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Gareth Owens LL.B Barrister/Bargyfreithiwr
Head of Legal and Democratic Services
Pennaeth Gwasanaethau Cyfreithiol a Democrataidd

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

To: Cllr Carol Ellis (Chair)

Councillors: Marion Bateman, Peter Curtis, Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, Cindy Hinds, Hilary Isherwood, Stella Jones, Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

CS/NG

17 October 2013

Tracy Waters 01352 702331
tracy.waters@flintshire.gov.uk

Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **THURSDAY, 24TH OCTOBER, 2013** at **10.00 AM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

A G E N D A

1 **APOLOGIES**

2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

3 **MINUTES** (Pages 1 - 10)

   To confirm as a correct record the minutes of the meeting held on 19 September 2013.

4 **CARERS SERVICES IN FLINTSHIRE**

   To receive a presentation on Carers Services in Flintshire.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
19 SEPTEMBER 2013

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 19 September 2013

PRESENT: Councillor Carol Ellis (Chair)
Councillors: Marion Bateman, Andy Dunbobbin, Veronica Gay, Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

SUBSTITUTES: Councillors: Ian Dunbar (for Cindy Hinds) and Paul Shotton (for Peter Curtis)

APOLOGIES: Councillors: Hilary Isherwood and Stella Jones

CONTRIBUTORS: Cabinet Member for Social Services, Director of Community Services and Head of Adult Services

Service Manager - Disability and Contracts Manager (for minute number 19)
Service Manager, Resources (for minute number 21)
Performance Team Leader (for minute number 22)

IN ATTENDANCE: Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

17.   DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Councillors H.J. McGuill and D.I. Mackie both declared personal interests in relation to Agenda Item 5 as they were members of the Community Health Council. Councillor A.C. Dunbobbin declared a personal interest in Agenda Item 6 (Development of a National Adoption Service for Wales) as he was a kinship carer.

18.   MINUTES

The minutes of the meeting held on 25 July 2013 had been circulated with the agenda. Responses to queries previously raised on Adult Safeguarding and Rota Visits Activity were circulated to the Committee.

Accuracy

Minute 13: Welsh Ambulance Service - the Chair pointed out that Ms. Dyson of the Welsh Ambulance Service had agreed with her comment on the impact on the service arising from the closure of community hospitals. Ms. Dyson had said that there would be an increased pressure on ambulance waiting times due to visits made to patients' homes who could have been in community hospital beds.

Minute 13: Welsh Ambulance Service - Having spoken with Ms. Dyson outside the meeting about arrangements for despatching an appropriate type of vehicle to a patient's home, Councillor M. Bateman had suggested to Ms. Dyson that checks be carried out to ensure this was standard practice.

On resolutions (b) and (c) from this item, the Facilitator advised that the outstanding information would be circulated to the Committee once it became available.

RESOLVED:

(a)   That subject to one amendment, the minutes be approved as a correct record and signed by the Chair; and

(b)   That the outstanding information on minute 13 be circulated to the Committee, when available.

19.   **LEARNING DISABILITY COMMISSIONING PLAN**

The Head of Adult Services introduced a report detailing plans for the provision of accommodation and support to persons with a learning disability in Flintshire over the next five years.

In providing an overview of the report, he highlighted the key points in the summary and main strategy document which indicated current provision in Flintshire and the anticipated five year model. He summarised the vision for a range of accommodation options to enable people to be as independent as possible with 'just enough support' to promote their wellbeing and ensure their safety. The strategy also aimed to increase the number of people using direct payments/Citizen Directed Support (CDS). In conclusion, the strategy aimed to give people greater choice on independent living, where needed, in light of the increasing population of people with learning disabilities.

Councillor A.I. Dunbar asked if there was sufficient housing and support available for people who wished to move on. He referred to people with learning disabilities who currently lived with family members and said that enabling some to live independently was a major issue requiring adequate support. The Head of Adult Services explained that additional housing options, such as 12 flats in Mold, were being developed for this client group over the coming year and future plans for extra care provision would include options for those with learning disabilities. It was accepted that individual support planning was needed to cater for varying needs and the Council would continue to support those who were living with people with learning disabilities. An appropriate measured process was in place to help individuals achieve more independent living if they wished. Options for overnight care provision could involve a 'keyring' model of support or use of the Telecare service, however a particular model would not be imposed on any individual.

Councillor M. Bateman asked about the range of need and percentages of the client group. The Service Manager (Disabilities) explained that learning

disabilities spanned a wide range of needs and gave examples where high and low levels of support were currently being utilised. She explained that although there was a lower percentage of people with profound and multiple learning disabilities in the county, the number in this particular client group was consistently higher than in other North Wales Authorities. Officers worked with the Housing section and Accommodation Group to create opportunities for housing needs and could plan transition from an early age via Children's Services through to adult lives. When asked about the potential for a breakdown of a situation, the Service Manager said that officers would opt to change the level of support accordingly, as opposed to removing the person from their situation. She added that individuals would have their own tenancy agreements and therefore the same rights would apply.

Councillor D. Wisinger sought information on the number of people with learning disabilities who may need to move to a smaller property as a result of the 'bedroom tax' and the financial impact of such moves. The Contracts Manager advised that she had recently spoken with the manager of the Receivership Team, who were responsible for supporting individuals to manage their finances in their tenancies, and that no-one in this client group had been identified as being financially challenged by the new approach.

The Chair reminded Members that there was an opportunity to raise such issues at a workshop on Welfare Reform scheduled for 8 November 2013. The Director of Community Services commented that there had been an impact from welfare reforms and would ask Paul Neave to provide the latest information for the workshop. The Facilitator added that Paul Neave and a representative from the Department of Work & Pensions would be in attendance at the workshop.

Councillor D.I. Mackie felt that the flow of the report could have been greatly improved and questioned the range of choice available to those listed in the strategy. The Contracts Manager explained that the layout of the report followed national guidance set by the Welsh Government (WG) and that a summary had been provided to show the needs analysis of this particular client group. Whilst some people were in supported living arrangements in Flintshire, some were in residential homes (mainly out of county) due to specific individual reasons and the aim was to have an extensive range of accommodation available in Flintshire. The figures in the table showed that a large number of people were in shared accommodation in three-bedroom models within Flintshire, although there were challenges in this matching-up process. The assessment of those in historic complex out of county placements to potentially move to nearby provision was part of work being undertaken by the North Wales Commissioning Hub.

Whilst thanking officers for the informative report, Councillor W.P. Shotton sought further details on CDS and asked if there was adequate provision at extra care facilities for the increasing number of people with moderate to severe learning difficulties aged 65 and over. He referred to the example shown in Box 3 of the strategy where a man with learning disabilities had moved on from his parents' home to supported accommodation and said that in cases such as this, consideration should also be given to any support needed for the parents in going forward.

The Service Manager explained that a number of authorities, including Flintshire, had extended the concept whereby monies were allocated to individuals to pay for support or equipment to help them achieve what was important to them. She gave an example where a one-off purchase by an individual with a physical disability had proved an effective way of meeting needs in a cost-effective way and said that this initiative could be broadened to help those with learning disabilities. The Head of Adult Services said that provision for those with learning disabilities would be built into future extra care accommodation to meet needs. He referred to the increasing number of people with Dementia and the facilities available at Llys Jasmine. Officers would continue to work with young people who wished to remain with their parents with access to direct payments.

Councillor H.J. McGuill raised concerns about responsibility for the sexual health of people with learning disabilities in shared accommodation. The Service Manager advised that the Learning Disabilities Nurse service worked alongside Social Workers to provide specialist support where a need was identified. Work was also carried out with young people via group talks and general health support assistance could be provided by trained support staff. In response to a further query, the Service Manager said that individuals with a tested mental capacity would assume responsibility themselves, otherwise responsibility would be established and agreed beforehand. In addition, safeguarding procedures were in place for those harmed or abused.

Whilst acknowledging the need for changes, the Chair spoke about the challenges faced by some people in adjusting to a move from a structured care package to reduced arrangements and was concerned about protection for those for whom 'just enough' care was not sufficient. She referred to the target for increased levels of access to direct payments/CDS and said that many people would not have the capacity to manage choice of care packages which may require the involvement of Social Workers.

The Head of Adult Services commented on the smooth transition from children's services to adults and confirmed that appropriate safeguards were in place for those currently within the service through regular reviews by specialist nurses and social workers to identify any problems and re-assess care levels. In response to comments about a case reported in press coverage from another area, the Contracts Manager spoke about the close working relationship with the Care & Social Services Inspectorate Wales (CSSIW) and said that information on organisations going into administration would be shared.

RESOLVED:

(a)   That the Committee support the implementation of the Learning Disabilities Commissioning Strategy following final consultation and informing sessions; and

(b)   That the Director of Community Services request current information on the impact of welfare reforms for discussion at the workshop on 8 November 2013.

20. **ADULTS SAFEGUARDING REGIONAL PROPOSAL**

The Head of Adult Services introduced a report providing information on future proposed Regional Safeguarding structures in response to requirements in the Social Services and Well-being (Wales) Bill and Sustainable Social Services: A Framework for Action. In line with Part 7 of the Bill, the development of structures had resulted in four possible options, the preferred option being a two-tier approach for a North Wales Adult Safeguarding Board. The reasons for favouring this option were outlined in the report and Members were advised that the proposal was also being submitted to the relevant Overview & Scrutiny Committees of the other North Wales authorities.

In response to comments made by Councillor A.I. Dunbar on the need to separate safeguarding practice of children and adults, the Director of Community Services said that there were differing views on this and that there was a commitment to ensure that both were as safe, secure and responsive as possible. He added that the proposal was to keep the two areas separate on an interim basis with potential learning on both sides.

Councillor D.I. Mackie asked for more detail on the engagement of elected Members which was mentioned in the appendix to the report. The Director explained that this was a North Wales document and referred to the appropriate Member role on safeguarding boards.

The Chair spoke about the need to ensure political involvement and accountability and said that as a former Executive Member of Children's and Adult's Services, she had pursued a place on the Local Safeguarding Children's Board in that capacity.

The Cabinet Member for Social Services added that she was the elected Member representative on both Children's and Adult's safeguarding boards, along with peers from other authorities.

Following concerns raised by Councillor M. Bateman on the preferred option, the Head of Adult Services said that retaining a local structure helped to maintain a level of control and that joint meetings could help to reduce bureaucracy.

In response to queries raised by Councillor A.C. Dunbobbin on the size of bid made to the Regional Collaboration Fund and how much existing regional capacity would be used, the Director agreed to provide this information. He added that the bid was a 5-figure sum annually for three years to be used to strengthen workforce elements of safeguarding.

Councillor W.P. Shotton commented on the two-tiered option strengthening the collaboration agenda in North Wales and said that the safeguarding of children was paramount and needed robust arrangements in light of a recent national case.

Officers noted Councillor V. Gay's request for supporting documents from the regional North Wales workshop at the start of the year to be shared with the Committee.

On being put to the vote, resolution (a) was carried with seven for, two against and two abstentions. Councillor I. Smith wished it to be recorded that he had abstained from voting.

RESOLVED:

(a)   That the Committee support this proposed regional model to change the current arrangements for adult safeguarding across North Wales implementing the preferred option, a two-tiered North Wales Adult Safeguarding Board;

(b)   That further detail be provided to the Committee on the financial implications; and

(c)   That supporting documents from the regional North Wales workshop held on 25 January 2013 be circulated to the Committee.

21.   DEVELOPMENT OF A NATIONAL ADOPTION SERVICE FOR WALES

The Director of Community Services introduced a report to seek views on the plan to establish a National Adoption Service for Wales, supported by regional adoption collaboratives and the proposal for Wrexham to continue to act as the lead authority for the North Wales Adoption Service (NWAS). The Chair pointed out that as the recommendations had already been approved by Cabinet, the Committee was being requested to note the report.

Councillor W.P. Shotton welcomed the proposals and commented on the value of adoptive parents, more of whom were in great demand. In response to a query on meetings of the North Wales Heads of Children's Services, the Service Manager, Resources clarified that Wrexham was the host authority for all six North Wales authorities and would continue to hold quarterly meetings of the NWAS Board.

Councillor H.J. McGuill commented on good adoption rates in the county historically and whilst accepting the benefits of providing a single point of contact for anyone seeking information about adoption, questioned whether the proposals would add value in speeding up the process and improving outcomes for children. The Director of Community Services said that there was a Ministerial expectation to improve standards of adoption with the national agreement of a single point of contact and monitoring of performance data. The aim was to maintain good performance in Flintshire with the potential for further improvement through the sharing of good practice across authorities.

The Service Manager, Resources stated that children in Flintshire were receiving a good quality service with positive outcomes and referred to the important roles carried out by adopters and kinship carers along with the complex matching-up process. He drew attention to the 'current situation' statistics at the end of March 2013 within the report and gave examples of updated information which would be circulated separately together with explanatory narrative. The aim of the NWAS was to speed up the adoption process to improve outcomes for all involved. In response to comments on Flintshire's high performance in recent

years compared with other authorities, there was an average eight month processing time for adopters and between 8-12 months for children awaiting adoption.

The Chair remarked on a judge's comments reported in the national press which suggested that the best place for a child was to remain with the birth parents. The Service Manager, Resources explained that these comments were in favour of slowing down the process to ensure that outcomes were in the best interests of the child in what was a crucial life-changing decision. Following remarks made by Councillor McGuill on determining outcomes of failed adoptions, he said that the effects of adoption could take a lifetime to understand. The range of support services available to those affected by adoption had never been so extensive compared to previous generations. The Director added that the performance of NWAS would continue to be reported over time.

Councillor A.I. Dunbar hoped that the single point of contact would enable interested parties to receive all the necessary information and improve the assessment process.

The Service Manager, Resources believed that the NWAS would give greater scrutiny into how targets were being met. The Director echoed this and said that the single point of contact would assist with consistency of information and that links to regional networks would help to improve the service.

Councillor D.I. Mackie thanked officers for their responses but expressed concern about a lack of Member involvement if issues needed to be raised on such a regional project. The Service Manager, Resources said that such representations should be made to the Minister. However, it was his view that an effective regional working system was in place and gave assurance that Members were able to raise issues with him, in his operational role, which he would then pass on to the Board.

In response to comments from Councillor M. Lowe on changes to the funding formula, it was reported that the NWAS was subject to independent review and that a working group reporting to the Board was currently giving consideration to a possible review of the formula.

Officers noted Councillor V. Gay's request that future reports include important evaluation information on actions and costings rather than adding as embedded documents.

The Chair reiterated her comments from the start of the item and asked that the Committee note the report.

RESOLVED:

(a)   That the contents of the report be noted;

(b)   That the Service Manager, Resources provide the summary report of updated statistical information to the Committee.

22. PERFORMANCE REPORTING

The Performance Team Leader presented a report to provide an update on the streamlined and corporate approach to performance reporting that was being introduced. She explained that the new arrangements had been introduced following the adoption of the Improvement Plan for 2013/14 to which it was intended the new three year Outcome Agreement would be aligned. Reporting and monitoring arrangements were shown in the report including a mapping document which detailed the sub-priorities to be reported to each of the Overview & Scrutiny Committees.

In response to a question from Councillor W.P. Shotton on flexibility of the Outcome Agreement, it was confirmed that the process would be re-negotiated year on year to take account of changes in Priorities.

Councillor A.I. Dunbar referred to the Accountability Mapping and said that sub-Priorities such as Business Sector Growth in Deeside and Town & Rural Regeneration could be viewed as priorities in their own right. The Performance Team Leader confirmed that the new approach to reporting would help to ensure that those sub-priorities which had an 'in-year' focus would be reported quarterly for greater concentration on their delivery.

RESOLVED:

That the Committee support the new approach to performance reporting.

23. FORWARD WORK PROGRAMME

The Environment and Social Care Overview & Scrutiny Facilitator introduced a report to enable the Committee to consider the Forward Work Programme, which had been formulated at the workshop held in July 2013. In providing an overview of current items, she highlighted the following:

- Members were requested to contact Sue Dolman in Community Services to confirm their attendance at the workshop on Double Click as a Social Enterprise on 2 October 2013;

- the Social Services Improvement Agency report due to be considered at this meeting had been deferred to 24 October 2013;

- the meeting scheduled for 28 November had been moved to 25 November 2013 at 1pm;

- the date for the Committee's budget consultation meeting was confirmed for 5 December 2013 at 10am. All Members would receive written confirmation of all Overview & Scrutiny budget consultation meeting dates; and

- a Task and Finish Group would be established for a one-off session to consider the Annual Council Reporting Framework (ACRF).

The Director of Community Services advised the Committee of the impending retirement of Judy Evans, who had worked for the Council for

20 years. The Chair asked that the Facilitator pass on the best wishes of the Committee.

RESOLVED:

(a)   That the Forward Work Programme be updated accordingly; and

(b)   That the Facilitator act on behalf of the Committee in passing on best wishes to Judy Evans on her retirement.

24.   **MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE**

There was one member of the press in attendance.

(The meeting started at 3.00 pm and ended at 5.05 pm)

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Chairman

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY
                  COMMITTEE

DATE: THURSDAY, 24 OCTOBER 2013

REPORT BY: DIRECTOR OF COMMUNITY SERVICES

SUBJECT: SOCIAL SERVICES IMPROVEMENT AGENCY

1.00   PURPOSE OF REPORT

1.01   To advise the Committee of children's services involvement in the
        above project.

1.02   To inform the Committee of the outcomes.

2.00   BACKGROUND

2.01   In February 2012 the Social Services Improvement Agency
        commissioned "OUTCOMES UK" to deliver training and coaching
        promoting the use of outcome measures in care planning.

2.02   Local authorities across Wales were invited to participate in this
        workstream.

2.03   Flintshire Children's Services made a submission to be involved in the
        outcomes workstream and were successful in their submission.

2.04   4 Social workers from each successful council then worked for
        approximately 10 months using an outcomes – based approach with 3
        of their cases – all involving concerns for children but not necessarily
        children subject to a child protection plan. A framework for measuring
        progress towards the agreed outcomes was developed by the workers
        and mentors for each of the cases in the cohort study.

2.05   In addition, reference groups were established. These met 3 times
        during the life of the project and examined the learning which
        emerged from the use of the tools.

2.06   A final evaluation was completed by Cordis Bright Ltd which involved
        two phases
        •   A baseline evaluation reviewing the existing planning on cases and
            interviewing the strategic managers and the individual workers.
        •   A follow up evaluation after the input from Outcomes UK
            replicating the process for the baseline evaluation with the addition

of focus groups of parents / carers and the young people themselves.

3.00   CONSIDERATIONS

3.01   The evaluation report is attached as Appendix 1 but the main findings are as follows:

- Increased level of understanding of outcomes-based rather than service-led or needs-led practice.

- Coaching / mentoring was felt to be valuable.

- The "Killer Questions" and "Turning the Curve" exercises were viewed as useful and powerful tools when used effectively [see P.26 Appendix 2]

- The well known issue of the barriers of the Integrated Children's System emerged but this was outside the remit of the evaluation team.

3.02   From internal discussions with the four social workers involved from Flintshire these echoed their own views on the project, especially the "Killer Question" – "what would good look like?" Those involved also felt that to deploy the models across the service, commencing in the duty team was the next step. This fits with the plans to introduce a risk model across North Wales based on the same general philosophy. The "Turning the Curve" exercise was, they felt, useful in resolving issues around parent / child contact in private law proceedings.

4.00   RECOMMENDATIONS

4.01   That Members receive the evaluation report and endorse our involvement in the pilot.

5.00   FINANCIAL IMPLICATIONS

5.01   There was no cost associated with our involvement in the project.

6.00   ANTI POVERTY IMPACT

6.01   None arising directly from this report.

7.00   ENVIRONMENTAL IMPACT

7.01   None arising directly from this report.

8.00   EQUALITIES IMPACT

8.01   None arising directly from this report.

9.00   PERSONNEL IMPLICATIONS

9.01   None identified.

10.00   CONSULTATION REQUIRED

10.01   See evaluation report for detail.

11.00   CONSULTATION UNDERTAKEN

11.00   See evaluation report for detail.

12.00   APPENDICES

12.01   Appendix A - SSIA: Outcomes Project final evaluation report
         (June 2013) Cordis Bright Consulting.

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

None.

Contact Officer: **Carol Salmon**
Telephone: **01352 702504**
Email: **carol.salmon@flintshire.gov.uk**

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Final report | Confidential

Outcomes project – final evaluation report

June 2013

CordisBright
Consulting

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Executive summary

The outcomes project

In February 2012, the Social Services Improvement Agency (SSIA) commissioned Outcomes UK[1] to deliver training and coaching aimed at promoting the use of outcomes-measures in care planning and care management among frontline social workers across four local authorities in Wales *(Children's Safeguarding: Supporting Operational Improvement in Children's Services – Programme 2).* The training programme was delivered in the autumn of 2012, with coaching support provided until the spring of 2013.

The project evaluation

Cordis Bright was chosen to deliver an independent evaluation of the training project. The evaluation's main aims were to:

- Establish whether and how the training and coaching has improved practitioners' understanding of outcomes, their appropriate measurement, and how this has been implemented in practice.
- Identify barriers to outcomes-focused ways of working, and to provide recommendations on how these challenges may be overcome
- Provide information on the impact the use of outcomes-measures has had on the well-being of children and families.

The evaluation methodology consisted of two distinct fieldwork stages, adopting a 'before' and 'after' approach to the training, to assess any change in knowledge, understanding and practice in relation to outcomes-based ways of working in general, and Results Based Accountability (RBA) in particular. This report presents the findings of the second wave of data collection, which consisted of 22 qualitative interviews with practitioners and managers, and a review of relevant documentation, and took place once both the training and coaching had been delivered.

Findings

Strengths of the project

Participants identified the following as strengths of the project:

- All participants reported an increased level of understanding of outcomes and how to use these in practice. The review of case

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[1] Please note that Outcomes UK underwent a name change to Core Assets Consultancy and Resourcing in February 2013.

files also showed that social workers' grasp of how to use and define outcomes correctly had improved. This should be seen as a considerable achievement contributing towards a move away from needs or service-led practice.

- Participants thought that the format, length and structure of the training and coaching were suitable to meet their needs, and ensured a good balance of learning and individual support.

- The expertise and skills of the Outcomes UK/Core Assets team was rated highly by participants, contributing to the learning achieved.

- The coaching element was highly valued amongst participants, in terms of structure, flexibility, intensity and 1:1 attention. This enabled theoretical concepts and learning to be applied in practice, and was seen as essential in working towards implementing an outcomes-based approach.

- *The Killer Questions* and *Turning the Curve* exercise were viewed as helpful tools which were inclusive, simple and yet powerful. Families for which these had been used effectively had provided very positive feedback to social workers.

- Outcomes-based changes in structures and meetings were potentially transformative for service-users, as social workers reported that the outcomes developed were much more appropriate than those developed by needs-led care plans.

- Participants reported that meeting colleagues from other local authorities had been a very positive experience.

- Many practitioners taking part in the training and coaching reported feeling empowered, as the focus on outcomes meant that they were able to work more meaningfully towards improving the lives of children and families.

- A number of social workers commented that they thought that being able to develop their own tools (with support from Outcomes UK) had been highly valuable, as this meant they could address their local needs and priorities.

Limitations of the project

In relation to what worked less well or was considered a limitation of the project, participants discussed the following:

- There was a lack of clarity of purpose of the training, with an initial emphasis on RBA in general, when the application related mainly to care

planning and care management, leading some participants to comment that the project had been 'over-sold'.

- Initial training day was seen to be too abstract and high-level, and not sufficiently focused on practice. In addition, some tools (e.g. quadrant) were not understood by many participants.

- All practitioners cited ICS as a barrier in implementing the changes to their practice and in its current structure across all pilot sites, any practice changes (e.g. to tools, templates) were currently not being absorbed into ICS, but being documented alongside it. However, it should be noted that this was beyond the control of Outcomes UK delivering the training.

- There were varying levels of progress in terms of actual implementation of outcomes-based approaches into tools and structures in practice, both within and between pilot sites. For example, some social workers taking part were not case holding, and had thus not used outcomes-based approaches in their care planning, review and management. These varying levels of implementation reflected differing levels of buy-in across local authorities.

- Some practitioners felt that there may be greater time and resource implications of implementing RBA (in the short-term at least).

- The project and the approach would have benefited from buy-in from internal and external partners, and a greater degree of awareness and support from line- and senior managers. Efforts were made to increase buy-in and cooperation from partners, however this was beyond the control of the colleagues delivering the coaching and training, and was to be expected given that this was a pilot project with a small number of participants from each local authority.

Recommendations going forward

The majority of social workers interviewed for this evaluation recommended a future roll-out of the training and coaching. Based on the findings from the final wave of data collection, Cordis Bright is putting forward the following recommendations with respect to how any future roll-out of a similar project is conducted:

- In Cordis Bright's view, the approach of using outcomes as the starting point of the care planning (and subsequent review and care management) process is a relatively small adjustment, but one that has great potential to be transformative for service users and social workers alike. The evaluation showed that the training and coaching was effective at getting social workers to focus on an outcomes-led approach. Therefore, we would recommend that the programme is delivered more widely across Wales, taking into account the other recommendations laid out in this report.

- Overall, the length and format of training delivery should be maintained, i.e. a two day training programme with on-site coaching worked well for most participants. If training were to take place with larger numbers of social workers within a local authority, this could be delivered flexibly.

- Ensure that there is clarity about the purpose of the training and that specifically it will be focusing on *care-planning* and subsequent *care management* being more outcomes-focused.

- Initial training for frontline practitioners should focus more on practice, with the theoretical/ organisational-level discussed in less detail. It would be beneficial if the training used clear children's social care practice examples.

- The training should ensure all participants have fundamental understanding of outcomes (versus needs and outcomes measures). The current training did cover this area, but we would recommend that the emphasis on this is strengthened even further.

- In order to use IT effectively and ensure systematic record keeping, ICS should be modified to accommodate changes being made to templates/tools. This may require authorisation from a higher level.

- Training should focus on case-holding social workers initially (although social workers who do not hold cases themselves would benefit from the training as well).

- For future roll-out, it should be ensured that higher level strategic managers are appropriately briefed and that line managers are also trained to ensure the approach cascades through the organisation and that different stakeholders each have sufficient knowledge about the programme in order to quality-assure.

- Some level of briefing/information provision for partner agencies and professionals would need to be built into the process, in order to ensure that they are aware of the benefits and the aims of outcomes-based care planning.

- We would recommend that a clear focus on identifying risk factors is integrated into the training.

2 Introduction

In February 2012, the Social Services Improvement Agency (SSIA) commissioned Outcomes UK[2] to deliver training and coaching to frontline children's social work practitioners in four local authorities across Wales. The training was intended to focus on improving and embedding the use of an outcomes-based approach (including the use of outcomes measures) to planning for Children in Need, Child Protection and Looked After Children cases, with the intention of improving practice and ultimately leading to better outcomes for children and families. The training programme was delivered from in the autumn of 2012, with the coaching and support continuing until the spring of 2013.

Cordis Bright was chosen to deliver an independent evaluation of the training project. The evaluation's main aims are to:

- Establish whether and how the training has improved practitioners' understanding of outcomes and their appropriate measurement, and how this has been implemented in practice.
- Identify barriers to outcomes-focused ways of working, and to provide recommendations on how these challenges may be overcome
- Provide information on the impact the use of outcomes-measures has had on the well-being of children and families.

Cordis Bright undertook an initial round of 32 qualitative interviews and review of documentation during July and August 2012 in order to create a baseline picture of the extent to which outcomes-focused ways of working were embedded prior to the training taking place. This led to a baseline report which provided an overview of the findings of the initial round of research (see below for further details on the evaluation methodology), and was explicitly formative in its nature, so that it could inform the training and coaching sessions to be delivered by identifying training needs, priorities and potential barriers, going forward.

The second and final round of data collection took place in April 2013 once all the training and coaching had been delivered, and allowing for some time for practitioners to begin implementing their training. A total of 13 participants (social workers) were interviewed across the four pilot sites, as well as 9 line managers and senior managers, and the colleagues that delivered the coaching and training. Documentation produced as a result of the training and coaching was also reviewed. The final report focuses on the experiences of the practitioners that took part in the project, and examines whether, and if so how, it has impacted on their practice, concluding with recommendations going forward, based on the identified strengths of the training and areas for development.

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[2] Please note that Outcomes UK underwent a name change to Core Assets Consultancy and Resourcing in February 2013.

Please note that interviewees were guaranteed confidentiality, and thus this report does not make reference to individual social workers, managers or local authorities.

Methodology

The methodology consisted of two distinct fieldwork stages, adopting a 'before' and 'after' approach to assess any change in knowledge, understanding and practice in relation to outcomes-based ways of working and their implementation into children's social care practice.

The first stage of data collection took place at the start of the project to gain a clearer picture of participating Local Authorities' and practitioners' levels of understanding and usage of outcomes-based approaches, *before* any training or coaching had taken place.

The second and final stage of data collection took place in April 2013, after the Outcomes UK training had been delivered to assess both the perceived usefulness of the training and coaching from attendees, whether (and if so how) it had made any demonstrable difference to their individual practice, and any recommendations for any future roll-out of a similar programme of training to children's social care practitioners.

2.1.1 Initial stage to establish baseline

The initial stage of fieldwork was carried out between July and August 2012 to collect baseline data in respect of participants' levels of knowledge, understanding and usage of outcomes-based approaches before embarking on any training. All four pilot Local Authorities were visited and interviews took place with:

- All 16 frontline social workers to be involved in the training (4 per Local Authority). Most practitioners also provided at least one example of a working Plan or Review document (e.g. Looked-After Child Review, Child Protection/Child in Need Plan) to give us some indication of their current demonstrable usage of outcomes in their practice.

- 9 Team Managers to gain views of those who were generally directly line-managing the professionals to be trained.

- 7 senior-level strategic managers, to gain more global insight into where each Local Authority was at with respect to outcomes-based approaches and the role they envisaged for the training and coaching support in relation to wider social work practice in the authority.

The baseline report detailed the findings of this initial fieldwork stage, summarising key themes from practitioners and managers across all 4 pilot sites.

2.1.2 Follow-up stage

The second stage of fieldwork took place in April 2013, once the Outcomes UK training had taken place and coaching had been delivered, and after allowing some time so that participating practitioners had had sufficient opportunity to implement new ways of working into their practice. At this point, where possible, semi-structured qualitative interviews were repeated with the same sample of participants to assess their opinions on participating in the training and support, whether (and if so, how) it had affected their practice, and what the benefits of these changes may have been. Whilst it was anticipated that the follow-up stage of research would attempt to engage with children and families who had been involved in any newly implemented ways of working, due to practical limitations in gaining access to this group of participants, it was not possible to ascertain their views on an outcomes-focused way of working.

Altogether, the final stage of data collection involved:

- 3 telephone interviews with colleagues from Outcomes UK/Core Assets who delivered the training

- 13 frontline social workers (out of the original 16) who took part in the training (11 face to face interview, 2 telephone interviews). Most practitioners that we interviewed at this second stage also provided at least one example of a working Plan or Review document to give us some indication of how they had implemented their training into adapting tools that they used with their clients/families.

- 3 Team Managers (interviewed face to face) to gain views of those who were generally directly line-managing the professionals who were trained.

- 6 senior-level strategic managers (5 face to face interviews and one telephone interview), who provided information on how a wider outcomes-focused approach could be implemented within their local authority, and main areas in which improvements were needed within their local authority.

2.1.3 Profile of social workers taking part

The profile of participating frontline social workers was diverse, both in terms of role and levels of experience, but also in relation to the teams in which they worked.

- Job titles ranged from Social Worker to Senior Practitioner and Consultant Social Worker, reflecting the wide range of experience and years qualified of the prospective trainees.

- Some practitioners were in locality-based teams and therefore carried out the full spectrum of children's social work (e.g. Looked-After duties, Child Protection, Child in Need, proceedings work).

- Others were based in service-specific teams such as Family Support/Intervention (mostly Child Protection and Child in Need work);

Children with Disabilities; Initial Assessment. As such, they also differed in terms of the length of time they worked with their clients.

2.1.4 Limitations of the overall evaluative approach

There are a number of caveats to set out in relation to the methodology of the final stage of data collection, which should contextualise any findings reported here in relation to the evaluation:

- It should be noted that the training and coaching programme which was the focus of this evaluation was designed to be a pilot, and that participation was limited to four social workers per local authority. Some of the limitations of the training and coaching are directly related to the small scale nature of the project and the fact that new ways of delivering outcomes-based approaches needed to be developed. Therefore, we would not necessarily anticipate these issues being replicated if the programme were rolled out more widely.

- Several (three) of the originally identified (and interviewed) participants who were due to take part in the full training programme could not be interviewed at the second stage due to a number of reasons (e.g. moved on to a different role; career break; decided not to participate in the training programme). As such, the number of interviewees who could be consulted at this second stage does not fully reflect our original cohort of training participants in the initial stage of data collection.

- As reported in the initial baseline report, participants in the training programme came from a variety of teams and roles, and thus the findings reported here need to be read in a wider context that the training and coaching participants received, translated into different working contexts for each of them, with teams at various levels of current understanding and usage of outcomes-based approaches.

- Some of the original participants of the training programme did not have individual case responsibility, and thus could not directly implement learning into live practice with service users. This was because their role may have changed over the duration of the project, however some were not case-holders at the start of the programme. Thus there is a limitation in terms of the potential direct implementation of the training to the level of reaching service users and families, given the roles of the some of the participants.

3 Findings: strengths of the project

This section provides an overview of the main findings of the final stage of data collection in relation to what participants felt worked well and how this was implemented into their practice.

Strengths in the training and coaching phase of the project

3.1.1 Expertise and skills of training and coaching team

Participants who undertook the training days felt that the team of facilitators were friendly, approachable and demonstrated expertise in the area of outcomes-based approaches. Because of this, participants generally felt confident about the knowledge-base, experience and skills of the facilitators in successfully being able to deliver the programme.

3.1.2 Format and structure of the training and support delivered

In relation to participants' expectations of the structure and delivery of the training, which they were consulted on in the first wave of data collection, the training generally was delivered in a way that they had requested and was seen as very useful, with a mixture of group and interactive sessions, 1:1 delivery, and flexibility in availability of mentors post-training to check they were *'on track'*. This suggests that future training should also follow this flexible format of delivery.

3.1.3 Exposure to colleagues from other authorities

Practitioners welcomed the opportunity to meet other social workers from different teams and authorities and gain insight about alternative ways of working. This could aid discussion and development of practice, although some also felt that during the specific parts of training which concentrated on planning local tools, it would have been helpful to have been working with colleagues from their own local authority rather than with social workers from other areas.

3.1.4 Coaching element of the project

Many training participants felt that the coaching sessions offered after the initial training days were extremely beneficial in translating their newly acquired knowledge into practice development that led to a greater focus on outcomes. They welcomed the opportunity to discuss their views on how the training could be embedded into practice, both at the level of the local authority in group sessions, but also at the level of individual practice in 1:1 sessions.

Those practitioners that brought draft tools or resources to their coaching sessions found these 1:1 sessions extremely helpful as they provided the opportunity to practically apply learning gleaned through the training days directly into their individual practice, and they could exchange ideas about how these tools could be developed further to maximise practical effectiveness with service users.

Other participants discussed the coaching to be useful, even without an actual amended tool/plan to refer to, as it informed their thinking to then go and apply outcomes-based principles in order to amend existing plans and documents that they used in their practice.

Overall, participants were highly appreciative of the coaching element of the project, felt that it was very helpful in terms of moving them on from re-inforcing their learning to practical implementation of what had been learnt, and that critically, it enabled practitioners to plan both on an individual- and authority-level in terms of adapting any tools and resources going forward. This was felt to be essential given the initial training days included all four pilot sites and therefore offered fewer opportunities for individual-/authority-level planning.

3.1.5 Specific tools

Participants discussed the various tools that were introduced during the training days and relative merits of these in terms of being able to implement them into their practice.

Killer Questions

The *Killer Questions* were mentioned by many participants as offering a helpful framework to contextualise their work and forward-planning in relation to a case.

In particular, the question, *'What would good look like?'* was stated to be a very helpful starting point in thinking about priorities on a case, and enabling all within the network to engage in decision-making and care-planning in a way which was simple, but focused. Participants felt that in particular this was a question which could be incorporated into their practice with relative ease, and offer a powerful way in which to refocus the network's efforts in relation to a particular case. In addition, participants frequently mentioned that for those families that engaged in the process the questions brought a much greater deal of clarity.

Turning the Curve

Some participants felt that the 'Turning the Curve' was a helpful concept in relation to moving them on in cases that had otherwise become 'stuck' or were felt not to be progressing. Again, for those that used it, this tool was felt to be helpful in moving a case forward, and focusing effort and energy so that it would lead to the maximisation of a particular outcome.

Strengths in the implementation phase of the project

3.2.1 Refocusing on outcomes

Many participants commented that the project had led them to a recalibration of their starting point with respect to a case (i.e. starting with an outcome, rather than a need or a resource-driven objective). In this respect, the project has been effective in putting outcomes to the forefront of practitioners' thinking and facilitating a constant interrogation of their existing practice with respect to

whether or not it is outcomes-focused and whether these outcomes are being measured.

Apart from social workers reporting higher levels of confidence with outcomes themselves, in the case files examined for this evaluation the general usage of outcomes had improved considerably compared to the baseline round of interviews. As before, there were varying levels of confidence and accuracy in using outcomes, but as participants had come from different starting points this was to be expected.

This findings highlights that the coaching and training did have the desired effect in those cases in which it was applied effectively (see section on limitations on practical implementation). It should be noted that participants generally did not see this as a radically new way of dealing with cases. Rather, the focus on outcomes was more of a recalibration of existing efforts which had the potential to have great effect.

3.2.2   Experiences of service users

For those practitioners that used adapted tools which incorporated outcomes-based approaches in explicit work with children and families, there was a strong feeling that this was potentially transformative for service users. Practitioners talked about families, and in particular parents that experienced meetings such as Core Group meetings and Child Protection Conferences in a new way, and that they contributed more meaningfully, but also understood better what was being asked of them from the professional network, and critically to what end (i.e. in relation to improving outcomes). It was felt that the language used through these modified tools and approaches allowed practice to become more inclusive for service users, enabled them to critically engage with the network, and become a more empowered part of the network to bring about positive change. Practitioners mentioned families explicitly commenting on these changes and how positive they were for them, even though it had taken some families time to adjust to a situation in where they were being asked to contribute (rather than have interventions prescribed). Although the number of cases where these approaches had been implemented was still low (and outcomes could not be quantified), in these cases the training and coaching sessions had had the intended effect.

There were some practitioners who felt that not all families/service users were appropriate for using more outcomes-based ways of working and that there were occasions, where greater efforts to involve them in articulating outcomes to work towards were not successful. However, we believe that this conflates some of the mechanisms used to develop outcomes/outcomes measures (i.e. working jointly with families) with outcomes-based care planning per se: while it will not always be possible to use e.g. the *killer questions* together with the family, this does not mean that it is impossible to put outcomes at the centre of the care planning process.

3.2.3   Empowering for social workers

Social workers who modified their practice and approaches to their cases in relation to outcomes-based ways of working said that it was empowering for them and helped them to focus more clearly on priorities for the case, especially in more complex cases which may have been felt to be 'stuck' in terms of progress.

In this way, the approaches learned and the tools that were adopted into workers' practice helped them redefine ways forwards in their casework. A number of social workers reported that they felt that the outcomes-based approach enabled them to do things for which they had become social workers in the first place, and work much more meaningfully with families and children.

3.2.4   Implementation of tools

Killer Questions[3]

The killer question, *'What would good look like?'* offered a jargon-free way of engaging families to participate in care-planning in a meaningful way. This also extended to other practitioners within the professional network and it was felt that this question enabled all stakeholders to contribute in a way that cut to the core of prioritisation in relation to outcomes, but that also enabled planning to be targeted at the situation of the individual family/child. It was felt to be a powerful but simple way to engage a range of stakeholders to more usefully work together on a case.

A number of practitioners said they either explicitly (i.e. in meetings) or implicitly (in supervision or in critical reflection) used this question in thinking about their cases and how they could move forward. Other killer questions were also referred to as helpful, such as questions around how progress would be measured. However, *'What would good look like?'* was quoted by all social workers to have been the most useful, and as being almost a 'guiding principle' for the work to follow.

Turning the Curve

As outlined earlier, the concept of 'turning the curve' was felt to be a helpful one in regaining impetus on cases that were at risk of stagnating, and this is something which participants brought up before embarking on the training - that they hoped the approaches used might be helpful in such cases (e.g. cases of long-term chronic neglect). This method to focus discussions was used in professionals meetings and supervisions to think more usefully about a case and where it was going.

While applying this exercise took some effort in order to ensure that families understood what was being asked of them, the collaborative nature of the exercise had led to real improvements in some of the cases (e.g. a mother

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[3] Please see Appendix 2 for *'killer questions'*

realising what the impact of her actions had on her children). However, it should be noted that only a minority of the social workers had used the Turning the Curve exercise at the time of the second round of interviews for this evaluation.

Development of tools

Some participants felt that the timing of when explicit tools and resources were introduced to them (in the latter part of the training schedule) was helpful in that it enabled them to tailor approaches to their own authorities and teams, rather than superimposing existing tools onto their practice which may have been less successful in terms of future implementation. The interviews with colleagues from Outcomes UK delivering the coaching and training showed that this developmental approach had been deliberately chosen, as it allowed tools to be tailored to local needs. In addition, prior to the training, social workers had expressed a preference not to be simply given new tools to use (however, please see section 4.1.4 for the limitations of this approach).

Coaching support

Participants felt that the structure of coaching support and the informality and flexibility it offered (e.g. email/telephone contact) was useful in fine-tuning their modified tools/templates and putting them into practice. This structure of the coaching enabled a 'mentoring' approach whereby facilitators were on-hand if any issues arose that participants wanted to discuss further, in addition to their face-to-face sessions.

While the training had introduced the tools and concepts behind the outcomes-based care planning approach, the coaching sessions offered the opportunity to test these in practice.

3.2.5 Case study

The following case study from one of the local authorities taking part in the programme illustrates the use of outcomes as a starting point in the care planning, management process and review process and highlights how some of the tools were used.

Background: Family A

Child M aged four years

Child C aged one and a half

Issues were in relation to domestic abuse, alcohol use of both parents, mental health of both parents and child M's behaviour, which was difficult to manage. The outcomes focussed approached was implemented at the first initial core group following from the Initial Child Protection Case Conference. As a starting point, an overall outcome was agreed between local authority, partner agencies and parents, which was for the children to have a safe stable environment to live in and for the parents' relationship to be positive.

Answering the 'killer questions'?

We then asked what 'what would good look like' if we were to reach this outcome:

- No arguing or fighting, no shouting no intimidation in the home
- For mum and dad to use alcohol safely/sensibly
- For mum's and dad's mental health to be stable
- For mum to continue working/employment
- The children not to experience frequent moves (have a stable home)
- To be happy individually and as a family
- For M to not hit out at her mother
- M to have Good school attendance/be happy at school
- No criminal activity
- Good role modelling by mum and dad

These were used as our list of measures. We then prioritised the most important measures we felt as a group we needed to work on. These were dad's mental health, parents' alcohol use and domestic abuse. We used the turning the curve exercise to help parents gauge where they were at with regards to the measures. They scored themselves accordingly on a scale of 0 (being 'not very good') and 10 (being 'good') (their scores were low).

We then asked the question what would happen if we did nothing? Parents were able to identify clearly at this point that if they continued to use alcohol the domestic abuse was likely to get worse and this would then have a negative impact on the children e.g. they would be frightened, worried, and M's behaviour would deteriorate even further. They were also able to identify that if dad's mental health deteriorated this would impact further on the domestic abuse and have negative effects on his care of the children in terms of his physical care to

them and emotional availability.

Parents and the group then came up with a list of practical ideas they could use to increase their scores. These included:

- Parents drinking alcohol to a sensible level.
- Dad taking his medication regularly.
- Dad attending all of his appointments with mental health.
- Dad leaving the house if he is feeling agitated and mum to let him leave and calm down.
- Dad supporting mum in her behaviour management of M both giving her the same message.

Measuring progress

We then talked about how we would measure progress and change. This was agreed as:

- Self-reports from parents on how they were doing on the measures.
- Reports from the mental health services on number of appointments kept and stability of dad's mental health.
- Reports from the school on M's behaviour.
- Number of calls made to the police.

Overall the parents have engaged well with the plan and it has progressed positively. There have been no reported incidents of D.V. from the police. Parents report a sensible use of alcohol – we have no evidence to suggest otherwise. Parents report no D.V although have been honest in reporting 2 incidents where dad has hit out at objects. No behaviour issues reported by the school. Positive reports from the parents on M's behaviour. Reports from Mental Health that dad has kept all of his appointments, is taking his medication and mental health is stable.

Using the grid

We then used the Grid to review the plan:

How much have we done ?

- Social worker has completed 15 visits to the family home, referred to mental health, referred to pattern changing and Barnado's.
- Mental health social worker has undertaken 4 visits to he home, reviewed dad's medication, assisted him to visits to the G.P. and Psychiatrist and referred dad to pathways.
- Health visitor has visited the family twice and discussed behaviour management

How well have we done it?

- Parents feel that they have been listened to 100%
- The children have been seen and spoken to on all C.P. visits
- The child protection plan has been completed successfully
- Social services liaised with Mental Health in order to speed up their intervention with dad.
- Parents feel that they have been respected

Is anyone better off?

- Children have not witnessed any domestic abuse
- Children experience a positive atmosphere at home
- Parents have changed their behaviours
- Children experience good role modelling at home
- M's behaviour is more manageable and she does not hit out
- Children receive consistent parenting from dad

4 Findings: Areas for improvement

This chapter focuses on the elements of the project which participants felt were possible areas for further development, or limitations in terms of implementing outcomes-focused approaches into their current practice.

Training and coaching element of the project

4.1.1 Purpose of training not sufficiently clear

There was a feeling from participants that there was a lack of sufficient clarity from the outset about the purpose of the training, and specifically, how this would most likely impact on their practice. In this sense, participants knew that they were going to receive training about outcomes-based approaches and RBA more widely, but were unsure both going into the training and during its delivery what the exact focus of the project was, in relation to their direct day-to-day practice. From the review of documentation as well as the interviews with practitioners, the subsequent impact of this project has been most acute in the care-planning element of practice (regardless of team/service), with the outcomes that were developed subsequently framing the review and care management process. However, participants reported that this was not clear to them from the outset and they were therefore unclear about which parts of their practice would be most affected by the training and coaching.

Given these findings, there was a sense from some practitioners that the training had not quite met their expectations (that they had before embarking on the project) in relation to its content. When this was unpicked, practitioners discussed that beforehand, some of the communication they had received about the training had portrayed what they were about to learn as a very different way of managing cases, with a transformative impact and almost *'a revelation'* (participant's quote during an interview). In this respect, some participants felt that their learning as part of the training and coaching phase had been more limited in scope - many of the concepts and approaches they learned about were not new to them, and that the tools and changes they were being encouraged to make in their practice were not as transformative as they had envisaged. This also differed in relation to the individual workers and teams, dependant on how successfully they were already utilising elements of outcomes-based approaches in their work.

4.1.2 Initial training day too abstract and high-level

Overall, there was a sense from a number of participants who took part in the training that the initial day concentrated too heavily on Results-based Accountability (RBA) as an approach more widely (dealing with concepts such as population accountability), and this was felt to be too abstract, and business- and organisational-level oriented, in contrast to the audience of participants who were mainly frontline social workers.

Participants felt that whilst it was useful to know about the approach more broadly, and its original use in organisational-level change, this section of the

training could have been condensed down, and that instead, more information could have been given in relation to examples which reflected frontline practice in children's social care. It was felt that this would have been instrumental in making explicit the links between the approach in its overarching form, and how this translated to the practice of an individual frontline practitioner, given that this understanding was the crux of being able to usefully implement these approaches later on in the project.

In addition, some participants felt there were not enough tangible examples that related to frontline practice in children's social care.

4.1.3 Some tools were not understood

Several practitioners commented on confusion in understanding one of the tools (the 'quadrant'). This was a tool that many practitioners said they grappled with, even when it was re-visited in the coaching and mentoring sessions. As such, it was reported not to be used by many practitioners in the implementation phase of the project.

4.1.4 Development of tools

In contrast to earlier findings in the last chapter, some participants found the timing of the introduction of tools and resources a barrier to their successful implementation. These interviewees commented that they would have liked to have seen these at an earlier stage in the training days to enable them to see tangible resources with clear implications for their own practice, and that a delay in this had contributed to difficulties in them being able to make the links between the training and their practice. For some participants then, there was a feeling that these tools should have been introduced earlier on in the training schedule.

What this issue highlights is that, contrary to what social workers said prior to the training, some social workers were keen to use pre-determined tools in their practice, rather than having to develop this themselves, as this would mean they could spend more time using the tools during the project (rather than investing time to adapt it to fit local needs).

Implementation phase of project

4.2.1 Level of implementation across the authorities

At the time of consultation in the final stage of fieldwork across all four pilot sites, there were varying levels of implementation, both across and within local authorities of the training participants had received. This was for a number of reasons that were in the main beyond the control of the trainers and coaches and thus not related to the delivery of the project itself and contributed to limiting the extent to which the training was directly implemented into frontline practice.

These included:

- Original participants changing roles within the local authority so that they were no longer case-holding.

- Participants leaving local authority employment to pursue other roles or for a career break.

- Original identified participants to take part in the training not having an existing caseload.

- The amount of time taken to successfully plan modifications to existing tools and plans, make these changes and put them into practice meant that many participants said that they were only in the very early stages of implementing outcomes-based approaches into their practice in a coherent way. Given this, there may be an issue about the timing of the coaching support offered as part of the project as some participants stated that they had not yet reached a stage where they could implement these changes into practice.

It is worth noting though that the training and coaching that was delivered was relatively small scale in its nature (with only four social workers per local authority), and that senior managers reported that the focus on outcomes would continue, which suggests that the relatively low levels of implementation may be related to the timing of the research undertaken, i.e. that it may be possible that implementation will advance further in the coming months.

4.2.2 Appropriateness of using outcomes-based approaches with all families?

Some participants felt that some of the approaches and tools developed were not always successful with families, as some families or service users were not willing to engage or to contribute to what they saw as their own priorities. There is a question then around whether practitioners feel that their modified tools and plans can be rolled out to all their cases, or whether some are more amenable to these approaches than others. However, it should be stated that regardless of whether families are willing to participate in an outcomes-based approach, this does not negate the value of the professional doing so. Therefore, in Cordis Bright's view this comment from a minority of social workers should be treated with caution.

4.2.3 Outcomes-based approaches can be more time-intensive

Some practitioners that were successfully implementing these approaches with service users in terms of amended structures of meetings, reports, reviews and plans commented that the approach could take longer to implement, and meetings could take longer to chair, given the more consultative model and observations that service users were contributing more meaningfully to their reviews. However, it was also felt that in the long-run, this approach would streamline interventions more effectively to families' key priorities and thus could save time and/or resources over an extended period of time. There may be time and resource implications going forward (both in the short-term and long-term) in terms of implementing these approaches and tools across an entire caseload for

an individual practitioner and what this may mean for their workload and this will need to be explored in more detail.

While this may have taken longer, participants also mentioned that they felt that the additional time and resources invested at the outset would mean the case became easier to manage later on. It was too early to draw any conclusions at this stage but it may be worth exploring this issue further.

4.2.4 Compatibility with existing IT systems

As was reported in the baseline report, anticipated issues around whether existing IT systems (namely ICS) could support and incorporate any modified tools or templates which became more outcomes-focused were largely borne out, and practitioners all cited ICS as a barrier in being able to implement the changes they had designed. Largely, these changes were being implemented *in spite* of ICS, rather than *facilitated* by it. In some authorities, new plan and review templates were drawn up using Microsoft Word and attached onto the system, negating the need to complete existing templates in ICS. However, this decision needed buy-in from higher strategic-level managers in order to prevent negative scrutiny in relation to what may appear to be incomplete documentation in ICS (e.g. for performance management purposes). In other authorities, practitioners were being made to complete two templates – their existing ICS one, and the new modified one, which considerably added to their workload.

Going forward, given the relatively small sample size of participants in each local authority undertaking this training project, interviewees were unclear what the implications to their ICS systems would be, if any at all, as a result of this programme. Whilst some were very pessimistic about the capacity of ICS to adapt and incorporate a more outcomes-driven structure to templates and documents, others felt that with minor adjustments, existing systems could cope with the changes being made, as long as this was given the appropriate clearances at a higher strategic managerial level.

4.2.5 Buy-in from internal and external partners

Participants who were successfully making changes in their practice, talked about the challenges that this presented in terms of ensuring that others in the professional network were supportive of any such developments.

Practitioners who were taking part in looked-after child reviews or child protection conferences, both chaired by independent experienced social workers commented that the success of any changes they had made in approach was critically determined by the extent that chairs accepted this methodology and understood its aims. In this respect it was felt that practitioners could be limited in making changes for families and service users if other stakeholders (especially those wielding high levels of power in respect to case decisions) had not also been trained in these approaches.

For other professionals within the network who came from external agencies, there was still the sense that unless they too were briefed and trained in outcomes-based approaches, the success of implementation could potentially be

limited. For some practitioners, they had already faced challenges from other professionals in seeing the merits of an outcomes-based approach and critically, seeing adequate justification in changing the existing structures and templates being used.

In this context, it is again worth highlighting the pilot nature of the project, as it is likely that involvement of partners and senior managers would be significantly higher if a wider roll-out were to occur throughout a local authority.

4.2.6 Awareness and support of senior managers

In terms of line- and senior managers, it was also felt that to ensure a consistent and continued focus on outcomes-based care planning, as well as for successful quality assurance of work going forward, that they too would need a comprehensive understanding of outcomes-based approaches in order to successfully ensure its implementation and robust scrutiny in the long-term.

At the highest level, the commitment and investment towards systems-level changes to practice needs to be imparted via clear and consistent messages to staff, although this does not necessitate senior-most managers being trained to the same level of detail as practitioners – a tailored approach to briefing the full the range of stakeholders therefore needs to take place to ensure each has the relevant information for them to contribute to wider changes in practice.

4.2.7 Quality assurance

Given the different levels of implementation that both individual workers and authorities are at with respect to adopting outcomes-based approaches, there is a potential issue around quality assuring any tools that are modified or produced going forward, and that these include suitable outcomes measures which capture progress in a case successfully. Whilst much work and discussion had gone into adapting the templates and tools that were reviewed as part of the final wave of data collection, our impression was that some of these were not completely robust in successfully articulating outcomes measures and critically, *how* progress against these are captured, despite varying levels of confidence from the practitioners who presented them. Given this, local authorities need to ensure that there is adequate quality assurance from senior practitioners/managers to ensure that practice tools and templates are being modified in a robust manner.

Appendix 1

Below, we have included the briefing document to local authorities that sets out the framework for the project, including inputs and timing.

SSIA OUTCOMES PROJECT – LOCAL AUTHORITY BRIEFING DOCUMENT

Supporting Social Workers to improve outcomes for children, young people and their families

1. Purpose of the Work

- To support Social Worker to move away from being process or "tick box" driven to focus more on quality and achieving better outcomes for children and families ("making a difference ")
- To develop and deliver a practice based Outcomes Framework with supporting tools linked to Results Based Accountability (RBA)
- To train and coach social workers in the effective use of the above methods and ways of capturing evidence of outcomes for children (measures)
- To conduct an independent evaluation of the work to measure impact
- To build on the experience of the IFSS projects
- To engage with partners and LSCB's
- To inform the development of an national outcomes framework

Funded by the SSIA, Outcomes UK and Cordis Bright are working with four pioneer Local Authorities (Caerphilly, RCT, Merthyr Tydfil and Flintshire) to test an exciting new way of working.

3. Outcomes Framework and Delivery Plan

To keep the Outcome s Framework focussed and realistic for social work staff it will centre on:

- Understanding RBA and its relevance to social work practice – starting in the right place
- Driving practice away from outputs and process towards quality and outcomes
- Practically using the methods to measure impact and improved outcomes for children and young people. Specifically this will include:
    - Use of the quadrants and "Report Cards" – performance accountability
    - Importance of common language and outcome focussed questioning – engaging and listening to children and families, negotiating outcome objectives

- o How to apply the "Turning the Curve" thinking and exercise with families and key partners to develop more outcome focussed plans (practice tool)
- o How to use soft and hard data to better understand whether an intervention has made a difference (the "Story"). Including customer satisfaction ratings and trends, reflecting on practice and what works, learning to do better.
- o Generating generic outcome focussed "killer" performance measures to feed national outcomes work

Outline Delivery Plan with Pioneer Local Authorities

PHASES	ACTIVITY & TIMELINE
1. **Baseline Evaluation**	• Assess current use of outcomes driven practice etc. • June-July
2. **Project Briefing Workshop (3 Days)**	• Have half day briefing workshop (x2) with selected Social Workers, managers and key partners • Focus Group with parents • September
3. **Training on Outcomes Framework and Tools (5 Days)**	• Half days or two full day workshops with Social Workers on the above Outcomes Framework and supporting tools • September-October
4. **Implementation and Coaching (16 Days)**	• Dedicated half day sessions with each LA to further practice using methods. Would include Social Workers and their Team Managers. 4 days in total • Selection of cases. We are suggesting that we have staggered start. One case to practice on and then further 2. • On site coaching of Social Workers to troubleshoot difficulties and maintain momentum and focus. 12 days in total. Will include 4 sessions per Social Worker – combination of one to one and group work. Complicated due to geography of 4 LA's. • October-March
5. **Follow-up Evaluation**	• Assess impact of work • April
6. **Review and Final Report (3 Days)**	• Final report on key findings and recommendations • May

Appendix 2

Making a difference action plan, including 5 'killer questions'

SSIA OUTCOMES PROJECT

MAKING A DIFFERENCE ACTION PLAN

The following questions have been designed to support outcomes thinking and planning work with children, families and partners involved in the project. Remember an outcome is a condition of wellbeing for the child e.g. "safe and secure", "happy and confident", "achieving at school".

1. What is the overall outcome for the child we are trying to achieve? What does "good" look like?

2. How will we know we have got there? What are the key success measures linked to the overall outcome?

3. How are we doing on the most important measures? What is helping and hindering progress?

4. What could work to make a difference (best ideas)?

5. Who are the key people who could help?

6. What do we propose to do together – 4 point action plan (simple, clear and specific), including low cost or no cost ideas? How will we capture evidence and "stories" of impact?

Children and Family Measures

Ask following questions of children and parents to support planning and review work (capture evidence of quality and impact):

Rating Scale:

1	2	3	4	5
Very poor	*Poor*	*OK*	*Good*	*Very Good*

1. What is the main difficulty you would like help with? Please rate difficulty (1-5)

2. What could make the biggest difference to your life?

3. How well do you feel treated by your social worker (quality of the service you have received)? Please rate (1-5)?

4. Has the help you have received from your social worker made any difference? Please rate (1-5)

CordisBright Limited

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

DATE: **24 OCTOBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **WORKSHOP OUTCOME FOR DOUBLE CLICK & AGREEMENT TO PROGRESS**

1.00   PURPOSE OF REPORT

1.01   This report is designed as a simple summary of the outcome of a members workshop held at Double Click on the 2nd of October, 2013

1.02   Scrutiny members at June's meeting requested an opportunity to discuss the proposal for Double Click to become a Social Enterprise in this way.

2.00   BACKGROUND

2.01   A Business Plan has been produced with support from Social Firms Wales to develop Double Click into a Social Enterprise. This has been considered since 2010 and ongoing advice has been sought from Social Firms Wales during this process.

2.02   This proposal has been presented to Scrutiny on two occasions, the outcome of which was the need for the Workshop noted above.

2.03   The workshop was well attended by members and officers, as well as by representatives from the management team at Double Click and colleagues from Social Firms Wales.

3.00   CONSIDERATIONS

         As part of the workshop a number of specific issues were discussed:-

3.01   1. Impact on Service Users

         Attendees received information that the proposal to move double click to a social enterprise came about due to suggestions made by service users indicating a wish to see the business develop.

         Reassurances were provided that the business model provided would not place additional pressure on service users and staff, and that essentially the model allowed for better utilisation of resources and

potential market opportunities.

3.02   2. Business Plan

A description of how the business plan was put together was presented as part of the workshop. A number of questions were posed regarding the short and long term viability of the business and the assumptions made in putting together the case.

Good examples were given of other similar business' which had successfully been transferred to Social Enterprises including "**Beacons Craft**" in Powys.

Members remained aware that figures within the case could never be considered to be absolute, but were satisfied that they reflected a realistic outlook for the business

3.03   3. Opportunities provided by this change

As part of the workshop it became evident that moving to a Social Enterprise would allow Double Click a number of opportunities not available in its current form.

These related to two core areas namely access to free training for staff and service users and access to grants reserved for such organisations.

4.00   RECOMMENDATIONS

4.01   On the basis of the workshop held on the 2nd of October,2013 the information provided during this session, and the subsequent visit to Double Click members are asked to support the proposal and recommend that Cabinet agrees to transfer Double Click from a Social Services run work scheme, to a Social Enterprise company in the form of a Company Limited by Guarantee.

5.00   FINANCIAL IMPLICATIONS

5.01   No specific change to the local authorities financial funding of this service.

6.00   ANTI POVERTY IMPACT

6.01   Is expected to support some current service users to gain paid employment.

7.00   ENVIRONMENTAL IMPACT

7.01   None.

8.00   EQUALITIES IMPACT

8.01   Covered in Equalities Impact Assessment

9.00   PERSONNEL IMPLICATIONS

9.01   Staff seconded from Flintshire County Council to the new business for 3 years.

10.00   CONSULTATION REQUIRED

10.01   If the authority agrees to proceed with the externalisation process, formal consultations with staff and service users will need to take place.

11.00   CONSULTATION UNDERTAKEN

11.01   Two informal consultations with service users have taken place at various stages since 2011 and 3 with staff and trade union/HR representatives. Both groups are regularly updated as to the progress of the project.

12.00   APPENDICES

12.01   None.

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

Contact Officer: **Alwyn Jones**
Telephone: **01352 702502**
Email: **Alwyn.jones@flintshire.gov.uk**

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **HEALTH & SOCIAL CARE SCRUTINY COMMITTEE**

DATE: **24TH OCTOBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **INTERNAL   AUDIT   OF   SAFEGUARDING
                  ARRANGEMENTS**

1.00   PURPOSE OF REPORT

1.01   An internal audit of Adult Safeguarding Arrangements was completed in
        July 2013.

1.02   This report is designed to provide scrutiny members with an opportunity
        to consider the outcome of that audit.

2.00   BACKGROUND

2.01   In December 2009 the CSSIW published their report on the Inspection
        of Adult Protection in Flintshire County Council and their Annual Review
        and Evaluation of Performance 2011-2012, similarly referred to the
        service.

2.02   Both documents contained recommendations for improvement to the
        service which the Authority in response produced an Action Plan to
        deliver the required improvements. The Audit presented in the attached
        document (Appendix A) is a follow up review to assess whether the
        necessary improvements have been acted upon, and to consider any
        areas that remain outstanding.

3.00   CONSIDERATIONS

3.01   Taking account of the issues identified within the Internal Audit
        (Appendix A), scrutiny can take reasonable assurance that the controls
        upon which the organisation relies to manage this risk are suitably
        designed and consistently applied.

3.02   Areas of good practice noted in the audit were:-

- The Action Plan developed in response to the 2009 audit
  identified the actions needed, the required timescales for
  achievement and the persons responsible.

- Progress has been made in implementing the recommendation
  that consistent recording of actions within strategy meetings

occurs, with clear responsibilities and timescales associated with all actions.

- Third-party information is now captured electronically using the secure electronic information transmission system GCSX.

- Safeguarding is now included in Annual Council Reporting.

- Mechanisms have been put in place to incorporate lessons learned from adult protection practice.

3.03   Areas noted for improvement include the need to ensure that a clear process to embed full risk management into the recording system is established and a need to ensure compliance of all operational staff with this system.

3.04   Areas where management need to ensure full application of Existing Controls include:-

- Staff to ensure PARIS represents a full history of all cases by attaching all Word documents to the electronic database.

- Staff should be aware of all roles and responsibilities under the new centralised POVA process needs to be established.

- The Terms of Reference for the Flintshire Adult Protection Committee need to be dated.

- Electronic connectivity for all partner agencies needs to be prioritised and actively pursued.

3.05   In responding to the improvement area noted and the need for application of existing controls to ensure there is no likelihood of increased risk materialising in this area, the following actions have been taken:-

- A completed risk assessment matrix is embedded into Paris documents. This means that in practice the management and reduction of risk is embedded into the recording of safeguarding discussions in all future cases.

- The Safeguarding Team is responsible for managing all safeguarding referrals. The quality of recording is therefore subject to a high degree of consistency. The quality of this recording will be subject to regular quality assurance

- All documents are now completed directly onto Paris. This will therefore ensure that Paris forms a full record of each individual

case.

- Changes in the safeguarding team now allow it to respond to all activities planned. Adult Safeguarding Managers are now Designated Lead Managers for all cases.

- Roles & Responsibilities as pertains to all areas of Safeguarding are being reviewed following recent changes, the outcome of this work will be communicated in full to all staff.

- Further actions have included discussions with CSSIW and support of a Safeguarding Specialist to develop a further detailed action plan to ensure the service will be fit for purpose in light of the new Social Care Bill.

4.00 RECOMMENDATIONS

4.01 Scrutiny Members are asked to note the overall findings of the Internal Audit Report published in August 2013 and management actions taken to address improvements and application of existing controls.

5.00 FINANCIAL IMPLICATIONS

5.01 Not Applicable.

6.00 ANTI POVERTY IMPACT

6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

7.01 Not Applicable.

8.00 EQUALITIES IMPACT

8.01 Not Applicable.

9.00 PERSONNEL IMPLICATIONS

9.01 Not Applicable.

10.00 CONSULTATION REQUIRED

10.01 Not Applicable.

11.00 CONSULTATION UNDERTAKEN

11.01 Not Applicable.

12.00 <u>**APPENDICES**</u>

12.01 Appendix A - POVA   Internal Audit Report CS1020T1 August 2013

<u>**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985**</u>
<u>**BACKGROUND DOCUMENTS**</u>

None

Contact Officers: Christine Duffy
Telephone:01352 701336
Email: christine.duffy@flintshire.gov.uk

Community Services

POVA

Internal Audit Report CS1020T1
August 2013

Overall Opinion
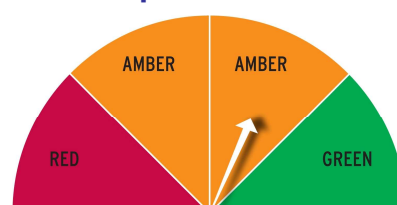
AMBER AMBER

RED GREEN

CONTENTS

Debrief meeting	03 July 2013.	Auditors	Flintshire County Council Internal Audit Service
Draft report issued	26 July 2013.		
Responses received	21 August 2013.		
Final report issued	22 August 2013.	Client sponsor	Head of Adult Social Services
		Distribution	Director of Community Services
			Head of Adult Social Services
			Adult Safeguarding Managers
			Senior Manager Older People Services

1   EXECUTIVE SUMMARY

1.1   INTRODUCTION

An audit of POVA was undertaken as part of the approved internal audit periodic plan for 2013/14.

In December 2009 the CSSIW published their report on the Inspection of Adult Protection in Flintshire County Council. This contained a number of areas of weakness to which the Authority responded with an Action Plan to deliver the required improvements. The Annual Review and Evaluation of Performance 2011-2012 by the CSSIW of the Community Services Directorate contained a further recommendation for improvement. This Audit is a Follow Up review to assess whether the necessary improvements have been acted upon and if there are still areas outstanding.

In November 2010 the four regional Adult Protection Fora in Wales commissioned the production of a guidance document for the safeguarding work of all those concerned with the welfare of vulnerable adults employed in the statutory, voluntary and private sectors, in health and social care, the police and other services. The Authority has fully embraced the new all Wales adult protection procedures, although there are still some inconsistencies in their application.

Adult Safeguarding in Flintshire is undergoing changes whereby it is hoped to bring all the processes and procedures under the one umbrella to achieve consistency of approach and clarity of roles and responsibilities. An additional Adult Safeguarding Manager has recently been appointed to share the chairing of the Strategy Meetings and also the Case Conferences alongside the operational duties of managing case referrals.

1.2   CONCLUSION
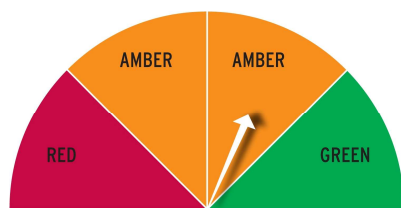
Taking account of the issues identified, Management can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed and consistently applied.

However we have identified issues that, if not addressed, increase the likelihood of risk materialising in this area

The above conclusions feeding into the overall assurance level are based on the evidence obtained during the review. The key findings from this review are as follows:

Areas of good practice:

Following the inspection of Adult Protection in 2009 the Authority drew up an Action Plan to address the areas of weakness. The Action Plan identified the actions needed, the required timescales for achievement and the persons responsible.

The Authority has made reasonable progress in implementing the recommendations made by the CSSIW in the following areas:

- Strategy meeting recordings consistently now reflect responsibilities and timescales.

- Third-party information is now captured electronically using the secure electronic information transmission system GCSX.

- Safeguarding is now included in Annual Council Reporting.

- Mechanisms have been put in place to incorporate lessons learned from adult protection practice.

Key areas for improvement

New Controls

- The Authority needs to reach a decision on the format and practice for embedding full risk management into the recording system and ensure compliance of all operational staff.

Application of Existing Controls

- Staff need to be aware of the requirement to ensure PARIS represents a full history of all cases by attaching all Word documents to the electronic database.

- Clarity of all roles and responsibilities under the new centralised POVA process needs to be established.

- The Terms of Reference for the Flintshire Adult Protection Committee need to be dated.

- Electronic connectivity for all partner agencies needs to be prioritised and actively pursued.

1.3   SCOPE OF THE REVIEW

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively. When planning the audit, the following controls for review and limitations were agreed:

The following areas were reviewed during the audit:

- The recommendations made in the CSSIW report of December 2009 and whether the actions have addressed the issues.

- The recommendations made in the CSSIW report Annual Review and Evaluation of Performance 2011-2012, and whether this has been adequately addressed**.**

- The processes and procedures used to assess and record risk**.**

- The methodology and findings of the specific audit programme established to monitor work processes within Adult Safeguarding.

Limitations to the scope of the audit:

The Audit will not consider:

- -work processes other than those highlighted by the CSSIW.

- -Individual cases and their outcomes.

- -testing will be on a sample basis only and the results therefore cannot be taken to be representative of the population as a whole.

The approach taken for this audit was a Risk-Based Audit.

1.4   RECOMMENDATIONS SUMMARY

The following table highlights the number and categories of recommendations made. The Action Plan at Section 2 details the specific recommendations made as well as agreed management actions to implement them.

Recommendations made during this audit:

Risk	Priority		
	High	**Medium**	**Low**
Failure to implement the recommendations may impact any future CSSIW inspection.	0	2	2
Total	**0**	**2**	**2**

.

2   ACTION PLAN

The priority of the recommendations made is as follows:

Priority	Description
High	
Medium	Recommendations are prioritised to reflect our assessment of risk associated with the control weaknesses.
Low	
Suggestion	These are not formal recommendations that impact our overall opinion, but used to highlight a suggestion or idea that management may want to consider.

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
1.1	All practitioners involved in the recording of information relating to Adult Protection should be made aware of the need to attach all word documents to PARIS and delete these from the shared drives. There needs to be clarity of roles and responsibilities under Adult Safeguarding. .	Medium	Y Y	a) Safeguarding Team to be responsible for all safeguarding referrals hence quality of recording will be consistently high. All documents are now completed directly onto Paris. b) Roles & Responsibilities are being reviewed following recent changes to the Team.The team has been recently enlarged to respond to all activities required of team members. Adult Safeguarding Managers will become DLMs for all cases	October 2013 October 2013	Service Manager Localities

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
1.2	Comprehensive risk assessments need to be fully embedded for all case referrals and embraced by all managers in line with best practice as set out in the all-Wales guidance.	Medium	Y	Complete risk assessment matrix embedded into Paris documents	August 2013.	Service Manager Localities
1.3	The Authority needs to raise the profile on the connectivity issues between Health and Social Care to ensure communication potential is maximised	Low	Y	To be raised at Strategic Planning Groups	October 2013.	Head of Service / Director
1.4	The FAPC Terms Of Reference document should be dated.	Low	Y	This has now been completed.	August 2013.	Senior Manager

3   FINDINGS AND RECOMMENDATIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
	Risk 1: Failure to implement the recommendations may impact any future CSSIW inspection.				
1.1	The CSSIW Report of December 2009 highlighted a lack of compliance and consistency with procedures and recording practice. It also highlights inconsistencies in the application of procedures.	No	With regards to the lack of compliance and consistency each practitioner has now been given access to Adult Protection documentation and instructions on the correct procedures have been issued. The Welsh Government issued their Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse document in November 2010 which was commissioned by the four Adult Protection Fora. The Infonet under Community Services/Adult Social Services/Adult Safeguarding contains a directory of prescribed forms to be used and the WG guidance document. A lack of consistency persists however and is largely due to the length of time it takes to complete the various paperwork for each referral coupled with the incompatibility of the PARIS system to allow direct input of all the required information. For each referral a Risk Assessment form has to be created in Word and cut and pasted to PARIS. Alongside the risk assessment a Care Management form (stored on the shared drive) has to be completed and cut and	All practitioners involved in the recording of information relating to Adult Protection should be made aware of the need to attach all word documents to PARIS and delete these from the shared drives. There needs to be clarity of roles and responsibilities under Adult Safeguarding	Medium

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			pasted to PARIS. This latter document is a 10 page rolling document which can only be fully completed when all stages of the case in hand have been concluded. Strategy discussions also form part of the Care Management document at which point a strategy meeting is convened. A third document, which completes the whole process, is incorporated into the PARIS system and this is the Adult Protection Outcomes form. Shortcuts are occurring by some departments filling in the Outcomes Form on PARIS without always completing the transfer of information from word to PARIS for the Risk Assessment and Care Management forms. These documents are being stored on the shared drives making it a lengthy process to access all documents to review a case. The Business Systems Officer reported that all word documents can be attached to PARIS and then be deleted from shared drives. This would bring consistency and enable ease of retrieval of information on cases. We selected a sample of 4 case referrals to Adult Protection from recent cases in 2013/14 and looked at the information recorded on the PARIS system. We found: -in two cases there was no documentation under 'Forms' on PARIS. These cases were both being managed by Social Worker Team Managers. -in the other two cases all relevant forms were		

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			evidenced apart from the Care Management Forms. In one of these, the form was evidenced on the shared drive duly filled in and in the second case it was not possible to access the form on the shared drive as the case was within the Learning Disabilities Team and on a separate database. The testing highlighted the problems with the recording of documentation easily and efficiently onto the PARIS system which is further compounded by the current lack of facility to scan documents onto PARIS which would further enhance the individual case records Our testing also demonstrated the different application of procedures between departments. Additionally, the process for attaining consistency in work practices has not been aided by the somewhat conflicting and overlap of roles and responsibilities attributed to managers in Adult Protection. The Adult Safeguarding Managers are involved in both operational work and work at a strategic level overseeing the work of other departments and chairing the strategy meetings. Designated Lead Managers are responsible for the overall management of an adult protection case although this is also undertaken by the Adult Safeguarding Managers. In January 2013 a document was produced, Roles and Responsibilities within new Adult Safeguarding Arrangements. This attempted to clarify the situation for managers but there is still some overlap. This should be resolved after the review takes place		

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			which is scheduled for later this year to be undertaken by the Mental Health Services Manager, in liaison with the Senior Manager Older People Services. Scanning issues should be resolved when the rollout of the Multi Function Devices to all departments is complete.		
1.2	There is a lack of embedding risk assessment with consistent recording practice.	No	The all-Wales Policy and Procedures document, November 2010, contains templates for the Initial Adult Protection Risk Assessment Form and Adult Protection Risk Rating Assessment which is colour coded according to the category of risk. These latter forms are to be used to determine the level of risk to the alleged victim once it has been decided that the referral should proceed to adult protection. The Initial Adult Protection Risk Assessment Form has been embraced and used but the Adult Risk Rating Assessment Form is not fully embedded within the service. The Adult Safeguarding Manager reported that this is to be reviewed as part of the general review of the work processes.	Comprehensive risk assessments need to be fully embedded for all case referrals and embraced by all managers in line with best practice as set out in the all-Wales guidance.	Medium
1.3	Health based staff need electronic connectivity with other social care teams.	No	Although the Authority recognises the need for a common electronic recording system between Health and Social Care there has been little progress in this area. Again this is being led by Betsi Cadwaladr University Local Health Board (BCULHB) and there is no local control over the timescales.	The Authority needs to raise the profile on the connectivity issues between Health and Social Care to ensure communication potential is maximised	Low

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
1.4	The AAPC has a low profile and not been accorded the status it requires. More progress is required in delivering effective leadership. The AAPC Terms of Reference are undated and do not specifically identify accountability arrangements.	No	The Flintshire Adult Protection Committee (FAPC) meets quarterly. We obtained a copy of the FAPC Terms of Reference and noted that these were still undated. The Terms of Reference do include a paragraph on the responsibilities of the Committee, with the Chair being named as The Head of Social Services for Adults.	The FAPC Terms Of Reference document should be dated.	Low

FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

DATE: 24TH OCTOBER 2013

REPORT BY: ENVIRONMENT & SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR

SUBJECT: FORWARD WORK PROGRAMME

1.00 **PURPOSE OF REPORT**

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

2.00 **BACKGROUND**

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

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

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

3.00 **CONSIDERATIONS**

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

4.00 RECOMMENDATIONS

4.01 That the Committee considers the draft Forward Work Programme attached as Appendix 1 and approve/amend as necessary.

5.00 FINANCIAL IMPLICATIONS

None as a result of this report.

6.00 ANTI POVERTY IMPACT

None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

None as a result of this report.

8.00 EQUALITIES IMPACT

None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

None as a result of this report.

10.00 CONSULTATION REQUIRED

N/A

11.00 CONSULTATION UNDERTAKEN

Publication of this report constitutes consultation.

12.00 APPENDICES

Appendix 1 – Forward Work Programme

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

Contact Officer: **Margaret Parry-Jones**
Telephone: **01352 702427**
Email: **Margaret.parry-jones@Flintshire.gov.uk**

DRAFT

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
25 October	Corporate Parenting and Public Law Outline Seminar	To provide training for Members on Corporate Parenting and Public Law Outline	Awareness Raising	Head of Children's Services	
8 November 2pm	Welfare Reform Workshop			Facilitator	
25 November 1.00 p.m – **please note change of date and time**	Mental Health Commissioning Plan	. To consider the draft commissioning plan	Service/Performance monitoring	Director of Community Services	
	Dementia Commissioning Plan	To consider the draft commissioning plan	Pre decision Scrutiny	Director of Community Services	
	CSSIW Annual Letter	To be confirmed		Director of Community Services	
	Heads of Service Performance Reports and Improvement Plan Monitoring Update	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance Monitoring	Facilitator	
5th December 10.00 am	Budget meeting				

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
9 January 2014 10.00 am	Collaborative Projects update	To receive a progress report on projects and services running collaboratively across North Wales.	Partnership Working/Performance Monitoring	Director of Community Services	
	Integrated Family Support Service	To receive a progress report post implementation of the Integrated Family Support Service across Flintshire and Wrexham.	Joint Working/Performance Monitoring	Director of Community Services	
13 February 2.00 p.m.	CSSIW Inspection Report – Commissioning Dementia	To inform members of the outcome of the Dementia Inspection	Service Delivery/Performance	Director of Community Services	
	Annual Fostering Inspection	To inform members of the outcome of the Annual Fostering Inspection	Service Delivery/ Performance	Director of Community Services	
20 March 2.00 p.m.	ACRF	To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2013-14.	Service Delivery	Director of Community Services	
	Improvement Plan Monitoring Update	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance Monitoring	Facilitator	
	Directorate Plan (provisional)			Director of Community Services	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
1 May 10.00 p.m.	Comments, Compliments & Complaints	To receive a report on the compliments, representations and complaints received by Adult and Children Social Services for the year April 2013 – March 2014.			
12 June 2.00 p.m.					
3 July 2.00 p.m.	Adult Safeguarding	To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Inspection Action Plan	Performance monitoring	Director of Community Services	
	2013/13 Year End & Q4 data	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring		
	Improvement Plan Monitoring Update				
	HoS Performance Reports	Performance monitoring			

ITEMS TO BE SCHEDULED

Joint meeting with Housing Overview & Scrutiny Committee at Llys Jasmine – date to be confirmed
- Disabled Facilities Grants – and the use of removable 1 bedroom/bathroom pods
- Supporting People
- Telecare
- Extra Care

Joint meeting with Lifelong Learning Overview & Scrutiny Committee – March 2014
- Corporate Parenting
- Children and Young People Plan
- Educational Attainment of Looked After Children
- Safeguarding
- Services for the blind/0partially sighted in Flintshire

Family Placement Team Review
Half-yearly meeting with Betsi Cadwaladr University Health Board representatives to include update on Home Enhanced Care Service

Site Visits
- Ambulance Depot – Alltami
- Arosfa

Suggested mini scrutiny topics
- Dementia
- Public Health

Awareness raising – Safeguarding – Regional Local Safeguarding Children's Board

Regular Items

Month	Item	Purpose of Report	Responsible / Contact Officer
January	**Safeguarding & Child Protection**	To provide Members with statistical information in relation to Child Protection and Safeguarding	Director of Community Services
March	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning
March	**Corporate Parenting**	Report to Social & Health and Lifelong Learning Overview & Scrutiny	Director of Community Services
June	**Health, Social Care & Wellbeing Strategy**	Update report	Director of Community Services
Half-yearly	**Betsi Cadwaladr University Health Board Update**	To maintain 6 monthly meetings – partnership working	Chief Executive/ Sheila Wentworth/ Facilitator
June/July	**Foster Care**	To receive an update on the recruitment and retention of Flintshire's Foster Carers.	Director of Community Services
May	**Comments, Compliments and Complaints**	To consider the Annual Report.	Director of Community Services
July	**Protecting Vulnerable Adults & Inspection Action Plan Update**	To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Inspection Action Plan	Director of Community Services

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