	ISLE OF ANGLESEY COUNTY COUNCIL
Report to:	The Executive
Date:	18 June 2018
Subject:	Children and Families Services Progress Report
Portfolio Holder(s):	Councillor Llinos Medi
Head of Service:	Fôn Roberts, Head of Children and Families Services
Report Author: Tel: E-mail:	Fôn Roberts, Head of Children and Families Services 01248 752708 FonRoberts@ynysmon.gov.uk
Local Members:	Relevant to all Members

A –Recommendation/s and reason/s

Background

Over the period since the inspection we have been significantly involved in putting in place a series of important changes which we consider will better deliver in line with the legislation. In particular we would highlight the following:-

Restructuring the service so that it focusses its energy on the early intervention and prevention, and intensive intervention with service managers leading each of these service areas and holding the resources relevant to that service area i.e. fieldwork and service provision. It has substantially increased the level of supervisory resources, management oversight, case direction, improved care planning with small practice groups led by practice leaders, who are focused on improving the quality of professional practice. We have been particularly successful in attracting experienced social workers to take on this role. The model also puts the Information Advice and Assistance hub, namely Teulu Môn, at the centre of the Early Intervention and Prevention service. The full complement of practice leaders came into position during September and the focus at this stage is to develop their understanding of their role and to begin the process of implementing new ways of working across all our services. This will require significant cultural change and will take time and energy to bring this about across all our services.

We have developed a prevention strategy focused on deescalating need at all levels, and reducing the need for intensive involvement, we are currently consulting on its content with relevant stakeholders. We are using Families First resources to enhance our Teulu Môn and TAF responses and to ensure other Families First investment is coherent with that objective. The council has invested resources to establish an intensive intervention resilient families' team so that we are able to respond proactively to children with high

level/edge of care needs. The resilient families' team is also having an impact in working with the allocated social worker to assist in returning children and young people out of care either to friends or family or closer to home. These initiatives are now all operational and starting to deliver in line with these expectations, we are in the process of increasing the resourcing to further enhance this provision.

We have been paying significant attention to the systems in place to support intensive intervention outside of the professional aspects using intelligence to ensure the right cases are being dealt with at this level, and that our processes are as effective as possible. We will over coming months be revisiting our strategic approach to looked after children to ensure that it is focused on delivering permanence, enhancing local provision and facilitating children only remaining looked after for the right period of time.

We recognise that the quality and consistency of practice has to be at the centre of what we do and have taken steps to improve the quality assurance/ improvement function. Fresh processes and guidance have been developed and additional resources have been committed to the function. This involves developing a close working relationship between the quality assurance and improvement manager and the three service managers with operational responsibility and direct and regular interaction between them will aim to ensure that there is immediately available information about how services are performing. Additionally, this will enable us to focus on identifying and implementing the improvement in practice that have been identified as necessary. All of these new structural arrangements and will be developed further over coming months.

We recognise that the steps taken are recent in their implementation, most coming to fruition since the inspection report was published in March 2017 and are dependent on the successful implementation of the practice leader role, this will take time to achieve what is expected of it and the benefits of doing so effectively will be seen in good quality of practice which is achieved across all our services.

The Head of Service will focus his attention on ensuring that the drive to improve practice remains the top priority for the service.

Since the last report the focus of the work has been:

Recruitment and Retention

The service is currently advertising for "Experience Social Workers", however, given the national shortage of such workers the service has to be realistic in terms of its ability to recruit to these posts. Given this the service has a contingency plan, which is to recruit Newly Qualified Social Workers (NQSW) into these posts and then employ for experienced agency social workers "over capacity" for a period of 1 year. This is to support the

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NQSW's throughout their 1st three year in Practice framework, which is a statutory framework.

Service Improvement Plan

The Service Improvement Plan (SIP) was created following the CIW inspection in October and November 2016. The SIP has been structured to cover the following areas:

- ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS
- ACTIONS TAKEN TO ACHIEVE IMPROVEMENT
- ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT
- EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE
- LEAD OFFICER
- START (date)
- RAG RATING

There are 21 "action to be taken and links to CIW recommendations" and they are listed in the attached SIP.

The SIP is maintained and updated by the Children and Families Service. It is monitored and scrutinised by the Children's Services Improvement Panel, the Scrutiny Committee and the Executive Committee.

The Children's Services Improvement Panel continues to meet monthly, and considers the SIP at each meeting. Whilst there is an agreed agenda, the contents and focus each month varies in relation to the "Theme" picked and also in relation to the issue which is to be explored in detail during that month.

Attendance at the meeting has been consistent and strong with the knowledge of elected members developing month on month. The SIP remains a standing item on the agenda and this allows members to question, challenge and understand the issues raised within the service. It is important to remember that this service is a statutory service and deals every day with children and families with complex and additional needs and are some of the most vulnerable families on Ynys Môn. Therefore the subject matter is not only difficult at times in terms of its complexity, but also in terms of legislation, guidance, statutory powers, the law, practice and performance.

The Children and Families Service have recently, following over 12 months of working on the SIP, RAG rated it in terms of its work (allocating a status of Red, Amber, Yellow and Green to each activity/element).

The following table provides the Services view as to the progress of the SIP:

RAG	
COCH/RED	0
AMBR/AMBER	5
MELYN/YELLOW	10
WYRDD/GREEN	6

The service progressed with all 21 areas listed on the SIP at equal place, which is unusual given the commitment and drive each area requires, however, as the above table shows, 6 areas have been developed, 10 areas are almost complete and the 5 areas in amber are ongoing pieces of work which in the main relate to Social Work practice. There are no areas which the Service have not progressed with.

The improvement pace within the Service has been significant, especially with regards to re-structure, recruitment throughout the service, training and quality assurance.

The Service is prioritising the elements rated as Amber RAG throughout 2018. The 5 areas listed below have all had considerable work done on them; however, the Service was not able to RAG these as Yellow since they will take longer to complete, and to be embedded in Social Work practice.

- 1. Improvement in the quality of practice.
- 2. Senior leaders in social services and the police will work together to ensure improvements to the, quality, consistency and timeliness of child protection enquiries.
- 3. Review all children who are looked after to ensure outcome based care and support plans are in place in securing permanence.
- 4. Develop the performance framework for Children and Families Services.
- 5. Establish multi-agency quality assurance systems and training arrangements to ensure that thresholds for assessment to statutory children's services are understood by staff and partners and are consistently applied.

The work continues to bring with it challenges and complexities, however, with a stable workforce and the strong commitment and drive from the Councils Senior Management Team and the Elected Members, the journey of improvement is well under way in Ynys Môn.

Financial Implications

The increase in the number of children who are Looked After over the past four years has created an increased financial cost of Children's Services in terms of both staffing and the need to arrange placements with Foster Carers or Residential Placements.

The budget for Children's Services in 2016/17 (adjusted for transfers, grants and pay and price inflation i.e. to bring it to 2018/19 prices) was \pounds 7.625m compared to the 2018/19 budget of \pounds 8.668m. Over the three years an additional \pounds 803k of permanent funding has been added to the budget with a further \pounds 240k (2 year funding) for an early intervention team.

The Executive have also approved in May 2018 a further one off sum of £268k to fund agency staffing costs to fill existing vacancies, to support newly qualified Social Workers and to deal with "Legacy Cases" where the Authority may not have responded appropriately to historic cases. The review of these Legacy Cases may also result in additional legal costs, and a sum has been allowed for in the £268k additional funding.

In 2017/18 the Service overspent its budget by £1.78m, mainly due to an increase in the number of Looked After Children where individual placements can be a significant cost. The Service is looking to reduce the number of children reaching this stage, through the work of the Early Intervention Team and the Resilient Families Team and is looking to increase placement options on the Island in order to reduce these costs but there is still a significant risk that the Service will overspend again in 2018/19. This may require an additional increase to the permanent budget in 2019/20.

Recommendations

- To confirm if the Executive is satisfied with the steps taken to progress implementation of the Service Improvement Plan and the pace of progress.
- To confirm if the Executive is satisfied with the pace of progress and improvements made to date within Children and Families Services.

B – What other options did you consider and why did you reject them and/or opt for this option?

Not applicable.

C – Why is this a decision for the Executive?

The Service needs confirmation by the Executive that they are satisfied with the steps taken to progress implementation of the Service Improvement Plan and improvements made to date within Children and Families Services.

CH – Is this decision consistent with policy approved by the full Council? Yes.

D – Is this decision within the budget approved by the Council? Yes.

חח	DD Whe did you consult? What did they cay?						
1	– Who did you consult? Chief Executive / Senior Leadership	What did they say?					
1	Team (SLT)	This was approved by the SLT on the 29 th May 2018.					
	(mandatory)	May 2010.					
2	Finance / Section 151	As above.					
-	(mandatory)						
3	Legal / Monitoring Officer	N/A					
•	(mandatory)						
4	Human Resources (HR)	N/A					
5	Property	N/A					
6	Information Communication	N/A					
	Technology (ICT)						
7	Procurement	N/A					
8	Scrutiny	This was presented to the Corporate					
		Scrutiny Committee on the 4 th June 2018:					
		1. <u>Children's Services Quarterly Progress</u>					
		<u>Report</u>					
		Having considered the information provided					
		and the assurances received, the					
		Committee resolved to confirm that it is					
		satisfied with the steps taken to date to					
		progress the implementation of the					
		Children's Services Improvement Plan and					
		the pace of progress.					
		Additional Action Proposed: The Scrutiny					
		Manager to source and to circulate to the					
		Committee's Members information in					
		relation to the number of children's social					
		work staff that have left the service in the					
		past two years; the reduction in the number					
		of agency social workers over the past two					
		years and the number currently engaged by					
		the service, whether there has been a					
		change in trend following the re-evaluation					
		of Children's Social Worker posts as part of					

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9Local MembersN/A10Any external bodies / other/sN/A

Ε-	Risks and any mitigation (if relevant)	
1	Economic	N/A
2	Anti-poverty	N/A
3	Crime and Disorder	N/A
4	Environmental	N/A
5	Equalities	N/A

6	Outcome Agreements	N/A
7	Other	N/A

F - Appendices: Appendix 1 – Service Improvement Plan

FF - Background papers (please contact the author of the Report for any further information):

	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
1.		and competent workforce with sufficient capac	ity to provide a consistent and				
	effective ser	vice					
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 (this is not needed as we are following the First Three Years in Practice Guidance produced by the Care Council for Wales). Links to CIW 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. 	 November 2017 – January 2018 There are examples of Practice Leaders coaching/mentoring newly qualified Social Workers. Enhanced post qualification training and development opportunities – these needs will be identified in Appraisals and Supervision. Two trainee Social Workers have commenced in their roles. Continued to progress work in the Workforce Action Plan. Observation of practice – the Good Practice Group have been discussing how best to implement this. Social Care Ambassadors Denu Talent – we are progressing with this, an email has been issued to the Heads of Services asking for work experience opportunities September & October 2017 2 members of staff have successfully gained a 2 year traineeship to train to become qualified Social Workers, the aim of this strategy is that we 'Grow our Own' ensuring we have qualified Social Workers who will be working for the Service for at least 2 year after they qualify. Workforce Action plan being progressed to monitor progress against the short-term actions up until December 2017. Meetings held every 6-8weeks to monitor progress. Service re-structure was implemented on the 4th of October. The 8 Practice Leaders took responsibility for their Practice Groups, managing smaller groups across Early Intervention and Intensive Intervention with each Practice Leader responsible for 3 or 4 Social Workers. This will mean that the Social Workers will have more access to their Practice Leaders, enabling them to have early advice on dealing with individual cases and adequate support and supervision. A traineeship plan has been developed jointly with HR offering the opportunity for one member of staff to train to be a Social Worker over two years through the Bangor University with the possibility of securing a permanent post in the service post qualification. 	 Corporate Induction session available on a monthly basis for new staff. Ensure progress with the Action plan, Meetings will be held every 6-8weeks to monitor progress plus to monitor other workforce issues. Further work to be undertaken to complete the restructuring, including reviewing the arrangements for the Child Placement Team, making the best use of Support Workers to support families, as well as ensuring that administrative support is appropriate for Practice Groups to effectively carry out their responsibilities. Review the Workforce Strategy late Summer 2018. 	 Yet to be done Newly qualified social workers report they have received clear guidance and expectations, support, and constructive feedback regarding their practice and on the quality of their work. Staff report positive satisfaction in the workplace and feel supported in carrying out their responsibilities. Commenced 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. Evidence that induction meetings are being held and that new staff of the opinion that they are useful in relation to guidance and expectations, support, informing their practice and quality of work. 	Melanie Jones & Margaret Peters	Jan 2017	Ongoing

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	A CTION TO BE TAKEN AND		ACTIONS DECUDED TO		IFAD		END
	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
		 Service Induction programme produced for new staff Workforce Action plan being progressed to monitor progress against the short-term actions up until December 2017. June/July 2017 Workforce Strategy completed. Action Plan in preparation May 2017 Draft Workforce Strategy produced in collaboration with HR that includes relevant sections on recruitment, retention and support, induction arrangements, buddying, coaching and mentoring, shadowing, enhanced post qualification training and development opportunities, first year in practice guidance. Strategy shared with staff for comments. Induction expectations on Mangers highlighted – this linked to advantages of new structure and increased number of practice leads. HR related issues – weekly meetings established to address all related issues including recruitment. 4 bilingual, newly qualified Social Workers recruited. All social worker posts filled with temporary/permanent staff/recruitment in place. Open advert for experienced social workers. Session for induction guidance for Managers happened in March. First year in practice guidance being reviewed by Practice Learning Co-ordinator 					
1.2	 Resolve Staffing matters to include: Recruit to permanent posts Exit strategy for agency staff 	 November 2017 – January 2018 One permanent Social Worker appointed early January Fôn Roberts has been in post as Head of Service since early December. We continue to reduce the number of Agency staff, 7 Agency staff are currently employed on a temporary basis covering 5 empty Social Worker Posts. One Agency Staff if funded through the Edge of Care Grant. 2 members of staff have started their Traineeship. A new recruitment initiative was put in place in November to try to attract permanent experienced Social Workers. Rolling adverts are included in the Guardian for a year. 4 x additional Support Workers recruited within TAF funded from Families First 	 Reduce the number of Agency staff. 3 Newly Qualified Social Workers will commence in the Service late September bringing the number of vacant permanent Social Worker posts down to 3. The rolling advert to attract experienced permanent Social Worker will be advertised 3 times during the next 6 months. 	 Yet to be done A stable and permanent workforce which results in: 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. 	Senior Management Team and HR	Nov 2016	Ongoing

		indations in red - mgn pri		* * * *		
ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME / IMPROVEMENT		START	END
LINKS TO CIW		ACHIEVE IMPROVEMENT	AND EVIDENCE	OFFICER		
RECOMMENDATIONS						
	• Additional Personal Advisor recruited funded with St.					
	David's Day Welsh Government Grant to provide					
	practical and emotional support to young people who					
	leave care when they are 18 years old.					
	September & October 2017					
	 Head of Service has been appointed and will 					
	commence in post at the beginning of					
	December.					
	 We have recruited 8 new Social Workers over 					
	the last few months, all of whom are local and					
	apart from one social worker are fluent Welsh					
	speakers. This will ensure that we are able to					
	meet the linguistic needs of children and					
	families coming into contact with the service.					
	 7 Agency staff are currently employed on a 					
	temporary basis covering empty Social Work					
	and Team Manager Posts.					
	We have developed Social Work Traineeship					
	arrangements internally and 2 of our staff will					
	now train to become qualified Social Workers					
	over the next 2 years.					
	 We have failed to appoint to the post of 					
	Quality Assurance Manager which has slowed					
	our progress in relation to delivering on the					
	Quality Assurance Framework.					
	August 2017					
	Meetings are being held every two weeks					
	between HR and Children's Services senior					
	managers to ensure that recruitment and					
	workforce development issues move on at					
	pace. This to include regular updates on					
	staffing levels, staffing chart and caseload.					
	 Appointed the Resilient Families Team 					
	Appointed 2.5 Engagement Officer in Teulu					
	Môn					
	8 Practice Leaders now appointed commencing					
	on the 4 th of September					
	 Discussions to be held around extending 					
	Agency Staff contracts to be extended until					
	end of December					
	June/July 2017					
	Agency staff contracts extended until end of					
	September 2017 to ensure workforce of					
	sufficient numbers and experience. Aim to					
	1					

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Purpose of Supervision			analysed: so that we can report on the findings. This		regular and quality supervision. The Supervision			auditing
		-	will be done once all individual audits are presented.					OA I
			Nevember Jonuer 2018		1			~
• Benefits of Supervision Indequality of practice needs further work. :		Benefits of Supervision	<u>Inovember – January 2018</u>		1 1 1 1			2017
		Supervision	will be done once all individual audits are presented. <u>November – January 2018</u>		Survey responses indicate a lack of consensus across the service on this: and the impact of supervision on the quality of practice needs further			QA June 2017

ACTION TO BE TAKEN AND LINKS TO CIW	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
RECOMMENDATIONS				OTTICLK		
 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 CIW 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.	 An Audit of supervision arrangements commenced in October 2017 across Children's Services. This audit has not progressed as planned – as the relevant managers have not completed the work of auditing supervision records across teams. They have been asked to provide the reasons for this. Anecdotal evidence would suggest that this is an issue around recording of the supervision records. A staff survey has been completed: and this shows some positive results. Mentoring for managers on outcome-focused supervision workshops designed to develop reflective practice held in December for Practice Leaders. On-going advice and guidance provided to individual social workers on completing assessments, recording and assessing risk. September & October 2017 A feedback form has been developed by colleagues in Training to ask what staff have learnt from the training they have received, have they put what they've learnt into practice, what would they change about the course if anything. Staff completed these forms during the Staff Conference in October. We are currently analysing the information. A planning workshop was held for Senior Management Team with Rhonwyn Dobbing in preparation for the 3 outcome focused supervision workshops. We have continued to remind staff that supervision is a priority and that all staff need to have regular supervision in line with the Policy. Supervision continues to be tracked by the Head of Service to ensure compliance. Managers/Practice Leaders will be held accountable for non-compliance. Audit of supervision arrangement scommenced in October 2017 across Children's Services, including staff perception of supervision through questionnaires and focus groups. Initial feedback from the auditor is that progress with the work is slow as managers are unable to provide all the records of supervision that were to have happened in the nominated period. It is unlik		The response to the impact of the new structure on the capacity to provide professional leadership to support the workforce through regular and quality supervision shows that this is still work in progress. Clear guidance on standards and good practice clearly communicated and available to all through regular Supervision. 67% of responders agreed that supervision helped them better understand what they need to be doing. This needs building on. Managers complying with the Supervision Policy and Risk Model incorporated into Supervision sessions with staff. 83% agreed or strongly agreed that they were able to do this. This will be tested further during an evaluation of the recent coaching/mentoring of the Risk Model Regular audits across Children and Adult Services showing good quality and consistent Supervision. Regular audits are showing that improvement in management oversight and supervision policy. Staff report that they are effectively supported to carry out their duties. – Circa 75% agreed or strongly agreed in the supervision survey that they are effectively supported to carry out their duties. 79% agreed or strongly agreed that they receiving supervision often enough. Managers' report that they are enabled to support staff to the required standards. – 83% agreed or strongly agreed that they were able to do this.			The Supervis ion Policy has been complet ed but too early to evidence outcome

			ndations in red - high pri				
	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
		 Mentoring by Bruce Thornton has started to work with each practice lead in terms of how they embed the Risk Model in their work including during supervision. <u>August 2017</u> Arrangements made with Rhonwyn Dobbing on undertaking outcome focused supervision training for Practice Leaders. Three workshops will be held and the purpose is to support supervisors in examining their role in outcomefocused supervision and to consider the value of outcome focused supervision for service users, workers, social work practice and for the organisation. It should also strengthen the role of supervisor, consider core skills and challenges for different practice groups. <u>June/July 2017</u> Training on the Supervision policy held and training on the risk model held in June. On-going tracking and monitoring of supervision arrangements to ensure compliance of the Policy. <u>May 2017</u> Supervision policy revised and shared with staff Tracking arrangements in place to monitor strict compliance with Supervision policy Supervision policy completed Training on the Risk Model and its link with staff Supervision has been provided to all staff and Managers. 					
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 	 February-March 2018 Service Manager Intensive Intervention holds monthly meetings with Practice Leaders to focus on the quality of Social Work practice and improvement required. Arrangements for PL are regularly reviewed to ensure they have capacity to supervise and support their staff. November – January 2018 The office re-organisation has happened with Practice Leaders located with their Practice Groups. September & October 2017 The Service Induction Progamme is continuing (see below) 	•HR to provide regular updates regarding recruitment and retention rates for the Service. (This could be part of what is discussed in the 6-8 weekly meetings with HR).	Commenced Managers' report enhanced confidence in their skills in making correct and safe case management decisions. 83% of staff who completed the Staff Questionnaire in November 2017 agreed. 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 providing stability in the workforce. 74% of staff who completed the Staff Questionnaire in November 2017 strongly agreed or agreed.	Senior Management Team	Jan 2017	March 2018 Too early to evidence outcome , develop mental opportun ities for Practice Leaders have

ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME / IMPROVEMENT	LEAD	START	END
LINKS TO CIW		ACHIEVE IMPROVEMENT	AND EVIDENCE	OFFICER		
RECOMMENDATIONS						
Managing difficult	Practice Leaders took on responsibility of their Practice		Increased confidence in workforce and			been
conversations	Groups at the beginning of October. Most had a 3 week		organisational reputation in feedback from			given
• Providing regular and quality	induction period with no management responsibility for		partners.			
Supervision	staff.		Regular case file audits showing an improvement			
• Developing Practice leaders in	August 2017		in the quality of assessments and care and support			
coaching and mentoring skills	• A repeat audit was undertaken in May/June 2017		plans.			
Links to CIW Recommendation 6:	confirmed positive progress was being made in relation		Regular audits across the Service showing correct			
Arrangements for team managers	to referrals that proceeded to Strategy and Conference:		and safe management decisions being made by			
and senior practitioners should be reviewed to ensure capacity to	Quality of Strategy Discussions/Meetings Quality of		Managers.			
effectively and consistently provide	Assessment. Key Themes are as follows:					
management oversight of decision	 Attendance and recording at Strategy Meetings has 					
making, challenge and direction for	improved					
staff across the service; a leadership	• Increased use of Risk 2 tool					
and development programme should be made available to build resilience.	 Strategy meetings timely 					
be made available to build resilience.	 Increased use of Chronologies evident 					
	 Improved quality of assessments evident. 					
	• Consistency of forms still a problem (S.W.report					
	/Core/Risk2/ Care and Support Assessment and Eligibility tool all in use).					
	 Conceptual shift from filtering risk to identifying 					
	strengths not fully embedded					
	 An Away Morning was held on the 28th of July for 					
	Senior Staff Members to agree arrangements for the					
	restructure of the service and to start discussing					
	arrangements for Practice Leaders.8 Practice Leaders successfully appointed					
	 Service induction programme is in place for 					
	September to include training sessions on:					
	• Vision for the Service, overarching organisation, SIP					
	 Managing sickness absence & Return to Work 					
	Interviews					
	Complaints and Flexi					
	Collaborative Communication					
	 Supervision Workshops -3 x full days workshops on Outcome focused supervision 					
	PLO and Court work					
	Time Management & Diary Management, Prioritising					
	Work and Expectations					
	 Delivering ACE Parental Groupwork Sessions 					
	Performance					
	• Capability					
	Management Style Course					
	 Quality Assurance and Audits 					

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	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
		 Thresholds & Correct decision making and staff carrying out actions Care planning & Reviewing C & S, CP & LAC Case recording Assessments and Risk Model Caseload Management – Allocation of cases, Step down to TAF and not closing cases to Children's Services, reduced caseload for newly qualified – maximum 12 cases Family Group Conferencing, Participation and Parenting Development Work North Wales Police Public Protection Unit CAFCASS Motivational Interviewing June/July 2017 Audits started for Quarter 1: Case file audits, multiagency audits, thematic audits, analysis available end of July Training held for Managers on Managing difficult conversations 7 Practice Leaders appointed, 4 internal staff and 3 external. Training provided to Managers on Providing regular and quality Supervision 4 Managers currently undertaking accredited Leadership and Development training. Service restructure and establishing smaller operational Teams is proceeding and will ensure increased capacity for Managers to provide consistent guidance, supervision and support to staff. Arrangements have been made for Adults Services Managers in their professional development. 					
1.5	CIW 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. CIW Recommendation 8:	 February – March 2018 Laming visits have happened November – January 2018 The Members Panel continues to meet on a monthly basis. Seven meetings have been held to date. 3 Laming visits have happened since October 2017, with visits to the Early Intervention Service, Resilient Families Team and Specialist Children's Services September & October 2017 	 Continue to support senior leaders to improve their knowledge and understanding of the complexities and risks involved in delivering children's services. 	Yet to be done 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 managers within the service report that the support and challenge provided by senior leaders and elected members have continued to improve.	Chief Executive Director of Social Services	January 2017	On- going Number of Councill ors attended the Inclusio

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RECOMMENDATIONS						
	 The Members Panel has continued to focus on monitoring and challenging the implementation of Children's Services Service Improvement Plan, holding the Director of Social Services and Head of Service to account. Four meetings have been held since the Local elections in May. The purpose of Laming visits has been reviewed and the questions asked during visits are and will be linked to relevant outcomes in the SIP. Laming visits for Members have been scheduled until May 2018. A recent Laming visit was undertaken to the Child Placement Team on 27.10.17 by the Assistant Chief Executive, Scrutiny Chair and an elected member of the Panel. The Leader of the Council, is also the Portfolio Holder for Children's Services and she is very supportive and closely involved with the monitoring of the Service Improvement Plan through monthly meetings with the Head of Service to discuss progress and developments. August 2017 A schedule of monthly Laming visits between July 2017 and May 2018 has been presented and agreed by the Children Services Improvement Panel on 21/08/17. Laming visits have commenced. Initial discussion held with Andrew Bennett, Public Health Research, Training and Consultancy about the possibility of running a session available for all Members/Senior Leaders around Adverse Childhood Experiences. The Second Members Panel was held on the 21st of August and a tracking document has been produced for the work of the panel. June/July 2017 The new Council Leader/Director of Social Services the Interim Head of Children's Services and Interim Scrutiny Manager have reviewed the role of the SS&WB Member panel in the creation of the ToR for the Children's Panel Elected members and Senior Leaders to continue with regular Laming visits. 		Professional partners and communities report that the Council are effectively discharging their responsibilities in line with SS&WB Act. Commenced Senior leaders and elected members report that the Service Improvement Plan is delivered on time and to the required quality.			n Festival

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CIW recommendations in red - high priority

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	 May 2017 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 complexities of Children Services 					

2. Quality and timely assessments, interventions and decision making to protect, support and manage the risks for children: good quality chronologies, record keeping & research evidence and tools

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 2.1 Improvement in the quality of practice. <u>Areas of focus:</u> Child protection, child protection and LAC social work visits Risk Model – improve analysis of risk Assessment - What matters, 5 areas of assessment. 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. Record keeping Collaborative Communications' course on strengths based conversations. Recommendation 10: The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.	 February – March 2018 The Q3 analysis of practice quality was completed. Previous reports showed that the process of monthly casefile audits was taking root within the service, with sufficient returns upon which to draw out thematic conclusions. In Q3, the level of returns was not sufficient to form a firm base for analysis. The nature of the other evaluations was mainly case specific and included two management reviews which included some earlier periods of practice. As a result, drawing service wide matters from audit was limited for this quarter. This was partly mitigated by the: Thematic analysis of practice by the independent safeguarding officers Quarterly overview and oversight feedback by the independent safeguarding officers Analysis of the Q3 complaints and compliments The findings showed that the Quality of care and support plans including the pace for completing assessments and implementing work accelerated and sustained was poor. Supervision supporting improved practice and improved decision making and management overview was inconsistent. Quality and consistency of record keeping 	 The service needs to focus on Working to achieve Manageable Caseloads- Practice Leads must work with their practitioners to step down cases whether this is possible Focus on improving assessments - small group learning sessions on developing assessment practice: and how to use the eligibility tool. Improved preparation for Statutory Reviews and Review Case Conferences Corrective action in terms of Placement with Parents' cases Lac Care Plans or LAC Care and Support Plans must be put in place on relevant cases within the next month Practice Leads and Manager must make sure that their management oversight is recorded Acute focus on Permanency Planning for Looked after children to reduce the numbers of children being looked after – Complete the cases that require revocation: and identify all cases where an SGO might be appropriate and focus on progressing those cases. 	 Yet to be done Review the thresholds for a child becoming looked after as a consequence of evaluations that thresholds for CP registration and Part 4 meetings have been identified as poor practice Evidence in 'prevention' and 'supporting' with more children remaining at home. Regular audits are happening however they are not able to report consistent improvements in the quality of practice, assessing risk and record keeping. Regular audits are happening however they are not able to report consistent improvement in the quality and consistency of record keeping and they are up to date and are systematically stored. Increase in positive feedback from service users on the progress they have achieved with the support of Children's Services. There were less complaints in Q3. However this needs to be tracked on a longer basis. Commenced Action plan being progressed with a pace in terms of improving the child protection conference process	Senior Management Team Training	Jan 2017	March 2018

L	CTION TO BE TAKEN AND INKS TO CIW ÆCOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
L	INKS TO CIW	 IMPROVEMENT was inconsistent, but with evidence of improvement. Quality, consistency and timeliness of child protection enquiries and improvement in the level of understanding and application of thresholds for referrals, assessments and child protection was inconsistent. A thematic audit on Placement with Parents showed that the cases were not meeting the statutory requirements. Following an earlier audit which identified that not all cases had child protection plans – a return audit showed that these were now in place with only a couple of individual cases remaining. The same work was carried out for LAC children – however limited progress has been made in ensuring that each LAC child has an up to date plan Positively the analysis of the December casefile audit (which was only completed in February) showed some very good work, both in a number of the cases (6 rated 'good') and also in the work of the auditors, many of whom have provided helpful and insightful comments. The audit focused on practice since October 2017. The audit found good practice in the following areas Case recording was mostly up to date. Management decisions in response to referrals were being made within 24-hours, were clear, and were being made within 24-hours, were clear, and were being responded to appropriately. Where strategy discussions were needed, it appeared that these were also being held in a timely way and were resulting in clear decision making which was succinctly recorded. This appears to be true of management decisions in general throughout this audit. 	•			START	END
		 Many of the cases audited this month were at quite an early stage, but auditors generally praised the standard of assessment and analysis, including clear decision making in one case regarding case closure. 	improve performance data. The priority for the next reporting period is to improve assessing practice. Training is provided by Bruce Thornton on using the Risk Model in assessments. We will work with staff to define standards for assessments.				
		 In the vast majority of relevant cases (8 out of 11), statutory responsibilities were being met – such as holding strategy discussions, completing assessments and S47 investigations within timescales. 	Reflective Practice in Social Work I. Child protection				

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	 In 7 out of 10 relevant cases the work done around case transfer and case closure was judged to be 'good'; there was generally evidence on file that case closure was being discussed with children, parents and partner agencies and that their views were being sought, and there were some good summaries of reasons for closure on file. Motivational Interviewing and Brief Solution Focused Therapy training delivered in Q4. It is too early to see how this has impacted on practice. 	 How to establish and maintain high quality relationships with children, young people and their families. Record keeping. Guidance to be developed on good practice around record keeping. Bruce Thornton commissioned to establish an operational model within the new system -WCCIS. Practice guidance to be developed around CP and LAC social work visits. 				
	• There is a clear expectation that care and support assessment need to be current with an analysis in relation to risk of significant harm. Social Work staff have been provided with clear guidance that there needs to be care plans in place for all children on CP register, Looked After and care leavers and that social work visits should be undertaken in accordance with statutory timescales.					
	• There has been a continued reduction in children on CP register where multi agency Conference has assessed that the risk of significant harm has reduced sufficiently. At the end of March 2018 there were 46 children on the register compared with 48 at the end of December 2017.					
	• The number of looked after children has remained stable during this period with 144 looked after in March 2018 compared with 139 in December 2017.					
	 November – January 2018 The Q3 analysis of practice quality has not yet been completed. A number of practice evaluations were held during the period – and the learning has been disseminated to the practice leads/managers. A summary conclusion is that practice remains inconsistent in many areas: and some of the basic requirements are not being met e.g. child protection plans, Care and Support Plans. Audits have shown that there are improvements in the standard of recording: however it is to the staffs credit that this is being maintained despite difficulties in familiarising themselves with a new system. There are some examples of Practice Leads seeking to work in a different way – to embed new ways of working: but this is not consistently applied across the service. 					

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT EXPECTED OUTCOME / IMPROVEMENT & LEAD OFFICER B However practice remains inconsistent: and that the service is yet to realise a number of its improvement objectives in terms of the sumber of its improvement objectives in terms of the sum time of the sum tin time of the sum tin tin time of the sum time of the sum tin time	
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chipatiyas in terms of the quality of practice	
objectives in terms of the quality of practice,	
assessment, analysis, risk management and care and	
support planning	
An Interim Manager has been appointed to help drive practice improvements via coaching/mentoring,	
development of processes and procedures and	
establishing practice standards. This work is	
ongoing. The coaching and mentoring by Bruce	
Thornton on the Gwynedd/Thornton Risk Model is	
continuing and an evaluation is underway. Anecdotal	
evidence is that this is helpful.	
• There has been less complaints to the service in Q3	
compared to Q2, - 12 down to 3, and the positive	
comments increased from 24 to 31.	
September & October 2017	
Collaborative Communications course held on the	
28th and 29th of September and the shift to	
working under the SSWBA is still ongoing.	
The summary of quarter 2 performance does	
evidence a range of evaluation sources –	
management reviews, complaints, thematic audits,	
regular casefile audits. Main findings is that the	
practice remains inconsistent: and that the service	
is yet to realise a number of its improvement objectives in terms of the quality of practice,	
assessment, analysis, risk management and care	
and support planning. There are signs of some	
improvement in initial decision making and	
recording.	
 Targeted interventions continue to be undertaken 	
with individual Social Workers who have not	
improved the quality of their practice	
• A Court Action Plan has been developed to focus	
on improving the quality and analysis of all	
assessments undertaken to inform our decision	
making and will support arrangements for 'front loading' public law cases. Practice Leader's now	
have oversight of the Court timeframe for cases	
within their Practice Groups and will support and	
guide Social Worker's to ensure better preparation	
for Court and that documents are filed on time.	
Children's Services have adopted the	
Thornton/Gwynedd Risk Model to continue	

		nendations in red - nigh prio				
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
RECOMMENDATIONS						
	supporting social workers to work proactively with					
	families to manage risk - spending much more time					
	working alongside them helping them to change so					
	that the family is a safe place for their children.					
	 Bruce Thornton co-author of the model is 					
	undertaking a Practice Coach/Mentoring					
	Development role for a period of 7 months to focus					
	on:					
	 Providing coaching and mentoring to help 					
	develop the kills, knowledge and					
	competence of practitioners and practice					
	leaders.					
	 Support Service Managers to implement, 					
	process, systems and procedures to ensure					
	that the Risk Model is implemented within					
	service processes					
	Support the development of the Risk Model					
	within critical and reflective supervision.					
	 Despite the inconsistency in practice, we have 					
	positive evidence of the workforce working					
	directly with families leading to improved					
	outcomes.					
	We have seen a significant reduction in the					
	children on the Child Protection Register from 102					
	in March 2017 to 56 on the register on 31st of					
	August, 2017 a 55% decrease.					
	8					
	• The number of Looked After Children has					
	remained consistent during the last 8 months					
	because we are trying to support children to remain					
	living at home when it is safe to do so.					
	 Ongoing discussions regarding the requirements 					
	for Performance Monitoring Reports from the new					
	Social Care System – WCCIS which was rolled					
	out in August. We were only able to report on 4					
	out of the 6 corporate scorecard indicators due to					
	further work being required to establish an					
	accurate picture to current performance. This work					
	has been ongoing and the Service has an action					
	plan in place to improve the position and provide					
	accurate and up to date data for consideration.					
	r r					
	August 2017					
	• Audits – both case file and thematic – on a					
	service and multi-agency basis - held during the					
	month. Caseloads for frontline team remain					
	higher than the service management team would					
	wish for, evidence from audits suggests that					
	practice remains inconsistent.					

ACTION TO BE TAKEN AND		ACTIONS REQUIRED TO ACHIEVE		LEAD	CT A DT	END
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE		EXPECTED OUTCOME / IMPROVEMENT &		START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
RECOMMENDATIONS						
	 Draft Framework for Improving Quality of 					
	Practice developed for consultation					
	 SMT considering findings of the Q1 quality 					
	report - recommend prioritising improvements in					
	assessment practice					
	Challenged and supported individual workers to					
	improve their practice					
	Practice evaluation Report Q1 2017/18 doc Case					
	file auditing completed on the following practice					
	areas: LAC step down audit, Report for placement					
	panel, planned monthly case file audits by Team					
	Managers, Responsive auditing (Stage 2					
	complaints) and Initial decision making, screening,					
	strategy discussions and meetings and simple					
	assessment. Service User views and evaluation of					
	previously conducted management reviews. This					
	report shows that practice remains inconsistent					
	however; there are examples of good practice that					
	have been confirmed by CIW as achieving the					
	required outcome for the child/ren and their					
	families.					
	 CIW tracked two cases – 'Case files were read, 					
	social workers, managers and families interviewed.					
	The cases provided evidence of good outcomes for					
	families. A good range of services were					
	effectively used. The social workers interviewed					
	were very motivated and committed to providing a					
	high quality service. They achieved a very high					
	level of engagement with the families. The					
	families were motivated and supported to address					
	and change deeply engrained patterns of behaviour					
	related to substance misuse and domestic violence.					
	Social workers were well supported although not					
	always through formal supervision.'					
	Case 2 provided evidence of :					
	'Good use of systems and services. A good range					
	of services - LAC, Domestic Violence, FGC in					
	planning, specialist service therapeutic assessment.					
	Children's and family's needs have been met.					
	Social worker was skilled able to maintain her					
	relationship with mother and children and do direct					
	work with children. From the discussions and file					
	she had made a significant contribution in moving					
	the mother's expectations, thanking and					
	behaviour.'					
	 A repeat audit was undertaken in May/June 2017 					
	on the referrals that proceeded to Strategy and					
•						

		hendations in red - nigh prio		TRAD		
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &		START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
RECOMMENDATIONS						
	Conference: Quality of Strategy					
	Discussions/Meetings Quality of Assessment.					
	Key Themes are as follows:					
	• Attendance and recording at Strategy					
	Meetings has improved					
	 Increased use of Risk 2 tool 					
	 Strategy meetings timely 					
	 Increased use of Chronologies evident 					
	• Improved quality of assessments evident.					
	 Consistency of forms still a problem 					
	(S.W.report /Core/Risk2/ Care and Support					
	Assessment and Eligibility tool all in use).					
	 Conceptual shift from filtering risk to 					
	identifying strengths not fully embedded					
	 Teulu Môn practice guidance being developed by 					
	the Early Intervention Service Manager					
	Bruce Thornton has been commissioned to					
	produce Guidance on Record Keeping and					
	Decision Making					
	6					
	• The quality of practice continues to be					
	inconsistent.					
	 Draft Multi Agency practice guidance have been 					
	completed to be ratified at the next Local					
	Delivery Safeguarding Group in October, areas					
	covered are					
	Multi Agency Child Protection Practice					
	Guidance Investigation Thresholds					
	Multi Agency Child Protection Practice					
	Guidance – Key Workers and Core Groups					
	Multi Agency Child Protection Practice					
	Guidance- Registration Thresholds.					
	 Part 4 AWCPP2008 					
	Making Referrals					
	• A draft document has been produced setting out the					
	way of working for the service (Collaborative					
	communication, co- production and assessment of					
	risk). In preparing this document the service has					
	considered the need to improve practice in relation to					
	forming good quality assessments and respond to the					
	requirements within the Social Services and					
	Wellbeing Act (Wales) 2014 to work collaboratively					
	with children and families. This document sets out					
	the service's vision in how we will assess risk, co-					
	produce and conduct collaborative communication					
	with children and families in Anglesey.					
	· · · · · · · · · · · · · · · · · · ·					
	June/July 2017					
J	Cano, Cary 2017					

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	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
	LINKS TO CIW RECOMMENDATIONS	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
	RECOMMENDATIONS	Audits started for Quarter 1: Case file audits, multi-					
		agency audits, thematic audits, analysis available					
		end of July.					
		Challenged and supported individual workers to improve their practice					
		 The quality of practice continues to be inconsistent. 					
		 Staff session held for Social Workers to discuss 					
		practice standards and ask staff for ideas on what					
		would help to improve the way of working					
		May 2017					
		• Training Unit have arranged training for all social					
		care staff on:					
		Assessing Carers in the Long-term					
		Implementing the Induction Framework for Foster Carers					
		Changing Culture and Measuring Performance					
		in line with Social Services and Well-being Act					
		Collaborative Communication / Outcome					
		focused conversations					
		 Regional Templates – Including Assessment, What matters, 5 areas of assessment, Care and 					
		Support plans which are Outcome focused					
		• Making the Most of Supervision – for Managers					
		Providing Constructive Feedback and Managing					
		difficult conversationsMaking the Most of Supervision – for staff					
		 Making the Most of Supervision – for start IFSS Resilient Families training (including Brief 					
		Solution Focused Therapy and Motivational					
		Interviewing)					
		Collaborative Communication - follow-up					
		 General Safeguarding for Social Workers Risk Model 					
		Child Sexual Exploitation and Return Home					
		Interviews					
		Motivational Interviewing					
2.2	CIW recommendation 3:	February – March 2018	Audits would show that we need to improve	Yet to be done	Service	Jan 2017	Ongoin
	Senior leaders in social services and	See 2.1	our arrangements for:	Regular audits are happening however they are not	Mangers		g
	the police will work together to ensure	• The Multi agency guidance were not approved by the		able to report consistent improvement in the			
	improvements to the: 1. quality,	Gwynedd and Mon LDG and therefore can only be	- Recording of Strategy Meetings/Discussions	quality, consistency and timeliness of child protection enquiries leading to improved outcomes			
	 quality, consistency and 	used as an IOACC document. They have been translated and they will be launched during q1	- Ensure that all relevant agencies are	for children and young people.			
	3. timeliness	2018/19. The guidance in terms of thresholds for	part of the Strategy				
	of child protection enquiries.	investigation has been sent to the North wales	Meetings/Discussions	Staff report clearer guidance and improved			
		Children Safeguarding Board Policy and Procedures	 Ensure improved oversight of s47 investigations 	understanding of roles and responsibilities through			
		Group. There has been no formal adoption to date.	investigations	the implementation of the Practice Guidance.			

Practice Guidance to be developed Between Practice Guidance and Subtrans streamed with a subgroup of the SVSCE is analysis of the S	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	Practice Guidance to be developed between Police and Children services around child protection referrals, strategy discussion/meetings and	 develop a regional approach to JT training. The North Wales Policy and Protocol Sub Group will be discussing the joint protocol between the Police and Children Services at the end of April to decide if it will be approved across the region. Training arrangements will now be arranged on a multi agency basis. Both Service Managers for Early and Intensive Intervention have established a positive working relationship with the Police which allows open and frank discussions to be held to resolve any operational matters. November – January 2018 Following analysis of CID 16 referrals work is ongoing between the Police and Children's Services. Discussion around piloting arrangements in relation range of measures to improve the flow and quality of information shared between both agencies. September & October 2017 Regular audits show that there is conflicting evidence in terms of the improvement in the quality, consistency and timeliness of child protection enquiries. A distance travelled audit concluded that attendance and recording at Strategy Meetings had improved and that the strategy meetings were timely. However the Case File Audit (July) and a management review concludes that in several cases auditors expressed concern about strategy discussions or meetings: Not always being held in a timely manner – e.g. one was not till 3 weeks after decision made to hold one Minutes of discussions are insufficient – i.e. to brief References are made for need for follow up strategy meetings and then there is no evidence that they have been held. 	what a s47 investigation entails Provide training and a revised report template which incorporates the				

	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER	SIAKI	LIND
	RECOMMENDATIONS				OTTICER		
_		-decision making, delays, and lack of clear plans and					
		follow through being issues identified.					
		 High level discussions have been held between North 					
		Wales Police and Children's Service around piloting					
		a Multi-Agency Information Advice and Assistant					
		hub. This will progress further in November.					
		nub. This will progress further in November.					
		• The Police are making progress with their analysis					
		of CID 16's, and is suggesting that the next step will					
		be for both teams to meet to compare their					
		conclusions.					
		 Draft Multi Agency practice guidance have been 					
		completed including:					
		 Multi Agency Child Protection Practice 					
		Guidance Investigation Thresholds					
		 Multi Agency Child Protection Practice 					
		Guidance – Key Workers and Core Groups					
		 Multi Agency Child Protection Practice 					
		Guidance- Registration Thresholds.					
		 Part 4 AWCPP2008 					
		 Making Referrals 					
		• The Multi Agency guidance will be ratified by the					
		Corporate Safeguarding Board in December, and will					
		be used by Housing, Education and Partner Agencies					
		in relation to the Safeguarding process. The guidance					
		will also be discussed in the Regional Policies and					
		Procedures Sub Group for them to be used					
		regionally. A training plan will be developed to					
		ensure arrangements are in place for staff to use the					
		Practice Guidance.					
		August 2017					
		• We have met the IAA hub equivalent in both Conwy					
		and Flintshire County Councils in order to explore					
		options and share their experiences. The visit with					
		both Conwy and Flintshire has assisted us in forming					
		clearer mission for our own IAA.					
		• Developed scope of work with the police on joint					
		audit and improvement in terms of referrals, Strategy					
		meetings and s47 investigations.					
		• An audit was carried out on all 81 referrals which					
		were received by Children's Services from the Public					
		Protection Unit in the form of CID 16's between 1st					
		and 14 th of June 2017. 20 of the referrals were					
		deemed to be not clear in the reason for sharing the					
		information. Of the 81 only seven stated what the					
		anticipated outcome for the referral would be. Only					

		nendations in red - nigh prio				
ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END

			mendations in red - high pric				
	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
	RECOMMENDATIONS						
		<u>May 2017</u>					
		 Positive discussion held with the Police regarding 					
		cooperation.					
2.3	CIW recommendation 9:	February-March 2018		Commenced	Early	Jan 2017	Ongoin
	Multi-agency arrangements should be			Improved multi agency safeguarding arrangements	Intervention		g re
	established to strengthen operational	 Multi agency meetings continue to be held between 		leading to improved outcomes and experiences for	Service		multi
	plans to support effective co-	Children Services, Police, Education, Health and		children and young people.	Manager		agency
	ordination of statutory partners'	CAMHS to agree on operational matters. Action Plan					arrange
	completion of Joint Assessment	to improve Child Protection Conference					ments
	Frameworks. – Service no longer	arrangements were discussed in March and		Completed			
	using JAF	agreement was made on how this will be progressed.		A multi-agency Practice Guidance clearly defines			
				local roles and responsibilities and safeguarding			
	Practice Guidance to be developed	November – January 2018		arrangements.			
	between Children Services, Health,	 We have received permission from Welsh 					
	Police and Education to ensure clarity	Government to amalgamate the current Joint					
	in relation to operational	Assessment Framework (JAF) to the care and support					
	arrangements - agreed referral	assessment form. Work on including the measures					
	threshold, improvement in the quality	that the JAF collects has commenced. The Care and					
	of referrals, attendance at strategy	Support Assessment and Plan will be used instead of					
	meetings, core group meetings and	the JAF.					
	information sharing.	 Multi Agency operational meetings with Police, 					
		Health Board, CAMHS, Paediatrician and Education					
		are taking place monthly to discuss joint working					
		arrangements to improve and strengthen current					
		arrangements e.g. the quality of referrals received by					
		Children and Families Services.					
		September & October 2017					
		Work progressed on improving the quality and our					
		understanding of the care and support assessments					
		(Part 1,2,3) this includes the core data set, the what					
		matters conversation and care and support					
		assessment.					
		We have been working to improve our understanding					
		of the national eligibility criteria and gain					
		consistency in recording the eligibility criteria in our					
		assessments. We have identified suitable methods of					
		communication, prompts and tools to improve the					
		quality of the what matters conversation, decision					
		making process and recording.					
		August 2017					
		 Practice guidance completed see 2.2 					
		 Meetings held with CAMHS and CAFCASS 					
		incomings here with criticities and criticities					
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Children Services Improvement Plan Version 7.0 February - March 2018

CIW recommendations in red - high priority

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	 June/July 2017 Arrangements have been made to hold a multiagency task and finish group under the local delivery safeguarding group to develop the practice guidance. 					
	 May 2017 Local Delivery Safeguarding Group agreed on 16.2.17 that a Gwynedd and Ynys Mon multiagency 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 referral threshold, improvement in the quality of referrals, attendance at strategy meetings, core group meetings and information sharing, see. 3.3(4) 					

3. Quality assurance and performance framework that supports the local authority in effectively managing its responsibilities towards children

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
 3.1 Review all children who are looked after to ensure outcome based care and support plans are in place in securing permanence. A service and corporate understanding of the profile of looked after children and children on the CPR. Review all cases where the child's name has been on the CPR for 12months + to decide if cases should be discussed in Legal Gatekeeping Panel (care proceedings) 	 February – March 2018 There is evidence that in a number of cases we do not have up to date LAC plans for Looked after children: and that these have not been put in place following an earlier audit and corrective action instruction. Foster placement Scrutiny Panel has been established by the Service Manager, Intensive Intervention to monitor step down arrangements, that the placements are meeting the needs of looked after children and that LAC review recommendations are prioritised. A Panel to discuss children on the CP register after their 2nd Review (10 months) has been established by the Service Manager, Intensive Intervention to decide on the need to discuss families in pre care proceedings meeting (Legal Gatekeeping Panel). November – January 2018 A review of residential placements is underway. 	 Ensure that each LAC has an up to date plan LAC Review recommendations are prioritised by Social Workers and the pace for completing assessments and outstanding work is accelerated and sustained. Aim to reduce the number of Children becoming Looked After by: Engaging family, friends and community earlier Being creative – additional support/provision Completing in-depth Care & Support Assessments Engaging the child/young person in the Assessment process Listening to children and Young People SMART Care & Support planning Resilient Families intervention 	Not yet done Case file audit showing that care planning by Social Workers for looked after children is significantly improved through implementation of the Practice Guidance. Commenced Intensive work with those looked after children and young people who need 'step down' arrangements are successful leading to improved outcomes. Council is assured that placements are meeting the needs of looked after children and young people. Children rehabilitated safely home through placement with parents/discharge of Care Orders. LAC Review recommendations are prioritised by Social Workers and the pace for completing assessments and outstanding work is accelerated and sustained.		Jan 2017	March 2018

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	 A monthly meeting is held by a Service Manager to discuss the children on the CPR who have been on the register for at least 10 months with Practice Leaders to decide on any actions required for example discuss case in Legal Gatekeeping. The service is looking at developing local care provision to meet the growing demands of Looked After Children, such as: Small Group Homes. Salaried foster Carers and a Overall of the Current fostering offer This is favoured by the elected members not only in relation to cost but more importantly so we can keep Anglesey children within their locality, albeit not living with their birth family. The Services completed the Looked After Self-Assessment for Care Inspectorate Wales on the 26th January 2018. The Challenge Meeting is due to take place on 27th of March 2018. The Service also completed the Adoption Review on 25th January 2018 with Care Inspectorate Wales. September & October 2017 We are seeing evidence of the workforce working directly with families leading to improved outcomes – as we have seen a significant reduction in the children on the CP register from 102 in March 2017 to 56 on the register on 31st of August, 2017, 55% decrease. Work has continued in relation to stepping down arrangements from residential care, 3 young people have been identified to either return home or move to alternative care arrangements. Further work has been undertaken by the Resilient Families Team to ensure there is progression in preventing children becoming looked after and progressing with the stepping down arrangements for the 3 young people mentioned above. Recruitment to Social Work post to revoke care orders has commenced. August 2017 Neview undertaken of Case Conference minutes for 34 children – indicated that in a significant number of cases there was no evidence to justify the judgement of further significant harm. A Practice<td> Need to move away from thinking the needs of Children and Young People can be best met by bringing them into care. When parents request for their child(ren) to be brought into care they must be told that the steps mentioned above* must be worked through. </td><td>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 significantly because of 'step down' arrangements for children and young people. 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.</td><td></td><td></td><td></td>	 Need to move away from thinking the needs of Children and Young People can be best met by bringing them into care. When parents request for their child(ren) to be brought into care they must be told that the steps mentioned above* must be worked through. 	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 significantly because of 'step down' arrangements for children and young people. 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.			

ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
LINKS TO CIW RECOMMENDATIONS	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
	 ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT Leader is now reviewing the same minutes in an attempt to verify the findings. One case referred for management attention as the children had been on the register for 4 years. This was positive and led to clearer decision making, direction and action. The profile of children on the CP register has been completed, work has progressed to reduce the number of children on the register. The number of children on the register on the 31st of August 2017 was 56 compared to 102 at the end of March 2017, 55% decrease. Practice Leader identified to focus on improvements around the quality of work in relation to CP conferences and reducing the length of time that children remain on the register. Work started to understand and challenge "notice periods" given by care providers. Work started to challenge Quality of placements offered. Resilient Families team appointed and we have started to work under the Resilient Families model 		EXPECTED OUTCOME / IMPROVEMENT &		START	END

	Ciw recommendations in red - nigh priority								
	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END		
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER				
	RECOMMENDATIONS								
		 <u>May 2017</u> Team Managers to confirm by May 2017 which 							
		children/young people will have 'step down' care							
		and support plans.Agreement reached by May 2017 over the tasks							
		required to achieve permanence and the intensive							
		work required with looked after children /young people and their families to ensure 'step down'							
		arrangements are successful.							
		 Posts within Resilient Families Team and 							
		appointments made by May 2017.							
		• Care planning for looked after children to be strengthened through development of additional							
		Practice Guidance.							
3.2	Strengthen and embed the Quality	February – March 2018	Review Audit Plan in line with Service	Yet to be done WCCIS is supporting performance management	Safeguarding	Jan 2017	March 2018		
	Assurance Framework within the Service, through:	 Systematic and planned audits have continued: and we are able to show how these lead of corrective 	Improvement Plan 2018/19	WCCIS is supporting performance management and caseload management through easily accessible	and Quality assurance		2018		
	1. IRO and CPC to report quarterly	action and improvement work.	 Provide Tools, support and training to staff to implement the framework 	'reporting' features made available to Managers.	Service				
	on their assessment of the	Other elements of the QI framework have been	 Take forward with greater pace the learning 		Manager				
	operational performance through	implemented – Practice and Meeting Observation	and improvement work – learning circles,	Workers have sufficient capacity to engage					
	 conference and review. IRO and CPC to draw out, on a 	 Continued provision of Risk Model Coaching and 	lunchtime professional meetings, action	effectively with children and their families through Manager's implementation of the caseload					
	thematic basis, issues regarding	Mentoring	learning sets etc	Guidance.					
	quality and learning for the	 Completed the Practice Standards 	 Appoint to the vacant posts 1.5 in the unit 						
	Service.	Appointed to a Key post – Quality and Practice	Complete the IRO/CPC standards	Commenced					
	3. Managers to undertake regular audits on focused areas:	Improvement Officer which will enhance the unit's ability to take forward with greater pace the learning	 Agree how we review/rewrite the Procedures including whether working with 	Quality assurance reports and case file audits are happening and is showing that the direction of					
	Supervision	and improvement work – learning circles, lunchtime	Procedures on Line may be a way forward	travel for practice is one of improvement: albeit					
	Recording	professional meetings, action learning sets etc	to ensure access and up-to-date amendments	inconsistently.					
	• Assessment	 IRO/CPC have an improved quality assurance role 	on an ongoing basis,	Progress made in ensuring that the IRO/CPC have					
	 Quality, consistency and timeliness of child protection 	leading to learning and improvement in the quality of		an improved quality assurance role leading to					
	enquiries	practice	• Guidance to be developed around caseload	learning and improvement in the quality of					
	Caseloads and reports regarding the	 Reviewed the Children Services Procedures which showed that they need to be rewritten in many areas 	management to ensure there is sufficient	practice.					
	quality of workers' performance to be	showed that they need to be rewritten in many areas	capacity for workers to engage effectively	QA and Safeguarding Unit to drive improvement and changes to practice across the Service through					
	continuously monitored.	<u>November – January 2018</u>	with children and their families –	learning from thematic and qualitative reports.					
	CIW Recommendation 13:	• There is less compliance by managers and Practice							
	Performance management and quality	Leads with the requirements to complete audits on a planned way.		In Place					
	assurance arrangements, including	 The Safeguarding Unit have worked together on two 		Regular and timely qualitative reports are submitted without delay to the leadership team,					
	scrutiny of service demand and routine auditing of the quality of practice,	thematic reports during this period – which will be		including members. We are able to show how these					
	needs to be embedded so that managers	fed into the Q3 report. This strengthens the oversight		lead of corrective action and improvement work.					
	at all levels have timely, relevant and	and overview of the independent officers and puts in place another element of the IQ Framework.							
	accurate performance and quality	 An implementation plan for the remaining elements 		Framework and tools for structured governance and scrutiny arrangements through regular case file					
	assurance information to enable them to	of the IQF has been developed in collaboration with		audits.					
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L	CTION TO BE TAKEN AND INKS TO CIW ECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	their jobs effectively and to deliver	managers and practice leads: and this will need					
	nprovements.	approval by the SMT in its next meeting.		Completed the Practice Standards			
		approval of the birr in its ient meeting.					
C	IW Recommendation 14: Caseloads	• An interim manager has been brought in as					
ar	nd reports regarding the quality of	additional capacity to continue in the development of					
w	orkers' performance should be	the improvement in a planned and systemic way.					
co	ontinuously monitored to ensure there	The substantive Quality Assurance post currently					
	sufficient capacity for workers to	advertised.					
	ngage effectively with children and	 All cases that have been judged as inadequate in 					
th	eir families.	previous audits will be reviewed by the interim					
		manager.					
		 Guideline to support Practice Observation 					
		developed: currently with Practice Leaders for					
		consultation.					
		Continued provision of Risk Model Coaching and					
		Mentoring					
		• Good Practice Group established to take forward the					
		drive improvement and changes to practice across					
		the Service through learning from thematic and					
		qualitative reports/This needs time to embed and					
		make an impact.					
		September & October 2017					
		Quality Improvement Framework approved by the					
		Service Management Team following a period of					
		development, consultation and collaboration. The					
		aim of the framework is to the approach that					
		Children's Services will take to ensure that it is					
		 Providing safe professional practice 					
		 Supporting the right children/adults, in the 					
		right way, at the right time					
		• Evaluating whether it is making a difference to					
		practice improvement					
		• Providing a professional context that supports					
		learning, reflection, openness and supportive					
		challenge					
		• Taking the improvement agenda beyond					
		compliance with procedure to a commitment to improve the quality of the social work					
		practice delivered to children, their families					
		and carers.					
		• A number of the key elements of the framework					
		are in place –					
		Communication and ensuring a shared dialog					
		about quality					

Ciw recommendations in red - nigh priority							
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &		START	END	
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER			
RECOMMENDATIONS							
	 Practice improvement group: sharing 						
	disseminating: shared dialogue						
	Coproduce standards						
	 Provide training and development 						
	opportunities						
	 Provide practice guidance and procedures 						
	 Recruit and retain the right people 						
	Supervision Expectations						
	Management Overview Expectations						
	• The process of casefile audits & Multi Agency						
	Audits are taking root within the service.						
	 The Head of Service has decided to set up a 						
	scrutiny panel within the service to maintain an						
	overview in relation to permanency planning.						
	The Improving Quality Framework recommends						
	setting up an IRO recommendations and challenge						
	log. Audits have shown that in the cases where						
	delay in progressing a child's care and support						
	plan (under part 6) the IRO had been						
	recommending steps to achieve permanency.						
	Those recommendations had not been progressed.						
	• Priority for the next reporting period is Social						
	Work assessments: integrating the risk model into						
	practice and ensuring that the assessment becomes						
	the "currency" within the service.						
	Bruce Thornton has been commissioned to provide						
	a mentoring/coaching role within the service to						
	ensure that the Risk Model is embedded into						
	practice.						
	 Successful workshop held with staff committing to 						
	the vision in the Quality Assurance framework and						
	beginning to work together to provide a different						
	approach. Staff Morale was good and they found						
	the new approach refreshing. The focus is on the						
	officers to report quarterly on their assessment of						
	the operational performance through conference						
	and review, drawing out on a thematic basis, issues						
	regarding quality and learning for the Service.						
	They are currently working on a report on the lack						
	of preparation, reports and plans for reviews and						
	conferences. They will also suggest improvement						
	actions.						

		nendations in red - nigh prio				
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
RECOMMENDATIONS						
	<u>August 2017</u>					
	 Business Support Officer for Statutory Reviews and 					
	Case Conferences appointed					
	 Improving Practice Co-ordinator post advertised 					
	previously titled 'Quality Assurance Manager'					
	• Managers have been undertaking regular audits of the					
	focused areas to monitor the quality of workers					
	performance.					
	• Repeat audits on decision making shows					
	improvement in practice. See 2.1					
	• Audits – both case file and thematic – on a service					
	and multi-agency basis - held during the month					
	Draft Framework for Improving Quality of Practice developed for consultation					
	developed for consultation					
	• SMT considering findings of the Q1 quality report –					
	recommend prioritising improvements in assessment					
	practice					
	• Challenged and supported individual workers to					
	improve their practice					
	June/July 2017					
	 Quality assurance work in Quarter one has included: 					
	LAC profile analysis					
	Case file audit					
	Caseload analysis					
	 Recruitment to the business support for Statutory 					
	Reviews and Case Conferences to happen by the end					
	of July.					
	 Appointments to vacant IRO post commenced in 					
	July.					
	 Further developments have been made with regards 					
	to multi agency quality assurance audits with					
	Education and the Health Board to improve on the					
	quality of referrals and information shared with					
	partner agencies.					
	• Additional funding was agreed for re-establishing the					
	Quality Assurance Manager, post was advertised					
	however we failed to appoint.					
	Audit of PLO cases completed					
	-					
	<u>May 2017</u>					
	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					
					i	

			nendations in red - nigh prid				
	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
3.3	Develop the performance framework for Children and Adult Services to include:	 Assessment Quarterly Assurance reports to be discussed at Children Services Management meeting and a Practice Improvement Group to be established to take forward practice improvements. 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. February-March 2018 Service Manager and Practice Leader from Intensive Intervention Service meet on a monthly basis with 	•External Project Manager will commence work with the Service to scope what is required from the System and look at the long	Yet to be done Overall, a continuous improvement in performance and outcomes for children/young people.	Interim Head of Children Services	March 2017	Oct 2017
	 Outline Performance indicators split into National, Corporate and Service performance. Governance arrangements to include reporting, accountability and mechanism in driving improvement. Continues improvement embedded within the framework. Framework to provide evidence on the quality of practice and experiences of service users 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 	 Performance data officer to ensure correct data in relation to CP and LAC visits and Core Group. Regular Practice Group meetings and monthly Service Meetings continue to be held with staff to advise them of the need to ensure all open cases have a: Care and Support plan, CP Plan, LAC Care Plan, Pathway Plan and current assessments November – January 2018 Action plan continues to be in place as an interim measure to capture information and report on PI's. We are still writing the scripts to access reports from WCCIS – this is a problem for most of the local authorities that have gone live on the new system, and we're working with Ceredigion Council in particular to enable us to do this. There appears to be a national issue in relation to the consistency of interpretation and reporting for all Local Authorities against the new Performance Indicator's introduced by the Social Services and Well Being Act (Wales) 2014. A letter dated 25th of October was received from Glyn Jones, Chief Statistician, Welsh Government. This letter highlighted the temporary suspension of National Statistics designation for Social Service publications due to concerns about the quality of the data being reported following the introduction of the new Welsh Community Care Information System (WCCIS). 	term goals in terms of best use of technology for example. • A Project Board will be set up.	 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. Commenced 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 Core group meetings Pathway Plans 			Becaus e of the Perfor mance Indicat ors and issues with reporti ng from WCCI S

Ciw recommendations in red - nigh phonty							
ACTION TO BE TAKEN AND LINKS TO CIW	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END	
 RECOMMENDATIONS							
	September & October 2017						
	• Action Plan in place as an interim measure to report						
	against Performance Indicators until these reports						
	can be extracted from the WCCIS system. We have						
	worked closely with the Corporate Transformation						
	Team on this matter in relation to strengthening the						
	reporting and monitoring arrangements.						
	• We are writing the scripts to access reports from						
	WCCIS – this is a problem for most of the local						
	authorities that have gone live on the new system,						
	and we're working with Ceredigion Council in						
	particular to enable us to do this.						
	• We have looked in detail at one of the indicators, %						
	of looked after children seen within statutory time-						
	scales, and suspect that our data collection and						
	analysis may not have been correct, leading to						
	performance that appear worse than they are in						
	reality. Work is progressing to address these issues.						
	August 2017						
	• We continue to challenge and support individual						
	workers to improve their practice						
	• A significant improvement has been made in						
	relation to LAC review visits for August after						
	reviewing how the indicators were being						
	measured. 86% of visits being held within						
	timescale.						
	• We are now prioritising indicators relating to Lac						
	Reviews, LAC visits, CP visits, Core group						
	meetings. We will focus on Timescales, Purpose,						
	Recording and Performance.						
	Č Č						
	June/July 2017						
	 Challenged and supported individual workers to 						
	improve their practice						
	Practice Guidance currently drafted for:						
	Multi Agency Child Protection Practice						
	Guidance Investigation Thresholds						
	Multi Agency Child Protection Practice						
	Guidance – Key Workers and Core Groups						
	Multi Agency Child Protection Practice						
	Guidance- Registration Thresholds.						
	Service standards are being developed to						
	ensure good practice in relation to key						
	performance that is outside tolerance and						
	targets.						
	ungeto.						
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	ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
3.4	CIW Recommendation 2: Establish multi-agency quality assurance systems and training arrangements to ensure that thresholds for assessment to statutory children's	May 2017 • Commissioning external expertise in May 2017/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). February – March 2018 See also 2.1 & 2.2 • We have agreed to chair the Gwynedd and Mon Audit and Assurance group (NWSCB) to ensure	 Next steps Develop the Gwynedd and Mon Audit and Assurance group to the new TOR which will ensure we have a multi-agency quality assurance system in place showing 	Yet to be done 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	Safeguarding and Quality assurance Service Manager	Dec 2016	Dec 2017
	 beta assessment to statutory clinical 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. 	 Addit and Assurance group (INWSCB) to ensure that this work is taken forward within the relevant governance/partnership arrangements Agreed to increase the capacity of the unit which will support the progress of undertaking multi agency evaluations Present MAPF 1 & 2 to the LDG – evidencing transparency and willingness to learn from each other NWSCB is developing a regional approach to JIT training: we have been part of this work Multi agency meetings continue to be held between Children Services, Police, Education, Health and CAMHS to agree on operational matters. Action Plan to improve Child Protection Conference arrangements were discussed in March and agreement was made on how this will be progressed. 	 quality assurance system in place showing an improvement in the quality and timeliness of practice. Referral to the service must be improved 	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 and decision making and significantly reduce the volume 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 partners. This will allow staff to focus on establishing positive relationships with families and provide quality interventions.	Manager		
		 November – January 2018 Service Manager has provided a paper to the Local Delivery Group of the North Wales Safeguarding Children's Board (NWSCB) – in terms of how it can develop its arrangements to establish multiagency quality assurance systems. It is crucial that developments around this action happens within the governance of the board Undertaken 2 MAPF in the period – which has identified useful lessons learnt on a multi-agency basis. These will be presented to the Local Delivery Group of the NWSCB in this Quarter. 		Commenced Multi-agency quality assurance system in place showing an improvement in the quality and timeliness of practice.			

Ciw recommendations in red - nigh phonty								
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &		START	END		
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER				
RECOMMENDATIONS								
	• Practice Guidance has been developed – but not							
	approved by the Local Delivery Group of the							
	NWSCB. They have been approved for use within IOACC.							
	 Audit CID 16 with Police – show matters that need 							
	• Audit CID To with Police – show matters that need to be resolved in terms of the difference between							
	sharing information/safeguarding checks/ making a							
	referral. Report with Police to agree before it is							
	presented to SMT							
	Multi Agency Practice Guidance approved by the							
	Corporate Safeguarding Board on the 8 th of							
	December, 2017.							
	September & October 2017							
	 Progressing with partners (Police, Health and 							
	Education) to implement the multi-agency quality							
	assurance system referred to below.							
	 Summary of Q2 report provided above – shows 							
	Regular audits show that there is conflicting evidence							
	in terms of the improvement in the quality,							
	consistency and timeliness of child protection							
	enquiries. A distance travelled audit concluded that							
	attendance and recording at Strategy Meetings had improved and that the strategy meetings were timely.							
	However the Case File Audit (July) and a							
	management review concludes that in several cases							
	auditors expressed concern about strategy discussions							
	or meetings:							
	• Not always being held in a timely manner – e.g.							
	one was not till 3 weeks after decision made to							
	hold one							
	• Minutes of discussions are insufficient – i.e. to							
	brief							
	• References are made for need for follow up							
	strategy meetings and then there is no evidence							
	that they have been held.							
	• This is reflected in the Thematic Audit Part 4, and a							
	review of Children subject to Child Protection Plans							
	-decision making, delays, and lack of clear plans and							
	follow through being issues identified.							
	 Work underway with Police and Health - multi 							
	agency professional forum regarding two							
	management reviews of cases where review of							
	practice was best done on a multi-agency basis - one							
	completed: one in progress. The completed review							
	shows poor information sharing: lack of focus on risk							

		mendations in red - mgn prio				
ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
RECOMMENDATIONS	and missed empertunities to interrome at an earlier					
	and missed opportunities to intervene at an earlier					
	stage.					
	• We have undertaken a critical friend review of a case					
	on the CPR register with Gwynedd Council. The					
	completed review shows lack of focus on risk, poor					
	child protection plans and missed opportunities to					
	intervene at an earlier stage to asses risk, engage the					
	family and create change.					
	• A Regional Referral Form has been approved and					
	discussion will occur in the Safeguarding Children's					
	Board around North Wales Police also completing the referral form.					
	Practice Guidance referrals developed, there will be Regional Training to ensure that thresholds for					
	assessments to statutory children's services are					
	understood by staff and partners and are consistently					
	applied.					
	applied.					
	August 2017					
	Practice evaluation Report Q1 2017/18 doc Case file					
	auditing completed on the following practice areas:					
	LAC step down audit, Report for placement panel,					
	planned monthly case file audits by Team Managers,					
	Responsive auditing (Stage 2 complaints) and Initial					
	decision making, screening, strategy discussions and					
	meetings and simple assessment. Service User views					
	and evaluation of previously conducted management					
	reviews. Quarter 1 results have been analysed see 2.1					
	 Progressing with partners (Police, Health and 					
	Education) to implement the multi-agency quality					
	assurance system referred to below.					
	June/July 2017					
	• A multi-agency quality assurance framework has					
	been developed for approval between the Service and					
	the Police, Service and the Health Board and the					
	Service and Education.					
	• The results of the audits undertaken in Quarter 1 will be analysed in quarter 1 and will be presented to the					
	Local Delivery Group for quality assurance.					
	Guidance currently drafted for:					
	Multi Agency Child Protection Practice					
	Guidance Investigation Thresholds					
	Multi Agency Child Protection Practice					
	Guidance – Key Workers and Core Groups					
	 Multi Agency Child Protection Practice 					
	Guidance- Registration Thresholds.					
	Set of guidance likely to be ready for October.					
			1			

	CIW RECOMMENDATIONS IN REG - NIGN PRIORITY										
	ACTION TO BE TAKEN AND LINKS TO CIW	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END				
	RECOMMENDATIONS				officia						
		May 2017 Agreement provided by partners to develop and support/prioritise: • 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.									
3.5	CIW 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. Training to be provided to staff on expected standards of record keeping. Record keeping Practice guidance to be developed to ensure consistency and quality.	 November - January 2018 This work has been redefined into a project to look at development of WCCIS Record Keeping Standards will be agreed as part of the work of agreeing practice standards. A draft is available in terms of recording. Has been submitted for agenda at SMT September & October 2017 This work has been developed into creating a Operational model within WCCIS (MP Project lead). We do have some useful products – glossary of terms, jargon free session, draft standards which could be developed Recording performance from Q2-	 Training to be provided for staff around best practice in record keeping and the Practice Guidance. 	Commenced Case file audits by Managers shows an improvement in the quality and consistency of record keeping. Support and guidance is being provided to staff through regular and quality supervision on how to improve the quality of record keeping.	Safeguarding Quality Assurance Manager and Service Managers	January 2017	Septem ber 2017 Need consist ency of where staff are recordi ng				

4. Social workers working proactively with families to manage risk- spending much more time working alongside families helping them to change so that the family is a safe place for their children.

		1					
	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME / IMPROVEMENT &	LEAD	START	END
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	EVIDENCE	OFFICER		
	RECOMMENDATIONS				~ .		
4.1	Ensuring social work intervention is	<u>November – January 2018</u>		Yet to be done	Senior	Ongoing	March
	aligned with the different way of	• Feedback/learning received on the changes that have		Staff report that they feel they have the skills and	Management		2018
	working with families under the new	happened in Social Work practice following the		knowledge and are able to undertake more direct	Team		
	Act be focused on what matters,	training staff have had during the year (see 1.4 for a list		interventions with families.			
	building on people's strengths and enabling their involvement in	of training courses held). The feedback received shows		Information that more children being supported to			
	developing ways to address need and	that staff are putting what they've learnt into practice		continue living at home with their families.			
	achieving outcomes.	in their day to day work.		continue irving at nome with their families.			
	Training being provided focusing on:	September & October 2017		Positive feedback from service users regarding the			
	1. Collaborative Communications'	Collaborative Communications mop up course to be		quality of intervention making a difference to their			
	course on strengths based	held on the 28 th and 29 th of September.		lives.			
	conversations.	field of the 28 and 29 of September.					
	2. IFSS interventions	August 2017		Commenced			
	3. Culture change	• We have continued to support staff to work with		Evidence that the workforce is skilled in working			
	4. Measuring performance	families focusing on their strengths, having a 'What		directly with families leading to improved			
	5. Motivational interviewing	matter conversation', advocacy requirements and co-		outcomes - an example being a reduction in the			
	-	production.		children on the CP register.			
		• We are seeing evidence of the workforce working					
		directly with families leading to improved outcomes -					
		as we have seen a significant reduction in the children					
		on the CP register from 102 in March 2017 to 56 on the					
		register on 31 st of August, 2017, 55% decrease.					
		June/July 2017					
		 The training sessions below have been held. 					
		We continue to focus on Social Work intervention					
		being aligned with the different way of working with					
		families under the new Act such as: What matter					
		conversation, advocacy requirements and co-					
		production, all of which continues to be a challenge for					
		children's services as families are reluctant to engage.					
		Mar. 2017					
		<u>May 2017</u>					
		Delivery of Motivational interviewing training and Desilient Families approaches approaches approaches					
		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 Marsh					
		Managers being held in March					
						1	

Children Services Improvement Plan Version 7.0 February - March 2018 CIW recommendations in red - high priority

			innenuations in reu - nigh pri	onty			
4.2	Review the current service structure to address the need for improved preventative and intensive interventions. Establishing smaller Teams with Practice Leaders to provide effective support and supervision to staff.	 November - January 2018 The new structure is in place with Practice Leaders located with their Practice Groups. Early indication is that this is working well, staff report that they feel supported in the smaller groups. Continued development of the support and embedding of this structure will continue. September & October 2017 The new Service structure was implemented on the 4th of October were the 8 new Practice Leader's took responsibility for their Practice Groups. There is further work to be undertaken to complete the restructure, including reviewing the arrangements for the Child Placement Team, making the best use of Support Workers to support families, as well as ensuring that administrative support is appropriate for Practice Groups to effectively carry out their statutory responsibilities. August 2017 New service structure implemented. We continue to appoint to posts to establish smaller teams with practice leads. We have continued to review our prevention and early intervention services around the Families First programme. May 2017 Staff consultation period comes to an end on 24.2.17. 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. 	Review of Placement Team will commence in February in consultation with staff.	Yet to be done The new service structure will support and significantly strengthen the delivery of preventative services and 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 Managers 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.	Senior Management Team	Jan 2017	May 2017
4.3	Implementation of an Information, Advice and Assistance (IAA) model for Anglesey	 November – January 2018 A Full Time Engagement Officer commenced with Teulu Môn in January, which has strengthened its capacity to 3.5 workers FTE in that team. Teulu Mon were visited on 29.01.18 by Jackie Drysdale of Social Care Wales in order to observe the team and consider he need for a Wales wide competency framework. Jackie was impressed by what she saw on commented that "the team was committed"; "showed great resilience against some of the frustrations". Work will continue to develop that team in terms of skills and IT support. 		Yet to be done Service users report 'ease of access to services' and good customer care. Improved coordination of services and strategies for early intervention and prevention is shown in a reduction in children being looked after. There is a reduction in duplication of effort through the current running of multiple 'front doors'	Service Manager	Dec 2016	April 2017

	V		
September & October 2017			
 IAA service, known as Teulu Môn, is now managed 			
since the beginning of October, by 3 Practice Leaders			
and a Service Manager for Early Intervention and			
Prevention.			
 Teulu Môn engagement officers are now able to 			
provide an enhanced first point of contact - with the			
opportunity for a more structured conversation to			
support families to access solutions within their own			
circle of resources/community resources.			
Funding from Families First will strengthen our IAA			
services with recruitment for additional 1.5			
Engagement Officers post			
 Continued to support our staff to ensure they 			
consistently have good quality conversations as some			
officers have more confidence and skills in this			
approach.			
• Arrangements for internal workshops for staff to			
practice the 'What Matters' with Jackie Drysdale,			
Improvement Development Manager for Social Care			
Wales.			
August 2017			
Engagement Officers commenced in post			
 Permanent Early Intervention and Prevention Service 			
Manager in post			
Wanager in post			
June/July 2017			
Interim Engagement Manager in post			
• Adverts out for the Engagement Officers, closing date			
of 12/07/17			
 Promotional materials signed off 			
• A number of information sharing events have been			
scheduled such as the Eisteddfod, Sioe Môn and a			
number of other community based fun days/carnivals			
etc.			
Multi agency audits (Health, Education and Police) in			
relation to the quality of referrals received at Teulu			
Môn			
 Continued work with partner agencies in relation to 			
information sharing and joint working with Teulu Môn			
• 2 week analysis started 10/07/17 in relation to all			
CID16's that are received at Teulu Môn in order to			
ensure that appropriate referrals are made to the			
Council and to explore information sharing.			
• Work will commence to establish an Information			
Sharing Protocol.			

		interiodations in red - nigh pri		r	r	
4.4 Development of a Corporate Prevention Strategy; the LA must provide a range and level of preventative services across Children and Adult Services. Deliver an integrated service and provide early help and support that effectively delays the need for care and support. The population assessment will assist the local authority to identify preventative services required. Strengthen the commissioning function within Children and Adult Services to support us to deliver this agenda. CIW recommendation 1. Develop a framework for the	 May 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. Team name 'Teulu Mon' Social Media, telephone number agreed. Training of staff commenced FIS due to move over to HQ late January Logo for the new service in design. Project board meeting monthly Marketing task and finish group meeting and developing marketing outputs for the service. New team embarking on a period of 'team building' Children Services staff and key partners are provided with regular updates on the changes within the Service and through Information Sessions. Consultation on revised structure completed. A single point of access for all child and family related enquiries established and live by 03.04.17 November – January 2018 The Assistant Chief Executive is responsible for driving work forward in terms of the Corporate Prevention Strategy. The Resilient Families Team are working with eight families Following the Population Needs Assessment, the Regional Plans will be available from April 2018 identifying what range of services will need to be provided. September & October 2017 Local Authority's Corporate Prevention Strategy group led by the Director for Social Services meets on a regular basis. The Group presented a paper to the Senior Leadership Team outlining what is required to ensure the successful delivery of a prevention strategy and work is continuing to move this forward. The Local Authority has prioritized the development of corporate preventative services and support for families 	 Meaningful engagement and consultation with families, children, young people and service users. We will consult with service users and citizens about the types of services they require. 	Yet to be done We consulted with service users and citizens about the types of services they require. Re-commissioning of Services in line with WG guidance by using local data, views of service users and the Population Needs / Local Area Plans leads to improving outcomes for children and young people and their families (reduction in looked after children). Reduction in the number of children starting to become looked after and an increase in children being supported to live at home with their families. Commenced The Local Authority has a clear vision for early intervention and prevention services for Anglesey. 'Teulu Mon' the new IAA service for Anglesey is operational and is a key part of the early	Dr Caroline Turner, Director of Social Services Interim Heads of Children Services Alwyn Jones, Head of Adult Services Dafydd Bulman, Strategic Transformatio n and Business Manager	Jan 2017	Oct 2017
Develop a framework for the provision of preventive work with children and families that will deliver an integrated service and provide early help and support that effectively	corporate preventative services and support for families as part of its Plan for 2017 – 2022 in <i>'Providing robust</i> <i>early intervention and prevention services to ensure</i> <i>that children are safe and supported in order to</i> <i>minimize harmful childhood experiences.''</i>		intervention / prevention service.	Melanie Jones, Service Manager		
delays the need for care and support.						

CIW recommendations in red - high priority										
	• A clear vision established for early intervention and			Llyr Ap						
CIW Recommendation 12:	prevention services and a draft strategy has been			Rhisiart,						
The local authority and partners	developed and shared with CIW.			IFSS						
should work together to develop a	Consultation with staff and partner agencies has									
cohesive approach to the collection	occurred and we have arranged further consultation									
and analysis of information about the	sessions with community groups and with families,									
needs of communities, that includes	children and young people who will have insight into									
the voices of children and families.	what has and what has not worked in the past and what									
This should be used to inform the	preventative services should be developed in the future.									
shaping of strategic plans to achieve	•									
effective alignment of service										
delivery between information, advice	<u>August 2017</u>									
and assistance services, the	Draft Service Prevention Strategy in place									
preventive sector and statutory	Agreement given by WG to fund additional 3 family									
services.	support staff within TAF and an additional 1.5									
	Engagement Officers for Teulu Môn. This will									
	strengthen the preventative services to delay the need for									
	care and support.									
	The Local Authority has a clear vision for early									
	intervention and prevention services for Anglesey. A									
	brief for consultation with the children and families and									
	partner agencies community groups of Anglesey has									
	been drafted. A draft strategy has been formed. This has									
	been formed with the knowledge that we have									
	knowledge around the needs of the families of Anglesey									
	through the Local needs assessment, our own data and									
	previously commissioned research by Cordis Bright.									
	Work is being done on forming links with community									
	groups such as Caru Amlwch. Discussions have taken									
	place with current providers around how they may									
	provide services in a different way in the future.									
	The department's strategy for prevention will feed into									
	the process of the wider prevention strategy for the Local									
	Authority. Identifying ACE's will form a part of our									
	strategy. Links have been made with Andrew Bennet									
	(Public Health Research, Training and Consultancy) who									
	has been commissioned by public health Wales to									
	introduce ACE's aware practice in G.P surgeries on the									
	island. Discussions have been held to include this field									
	within schools in the hope that we can develop ACE									
	aware schools in Anglesey. Links have been made with									
	community groups who are interested in using ACE's in									
	their approach.									
	Audit of TAE appearing a province of This has here the									
	Audit of TAF cases has commenced. This has been done									
	to improve our understanding of the families we are									
	working with. We need to ensure that the correct									
	families are accessing the service. At this early stage of the audit it looks as if appendix the aloged in TAE and									
	the audit it looks as if cases can be closed in TAF and sign posted for families to access specific targeted									
	sign posted for families to access specific targeted services.									
	501 11005.									

Ciw recommendations in red - nigh phonty										
June/July 2017										
 All commissioned services under the Families First 										
programme are being reviewed										
 Consultation with staff and partner agencies in relation 										
to identifying the gap in service provision.										
Application for redistribution of funding for Families										
First services sent to WG.										
Application for additional Families First Parenting Grant										
submitted by 14/07/17.										
Funding approved for a corporate Prevention Manager to										
ensure the prevention strategy is implemented across the										
Local Authority.										
<u>May 2017</u>										
A review of current preventative service funded by the										
Welsh Government will be undertaken in early 2017.										
Re-commissioning of Services in line with WG guidance										
by using local data and Population Needs Assessment										
leading to quality early intervention outcomes.										
Families' First grant, commissioning, coordination and										
monitoring officer has transferred to Children Services										
by April 2017.										
Review and redesign of 'Short Breaks' offered through										
the Specialist Children's Service to support families										

5 Enhancing family support services targeted towards providing intensive and speedy support at point of family breakdown aimed at keeping the family together.

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
 5.1 Review Children Support Services to focus on: Supervised contact Freeing up capacity to undertake preventative work 3. Role of Parenting Officer 	• We are currently reviewing the: Children Support Services	 We will be reviewing Children Support Services in Feb 2018 to focus on: Supervised contact Freeing up capacity to undertake preventative work Role of Parenting Officer Work will start on this 	Yet to be done The service is making better use of its resources and focusing on supporting children to remain living within their families. Provide 1:1 or/and Group parenting support to parents to 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.	Intensive Intervention Service Manager	Jan 2017	March 2018

			mendations in red - nigh pric		-		
		 June/July 2017 As part of the restructuring of the service initial 'Resilient Families' work has started to reduce the need of supervised contact by support workers this does free up capacity to undertake more intense work with children and families to ensure the children are being supported to live at home. <u>May 2017</u> Work has commenced on reviewing the cases where 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 the Resilient Families Team. 					
5.2	Implement Resilient Families Team	 February-March 2018 The Team is making positive progress in supporting children to remain with their families (anonymised): Family Story 1: Tom is a primary school aged boy who lives with his family. Tom and his family receive support from the Specialist Children's Service due to his and his parents' complex learning difficulty needs. There were concerns held by the Local Authority about the effect of Tom's parents' arguments on him. The arguments would be to the extent that Police would be called to attend the property by neighbours. Additionally, there were occasions when Tom would return home from school or sessions with his support worker but no appropriate adult would be home to care for him. These matters caused Tom to experience a mixture of aggressive behaviours and separation anxiety; in turn making it harder for his parents to understand his needs and how to respond to them (because of their own level of understanding and capacity to parent). Consideration was being given to Tom being placed on the Child Protection Register with the likelihood that unless changes were made the matter would very_quickly be progressed to Public Law Outline stages. However, it was also recognised that there may be the need for Tom to be removed from his parents' care in an acute crisis. The Resilient Families Team worked with the family or neighbours report incidents of conflict, no further police reports during the period of involvement, and Tom displays less aggression and anxiety in the home; now feeling able to sleep in his own bed rather than his 	 Training and skills development programme to be formulated for the new Team. Work to be done to establish how the Resilient Families grant will be used. 	 Yet to be done Performance information shows there is a direct link between the intervention of this team and the number of children and young 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. The team can evidence focused intervention based on prevention and de-escalation through quarterly reports. 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. Commenced The new team is operational and providing intensive support to children, young people and their families in order to remain living with their families. 	Alex Kaitell, Service Manager	Jan 2017	May 2017

	menuations in reu - myn prio	i ity	
parents' room. Progress was so dramatic it was decided			
the family did not require ongoing 'Stage 2' support as			
the ongoing support from the Specialist Children's			
Service was sufficient to sustain the changes.			
Example: Charge 2, 2 while an other line with their works a			
<u>Family Story 2</u> : 3 children who live with their mother.			
The parents separated; both parents had properties in			
which their hoarding behaviours made the households			
unsafe. The children had been exposed to domestic			
abuse when their parents had lived together. This			
affected the children's behaviours; one child became an			
emotional carer for the mother, another child became			
withdrawn, and another became aggressive and			
emotionally dysregulated for hours at a time. The			
children were placed on the Child Protection Register,			
and legal proceedings through Court began, with the plan			
being that the children be placed in foster care.			
The Resilient Families Team worked with the family			
(mum and dad separately) during an intensive 8 week			
period (Stage 1). The hoarding in the children's home			
no longer occurs. Mum says she feels more confident in			
helping the children understand and manage their			
emotions; resulting in less times of parent-child conflict			
and of the children feeling distressed. The children say			
they feel happier and enjoyed the help received.			
Whilst dad was not able to make those same changes to			
his hoarding behaviours (meaning the children cannot			
currently stay with him overnight), he does now manage			
to maintain regular positive unsupervised contact with			
his children through the ongoing support and prompts of			
the Resilient Families Team.			
The family now receive Stage 2 support (ongoing for up			
to a year) to help them consolidate and sustain the			
changes made.			
changes indee.			
November – January 2018			
• The Resilient Families Team is now operational and			
are currently working with 9 individual children from 8			
families.			
The team are working with parents to support them in			
able to care for their children and avoid them potentially			
coming into care; but are also working with young			
people who are in care and a plan of intensive			
rehabilitation is in place for those young people. We are			
hoping to produce a report in May 2018 to highlight			
some of the work completed by this team.			
······································			

			mendations in red - high pric	лцу			
		September & October 2017					
		 The Resilient Families Team is now fully staffed and 					
		currently working with 8 families to prevent family					
		breakdown and to support children living at home.					
		• Team has three core aims:					
		 Prevent - preventing children becoming Looked 					
		After					
		• Reduce - reduction in the nature of care					
		accommodation provided from residential care to					
		foster care					
		• Reunify - reunifying looked after children with					
		their families.					
		• The Practice Leader for this Team has recently won a					
		national award by the British Association of Social					
		Worker's (BASW) on her work in developing support					
		for care leavers and arrangements to support foster					
		carers to prevent placement breakdown.					
		August 2017					
		Resilient Families Team appointed and all will be in					
		post by the beginning of September.					
		 Additional grant funding of £96,000 by WG has been 					
		provided to further support the establishment of the					
		resilient families' team. Further guidance sought from					
		WG in relation to how this grant can be used.					
		we in relation to now this grant can be used.					
		June/July 2017					
		Recruitment to practice leader, Social Work and					
		Support Worker posts have been advertised, interviews					
		will be held by the end of July.					
		• As part of the restructuring of the service initial					
		'Resilient Families' work has started to reduce the need					
		of supervised contact by support workers this does free					
		up capacity to undertake more intense work with					
		children and families to ensure the children are being					
		supported to live at home.					
	1					1	
		<u>May 2017</u>					
		May 2017 • Work has commenced on identifying the children and					
		• Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely.					
		• Work has commenced on identifying the children and young people were intensive work can be undertaken to					
		 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. 					
5.3	Improve the local authority's	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with 	 Decision needs to made regarding additional 	Yet to be done	Intensive	Jan 2017	March
5.3	responsibility as a Corporate Parent	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 	WG grant funding around work experience	Clear Pathway planning does provide goals on	Intervention	Jan 2017	March 2018
5.3	responsibility as a Corporate Parent for looked after children. Areas of	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 LAC strategy is currently being developed and will be 			Intervention Service	Jan 2017	
5.3	responsibility as a Corporate Parent for looked after children. Areas of focus:	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 	WG grant funding around work experience	Clear Pathway planning does provide goals on the plan into adulthood for the young person.	Intervention	Jan 2017	
5.3	responsibility as a Corporate Parent for looked after children. Areas of focus: • Review the leaving care (after	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 LAC strategy is currently being developed and will be available for consultation towards the end of April. 	WG grant funding around work experience	Clear Pathway planning does provide goals on the plan into adulthood for the young person. Care leavers reporting that they feel they were	Intervention Service	Jan 2017	
5.3	responsibility as a Corporate Parent for looked after children. Areas of focus: • Review the leaving care (after care) service	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 LAC strategy is currently being developed and will be available for consultation towards the end of April. November – January 2018 	WG grant funding around work experience	Clear Pathway planning does provide goals on the plan into adulthood for the young person. Care leavers reporting that they feel they were listened to and supported by the authority in their	Intervention Service	Jan 2017	
5.3	responsibility as a Corporate Parent for looked after children. Areas of focus: • Review the leaving care (after	 Work has commenced on identifying the children and young people were intensive work can be undertaken to enable them to return them home safely. New Job Descriptions have been created, with recruitment to posts starting late March 2017. February-March 2018 LAC strategy is currently being developed and will be available for consultation towards the end of April. 	WG grant funding around work experience	Clear Pathway planning does provide goals on the plan into adulthood for the young person. Care leavers reporting that they feel they were	Intervention Service	Jan 2017	

		nendations in red - nigh prio			
• Agreement of a 'Leaving Care	has been re-structured. This gives panel members the		Children who are looked after report they feel		
Financial Policy'	time to scrutiny data provided and have a meaningful		they have influence on how services are provided		
• Work experience and apprentice	discussion in relation to corporate panel issues.		for them.		
arrangements within the Council	• The Children Looked After and Care Leaver Strategy				
and Health Board	continues to be work in progress and it is hoped a draft		Commenced		
• Free/Discounted entry to leisure	Strategy can be produced to go out to consultation		Clear guidance in place for Children Services		
services and library services	during April 2018.		staff and key partners through policies,		
• Appoint a Local Member as a	during riphi 2010.		procedures and training in relation to improving		
11	September & October 2017		outcomes for looked after children.		
Looked after Children	Corporate Parenting Panel in September approved the				
Champion	action plan to develop a "Children Looked After and				
	1 1				
	Care Leavers Strategy" for a three year period 2018 -				
	2020. This strategy would provide the framework to				
	ensure we fulfil our duties and responsibilities, as				
	corporate parents of Children Looked After.				
	• By March 2018 we aim to re-launch the Isle of				
	Anglesey County Councils vision in relation to				
	Corporate Parenting.				
	Recruiting for an additional Personal Adviser post for				
	Looked after Children that is funded by the St David's				
	Day fund and the Support for Care Leavers grant. This				
	will strengthen our service to provide timely support				
	for care leavers to help them achieve their ambitions				
	and make a successful transition to adulthood and				
	independent living.				
	Children's Services will be involved in a new initiative				
	within the Council to offer paid work experience to				
	young people to prepare them for work; up to a 12				
	week paid period with the Council. Looked after young				
	people will be prioritized with an opportunity for them				
	to attend a formal induction, attend relevant in house				
	courses and work on a specific projects within the				
	service.				
	August 2017				
	Service Manager for Intensive Intervention has				
	prepared a report for the corporate parenting panel with				
	options on how to strengthen the role of the corporate				
	parenting panel.				
	• WG's St David's Day grant and the Support for Care				
	Leavers grant received for £31,000. Work has				
	progressed with HR colleagues to identify work				
	placements opportunities within the Local Authority.				
	Aftercare project group will drive this work forward.				
	r-j gr and to how to wad.				
	June/July 2017				
	•Corporate Parenting Panel met on 10/07/17, the				
	membership, agenda and ToR to be reviewed and to be				
	inclusive of young people.				
	Corporate Parenting Event for local members and senior				
	officers planned for 20/07/17				
	officers planifed for 20/07/17		l		

Children Services	mprovement Plan	Version	7.0 Februa	ary -	March 2018
					

CIW recommendations in red - high priority

			includions in red ingri prio	··· · · · · · · · · · · · · · · · · ·		1	
		• Appointment of a local Member as a Looked After Children Champion.					
		• Work ongoing in preparation for the STARS Awards					
		Ceremony in November for looked after children to					
		celebrate their successes.					
		34 2015					
		<u>May 2017</u>					
		Aftercare project group established with an agreed					
		action plan.					
		Aftercare and housing protocol approved in February					
		2017					
		 Discussions with HR and Leisure have taken place 					
		regarding work experience and leisure services.					
		• Early draft of the Aftercare financial policy.					
		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.					
5.4	Develop and implement the Role of	November – January 2018		Yet to be done	Director of	Oct	Feb
	Director of Social Services Protocol	• The protocol has been reviewed and a draft version will		Strengthening the role of Director of Social	Social Services	2017	2018
	reflecting on the Social Services and	be presented to the Director of Social Services mid		Services within the Local Authority.			
	Well-Being Act 2014 - Part 8 Role of	February.					
	the Director of Social Services.						
		September & October 2017			Dafydd		
		Review of internal protocol in relation to the			Bulman,		
		overarching role of Director hasn't progressed due to			Strategic		
		capacity issues.			Transformation		
		cupuerty issues.			and Business		
		June/July 2017			Manager		
		Review of internal protocol in relation to the			Ũ		
		overarching role of Director hasn't progressed due to					
		capacity issues.					
		May 2017					
		Review of internal protocol in relation to the					
					1	1	
		overarching role of Director.					
		overarching role of Director.Work will commence on strengthening the role of					
		overarching role of Director.					