



HILLINGDON
LONDON



Education & Children's Services Policy Overview Committee

Councillors on the Committee

Catherine Dann (Chairman)
Brian Crowe (Vice-Chairman)
Judith Cooper
Peter Curling
John Hensley
Kuldeep Lakhmana

Date: TUESDAY, 22 MARCH 2011

Time: 7.00 PM

Venue: COMMITTEE ROOM 6
CIVIC CENTRE,
HIGH STREET,
UXBRIDGE
UB8 1UW

Other Voting Representative

Anthony Little, Roman Catholic Diocesan.

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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Contact: Gill Brice
Tel: 01895 250693
Fax: 01895 277373
Email: gbrice@hillington.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk



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Policy Overview

About this Committee

This Policy Overview Committee (POC) will undertake reviews in the areas covered by Education and Children's Services Group and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Education and Children's Services Group.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

Terms of Reference

This Committee performs the policy overview role outlined above in relation to:

1. All of the functions of the Council as an education authority under the Education Acts, School Standards and Framework Act 1998 and all other relevant legislation in force from time to time;
2. Pre-School and the Council's work with the Early Years Development and Childcare Partnership
3. The Youth Service and the Council's work with the Connexions Service and Partnership;
4. Social Care Services for Children, Young Persons, and Children with Special Needs.

Agenda

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Minutes

Education & Children's Services Policy Overview Committee



HILLINGDON
LONDON

Wednesday, 26 January 2011

**Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge UB8 1UW**

	<p>Members Present: Councillors Catherine Dann (Chairman) Brian Crowe (Vice-Chairman) Judith Cooper Peter Curling John Hensley Kuldeep Lakhmana</p> <p>Representative Member from Roman Catholic Diocesan: Tony Little.</p> <p>Officers Present: Anna Crispin (Deputy Director Learning, Effectiveness & Major Transformation, Education and Children's Services) Merlin Joseph (Deputy Director Children & Families, Education and Children's Services) Amar Barot (Head of Finance, Education and Children's Services) Alison Moore (14 – 19 Manager, Education and Children's Services) Gill Brice (Democratic Services Officer, Deputy Chief Executive's Office).</p>
<p>33.</p>	<p>Apologies for Absence</p> <p>There had been no apologies submitted.</p>
<p>34.</p>	<p>Declarations of Interest in matters coming before this meeting.</p> <p>Councillor Catherine Dann declared a Personal Interest on Item as she was a Governor of Newham Junior School and Bishop Ramsay C of E School. She remained in the room during the meeting and took part in the discussion.</p> <p>Councillor Judith Cooper declared a Personal Interest on Item as she was a Governor of Charville Foundation Primary School and St Andrews C of E Primary School. She remained in the room during the meeting and took part in the discussion.</p> <p>Councillor Peter Curling declared a Personal Interest on Item as he was a Governor of Mellow Lane School and Harefield Academy. He remained in the room during the meeting and took part in the discussion.</p> <p>Councillor Kuldeep Lakhmana declared a Personal Interest in Agenda Item 8 – School Places Update as she was a Governor of Cranford Park Primary School, Wood End Park Primary School and Harlington Community School. She remained in the room during the item and took part in the discussion.</p>

	<p>Tony Little declared a Personal Interest on Item as he was a Governor at Pinkwell School. He remained in the room during the meeting and took part in the discussion.</p>	
35.	<p>To confirm that all items marked Part 1 will be considered in Public and all Part 2 items will be considered in Private</p> <p>It was confirmed that all items marked Part 1 would be considered in Public and all items marked Part 2 would be considered in Private.</p>	
36.	<p>Matters that have been notified in advance or urgent</p> <p>There had been no items notified as urgent.</p>	
37.	<p>To receive the minutes of the previous meeting.</p> <p>The minutes of the meeting held on 25 November 2010 were agreed as a correct record and signed by the Chairman.</p>	
38.	<p>DRAFT BUDGET 2011 - 2012 FOR CONSIDERATION</p> <p>Officers introduced the report taking members through the main points and highlighting the key issues contained in the draft budget report. Members were informed that the current budget proposals had been reported to Cabinet in December 2010.</p> <p>A member raised concern at paragraph 14 contained on page 3 of the report and the comment made in relation to 'core offer' and 'additional offer' that 'core services do not, on their own, ensure child safety'. Child safety was one of the major care objectives.</p> <p>Officers advised that the Core offer was a statutory function and covered processes that the Council must do, for example statutory visits to children in care. The additional offer referred to non statutory functions, which supported the core functions.</p> <p>It was suggested that the wording of the paragraph needed to be amended to provide more clarity. Members were further informed that this related to the model being developed as part of the budget proposals and that there were clear procedures and guidance that sat behind the model. The proposals would not only retain the statutory and non statutory duties but would build on the provision of parent support to be pro-active and not re-active.</p> <p>A member asked officers whether they were confident that the £2m allowance for inflation would be sufficient.</p>	<p>Action By:</p> <p>Amar Barot</p>

The Committee was advised that the corporate estimate included the cost of any budget pressures that may arise and officers were confident that the £2m included for inflation would be sufficient. Consideration had been taken of current contracts and that a large majority of the expected pressures would relate to staffing. This figure may be updated before the report was submitted to Cabinet on 17 February 2011.

A member asked that as the pupil numbers had been estimated in December 2010 how would the current pupil count be factored into the budget.

Officers advised that the funding in the budget had been calculated from the January pupil count. Funding would be confirmed by the Department for Education (DFE) in May or June of this year. The Council had produced its own estimate base and had not used the base provided by the DFE. The local data was more accurate and part of the contribution would be held corporately to allow for any fluctuations in pupil count. Whilst the schools budget was volatile it was not felt this would cause a problem in the next financial year.

A member raised a concern on the potential Social Care pressure and thought that this might be historical. With there being a shortfall of £0.888m in the Asylum funding the authority in the past had anticipated a certain amount of funding but this had not materialised. How sure were officers that any further shortfall in the Asylum funding could be met within current resources?

Officers informed the Committee that the figure had been based on the published arrangement earlier in the year. A more simplistic regime had been introduced with an additional special circumstances fund. The special circumstances fund would be made to port authorities for costs over and above the national cost. The authority would be able to make a supplementary claim over and above the national funding. The reason for the pressure was that the Asylum funding provided was never sufficient to meet the Council's costs.

A member stated that the Committee had no information on what the savings would be on staff and the impact of the changes therefore, the Committee would be unable to make any meaningful comments.

Officers advised the Committee that there were detailed papers that had been considered as part of the budget process. The impact, risk and consultation with stakeholders had been undertaken over a long period of time and had been a long and exciting project. The paperwork was extensive and included the impact across the whole of the service. This was the format used across all groups of the Council.

A member asked that further to the concerns raised about the core and additional services who would be charged for these services.

Officers informed the Committee that the intention was to keep close as possible to a zero based model. The level of savings required had been looked at as a whole and not as individual services as had been done in the past. There was absolute clarity that statutory duties had to be provided. A preventative service needed to be devised to reduce the number of children needing acute support. This would not mean that this service had to be provided in a way it was currently provided. Funds had been provided in the base budget to enable the Authority to provide these services locally with discretion on how the model would be delivered taking into account what Hillingdon priorities were. A significant number of services provided were statutory duties to support families and additional support services sitting behind them.

A member asked if this was to be provided by other organisations there needed to be guidance in place to keep safeguarding up to date. How would the authority ensure that schools were following this through?

Officers stated that this would depend on the nature of the activity. There were two ways in which supporting safeguarding would be provided. Firstly the proposal would be put forward to the Schools Forum to make a collective decision to contribute globally to a service. The other way would be for individual arrangements with individual schools to buy back some of the authority's services.

A member asked that in relation to the core offer and additional offer what if something went horribly wrong; there could be accusations that the authority was breaking the law. If it was found that there had been an error in provision of the core and additional offer there could be a case for mal administration.

The Committee was informed that safeguarding responsibilities were a top priority. The Core offer was the statutory requirements and systems to support the core offer were being organised differently to ensure that delivery of the service was efficient.

A member stated that the point he raised previously was about accountability. The Policy Overview Committee had no idea of what choices and risks officers had made in producing the budget and whether those choices and risks were justified.

Officers advised that this was the last stage of a long process on the budget proposals, which had included scrutiny by the Hillingdon Improvement Programme Sub Group and by the Leader. There had also been monthly updates and reports to Cabinet.

The Committee highlighted the importance of partnership working and asked that this be included as a comment to Cabinet.

A member asked how the schools been consulted on the budget and how this had been organised.

Officers advised that Local Authority level and the per pupil allocation was received on 14 December 2010. The Schools Forum met on 25 January 2011 to hear the initial draft budget. There had been no consultation as such, as the allocation of funding had been prescribed with what had to be included. There was some flexibility in the funding but there were very few decisions to be made as a lot of freedom had been taken away.

The Committee then went through the appendices attached to the report seeking clarification on a number of points as follows:-

1.2 – What was meant by re-engineering?

Officers advised that this was looking at administrative processes and equipment to see how this could be provided more efficiently.

1.5 – Merger of Respite Services - Would this be an increase or reduction of the service

Officers advised that the service would be enhanced as Merryfields was a modern building and would provide more respite during the day and overnight.

1.4 – Full review of Looked After Children – This was a good way forward but how realistic would it be that in house Foster Carers could be found.

Officers advised that this was fairly realistic as previously there had not been a major campaign undertaken on recruitment. A number of interests had already been received. A broader campaign to recruit foster carers was currently being planned and officers were confident that they would be able to deliver on this. The Council must be robust in delivering in house provision over the coming years, and had two years to deliver these targets. It was not just about delivering the service in house but looking at revising current contracts to ensure value for money.

1.8 – What was the Family Intervention Project?

The Committee was advised that this was a grant received around supporting problem families in providing a preventative service and these services would now be pulled into one service.

2.3 – End Student Awards Function - Officers were asked for clarification in this section as it was unclear what it meant.

Officers advised that this would be amended but as the Local Authority responsibility to award funding to students had been transferred there was no longer a need for a post to support it.

3.1 & 3.2 Restructure of Tier 3 Management and Reduction in size of Education Welfare Services. A member commented that the figure was low and asked why this was and how many posts would be deleted.

Officers advised that this was a partial year figure for the current financial year and the full year figure would be realised. Members were informed that it would be 6 posts in total that would be deleted.

4.1 – Youth & Connexions Review - Officers were asked whether the Youth Service was to be provided by Youth centres and not centrally.

Officers advised that there had been significant funding to provide locally based Youth Centres. To ensure maximum use of these centres the provision of Youth Services was to be moved to these centres.

5.3 – Decommission of Ethnic Minority Achievement Support Service – Does this mean that the traveller service would be discontinued?

Officers advised that in the past funding had been separately ring fenced, and now included the traveller service. Funding was no longer ring fenced and was now provided as a single grant paid directly to Schools. Schools could buy back support but after consultation they had advised that they would not buy back the service and there was therefore no longer a need to retain the service.

5.5 Review of Music Service – Clarification was sought as to Whether the saving figure related to the figure shown on page 23 of the report.

Officers advised that the music service was complexly funded; interim changes had been made that could look to a savings target of £200,000. Work would be continuing to providing a more in depth service in the future. The committee suggested that as the figure was not just from charging that the wording in the report should be amended to reflect this.

Fees and Charges

A member asked why the fees and charges had not included a two tier system as in other departments for residents and non residents.

Officers advised that this was probably historical but would feedback this comment.

The Committee suggested that a recommendation should be added to give consideration in providing charges for residents and non residents.

Expansion Programme

Officers were asked whether they were confident that the primary expansion programme would be adequate to meet the needs required. The latest funding allocation for Phase 1 expansions had been included in future Capital funding. It was recognised that Hillingdon was the only Local Authority to receive increased capital funding allocation, it was anticipated that the authority would receive the funding to meet the places required.

Capital Funding

It was suggested and agreed that the Committee make an observation that members recognised that Hillingdon was the only authority to receive an increase in the Capital funding allocation. This authority should seek to ensure that this continued given the likely pressures that would be faced in the coming years in Primary Schools and at a future date in Secondary education provision.

Resolved – That the following comments be put forward for consideration by Corporate Services Policy Overview Committee and then onto Cabinet.

1. That the wording ‘core offer’ and ‘additional offer’ (see below) be clarified to provide a better understanding of what was being provided as part of these services.

“The Education & Children’s Services Group has taken the opportunity to completely rethink how it delivers its overall service to Hillingdon’s children and young people. It has applied a phased approach to developing a ‘core offer’ for services deemed essential, backed by an ‘additional offer’ of services which support the core services, as many of the core services do not, on their own, ensure child safety. Savings proposals have been developed on a service basis.”

2. The Committee highlighted the importance of partnership working if the proposals contained within the budget were to work.

3. The Committee requested that it should be made clear in the report that this was the last stage of a long process to develop the budget proposals being put forward to Cabinet.

	<p>4. The Committee asked that the “End of Student Award Function” saving proposal be re-worded for clarity (saving no. 2.3)</p> <p>5. The Committee requested that relation to the Music Service saving proposal that it contains a description advising that the savings figure referred to does not just come from charging for services (saving no. 5.5)</p> <p>6. Fees & Charges – the Committee asked that consideration be given to different charges being made for services to residents and non residents as is the case in other departments.</p> <p>7. The Committee recognised that Hillingdon was one of the few councils increasing funding for its capital projects. The Committee requested that officers seek to ensure that this approach continued given the likely pressures faced in primary schools and in due course in secondary schools.</p> <p>8. Finally, the Committee recognised the considerable difficulty faced by officers in meeting the current financial situation, which has been forced upon them. The Committee agreed with the approach taken in streamlining administration to improve ways of working and avoiding duplication with schools.</p>	
<p>39.</p>	<p>Major Review - Draft Final Report</p> <p>Officers before introducing the report advised the Committee that feedback had been received from the schools that the letters sent to the Students thanking them for attending the previous meeting had been well received.</p> <p>A member asked that the wording of recommendation 1 should be amended to delete ‘look at the further use of Section 106’ and insert ‘review the mechanism for Section 106’ and also adding ‘opportunities’ and deleting ‘qualifications’.</p> <p>The committee agreed to the amended wording for recommendation 1.</p> <p>In regard to recommendation 4 it was suggested that this be amended to ensure that the recommendation reflected correctly what needed to be undertaken. It suggested that this recommendation be amended to read:</p> <p>‘To ensure that information was available to enable students to prepare adequately for progressing to the next stage of post compulsory education/training.’</p>	<p>Action By:</p> <p>Alison Moore Gill Brice</p>

The committee agreed the amended wording for recommendation 4. A member suggested an additional recommendation 6 in regards to the provision of training on major development projects in the borough. Following discussion members felt happier that this information was included in the report that there was difficulty in finding adequate employers to take apprentices.

The amendment to the report as suggested was agreed by the committee.

A member stated that he would have liked the review report to include that reservation had been expressed about there being a need for respect for a vocational curriculum with a practical route. It was recognised by the principal of Uxbridge College that over the years a constant search had been conducted for a way of dealing with the 16-19 curriculum without huge success. The scale of curriculum change had been the largest ever known leading to a system that was maybe too complicated. When asked about diplomas it was felt that they would not be replaced but anticipated that they would be a niched market.

There was discussion about consortia which might justify more emphasis. The relevant points were that there was a greater need for cooperation between institutions, provision of adequate support to pupils, the importance of time-tabling and travel arrangements.

A member felt that given the new priority in regard to apprenticeships there should be greater importance on finding adequate employers.

The committee agreed to the information provided being included in the report.

It was asked whether it would be possible to provide a diagrammatical indication of the routes that were available for 14-19 education, if this was not possible a list or summary would be useful to include as an appendix to the report.

The committee agreed to the information in regards to the routes available for 14 – 19 Education being included in the report.

The Chairman informed the Committee that the report on the National Review was not due to be published until mid March. It was agreed that in March when the report on the National Review was available if it was prior to Cabinet in March, the information would be incorporated into the covering report to Cabinet.

A member of the committee suggested an additional recommendation in regards to those students Neither in Education, Employment or Training to look at best practice from other authorities. This would enable officers to look at whether we could benefit or not from other authorities to reduce the number of NEETS.

	<p>There were concerns raised at the inclusion of the additional recommendation but following further discussion the wording for the additional recommendation was suggested as follows:-</p> <p>'That officers examine whether Hillingdon can reduce the number of Neither in Education, Employment or Training by taking account of best practice in other boroughs in specific category of NEETS.'</p> <p>The committee agreed to the additional recommendation being added as above.</p> <p>A member suggested that the information provided by the witness from Hillingdon Training Ltd., gave the number of apprentices that had benefited from the scheme being 30 and should be included in the final report.</p> <p>It was suggested and agreed by the Committee that the report should include additional information on the historical context of vocational provision.</p> <p>Resolved – That the final report be amended to include the points agreed by the committee. The amended report to come back to the next meeting for final approval before its submission to the Cabinet.</p>	
40.	<p>Forward Plan 2010/2011</p> <p>Resolved – That the information contained in the report on the Forward Plan be noted.</p>	<p>Action By: Gill Brice</p>
41.	<p>Work Programme 2010/2011</p> <p>Resolved – That the work programme be updated to reflect the changes made at the meeting.</p>	<p>Action By: Gill Brice</p>
<p>The meeting, which commenced 7.00pm, closed at 9.40 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Gill Brice on 01895 250693. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

Minutes**EDUCATION & CHILDREN'S SERVICES POLICY
OVERVIEW COMMITTEE**

10 February 2011



**Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge UB8 1UW**

	<p>Committee Members Present: Councillors Catherine Dann (Chairman), David Benson (substituting for Judith Cooper) Lindsay Bliss (substituting for Kuldeep Lakhmana) Brian Crowe Peter Curling John Hensley</p> <p>Representative Member from Roman Catholic Diocesan: Tony Little.</p> <p>LBH Officers Present:</p> <p>Anna Crispin (Deputy Director Learning, Effectiveness & Major Transformation, Education and Children's Services) Tim Lake (Head of Service for Policy & Statistics, Education and Children's Services) Gill Brice (Democratic Services Officer, Deputy Chief Executive's Office).</p>	
42.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies had been received from Councillor Judith Cooper and Councillor Kuldeep Lakhmana with Councillor David Benson and Councillor Lindsay Bliss substituting.</p>	
43.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING. (<i>Agenda Item 2</i>)</p>	
	<p>Councillor Catherine Dann declared a Personal Interest as she was a Governor of Newham Junior School and Bishop Ramsay C of E School and remained in the meeting and took part in the discussion. This was a general interest and not on any particular Item.</p> <p>Councillor David Benson declared a Personal Interest as he was a Governor of Uxbridge High School and remained in the meeting and took part in the discussion. This was a general interest and not on any particular Item.</p> <p>Councillor Lindsay Bliss n declared a Personal Interest as she was a Governor of Brookside School and remained in the meeting and took part in the discussion. This was a general interest and not on any particular Item.</p>	

	<p>Councillor Peter Curling declared a Personal as he was a Governor of Mellow Lane School and Harefield Academy. He remained in the meeting and took part in the discussion. This was a general interest and not on any particular Item.</p> <p>Tony Little declared a Personal Interest as he was a Governor at Pinkwell School and remained in the meeting and took part in the discussion. This was a general interest and not on any particular Item.</p>	
44.	<p>TO CONFIRM THAT ALL ITEMS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND ALL PART 2 ITEMS WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 3</i>)</p> <p>It was confirmed that all items in Part 1 would be heard in public and all items in Part 2 would be heard in private.</p>	
45.	<p>MATTERS THAT HAVE BEEN NOTIFIED IN ADVANCE OR URGENT (<i>Agenda Item 4</i>)</p> <p>There had been no matters that had been notified in advance as urgent.</p>	
46.	<p>14 - TO 19 EDUCATION & TRAINING REVIEW - FINAL REPORT - TO FOLLOW (<i>Agenda Item 5</i>)</p>	Action by
	<p>There was discussion around recommendations 1 & 2 in that this was something that officers would act upon and it was felt this should not be a formal recommendation to Cabinet. The review was in relation to 14 – 19 Diplomas and how these were delivered in schools.</p> <p>In regards to recommendation 1 in relation to S106 agreements the committee felt that on reflection it was felt that this should be included in the body of the report and but not be included as a recommendation.</p> <p>In regards to recommendation 2, a member stated that it was appreciated that there was a need for information to be provided on NEETs (Not in Education, Employment or Training) in the report. It was further suggested that as this was an important issue consideration should be given to a separate review being undertaken on NEETs at a future meeting of this Committee.</p> <p>A member suggested that recommendations 1 & 2 be deleted and information on Section 106 agreements and NEETS should be included in the report under the relevant section. The remaining recommendations were to be re-numbered accordingly,</p> <p>A member suggested that the new recommendation 2 needed to be amended to give clarity to this recommendation by adding ‘in the course of their education, after ‘choices’ in line 2 and deleting ‘once they had succeeded in obtaining their diploma.’ The committee agreed the amendment to the new recommendation 2.</p> <p>A number of minor spelling errors were corrected in the report and the following amendments were agreed by the committee.</p>	<p>Anna Crispin Alison Moore Gill Brice</p>

Page ii and xiv – New Recommendation 1 – delete ‘and education’ as this was not part of the review.

Page ii – New Recommendation 2 – After ‘choices’ on the second line insert ‘in the course of their compulsory Education and delete all after ‘them’ on the last line.

Page viii - Last sentence on the penultimate paragraph to be deleted as this was not necessary.

Page ix – Delete Recommendation 2 in bold and insert as amended on page ii.

Page x – Penultimate paragraph delete ‘apprenticeships’ and insert ‘apprentice’ add ‘the’ after from and delete ‘so far’ Last line of last paragraph delete all after ‘school’.

Page xii – Under section on NEETS include a paragraph providing statistics from neighbouring boroughs.

Page xiii – First paragraph under Career Information – delete all after ‘students’ on third line and insert additional sentence ‘If it became apparent advice was not impartial this would be raised with the school concerned’. Fourth paragraph delete ‘Foundation’ from second line.

Page xiv – Amend last sentence to delete ‘could affect pupils staying on’ and add ‘has been replaced by a reduced fund called Learner Support Grant’.

Page xvi – Amend new Recommendation 2 as per page ii.

Page xv – Clarification of E-Tech to be included as a footnote.

Page xvi – Amend last sentence to add ‘the diploma route’ after work and delete ‘this’ and change ‘taken’ to ‘chosen’.

Page xvii – Under Experience of Uxbridge College Students delete ‘good as’ in second line. Delete ‘Master Diploma’ from last line.

Page xviii – Under Conclusions from the Student Witness Session – After ‘taught’ in last line add ‘on the specific issues taught in the classroom.

Page xix – Footnote on consortia to be amended.

The appendix to the report needed to be amended as it contained out of date information. A Member suggested that a list of routes and pathways for Diplomas could be obtained from the EdExcel website.

The recommendations in the report were agreed.

	<p>Resolved</p> <ol style="list-style-type: none"> 1. That the recommendations in the final report as amended be agreed. 2. The report as amended was endorsed and its submission to Cabinet in March was agreed. 3. That if any further minor amendments were required to the report prior to its submission to Cabinet that this be carried by the Chairman in consultation with Democratic Services. 	
47.	<p>STANDARD AND QUALITY IN EDUCATION 2010 (<i>Agenda Item 6</i>)</p>	<p>Action by</p>
	<p>Officers introduced the report by providing an overview of the key points and highlights contained within the tables that formed part of the report.</p> <p>A member raised concerns about reading ability dropping and asked if it was known what the reasons were for this.</p> <p>Officers advised that there was not an easy answer to the question asked but the drop was only a small drop off of reading ability but was not across all schools.</p> <p>A member commented that whether all syllabuses were taken into account when producing the information contained in Chart 15 (Percentage of Pupils attaining at least 3+ A* - C Grades) in regard to 'C' grades. The inclusion of 'C' grades in the figures masked the downward trend in Maths would it be fair to say that standards were not improving but decreasing.</p> <p>A member commented that C grades were important if schools were challenging and asked whether the figures in Chart 15 included ICT.</p> <p>An Officer advised that from the information provided in the report it was difficult to establish whether standards were going down in Maths. There was additional information that was used in underpinning this information.</p> <p>Concerns were raised that the information shown did not include the underlying trends. In regards to Foundation Maths the information had not shown the attainment details.</p> <p>Officers advised that the report did not provide all the information used in producing the report and Chart 18 (Percentage of Pupils making expected progress in mathematics) showed the expected increase in progress in Mathematics per pupil.</p> <p>The committee asked for the additional information that had been used to provide the contained in the report in relation to the 5 A -C Grades in regards to the following:-</p>	<p>Tim Lake Anna Crispin</p>

- How many students studying in the borough.
- Numbers taking exam each year
- All grades being attained at Foundation, Intermediate and Advanced stage.

Officers advised that the information included GCSE and equivalent in the 5+ A* - C grades and also included schools non GCSE equivalents. There were no comparative figures for young people to show what they achieving. Additional information could be provided to members on this if required.

The Chairman suggested that the additional information referred to should be provided to members through Democratic Services.

A member asked whether the information in Chart 16 included both English Literature and English Language. Officers advised the committee that this information only related to English Language.

A member asked whether the figures in relation to Maths and English included Functional Skills.

Members were informed that the figure at the present time did not include Functional Skills.

A member advised that page 6 of the report made reference to the summary of School Inspection Reports. In regards to the 3 measurements (overall effectiveness, Achievement & Standard and Quality of Teaching) shown in the chart setting out the inspection findings showed that 1 school in all the 3 measurements was inadequate. If this was one school why was the leadership and Management not considered to be inadequate and what were the reasons for the school being inadequate.

Officers advised the committee that this related to one school, which was no longer inadequate as the school had addressed the issues raised in the inspection findings. The school concerned was given Notice to Improve and not put on special measures. The Leadership and Management of the school were not found to be inadequate as the Inspection findings felt they had the capacity to address the concerns raised. The reason for the school being considered as inadequate was felt to be due to the new inspection regime that had been introduced by OFSTED and had changed significantly in 2009/10 bringing in stricter criteria.

A member asked officers if they felt this would be an increasing trend or whether this was felt to be a one off.

Officers advised that they felt that this was a one off.

A member raised concern that the information provided on page 6 did not include up to date information as this was for 2009/10. Was there a danger that there could be issues for the Local Authority including resource implications if they were being given information that was a year out of date.

Officers advised that there were two elements to this report providing information on standards and quality and there were also inspections and outcomes. The committee could be provided with information on school inspections on a quarterly basis if members felt this would be helpful.

A Member informed the committee that they had previously asked for information on school places to be provided on a quarterly basis, to date this had not been provided. If this information was received it would safeguard the authority and enable any issues to be identified and flagged up at an early stage.

Officers reported that a quarterly schedule could be provided on inspection report but the difficulty in providing school places update was that there was set times that this information would be available.

The committee asked officers to advise the committee when this information would be able to be provided.

In depth analysis indicated that at KS4 & 5 Hillingdon was in the top quartile nationally. Historically results had been good and there would be concerns if this did not continue. Support for 14 – 19 schools and colleges and what was being provided was resulting in appropriate pathways and leading to useful choices being undertaken by students.

Members asked for information in relation to the analysis referred to be provided to the committee.

A member asked whether officers felt that the 5% difference between Hillingdon's average point score per exam and the national and outer London average point scores per exam were significant.

Officers advised that this suggested that the results per subject were slightly lower than average and taking this in context due to the ability of those students taking the exam this was not felt to be a concern.

A member asked what conclusions could be drawn from the tables on pages 22 & 23 of the report in relation to the attainment levels by pupils prior attainment, age and gender.

Officers informed the committee that this indicated to officers that resources would be provided to support schools to look n more depth at areas where there might be underachievers.

A member suggested that it would have been useful for the committee to receive information on the dates that schools had last been inspected.

A member asked whether the information in the report in relation to underachieving white boys, whether this had taken account of other cultures where English was not a first language.

	<p>Officers advised that the analogy could be looked at further and broken down to look at the underlying information. The information in the report focussed on the ethnic groups and groups receiving Free School Meals and Non Free School Meals.</p> <p>A member asked that on page 26 in paragraph 5.1 whether there was a reason why the progress of children with a statement was significantly below that expected.</p> <p>Officers advised that this was a bold statement but there was a small group of children that had been statemented with very special needs. In these cases each child was looked at individually. The area for special educational needs was complex, a number of these children were in special schools and it was difficult to get appropriate benchmarking. It was also difficult to show incremental steps for children with special needs.</p> <p>A member asked whether the number of statemented children had decreased in recent years and if so would this mean that this might provide results nearer to that expected.</p> <p>Officers advised that national trends had shown a decline in certain groups of children being assessed and needing a statement. Children with moderate learning difficulties no longer had a statement. There were two special schools in the borough but not all the children attending these schools had statements. At the other end of the spectrum there were children with increased complex needs and those with significant disabilities that were surviving at birth and were not included in quite the same way as included in the past.</p> <p>Resolved - That the report be noted.</p>	
48.	<p>FORWARD PLAN 2010/2011 (<i>Agenda Item 7</i>)</p> <p>Resolved – That the information contained in the report on the Forward Plan be noted.</p>	
49.	<p>WORK PROGRAMME 2010/2011 (<i>Agenda Item 8</i>)</p> <p>Resolved – That the work programme was noted.</p>	
<p>The meeting, which commenced at 7.00 pm, closed at 8.55 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Gill Brice on 01895 250693. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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ANNOUNCED 3 YEAR ADOPTION INSPECTION OUTCOME REPORT

Contact Officers : *Merlin Joseph, Deputy Director, Social Care, Health and Housing (01895) 250527
Heather Brown, Interim Service Manager, Children's Resources (01895) 277852*

INTRODUCTION

The Adoption and Permanency Team, London Borough of Hillingdon, provides a comprehensive service to children who cannot live permanently with their family by recruiting, assessing and supporting families who are able to provide a substitute permanent home through adoption or long-term fostering. It also provides support to sustain permanent placements for life and post adoption support in line with the requirements of the Adoption and Children Act 2002. The Adoption Service also assesses the wider family network where appropriate and step-parent applications.

Ofsted regulates children services and has the power to take action to ensure that required standards are met and that children are not at risk of harm. Ofsted undertakes 3 yearly, announced inspections of the Adoption Service. The last inspection took place 23rd – 26th July 2007 and the overall rating of the service at that time was 'Good'. This report relates to the inspection that took place on 9 November and 15 November – 19 November 2010. Ofsted again rated the overall quality of the Adoption service at this time as 'Good'.

During this period the inspectors met with staff from the Adoption and Children in Care Teams and with parents and adopters to seek their views. In addition they checked records, procedures, premises, equipment and resources to see how the outcomes for children are being promoted.

COMMENTARY

At the end of the inspection, during initial verbal feedback, the inspectors provided examples of very positive quotes and comments from birth parents, adopters and social workers both in the Adoption and Children in Care Teams. Quotes that stand out include: *'the Adoption Service is Brilliant'* and *'I used to be cynical about the local authority but now I trust the local authority'*. The inspectors commented on the enthusiasm of both the Adoption Social Workers and placing Social Workers in the Children in Care Teams and the valuable work of the Play Therapist and Post Adoption workers. Julie Saunders, as the Team Manager, was praised highly to the inspectors by social workers and users of the service and the inspectors commented on good strategic management. The inspectors said that *'there is some exceptional work being undertaken within the adoption service'*. Their verbal assessment was that *'overall the Adoption Service was Good - the provision is strong'*.

The final written report setting out Ofsted's judgment about the quality of the provision offered by the Adoption Service was received 2nd December 2010 (attached Appendix 1). The inspectors made their judgement on the overall quality of care provided by the Adoption Service by assessing how it meets a series of outcomes for children and young people that are set out in law. The inspectors also checked whether the Adoption Service met the requirements of the National Minimum Standards and service specific regulations and considered how the overall management of the service setting helped to

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achieve outcomes for children. They also considered the improvements made since the last inspection.

As stated above, Ofsted rated the overall quality of the Adoption service as 'good'. Inspectors said that: LBH is 'an enabling authority, with staff feeling free to operate with innovation and use their skills expansively; equality and diversity are well embedded in all aspects of the operation; children benefit from well-considered matches with adopters who are carefully assessed to meet their needs; adopter's assessments were conducted in a sensitive and respectful way; the adoption panel was judged to be robust, child focused, diligent and acted as a good monitoring tool; adoption support to adopters was judged to be very good; the uptake of support by birth parents had increased; the adoption team is excellently led and demonstrates a clear and deep understanding of adoption matters'. Inspectors noted that there were significant pressures on the adoption team because of social work and management vacancies. Also 'the quality of letterbox contact had declined recently, although steps have been taken to address the shortfalls, which are starting to prove effective. Inspectors also noted that 'safeguarding procedures did not cover historical abuse and the way recruitment files are kept does not clearly evidence thorough vetting procedures in all cases'.

RECOMMENDATIONS OF REPORT

The report concluded by stating that 'to improve the quality and standards of care further the registered person should take account of the following recommendations':

- Invite applications from prospective adopters before they undertake preparation training
- Review the terminology used on documentation to clearly demonstrate that the agency is making a decision, rather than ratifying panel's recommendations and record the reason for the decision
- Ensure that there is clear evidence that all staff are fit to work for the purpose of an adoption service
- Review safeguarding procedures to ensure that they include historical abuse allegations
- Consider providing information for birth parents on how to access counselling in languages other than English.

PROCEDURAL IMPLICATIONS

All procedural recommendations have been implemented.

REVIEW OF SAFEGUARDING PROCEDURES

The OFSTED inspectors said that our CP procedures must include a section covering 32.4 from the *'Insertions, amendments and revisions to the Adoption National Minimum Standards'*, which states:

'The adoption agency has written procedures for dealing with allegations of historical abuse which may be made by service users during the course of service provision'.

[Regulations: The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 and the Local Authority Adoption Service (England) Regulations 2003 - *Arrangements for the protection of children*].

Our Safeguarding Department was therefore asked to ensure this was included in the revised London Procedures. As it applied to other London Boroughs, a local procedure for Hillingdon was not deemed necessary. This has been actioned and it is included in the revised procedures.

FINANCIAL IMPLICATIONS

Full consideration will be given to any resource implications resulting from the progression of the key tasks highlighted in the action plan. The Director of Children and Young People Services will ensure that any costs arising can be contained within the approved budget.

LEGAL IMPLICATIONS

The inspection is carried out under the Care Standards Act 2000 and contributes to Ofsted's annual review of performance of each local authority's children's services function and will be taken into account in Her Majesty's Chief Inspector's statutory annual performance rating of the Authority.

Since the enactment of the Children Act 2004, the Authority is responsible for improving outcomes for children and young people, working with its partners through the Children and Young People Trust. OFSTED assesses the performance of the Authority in ensuring the provision of universal and specialist services, with reference to the Every Child Matters outcome framework.

PERSONNEL IMPLICATIONS

Where recommendations have implications for staff training, particularly in relation to safeguarding, these will be considered carefully and an action plan produced which will be reported to a future meeting.

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London Borough of Hillingdon Adoption Service

Inspection report for la adoption agency

Unique reference number	SC055697
Inspection date	18 November 2010
Inspector	Rossella Volpi / Sean White
Type of Inspection	Key

Address	London Borough of Hillingdon Civic Centre High Street UXBRIDGE Middlesex UB8 1UW
Telephone number	01895 277 854
Email	
Registered person	London Borough of Hillingdon
Registered manager	Heather Brown
Responsible individual	Merlin Joseph
Date of last inspection	26 July 2007

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About this inspection

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

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

The inspection judgements and what they mean

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

Service information

Brief description of the service

The adoption agency of the London Borough of Hillingdon undertakes all statutory work associated with adoption services. It operates from the Civic Centre in Uxbridge. The duties it undertakes are as follows: the recruitment; preparation assessment and approval of adopters, both domestic and inter-country; the matching, introduction and placement of children with adopters; the support of adoption placements; post-adoption support to those whose lives have been touched by adoption, including birth records counselling and intermediary work; support to birth parents of children placed for adoption, or who have been adopted.

Summary

This was an announced inspection conducted by two inspectors, mostly over the course of one week. All key standards were considered in assessing the outcome areas.

This is an enabling authority, with staff feeling free to operate with innovation and use their skills expansively. Equality and diversity are well embedded in all aspects of the operation.

Children benefit from well-considered matches with adopters carefully assessed to meet their needs. Adopters report that the assessments are conducted in a sensitive and respectful way.

The adoption panel is robust, child focused, diligent and acts as a good monitoring tool.

Adoption support to adopters is very good, although it is operating at full capacity. The uptake of support by birthparents has increased, but there is no information for birth parents on how to access counselling in languages other than English.

The adoption team is excellently led and demonstrates a clear and deep understanding of adoption matters.

There are significant pressures on the adoption team at present, because of social work and management vacancies. The quality of letterbox contact had declined recently, although steps have now been taken to address the shortfalls, which are starting to prove effective.

The safeguarding procedures do not cover historical abuse and the way recruitment files are kept does not clearly evidence a thorough vetting procedure in all cases.

The overall quality rating is good.

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

Improvements since the last inspection

The previous inspection report, of July 2007, details 17 recommendations or actions to be addressed by the adoption service.

Overall there is evidence that the service has taken all points seriously and devoted effort and resources to improve the service consistently with the issues raised at the previous inspection.

The service has completed a review of panel membership and terms and conditions for independent panel members during 2008. This continued to improve panel processes and

procedures throughout 2009; this included strengthening controls and quality assurance to ensure the operation of the panel is effective. With a consortium of 10 other adoption agencies, they have identified training needs and put in place an ongoing training programme for panel members. The consortium has introduced a quarterly panel advisors' forum to share best practice and research and to learn from each other.

The Statement of Purpose is approved formally and it has been amended to include all information, as required by regulation. There has been regular liaison with the children with disabilities service to explore ways of communicating with non-verbal and pre verbal children. This has led to the planning and construction of a 'Transitions Box' for workers to interact with young and non-verbal children.

Systems have been established to evaluate the effectiveness of the adopters' recruitment strategy, for quality assuring reports and making assessments more robust. The executive side of the council received two written reports a year regarding the work done by the adoption service.

The intermediary support work, including birth records counselling, is carried out only by qualified social workers and there are clear processes for the assessment and monitoring of work in respect to members of the public who have been touched by adoption, such as adult adoptees.

When birth parents do not wish to express a view about the planning for their child, this is recorded

Children social workers have access to the tools they need to complete life story books, although timeliness remains an issue.

The contents of case files for adopters and children are up to date and regularly audited. There is a dedicated part-time post providing administrative support to the team and administrative procedures have been updated. The archiving arrangements have been reviewed and are now managed by a company contracted to meet all of Hillingdon archiving needs.

Helping children to be healthy

The provision is not judged.

Protecting children from harm or neglect and helping them stay safe

The provision is good.

Overall, children benefit from a service which endeavours to match them with adopters who best meet their assessed needs and reflect their ethnic origin. Adopters are provided with full information about the children they are considering and the agency reviews thoroughly how to support adopters to meet any needs they do not feel fully prepared for. Adopters think highly of the agency approach to matching and said, for example: 'The matching process and the introductions were very good, well organised and thought out'. 'The whole team has been amazing, fantastic'. 'The medical advisor was very helpful to talk about what the report really means; she gave practical and creative suggestions to address the issues. Very thorough'.

Equality and diversity issues are actively addressed and evidenced in the assessment and matching process and carefully reviewed at panel stage.

Disruptions have been uncommon. From those that have happened, although it is difficult to judge whether those matches were unwise, it is evident that learning lessons have been carefully considered and acted upon.

There is a clear policy in use to guide staff on safeguarding, which includes the management of and reporting plan for child protection issues and all social workers receive regular training on safeguarding. The policy omits reference to historical abuse; administrative staff have not received child protection training, although there are plans to do so imminently.

Prospective adopters are welcomed without prejudice. They are involved in a formal, thorough and comprehensive assessment, preparation and approval process and there is analytical evidence about the prospective adopters' parenting capacity.

Adopters report that the assessments are conducted in a sensitive and respectful way and are, mostly, very satisfied with the service received. For example, they commented: 'We could really be open and honest, we understood the reason for the questions'. 'Hillingdon is brilliant'. 'We could always speak to somebody we knew as we met all social workers and team manager'. 'What is great about the department is a real sense of caring and good communications from all involved'.

Adopters also said that the assessing social worker was exemplary in her approach, supportive, diligent and professional. They said that the assessing social worker understood their circumstances well and was able to comprehend their situation in respect of their sexuality and the context of this in the adoption process. Feedback on the preparation groups has been more variable, being regarded as extremely well managed and conducted by some adopters, but satisfactory by others.

The quality of the reports had been variable; but has been improving and has been generally good for the last year; thus demonstrating that the improvements are now embedded in practice.

The application from adopters is often taken after preparation has started. This is both contrary to good practice guidelines and to the authority's own expectations. The practice impinges on the right of adopters to make representations, should they be considered unsuitable or encouraged to withdraw during the preparation course. Furthermore, it distorts the timescales for assessments in that commencement of assessment is taken from when the application is received.

There are clear recruitment criteria for adopters which prioritise families who can meet the needs of the children coming up for adoption; they include large siblings groups, older children, children with special needs and children from specific racial or religious backgrounds. The recruitment strategy, which is reviewed every three months, has been effective in increasing the number of placements and has recently exceeded the target the authority had set for the number of adopters to be recruited. The agency has been successful in placing most sibling groups together, including groups of three where it was assessed that the children should stay together. However, despite a number of recruitment drives, most adopters are still recruited by word of mouth and this has not been effective in targeting the families from the specific racial or religious backgrounds of some of the children placed for adoption. Managers are aware of this and are considering how to address it. Furthermore, when finding a match for children

of specific ethnic or cultural backgrounds, timescales are set and reviewed in the light of finding potential matches, to ensure that the plans for the children do not drift.

The adoption panel is robust and steps have been taken to make it more reflective of the community it serves. The panel is child focused, diligent and acts as a good monitoring tool. It helps to ensure that decisions about children and their placements are safe and standards continue to improve. There is good emphasis on culture and race and commitment to promotion of equality. There is an experienced and very well regarded chair, referred to as an asset by colleagues and social workers. There are excellent advisors and committed panel members. The potential conflict of roles, arising from the panel advisor being the adoption team manager, is usually well managed.

The agency's decisions are made without delay and appropriately. The function is with an assistant director post. Therefore, it is at a senior enough level to enable objectivity and authority to take action in response to issues arising. Decisions are formally conveyed in writing to adopters and birth parents.

The wording in some documentation does not reflect that the agency is making the decision, rather than ratifying or endorsing the panel's recommendations, and the decisions do not always give the reasons. This is being reviewed and addressed. The practice that panel minutes are not available at the time the decision is made is also being changed.

The agency has a thorough recruitment and vetting procedure for staff and panel members, consistent with the expectations of the national minimum standards. However, recruitment files do not always evidence such good practice guidelines.

Helping children achieve well and enjoy what they do

The provision is good.

The adoption agency provides excellent support for adoptive families and a very good service to adopted adults wanting birth record counselling or tracing.

The services available are flexible; as well as internal support from the adoption team, there is a service level agreement with an external agency and spot purchase from other agencies. The agency has access to specialist advisers, as appropriate, as also discussed above under safeguarding, in relation to legal and medical advice. Families are offered formal training and support groups. There are also fun days organised that are well received and which have been referred to as 'terrific fun' by families.

Overall adopters are well prepared to take on the task of parenting a child from the care system and very well informed about the needs and potential health issues about the child to be placed. Children are also well prepared to join their new family. Users expressed satisfaction with the service received with effusive comments about the support provided by both their social worker and the play therapist. For example, it was commented that the placement would have ended without the very skilled and approachable manner with which the agency identified the needs of the child and put in place suitable support; as a consequence the outcome of the placement now is much more optimistic. The adoption support social worker was referred to as 'excellent' and users made comments, such as: 'She is invaluable, calming, assuring, gave me a lot of information, support'. 'I benefited a lot from her support and as source of information'.

The in-house service, post adoption, is provided mainly by one social worker and a part-time therapist. The potential for growth and improvement is, therefore, limited, considering that adoption support is a growing area of need and the demand likely to expand. Furthermore, support from children mental health services has been very limited.

Helping children make a positive contribution

The provision is good.

Hillingdon strives to maintain children's heritage, help them make sense of their situation and to support birth parents. Hillingdon takes a proactive approach to endeavour to engage birth families, counsel them before and after adoption and involve them in adoption plans.

All professional involved recognise the lifelong implications of adoption and make professional assessments to tailor services based on individual needs.

Engagement of birth families has increased with a service level agreement with a specialist organisation which offers support at local venues, as well as a range of support at premises in central London. However, there are no leaflets or information about accessing counselling in languages other than English and children's social workers report that this has been an issue at times. Furthermore, the present waiting list of about two months to access counselling at local venues has the potential to discourage those birth parents who are going through the adoption process and for whom such timescale is too long.

Direct contact and letter box contact are clearly set out and normally sensitively and well supported. However, there has been a recent significant deterioration in the way contact arrangements have been managed that caused distress and discontent. This has been responded to and addressed and the agency is expecting letter box arrangements to now resume at the standards that had been previously maintained.

Children permanency reports are subject to careful scrutiny at managerial and panel level, backed by support and training of the social workers completing them, in recognition of their importance both for matching and for maintaining heritage. Consequently, their quality is improving. There are examples of good life story work, although some are not timely, but the adoption team is working with the children social workers to address this.

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is good.

This authority demonstrates a strong commitment to meeting the needs of all children waiting for adoption and to safeguard its service users. It is a child-focused agency, able to critically appraise its practices, open in identifying its strengths and shortfalls, and responsive to the findings of reviews. There has been sustained progress in improving those areas identified as less strong at the last inspection and, therefore, in better promoting the welfare of those affected by adoption.

Elected members demonstrate commitment and drive to ensure children have the best possible futures. Adoption and children's social workers work well in partnership; the best interests of

the child being the focus of all their activities. Clearly social workers operate to outcomes, although it is evident that the processes and protocols in place work effectively and generally enable the expected results to be achieved.

The adoption team is excellently led and demonstrates a clear and deep understanding of adoption matters, including current thinking and underpinning legislation. Children's social workers demonstrate commitment to adoption and report that the expertise and partnership working with adoption workers is invaluable in the process of placing children for adoption and matching them with the most appropriate families.

There are significant pressures on the adoption team at present, because of social work and management vacancies, although the authority has partly mitigated these with the appointment of an interim service manager and a deputy adoption team manager. There have been some difficulties in retaining children social workers and the turnover has impacted on the adoption team. For example, in relation to the training and support they give on adoption matters and because some children, whose plan is adoption, have experienced a frequent change of social workers. However, the authority's strategy now is to recruit to all vacancies in children's services with permanent positions, which the authority expects to bring more stability and a better use of resources.

Case files are well organised with information easy to find. They lend themselves well to managerial auditing and, therefore, reduce the risk of important information being overlooked.

The promotion of equality and diversity is good. This is discussed in the body of the report under the specific outcome areas. For example, equality and diversity are integral to all aspects of the service and there is a strong awareness to address those aspects where practices have not been fully effective, such as, the recruitment of adopters from specific groups or provision of support to birth parents in languages other than English. The agency welcomes all members of the community without prejudice and staff are committed to anti-discriminatory practice in all areas of service provision. The agency has matched children to adopters regardless of age and sexuality and tailors support packages to ensure that families are treated fairly according to their needs.

What must be done to secure future improvement?

Recommendations

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

- invite applications from prospective adopters before they undertake preparation training (NMS 4).
- review the terminology used on documentation to clearly demonstrate that the agency is making a decision, rather than ratifying panel's recommendations and record the reason for the decision (NMS 13).
- ensure that there is clear evidence that all staff are fit to work for the purposes of an adoption service (NMS 19).
- review safeguarding procedures to ensure that they include historical abuse allegations (NMS 32).

- consider providing information for birth parents on how to access counselling in languages other than English (NMS 9).

ANNUAL UNANNOUNCED INSPECTION OF CONTACT, REFERRAL AND ASSESSMENT ARRANGEMENTS WITHIN THE LONDON BOROUGH OF HILLINGDON CHILDREN'S SERVICES

Contact Officers : Merlin Joseph, Deputy Director, Social Care, Health and Housing (01895) 250527
Heather Brown, Interim Service Manager, Children's Resources (01895) 277852

1. INTRODUCTION

In June 2009 Ofsted introduced a new (annual) two day unannounced inspection of contact, referral and assessment arrangements as part of the statutory framework for the inspection of Children's Services.

2. COMMENTARY

- 2.1** The inspection focussed on the contact, referral and assessment arrangements within the London Borough of Hillingdon's Children and Young People's Social Care Services.
 - 2.2** The two-day unannounced inspection took place on the 18th and 19th January 2011. The inspection was carried out in accordance with requirements of Section 138 of the Education and Inspections Act 2006. The inspection was carried out by two Ofsted Inspectors (HMI).
 - 2.3** The purpose of the annual unannounced inspection of contact, referral and assessment arrangements was to assess the effectiveness of front-line practice in managing potential risks to children and young people and minimising the incidence of abuse and neglect.
 - 2.4** The inspection will inform future inspections, in particular the full inspection of safeguarding and looked after children. The inspection will contribute to the annual review of the performance of the authority's Children's Services, for which Ofsted will award a rating later in the year.
- 3** The report, by way of a letter, was published by Ofsted on 16th February 2011 (attached). The draft report is now in three areas: **Strengths/ Requirements met under statutory guidance** and **Areas for development**. There were no areas identified as being of serious concern for 'priority action'. There were fourteen areas identified in the statutory guidance which is a real strength particularly when analysed against other local authorities.
- 4** There were three areas for development:
- a) There was positive feedback in relation to the threshold document. However, Inspectors felt this needed to be communicated to partner agencies. An action plan for disseminating the threshold document through seminars is planned for the next few months.

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Part 1 – Members, Public & Press

- b) The Children with Disabilities Team had recently transferred from another Service area. There is an action plan in place that will ensure consistency in regards to completion of chronologies, this will also be helped by the single point of contact from the 1st April 2011.
- c) Whilst, there were no concerns in regards to the quality of the assessments completed a few initial and core assessments were completed by one member of staff who was not qualified, this was not 'consistent with Working Together to Safeguard Children 2010'. There is an action plan in place to reallocate all cases to a qualified worker.

4.1 The feedback at the end of day two was very positive, with comments being made about how impressed the Inspectors had been with the staff they had met and with the high standards of practice they had seen. The language throughout the verbal feedback at the end of day two was - 'outstanding' 'exceptional' and very 'impressive'. Overall the inspection endorses the progress achieved in the delivery of children's social care contact, referral and assessment services and is a credit to the hard work of the staff involved.

16 February 2011

Mr Chris Spencer
Corporate Director, Education and Children's Services
London Borough of Hillingdon
Civic Centre
High St
Uxbridge
Middlesex
UB8 1UW

Dear Mr Spencer

Annual unannounced inspection of contact, referral and assessment arrangements within the London Borough of Hillingdon children's services

This letter summarises the findings of the recent unannounced inspection of contact, referral and assessment arrangements within local authority children's services in the London Borough of Hillingdon Council which was conducted on 18 and 19 January 2011. The inspection was carried out under section 138 of the Education and Inspections Act 2006. It will contribute to the annual review of the performance of the authority's children's services, for which Ofsted will award a rating later in the year. I would like to thank all of the staff we met for their assistance in undertaking this inspection.

The inspection sampled the quality and effectiveness of contact, referral and assessment arrangements and their impact on minimising any child abuse and neglect. Inspectors considered a range of evidence, including: electronic case records; supervision files and notes; observation of social workers and senior practitioners undertaking referral and assessment duties; and other information provided by staff and managers. Inspectors also spoke to a range of staff including managers, social workers, other practitioners and administrative staff.

The inspection identified areas of strength and areas of practice that met requirements, with some areas for development.

The areas of development identified at the previous inspection of contact, referral and assessment arrangements in July 2009 have been addressed with the exception of partner agencies implementation and awareness of thresholds for referral.

From the evidence gathered, the following features of the service were identified:

Strengths
<ul style="list-style-type: none">Initial assessments seen by inspectors are consistently of a very high quality.

They lead to sound decision making and effective planning to meet the needs of children and young people. Assessments are comprehensive and contain well evidenced and balanced analysis. Risk and protective factors are consistently identified, well evaluated and planning includes clear contingency strategies.

- The diverse needs of children and young people are dealt with sensitively and where relevant equality and diversity issues actively inform assessments and plans for safeguarding. Attention to equality and diversity is prominent throughout case recording and evident in how services are delivered. Excellent local resources are used to meet the identified cultural needs of children and families, for example, links to multicultural support groups and key workers in the community.

The service meets the requirements of statutory guidance in the following areas

- Decision making on contacts and referrals is appropriate and timely. These are recorded clearly and there is evidence of consistent management oversight with identified directions to social workers.
- Section 47 enquiries are prioritised appropriately. These are always carried out by a suitably experienced and qualified social worker. Child protection investigations demonstrate comprehensive information gathering and decision making is effective and evidence based.
- Safeguarding procedures comply with statutory requirements. Decisions are made in accordance with statutory timescales and assessments of children's needs are prioritised effectively.
- Partnership working between statutory agencies, on allocated cases, is sound and contributes to the safeguarding of children and young people.
- Case recording is up-to-date. This enables staff and managers to track and assess significant events which facilitates effective decision making.
- Children are routinely seen and their wishes and feelings form an integral part of assessments and planning for their future care.
- The department has effective working relationships with the police and these have led to efficient joint-working to safeguard children and young people.
- Staff report that caseloads are manageable. All cases are now allocated immediately and this has enabled a fast response to children and their families in need.
- The common assessment framework is well established and provides effective early intervention services to children and families. A comprehensive and ongoing training programme has been delivered to staff to enable consistency

in the use of the framework.

- Links between the emergency duty team and the referral and assessment team are smooth and information is shared promptly and effectively.
- A successful recruitment campaign has significantly reduced the number of agency staff. This has resulted in an improvement in the timeliness and quality of initial and core assessments. Children and families now benefit from greater consistency of service provision.
- Quality assurance processes are well established. An audit programme of safeguarding cases is undertaken by senior managers and the findings are routinely used to improve practice and service delivery.
- Social workers have a range of training opportunities available to them and are able to access external training to develop practice and improve service delivery.
- Staff supervision is undertaken regularly. It is reflective, analytical, provides effective support and contributes to improving practice.

Areas for development

- There continues to be a lack of clarity between partner agencies about the thresholds for referrals to the referral and assessment team. Although action to make improvements is underway this is yet to show sustained impact. This was an area for development at the previous unannounced inspection in July 2010.
- Whilst the referral and assessment team complete chronologies consistently, the children with disabilities team do not routinely use chronologies to assist in analysis and decision making regarding safeguarding of children and young people.
- One member of staff who is not a qualified social worker has undertaken both initial and core assessments although this work was of a satisfactory standard. This is not consistent with '*Working Together to Safeguard Children*' 2010.

Any areas for development identified above will be specifically considered in any future inspection of services to safeguard children within your area.

Yours sincerely

Emmy Tomsett
Her Majesty's Inspector

Copy: Hugh Dunnachie, Chief Executive, London Borough of Hillingdon Council
Andrew Spencer, Department for Education

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QUARTERLY AUDIT REPORTS OF CHILDREN'S SOCIAL CARE RECORDS 2010/2011

Contact Officer: Merlin Josphe
Telephone: 01895 250527

REASON FOR ITEM

To meet the Committee's request for quarterly updates on the Child Social Care Records Audit 2010/11.

OPTIONS AVAILABLE TO THE COMMITTEE

1. The Committee may seek further information on the information contained in the summary reports.
2. To note the information contained in the report.

INFORMATION

Attached as an appendix are the summary reports provided on the Child Social Care Record Audit for October 2010 to December 2010.

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SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS YOUTH OFFENDING SERVICE - QUARTER 4, OCTOBER – DECEMBER 2010

Contact Officer: *Lynne Hawes Service Manager,
Youth Offending Service (01895) 277957*

This report details the findings of an audit start assessments completed by the YOS during the October to December 2010 quarter.

INFORMATION

1. The YOS tool for undertaking assessments is the 'Asset', a national tool devised by the Youth Justice Board. It considers 13 aspects of a young person's life and the practitioner is required to assess each area in terms of its impact on a young person's risk of offending. Each section is scored and the total score informs the level of contact the young person will receive through the duration of their order (supervisory orders only) from a minimum of once per fortnight to three times per week. The tool is also used to identify risk of harm the young person presents to others and their own vulnerability.
2. Quality assessments are thus aligned to effective and efficient intervention plans. In 2010 the YOS Management Team undertook to audit as many assessment documents as possible. The process takes around 30-40 minutes per assessment so it is a significant time commitment for the management team. The objectives were ;
 - To support consistency in assessments by practitioners in terms of assessed risk
 - To ensure scores and thus interventions are commensurate with actual need
 - To ensure resources are being directed where they are most needed.
 - To identify training needs for individual staff
3. The Youth Justice Board provided a tool for auditing assets. Each section of the document is scored and evaluated, for content and relevance, as inadequate; satisfactory, good or outstanding and then a final evaluation is given for the full document based on the total score.
4. The local performance measure for 2010 was for 80% of the Assets to be assessed as being satisfactory or above set against the baseline performance of 50% recorded in 2009. During the first three quarters of 2010, 90% of Assets were assessed as satisfactory or above moreover nearly 80% were assessed as being good or above.
5. Given the magnitude of the improvement noted and significant management time required for the process, for the last quarter of 2010 auditing focused specifically on

those staff whose assessments are deemed to be consistently inadequate or satisfactory.

6. The results of the audits carried out in the last quarter were as follows:

	October – December	%
Inadequate	0	0%
Satisfactory	2	33.3%
Good	4	66.6%
Outstanding	0	0%
	6	100%

7. The YOS management group will now cease its systematic audit of all assessments. In anticipation of an external inspection by HMIP Inspectorate later this year from January 2011 onwards the focus will be on

- Case file audits using a system based on the social care model
- Risk of Serious Harm assessments.
- Intervention plans (April onwards)

SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS FAMILY SUPPORT SERVICES

Contact Officer: *Parmjit Chahal, Service Manager,
Family Support Services (01895) 277130*

1. Introduction

This report provides a summary of the findings from the audit of Children's Social Care Records in the Referral and Assessment and Children in Need (CIN) Teams for the period October – December 2010.

The audit period has seen significant changes in the permanent to locum ratios in both teams, overall the service has seen a 31% rise in permanent staff. The table below shows a breakdown by team:

Month	Referral & Assessment % of Permanent staff	Children in Need % of Permanent Staff
September 2010	58. %	38. %
December 2010	88. %	57. %

The impact of this has been positive in terms of quality assurance and consistency but has placed added pressures on the current management team in order to ensure standards are maintained and raised where needed.

There is a performance culture of raising standards and a commitment for the service to be staffed by a permanent workforce.

2. The Audit Process

The audit tool was adapted for the following reasons:

- To enable the new Service Manager to undertake a review of the safeguarding standards, identify strengths and areas for development.
- Preparation for an unannounced inspection in the referral and assessment service.
- To ensure standards of practice were consistent across the different teams, particularly during significant changes in staffing.

During the 3rd quarter a total of **210** audits were completed using a comprehensive audit template across the two teams.

The audit process aimed at scrutinise the work of the referral and assessment and children in needs teams using both qualitative and quantitative methods of auditing. It is important to note that the electronic case file has an in-built audit process that ensures managers authorise each assessment. The audit tools used in this audit process included the following:

- Auditing of the electronic case files.
- Thematic audits (chronologies, case recordings and management decision making).
- Reflective Practice seminars with managers and social workers.
- Discussions with stakeholders (police, schools, health).
- Feedback from service users.

3. Performance Standards:

The key findings are detailed below for both the referral and assessment and children in need teams.

Performance Management: Referral and Assessment Service

The audit of the frontline Child Protection (CP) service highlighted an outstanding management team who were able to evidence an excellent overview of cases and ensure good practice. There was a real team work approach, staff being nurtured and supported leading to high morale.

In October 2010, the quality of assessments were high, however the required timescales were not adhered to consistently. Action was taken to imbed a performance culture with greater management accountability in regards to meeting key performance indicators. Systems were developed and implemented by the Service Manager. These included weekly performance management meetings (PMM) together with reflective practice seminars for social work staff, both chaired by the Service Manager, this has lead to a 'can do' approach to achieving timescales. The table below evidences the progress made:

INITIAL ASSESSMENTS

Details of Key Performance Indicator	September	October	November	December
Percentage of Initial Assessments Completed within 7 working days	65.8%	64.7%	87.8%	81.9%

CORE ASSESSMENTS

Details of Key Performance Indicator	September	October	November	December
Percentage of Core Assessments completed within 35 days	80.0%	83.1%	74.5%	89.2%

Our key performance indicators compare favourably with our statistical neighbours for both Initial (Hounslow: 56.2%, Ealing: 79.5%) and Core Assessments (Hounslow: 71.8%, Ealing: 85.6%). This progress is remarkable in light of an entire turnover of staff within the

Initial Assessment Team in September, some of whom had no previous inexperience of working in the duty team.

Work Flow: Referral and Assessment Teams

The volume and throughput of work is shown below. The ratio of initial assessments to core assessments continues to be high alongside children subject to child protection plans. Whilst there has been some movement further work is needed. Both areas will be addressed at the weekly management meetings (PMM).

Month	Number of IA's Completed	Number of CA's Completed	Number of Section S47 investigations	Number Of ICPC (initial child protection conference)	Number of Care Proceedings & LAC	Total Number of Cases Transferred to CIN and CIC (children in need & children in care teams)
October 2010	203	71	55	20	4 (2)*	18
November 2010	156	76	55	28	3	16
December 2010	163	60	30	10	2	22
Total Number	819	292	206	72	9	56

Audits undertaken highlighted that whilst chronologies were consistently being completed they were not being completed on the electronic files and the quality varied. Following the implementation of a strategy aimed at equipping Social Workers with the skills to complete all chronologies on the electronic file and have a greater management overview of the quality, standards have improved significantly with all chronologies being completed on the electronic file.

Evidence of good management direction on all files was confirmed by the audit process. An area identified for development was use of the supervision template in a consistent way, ensuring good analysis of risk and decision making. This is an area that requires ongoing training and monitoring. The data collected from the electronic files confirms the supervision template is now being used.

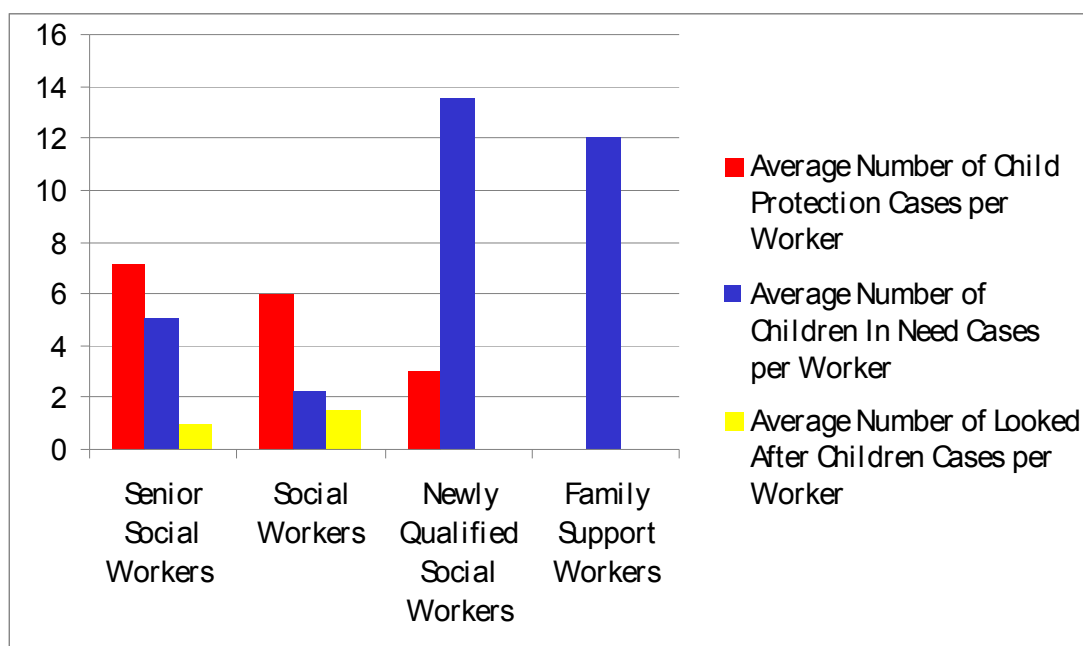
Performance Management: Children in Need Teams

The Children In Need teams have historically experienced a high turnover of staff due to high case loads and lack of management support. Significant changes have been made to the quality of Social Work staff resulting in a 75% change of the workforce during the October – December period. The changes have had a positive impact on creating an environment where there is good management overview of cases leading to Social Worker's feeling better supported and wanting to make a permanent commitment to the LB Hillingdon. The area of recruitment and retention has been a priority and it is envisaged will result in a high proportion of permanent staff.

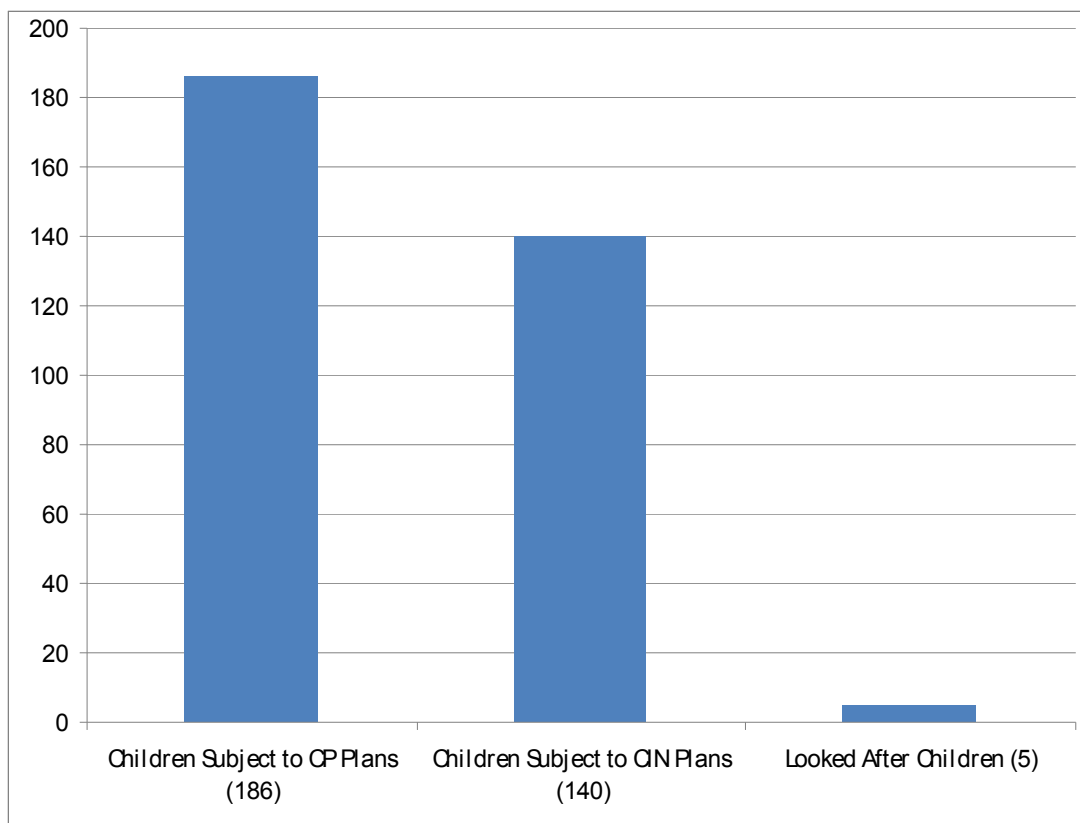
The case load audits have highlighted the need for a consistent workforce to enable efficient throughput of work. A great deal of activity has been aimed at raising standards of practice including management direction to enable positive changes to occur with children remaining with their families where ever possible.

During this period it has been necessary for there to be a high level of management presence to ensure staff feel listened too and supported.

The case file audits have been helpful in identifying strategies to reduce case loads over the next three month. The table below shows the average case load for experienced social workers to be between 13 - 9, depending on case complexity:



The number of children subject to child protection plans has continued to grow with the workforce essentially remaining the same. This has led to added pressure on an already stretched workforce. The ratio of CP to CIN cases continues to be high, although strategies are in place to reduce the number of children subject to Child Protection plans through targeted interventions and closer management monitoring. The Children In Need teams are currently working with 331 children; the individual categories are shown below:



The audits of children in need cases flagged up similar issues seen in the Referral and Assessment Team. There are additional pressures resulting from the electronic case file systems functionality and training. Due to the prescriptive nature of protocol and duplicate systems, for instance the requirement to complete separate assessments (core assessments and chronologies) for each child when much of the information is similar, has resulted in increased time spent away from direct work with families and staff leaving due to the overly cumbersome system and lack of technical support.

The high turnover of staff has impacted on standards including the quality of assessments and management overview. Weekly performance management meetings have led to significant improvements with managers now required to complete five case file audits a week in order to meet the target of each file having been audited by the end of February. The Children In Need Team requires a high level of monitoring to ensure standards are raised without delay.

Conclusion

The October – December period is marked by a drive to raise standards of practice together with retaining good quality staff whilst dealing with performance issues. There is further recruitment drive which will enable targets for permanent staff to be met. The audit process has highlighted a correlation between having permanent committed staff and achieving high standards in social work practice.

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SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS ASYLUM SERVICE – QUARTER 4 OCTOBER – DECEMBER 2010

Contact Officer: *Paula Neil*
Asylum Service Manager (01895) 277327

1. Introduction

This report provides a summary of the findings of the quarterly audit of Children's Social Care Records within the Asylum Service. Individual feed back has been given to Team Managers where there has been a need for specific immediate action.

Overall this audit demonstrated that case records within the Asylum Service are maintained to a good standard and that there is continued evidence of improvement in standards overall and within individual teams.

There continues to be concerted effort by staff and managers to address issues and correct errors on Protocol. The Business Support Officer (BSO) and the Business Support Team provide Asylum Managers with monthly reports to identify the types of issues occurring and whether these are system or staff related. The presence of a BSO continues to prove invaluable in supporting staff to resolve ICS issues. Asylum Managers attend/contribute to the ICS Expert Group meetings where they are attempting to identify common problems & solutions with the aim of improving the accuracy of data held on Protocol and Controcc.

The impact of the restructure of the Asylum Service, coupled with a steady reduction in the number of service users, has for a short time resulted in the majority of cases being allocated. Increased evidence of consistent supervision of practice and improved quality of service provision is shown, particularly for care leavers where previously, high numbers received a duty service. However, the Asylum Service is currently in the process of being mainstreamed and the impact of reductions/changes in staffing on service provision & supervision will require close monitoring.

This report is structured to address the individual standards with recommendations for improvement where necessary.

1.1 The Audit Process

- The audit process will be undertaken quarterly and will identify evidence, which meets the standards set out in the audit tool.
- A Service Manager will be responsible for ensuring the audit is carried out. The supervising managers will undertake the audit of a minimum of one case record/file of each member of staff.
- Service Mangers will provide a summary report quarterly, which will detail performance against the standards.

- The audit will be evidence based and require making a judgement as to whether the evidence meets the standards set out in the audit tool

1.2 The Audit tools

- The audit tool consists of a list of questions based on the Quality Practice Standards.

1.3 File Selection

- Each month one file per worker must be selected and put forward for audit.
- The file selected should be one in which the worker has recorded information.
- A different file should be selected each month.

2. Performance Standards

The Quality Practice Audit Tool sets out the Quality Standards that will help the department to achieve Quality Practice. The standards are set out below, and the following is a summary of findings from audits within the asylum service social care casework service between October 2010 and January 2011.

Standard 1 There is enough information collected on which to decide further action

The quality of recording in files was overall of a good standard. The quality of recorded information for files transferring between teams within the Asylum Service has improved.

Standard 2 The decision making is consistent with the eligibility criteria

Most records demonstrate that decision making is consistent with eligibility criteria as UASC/Care Leavers.

Standard 3 The assessment adequately reflects all areas of risk to the service user, staff members and the public

Risk analysis is not always evident in relation to 18+ care leavers. In one file the analysis of risk was absent although risks were identified (this taken up with worker by manager)

Standard 4 There is evidence of the referred child being seen (Children's records)

Most files indicated that LAC have been visited within required timescales. There is clear evidence of regular contact including home visits to Care Leavers age 18+.

Standard 5 There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children's records)

The audit found that the needs of the child/young person were clearly recorded within the relevant assessments – Initial/Core and Needs Assessment/ Pathway Plan.

- Standard 6 The Care/Pathway Plan is informed by assessment findings**
Care & Pathway Plans showed evidence of being informed by assessments. Needs and outcomes are being more clearly recorded on Plans in Protocol
- Standard 7 Issues of ethnicity and equality are addressed in the care plan**
This information was evident in most records.
- Standard 8 Clear outcome measures are established and agreed with the service user**
Overall files indicate that children and young people are being consulted and being engaged in their Statutory reviews and their Pathway Plans
- Standard 9 It is clear who is responsible for developing the plan**
All files audited had named allocated workers and responsibility for developing plans was clear.
- Standard 10 There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**
This standard was well met with evidence that significant others such as carers, professionals and where possible relatives are being involved in the planning/decision making process.
- Standard 11 Monitoring is carried out at regular intervals**
Compliance with monitoring visits remains consistently high
The majority of case recordings up to date. In the very few cases where this was an issue Managers have identified this and are addressing with individual workers.
Monitoring through LAC reviews/ Protocol/case records and supervision remains consistent and well met.
- Standard 12 The review decisions are clearly reflected in the care/pathway plan**
Care/Pathway Plan Review decisions were clearly reflected where plans were up to date and recorded on Protocol.
Evidence of improvement in Pathway Plan reviews completed on time.
Still some delay in Review decisions being entered on Protocol which in turn delays worker being able to update Care Plans (issue being addressed via Expert ICS User Group)
- Standard 13 The review identifies both successes and weaknesses in meeting identified needs**
This standard was assessed as met in most instances.
- Standard 14 The decision to close/transfer the case is related to assessments, care/pathway plans and reviews**
Transfer decisions and closures are being made appropriately and in keeping with assessment of need/eligibility.

Standard 15 The record complies with National Minimum Standards for regulated services (This standard applies to all regulated services as defined by the Care Standards Act 2000)
N/A

3. Conclusion

Overall the standard of case recording across teams remains good.

Regular reporting on protocol issues/errors both within SMT and within the Asylum Service is resulting in managers and staff being able to both identify and address problems more effectively.

Results of the audits carried out between October 2010 – January 2011

STANDARDS	OCTOBER - JANUARY	%
Not Met	1	2%
Met	8	20%
Well Met	31	78%
TOTAL	40	100%

- Overall the majority of standards were met/well met
- In the one case where standards were overall not met issues mainly related to poor recording and updating of information on Protocol which have been addressed with the worker

4. Recommendations/ Action Plan

4.1 Service Manager to continue to provide a summary report for all managers highlighting areas of good practice and any areas which need addressing

4.2 Continue SMT and internal regular reporting and monitoring of issues/errors on protocol

4.3 Effects of changes in staffing and managers as a result of the plan to mainstream the Asylum Service to be closely monitored.

SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS - CHILDREN'S RESOURCES – QUARTER 4 - OCTOBER – DECEMBER 2010

Contact Officer: *Heather Brown - Interim Service Manager Children's Resources*

1. Introduction

This report provides a summary of the findings of the fourth quarter audit of Children's Social Care Records. This audit covers the period from October to December 2010.

The report is structured to address the individual standards with recommendations for improvement where necessary. As each individual standard does not specifically address the individualised audit and services within Children's Resources a summary has been completed.

The Audit Process

- The audit process will be undertaken quarterly and will identify evidence, which meets the standards set out in the audit tool.
- A service manager will be responsible for ensuring the audit is carried out. The supervising managers will undertake the audit of a minimum of one case record/file of each member of staff.
- Service managers will provide a summary report quarterly, which will detail performance against the standards.
- The audit will be evidence based and require making a judgement as to whether the evidence meets the standards set out in the audit tool

The Audit tools

- The audit tools consist of a list of questions based on the Quality Practice Standards.

File Selection

- For the Fostering and Adoption Teams each month one file per worker must be selected and put forward for audit.
- The file selected should be one in which the worker has recorded information.
- A different file should be selected each month.
- Within residential care the following has been agreed. That 2 files per month will be audited at HCRC (Mulberry Parade), that 5 files per month will be audited at Charville Lane and that at Merrifield and Howlett's Lane each young person's file will be seen within a 3 month period

There is difference in the auditing schedule for the residential homes, as the homes are routinely and stringently audited and inspected and there are clear systems within the homes to manage the resources and the inspection regime. For instance the four children's homes are inspected by Ofsted twice a year. There is usually one full inspection, based on the five "Every Child Matters" outcomes and the management arrangements

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within the home, and one shorter inspection that focuses on the action plan from the previous inspection. There is an increased focus on internal audits and self-evaluation. The inspectors have the authority to apply a “lighter touch” inspection to homes that are deemed as performing well. The four gradings for inspections are inadequate, satisfactory, good and outstanding. These apply to each area of the inspection and homes are also given an overall rating. Following each inspection the Managers are sent requirements or recommendations regarding any improvements needed with actions and timescales.

In keeping with Regulation 33 of the Children's Homes Regulations 2001, the Authority arranges for monthly visits to be undertaken of its Children's Homes. The arrangements for these visits are that, each month, a nominated officer (Independent Reviewing Officer and a Service Manager) will visit each Children's Home. The visit should usually be unannounced but can be announced if it is necessary to arrange to meet a particular person for example the Registered Manager. The person undertaking these visits may decide which area's to check and are given access to any records they see fit and may focus on particular themes or issues. Following these visits monthly Regulation 33 reports are completed by the Independent Reviewing Officer and Service Manager which are sent to Ofsted.

The Residential Managers of the individual Children's Homes also undertake a monthly audit, which covers all the areas within their responsibility.

Children's File audits and a Care Practice audit (which focuses on one area of practice) are also undertaken on a monthly basis by Residential Workers. These are audited by the Service Manager on a quarterly basis.

File Selection this Q4 period

For this period of audit see table below:

	Oct 2010	Nov 2010	Dec 2010		Total
Adoption	9	23	0		32
Fostering	3	4	2		9
Howlett's	4	1	1		6
Mulberry	2	2	2		6
Merrifield			23		23
Charville	0	6	2		8
Total	18	36	30		84

2. Performance Standards

The Quality Practice Audit Tool sets out the Quality Standards that will help the department to achieve Quality Practice. The standards are set out below, and the following is a summary of findings from audits across fostering, adoption and residential placement services.

The Fostering Team

There are eight workers in the Fostering Team (not including managers). The Fostering Team did not meet its target for this quarter. Managers in this team audit cases in supervision and holiday and sickness have impacted on this audit period.

Files audited were all generally in good order and contained basic information sheets which made information easily accessible. Case recordings were up to date as were statutory checks, although, one file noted that checks were due. Annual reviews were all taking place on time. Training profiles for carers were up to date. Financial expenditure sheets were evident on all files but one. In two cases, end of placement forms were not received or held on file. One file did not record unannounced visits.

The issue of end of placement forms not being received by the Fostering Team will be taken up with the area teams.

There were many examples of good practice.

The Adoption Team

There are nine workers in the Adoption Team (not including the Managers). As the policy is to audit one file per worker, per month, the Adoption team met their target for October and November due to the amount of files audited in November in preparation for the audit. It was therefore agreed that an audit in December was not necessary.

The case files audited demonstrated a thorough audit by the Deputy Team Manager and Team Manager. In November team managers from the Placements Team and Disability Resources Team also audited cases and the Quality Assurance Team double audited cases in preparation for Ofsted's announced inspection of the Adoption service, which took place 9th November 2010 and the week commencing 15 November 2010. The files were in reasonable order and information was easily accessible. The running records were not current, most being a month out of date but two were 7 months out of date, one five months and one two months out of date. The supervision records were also out of date with most being filed a month or two late but one was three months, one four and one five months out of date. This has been an issue in previous audits and needs urgent follow up.

Panel decision sheets, letters and key documents were generally on file. Case notes were on Protocol but not all other recordings had been entered due to issues with the system. System and user issues are being addressed. Statutory checks were completed in almost all cases. Checklists, parental consent forms and minutes of selection meetings were missing from three files.

File audits showed disparity and inconsistent practice. Some files highlighted missing or late recordings but the majority were of a high standard and up-to-date.

Residential Children's Homes and Respite Units

Charville Lane

Charville Lane was opened by Hillingdon Council's Social Services Department in 1982. Initially, it was a reception/assessment centre for young people who were experiencing difficulties living at home with their birth families. In the late 1980's, young people began to arrive at Heathrow Airport, who were unaccompanied, and needing to claim Asylum in the U.K. In recognition of the needs of these young people, part of Charville Lane was designated to providing a short-term residential care service for these young people in 1990. In 1994 the needs of this particular client group was growing, and Charville Lane extended the residential care service for Unaccompanied Asylum Seeking Children to the whole of the house.

Currently Charville Lane provides care for up to nine months for 13 Unaccompanied Asylum Seeking Children and young people who are at risk of being trafficked from the Children's Asylum Team and the Referral and Assessment Team, aged 12 to 17 years.

Audits demonstrate that main files are not present and signatures are not routinely obtained on weekly planners and care plans. Some documents, such as legal recording sheets are not on file and some files have not been updated i.e. recording of social worker details. There was evidence of good practice and good work with young people.

Hillingdon Children's Resource Centre (HCRC or Mulberry Parade)

Mulberry Parade is a six bedded resource for local young people and offers a range of services and residential placements in both planned and emergency situations. It is a local alternative to an out-of-Borough placement and assists in young people leaving the care system and returning home to birth parents. The main functions of the unit are assessment, family work/reunification, preparation for other types of placement/moving on and crisis work. HCRC's role is to return young people to live with their families wherever possible but if this is not in the best interests of the young person, HCRC will actively work with the young person to help them move to a more appropriate long-term placement. Staff at HCRC will assist young people to understand why they are accommodated, what past experiences have brought them to this point, and what needs to change to return home to family and community. The HCRC will support the department's efforts to reduce the care population by further developing its outreach service.

As part of the audit Mulberry included 1 Care Practice Standard audit covering the month of October 2010. The area of practice covered was Care Practice Standard 8: 'Promoting a Positive Living Environment'. This was thoroughly completed.

Audits show that files are generally in good order. Front sheets are up to date. Legal papers are filed correctly. Observations of young people are always recorded daily. Audits indicate that young peoples' ethnic needs are met. Some files appear to be missing Looked After Children documentation from area teams. Link sessions appear to be inconsistent. File audits, in many cases, appear to highlight action required on a case i.e.

follow up with Optician, Dentist, LACE Team, ring education for a follow up etc. These areas should be covered in supervision.

Generally files seem to be well maintained although there is some variable practice with occasional gaps in information. Managers demonstrated that they followed up on practice issues in supervision. Area teams need to ensure they pass Mulberry all LAC documents. This will be followed up with the area teams.

Howlett's Lane

Howletts is a community-based bungalow which was purchased in 1989 and which has been specially adapted to provide care for children with physical disabilities. It is located in an ordinary residential street within an established local community. The staff team aims to get to know the young people in their care and their family and friends, so that suitable plans can be made and implemented, where the welfare of the young people is paramount.

Howletts is to close at the end of March 2011 and the children and young people who attend will in future receive a service from Merrifield House, which will begin to operate as an eight bedded unit, following recent building and development work, in April 2011.

Audits demonstrate that referral and information records, placement information records and care plans were in place on appropriate files. Assessment and progress records and PEPs were not on file in two cases. Front sheets were on files and internal care plans and general risk assessments were in place, although two needed parental signatures. Health matters were up to date. Legal matters were generally not applicable. Children and young people's ethnic needs were recorded on front sheets.

One file required a general tidy up and that the permission checklist be signed, two others that the night time guidelines and behaviour management plans needed parental signature, a parental signature was needed on a three monthly care plan. Link sessions do not appear to be recorded.

Merrifield

Merrifield House is purpose built as a two-storey resource. The ground floor was developed as an overnight respite care provision for children with a broad range of disabilities covering complex physical needs and Autism/Behavioural issues following consultation with parents, carers, and partners. There are four large single occupancy bedrooms, all en-suite, with specially adapted bathing and toileting facilities. In addition there is an arts and crafts room, a sensory room, a kitchen which young people are able to access, a separate dining room and a big lounge. The resources at Merrifield House are used during the day by a number of young people, their families and carers and local community groups including the voluntary sector, health and education colleagues.

Since its opening in 2007 the ground floor resource has developed and expanded its service in line with local requirements, responding to the needs of children and young people, their carers, the local community, including the voluntary sector. The Aiming High for Disabled Children programme provided an opportunity to expand the service and utilise

the large empty space on the first floor of the property. Following consultation with parents and carers (undertaken by the Children's Society, March 2008), there was overwhelming support for the development of improved services for short breaks. This development is already completed and will be operational April 2011.

File audits demonstrated that files were maintained to a very good standard and judged to be in good order. The majority of files were complete and up to date. Although, eleven files required parental signatures on the care plans, four needed the care plans to be reviewed. Two files needed a front sheet, one needed a front sheet updating, one a risk assessment and a care package review, another needed all the essential information to be placed on file. Managers demonstrated that they followed up on practice issues in supervision.

Standard 1 There is enough information collected on which to decide further action

This standard needs further work.

There is inconsistency in recordings practice, however the audits demonstrate that managers are picking up on these inconsistencies and monitoring through supervision and / or the audit process.

Standard 2 The decision making is consistent with the eligibility criteria

This standard is met.

There is consistency in decision-making and evidence of management oversight.

Standard 3 The assessment adequately reflects all areas of risk to the service user, staff members and the public

This standard is met.

There was evidence of risk assessments both in residential and in fostering and adoption.

Standard 4 There is evidence of the referred child being seen (Children's records)

This standard is met.

This standard is demonstrated appropriately in residential files. Link sessions did not always happen though.

Standard 5 **There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children’s records)**

This standard is met.

This standard is demonstrated appropriately in the residential files though not always applicable to adopters of foster cares if no child is placed.

Standard 6 **The Care/Pathway Plan is informed by assessment findings**

This standard is met.

Standard 7 **Issues of ethnicity and equality are addressed in the care plan**

This standard is met.

Standard 8 **Clear outcome measures are established and agreed with the service user**

This information was generally evident in most files.

The Standard needs further work.

This standard is not clear or rather not able to be evidenced by the audit layout. This does not mean, though, that the work has not been done.

Standard 9 **It is clear who is responsible for developing the plan**

This standard is met.

Standard 10 **There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**

Audit demonstrates that records have named allocated workers.

This standard is met.

Standard 11 **Monitoring is carried out at regular intervals**

Often, though, plans or documents are not signed by parents.

Standard needs further work.

Compliance with monitoring visits is variable; some files still show gaps although this does not accurately reflect the work that is undertaken.

Standard 12 The review decisions are clearly reflected in the care/pathway plan

This standard is met.

This standard is clear in residential files but often LAC information or documents are missing from files. This is often to do with the area teams not forwarding the information.

Standard 13 The review identifies both successes and weaknesses in meeting identified needs

This standard is met.

This standard was assessed as met in most instances.

Standard 14 The decision to close/transfer the case is related to assessments, care/pathway plans and reviews

The Standard needs further work.

This audit did not review closed cases.

Standard 15 The record complies with National Minimum Standards for regulated services (This standard applies to all regulated services as defined by the Care Standards Act 2000)

This standard is met.

3. Conclusion

This report has been compiled to address the individual standards with recommendations for improvement where necessary. There are 15 standards, which have been applied across the areas of the audit tools. The audit tool demonstrates inconsistencies between workers regarding the standards of recording and also highlights common themes of good practice. The results of the whether the standards have been met in the last quarter are as follows:

	October – December	%
Standard Met	73	86.9%
Standard not met	0	
Standard needs further work	11	13.1%
Total	84	100%

This table highlights that Standards are in the main being met with a few areas for development. Particular areas that need to be addressed are:

- Consistency of recording within and across teams
- Ensuring children are seen and their views and wishes and feelings sought and recorded
- Desired outcome are established and agreed with the service users
- Signatures should be included in documents as appropriate
- Protocol should be used to support the business
- Care plans and risk assessments should be up to date and on file
- Area teams to ensure they provide information and documentation to residential units and the Fostering and Adoption Teams

4. Recommendations

The audit process demonstrates a commitment from Managers to undertake audits and improve the quality of the service. It does this by allowing managers and Service Managers to examine practice, identify areas of strengths and weaknesses and critically evaluate practice. It is recommended that case management feedback should be communicated not just 'up' to the leadership team but also 'down' to Social Workers to ensure comment, opinion and advice from audits regarding practice issues and case management is shared, considered and deliberated.

Auditors need to be canvassed about whether this is happening routinely. Feedback in the Children's Resources Service has indicated that auditors have found this to be a positive process in terms of allowing them to look at practice issues and discuss cases with staff members.

Managers will need to use supervision effectively to ensure that they clearly feedback to staff when standards are not met and follow up to ensure practice is developed.

The audit tool does not enable a clear picture of multi-agency working, views of professionals, communication and information sharing between professionals, social workers and foster carers or evidence the professionals have been involved in the care planning. It is recommended that the audit tool be amended to incorporate evidence of multi-agency working.

SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS - LOOKED AFTER CHILDREN – QUARTER 4 – OCTOBER TO DECEMBER 2010

Contact Officer: *Ann Holmes –Service Manager LAC & !6+ (01895) 277042*

1. Introduction

This report provides a brief summary of the findings of the quarterly audit of the Looked After Children's (LAC) Service Children's Social Care Records. In this period 27 files were audited.

Since the last report there has been a significant change in the workforce as a result of a concerted recruitment drive. This has impacted on the number of changes in Social Workers and recording issues due to training needs. Within this time there has been a 15% turnover in staff in three months with varying periods when posts remained unfilled.

There have also been changes in the management group since the last audit and for a period at least one Deputy Team Manager post was vacant.

The report is structured to address the individual standards with recommendations for improvement where necessary.

2. Performance Standards

The Quality Practice Audit Tool sets out the Quality Standards that will help the Department to achieve quality practice. The standards are set out below, and the following is a summary of the findings from audits across the LAC service social care casework records.

Standard 1 **There is enough information collected on which to decide further action**

There is evidence of quality in the Initial Assessments and good information recorded within case recording and care plans. The quality of care plans has improved generally but there are still inconsistencies between workers which is being addressed in supervision and training. There was some evidence of case recordings being incomplete, which is being addressed with individuals in supervision and file auditing.

The standard was met in the majority of cases. (88.9%)

Standard 2 **The decision making is consistent with the eligibility criteria**

Where the eligibility criteria is applied for referrals there is evidence of appropriate decision making. Many of the cases are in care proceedings and decision making is evidenced in the care plans and recorded in supervision and managers decisions noted on ICS.

This standard was met in 100% of the cases audited.

Standard 3 **The assessment adequately reflects all areas of risk to the service user, staff members and the public.**
The assessments of risk to the service user are contained within care plans. Risk to staff is continually assessed in relation to the known facts of the case and this is evidenced in relation to the alerts and contact plans set. Risks to the general public are not always applicable in care cases but there is evidence of appropriate liaison with other agencies where needed.

This standard was met in 100% of the cases audited.

Standard 4 **There is evidence of the referred child being seen (Children's records)**
There is evidence of statutory visits being carried out. The format for recording statutory visits is not used consistently; however this is being addressed in team meetings and supervision. There is evidence of young people and care leavers engaging in producing and discussing pathway plans.

This standard was met in 100% of the cases audited.

Standard 5 **There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children's records)**
As above young people are encouraged to engage in pathway planning as far as they are willing and able. The needs of younger children are clearly stated in the care plans and permanency plans. The stated wishes of young people, as according to their age and understanding, are also evidenced in these documents.

This standard was met in 100% of the cases audited.

Standard 6 **The Care/Pathway Plan is informed by assessment findings**
In three of the files audited this standard was not fully met, in the main because the care plan had not been updated at the time of the audit. In one file the standard was well met, evidenced by a comprehensive care plan.

This standard was met in the majority of cases. (88.9%)

Standard 7 **Issues of ethnicity and equality are addressed in the care plan**
Throughout the audit this standard was met and in one case well met. However the standard was partially met in one audit as the difficulties in meeting the specific ethnic needs of one child in placement were not fully accounted for in the care plan.

This standard was met in the majority of cases (96.3%)

- Standard 8 **Clear outcome measures are established and agreed with the service user**
 This is clearly met and evidenced in relation to pathway planning with young people and is evidenced in the care plans and reviews of LAC children.
- This standard was met in 100% of the cases audited
- Standard 9 **It is clear who is responsible for developing the plan**
- This standard was met in all cases and evidenced in pathway plans and care plans (100%)
- Standard 10 **There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**
 This evidence is contained within the care planning review minutes and the consultation documents. There was some evidence of plans being adapted through this involvement /consultation.
- This standard was met in 100% of the cases audited
- Standard 11 **Monitoring is carried out at regular intervals**
 This was evidenced in the care planning reviews and supervision decisions. The standard was met in all cases apart from one in which it was partially met as some of the manager decisions had not been recorded on ICS
- This standard was met in the majority of cases. (96.3%)
- Standard 12 **The review decisions are clearly reflected in the care/pathway plan**
 This standard was met in most cases however in two cases it was partially met as the care plan had not yet been updated by the new allocated worker.
- This standard was met in the majority of cases (92.6%)
- Standard 13 **The review identifies both successes and weaknesses in meeting identified needs**
 This was met in all cases and evidenced in the review minutes (100%).
- Standard 14 **The decision to close/transfer the case is related to assessments, care/pathway plans and reviews**
 This standard was not applicable in many cases as they remain open however transfers within teams are fully discussed and evidenced within the transfer summaries.
- This standard was met in 100% of the cases audited

3. Conclusion

This audit highlighted that improvements are being made but there are still inconsistencies in the quality of recording.

There are issues in relation to the imputing of information in a timely manner and this has been addressed in team meetings and through individual support where applicable.

Further training in relation to producing and maintaining good quality chronologies that can be recorded on ICS and adapted for Court is under discussion.

	Oct – Dec 2010	Percentage of total standards met
Met	21	78%
Partially Met	6 (4 files=2 stds part met, & 2 files =1 std part met)	22%
Not Met	0	0%
	27	100%

FORWARD PLAN 2011

Contact officer: Gill Brice
Telephone: 01895 250693

REASON FOR ITEM

The Committee is required by its Terms of Reference to consider the Forward Plan and comment as appropriate to the decision-maker on key decisions which relate to services within its remit (before they are taken by Cabinet or Cabinet Member).

OPTIONS OPEN TO THE COMMITTEE

- To comment on items going to Cabinet or Cabinet Member for decision.
- Or to note the items and decide not to comment.

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INFORMATION

1. The latest published Forward Plan is attached. The Committee may wish to consider the non standard items that fall within its remit.

SUGGESTED COMMITTEE ACTIVITY

- Consider whether there are comments or suggestions that the Committee wishes to make that will aid Cabinet decision-making.

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The Cabinet Forward Plan

Period of Plan: February 2011 onwards

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; F&BS = Finance & Business Services; PECS = Planning, Environment & Community Services</small>									
CABINET - 17 FEBRUARY 2011									
543	Guru Nanak Sikh School	The report seeks Cabinet approval in relation to leasing of land upon the move by the school to Academy status.	Townfield		Cllr Jonathan Bianco & Cllr David Simmonds	PECS - Gregory Morrison	Schools		
516	Schools Budget 2011/12	To agree the Schools budget following consultation.	All		Cllr David Simmonds	F&BS - Amar Barot / Georgina Ayling	Schools Forum		
CABINET - 17 MARCH 2011									
559	Ruislip High School 6th Form Extension	To accept a tender for the building alterations, refurbishments and construction of additional 6th Form classrooms and store room facilities at Ruislip High School.	Manor		Cllr Jonathan Bianco & Cllr David Simmonds	PECS - Bill Ogden / Chris Mafico			NEW

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WORK PROGRAMME 2011

Contact Officer: Gill Brice
Telephone: 01895 250693

REASON FOR REPORT

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of each agenda.

OPTIONS OPEN TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and reviews.

INFORMATION

Meeting Dates and Rooms - *Meetings start at 7pm unless indicated below*

Meetings	Room
26 June 2010	CR5
7 July 2010	CR5
8 September 2010	CR5
21 October 2010	CR5
25 November 2010	CR5
26 January 2011	CR5
10 February 2011	CR5
22 March 2011	CR5
26 April 2011	CR5

EDUCATION AND CHILDREN'S SERVICES POLICY OVERVIEW COMMITTEE

2010/11

WORK PROGRAMME

Meeting Date	Item
9th June 2009	Work Programme 2009/10.
	First Review – Agree topics for scoping reports.
7th July 2010	First Review – To receive Scoping Reports
	Cabinet Forward Plan
	Work Programme
8th September 2010	First Review – Receive Amended Scoping Report
	Witness Session 1
	Update on Review Recommendations
	Quarterly Child Social Care Audit Update 2010/11
	Work Programme
	Cabinet Forward Plan
21st October 2010	Witness Session 2
	Electronic Social Care Record System
	School Places – Update
	Developing Short Breaks
	Cabinet Forward Plan
	Work Programme
25th November 2010	Witness Session 3
	Consider Topics for 2 nd minor Review
	Safeguarding Children's Board Annual Report
	Quarterly Child Social Care Audit Update 2010/2011
	Cabinet Forward Plan
	Work Programme

26th January 2011	Draft Budget for Consideration
	Major Review Draft Final Report
	Cabinet Forward Plan
	Work Programme
10th February 2011	Final Report for the Review
	Standards and Quality in Education
	Cabinet Forward Plan
	Work Programme
22 March 2011	Quarterly Child Social Care Audit Update 2010/11
	Inspection Reports
	Cabinet Forward Plan
	Work Programme
26th April 2011	Update on Review Recommendations
	Cabinet Forward Plan
	Work Programme

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