ISLE OF ANGLESEY COUNTY COUNCIL				
Report to: The Executive				
Date:	17 December 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:	Elin Williams, Children & Families Services Transformation Programme Manager			
Tel:	01248 751813			
E-mail:	ElinWilliams@ynysmon.gov.uk			
Local Members:	Relevant to all Members			

A –Recommendation/s and reason/s Background

As Elected Members you are fully aware of the background regarding the Service Improvement Plan and that this is regularly reviewed by the Children's Services Improvement Panel.

Since the last report the focus of the work within the Children & Families Services has been:

1. <u>CIW Inspection</u>

CIW returned to re-inspect Children and Families Services for two weeks during October 2018. The Service is now awaiting CIW's report.

2. <u>Recruitment and Retention</u>

We have continued to advertise and recruit experienced Social Workers. Several appointments have been made and we now only have 1 vacant Social Worker post that needs to be filled. Recent Social Work interviews took place and 2 vacant posts were filled. We continue to employ agency staff, but we are now starting to depend less on agency staff to cover vacant posts within the Service.

The Legacy Cases Team continue to be in place and are looking at historic cases that need to be revisited.

The restructure of the Child Placement Team has been completed.

3. Improvement in Performance Indicators

There continues to be improvement against Performance Indicators (PIs) during the last

quarters.

The following evidence the improvement during Quarter 1 and Quarter 2 of 2018/19 compared to the cumulative figures for 2017/18 on these specific national Performance Indicators and local Performance Indicators:

	Key Performance Indicator	2017/18 Cumulative	Q1 2018/19	Q2 2018/19
PM C-24	The percentage of assessments completed for children within statutory timescales (42 working days).	67.57%	91%	91%
PM C-27	The percentage of re- registrations of children on local authority Child Protection Registers (CPR) within 12 months of previous end of registration.	6.35%	0%	0%
PM C-34	The percentage of all care leavers during previous year (2016-17 for 2017-18 and 2017-18 for 2018-19) who are in education, training or employment at 12 months after leaving care.	38.00%	63%	75%
PM C-36	The percentage of care leavers who have experienced homelessness during the year, to include all 16-24 year old relevant young people.	5.00%	4%	4%
SCC006	The percentage of referrals during the year on which a decision is made within 1 working day.	86.31%	96.00%	96.88%

The figures continue to be encouraging and show that the Service is improving against performance indicators. The Service continues to work hard to ensure that the

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improvement is maintained and is further improved.

4. Service Improvement Plan (SIP)

Work has continued to make further progress and improvements with the Service Improvement Plan that was created following the CIW inspection in October and November 2016. The SIP continues to be maintained and updated by the Children and Families Service and it also continues to be monitored and scrutinised by the Children's Services Improvement Panel, the Scrutiny Committee and the Executive Committee.

The following shows how many of the action points in November 2018 have changed their RAYG status since the SIP was created in February 2017:

RAYG	February 2017	May 2018	September 2018	November 2018
Red	21	0	0	0
Amber	0	5	3	2
Yellow	0	10	8	6
Green	0	6	10	13

As the table shows, the improvement pace within the Service has been significant, with 13 action points having progressed to green status. There are no action points showing as red and there are only 2 on amber and 6 on yellow.

The 2 amber points are around:

- 1. Improvement in the quality of practice;
- 2. Review all children who are looked after to ensure outcome based care and support plans are in place in securing permanence.

It is envisaged that the work will continue to ensure that all action points that were raised by CIW can progress to a green status by end of March 2018.

RECOMMENDATIONS

- To confirm that the Executive is satisfied with the steps taken to progress implementation of the Service Improvement Plan and the pace of progress.
- To confirm that 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.

DD	– Who did you consult?	What did they say?
1	Chief Executive / Senior Leadership	This was approved by the SLT on the 19 th
	Team (SLT)	November 2018.
	(mandatory)	
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	The report is due to be presented to the
		Corporate Scrutiny Committee on the 10 th
		December 2018.
9	Local Members	N/A
10	Any external bodies / other/s	N/A

E –	E – 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:

Service Improvement Plan (SIP)- September – October 2018:



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

	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				0111021			
1.	A confident	and competent workforce with sufficient capac	ity to provide a consistent and					
	effective service							
1.1	 Develop the Workforce Strategy to include: Recruitment good practice Retention and support Clear induction arrangements Buddying Coaching and mentoring Shadowing Enhanced post qualification training and development opportunities First year in practice guidance (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. 	 September - October 2018 The current Workforce Strategy is being up-dated. 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. 	 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	
		to be a Social Worker over two years through the Bangor						

Children Services Improvement Plan Version 9.0 September - October 2018

CIW recommendation	s in red -	· high	priority
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	ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME /	LEAD	START	END
	LINKS TO CIW	ACTIONS TAKEN TO ACTILE VE INIT KOVEMENT	ACHIEVE IMPROVEMENT	IMPROVEMENT AND EVIDENCE	OFFICER	SIAKI	END
	RECOMMENDATIONS						
		 University with the possibility of securing a permanent post in the service post qualification. 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, eenhanced 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 	September – October 2018 It has been agreed that this risk is tolerable. Staffing matters are going to be on-going due to continuous changes in staffing that are inevitable and out of control of the Service. We have an Exit Strategy for agency staff in place. April – August 2018 We appointed 5 Social Care practitioners who will qualify as Registered Social Workers later on in the year. They will support the Practice Groups in preparation for the next CIW Inspection until they qualify.	 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. 	Senior Management Team and HR	Nov 2016	October 2018 and will be an on-going matter

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CIW recommen	ndations	in red -	high	priority
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	RECOMMENDATIONS						
				Partners report an improvement in joint			
		November 2017 – January 2018		working with Children Services due to			
		One permanent Social Worker appointed early January		reduction in staff turnover.			
		 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					
		• 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 18years 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.					
		<u>August 2017</u>					
		 Meetings are being held every two weeks 					
		between HR and Children's Services senior					
		managers to ensure that recruitment and					

ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW		ACHIEVE IMPROVEMENT	IMPROVEMENT AND EVIDENCE	OFFICER		LIND
RECOMMENDATIONS						
	 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 4th of September Discussions to be held around extending Agency Staff contracts to be extended until and of Document. 					
	 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 reduce agency social workers during September. I qualified and 3 student social workers appointed to posts. 1 qualified and 1 student commencing in July. 5 vacant posts being advertised on a rolling basis 7 Practice Leaders appointed. Further vacant post being advertised. Appointed to vacant IRO post with commencement date of 10th of July. Service Manager Early Intervention and Prevention appointed. Commencement middle of August. Service Manager Intensive Intervention appointed. Agency Service Manager covering on a temporary basis. Retaining permanent and temporary social workers continues to be a challenge for the service. Providing sufficient support and guidance to staff remains a high priority. 					
	 May 2017 Weekly meetings established 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. We continue to advertise for experienced social work posts on a rolling basis 					

LINKS TO CIW	CTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO				
RECOMMENDATIONS		ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
will include following: • S	 HR recruitment briefings have been held for Managers. HR to provide regular updates regarding recruitment and retention rates for the Service. Continued guidance from Finance on cost implications of agency staff. Exit strategy is in place for agency staff where posts have been filled by permanent workers. 		Commenced Staff positively report that the quality of their assessments and plans have improved	Senior Management Team	Dec 2016	Completed Aug 2018
 Formal and informal or ad-hoc Supervision Purpose of Supervision Benefits of Supervision Roles and Responsibilities Minimum Frequencies and Cancellation Planning for a Supervision Session Recording of Supervision Disputes Confidentiality and Access Links with Other Policies and Procedures Links to 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. A 	 where service, these individual addit doors are yet to be analysed: so that we can report on the findings. This will be done once all individual audits are presented. wember – January 2018 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. entoring for managers on outcome-focused supervision orkshops designed to develop reflective practice held in scember for Practice Leaders. t-going advice and guidance provided to individual cial workers on completing assessments, recording and sessing risk. ptember & 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. 		 the assessments and plans have improved through regular and quality supervision. The Supervision Survey responses indicate a lack of consensus across the service on this: and the impact of supervision on the quality of practice needs further work. : 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 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 remains inconsistent. 			Ongoing tracking and auditing QA June 2017 The Supervision Policy has been completed but too early to evidence outcome.

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
RECOMMENDATIONS	 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 arrangements commenced 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 unlikely that this review will provide evidence of systematic and consistent compliance with the policy. Practice Leaders are very new in post and have only being supervising their staff since the beginning of October. We will undertake a repeat audit in February 2018. 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. August 2017 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 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. Ume/July 2017 Supervision policy revised and shared with staff Tracking arrangements in place to monitor strict compliance with Supervision policy completed Training on the Risk Model and its link with staff Supervision nolicy completed Supervision nolicy completed Supervision training provided to all staff and Managers. 		Assurance mechanism established centrally to ensure compliance with 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.			

	ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME /	LEAD	START	END
	LINKS TO CIW RECOMMENDATIONS		ACHIEVE IMPROVEMENT	IMPROVEMENT AND EVIDENCE	OFFICER		
1.4	 Provide developmental opportunities for Practice Leaders to support the workforce in carrying out their duties. Areas of focus:- Principles for making correct and safe case management decisions (management oversight of decision making) Improving and managing practice and performance including providing constructive challenge and direction to staff Managing difficult conversations Providing regular and quality Supervision Developing Practice leaders in coaching and mentoring skills Links to CIW Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience. 	 September – October 2018 Need to further develop Practice Leaders. Looking to hold a session with Practice Leaders and create a tailor made plan of what needs to be done in terms of opportunities to support them in carrying out their duties. April – August 2018 Due to an increase in the number of children on the child protection register and an increase in care proceedings it has been a challenge for Practice Leaders to ensure their staff manage their cases effectively. Practice Leaders have continued to be supported in supporting for their Practice Groups with regular supervision being held in accordance with the Supervision policy. 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 Programme is continuing (see below) Practice Leaders took on responsibility of their Practice Groups at the beginning of October. Most had a 3 week induction period with no management responsibility for staff. Aregust 2017 A repeat audit was undertaken in May/June 2017 confirmed positive progress was being made in relation to referrals that proceeded to Strategy and Conference: Quality of Strategy Discussions/Meetings Quality of Assessment. 	•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. Increased confidence in workforce and organisational reputation in feedback from partners. Regular case file audits showing an improvement in the quality of assessments and care and support plans. Regular audits across the Service showing correct and safe management decisions being made by Managers.	Senior Management Team	Jan 2017	March 2018 Too early to evidence outcome, developmen tal opportunitie s for Practice Leaders have been given

ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW		ACHIEVE IMPROVEMENT	IMPROVEMENT AND EVIDENCE	OFFICER		
RECOMMENDATIONS						
	• Attendance and recording at Strategy Meetings has					
	improved					
	Increased use of Risk 2 toolStrategy meetings timely					
	 Strategy meetings timery Increased use of Chronologies evident 					
	 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 28 th 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 ExpectationsDelivering ACE Parental Groupwork Sessions					
	 Derivering ACE Parental Groupwork Sessions Performance 					
	Capability					
	Management Style Course					
	Quality Assurance and Audits					
	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 Devoting Devote Work					
	Parenting Development WorkNorth Wales Police Public Protection Unit					
	CAFCASS					
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	ACTION TO BE TAKEN AND	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO	EXPECTED OUTCOME /	LEAD	START	END
	LINKS TO CIW RECOMMENDATIONS		ACHIEVE IMPROVEMENT	IMPROVEMENT AND EVIDENCE	OFFICER		
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: Strong political and corporate support for children's services must continue to ensure the service improvements needed are prioritised and the pace of improvement accelerated and sustained.	 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 to support Children's Services Managers in their professional development. February – March 2018 Laming visits have happened Movember – 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 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.	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. 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.	Chief Executive Director of Social Services	January 2017	On-going Number of Councillors attended the Inclusion Festival

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CIW recomme	ndations	in red -	high	priority
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RECOMMENDATIONS						
	• 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.					
	 <u>August 2017</u> 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. Children's Improvement Group held on a monthly basis chaired by the Director of Social Services to drive improvement and changes required. 					
	 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

	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		5.05
	RECOMMENDATIONS						
2.1	Improvement in the quality of practice.	<u>September – October 2018</u>	The service needs to focus on	Yet to be done	Senior	Jan 2017	March 2018
		Work continues to improve the quality of practice.		Review the thresholds for a child	Management		
	Areas of focus:	Quality of practice report for Q2 imminent. Delayed	 Set up Practitioner forums to focus on 	becoming looked after as a consequence of	Team		
	1. Child protection, child protection	due to focus on inspection preparation. Is likely to	Risk Model: Newly Qualified Workers	evaluations that thresholds for CP			
	and LAC social work visits	show that there is some good work completed against	and Reflective Practice – lunch and learn	registration and Part 4 meetings have been	Training		
	 Risk Model – improve analysis of risk 	some of the improvement imperatives identified in the last quarter but some messages around the need to	sessions	identified as poor practice			
	3. Assessment - What matters,	focus on LAC Care and Support Planning as a	• The use of genograms and chronologies	Evidence in 'prevention' and 'supporting'			
	5 areas of assessment.	priority.	appears to be improving. Building on	with more children remaining at home.			
	4. Outcomes focused plans	promy	this should amount to $-$ ensuring this is				
	5. Complete Care and Support	A draft 'Cryfder ar y Cyd' model has been	consistently applied and staff supported	Regular audits and oversight reports are			
	plans under the SS&WB Act	completed. Work has also been completed by the	to analyse the information as part of their	happening however they are not able to			
	6. Establish and maintain high	Independent Safeguarding Reviewing Officer on	assessment.	report consistent improvements in the			
	quality relationships with	improving arrangements around Case Conferences.		quality of practice, assessing risk and			
	children, young people and their		• Assessments and analysis within the	record keeping.			
	families.	<u>April – August 2018</u>	majority of written assessments/case				
	7. Record keeping		notes/minutes of meetings should	Positive feedback from service users			
	8. Collaborative Communications'	Work has been completed against some of the	consider the impact/meaning for the	outweighed complaints/negative			
	course on strengths based	improvement imperatives identified in the last q. In relation to the areas of focus identified in the Colum	child, with a clear rationale being evident	comments. However this needs to be			
	conversations. Recommendation 10:	to the left:	for any steps to be taken.	tracked on a longer basis.			
	The quality of assessments and plans	to the left.					
	should be improved to ensure that they	• There is good compliance with the need to have	Consistent recording to evidence of				
	are consistently of a good quality, with	a CP Plan for each child whose name is on the	management decision making and oversight including the rationale for	Increase in positive feedback from service			
	a clear focus on the needs, risks and	CPR. (94% at June 18)	decisions	users on the progress they have achieved			
	strengths of children and families, and	 Transition to Part 6 Care and Support Plans 	decisions	with the support of Children's Services.			
	that desired outcomes, timescales and	requires further support and development.	Recording basic information in WCCIS	There were less complaints in Q3.			
	accountabilities for actions are clear.		requires some attention: and staff should	However this needs to be tracked on a			
		The findings of the Q1 Quality report in respect of the	have a "record tidy day" before	longer basis.			
		quality of practice showed that the	September 2018 to make sure that all the				
			basic data is up to date.	Commenced			
		Quality of assessments was Inconsistent but	-	Action plan being progressed with a pace			
		improving. The use of genograms and	• The service may consider a One Page	in terms of improving the child protection			
		chronologies appears to be improving. Building	Profile/Case Summary on each file	conference process			
		on this should amount to – ensuring this is		Completed			
		consistently applied and staff supported to		Regional templates for 'assessment' / 'care			
		analyse the information as part of their assessment. There is a need to improve the	• Case notes need to be analytic, always	and support planning' which clearly			
		analysis and provide a clear rationale being	clearly identify the purpose of the	records needs, risks, strengths, outcomes,			
		evident for any steps to be taken.	session, the intervention during that	accountabilities for actions and their			
		 Part 4 care and support plans being embedded 	session, and the plan for upcoming	associated timescales are available for use			
		 Compliance with the need for a Part 6 Care and 	sessions etc.	within the service			
		Support Plan: and the quality of the completed	Working to achieve Manageable				
		plans is poor.	Caseloads– Practice Leads must				
			work with their practitioners to step				
		 Supervision supporting improved practice and 	down cases whether this is possible				
		improved decision making and management	• Focus on improving assessments –				
		overview was inconsistent. Some Examples of	small group learning sessions on				
			~ * ~ ~		•		·

Management Decision, solidy provided evidence of serons concerns, alignation being addressed in a firmly and commensume vay. Tor dynamic supervision to cover and only within the line ranagement that increasingly access the service. Needs to have and could within a down in the cover file and twent executing to vidence of management decision and align and overlaph including in minute being decision. In cover file and twent executing to vidence of management decision and align and overlaph including in minute being decision. In cover file and twent executing to vidence of management decision and align and overlaph including in minute being and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent file minute being to provide the terms of exampling and agent the terms of exampling to provide the terms of exampling and agent the terms of exampling to provide the terms of exampling and agent the terms of exampling to provide the terms of exampling and agent the terms of exampling the terms of exampling and agent the terms of exampling the terms of exampling and agent the terms of exampling the terms of exampling the terms are for any consider to provide the term of the term of exampling the term of the term of the term of the term of the term are provided to the term of the term of exampling the term of term of the term of the term of the term of th	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
10		 evidence of serious concerns / allegations being addressed in a timely and commensurate way. The current set-up of the Practice Groups allows for dynamic supervision to occur not only within the line management but increasingly across the service. Needs to be more Consistent recording to evidence of management decision making and oversight including the rationale for decisions 11 out of the 13 cases in the case file audit were deemed to be up to date in terms of recording and significant events recorded. Case recording was rated as good and timely in 10 out of the 13 cases although it was identified as taking longer to be recorded than the 5 days as pointed out by one auditor The recording of basic information in WCCIS requires some attention: and staff should have a "record tidy day" before September 2018 to make sure that all the basic data is up to date and to provide a The service may consider a One Page Profile/Case Summary on each file. <u>Asseessment</u>- To ensure consistency within the assessment process across Children & Families Services a Single Point of Access is being established and will include all referrals to the Ynys Môn Specialist Children's Service, i.e. for social work, community Paediatric learning disability nursing, Learning disability psychology service, transition coordinator. Finance was secured from the 17/18 Families First budget and the post of Inclusion and Wellbeing Officer was developed as part of Teulu Môn, but with close links to Specialist Children's Service. Following the recruitment process the officer came into post on the 6th of August. We will be able to pilot the process until the end of March 2019. The officer will undertake the 'What Matters' conversation within 10 days and following us the individual/family will be either signposted, referred on to TAF or other Children's Services. This will ensure that all referrals 	 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. Continue to develop the new skills and knowledge to deliver a new way of working Review the Case Conference Process – to focus on review of practical arrangements, reporting, child protection plans and role of core group. Genograms and especially chronologies still remain an area for improvement, particularly as a tool to help assessment, or if there have been a number of previous referrals. Attention to detail in basic information records on WCCIS – especially school, GP and parental information / PR. Management supervision. Although management oversight of cases appeared to be generally good, and decision making was clear, there was little evidence of recent formal, reflective supervision in this sample of cases. Purposeful case recording which provides a clear overview of the 				

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
	 'The Right Referral, at the Right Time' for the child/young person and their family/carers. There is a clear expectation that all open Care and support, CP and LAC cases require an up to date assessment, care plan and chronology. Staff are progressing this work as a priority <u>February – March 2018</u> 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 was inconsistent, but with evidence of improvement. Quality, consistency of record keeping was inconsistent, but with evidence of improvement. 	 case and an understanding of why certain actions were taken. Understanding the significance of unexplained bruising in immobile babies Further embedding of the Gwynedd/Thornton Risk Model The Q1 2017/18 practice quality report – The Service must concentrate and ensure compliance with the basic requirements to 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. Reflective Practice in Social Work Child protection 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. 				

ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /		START	END
LINKS TO CIW RECOMMENDATIONS	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
	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 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.					
	 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.					
	• 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.					
	• 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.					

ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER	SIAKI	LIND
RECOMMENDATIONS			IVIT KOVENIENT & EVIDENCE	OFFICER		
RECOMMENDATIONS	Motivational Interviewing and Brief Solution					
	Focused Therapy training delivered in Q4. It is too					
	early to see how this has impacted on practice.					
	early to see now this has impacted on practice.					
	• 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.					
	<u>November – January 2018</u>					
	• 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.					
	However 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					
	support planning					
	• An Interim Manager has been appointed to help drive					
	practice improvements via coaching/mentoring,					
1	practice improvements the conclump mentoring,					

ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW RECOMMENDATIONS	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
RECOMMENDATIONS	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 Q_2 , - 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 in divident Second Washers when here not 					
	with individual Social Workers who have not					
	improved the quality of their practiceA 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					
	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					
l	on:					

						-
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
RECOMMENDATIONS						
	 Droviding acceling and mentoring to halp 					
	• 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.					
	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.					
	-					
	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.					
	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					

ACTION TO BE TAKEN AND		ACTIONS DECUDED TO ACHIEVE		LEAD	START	END
ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /		SIAKI	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
RECOMMENDATIONS						
	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					
	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 					

LINKS	TO BE TAKEN AND TO CIW	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
LINKS		 IMPROVEMENT 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 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 – Key Workers and Core Groups 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. 					
		end of July.Challenged and supported individual workers to improve their practiceThe quality of practice continues to be inconsistent.					

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	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END			
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER					
	RECOMMENDATIONS									
		 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				1				
		Support plans which are Outcome focused								
		 Making the Most of Supervision – for Managers 								
		 Providing Constructive Feedback and Managing 								
		difficult conversations								
		 Making the Most of Supervision – for staff 								
		• IFSS Resilient Families training (including Brief								
		Solution Focused Therapy and Motivational								
		Interviewing)								
		Collaborative Communication - follow-up								
		1								
		General Safeguarding for Social Workers								
		Risk Model								
		 Child Sexual Exploitation and Return Home 								
		Interviews								
		 Motivational Interviewing 								
1		_								
2.2	CIW recommendation 3:	September – October 2018	April – August 2018	Yet to be done	Service	Jan 2017	Ongoing			
	Senior leaders in social services and	Work continues with the Police.	Focus on preparation for Case	The QIF is in place - not able to report	Mangers	1				
	the police will work together to ensure		Conferences	consistent improvement in the quality,	ũ	1				
1	improvements to the:	<u>April – August 2018</u>		consistency and timeliness of child						
	1. quality,	Considerable work undertaken against the	• Complete the Review the Case	protection enquiries leading to improved		1				
	2. consistency and	improvement imperatives identified in the last Q.	Conference Process – to focus on review	outcomes for children and young people.		1				
	3. timeliness	Work has been completed against some of the	of practical arrangements, reporting,			1				
	of child protection enquiries.	improvement imperatives identified in the last q.	child protection plans and role of core	Staff report clearer guidance and improved		1				
	protection enquires.		group.	understanding of roles and responsibilities		1				
1	Practice Guidance to be developed	• There is good compliance with the need to have	group.	through the implementation of the Practice						
	between Police and Children services	a CP Plan for each child whose name is on the	• Improve skills and knowledge in relation	Guidance.		1				
	around child protection referrals,	CPR. (94% at June 18)	improve sinns und into wreuge in relation	Guidance.		1				
	strategy discussion/meetings and	CI K. (9470 at Julie 10)	to undertaking s47 Investigations			1				
		• Desitive programs by the Coference diments in the								
	enquiries.	• Positive progress by the Safeguarding Unit and	• Thresholds for conference – In some			1				
		the Practice Leads to develop an outcome	cases the decision to go to conference			1				
		focused CP plan: in which the Risk Model,	requires better evidence that the s47							

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
	scaling and goal sheets and a collaborative approach are central. Implementation plan to be agreed in Q2.	investigation/Care and Support Assessment has been concluded and the requirements of the AWCPP met.				
	• New Case Conference processes - Mentoring provided by Bruce Thornton to ensure that they are based on evidence and have the Risk Model integrated. Co-Production by Practice Leads and ISO. Implementation plan to be agreed in Q2.	• Quality of conferences reports- Consistently develop the quality of reports to conference to avoid the main pitfalls: cloning original report with the chronology from initial referral, limited information with no chronology: missing basic information.				
	 S47 Process. Progress made: new record template developed: with Mentoring provided by Bruce Thornton to ensure Risk Model is embedded. Training arranged for September 2018. Suggest this be mandatory for nominated staff. Practice Procedure will be developed in Q3 reflecting the approach provided in the training. The Q1 oversight by the IS&RO reports:- 	• Quality of CP plans – Consistently develop the quality avoiding the main pitfalls – over focus on meeting expectations rather than achieving change: not focused on the child's outcomes and appear to be a plan of what the parents needs to do but they are not linked to the child's needs. The voice of the child is not evident in plans.				
	• Thresholds for conferences – There has been good progress made to progress some cases as new social workers on the case have progressed the case to court in a timely manner. On the whole this remains inconsistent as in some cases the decision to go to conference requires better evidence that the s47 investigation/Care and Support Assessment has been concluded and the requirements of the AWCPP met.	• Engagement – Ensure that families are shown the conference report 24 hours before conference, allowing them time to process the information and question the social worker on the issues they are not clear on. Build on the recent improved practice, to ensure that young people are invited to conference and the views of the child is heard.				
	 Quality of conferences reports – There has been evidence of some good reports which are clear and concise with each child's needs addressed separately. There was evidence of use of safety plans in some cases and these were implemented prior to conference. On the whole this remains inconsistent as in some cases there is a need to develop the quality of reports to conference to avoid the main pitfalls: cloning original report with the chronology from initial referral, limited information with no chronology: missing basic information. Quality of CP plans – There was evidence plans 	 Launch the Practice Guidance Audits would show that we need to improve our arrangements for: Recording of Strategy Meetings/Discussions Ensure that all relevant agencies are part of the Strategy Meetings/Discussions Ensure improved oversight of s47 investigations Ensure improved understanding of what a s47 investigation entails 				
	of good quality, specific to each child's needs and clear on what needs to be done in order to					

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
	 keep the child safe. A good example of a CP plan which was focused on the needs of a newborn baby stated "A to develop a sense of trust which forms the foundation of a secure attachment Warm, loving, reliable & predictable safe care to be provided. Primary caregivers' to be attuned & sensitively responsive to A's cues & basic care needs". This focuses on baby's needs. However on the whole this remains inconsistent and the improvement imperatives are - avoiding an over focus on meeting expectations rather than achieving change: not focused on the child's outcomes and appear to be a plan of what the parents needs to do but they are not linked to the child's needs. The voice of the child is not evident in plans. Engagement – The service must improve pre preparation and ensure that families are shown the conference report 24 hours before conference, allowing them time to process the information and question the social worker on the issues they are not clear on. There is a need to build on the recent improved practice, to ensure that young people are invited to conference and the views of the child is heard. 	 Provide training and a revised report template which incorporates the Gwynedd/Thornton Risk Model 				
	• The Multi agency guidance were not approved by the Gwynedd and Mon LDG and therefore can only be used as an IOACC document. They have been translated and they will be launched during q1 2018/19. The guidance in terms of thresholds for investigation has been sent to the North wales Children Safeguarding Board Policy and Procedures Group. There has been no formal adoption to date.					
	 We have worked with a subgroup of the NWSCB to develop a regional approach to JIT 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. 					

 Finaling arrangements will now be arranged on a multi-agenry backs. Arch Sorvice Manager for Eurly and Interavity and Interavity for the scalability of an interavity of the scalability of information scalability of the scalabi	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
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• The Police are making progress with their analysis		a Multi-Agency Information Advice and Assistant					
		hub. 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					

Children Services Improvement Plan Version 9.0 September - October 2018

CIW recommendation	ons in red	l - high	priority
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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
RECOMMENDATIONS	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.					
	<u>August 2017</u>					
	• 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 1 st					
	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					
	15 referrals contained the voice of the child.					
	The Public Protection Unit must ensure that they are					
	more specific in why they are referring the					
	information and must not refer simply because there					
	are children linked to the adults involved.					
	• CSE and Return Home Interviews for looked after					
1	children, work is being done to improve performance				<u> </u>	

			mendations in red - nigh pric				
	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
		 in these areas taking place with partners - Police and the 6 North Wales Local Authorities. A repeat audit was undertaken in May/June 2017 on the referrals that proceeded to Strategy and Conference: Quality of Strategy Discussions/Meetings Quality of Assessment. See 2.1 June/July 2017 Protocols 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 - Key Workers and Core Groups Multi-Agency Child Protection Practice Guidance - Registration Thresholds. Set of protocols likely to be ready for October. 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 understand the data and to explore information sharing. A meeting was held on the 26th of June. Monthly meetings arranged between Children Services and NWP to address operational matters and to develop a Practice Guidance around child protection referrals, strategy discussion/meetings and enquiries. HOS is made aware of any on-going operational difficulties in relation to joint working with the Police to ensure they are urgently addressed and that children are not left in vulnerable positions. Audit to be undertaken to monitor the quality, consistency and timeliness of child protection enquiries. May 2017 Positive discussion held with the Police regarding cooperation. 					
2.3	CIW recommendation 9: Multi-agency arrangements should be established to strengthen operational plans to support effective co- ordination of statutory partners' completion of Joint Assessment Frameworks. – Service no longer using JAF	February-March 2018 • 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.		Commenced Improved multi-agency safeguarding arrangements leading to improved outcomes and experiences for children and young people. Completed	Early Intervention Service Manager	Jan 2017	Ongoing re multi-agency arrangements

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 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.	 November – January 2018 We have received permission from Welsh Government to amalgamate the current Joint Assessment Framework (JAF) to the care and support assessment form. Work on including the measures that the JAF collects has commenced. The Care and Support Assessment and Plan will be used instead of the JAF. 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. Angust 2017 Practice guidance completed see 2.2 Meetings held with CAMHS and CAFCASS June/Julv 2017 Arrangements have been made to hold a multi- agency 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 multi- agency meeting should be held to discuss current working arrangements and difficulties and to bring them to the attention of the RSCB. 		A multi-agency Practice Guidance clearly defines local roles and responsibilities and safeguarding arrangements.			

Children Services Improvement Plan Version 9.0 September - October 2018

CIW recommendations in red - high priority

	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
RECOMMENDATIONS	1				/ /	/ · · · · · · · · · · · · · · · · · · ·
	• 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) 	 September - October 2018 An independent audit has been completed which shows that there is a priority need to improve the care and support planning for LAC. Work continues. April - August 2018 Work has been completed against some of the improvement imperatives identified in the last q. Transition to Part 6 Care and Support Plans requires further support and development. Of the 43 eligible IROs now work to ensure that they evidence their footprint on the child's file: and where possible to meet the child in between or before reviews. IRO and service Protocol ready for sign off and early discussions held with the WCCIS team in respect of building in the challenge workflow. Corrective Action Placement with Parent's - Planned for the 17/9/2018 with Practitioner Forums planned on the 16 a 17/08/2018 to work with case holders to provide support to complete the corrective action required on existing cases to ensure that they meet the requirements.	 The service needs to focus on Focus on improving part 6 care and support planning Up to date Care and Support Plans (Part 6) and Pathway Plans must be put in place through a process of engagement and co-production with the child and significant others Preparation for reviews and conferences and information provided which allows the child's plan to be scrutinised and progressed. Progressing of the child's care and support plan outside the review "meeting". Focus on preparation for Statutory Reviews IS&R O aim by September to have developed new approaches to their engagement with children and young people: including the use of Facetime and SKYPE: a new information pack about them and their role and the review process. The next step will be training on child directed reviews. 	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. 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		Jan 2017	March 2018

ſ			mendations in red - mgn prio				
	ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
	LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
	RECOMMENDATIONS						
		The findings in respect of the quality of practice	Corrective Action Placement with	down' arrangements for children and young			
		showed that the	Parent's - Planned for the 17/9/2018	people.			
		Compliance with the need for a Dect (Compand	Ensues that as the LAC has an any to date plan				
		 Compliance with the need for a Part 6 Care and Support Plan: and the quality of the completed 	Ensure that each LAC has an up to date plan	Review of looked after children and children			
		plans is poor. Audits suggest that there needs to	LAC Review recommendations are prioritised	on the CPR provides detailed information			
		be further attention to the implementation of	by Social Workers and the pace for completing	and understanding of their needs. This will			
		required plans in between reviews	assessments and outstanding work is	assist with the prevention strategy and the			
		Focus on preparation for Statutory Reviews remains	accelerated and sustained.	work of the Resilient Families Team.			
		an issue.					
			• Aim to reduce the number of Children				
		Since June, the Part 6 Care and Support Plan (which	becoming Looked After by:				
		was agreed on a regional basis) is being completed	Engaging family, friends and community				
		for all children who become looked after. A small	earlier				
		Task Group has been established to support staff on	Being creative - additional support/provision				
		the completion of the document.	Completing in-depth Care & Support				
			Assessments				
		All cases that have been on the child protection	Engaging the child/young person in the				
		register for over 10 months have been discussed in	Assessment process				
		Legal Gatekeeping Panel with clear decisions made on the direction of cases. If we have entered into pre-	Listening to children and Young People				
		proceedings arrangements (PLO) with the family a	SMART Care & Support planning Resilient Families intervention				
		clear timescale for returning to Panel for review is	 Need to move away from thinking the needs 				
		agreed.	of Children and Young People can be best met				
		ugrood.	by bringing them into care.				
		February – March 2018	• When parents request for their child(ren) to be				
		There is evidence that in a number of cases we do not	brought into care they must be told that the				
		have up to date LAC plans for Looked after children:	steps mentioned above* must be worked				
		and that these have not been put in place following an	through.				
		earlier audit and corrective action instruction.	č				
		• 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 2 nd 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).					
		proceedings needing (Legar Gatekceping I aller).					
		November – January 2018					
		• A review of residential placements is underway.					
		• 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					
		·			•	•	

 A CTION TO BE TAKEN AND		ACTIONS REQUIRED TO A CHIEVE		LEAD	STADT	END
ACTION TO BE TAKEN AND LINKS TO CIW	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	OFFICER	START	END
RECOMMENDATIONS				OFFICER		
 RECOMPLEMENDATIONS	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:					
	1. Small Group Homes.					
	2. Salaried foster Carers and a					
	3. 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 26 th					
	January 2018. The Challenge Meeting is due to take					
	place on 27^{th} of March 2018.					
	place on 27 of March 2010.					
	The Service also completed the Adoption Review on					
	25 th January 2018 with Care Inspectorate Wales.					
	25 Valuary 2010 White Care Inspectorate Wates.					
	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.					
	<u>August 2017</u>					
	• Review 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					
	Leader is now reviewing the same minutes in an					
	attempt to verify the findings.					

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ACTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
RECOMMENDATIONS						
	• 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 31^{st} 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					
	with families.					
	June/July 2017					
	 A review all children who are looked after has 					
	happened and children who need to be 'Stepped					
	Down' have been identified.					
	• Head of Service chairs a group – Internal review					
	panel for residential placements:					
	• Ensure that care and support plans meet their					
	wellbeing outcomes to ensure that the LAC review					
	recommendations are actioned and to ensure value					
	for money.					
	 Resilient Families Team posts have now closed. 					
	• Care planning for looked after children to be					
	strengthened through development of additional					
	Practice Guidance.					
	 Permanency policy currently under review 					
	• We have started to practice differently and more					
	intensively with a small number of families					
	following a similar model to the work of the					
	Intensive Family Support Services. This is the work					
	the Resilient Families Team will be undertaking to					
	support children living at home: both preventing the need for accommodation and supporting return home					
	plans.					
	May 2017					
	<u>111ay 2017</u>			l	1	

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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
		 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 Assurance Framework within the Service, through: IRO and CPC to report quarterly on their assessment of the operational performance through conference and review. IRO and CPC to draw out, on a thematic basis, issues regarding quality and learning for the Service. Managers to undertake regular audits on focused areas: Supervision Recording Assessment Quality, consistency and timeliness of child protection enquiries Caseloads and reports regarding the quality of workers' performance to be continuously monitored. CIW Recommendation 13: Performance management and quality assurance arrangements, including scrutiny of service demand and routine auditing of the quality of practice, needs to be embedded so that managers at all levels have timely, relevant and accurate performance and quality assurance information to enable them to do their jobs effectively and to deliver improvements. 	 February – March 2018 Systematic and planned audits have continued: and we are able to show how these lead of corrective action and improvement work. Other elements of the QI framework have been implemented – Practice and Meeting Observation Continued provision of Risk Model Coaching and Mentoring Completed the Practice Standards Appointed to a Key post – Quality and Practice Improvement Officer which will enhance the unit's ability to take forward with greater pace the learning and improvement work – learning circles, lunchtime professional meetings, action learning sets etc IRO/CPC have an improved quality assurance role leading to learning and improvement in the quality of practice Reviewed the Children Services Procedures which showed that they need to be rewritten in many areas Movember – January 2018 There is less compliance by managers and Practice Leads with the requirements to complete audits on a planned way. The Safeguarding Unit have worked together on two thematic reports during this period – which will be fed into the Q3 report. This strengthens the oversight and overview of the independent officers and puts in place another element of the IQ Framework. An implementation plan for the remaining elements of the IQF has been developed in collaboration with 	 Review Audit Plan in line with Service Improvement Plan 2018/19 Provide Tools, support and training to staff to implement the framework Take forward with greater pace the learning and improvement work – learning circles, lunchtime professional meetings, action learning sets etc Appoint to the vacant posts 1.5 in the unit Complete the IRO/CPC standards Agree how we review/rewrite the Procedures including whether working with Procedures on Line may be a way forward to ensure access and up-to-date amendments on an ongoing basis, Guidance to be developed around caseload management to ensure there is sufficient capacity for workers to engage effectively with children and their families – 	Yet to be done WCCIS is supporting performance management and caseload management through easily accessible 'reporting' features made available to Managers. Workers have sufficient capacity to engage effectively with children and their families through Manager's implementation of the caseload Guidance. Commenced Quality assurance reports and case file audits are happening and is showing that the direction of travel for practice is one of improvement: albeit inconsistently. Progress made in ensuring that the IRO/CPC have an improved quality assurance role leading to learning and improvement in the quality of practice. QA and Safeguarding Unit to drive improvement and changes to practice across the Service through learning from thematic and qualitative reports. In Place Regular and timely qualitative reports are submitted without delay to the leadership team, including members. We are able to show how these lead of corrective action and improvement work.	Safeguarding and Quality assurance Service Manager	Jan 2017	March 2018

Δ	CTION TO BE TAKEN AND	ACTIONS TAKEN/TO TAKE TO ACHIEVE	ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
	INKS TO CIW	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER	START	
	RECOMMENDATIONS				OTTICLK		
		managers and practice leads: and this will need		Framework and tools for structured			
C	TW Recommendation 14: Caseloads	approval by the SMT in its next meeting.		governance and scrutiny arrangements			
ar	nd reports regarding the quality of			through regular case file audits.			
W	orkers' performance should be	 An interim manager has been brought in as 					
cc	ontinuously monitored to ensure there	additional capacity to continue in the development of		Completed the Practice Standards			
	sufficient capacity for workers to	the improvement in a planned and systemic way.					
	ngage effectively with children and	The substantive Quality Assurance post currently					
th	neir families.	advertised.					
		• All cases that have been judged as inadequate in					
		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					
		• A number of the key elements of the framework are in place –					
		Communication and ensuring a shared dialog					
		about quality					
		usout quanty		1	L	1	

CIW recommendation	s in red	- high	priority
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A CTION TO BE TAKEN AND		ACTIONS REQUIRED TO ACHIEVE		LEAD	CT A DT	END
ACTION TO BE TAKEN AND LINKS TO CIW	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	OFFICER	START	END
RECOMMENDATIONS		INIP KO V EIVIEN I		OFFICER		
RECOMMENDATIONS	- Desitive incomentation in the side					
	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					
	• Management over view 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.					
	August 2017					
	Business Support Officer for Statutory Reviews and					
	Case Conferences appointed					
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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
RECOMMENDATIONS						
	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					
	• SMT considering findings of the Q1 quality report –					
	recommend prioritising improvements in assessment					
	practice					
	Challenged and supported individual workers to					
	improve their practice					
	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				1	
	partner agencies.					
	Additional funding was agreed for re-establishing the Ouslity Assurance Manager, post was advertised					
	Quality Assurance Manager, post was advertised however we failed to appoint.				1	
	 Audit of PLO cases completed 					
	May 2017					
	Quality Assurance Framework has been revised and approved by Children Services					
	approved by Children Services.					
	• Quality Assurance Action Plan agreed for the next 12					
	months focusing on regular audits on focused areas:					
	Supervision					
	Recording					
	• Assessment					
	• Quarterly Assurance reports to be discussed at					
	Children Services Management meeting and a					

INNES TO CIW IMPROVEMENT IMPROVEMENT IMPROVEMENT EVENENT EVENEN				mendations in red - myn prio				
Image: Service Manages and Place improvements. Manages to provide conductive and basis intervice Manages and Place improvements. How the quality of vacuum improvement improvements.Mean Place improvements. improvement improvement improvements.Mean Place improvements. improvement improvement improvements.Mean Place improvements. improvement improvement im			ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
include: ready to be implemented. cspectations of the QIF performance and outcomes for a liditary symp people. Services Services 2018 1 Outline Performance indicators and being the topologie and sequences to complete mather stating and to beserve performance. April - Angue 2018 Potocol within the service in terms of the QIF Potocol within the service in terms of the QIF Impovement in staff's level of understanding of performance indicators and the calculation within the quality and intensities and into observe performance with continuous individues quality of practice pairby assess to complete in the level of compliance with the requirements in complete into a low of the QIF drives service intervol on service the and to observe performance and outcomes drives dri	3.3		 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. September – October 2018 					
WCCIS – this is a problem for most of the local		 for Children and Adult Services to include: 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 	 Performance Framework has been developed and is ready to be implemented. April – August 2018 The QIF is in place and regular reporting on the quality of practice to the service. The Q1 analysis of practice quality was completed. The level of compliance with the requirements to complete monthly casefile audits and to observe practice is inconsistent. Some Practice Leads do so, to a high standards, others do not. As a result, drawing service wide matters from audit was is limited. The independent safeguarding officers provide quarterly overview and oversight feedback by the independent safeguarding officers. An analysis of the Q1 complaints and compliments also feeds into the report. February-March 2018 Service Manager and Practice Leader from Intensive Intervention Service meet on a monthly basis with 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. 	expectations of the QIF Protocol within the service in terms of the work of the QIF drives service improvement and learning External Project Manager will commence work with the Service to scope what is required from the System and look at the long term goals in terms of best use of technology for example.	 performance and outcomes for children/young people. 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 		2017	October
				35				

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	LINKS TO CIW RECOMMENDATIONS	IMPROVEMENT	IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
		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).					
		community care information System (weeks).					
		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.					
		<u>August 2017</u>					
		• 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 prioritizing indicators relating to Lag					
		• 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.					
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	A CITION TO BE TAKEN AND				IEAD		END
	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 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.	 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. 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). September – October 2018 It is agreed that the risk is tolerable. Systems, protocols and practice guidance have been developed as far as possible. The Local Authority has invested time and energy to ensure that the relevant audit and assurance sub group of the Gwynedd and Môn LDG provides an efficient platform for taking this work forward. It is fair to say that this is at an early stage due to the need for commitment and direction from others. Training has been arranged for Health Visitors and School Nurses to take place in November. April – August 2018 First meeting of the Gwynedd and Môn Audit and Assurance group (NWSCB) held to ensure that this is work is taken forward within the relevant governance/partnership arrangements MAPF agreed on 1 Anglesey	 April - August 2018 Gwynedd and Môn Audit and Assurance group (NWSCB) require a steer from the LDG in terms of areas of focus Progress learning from MAPF Revisit the Referrals audit carried out with education and health Next steps Develop the Gwynedd and Môn Audit and Assurance group to the new TOR which will ensure we have a multi-agency quality assurance system in place showing an improvement in the quality and timeliness of practice. Referral to the service must be improved 	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 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	Safeguarding and Quality assurance Service Manager	Dec 2016	Completed October 2018
I		learning		o r	1	I	

ACTION TO BE TAKEN AND ACTIONS TAKEN/TO TAK		ACTIONS REQUIRED TO ACHIEVE	EXPECTED OUTCOME /	LEAD	START	END
LINKS TO CIW IMPROVEMENT		IMPROVEMENT	IMPROVEMENT & EVIDENCE	OFFICER		
RECOMMENDATIONS						
February – March 2018			with families and provide quality interventions.			
See also 2.1 & 2.2						
• We have agreed to chair the			Commenced			
Audit and Assurance group that this work is taken forw			Multi-agency quality assurance system in place showing an improvement in the quality			
governance/partnership arra			and timeliness of practice.			
• Agreed to increase the capa			1			
will support the progress of	undertaking multi-					
agency evaluations						
Present MAPF 1 & 2 to the transparency and willingness						
other	s to learn nom each					
 NWSCB is developing a re 						
training: we have been part	of this work					
Multi-agency meetings con	inua ta ha hald					
• Multi-agency meetings com between Children Services,						
Health and CAMHS to agree	e on operational					
matters. Action Plan to imp						
Conference arrangements w and agreement was made or						
progressed.	now uns win be					
<u>November – January 2018</u>						
Service Manager has provid Delivery Group of the Nort						
Children's Board (NWSCB						
can develop its arrangemen	s to establish multi-					
agency quality assurance sy						
developments around this a the governance of the board						
Undertaken 2 MAPF in the						
identified useful lessons lea	rnt on a multi-agency					
basis. These will be presen						
Delivery Group of the NWS • Practice Guidance has been						
• Practice Guidance has been approved by the Local Deli						
NWSCB. They have been						
IOACC.						
• Audit CID 16 with Police – to be received in terms of the						
to be resolved in terms of the sharing information/safeguartics and the sharing information/safeguartics and the sharing information and the s						
referral. Report with Police						
presented to SMT	-					

INFROVEMENT IMPROVEMENT IMPROVEMENT OPPROVEMENT & EVIDENCE OFFICER Recommendation - Multi-Agents: Practice Guidance approved by the Corporate Subgranting Board on the 8 ⁴ of December, 2017. - Multi-Agents: Practice Guidance approved by the Corporate Subgranting Board on the 8 ⁴ of December, 2017. - Poorposing with pattors (Folice, Health and Education) to implement the multi-agency quality assurance system referred to below. - Stretune Mode address - Mode Regular addits show that there is conflicting evidence in errors of the improvement in the quality, emprires: A distance traveled address - whore Regular addits show that there is conflicting evidence in errors of the improvement in the quality, emprires: A distance traveled address were timely. However the Case Field Addit (May) and management review concludes that in strengt meetings were timely. However the Case Field Addit (May) and management review concludes that in strengt meetings or the ware field in a timely manager. • Not always bring Hedi in a timely manager. • With were went Hedi. • Improved addition the strengt meetings • Improved addition the strengt meetings • Improved addition and the travel is no evidence that hey have here hedi. • Improved addition the strengt meetings • Or the CRF Register with Govy pass- • Addition addition to Could Protection pass • - decision making, decision pass • - decision making, decision pass • - decision making, decis of focas on role • addition of the conomplet or evidence that			nendations in red - nigh prio				
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intervene at an earlier stage to asses risk, engage the							
family and create change.		family and create change.					
• A Regional Referral Form has been approved and		• A Regional Referral Form has been approved and					
discussion will occur in the Safeguarding Children's							

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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
RECOMMENDATIONS	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.					
	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.					
	<u>May 2017</u>					
	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					

			menuations 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
2.5		Practice Guidance to be developed between Children Services, Health, Police and Education to cover all the areas were development work is required.	Aurel Arment 2019	Commenced	Sofoonering	Ionuary	Completed
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.	 April – August 2018 See 2.1 Recording practice Standards approved and adopted WCCIS project underway Audit reports evidence that there is improvement in the quality and consistency of record keeping. This is particularly evident during Quarter 1. 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 an 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- The overall evaluation shows that recording practice remains inconsistent although there is evidence of improvements in some audits. August 2017 As part of the registration as Social Workers; staff have the responsibility to ensure good quality timely recording. Regular case file audit to be undertaken to monitor the quality and timeliness of record keeping on individual cases. June/July 2017 Record keeping continues to be inconsistent Repeat audit of case files in progress to establish if there is improvement in the quality of recording. 	 April – August 2018 Complete the WCCIS project Recording basic information in WCCIS requires some attention: and staff should have a "record tidy day" before September 2018 to make sure that all the basic data is up to date. The service may consider a One Page Profile/Case Summary on each file Case notes need to be analytic, always clearly identify the purpose of the session, the intervention during that session, and the plan for upcoming sessions etc. 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	Completed Aug 2018 Need consistency of where staff are recording

4.	Social workers working proa	ctively with families to manage risk- spending muc	h more time working alongside families h	elping them to change so that the family is	a safe place for t	heir childre	n.
LI	CTION TO BE TAKEN AND NKS TO CIW ECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
alig wou Act bui ena dev ach Tra	suring social work intervention is gned with the different way of orking with families under the new et be focused on what matters, ilding on people's strengths and abling their involvement in veloping ways to address need and hieving outcomes. aining being provided focusing on: Collaborative Communications' course on strengths based conversations. IFSS interventions Culture change Measuring performance Motivational interviewing	 September – October 2018 Work is on-going. Follow-up workshops are being arranged for the New Year. April – August 2018 A significant investment has been made in respect of providing training and workshops for the workforce with the aim of improving our collaborative communication, co- production and practice with families. Staff including support workers, TAF workers and Social Workers including senior managers have attended. Training has included Collaborative communication training, motivational interviewing, and brief solution focused therapy, IFSS building stronger families workshops on scaling, goal setting and safety planning. The training courses and workshops will be followed up with further workshops by the end of the calendar year. The Teulu Mon and NEWID app also supports these strength based approaches. The introduction of these new methods of working is being introduced gradually within the workforce. A model for child protection called Cryfder ar y Cyd has been drafted. This model retains the familiar statutory requirements but also makes specific reference to the strength based approaches and how they can be used within the child protection process. November – January 2018 Feedback/learning received on the changes that have happened in Social Work practice following the training staff have had during the year (see 1.4 for a list of training courses held). The feedback received shows that staff are putting what they've learnt into practice in their day to day work. 		 Yet to be done Training needs to be supported in practice. Some evidence that this has already happened in some cases although not consistently. The forms used on the WCCIS do not support this new way of working and we may need to look at how we can adapt those form in the future to support this change in practice. Staff report that they feel they have the skills and knowledge and are able to undertake more direct interventions with families. Information that more children being supported to continue living at home with their families. Positive feedback from service users regarding the quality of intervention making a difference to their lives. Commenced Evidence that the workforce is skilled in working directly with families leading to improved outcomes - an example being a reduction in the children on the CP register. 	Senior Management Team	Ongoing	March 2018

		CIW IECOII	imendations in red - high pric	onty			
		 August 2017 We have continued to support staff to work with families focusing on their strengths, having a 'What matter conversation', advocacy requirements and coproduction. 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. 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 coproduction, all of which continues to be a challenge for children's services as families are reluctant to engage. May 2017 Delivery of Motivational interviewing training and Resilient Families approaches currently happening. Collaborative communications training being held in March for all Managers. IFSS interventions training provided on an annual basis. Culture change measuring performance training for Managers being held in March 					
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. 	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

		• Two Senior Managers (Early Intervention and				
		Intensive Intervention) in post				
		June/July 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.				
		<u>May 2017</u>				
		• 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.				
4.3	Implementation of an Information,	November – January 2018	Yet to be done	Service	Dec 2016	April
	Advice and Assistance (IAA) model	A Full Time Engagement Officer commenced with	Service users report 'ease of access to	Manager	2010	2017
	for Anglesey	Teulu Môn in January, which has strengthened its	services' and good customer care.	U		
		capacity to 3.5 workers FTE in that team. Teulu Mon				
		were visited on 29.01.18 by Jackie Drysdale of Social	Improved coordination of services and			
		Care Wales in order to observe the team and consider he	strategies for early intervention and			
		need for a Wales wide competency framework. Jackie	prevention is shown in a reduction in children			
		was impressed by what she saw on commented that "the	being looked after.			
		team was committed"; "showed great resilience against	There is a reduction in duplication of affort			
		some of the frustrations". Work will continue to	There is a reduction in duplication of effort through the current running of multiple 'front			
		develop that team in terms of skills and IT support.	doors'			
		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,				

City recommendations in red - nigh phoney
Improvement Development Manager for Social Care Wales.
August 2017
Engagement Officers commenced in post
Permanent Early Intervention and Prevention Service
Manager 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. de la constant de
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.
<u>May 2017</u>
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 Madedian task and finish arrays meeting and
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					
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 provision of preventive work with children and families that will deliver an integrated service and provide early help and support that effectively delays the need for care and support. CIW Recommendation 12: The local authority and partners should work together to develop a cohesive approach to the collection and analysis of information about the needs of communities, that includes the voices of children and families. This should be used to inform the shaping of strategic plans to achieve effective alignment of service delivery between information, advice and assistance services, the preventive sector and statutory services. 	 September – October 2018 The Senior Management Team considered a paper on the Prevention Strategy on the 22 October 2018. SLT will consider the way forward regarding Flexible Funding at its meeting on the 19th November 2018. The cross-Service Group of officers has been re-established and is meeting on a monthly basis. The SLT intends to discuss a way forward with Elected Members over the next few months, with the intention of establishing new Governance structures by April 2019. George Salvanara is working on the provision of services commissioned primarily from the Supporting People budget. Opportunities to access this funding could be available in relation to After Care and Post 16 services in particular. 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 prevention and support for families as part of its Plan for 2017 – 2022 in ''Providing robust early intervention and prevention services and a draft strategy has been developed and shared with CIW. Consultation with staff and partner agencies has occurred and we have arranged further consultation sessions with community g	 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 intervention / prevention service.	Dr Caroline Turner, Director of Social Services Interim Heads of Children Services Alwyn Jones, Head of Adult Services Dafydd Bulman, Strategic Transformation and Business Manager Melanie Jones, Service Manager Llyr Ap Rhisiart, IFSS	Jan 2017	Oct 2017

what has and what has not works in the part and what Image: Suff. Augest Suff. Performance Sufficient Strengthere in Part Sufficient Strengthere Sufficient S	CIW RECOIL	mendations in red - nigh prid	onty	
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		 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. May 2017 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 Enh	hancing family support services tar	geted towards providing intensive and speedy supp	oort at point of family breakdown aimed at I	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: 1. Supervised contact 2. Freeing up capacity to undertake preventative work 3. Role of Parenting Officer 	 <u>April – August 2018</u> The review of Support Services and Placement Team is on-going and hopefully will be completed by the beginning of September. <u>February-March 2018</u> We are currently reviewing the: Children Support Services Placements Team and Children Specialist Service Staff will be consulted on the proposals being put forward and they will be provided with advice from HR on any changes that could have an impact on their current roles and responsibilities. <u>November – January 2018</u> Due to competing demands on Senior managers this review has been put back, however, it is envisaged that this review will be completed by end of March 2018. 	 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	Completed Aug 2018
		 HR on any changes that could have an impact on their current roles and responsibilities. <u>November – January 2018</u> Due to competing demands on Senior managers this review has been put back, however, it is envisaged that 					

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		 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>Mav 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 during an intensive 8 week period (Stage 1). As a result, Tom remains at home with his parents, there have been a reduction in the number of occasions when 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 parents' room. Progress was so dramatic it was decided the family did not require ongoing 'Stage 2' support as 	 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

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currently working with 8 families to prevent family			
breakdown and to support children living at home.			
• Team has three core aims:	• Team has three core aims:		

		Ciw recom	mendations in red - high pric	ицу			
		 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.					
		<u>August 2017</u>					
		 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.					
		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.					
		<u>May 2017</u>					
		• 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	September – October 2018	Decision needs to made regarding additional	Yet to be done	Intensive	Jan 2017	March
5.5	responsibility as a Corporate Parent	Work continues but more work needs to done.	• Decision needs to made regarding additional WG grant funding around work experience	Clear Pathway planning does provide goals	Intervention	Jan 2017	2018
	for looked after children. Areas of	work continues but more work needs to done.	and apprenticeships	on the plan into adulthood for the young	Service		2010
	focus:	February-March 2018		person.	Manager		
	• Review the leaving care (after	• LAC strategy is currently being developed and will be		1 · · ·			
	care) service	available for consultation towards the end of April.		Care leavers reporting that they feel they			
	• Creation of a 'Supported	1		were listened to and supported by the			
	Lodgings Policy'	<u>November – January 2018</u>		authority in their transition to leaving care.			
	• Agreement of a 'Leaving Care	• One Corporate Parenting Panel meeting on the 11 th of					
	Financial Policy'	December has taken place since the agenda of the panel		Children who are looked after report they			
	 Work experience and apprentice 	has been re-structured. This gives panel members the		feel they have influence on how services are			
	arrangements within the Council	time to scrutiny data provided and have a meaningful		provided for them.			
	and Health Board	discussion in relation to corporate panel issues.					

		nenualions in reu - nigh prio	110	
 Free/Discounted entry to leisure 	The Children Looked After and Care Leaver Strategy		Commenced	
services and library services	continues to be work in progress and it is hoped a draft		Clear guidance in place for Children	
• Appoint a Local Member as a	Strategy can be produced to go out to consultation		Services staff and key partners through	
Looked after Children	during April 2018.		policies, procedures and training in relation	
	duning riphi 2010.		to improving outcomes for looked after	
Champion	Sandarahan 8 October 2017		children.	
	September & October 2017		children.	
•	Corporate Parenting Panel in September approved the			
	action plan to develop a "Children Looked After and			
	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.			
	L /L L 2017			
	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			
	Appointment of a local Member as a Looked After			
	Children Champion.			
	cinteren citumpion.			

			nendations in red - nigh prio				
		Work ongoing in preparation for the STARS Awards Ceremony in November for looked after children to celebrate their successes. <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 Director of Social Services Protocol reflecting on the Social Services and Well-Being Act 2014 - Part 8 Role of the Director of Social Services.	 April – August 2018 The Role of Director of Social Services Protocol has been completed and will be presented to the Executive and the Full Council during September 2018 for final approval. November – January 2018 The protocol has been reviewed and a draft version will be presented to the Director of Social Services mid-February. September & October 2017 Review of internal protocol in relation to the overarching role of Director hasn't progressed due to capacity issues. June/July 2017 Review of internal protocol in relation to the overarching role of Director hasn't progressed due to capacity issues. May 2017 Review of internal protocol in relation to the overarching role of Director. Work will commence on strengthening the role of Director of Social Services following the May 2017 local elections. 		Yet to be done Strengthening the role of Director of Social Services within the Local Authority.	Director of Social Services Dafydd Bulman, Strategic Transformation and Business Manager	Oct 2017	Completed Aug 2018