| | Isle of Anglesey County council |
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| Report to: | Executive Committee/ |
| | Corporate Scrutiny Committee |
| | |
| Date : | 20/032017/ |
| | 13/03/2017 |
| | |
| Subject: | Children Services Improvement Plan |
| | |
| Portfolio | Aled Morris Jones |
| Holders(s) | |
| Head of | Llyr Bryn Roberts |
| Services: | |
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| | |
| Local Members | Relevant to all Members |

1.0 Background

- 1.1 Care & Social Services Inspectorate Wales (CSSIW) have developed a new framework for local authority inspection, engagement & performance review. The overarching approach to inspection, engagement and performance review is engagement with people, staff and elected members. Their aim is to support rigorous evidence and information gathering which both contributes to the assurance process and enhances the accountability of senior officers and elected members for the sufficiency and quality of social services. Central to this approach is the introduction of a core inspection programme of children's and adults social services.
- 1.2 Ynys Mon Children Services were inspected by CCSIW during October and November 2016.

2.0 Scope of the inspection

2.1 The inspection focused on how children and families are empowered to access help and care & support services and on the quality of outcomes achieved for children in need of help, care & support and/or protection, including children who have recently become looked after by the local authority. The inspection also evaluated the quality of leadership, management and governance arrangements in place to develop and support service delivery.

- 2.2 The scope of this inspection included:
 - Children and young people (re)referred to the local authority, including those for whom urgent action has to be taken to protect them;
 - Children & families signposted and/or "stepped down" to preventative services;
 - Children subject to assessment;
 - Children becoming looked after; and
 - Children subject to child protection enquiries.
 - The quality of Information provided to children, young people and their families by the IAA service
 - The experience of and outcomes for children, young people and their families who have received Advice & Assistance from the IAA service
 - The leadership, governance and partnership arrangements in place to support delivery of the IAA service.
- 4.0 The Local Authority received a draft report from CSSIW on 3rd January 2017 which outlined areas that required improvement and requested the Service provide an Action Plan in response to the recommendations in the report. The Final CSSIW report will be published on 7th March.

5.0 Service Improvement Plan (Attached)

- 5.1 Over the last few months Children Services have been working on a revised Service Improvement Plan (SIP) to meet the requirements of the CSSIW Inspection report. The previous SIP is now closed and a report will be provided confirming closure.
- 5.2 The main priorities for the new SIP include:
 - a) Workforce development focusing on recruitment, retention and development opportunities for Managers to provide suitable support for staff.
 - b) Improving the quality of practice in relation to child protection, assessment and intervention with children and families and ensuring social work intervention is aligned with the different way of working with families under the new Social Services and Wellbeing Act (2014).
 - c) Strengthen operational plans with partners to support effective co-ordination of services.
 - d) Strengthen Performance management and framework and quality assurance arrangements within the Service.
 - e) Re-model the service structure to address the need for improved preventative and intensive interventions and improving Manager's capacity to effectively support and supervise staff.
 - f) Implementation of an Information, Advice and Assistance Hub within Children Services.

- g) Implementing the Resilient Families Team providing intensive support to children, young people and their families in order to remain living with their families.
- h) Improve the local authority's responsibility as a Corporate Parent for looked after children.
- i) Continue to support senior leaders and members to improve their knowledge and understanding of the complexities and risks involved in delivering children's services.

6.0 Conclusion

- 6.1 The SIP is focusing on areas that require significant progress during the next 12-18 months. CSSIW have welcomed the commitment expressed by the senior officers and representatives of the council and the constructive approach in response to the inspection. Children Services staff have been consulted and aware of the work required. Key partners are in agreement of the need to strengthen operational plans to support effective coordination of services.
- 6.2 Work has already commenced on a number of key areas. Monitoring the progress and the implementation of the SIP will occur through SLT, Members Panel and through regular meetings with CSSIW.

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| 1. A co | onfident and competent workforce w | ith sufficient capacity to p | provide a co | nsistent and effe | ctive service. | |
| 1.1 | Develop the Workforce Strategy to include: Recruitment good practice Retention and support Clear induction arrangements Buddying Coaching and mentoring Shadowing Enhanced post qualification training and development opportunities First year in practice guidance Links to CSSIW Recommendation 5: A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers. | Melanie Jones, Service Manager SCS Supported by: Ann Postle, Practice Learning Co- ordinator Dawn Owen, Team Manager Fostering Llyr Ap Rhisiart, IFSS Kelly Schofield, Senior Practitioner | January 2017 | Document completed by April 2017 | Initial Workforce Strategy Paper drafted. Session on Induction guidance for Managers arranged for March. Corporate Induction session available on a monthly basis for new staff. First year in practice guidance being reviewed by Practice Learning Co- ordinator. | Audit of work providing evidence of a confident and competent workforce. Clear improvement in recruitment and retention rates with more staff recruited to permanent posts and reduction in staff leaving Induction - all new staff receive a comprehensive induction and are fully aware of their roles and responsibilities. Manager's skills and understanding of good recruitment practices is observed. Newly qualified social worker's report they have received clear guidance and expectations, support, and constructive feedback regarding their practice and on the quality of their work. |

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| | | Leighton Rees, Interim Head of Children Services | | | | Staff report positive satisfaction in the workplace and feel supported in carrying out their responsibilities. |
| 1.2 | Resolve Staffing matters to include: Recruit to permanent posts Exit strategy for agency staff Extend Agency staff contracts until end of June 2017 to ensure workforce of sufficient numbers and experience and mitigation against failure to appoint to vacant posts. | Interim Heads of Children Services Supported by: Service Managers Ceri Jarvis, Human Resources officer Team Managers Rhys Roberts, Finance Dafydd Bulman, | Nov 2016 | December 2017 | We continue to advertise for vacant posts through: LA and regional websites Sell2Wales Newspapers University Social Work posts open for students qualifying during the year. HR recruitment briefings have been held for Managers. HR to provide regular updates regarding recruitment and retention rates for the Service. Continued guidance from Finance on cost implications of agency staff. Exit strategy is in place for agency staff where posts have been filled by permanent workers. | A stable and permanent workforce which results: Consistency of practice across the service. Improved quality of support to children and families. Better relationships established between families and social workers leading to improved outcomes for children and families. Partners report an improvement in joint working with Children Services due to reduction in staff turnover. |

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| 1.3 Review of Supervision Policy. This will include following: • Code of Practice • Formal and informal or ad-hoc Supervision • Purpose of Supervision • Benefits of Supervision • Roles and Responsibilities • Minimum Frequencies and Cancellation • Planning for a Supervision Session • Recording of Supervision • Disputes • Confidentiality and Access • Links with Other Policies and Procedures Links to CSSIW Recommendation 7: Senior leaders should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality. | Strategic Transformation and Business Manager Interim Head of Children Services Supported by: Ann Postle, Practice Learning Co- ordinator Gemma Williams, Team Manager Llyr Ap Rhisiart, IFSS Service Managers and Team Managers | Dec 2016 | Document completed by March 2017 QA Audit held in June 2017 confirming compliance with Supervision policy | Supervision policy drafted for consultation at staff Conference on 27.2.17. Training on the Risk Model and its link with staff Supervision to be provided to all staff by end of June. Practice Leaders and Managers to undertake audit of case files, providing feedback during supervision and showcasing exemplar work across the service. Supervision training to be provided to all staff and Managers by end of June. Quarterly reports required to HOS regarding compliance with Supervision Policy. Audit of Supervision to be undertaken by Service Managers 4 times a year and dip sampling. | Staff report that they are effectively supported to carry out their duties. Staff positively report that the quality of their assessments and plans have improved through regular and quality supervision. Managers' report that they are enabled to support staff to the required standards. Clear guidance on standards and good practice clearly communicated and available to all through regular Supervision. Managers complying with the Supervision Policy and Risk Model incorporated into Supervision sessions with staff. | | | | |

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| | | | | | REQUIRED AND OF DATE | |
| | | | | | | Regular audits across Children and Adult Services showing good quality and consistent Supervision. Assurance mechanism established centrally to ensure compliance with Supervision policy. |
| 1.4 | Provide developmental opportunities for Practice Leaders to support the workforce in carrying out their duties. Areas of focus:- Principles for making correct and safe case management decisions (management oversight of decision making) Improving and managing practice and performance including providing constructive challenge and direction to staff Managing difficult conversations Providing regular and quality Supervision Developing Practice leaders in coaching and mentoring skills | Interim Head of Children Services Non Meleri Hughes, Training officer Ann Postle, Practice Learning Co- ordinator Dawn Owen, Team Manager | January 2017 | March 2018 QA Audit of decision making and staff questionnaires | Training Unit are organising training by Independent Consultant on: Principles for making correct and safe case management decisions (management oversight of decision making) Improving and managing practice and performance including providing constructive challenge and direction to staff Managing difficult conversations | Managers' report enhanced confidence in their skills in making correct and safe case management decisions. Regular audits across the Service showing correct and safe management decisions being made by Managers. Staff report that they feel better supported by their line managers in carrying out their responsibilities leading to a reduction in staff turnover, improve staff retention and |

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| | Links to CSSIW Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience. | Llyr Ap Rhisiart, IFSS | | | Providing regular and quality Supervision 4 Managers currently undertaking accredited Leadership and Development training. Service restructure and establishing smaller operational Teams will ensure increased capacity for Managers to provide consistent guidance, supervision and support to staff. HR to provide regular updates regarding recruitment and retention rates for the Service. | providing stability in the workforce. Regular case file audits showing an improvement in the quality of assessments and care and support plans. Increased confidence in workforce and organisational reputation in feedback from partners. |
| 1.5 | CSSIW Recommendation 4: Continue to support senior leaders to improve their knowledge and understanding of the complexities and risks involved in delivering children's services to assure themselves, partners, staff and communities that their responsibilities are discharged to maximum effect. CSSIW Recommendation 8: Strong political and corporate support for children's services must | Dr Gwynne Jones, Chief Executive Dr Caroline Turner, Director of Social Services Elected members | January 2017 | On-going | SS&WB Member panel to continue to monitor the completion of the Service Improvement Plan. Elected members and Senior Leaders to continue with regular Laming visits. Corporate Parenting work to be further developed (see.5.3). Additional resources required to provide more insight regarding the | Senior leaders' and elected members' report that their involvement in the Social Services panel has developed their understanding of the key underlying issues and risks associated with the service and their ability to scrutinise the effectiveness of the service. Senior leaders and elected members report that the Service Improvement Plan is delivered on time and to the required quality. |

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| | continue to ensure the service improvements needed are prioritised and the pace of improvement accelerated and sustained. | Head of Children Services | | | complexities of Children Services | Senior managers within the service report that the support and challenge provided by senior leaders and elected members have continued to improve. Professional partners and communities report that the Council are effectively discharging their responsibilities in line with SS&WB Act. |
| | ality and timely assessments, interve I keeping & research evidence and to | | ng to protect | , support and m | anage the risks for children: | good quality chronologies, |
| 2.1 | Improvement in the quality of practice. | Interim Heads of Children Services | January 2017 | March 2018 QA Audit | Training Unit are arranging training for all social care staff on: | An improvement in outcomes for children and young people with a reduction in children on CPR and looked after |
| | Areas of focus: Child protection, child protection and LAC social work visits Risk Model – improve analysis of risk Assessment - What matters, 5 areas of assessment. | Supported by Non Meleri Hughes, Training officer Human Resources | | confirmed improvements in the quality of practice | Child protection Risk Model – improve analysis of risk and aligned to Supervision. Assessment - What matters, 5 areas of assessment. Outcomes focused. Care and Support plans. | Evidence in 'prevention' and 'supporting' with more children remaining at home. |

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| | Outcomes focused plans Complete Care and Support plans under the SS&WB Act Establish and maintain high quality relationships with children, young people and their families. | Ann Postle, Practice Learning Co- ordinator | | | How to establish and maintain high quality relationships with children, young people and their families. Record keeping. | Regular audits undertaken confirming improvements in the quality of practice, assessing risk and record keeping. |
| | Record keeping Collaborative Communications' course on strengths based conversations. | Laura Mowbray, Transformation Programme Manager | | | B. Guidance to be developed on good practice around record keeping. Practice guidance to be | Regional templates for 'assessment' / 'care and support planning' which clearly records needs, risks, strengths, |
| | | Service Managers Gemma Williams, | | | developed around CP and LAC social work visits. | outcomes, accountabilities for actions and their associated timescales are available for use within the service. |
| | Recommendation 10: The quality of assessments and plans should be improved to ensure | Team Manager | | | | Regular audits showing an |
| | that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that | Team Managers | | | | improvement in the quality and consistency of record keeping and they are up to date and are systematically stored. |
| | desired outcomes, timescales and accountabilities for actions are clear. | All staff | | | | |
| 2.2 | CSSIW recommendation 3: Senior leaders in social services and the police will work together to ensure improvements to the: 1. quality, 2. consistency and 3. timeliness of child protection enquiries. | Interim Head of Children Services Supported by Alex Kaitell, | January 2017 | October 2017 | Monthly meetings arranged between Children Services and NWP to address operational matters and to develop a Practice Guidance around child protection referrals, | Regular audits show an improvement in the quality, consistency and timeliness of child protection enquiries leading to improved outcomes for children and young people. |

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| | Practice Guidance to be developed between Police and Children services around child protestation referrals, strategy discussion/meetings and enquiries. | Service Manager DCI Andy Williams, NWP | | | strategy discussion/meetings and enquiries. 2. HOS is made aware of any on-going operational difficulties in relation to joint working with the Police to ensure they are urgently addressed and that children are not left in vulnerable positions. 3. Audit to be undertaken to monitor the quality, consistency and timeliness of child protection enquiries. | Staff report clearer guidance and improved understanding of roles and responsibilities through the implementation of the Practice Guidance. |
| 2.3 | CSSIW recommendation 9: Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners' completion of Joint Assessment Frameworks. Practice Guidance to be developed between Children Services, Health, Police and Education to ensure clarity in relation to operational arrangements – agreed referral threshold, improvement in the quality of referrals, attendance at strategy meetings, core group meetings and information sharing. | Interim Head of Children Services Supported by Alex Kaitell, Service Manager Gemma Williams, Team Manager | January 2017 | October 2017 | Local Delivery Safeguarding Group agreed on 16.2.17 that a Gwynedd and Ynys Mon multi-agency meeting should be held to discuss current working arrangements and difficulties and to bring them to the attention of the RSCB. Practice Guidance to be developed between Children Services, Health, Police and Education to ensure clarity in relation to operational arrangements – agreed | A multi-agency Practice Guidance clearly defines local roles and responsibilities and safeguarding arrangements. Improved multi agency safeguarding arrangements leading to improved outcomes and experiences for children and young people. |

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| | | DCI Andy Williams, | | | referral threshold, | |
| | | NWP | | | improvement in the | |
| | | | | | quality of referrals, | |
| | | | | | attendance at strategy | |
| | | Angela Roberts, | | | meetings, core group | |
| | | | | | meetings and information | |
| | | Senior Safeguarding | | | sharing, see. 3.3(4) | |
| | | Nurse | | | | |
| | | | | | | |
| | | Jayne Marr/ | | | | |
| | | Jayne Man/ | | | | |
| | | Enid Christie, Education | | | | |
| | | | | | | |
| | | | | | | |
| 3. | Quality assurance and performance | framework that supports | the local aut | hority in effectiv | vely managing its responsibil | lities towards children |
| | | | | | | |
| 3.1 | Review all children who are looked | Huw Owen, | January 2017 | March 2018 | 1. Team Managers to | Intensive work with those looked |
| | after to ensure outcome based care and support plans are in place in | Team Manager | 2017 | | confirm by March 2017 which children/young | after children and young people who need 'step down' |
| | securing permanence. | - | | | people will have 'step | arrangements are successful |
| | | | | | down' care and support | leading to improved outcomes. |
| | | Supported by: | | | plans. | 5 1 |
| | A service and corporate | Gemma Williams, | | | 2. Agreement reached by | |
| | understanding of the profile of | Gernina williams, | | | March 2017 over the | Council is assured that |
| | looked after children and children | Team Manager | | | tasks required to achieve | placements are meeting the |
| | on the CPR. | | | | permanence and the intensive work required | needs of looked after children |
| | | | | | with looked after children | and young people. |
| | Review all cases where the child's | Rona Jones, IRO | | | /young people and their | Children rehabilitated safely |
| | name has been on the CPR for | Hayley Ennis, | | | families to ensure 'step | home through placement with parents/discharge of Care |
| | 12months + to decide if cases | Consultant SW | | | down' arrangements are | Orders. |
| | should be discussed in Legal | | | | successful. | |
| | | | | | 3. Posts within Resilient | |
| | 1 | | 1 | 1 | Families Team and | |

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| | Gatekeeping Panel (care proceedings) | Des Barker, CP Co-ordinator Social Workers | | | appointments made by end of March 2017. 4. Care planning for looked after children to be strengthened through development of additional Practice Guidance. 5. Permanency policy ratified | LAC Review recommendations are prioritised by Social Workers and the pace for completing assessments and outstanding work is accelerated and sustained. Reduction in the number of children in residential placements by the end of March 2018 due to intensive work undertaken to move them to 'step down' arrangements. Costs and expenditure on costly placements have reduced |
| | | | | | | placements nave reduced significantly as a result of 'step down' arrangements for children and young people. Case file audit showing that care planning by Social Worker's for looked after children is significantly improved through implementation of the Practice Guidance. Review of looked after children and children on the CPR |
| | | | | | | provides detailed information and understanding of their needs. This will assist with the prevention strategy and the work of the Resilient Families Team. |

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| 3.2 | Strengthen and embed the Quality Assurance Framework within the Service, through: 1. IRO and CPC to report quarterly on their assessment of the operational performance through conference and review. 2. IRO and CPC to draw out, on a thematic basis, issues regarding quality and learning for the Service. 3. Managers to undertake regular audits on focused areas: Supervision Recording Assessment Quality, consistency and timeliness of child protection enquiries Caseloads and reports regarding the quality of workers' performance to be continuously monitored. CSSIW Recommendation 13: Performance management and quality assurance arrangements, including scrutiny of service demand and routine auditing of the quality of practice, needs to be embedded so that managers at all levels have timely, relevant and accurate performance and quality | Gareth Llwyd, Quality assurance Service Manager Rona Jones, IRO Des Barker, CPC All Service Managers All Managers | January 2017 | March 2018 | Quality Assurance Framework has been revised and approved by Children Services. Quality Assurance Action Plan agreed for the next 12 months focusing on regular audits on focused areas: Supervision Recording Assessment Quality, consistency and timeliness of child protection enquiries Audit reports to be discussed at Children Services Management meeting to decide on actions for learning. Discussions held around additional quality assurance capacity to co- ordinate arrangements. Managers to provide monthly highlight reports to Service Managers and HOS on the quality of workers' performance to ensure there is sufficient capacity for them to engage effectively with children and their families. | Quality assurance reports and case file audits showing evidence of improvement in the quality of practice and learning and of safe decision making at all levels. Regular and timely qualitative reports are submitted without delay to the leadership team, including members. The organisation is demonstrating more structured governance and scrutiny arrangements through regular case file audits. IRO/CPC have an improved quality assurance role leading to learning and improvement in the quality of practice WCCIS is supporting performance management and caseload management through easily accessible 'reporting' features made available to Managers. |

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| assurance information to enable them to do their jobs effectively and to deliver improvements. CSSIW Recommendation 14: Caseloads and reports regarding the quality of workers' performance should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families. | Dyfrig Williams WCCIS Coordinator | | | Discussion regarding providing business support for Statutory Reviews and Case Conferences. Guidance to be developed around caseload management to ensure there is sufficient capacity for workers to engage effectively with children and their families | Managers provide monthly highlight reports to Service Managers and HOS on the quality of workers' performance to ensure there is sufficient capacity for them to engage effectively with children and their families. Workers have sufficient capacity to engage effectively with children and their families through Manager's implementation of the caseload Guidance. QA and Safeguarding Unit to drive improvement and changes to practice across the Service through learning from thematic and qualitative reports. |

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| 3.3 | Develop the performance framework for Children and Adult Services to include: 1. Outline Performance indicators split into National, Corporate and Service performance. 2. Governance arrangements to include reporting, accountability and mechanism in driving improvement. 3. Continues improvement embedded within the framework. 4. Improvement required in priority areas of performance that is outside tolerance and targets: Assessment Lac Reviews LAC visits Core group meetings Pathway Plans These will be brought back into target | Interim Head of Children Services Supported by Emma Edwards, Deputy Business Manager Service Managers Team Managers | March 2017 | Oct 2017 | Commissioning external expertise in May/June to develop the performance framework across both Children and Adult Services An enhanced tracker system will be developed, based on Best Practice elsewhere; combined with a new structure for Children's Services, this will enable Team Managers/Practice Leaders to ensure visits are completed when staff are absent from work (whether on annual leave or absent due to sickness absences). | Improvement in staff's level of understanding of performance indicators and the clear link with the quality and timeliness of practice. This leading to a continuous improvement in performance and outcomes for children/young people – one indicator being a reduction in looked after children. Strengthening the reporting and monitoring arrangements in relation to Performance information. Performance information showing an improvement in performance and brought back into target: • Assessment • Lac Reviews • LAC visits |
| | | | | | | CP visitsCore group meetingsPathway Plans |
| 3.4 | CSSIW Recommendation 2: Establish multi-agency quality assurance systems and training | Interim Head of Children Services | Dec 2016 | December 2018 | Agreement provided by partners to develop and support/prioritise: | Agreed multi-agency quality assurance system in place showing an improvement in the |

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| arrangements to ensure that thresholds for assessment to statutory children's services are understood by staff and partners and are consistently applied. Development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance. Practice Guidance to be developed between Children Services, Health, Police and Education to ensure clarity in relation to operational arrangements – agreed referral threshold, assessment threshold, improvement in the quality of referrals, attendance at strategy meetings, core group meetings and information sharing. | Alex Kaitell, Service Manager DCI Andy Williams, NWP Angela Roberts, Senior Safeguarding Nurse Jayne Marr/ Enid Christie, Education | | | Multi agency quality assurance systems Training for Children Services staff and partners on thresholds for assessment and partners roles and responsibilities. Development of a multi-agency child protection threshold Practice Guidance to be developed between Children Services, Health, Police and Education to cover all the areas were development work is required. | quality and timeliness of practice. All staff and key partners have undertaken the identified training and there is evidence of improvement in the level of understanding and application of thresholds for referrals, assessments and child protection. This is as a result of the Practice Guidance being implemented. Information/referrals from Police to Children Services are scrutinised beforehand including a summary providing reason for the referral and the action requested. This will lead to an improvement in the quality of referrals received by Children Services at the front door. The quality of referrals received by Children Services is vastly improved due to the improvement in the quality of information provided by |

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| | | | | partners. This will allow staff to focus on establishing positive relationships with families and provide quality interventions. |
| 3.5 CSSIW Recommendation 11: The quality and consistency of record keeping should be improved; all staff and managers should ensure that their records are of good quality, are up to date and are systematically stored. Gareth Llwyd, Quality Assural Service Manager Training to be provided to staff on expected standards of record keeping. Supported by Dawn Owen, Team Manager Record keeping Practice guidance to be developed to ensure consistency and quality. Llyr Ap Rhisian IFSS Gemma Williar Team Manager Social Workers Social Workers Support Workers | er rs t, ns, r | September 2017 | Record keeping Practice guidance to be developed to ensure consistency and quality. Training to be provided for staff around best practice in record keeping and the Practice Guidance. Case file audit to be undertaken to monitor the quality and timeliness of record keeping on individual cases. | Routine case file audit by Managers shows an improvement in the quality and consistency of record keeping. Support and guidance to staff through regular and quality supervision has led to an improvement in the quality of record keeping. |

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| | ial workers working proactively with nily is a safe place for their children. | | spending m | uch more time w | orking alongside families he | ping them to change so that |
| 4.1 | Ensuring social work intervention is aligned with the different way of working with families under the new Act be focused on what matters, building on people's strengths and enabling their involvement in developing ways to address need and achieving outcomes. Training being provided focusing on: 1. Collaborative Communications' course on strengths based conversations. 2. IFSS interventions 3. Culture change 4. Measuring performance 5. Motivational interviewing | Interim Head of Children Services Supported by Non Meleri Hughes, Training officer Ann Postle, Practice Learning Co- ordinator Service Managers Practice Leaders All staff | March 2017 | March 2018 | Delivery of Motivational interviewing training and Resilient Families approaches currently happening. Collaborative communications training being held in March for all Managers. IFSS interventions training provided on an annual basis. Culture change measuring performance training for Managers being held in March | Staff report that they feel they have the skills and knowledge and are able to undertake more direct interventions with families. Evidence that the workforce is skilled in working directly with families leading to improved outcomes - an example being a reduction in the children on the CP register. Information that more children being supported to continue living at home with their families. Positive feedback from service users regarding the quality of intervention making a difference to their lives. |
| 4.2 | Review the current service structure to address the need for improved preventative and intensive interventions. | Dr Caroline Turner, Director Social Services | Jan 2017 | April 2017 | Staff consultation period comes to an end on 24.2.17. | The new service structure will support and significantly strengthen the delivery of preventative services and |

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| | Establishing smaller Teams with Practice Leaders to provide effective support and supervision to staff. | Supported by: Interim Heads of Children Services Service Managers | | | Analysis of comments and feedback and report provided by IHOS with recommendations. Final decision and timescales to be agreed and shared in staff Conference on 27.3.17. | intensive interventions an example being a reduction in children becoming looked after. Manager's report that the new service structure increases their capacity to provide professional leadership to support the workforce through regular and quality supervision. Staff report they are adequately supported and supervised by their Manager's in carrying out their responsibilities. Case file audit shows a marked improvement in practice quality as result of clear pathways and systems within the Service and through regular supervision. |
| 4.3 | Implementation of an Information, Advice and Assistance (IAA) model for Anglesey | Leighton Rees, Interim Head of Children Services Supported by Laura Mowbray, Transformation Programme Manager | Dec 2016 | April 2017 | Creation, sign off and translation of all policies, protocols, thresholds and their associate templates required for service delivery. Agreement of measures of success Scoping of ICT needs Agreement of training requirements. | A single point of access for all child and family related enquiries has been established and is live by 03.04.17 Citizens report 'ease of access to services' and good customer care. |

ACTION TO BE TAKEN START LEAD OFFICER END **RESOURCE / SUPPORT EXPECTED OUTCOME / REQUIRED AND UPDATE** IMPROVEMENT Improved coordination of 5. Team name 'Teulu Mon' services and strategies for early Social Media, telephone Service Managers intervention and prevention is number agreed. 6. Training of staff shown in a reduction in children commenced being looked after. 7. FIS due to move over to HQ late January 8. Logo for the new service There is a reduction in in design. duplication of effort through the 9. Project board meeting current running of multiple 'front monthly doors' 10. Marketing task and finish group meeting and developing marketing outputs for the service. 11. New team embarking on a period of 'team building' 12. Children Services staff and key partners are provided with regular updates on the changes within the Service and through Information Sessions. Development of a Corporate Dr Caroline Turner, January October 2017 We consulted with service users 4.4 1. A review of current Prevention Strategy; the LA must 2017 preventative service and citizens about the types of Director of Social provide a range and level of funded by the Welsh services they require. Services preventative services across Government will be Children and Adult Services. undertaken in early 2017. The Local Authority has a clear 2. Meaningful engagement Interim Heads of vision for early intervention and **Children Services** and consultation with families, children, young

| ĺ | ACTION TO BE TAKEN | LEAD OFFICER | START | END | RESOURCE / SUPPORT | EXPECTED OUTCOME / |
|---|---|--------------------------|-------|-----|---------------------------|------------------------------------|
| | ACTION TO BE TAKEN | LEAD OFFICER | START | END | | |
| | | | | | REQUIRED AND UPDATE | IMPROVEMENT |
| | | | | | | |
| | Deliver an integrated service and | | | | people and service | prevention services for |
| | provide early help and support that | | | | users. | Anglesey. |
| | effectively delays the need for care | Alwyn Jones, | | | 3. Re-commissioning of | |
| | and support. | Head of Adult Services | | | Services in line with WG | |
| | | Field of Addit Oct Vices | | | guidance by using local | Re-commissioning of Services in |
| | | | | | data and Population | line with WG guidance by using |
| | The population assessment will | | | | Needs Assessment | local data, views of service |
| | assist the local authority to identify | Dafydd Bulman, | | | leading to quality early | users and the Population Needs |
| | preventative services required. | Strategic Transformation | | | intervention outcomes. | / Local Area Plans leads to |
| | preventative services required. | and Business Manager | | | 4. Families' First grant, | improving outcomes for children |
| | | and Ducinicity Manager | | | commissioning, | and young people and their |
| | | | | | coordination and | families (reduction in looked |
| | Strengthen the commissioning | Malania Janaa | | | monitoring officer has | after children). |
| | function within Children and Adult | Melanie Jones, | | | transferred to Children | |
| | Services to support us to deliver | Service Manager | | | Services by April 2017. | |
| | this agenda. | | | | 5. Review and redesign of | |
| | | | | | 'Short Breaks' offered | 'Teulu Mon' the new IAA service |
| | CSSIW recommendation 1. | Llyr Ap Rhisiart, | | | through the Specialist | for Anglesey is operational and |
| | | | | | Children's Service to | is a key part of the early |
| | Develop a framework for the | IFSS | | | support families | intervention / prevention service. |
| | provision of preventive work with | | | | | |
| | children and families that will | | | | | |
| | deliver an integrated service and | | | | | Reduction in the number of |
| | provide early help and support that | | | | | children starting to become |
| | effectively delays the need for care | | | | | looked after and an increase in |
| | and support. | | | | | children being supported to live |
| | | | | | | at home with their families. |
| | | | | | | |
| | CSSIW Recommendation 12: | | | | | |
| | The least authority and partners | | | | | |
| | The local authority and partners should work together to develop a | | | | | |
| | cohesive approach to the collection | | | | | |
| | and analysis of information about | | | | | |
| | | | | | | |
| | the needs of communities, that | | | | | |

| | ACTION TO BE TAKEN | LEAD OFFICER | START | END | RESOURCE / SUPPORT REQUIRED AND UPDATE | EXPECTED OUTCOME / IMPROVEMENT |
|---------------------------|--|--|---------------------------------|-----------------------------|---|--|
| 5 Enhar togethe 5.1 | includes the voices of children and families. This should be used to inform the shaping of strategic plans to achieve effective alignment of service delivery between information, advice and assistance services, the preventive sector and statutory services. ncing family support services target er. Review Children Support Services to focus on: Supervised contact Freeing up capacity to undertake preventative work Role of Parenting Officer | ted towards providing inte Alex Kaitell, Service Manager Supported by Helen Griffith, | ensive and s January 2017 | peedy support a May 2017 | REQUIRED AND UPDATE t point of family breakdown a 1. Work has commenced on reviewing the cases were contact does not need to be supervised by the local authority. This will enable us to understand the available capacity that could be transferred to | |
| | | Support Services Manager Grant Howard, Parenting Officer Huw Owen, LAC Team Manager | | | the Resilient Families Team. | strengthen the standard of care their children receive. More children being supported to live at home. Reduction in the number of children becoming looked after. |

ACTION TO BE TAKEN LEAD OFFICER **START RESOURCE / SUPPORT EXPECTED OUTCOME /** END **REQUIRED AND UPDATE IMPROVEMENT** Kelly Schofield, **Senior Practitioner** 5.2 Implement Resilient Families Team Alex Kaitell, January May 2017 Work has commenced on The new team is operational and 1. providing intensive support to 2017 identifying the children Service Manager children, young people and their and young people were intensive work can be families in order to remain living with their families. undertaken to enable Supported by them to return them home safely. Laura Mowbray, 2. New Job Descriptions The team can evidence focused have been created, with Transformation intervention based on recruitment to posts Programme Manager prevention and de-escalation starting late March 2017 through quarterly reports. 3. Training and skills development programme to be formulated for the Performance information shows new Team. there is a direct link between the intervention of this team and the number of children and young

| | ACTION TO BE TAKEN | LEAD OFFICER | START | s in red - high p END | | EXDECTED OUTCOME / |
|-----|---|-------------------|---------|--------------------------|--|---|
| | ACTION TO BE TAKEN | | START | END | RESOURCE / SUPPORT REQUIRED AND UPDATE | EXPECTED OUTCOME / IMPROVEMENT |
| | | | | | | people successfully re- habilitated back home. |
| | | | | | | Performance information shows a direct link between the work of the team and the reduction of need for costly foster/residential placements. |
| | | | | | | Case file audits shows that the services provided are tailored around the individual family's needs, leading to positive outcomes for children and young people. |
| 5.3 | Improve the local authority's | Alex Kaitell, | January | December | 1. Aftercare project | Clear Pathway planning does |
| | responsibility as a Corporate Parent for looked after children. Areas of focus: | Service Manager | 2017 | 2017 | established. 2. Aftercare board meeting monthly with an agreed action plan. | provide goals on the plan into adulthood for the young person. |
| | Review the leaving care (after care) service | Huw Owen, | | | 3. Aftercare and housing protocol approved in | Care leavers reporting that they |
| | Creation of a 'Supported Lodgings Policy' Agreement of a 'Leaving Care | LAC Team Manager | | | February 2017 4. Discussions with HR and | feel they were listened to and supported by the authority in their transition to leaving care. |
| | Financial Policy' | Laura Mowbray, | | | Leisure have taken place regarding work | |
| | Work experience and apprentice arrangements within the Council | Transformation | | | experience and leisure services. | Children who are looked after |
| | and Health Board | Programme Manager | | | Early draft of the Aftercare financial policy. | report they feel they have |

| | ACTION TO BE TAKEN | LEAD OFFICER | START | END | RESOURCE / SUPPORT REQUIRED AND UPDATE | EXPECTED OUTCOME / IMPROVEMENT |
|-----|---|--|----------|--------------|--|---|
| | Free/Discounted entry to leisure services and library services Appoint a Local Member as a Looked after Children Champion | Karen Roberts, Service Manager, Housing | | | Consideration in having a Corporate Parenting Event for local members and senior officers to agree on strengthening current arrangements. Consultation group established with looked after children were they are able to provide their views on the development work required. | influence on how services are provided for them. Clear guidance in place for Children Services staff and key partners through policies, procedures and training in relation to improving outcomes for looked after children. |
| 6.1 | Develop and implement the Role of Director of Social Services Protocol reflecting on the Social Services and Well-Being Act 2014 - Part 8 Role of the Director of Social Services. | Dr Caroline Turner, Director of Social Services Head of Paid Services Dafydd Bulman, Strategic Transformation and Business Manager | May 2017 | Sept 2017 | Work will commence on strengthening the role of Director of Social Services following the May local elections. | Strengthening the role of Director of Social Services within the Local Authority. |

Progress and Closure of the Children's Service Improvement Plan 2016/17

A report to the Social Services and Wellbeing Panel March 2017

1.0 CONTEXT:

Back in February 2016 the Service embarked on a decision to set in place a Service Improvement Plan; this was due to the service facing a number of challenges, some of which related to immediate improvement imperatives and others which related to the need to change the social work model in response to national and local strategic imperatives. It was a time of significant change for Children's Services with the advent of the Social Services and Well-being Act. At the same time we were faced with significant challenges to the traditional model of service because of:

- Financial austerity
- Increased demand
- Capacity and effectiveness
- Complexity of pathways for families seeking help

An analysis had shown that a significant level of expenditure had been committed to those cases at the extreme end of the scale of interventions – looked after children, children subject to a child protection plan or those subject to care proceedings.

The Regulators' Performance Evaluation Report for 2014/15 recognised the improvements within the Children's Service, but noted that the quality of practice was fragile. The need for the Local Authority to improve in the following areas were identified –

- Quality of decision-making and accountability
- Workforce development
- Website development and use of information, advice and assistance in accordance with the Act
- Capacity and supply in commissioning
- Providing a range of placements for LAC

The Social Services and Wellbeing Act (Wales) 2014 further propelled us into a period of vital improvements and transformation to the service. In a context of some of the other drivers this was a challenge. However the reality was that there was never going to be a 'good' time to reform and transform. We had taken steps to ensure that we understood the foundations on which we were to build that change: and our approach balanced change with appropriate pace; with an acute immediate focus on strengthening the foundations and attaining key improvements, whilst side by side aligning these with our desire to change the social work model in Mon.

The original Independent Support Team (IST) who worked with the service back in 2011, who were instrumental in supporting the service to achieve significant

improvements, were asked to return in late 2015 to undertake a distance travelled review. Much of the improvement plan proposed supported their findings in a requirement to firstly strengthen our foundations, staffing and quality assurance endeavours before attempting any great transformational voyages.

The plan was to be delivered under two phases, the first being to: **Recover, then Move Forward and Improve Field Work Services** This report is focused on this first stage, and its closure in order that the Service Improvement Plan for 2017/18 can focus on the second stage, noted as: **Reset Vision - Transform and Change**; Alongside developing the skills and knowledge of our workforce we need to change our current practice and philosophy to achieve an approach that is solution focused, minimizing the need for involvement, and which works with families in an open and honest way, focusing on changes needed and giving families the best chance of staying together while keeping children safe. We need to change the way we work with children, young people and their families. This is more than responding to a new Act. At the heart of this is our intention to deliver an approach that is far more focused on supporting the Social Work task and delivering a better service to the children and families.

Of the ambitious 47 Actions within the Service Improvement Plan, some of which were yearlong projects to develop, establish and implement; the service achieved the completion of 26 (see section 2.0) and completed phase 1 – Recover, then Move Forward and Improve Field Work Services. This means that 21 Actions pertaining to phase 2 – Reset Vision – Transform and Change will be carried over to the 2017/18 Service Improvement plan along with the recommendations made by CSSIW; see table in section 3.0.

2.0 Completed elements of the 2016/17 Service improvement Plan relating to 'Recover, then Move Forward and Improve Field Work Services (Phase 1 of the Service Improvement Plan for 2016/17):

2016/17 has been a challenging year for the service, the departures of staff, including management, a new Director of Social Services, a period of temporary absence for the Head of Service, the introduction of the Social Services and Wellbeing (Wales) Act 2014, an increase in Children Looked After and a CSSIW inspection. That said, we have been fortunate to source experienced and dedicated temporary practitioners and managers, have a dedicated and passionate workforce and have been strongly supported by the Interim Head of Service and the Director of Social Services during this period of challenge and change.

- 2.1 Staff stability: The initial focus of the service was to lay out the foundations to support change and with the number of Looked After Children nearly doubling in 24 months, (with the agreement of the Executive of additional core funds to respond to the increasing demand); The service first set out to address the social work capacity by employing an additional 3 social workers, an additional IRO, and the creation of a Consultant Social Worker Court post; with a view of reducing and managing caseloads, for better outcomes for Children and their Families. This included maintaining the current Management capacity in order to meet statutory responsibilities and implement the Act, ensuring service delivery was not compromised.
- **2.2 Management Training**: In addition to capacity and staffing, the laying of strong foundations included the provision of training and development

opportunities for senior managers. Group sessions were provided to Senior Managers and the Quality Assurance Team by an Independent Support Team, with two Senior Managers enrolling onto the SSIA Middle Managers Programme delivered by IPS and Oxford Brookes University; Focusing on Personal influence and impact, team work, performance and Quality Management, Leadership, strategy and change.

2.3 Staff Training: Without of course ignoring the training and development needs of the wider workforce. Service wide training to develop knowledge and practical application of relevant law, legislation, procedure and case law; Focusing on: understanding which orders are available for safeguarding children and using them, how to achieve the 26 week deadline, enhancing the decision making process, enhancing skills in written evidence, care plans and report writing and court room skills. As a result of this training several compliments have been received from the Judiciary and other legal arenas regarding the quality of social work evidence and plans. Confidence has been improved and practice standardised. In addition to this, eight individuals within the service have received training to be PAMS assessors; Leading to less use of Independent Social Workers to undertake such assessments.

The delivery of a Motivational Interviewing and techniques aligned to that of the Intensive Family Support Service (IFSS) has taken place, with further sessions planned. A two day Collaborative communication course has been arranged for all service staff to attend in March allowing the service to align with the Act.

2.4 A Review of Processes and Practice: To better understand areas of improvement and development, the service undertook a range of reviews, firstly the review of processes and practice quality in relation to the assessment of unborn children. This led to the delivery of two half day training sessions by Bruce Thornton (Co-author of the Risk Model) for 15 of our Social Workers, improving skills and understanding, use of risk tools to inform analysis and the earlier identification of where orders are needed to safeguard children.

A review of written agreements and welfare visits evidenced that welfare visits were no longer a regular practice within the service, thus improving the risk management and implementation of the letter before proceedings. This links to the review of cases which were in the stage of 'letter before proceedings' to ensure that the PLO process and thresholds were understood, and a review of the minutes of Legal Gatekeeping Meetings in period 15/16. As a result of which an Independent Consultant concluded that decision making is now clearer and all cases are being presented to and regularly reviewed at the Legal Gatekeeping Meeting.

A review of the role of the Consultant Social Worker – Permanency (including that of the Quality Assurance of care planning for looked after children) resulted in an improvement in the performance against local PI's to Permanency planning meetings. This role will be a part of the proposed new 'practice lead' structure in 2017/18 and as a result will be subject to further review in this period.

A review of the Terms of Reference of the Resource Panel was required to ensure that it focused on supporting individual and family resilience and independence, though during this period not many changes were required to the ToR, the proposed new service structure in 2017/18 will naturally lead to a further review of the Panel and how it supports the new structure.

2.5 Improved Policies and Procedures: Following a period of training and reviewing the service identified key areas where new and//or improved policies and procedures required development and implementation. The service launched its updated 'Children's Services Policies and Procedures' at the Staff Conference, and have made this document available to all staff via the shared drive.

In addition to these, specific work was undertaken to create practice guidance in relation to Chronologies. These were developed and presented to staff during the Staff Conference, in a bid to improve assessment practice. As a result of this all cases now have a completed (and regularly updated) Chronology, Chronologies are presented to Case Conferences and Statutory Reviews with both the Child Protection Coordinator and the Independent Reviewing Officer reporting on these on a quarterly basis to the Quality Assurance Panel. A Case File Audit plan for the next 12 months (2017/18) is being developed, Chronologies will be a key feature of this audit.

The revised PLO procedural document alongside the S76 protocol (previously known as S20) has been completed and launched at the staff conference: providing staff with the latest guidance to support their practice. Implementation has been further reinforced during a Service meeting. Our liaison with colleagues within family proceedings leads us to conclude that practice is supported and improved. As a means of case management of proceedings, the service has implemented a 'Court Tracker' to aid work flow and planning, thus avoiding delays and late submission of work, and supports performance management. In addition to this we have increased the use of 'Family Group Conferencing' bringing together the wider family network to find opportunities for children to be looked after by a relative or friend leading to better outcomes for children who are able to stay within their local areas and networks. All cases in PLO/Court have received FGC leading to an increase of children being cared for within their biological families.

2.6 The Social Services and Wellbeing Act: The introduction of the new Act brought it the need to make changes to the way in which we assess Children, though the service developed its own version of the new Assessment Form and associated care plans in Summer of 2016, the Regional Heads of Children's Services set up a Regional Group with consultancy support to create a regional approach and template. For this reason the service chose not to launch its work and to go at pace with the rest of the region as it bought into the benefits of regionalised guidance and templates. Perhaps in light of the inspection the service should have launched independently of the regional group, however by remaining as part of the regional group we have avoided staff confusion of launching and then re-launching newer forms, and have benefitted from consultancy support, the creation of practice guidance and the delivery of training for all staff which will be completed on the 7th April 2017.

The Act also brought new schemes such as that of 'When I am Ready', for improved outcomes for young people and extended stability for children looked after as they transition into adulthood. The service were focal to the regional work on this scheme and were early adopters to the scheme, its policy and procedures are in place and the scheme is operational with the additional funding provided by the Local Authority.

One of the first North Wales authorities to develop the Business Case for an Information, Advice and Assistance Hub by bringing together the Duty front door, Family Information Service and Team Around the family. Many neighbouring authorities have requested sight of our Business Case to develop their approach. Following Executive approval in late May 2016 the Project Group with representation from the Third Sector and partner services such as Health, CAMHS and Housing have progressed with delivering the Business Case to include the creation and sign off of all policies, protocols, thresholds and their associated templates, ICT requirements of the service, developing and delivering a training plan, developing and delivering a marketing and communications plan, the practical elements of phone numbers, social media presence, web addresses, e-mail addresses and branding. The Family Information Service moved to the department in January as part of a step change towards the new model, which will be operational from April 3rd 2017.

2.7 Service Developments:

The service set out to increase the availability of suitable placements through in-house foster carers. The scheme reported in quarter three 40 enquiries when compared to 8 in quarter three of the previous year.

Fostering households

| Number of approved / registered foster households | 31 March 2015 | 31 March 2016 | 31 March 2017 |
|---|---------------|---------------|----------------|
| How many fostering households did your service have? (Please exlude family and friends households and | 23 | 26 | 27 |
| short breaks) | | | Current figure |
| l i ann an an far a bhu an d'fail an de la anns a bhliainn a bhu an 1 | 9 | 17 | 16 |
| How many family and friends households did you have? | inc. 1 Reg 38 | inc. 7 Reg 38 | inc. 2 Reg 26 |
| | | | Current figure |
| How many fostering households did you have that were exclusively approved for short breaks | 1 | 0 | 0 |
| Total number of approved / registered foster households | 33 | 43 | 43 |

The service also identified a need for an intensive service for those families with children on the 'edge of care'. Following executive approval of the Business Case in late July 2016, the new Service known as the 'Resilient Families' Team is in the processes of being established. Its aim it to avoid the escalation of needs, promote independence, provide services tailored to the needs of the family and ultimately reducing the need of costly services when family problems escalate. The establishment of this service will continue into Service Improvement Plan 2017/18.

2.8 Corporate Projects:

The corporate Smarter Working project for both Adults and Children's Services was managed by a member of the Children's Services team. The project aims to provide the tools and equipment required to allow social workers/support workers to spend more time working directly with families in an agile manner, working from where they need to be. Team Around the Family moved from Parc Mount to join the Service in June 2016, with Specialist Children's Services moving from Shire Hall to the main Council Office in November 2016. Smarter working including 'hot desking' became live in Adults Service in November 2016, with Children's services following suit in February 2017.

2.9 At a glance view of completed Actions within the 2016/17 Service Improvement Plan:

| No | ACTION | UPDATE |
|-----|--|--|
| 1.4 | Increase the social work capacity with a view of reducing caseloads 3 x Social Worker | Investment in 2016/17 budget agreed. Permanent staff have been recruited. |
| 1.6 | Maintain Current Management Capacity - Reduce saving proposal for 2016/17 by £25k | 2016/17 budget Agreed |
| 1.7 | Mentoring by IST to Service Managers working to support them in discharging their roles and to work effectively as a team and/or attendance on the SSIA Strategic Management Course. | Group sessions provided by IST. Individual sessions commenced on the 28th June 2016 Two senior managers enrolled onto the SSIA Middle Manager programme |
| 2.1 | Review the process, and practice quality in relation to assessments in relation to unborn children. | Two ½ day training sessions with Bruce Thornton, attended by 15 social workers. |
| 2.2 | Practice Guidance in relation to Chronologies will be developed and implemented. | Completed and presented at staff conference |
| | Each case must have a chronology of significant events. | Chronologies have been completed on all cases |
| | A chronology must be presented to Case Conferences and Statutory reviews. CPC and IRO to report on a quarterly basis to the Quality Assurance Panel | Presentation of Chronologies and quality of practice are being monitored via case conferences and statutory reviews, formal reporting on quality of practice through the quarterly reports presented to the Quality assurance Panel each quarter. |
| 2.3 | Identify individuals to be trained as PAMS assessors | 8 individuals within the service now PAMS trained. |
| 2.4 | Develop service model for Assessing parenting capacity in non PAMS cases. | Part of the regional piece of work on completing a care and support assessment template which incorporates the framework for assessment. Launch via a training session will be undertaken in early April 2017. |
| 2.5 | Implement the revised PLO procedural document | Implemented, we will continue to strengthen the use of PLO. |
| 2.6 | Implement the S20/S76 protocol | Launched at staff conference. |

| 2.8 | Complete the Court Tracker to aid work flow and planning; to avoid delays and late submission of work, and to support performance management. | The court tracker is an active and live tracker document, which is valuable for reviewing and tracking progress. |
|------|--|--|
| 2.9 | Develop knowledge and practical application of relevant law, legislation, procedures and case law by providing learning sets, led by a respected barrister. | Family Justice Review and PLO Law Court Proceedings delivered to all service staff. |
| 2.11 | At the point: When the social worker and manager plan to invoke the Public Law Outline or where a child becomes re registered when a child is returned we will hold a legal surgery to assist in the ongoing monitoring of care plans and provide the legal service with an opportunity to monitor progress and keep to the court time table: and understand the reasons why the risks to the child seems to have reoccurred. | All PLO cases have review dates in place. Legal gatekeeping (LG) occurs weekly. Legal case tracking occurs monthly. LG reviews occur for cases subject to pre proceedings PLO. Final care plan meetings now becoming embedded into practice. |
| 2.13 | Review use of written agreements and welfare visits | The review of welfare visits was undertaken and evidenced that there were no longer many cases welfare visits taking place. It was agreed that when the last case of WV ended there would no longer be the sanctioning of this for future delivery. This is the preferred stance of the service. |
| 3.2 | Review all cases in the Letter before Proceedings stage – to ensure that the PLO process and thresholds are understood. | All cases are reviewed in LGM. Cases outstanding will be called back to Legal Gatekeeping Meeting. |
| 3.4 | Review minutes of Legal gatekeeping Meetings for 15/16 | Independent Consultant concluded that decision making is now clearer and cases are being presented to LGM. |
| 3.8 | Implementation of the Children Services Procedures | Presented at staff conference and all staff aware of where to locate on the shared drive. |
| 3.12 | Review the role of the Consultant Social Worker Permanency | A review was undertaken which resulted in improvement in quality and performance against KPI's, and regular reporting. |
| 4.1 | Establishing a new model of social work intervention aligning ourselves with the new Act | Delivery of Motivational Interviewing training and Resilient Families approaches has taken place, External training provider for Collaborative communications course to all staff to take place in March. |
| 4.3 | Review the TOR of the Resource Panel to ensure it focused on supporting individual and family resilience. | The TOR have been reviewed, there were not many changes that were required at this point; however following the service restructure there will be a natural need to |

| | | review in great detail the TOR in order to support the new structure. |
|-----|--|---|
| 4.5 | Implementation of an Information, Advice and Assistance (IAA) model for Anglesey | Go live date 03/04/17 |
| 4.4 | Increased use of the Family Group Conferencing Coordinator to bring together the wider family network to find opportunities for children to be looked after by a relative or friend. | Social Workers are aware that all cases in PLO/Court have an FGC, this is being adhered to. There is an increase of children being cared for within their biological families. |
| 5.1 | Increase the availability of suitable placements through in-house foster carers. | Q3 16/17 report: 40 enquiries against 8 for the same period last year. Increasing in-house provision by 10 (30% increase on 2015) |
| 6.1 | Implement the When I am Ready service | Agreed investment for 2016/17 and future years. Policy and procedure in place, and scheme operational. |
| 6.3 | Business Case for an enhanced family support service | Bid approved at Executive on the 25th July 2016. Consultation with staff during staff conference. Business case element complete implementation of new service can be found in new SIP for 2017/18 |
| 7.1 | Smarter Working – providing the tools and equipment to support workers. | TAF joined Children's in June. SCS moved into HQ and smarter working became live in Adult Services in November. FIS moved to children's services in January with smarter working becoming live within Children's Services in February. |
| 7.2 | Templates on the new Act to be launched Integrated/Proportionate Assessment processes and supporting systems. | A gradual shift towards a single, proportionate assessment framework with the duplication and the potential for multiple social workers undertaking each stage being removed. A clear outcomes focused plan which has been developed with the family is in place. |

2.10 Strategic Imperative 1: Recover, then Move Forward and Improve Field Work Services (As extracted from the 2016/17 Service Improvement Plan – section 3.0)

What does this mean for the service?

Developing the skills and knowledge of our staff, recruiting and retaining a workforce of sufficient skills, experience and knowledge and ensuring a systemic quality assurance function, leading to continued improvement and safe practice is at the heart of this stage.

This will require significant investment in practice and workforce development, helping staff to change, provision of coaching and mentoring opportunities to embed a different way of working.

Increase Social Work capacity, in order to respond to the increasing demand and ensure that individual workloads are managed, enabling workers to spend more quality time with families. We will review current practice and case decision with rigor, and drive the improvements in the functioning of the quality assurance unit.

Embedding the use of the Gwynedd/ Bruce Thornton Risk Framework across Children's Services, to create a shared understanding amongst professionals on what constitutes a risk of significant harm to children and young people, and what circumstances might require children's social care intervention or a child protection plan.

We will have an acute focus on improving practice and decision making within the Public Law Outline including the recruitment of a Consultant Social Worker – Court Management: and in the care planning for looked after children. This will include the review the role of the Consultant Social Worker Permanency to include Quality Assurance and audit of care planning for looked after children

We will support our front line managers so that practice decisions are assured and evidenced.

We will provide staff with clear practice requirements through the Implementation of Children's Services Procedures. Staff will be supported to implement these and will be held accountable it their practice deviates from these basic requirements.

We recognize that we have a comprehensive Quality Assurance Framework and require the Quality assurance unit to develop their ability to systemically collate and analyse the information gained from the various elements of the framework to inform improvements within the service as a whole system.

3.0 Against out challenging backdrop for 2016/17, the service improvement plan was an ambitious one, there are understandably elements of the plan that will transfer to the Service Improvement Plan for 2017/18 as we now embark on delivering the second phase of the plan - **Reset Vision - Transform and Change**. In addition to these will be the inclusion of the recommendations made by CSSIW following their November inspection. The elements of which are transferring from 2016/17 are noted below. It is recommended that members of the Social Services and Wellbeing panel review these alongside the CSSIW recommendations and assures its self that the Service is able and resourced to also deliver against the improvement objectives.

| | ACTION TO BE TAKEN | RESOURCE / SUPPORT REQUIRED AND UPDATE |
|-----|--|---|
| 1.1 | Develop the Workforce Strategy To include: Recruitment good practice Retention and support Clear induction arrangements Buddying Coaching and mentoring Shadowing Enhanced post qualification training and development opportunities | This is deemed of high importance to the service and can be viewed in the 17/18 SIP under point 1.1 with the end date of 30 th April 2017. |
| | Links to CSSIW Recommendation 5: A robust workforce strategy should urgently be developed to include short, medium and long | |

| | ACTION TO BE TAKEN | RESOURCE / SUPPORT REQUIRED AND UPDATE |
|-----|--|---|
| | term aims for recruitment and retention of social workers. | |
| 1.2 | Appoint and maintain Agency staff until 31 March 2016 to ensure workforce of sufficient numbers and experience This will be extended into 17/18 as a mitigation against failure to appoint to vacant posts and proposed additions to the operational field work establishment | The service management team are working on ensuring an exit strategy is in place for agency staff where posts have been filled by permanent workers; and can be seen as part of action point 1.2 in new SIP |
| 1.3 | Business Support - advertise two administrative posts on permanent contracts | Admin review completed and responsibility for Children's Services admin team now under Business Support Manager. Posts recruited, additional capacity equivalent of 1 x FT is still required, it is hoped to recruit within the next 3 months., New SIP section 1.2 |
| 1.5 | Undertake a Caseload Analysis exercise to inform capacity and demand management and support decision making. | Links to 3.2 in the new SIP and recommendation 14 of the CSSIW report. |
| 1.8 | Provide developmental opportunities to Team Managers and Senior Practitioners through an internal leadership and development programme to support the workforce in carrying out their duties. Areas of focus:- Making better case management decisions. (management oversight of decision making) Improving and managing practice and performance (including providing constructive challenge and direction to staff) Providing regular and quality Supervision Links to CSSIW Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience. | Training to be provided by Independent Consultant. Action Learning Sets to be developed as a way of supporting Managers – links to 1.4 SIP 17/18 |
| 2.7 | Appoint Consultant Social Worker Court Management including a quality assurance, mentoring and tracking role. | Investment agreed budget 2016/17 1 st advert in August did not produce a candidate with the necessary skills. The post was re-advertised at the beginning of September which produced four applications, |

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| | | interview dates set. As a result of the restructure, and the reduction in PLO work, the service must address whether or not it deems this post to be essential when moving forward, link to structure review within new 17/18 SIP |
| 2.10 | Focus on achieving safety. Reports to Case conferences and the conference minutes will 1. Separate out all of the risks in a case and assess the impact of those risks upon the children 2. Prioritise plans in order to bring about improvement in relation to reduction of the greatest risks. The Chair will focus on safety outcomes, so that the Core group can translate these into a coherent protection plan. | This item will not transfer to the 17/18 SIP due to prioritisation. |
| 2.12 | There are number of areas of performance that is outside tolerance and targets: Initial/core assessment Lac Reviews LAC visits CPRS 10 day visits Core groups Pathway Plans These will be brought back into target. | Meeting with admin arranged to discuss support to teams to enable recording to be completed in a timely manner. Due to the lack in improvement, this will transfer under 3.3 - Develop a performance framework for adults and Children's Services. |
| 3.1 | Review of all s76 cases with independent element to that review | External Legal Capacity Completed within new SIP as part of the Quality Assurance Audit Plan under 3.2 |
| 3.3 | Review all cases where the child's name has been on the CPR for 12months + | Completed within new SIP as part of the Quality Assurance Audit Plan under 3.2 |
| 3.5 | Review of increase in children on the Register | Completed within new SIP as part of 3.1 |
| 3.6 | Review of increase in children looked after | Quality Assurance Completed within new SIP as part of 3.1 Quality Assurance |
| 3.7 | Review all children in LAC system, ensuring all plans are for securing permanence (Consultant Social Worker and IRO to undertake) | Completed within new SIP as part of 3.1 Quality Assurance |
| 3.9 | Increase the capacity for Chairing Case Conferences and Statutory Reviews | An additional full-time Independent Safeguarding and Reviewing Officer was appointed at the beginning of Sept and commenced employment in October, however the individual left within a month and the post has since been re-advertised. For this reason this will carry over to point. 1.2 – 'Resolve Staffing Matters' within the new SIP |
| 3.10 | Mentoring to the QAF team by the IST to refocus their activity in order to prioritise the | Individual and group mentoring provided. |

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| | actions required for the improvement of service delivery and to rigorously monitor its implementation. | A paper on 'Taking forward the QA Function in Children's Services' was presented to Management Team in Sept and presented to children's Services Staff Conference. |
| | | A discussion around: understanding, developing, mentoring, embedding and monitoring the QA function within the safeguarding hub is now required at SMT to progress further on this action and will be included within 3.2 Quality Assurance within new SIP |
| 3.11 | IRO and CPC to report quarterly on their assessment of the operational performance which they observe as cases come to | Discussed with IRO and CPC. Both aware of the required headings to report under. |
| | conference and review. Additionally, they should be expected to draw out, on a thematic basis, issues regarding quality that can then be attended to at a Management level | This is to be undertaken through regular quarterly monitoring and presentation of reports to appropriate groups, and will continue under the new SIP as part of 3.2 Quality Assurance |
| 4.2 | Review the current service structure | SLT approved transfer of FIS, TAF and the commissioning of Families First into Children Services. |
| | | The new structure has been consulted upon with staff and SIP 2017/18 will see the implementation of the new service structure – see point 4.1 within new SIP. |
| 5.2 | Review the effectiveness of the Permanency Planning meeting: including review of the role of the Fostering panel in Permanency Planning | SIP 17/18 section 3.1 Quality Assurance |
| 6.2 | Merger the Family Support Services | The Invest to Save bid for a three year pilot of an edge of care team 'resilient families' was approved at executive. Priority will now be to set up this team. A review of the remaining elements of support services and options for merger will be put on hold until we are better informed as to what is remaining of the service following the setup of the new resilient families' team. This will be met through a combination of Resilient Families Team (5.1 and 5.2) and the restructure (4.2) within the new SIP. |

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| 6.4 | Review and refresh the leaving care (after care) service, to support the independence needs of children and young people leaving care. | Sign off of a joint Housing and Aftercare protocol approved by both Children's Services and Housing. Sign off of updated policy and procedures for Children's Services Aftercare approved, updated within shared drive and shared with staff. An Aftercare Financial Policy for Care Leavers is near completion. Carried over under point 5.3 within new SIP |
| 6.5 | Review and redesign of 'Short Breaks' offered through the Specialist Children's Service | Intermediate Care Fund Project Initiation Documents (PID) have been completed, with focus on Progression, Short Breaks and preventative services. The short break PID has been undertaken jointly with Gwynedd Council. The aim is to develop the whole spectrum of short breaks from support service packages to overnight short breaks. Other PIDs are being developed jointly with Adult Services –Learning disability Team, Ynys Mon. Carried over under point 4.4 Corporate Prevention Strategy within the new SIP |

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