. Where a referral in respect of a child relates to abuse or neglect and the local authority undertakes enquiries under Section 47 of the Children Act 1989, a core assessment must be completed. The core assessment provides a comprehensive analysis of the child circumstances and needs and in part, is evidence of the increase in the more complex nature of children referred under the Child in Need category of abuse and neglect.
- 2.8 There were no unallocated cases in the service during the period. Once a referral is received by the Initial Response Team, it is always allocated promptly within 24-48 hours. Similarly when a child is assessed as requiring services and is transferred to the Safeguarding, Assessment and Support Teams, a social worker is identified and the case is allocated without delay. Prompt allocation of cases is an important test of the effectiveness of local safeguarding arrangements.

## **Child Protection**

- 2.9 The total number of children who became subject to a protection plan throughout the second quarter was 39 in comparison to 23 in the first quarter. Although the increase was significant the number of children who were subject to a child protection plan on 30 September 2011 is 94 a slight decrease from the last quarter. When interpreting the data around protection planning one should factor in that within Hartlepool we have a number of large families and this should be taken into account when interpreting the data.

- 2.10 With regard to the category of plans for children, as has been the case over recent years, neglect continues to be the highest category accounting for 80% of the plans. At the end of the same quarter in 2010/11 the comparative figure was 78%.
- 2.11 The average number of children who became subject to a protection plan for a second or subsequent time during the quarter was 8%. The percentage of children becoming subject to a child protection plan for a second or subsequent time together with the length of time the child has been subject to plan is an important indicator of the effectiveness of previous interventions and gives an indication of the timeliness and effectiveness of local safeguarding arrangements highlighting where children's circumstances may have drifted without effective intervention to reduce the level of risk. The service has implemented an early warning system whereby the Head of the Safeguarding Unit will highlight to the Head of the Business Unit the circumstances of children when the plan is likely to continue beyond the third child protection review meeting. In these circumstances, complex case meetings are being held to rigorously review cases that are identified by the social worker and manager as being 'stuck'. This forum is chaired by the Business Manager and involves a range of professionals, all with varying experience of social work practice, and will critically reflect on the progress of the plan and come up with a range of recommendations.

### **Looked After Children**

- 2.12 There are currently 192 looked after children. During the second quarter, 19 children became looked after and 9 children ceased to be looked after giving a net increase of 10 children. The month of September saw a high number of children become looked after (12). There is work underway to consider whether there are any patterns or reasons for the recent increases.
- 2.13 Of the children looked after, 82.8% are placed in foster care, 8.3% are placed in residential care and 5.7% are placed with parents. 70% of the children reside within the local authority boundary. In the year to date, 5 children have experienced three or more placement moves within the past 12 months. Placement stability is a critical measurement of the quality of looked after services as stability in placement supports education, health and well being and improved long term outcomes for children.
- 2.14 On 30 September 2011, 58.8% of the children looked after were subject to a legal order, for example an interim or full Care Order or Placement Order. The remainder were accommodated under Section 20 of the Children Act 1989 at the request of/with the agreement of their parents. 18 children receive family support via short break care where they receive care as part of a plan; this support is usually provided to disabled children who receive short break care at Exmoor Grove.

- 2.15 There are currently 29 cases in public law proceedings. Within the last quarter, the authority has lodged 10 care proceedings applications and we have 4 applications for placement orders to place children for adoption. This increase is in line with a national rise in the number of Public Law proceedings. The Family Justice Review in its final report set out very clear recommendations for dealing with the consequential delay in these proceedings and sets a six month time limit in care cases, which if is accepted, will significantly reduce delay for children and allow them to achieve permanence at a much earlier stage.

### **Children in need**

- 2.16 The service is working with 614 children in need and this compares with the figure of 500 children in September 2010, an increase of 19%. Albeit at the end of this quarter, there were slightly fewer children subject to a child protection plan, there is a clear increase in the number of children receiving services than a year ago.

### **Workforce/Workload**

- 2.17 The service currently employs 44 qualified social workers who provide direct services to children and their families. There are currently no social work posts covered by an agency worker. In August 2011, we successfully recruited two newly qualified social workers over establishment; it is anticipated the two workers will slot into vacant social work posts as and when they come available. It is expected that this concurrent planning will reduce the workload pressures created when a social work post becomes vacant and start to develop newly qualified workers earlier. This has been made possible due to additional Government funding through the Social Work Improvement Fund.
- 2.18 All children receiving services are allocated to a qualified social worker. Three quarters of the social workers in the service are experienced having worked two or more years since qualifying. The average social worker caseload is 24 children although this does fluctuate between workers dependent upon their experience and the demands of the case.
- 2.19 Over the past year there has been an Increase in the number of children receiving a service. The increase in demand is currently being absorbed and caseloads remain at a manageable level but given the current trend this is under regular review. In addition the restructuring arrangements that came into force in 1 July 2011 are supporting the increasing demands for the service through the strengthening of the management arrangements. Managers now have more time available to support social workers and ensure that appropriate levels of quality assurance and focussed planning is in place which in turn means that children are effectively safeguarded and risks are appropriately managed.
- 2.20 There are currently no vacant social worker posts and we successfully appointed to the principal practitioner post in August. We have a vacant

team manager post in the over 11's team and this is currently being temporally covered by an experienced agency worker. The post is in the recruitment process and an advert will be placed on the internal job bulletin and if this proves unsuccessful the post will be advertised externally.

- 2.21 There is only one member of staff on long term sickness absence. Consecutive periods of short term absence are identified by Human Resources and managed by the team manager in accordance with the Council's Attendance Management Policy.

### **Comments, Complaints and Compliments.**

- 2.22 Six complaints were received during the second quarter of 2011/12. Three complaints were resolved at Stage 1 (informal) of the Complaints Procedure, one complaint remains ongoing at Stage 1, one complaint progressed straight to Stage 2 and remains ongoing at Stage 2 and one complaint was withdrawn following the complainant not engaging. There were a total of five compliments during the second quarter consisting of three 'Thanks You' cards, one compliment about a social worker and another in relation to the Independent Reviewing Officer.

## **3. RECOMMENDATIONS**

- 3.1 That the Portfolio Holder notes the contents of this report of activity within children's social care.

## **4. REASONS FOR RECOMMENDATIONS**

- 4.1 It is part of the Lead Member's leadership role to ensure the effective discharge of the authority's statutory children's services functions. As the Lead Member for Children's Services, the Portfolio Holder has a responsibility to ensure there is a clear focus on safeguarding and that co-ordinated action is in place to safeguard vulnerable children.

## **5. BACKGROUND DOCUMENTS**

None.

## **6. CONTACT OFFICER**

Wendy Rudd, Head of the Safeguarding, Assessment and Support Unit  
Child and Adult Services  
Hartlepool Borough Council

01429 523732

[wendy.rudd@hartlepool.gov.uk](mailto:wendy.rudd@hartlepool.gov.uk)



## **CHILDREN'S SERVICES PORTFOLIO**

Report to Portfolio Holder

30<sup>th</sup> January 2012



**Report of:** Director of Child & Adult Services

**Subject:** CHILDREN'S HOMES: REGULATION 33 REPORTS

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To present the Regulation 33 reports of visits to Exmoor Grove Short Break Care Unit.

#### **2. SUMMARY OF CONTENTS**

The report cover the months of April, May, June, July, August, September, October and November 2011 for Exmoor Grove.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

Regulations governing the conduct of Children's Homes require that members receive regular reports on the conduct of Children's Homes.

#### **4. TYPE OF DECISION**

Non-key decision.

#### **5. DECISION MAKING ROUTE**

Children's Services Portfolio – 30 January 2012.

#### **6 DECISION(S) REQUIRED**

Portfolio Member to receive and note the report.

**Report of:** Director of Child & Adult Services

**Subject:** CHILDREN'S HOMES: REGULATION 33  
REPORTS

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## 1. PURPOSE OF REPORT

- 1.1 To present the Regulation 33 reports of visit to Exmoor Grove Short break care Unit covering the months of May, June, July, August, September, October and November 2011, which are attached as **Appendix 1**; *This item contains exempt information under Schedule 12A of the Local Government Act 1972, (as amended by the Local Government (Access to Information)(Variation) Order 2006) namely, information relating to any individual (para 1) and Information which is likely to reveal the identity of an individual (para 2).*

## 2. OBJECTIVES

### 2.1 National Objectives:

C/A 9.0 To ensure through regulatory powers and duties that children/adults in regulated services are protected from harm and poor care standards

### 2.2 Corporate Objectives:

Health and Care:

Ensure access to the highest quality health, social care and support services, and improve the health, life expectancy and well-being of the community.

## 3. BACKGROUND

- 3.1 Reporting on the conduct of Children's Homes is a statutory function and comes under the Children's Homes Regulations 2001, which took effect on 1 April 2002.
- 3.2 These regulations provide minimum standards for the oversight of the function and running of Children's Homes by the Registered Provider, and a schedule of issues to be monitored regularly. The department of Education produced a revision of the minimum standards in 2011.

3.3 The present format was set up comply with the regulations. A review of the standards and reporting format is taking place to ensure that the requirements of the newly revised minimum standards are complied with.

3.4 Reports will continue to be provided on a monthly basis.

#### **4. FINANCIAL IMPLICATIONS**

4.1 There are no financial implications.

#### **5. RECOMMENDATIONS**

5.1 Portfolio member to receive and note the report.

CONTACT OFFICER: Sally Robinson, Assistant Director (Prevention, Safeguarding and Specialist Services)

#### References:

Children's Homes, National Minimum Standards - Children's Homes Regulations 2001 (Department of Health)