

## **ISLE OF ANGLESEY COUNTY COUNCIL**

### **Scrutiny Report Template**

<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	10.12.18
<b>Subject:</b>	Children and Families Services Progress Report
<b>Purpose of Report:</b>	Report on progress in implementing the Service Improvement Plan
<b>Scrutiny Chair:</b>	Councillor Aled Morris Jones
<b>Portfolio Holder(s):</b>	Councillor Llinos Medi
<b>Head of Service:</b>	Fôn Roberts, Head of Children and Families Services
<b>Report Author:</b>	Elin Williams, Children & Families Services Transformation Programme Manager
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<b>Local Members:</b>	Relevant to all Members

#### **1 - Recommendation/s**

The Committee is requested to:

- 1.1. Confirm that the Committee is satisfied with the steps taken to progress implementation of the Service Improvement Plan and the pace of progress.
- 1.2. Confirm that the Committee is satisfied with the pace of progress and improvements made to date within Children and Families Services.

#### **2 – Link to Council Plan / Other Corporate Priorities**

There are clear links from the Service Improvement Plan within Children's Services and the Isle of Anglesey Plan 2017/2022. The objectives are:

1. Ensure that the people of Anglesey can thrive and realize their long-term potential.
2. Support vulnerable adults and families to keep them safe, healthy and as independent as possible.
3. Work in partnership to ensure that they can cope effectively with change and developments whilst protecting our natural environment.

#### **3 – Guiding Principles for Scrutiny Members**

The following set of guiding principles will assist Members to scrutinise this subject matter:

- 3.1 The customer/citizen [looking at plans and proposals from the point of view of local people]
- 3.2 Value [looking at whether plans and proposals are economic, efficient & effective. Also, looking at the wider requirements of community benefits]
- 3.3 Risk [Look at plans & proposals from the point of view of resilience and service transformation. It is about the transition from a traditional service to a transformed one, and about the robustness of the transformed service once it is in place]

3.4 Focus on the system (including organisational development) [Ensuring that the Council & its partners have the systems in place to ensure that they can implement transformation smoothly, efficiently and without having a negative effect on service delivery]

3.5 Focus on performance and quality [Scrutiny undertaking a performance monitoring or quality assurance role, on an exception basis]

3.6 Focus on Wellbeing [Looking at plans and proposals from the perspective of the Wellbeing of Future Generations requirements]

#### **4 - Key Scrutiny Questions**

1. Is the Committee satisfied with the pace of progress and improvements made to date within Children and Families Services?

#### **5 – Background / Context**

##### **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. CIW Inspection**

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

##### **2. Recruitment and Retention**

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:

	<b>Key Performance Indicator</b>	<b>2017/18 Cumulative</b>	<b>Q1 2018/19</b>	<b>Q2 2018/19</b>
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 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.

#### 6 – Equality Impact Assessment [including impacts on the Welsh Language]

Not applicable

#### 7 – Financial Implications

The Head of Service continues to scrutinise all contracts and will at times challenge costs in particular to looked after children provision. An effort is also made to reduce spending across the service and this in turn has reduced the projected overspend to date.

#### 8 – Appendices:

Service Improvement Plan September – October 2018:



SIP English version  
9.0 September-Octo

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

Children Services Improvement Plan Version 9.0 September - October 2018

**CIW recommendations in red - high priority**

	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
<b>1.</b>	<b>A confident and competent workforce with sufficient capacity to provide a consistent and effective service</b>						
1.1	<p>Develop the <b>Workforce Strategy</b> to include:</p> <ul style="list-style-type: none"> <li>Recruitment good practice</li> <li>Retention and support</li> <li>Clear induction arrangements</li> <li>Buddying</li> <li>Coaching and mentoring</li> <li>Shadowing</li> <li>Enhanced post qualification training and development opportunities</li> <li>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).</li> </ul> <p><b>Links to CIW Recommendation 5:</b> A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers.</p>	<p><b>September - October 2018</b> The current Workforce Strategy is being up-dated.</p> <p><b>November 2017 – January 2018</b></p> <ul style="list-style-type: none"> <li>There are examples of Practice Leaders coaching/mentoring newly qualified Social Workers.</li> <li>Enhanced post qualification training and development opportunities – these needs will be identified in Appraisals and Supervision.</li> <li>Two trainee Social Workers have commenced in their roles.</li> <li>Continued to progress work in the Workforce Action Plan.</li> <li>Observation of practice – the Good Practice Group have been discussing how best to implement this.</li> <li>Social Care Ambassadors</li> <li>Denu Talent – we are progressing with this, an email has been issued to the Heads of Services asking for work experience opportunities</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Service re-structure was implemented on the 4<sup>th</sup> 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.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>A traineeship plan has been developed jointly with HR offering the opportunity for one member of staff to train to be a Social Worker over two years through the Bangor</li> </ul>	<ul style="list-style-type: none"> <li>Corporate Induction session available on a monthly basis for new staff.</li> <li>Ensure progress with the Action plan, Meetings will be held every 6-8weeks to monitor progress plus to monitor other workforce issues.</li> <li>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.</li> <li>Review the Workforce Strategy late Summer 2018.</li> </ul>	<p><b>Yet to be done</b> 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.</p> <p>Staff report positive satisfaction in the workplace and feel supported in carrying out their responsibilities.</p> <p><b>Commenced</b> Audit of work providing evidence of a confident and competent workforce.</p> <p>Clear improvement in recruitment and retention rates with more staff recruited to permanent posts and reduction in staff leaving.</p> <p>Induction - all new staff receive a comprehensive induction and are fully aware of their roles and responsibilities.</p> <p>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.</p>	Melanie Jones & Margaret Peters	Jan 2017	Ongoing

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		<p>University with the possibility of securing a permanent post in the service post qualification.</p> <ul style="list-style-type: none"> <li>• Service Induction programme produced for new staff</li> <li>• Workforce Action plan being progressed to monitor progress against the short-term actions up until December 2017.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy completed.</li> <li>• Action Plan in preparation</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Draft Workforce Strategy produced in collaboration with HR that includes relevant sections on recruitment, retention and support, induction arrangements, buddying, coaching and mentoring, shadowing, enhanced post qualification training and development opportunities, first year in practice guidance.</li> <li>• Strategy shared with staff for comments.</li> <li>• Induction expectations on Managers highlighted – this linked to advantages of new structure and increased number of practice leads.</li> <li>• HR related issues – weekly meetings established to address all related issues including recruitment.</li> <li>• 4 bilingual, newly qualified Social Workers recruited.</li> <li>• All social worker posts filled with temporary/permanent staff/recruitment in place.</li> <li>• Open advert for experienced social workers.</li> <li>• Session for induction guidance for Managers happened in March.</li> <li>• First year in practice guidance being reviewed by Practice Learning Co-ordinator</li> </ul>					
1.2	<p><b>Resolve Staffing matters</b> to include:</p> <ul style="list-style-type: none"> <li>• Recruit to permanent posts</li> <li>• Exit strategy for agency staff</li> </ul>	<p><b>September – October 2018</b></p> <p>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.</p> <p>We have an Exit Strategy for agency staff in place.</p> <p><b>April – August 2018</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Reduce the number of Agency staff.</li> <li>• 3 Newly Qualified Social Workers will commence in the Service late September bringing the number of vacant permanent Social Worker posts down to 3.</li> <li>• The rolling advert to attract experienced permanent Social Worker will be advertised 3 times during the next 6 months.</li> </ul>	<p><b>Yet to be done</b></p> <p>A stable and permanent workforce which results in:</p> <ul style="list-style-type: none"> <li>• Consistency of practice across the service.</li> <li>• Improved quality of support to children and families.</li> <li>• Better relationships established between families and social workers leading to improved outcomes for children and families.</li> </ul>	Senior Management Team and HR	Nov 2016	October 2018 and will be an on-going matter

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		<p><b><u>November 2017 – January 2018</u></b></p> <ul style="list-style-type: none"> <li>• One permanent Social Worker appointed early January</li> <li>• Fôn Roberts has been in post as Head of Service since early December.</li> <li>• 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.</li> <li>• 2 members of staff have started their Traineeship.</li> <li>• 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.</li> <li>• 4 x additional Support Workers recruited within TAF funded from Families First</li> <li>• 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.</li> </ul> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>• Head of Service has been appointed and will commence in post at the beginning of December.</li> <li>• 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.</li> <li>• 7 Agency staff are currently employed on a temporary basis covering empty Social Work and Team Manager Posts.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• Meetings are being held every two weeks between HR and Children’s Services senior managers to ensure that recruitment and</li> </ul>		Partners report an improvement in joint working with Children Services due to reduction in staff turnover.			

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		<p>workforce development issues move on at pace. This to include regular updates on staffing levels, staffing chart and caseload.</p> <ul style="list-style-type: none"> <li>• Appointed the Resilient Families Team</li> <li>• Appointed 2.5 Engagement Officer in Teulu Môn</li> <li>• 8 Practice Leaders now appointed commencing on the 4<sup>th</sup> of September</li> <li>• Discussions to be held around extending Agency Staff contracts to be extended until end of December</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 1 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</li> <li>• 7 Practice Leaders appointed. Further vacant post being advertised.</li> <li>• Appointed to vacant IRO post with commencement date of 10<sup>th</sup> of July.</li> <li>• Service Manager Early Intervention and Prevention appointed. Commencement middle of August.</li> <li>• Service Manager Intensive Intervention appointed. Agency Service Manager covering on a temporary basis.</li> <li>• Retaining permanent and temporary social workers continues to be a challenge for the service.</li> <li>• Providing sufficient support and guidance to staff remains a high priority.</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• We continue to advertise for experienced social work posts on a rolling basis</li> </ul>					



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		<ul style="list-style-type: none"> <li>HR recruitment briefings have been held for Managers.</li> <li>HR to provide regular updates regarding recruitment and retention rates for the Service.</li> <li>Continued guidance from Finance on cost implications of agency staff.</li> <li>Exit strategy is in place for agency staff where posts have been filled by permanent workers.</li> </ul>					
1.3	<p>Review of <b>Supervision Policy</b>. This will include following:</p> <ul style="list-style-type: none"> <li>Code of Practice</li> <li>Formal and informal or ad-hoc Supervision</li> <li>Purpose of Supervision</li> <li>Benefits of Supervision</li> <li>Roles and Responsibilities</li> <li>Minimum Frequencies and Cancellation</li> <li>Planning for a Supervision Session</li> <li>Recording of Supervision</li> <li>Disputes</li> <li>Confidentiality and Access</li> <li>Links with Other Policies and Procedures</li> </ul> <p><b>Links to CIW Recommendation 7:</b> 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.</p>	<p><b>February – March 2018</b></p> <ul style="list-style-type: none"> <li>Senior managers observed supervision sessions across the service: these individual audit tools are yet to be analysed: so that we can report on the findings. This will be done once all individual audits are presented.</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Mentoring for managers on outcome-focused supervision workshops designed to develop reflective practice held in December for Practice Leaders.</li> <li>On-going advice and guidance provided to individual social workers on completing assessments, recording and assessing risk.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>A planning workshop was held for Senior Management Team with Rhonwyn Dobbins in preparation for the 3 outcome focused supervision workshops.</li> <li>We have continued to remind staff that supervision is a priority and that all staff need to have regular supervision in line with the Policy. Supervision</li> </ul>		<p><b>Commenced</b></p> <p>Staff positively report that the quality of their 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. :</p> <p>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.</p> <p>Clear guidance on standards and good practice clearly communicated and available to all through regular Supervision. 67% of responders agreed that supervision helped them better understand what they need to be doing. This needs building on.</p> <p>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</p> <p>Regular audits across Children and Adult Services showing good quality and consistent Supervision. Regular audits are showing that improvement in management oversight and supervision remains inconsistent.</p>	Senior Management Team	Dec 2016	<p>Completed Aug 2018</p> <p>Ongoing tracking and auditing</p> <p>QA June 2017</p> <p>The Supervision Policy has been completed but too early to evidence outcome.</p>

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		<p>continues to be tracked by the Head of Service to ensure compliance. Managers/Practice Leaders will be held accountable for non-compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><u>August 2017</u></p> <ul style="list-style-type: none"> <li>• 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 outcome-focused supervision and to consider the value of outcome focused supervision for service users, workers, social work practice and for the organisation. It should also strengthen the role of supervisor, consider core skills and challenges for different practice groups.</li> </ul> <p><u>June/July 2017</u></p> <ul style="list-style-type: none"> <li>• Training on the Supervision policy held and training on the risk model held in June.</li> <li>• On-going tracking and monitoring of supervision arrangements to ensure compliance of the Policy.</li> </ul> <p><u>May 2017</u></p> <ul style="list-style-type: none"> <li>• Supervision policy revised and shared with staff</li> <li>• Tracking arrangements in place to monitor strict compliance with Supervision policy</li> <li>• Supervision policy completed</li> <li>• Training on the Risk Model and its link with staff Supervision has been provided to all staff in June.</li> <li>• Supervision training provided to all staff and Managers.</li> </ul>		<p>Assurance mechanism established centrally to ensure compliance with Supervision policy.</p> <p>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.</p> <p>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.</p>			

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1.4	<p>Provide <b>developmental opportunities for Practice Leaders to support the workforce</b> in carrying out their duties. Areas of focus:-</p> <ul style="list-style-type: none"> <li>Principles for making correct and safe case management decisions (management oversight of decision making)</li> <li>Improving and managing practice and performance including providing constructive challenge and direction to staff</li> <li>Managing difficult conversations</li> <li>Providing regular and quality Supervision</li> <li>Developing Practice leaders in coaching and mentoring skills</li> </ul> <p><b>Links to CIW Recommendation 6:</b> 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.</p>	<p><b>September – October 2018</b> 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.</p> <p><b>April – August 2018</b> 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.</p> <p>Practice Leaders have continued to be supported in supporting for their Practice Groups with regular supervision being held in accordance with the Supervision policy.</p> <p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>The office re-organisation has happened with Practice Leaders located with their Practice Groups.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>The Service Induction Programme is continuing (see below)</li> <li>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.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Key Themes are as follows:</b></p>	<ul style="list-style-type: none"> <li>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).</li> </ul>	<p><b>Commenced</b> 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.</p> <p>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.</p> <p>Increased confidence in workforce and organisational reputation in feedback from partners.</p> <p>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.</p>	Senior Management Team	Jan 2017	<p>March 2018</p> <p>Too early to evidence outcome, developmental opportunities for Practice Leaders have been given</p>

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		<ul style="list-style-type: none"> <li>• Attendance and recording at Strategy Meetings has improved</li> <li>• Increased use of Risk 2 tool</li> <li>• Strategy meetings timely</li> <li>• Increased use of Chronologies evident</li> <li>• Improved quality of assessments evident.</li> <li>• Consistency of forms still a problem (S.W.report /Core/Risk2/ Care and Support Assessment and Eligibility tool all in use).</li> <li>• Conceptual shift from filtering risk to identifying strengths not fully embedded</li> <li>• An Away Morning was held on the 28<sup>th</sup> of July for Senior Staff Members to agree arrangements for the restructure of the service and to start discussing arrangements for Practice Leaders.</li> <li>• 8 Practice Leaders successfully appointed</li> <li>• Service induction programme is in place for September to include training sessions on:               <ul style="list-style-type: none"> <li>• Vision for the Service, overarching organisation, SIP</li> <li>• Managing sickness absence &amp; Return to Work Interviews</li> <li>• Complaints and Flexi</li> <li>• Collaborative Communication</li> </ul> </li> <li>• Supervision Workshops -3 x full days workshops on Outcome focused supervision</li> <li>• PLO and Court work</li> <li>• Time Management &amp; Diary Management, Prioritising Work and Expectations</li> <li>• Delivering ACE Parental Groupwork Sessions</li> <li>• Performance</li> <li>• Capability</li> <li>• Management Style Course</li> <li>• Quality Assurance and Audits</li> <li>• Thresholds &amp; Correct decision making and staff carrying out actions</li> <li>• Care planning &amp; Reviewing C &amp; S, CP &amp; LAC</li> <li>• Case recording</li> <li>• Assessments and Risk Model</li> <li>• 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</li> <li>• Family Group Conferencing, Participation and Parenting Development Work</li> <li>• North Wales Police Public Protection Unit</li> <li>• CAF/CASS</li> </ul>					

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		<ul style="list-style-type: none"> <li>Motivational Interviewing</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>Audits started for Quarter 1: Case file audits, multi-agency audits, thematic audits, analysis available end of July</li> <li>Training held for Managers on Managing difficult conversations</li> <li>7 Practice Leaders appointed, 4 internal staff and 3 external.</li> <li>Training provided to Managers on Providing regular and quality Supervision</li> <li>4 Managers currently undertaking accredited Leadership and Development training.</li> <li>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.</li> <li>Arrangements have been made for Adults Services Managers to support Children's Services Managers in their professional development.</li> </ul>					
1.5	<p><b>CIW Recommendation 4:</b> 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.</p> <p><b>CIW Recommendation 8:</b> 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.</p>	<p><b>February – March 2018</b></p> <ul style="list-style-type: none"> <li>Laming visits have happened</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>The Members Panel continues to meet on a monthly basis. Seven meetings have been held to date.</li> <li>3 Laming visits have happened since October 2017, with visits to the Early Intervention Service, Resilient Families Team and Specialist Children's Services</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Laming visits for Members have been scheduled until May 2018. A recent Laming visit was undertaken to the Child Placement Team on 27.10.17 by the Assistant Chief Executive, Scrutiny Chair and an elected member of the Panel.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support senior leaders to improve their knowledge and understanding of the complexities and risks involved in delivering children's services.</li> </ul>	<p><b>Yet to be done</b> 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.</p> <p>Senior managers within the service report that the support and challenge provided by senior leaders and elected members have continued to improve.</p> <p>Professional partners and communities report that the Council are effectively discharging their responsibilities in line with SS&amp;WB Act.</p> <p><b>Commenced</b> Senior leaders and elected members report that the Service Improvement Plan is delivered on time and to the required quality.</p>	Chief Executive Director of Social Services	January 2017	On-going  Number of Councillors attended the Inclusion Festival

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		<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The Second Members Panel was held on the 21<sup>st</sup> of August and a tracking document has been produced for the work of the panel.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>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&amp;WB Member panel in the creation of the ToR for the Children’s Panel</li> <li>Elected members and Senior Leaders to continue with regular Laming visits.</li> <li>Children’s Improvement Group held on a monthly basis chaired by the Director of Social Services to drive improvement and changes required.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>SS&amp;WB Member panel to continue to monitor the completion of the Service Improvement Plan.</li> <li>Elected members and Senior Leaders to continue with regular Laming visits.</li> <li>Corporate Parenting work to be further developed (see.5.3).</li> <li>Additional resources required to provide more insight regarding the complexities of Children Services</li> </ul>					

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

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2.1	<p>Improvement in the quality of practice.</p> <p><u>Areas of focus:</u></p> <ol style="list-style-type: none"> <li>Child protection, child protection and LAC social work visits</li> <li>Risk Model – improve analysis of risk</li> <li>Assessment - What matters, 5 areas of assessment.</li> <li>Outcomes focused plans</li> <li>Complete Care and Support plans under the SS&amp;WB Act</li> <li>Establish and maintain high quality relationships with children, young people and their families.</li> <li>Record keeping</li> <li>Collaborative Communications’ course on strengths based conversations.</li> </ol> <p><b>Recommendation 10:</b> The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.</p>	<p><b>September – October 2018</b> Work continues to improve the quality of practice. Quality of practice report for Q2 imminent. Delayed due to focus on inspection preparation. Is likely to show that there is some good work completed against some of the improvement imperatives identified in the last quarter but some messages around the need to focus on LAC Care and Support Planning as a priority.</p> <p>A draft ‘<i>Cryfder ar y Cyd</i>’ model has been completed. Work has also been completed by the Independent Safeguarding Reviewing Officer on improving arrangements around Case Conferences.</p> <p><b>April – August 2018</b> Work has been completed against some of the improvement imperatives identified in the last q. In relation to the areas of focus identified in the Colum to the left:</p> <ul style="list-style-type: none"> <li>There is good compliance with the need to have a CP Plan for each child whose name is on the CPR. (94% at June 18)</li> <li>Transition to Part 6 Care and Support Plans requires further support and development.</li> </ul> <p>The findings of the Q1 Quality report in respect of the quality of practice showed that the</p> <ul style="list-style-type: none"> <li>Quality of assessments was Inconsistent but improving. The use of genograms and chronologies appears to be improving. Building on this should amount to – ensuring this is consistently applied and staff supported to analyse the information as part of their assessment. There is a need to improve the analysis and provide a clear rationale being evident for any steps to be taken.</li> <li>Part 4 care and support plans being embedded</li> <li>Compliance with the need for a Part 6 Care and Support Plan: and the quality of the completed plans is poor.</li> <li>Supervision supporting improved practice and improved decision making and management overview was inconsistent. Some Examples of</li> </ul>	<p>The service needs to focus on</p> <ul style="list-style-type: none"> <li>Set up Practitioner forums to focus on Risk Model: Newly Qualified Workers and Reflective Practice – lunch and learn sessions</li> <li>The use of genograms and chronologies appears to be improving. Building on this should amount to – ensuring this is consistently applied and staff supported to analyse the information as part of their assessment.</li> <li>Assessments and analysis within the majority of written assessments/case notes/minutes of meetings should consider the impact/meaning for the child, with a clear rationale being evident for any steps to be taken.</li> <li>Consistent recording to evidence of management decision making and oversight including the rationale for decisions</li> <li>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.</li> <li>The service may consider a One Page Profile/Case Summary on each file</li> <li>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. <ul style="list-style-type: none"> <li>Working to achieve Manageable Caseloads– Practice Leads must work with their practitioners to step down cases whether this is possible</li> <li>Focus on improving assessments – small group learning sessions on</li> </ul> </li> </ul>	<p><b>Yet to be done</b> Review the thresholds for a child becoming looked after as a consequence of evaluations that thresholds for CP registration and Part 4 meetings have been identified as poor practice</p> <p>Evidence in ‘prevention’ and ‘supporting’ with more children remaining at home.</p> <p>Regular audits and oversight reports are happening however they are not able to report <b>consistent</b> improvements in the quality of practice, assessing risk and record keeping.</p> <p>Positive feedback from service users outweighed complaints/negative comments. However this needs to be tracked on a longer basis.</p> <p>Increase in positive feedback from service users on the progress they have achieved with the support of Children’s Services. There were less complaints in Q3. However this needs to be tracked on a longer basis.</p> <p><b>Commenced</b> Action plan being progressed with a pace in terms of improving the child protection conference process</p> <p><b>Completed</b> Regional templates for ‘assessment’ / ‘care and support planning’ which clearly records needs, risks, strengths, outcomes, accountabilities for actions and their associated timescales are available for use within the service</p>	<p>Senior Management Team</p> <p>Training</p>	<p>Jan 2017</p>	<p>March 2018</p>

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		<p>Management Decisions which provided 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</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><u>Assessment-</u> To ensure consistency within the assessment process across Children &amp; 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 co-ordinator.</p> <p>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.</p> <p>Following the recruitment process the officer came into post on the 6<sup>th</sup> 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 &amp; Families Services teams, or Specialist Children’s Services. This will ensure that all referrals with receive a consistent response and ensure that it is</p>	<p>developing assessment practice: and how to use the eligibility tool.</p> <ul style="list-style-type: none"> <li>Improved preparation for Statutory Reviews and Review Case Conferences</li> <li>Corrective action in terms of Placement with Parents’ cases</li> <li>Lac Care Plans or LAC Care and Support Plans must be put in place on relevant cases within the next month</li> <li>Practice Leads and Manager must make sure that their management oversight is recorded</li> <li>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.</li> <li>Continue to develop the new skills and knowledge to deliver a new way of working</li> <li>Review the Case Conference Process – to focus on review of practical arrangements, reporting, child protection plans and role of core group.</li> <li>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.</li> <li>Attention to detail in basic information records on WCCIS – especially school, GP and parental information / PR.</li> <li>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.</li> <li>Purposeful case recording which provides a clear overview of the</li> </ul>				



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		<p>‘The Right Referral, at the Right Time’ for the child/young person and their family/carers.</p> <p>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</p> <p><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:</p> <ul style="list-style-type: none"> <li>• Thematic analysis of practice by the independent safeguarding officers</li> <li>• Quarterly overview and oversight feedback by the independent safeguarding officers</li> <li>• Analysis of the Q3 complaints and compliments</li> </ul> <p>The findings showed that the</p> <ul style="list-style-type: none"> <li>• Quality of assessments was Inconsistent.</li> <li>• Quality of care and support plans including the pace for completing assessments and implementing work accelerated and sustained was poor.</li> <li>• Supervision supporting improved practice and improved decision making and management overview was inconsistent.</li> <li>• Quality and consistency of record keeping was inconsistent, but with evidence of improvement.</li> <li>• Quality, consistency and timeliness of child protection enquiries and improvement in the level of understanding and application of thresholds for referrals, assessments and child protection was inconsistent.</li> </ul>	<p>case and an understanding of why certain actions were taken.</p> <ul style="list-style-type: none"> <li>• Understanding the significance of unexplained bruising in immobile babies</li> <li>• Further embedding of the Gwynedd/Thornton Risk Model</li> </ul> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Reflective Practice in Social Work             <ol style="list-style-type: none"> <li>1. Child protection</li> <li>2. How to establish and maintain high quality relationships with children, young people and their families.</li> <li>3. Record keeping.</li> <li>4. Guidance to be developed on good practice around record keeping. Bruce Thornton commissioned to establish an operational model within the new system -WCCIS.</li> <li>5. Practice guidance to be developed around CP and LAC social work visits.</li> </ol> </li> </ul>				

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		<p>A thematic audit on Placement with Parents showed that the cases were not meeting the statutory requirements.</p> <p>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</p> <p>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</p> <ul style="list-style-type: none"> <li>• Case recording was mostly up to date.</li> <li>• Management decisions in response to referrals were being made within 24-hours, were clear, and were being responded to appropriately.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>					

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		<p>Motivational Interviewing and Brief Solution Focused Therapy training delivered in Q4. It is too early to see how this has impacted on practice.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• An Interim Manager has been appointed to help drive practice improvements via coaching/mentoring,</li> </ul>					

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		<p>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.</p> <ul style="list-style-type: none"> <li>• There has been less complaints to the service in Q3 compared to Q2, - 12 down to 3, and the positive comments increased from 24 to 31.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• Collaborative Communications course held on the 28th and 29th of September and the shift to working under the SSWBA is still ongoing.</li> <li>• 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.</li> <li>• Targeted interventions continue to be undertaken with individual Social Workers who have not improved the quality of their practice</li> <li>• A Court Action Plan has been developed to focus on improving the quality and analysis of all assessments undertaken to inform our decision making and will support arrangements for ‘front loading’ public law cases. Practice Leader’s now have oversight of the Court timeframe for cases within their Practice Groups and will support and guide Social Worker’s to ensure better preparation for Court and that documents are filed on time.</li> <li>• 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.</li> <li>• Bruce Thornton co-author of the model is undertaking a Practice Coach/Mentoring Development role for a period of 7 months to focus on:</li> </ul>					

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		<ul style="list-style-type: none"> <li>• Providing coaching and mentoring to help develop the skills, knowledge and competence of practitioners and practice leaders.</li> <li>• Support Service Managers to implement, process, systems and procedures to ensure that the Risk Model is implemented within service processes</li> <li>• Support the development of the Risk Model within critical and reflective supervision.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Draft Framework for Improving Quality of Practice developed for consultation</li> <li>• SMT considering findings of the Q1 quality report – recommend prioritising improvements in assessment practice</li> <li>• Challenged and supported individual workers to improve their practice</li> </ul>					

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		<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.’</li> <li>• 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: <ul style="list-style-type: none"> <li>• Attendance and recording at Strategy Meetings has improved</li> <li>• Increased use of Risk 2 tool</li> <li>• Strategy meetings timely</li> <li>• Increased use of Chronologies evident</li> </ul> </li> </ul>					

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		<ul style="list-style-type: none"> <li>• Improved quality of assessments evident.</li> <li>• Consistency of forms still a problem (S.W.report /Core/Risk2/ Care and Support Assessment and Eligibility tool all in use).</li> <li>• Conceptual shift from filtering risk to identifying strengths not fully embedded</li> <li>• Teulu Môn practice guidance being developed by the Early Intervention Service Manager</li> <li>• Bruce Thornton has been commissioned to produce Guidance on Record Keeping and Decision Making</li> <li>• The quality of practice continues to be inconsistent.</li> <li>• Draft Multi Agency practice guidance have been completed to be ratified at the next Local Delivery Safeguarding Group in October, areas covered are               <ul style="list-style-type: none"> <li>• Multi-Agency Child Protection Practice Guidance Investigation Thresholds</li> <li>• Multi-Agency Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>• Multi-Agency Child Protection Practice Guidance- Registration Thresholds.</li> <li>• Part 4 AWCPP2008</li> <li>• Making Referrals</li> </ul> </li> <li>• 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.</li> </ul> <p>June/July 2017</p> <ul style="list-style-type: none"> <li>• Audits started for Quarter 1: Case file audits, multi-agency audits, thematic audits, analysis available end of July.</li> <li>• Challenged and supported individual workers to improve their practice</li> <li>• The quality of practice continues to be inconsistent.</li> </ul>					

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		<ul style="list-style-type: none"> <li>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</li> </ul> <p>May 2017</p> <ul style="list-style-type: none"> <li>Training Unit have arranged training for all social care staff on:                             <ul style="list-style-type: none"> <li>Assessing Carers in the Long-term</li> <li>Implementing the Induction Framework for Foster Carers</li> <li>Changing Culture and Measuring Performance in line with Social Services and Well-being Act</li> <li>Collaborative Communication / Outcome focused conversations</li> <li>Regional Templates – Including Assessment, What matters, 5 areas of assessment, Care and Support plans which are Outcome focused</li> <li>Making the Most of Supervision – for Managers</li> <li>Providing Constructive Feedback and Managing difficult conversations</li> <li>Making the Most of Supervision – for staff</li> <li>IFSS Resilient Families training (including Brief Solution Focused Therapy and Motivational Interviewing)</li> <li>Collaborative Communication - follow-up</li> <li>General Safeguarding for Social Workers</li> <li>Risk Model</li> <li>Child Sexual Exploitation and Return Home Interviews</li> <li>Motivational Interviewing</li> </ul> </li> </ul>					
2.2	<p><b>CIW recommendation 3:</b> Senior leaders in social services and the police will work together to ensure improvements to the:</p> <ol style="list-style-type: none"> <li>quality,</li> <li>consistency and</li> <li>timeliness</li> </ol> <p>of child protection enquiries.</p> <p>Practice Guidance to be developed between Police and Children services around child protection referrals, strategy discussion/meetings and enquiries.</p>	<p><b>September – October 2018</b> Work continues with the Police.</p> <p><b>April – August 2018</b> Considerable work undertaken against the improvement imperatives identified in the last Q. Work has been completed against some of the improvement imperatives identified in the last q.</p> <ul style="list-style-type: none"> <li>There is good compliance with the need to have a CP Plan for each child whose name is on the CPR. (94% at June 18)</li> <li>Positive progress by the Safeguarding Unit and the Practice Leads to develop an outcome focused CP plan: in which the Risk Model,</li> </ul>	<p><b>April – August 2018</b></p> <ul style="list-style-type: none"> <li>Focus on preparation for Case Conferences</li> <li>Complete the Review the Case Conference Process – to focus on review of practical arrangements, reporting, child protection plans and role of core group.</li> <li>Improve skills and knowledge in relation to undertaking s47 Investigations</li> <li>Thresholds for conference – In some cases the decision to go to conference requires better evidence that the s47</li> </ul>	<p><b>Yet to be done</b> The QIF is in place - not able to report consistent improvement in the quality, consistency and timeliness of child protection enquiries leading to improved outcomes for children and young people.</p> <p>Staff report clearer guidance and improved understanding of roles and responsibilities through the implementation of the Practice Guidance.</p>	Service Mangers	Jan 2017	Ongoing



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		<p>scaling and goal sheets and a collaborative approach are central. Implementation plan to be agreed in Q2.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p>The Q1 oversight by the IS&amp;RO reports:-</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Quality of CP plans – There was evidence plans of good quality, specific to each child’s needs and clear on what needs to be done in order to</li> </ul>	<p>investigation/Care and Support Assessment has been concluded and the requirements of the AWCPP met.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Launch the Practice Guidance</li> </ul> <p>Audits would show that we need to improve our arrangements for:</p> <ul style="list-style-type: none"> <li>- Recording of Strategy Meetings/Discussions</li> <li>- Ensure that all relevant agencies are part of the Strategy Meetings/Discussions</li> <li>- Ensure improved oversight of s47 investigations</li> <li>- Ensure improved understanding of what a s47 investigation entails</li> </ul>				

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		<p>keep the child safe. A good example of a CP plan which was focused on the needs of a new-born baby stated... "A to develop a sense of trust which forms the foundation of a secure attachment... Warm, loving, reliable &amp; predictable safe care to be provided. Primary caregivers' to be attuned &amp; sensitively responsive to A's cues &amp; 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.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>February – March 2018</b> See 2.1</p> <ul style="list-style-type: none"> <li>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.</li> <li>We have worked with a subgroup of the NWSCB to develop a regional approach to JIT training.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training and a revised report template which incorporates the Gwynedd/Thornton Risk Model</li> </ul>				

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		<ul style="list-style-type: none"> <li>• Training arrangements will now be arranged on a multi-agency basis.</li> <li>• Both Service Managers for Early and Intensive Intervention have established a positive working relationship with the Police which allows open and frank discussions to be held to resolve any operational matters.</li> </ul> <p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>• Following analysis of CID 16 referrals work is on-going between the Police and Children’s Services.</li> <li>• Discussion around piloting arrangements in relation range of measures to improve the flow and quality of information shared between both agencies.</li> </ul> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>• Regular audits show that there is conflicting evidence in terms of the improvement in the quality, consistency and timeliness of child protection enquiries. A distance travelled audit concluded that attendance and recording at Strategy Meetings had improved and that the strategy meetings were timely. However the Case File Audit (July) and a management review concludes that in several cases auditors expressed concern about strategy discussions or meetings:               <ul style="list-style-type: none"> <li>• Not always being held in a timely manner – e.g. one was not till 3 weeks after decision made to hold one</li> <li>• Minutes of discussions are insufficient – i.e. to brief</li> <li>• References are made for need for follow up strategy meetings and then there is no evidence that they have been held.</li> </ul> </li> <li>• This is reflected in the Thematic Audit Part 4, and a review of Children subject to Child Protection Plans –decision making, delays, and lack of clear plans and follow through being issues identified.</li> <li>• High level discussions have been held between North Wales Police and Children’s Service around piloting a Multi-Agency Information Advice and Assistant hub. This will progress further in November.</li> <li>• The Police are making progress with their analysis of CID 16’s, and is suggesting that the next step will</li> </ul>					

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		<p>be for both teams to meet to compare their conclusions.</p> <ul style="list-style-type: none"> <li>• Draft Multi Agency practice guidance have been completed including:                             <ul style="list-style-type: none"> <li>• Multi-Agency Child Protection Practice Guidance Investigation Thresholds</li> <li>• Multi-Agency Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>• Multi-Agency Child Protection Practice Guidance- Registration Thresholds.</li> <li>• Part 4 AWCPP2008</li> <li>• Making Referrals</li> </ul> </li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Developed scope of work with the police on joint audit and improvement in terms of referrals, Strategy meetings and s47 investigations.</li> <li>• 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<sup>st</sup> and 14<sup>th</sup> 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.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>• CSE and Return Home Interviews for looked after children, work is being done to improve performance</li> </ul>					

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		<p>in these areas taking place with partners - Police and the 6 North Wales Local Authorities.</p> <ul style="list-style-type: none"> <li>• A repeat audit was undertaken in May/June 2017 on the referrals that proceeded to Strategy and Conference: Quality of Strategy and Discussions/Meetings Quality of Assessment. See 2.1</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>• Protocols currently drafted for: <ul style="list-style-type: none"> <li>• Multi-Agency Child Protection Practice Guidance Investigation Thresholds</li> <li>• Multi-Agency Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>• Multi-Agency Child Protection Practice Guidance- Registration Thresholds.</li> </ul> </li> <li>Set of protocols likely to be ready for October.</li> <li>• 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 26<sup>th</sup> of June.</li> <li>• 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.</li> <li>• 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.</li> <li>• Audit to be undertaken to monitor the quality, consistency and timeliness of child protection enquiries.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Positive discussion held with the Police regarding cooperation.</li> </ul>					
2.3	<p><b>CIW recommendation 9:</b> Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners' completion of Joint Assessment Frameworks. – <b>Service no longer using JAF</b></p>	<p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		<p><b>Commenced</b> Improved multi-agency safeguarding arrangements leading to improved outcomes and experiences for children and young people.</p> <p><b>Completed</b></p>	Early Intervention Service Manager	Jan 2017	Ongoing re multi-agency arrangements

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	<p>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.</p>	<p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>Practice guidance completed see 2.2</li> <li>Meetings held with CAMHS and CAFCASS</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>Arrangements have been made to hold a multi-agency task and finish group under the local delivery safeguarding group to develop the practice guidance.</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>		<p>A multi-agency Practice Guidance clearly defines local roles and responsibilities and safeguarding arrangements.</p>			

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		<ul style="list-style-type: none"> <li>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)</li> </ul>					

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

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3.1	<p>Review all children who are looked after to ensure outcome based care and support plans are in place in securing permanence.</p> <p>A service and corporate understanding of the profile of looked after children and children on the CPR.</p> <p>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)</p>	<p><b>September – October 2018</b> An independent audit has been completed which shows that there is a priority need to improve the care and support planning for LAC.</p> <p>Work continues.</p> <p><b>April – August 2018</b> Work has been completed against some of the improvement imperatives identified in the last q.</p> <ul style="list-style-type: none"> <li>Transition to Part 6 Care and Support Plans requires further support and development. Of the 43 eligible</li> <li>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.</li> <li>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.</li> </ul>	<p>The service needs to focus on</p> <ul style="list-style-type: none"> <li>Focus on improving part 6 care and support planning</li> <li>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</li> <li>Preparation for reviews and conferences and information provided which allows the child's plan to be scrutinised and progressed.</li> <li>Progressing of the child's care and support plan outside the review "meeting".</li> <li>Focus on preparation for Statutory Reviews</li> <li>IS&amp;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.</li> </ul>	<p>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.</p> <p><b>Commenced</b> Intensive work with those looked after children and young people who need 'step down' arrangements are successful leading to improved outcomes.</p> <p>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.</p> <p>LAC Review recommendations are prioritised by Social Workers and the pace for completing assessments and outstanding work is accelerated and sustained.</p> <p>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.</p> <p>Costs and expenditure on costly placements have reduced significantly because of 'step</p>		Jan 2017	March 2018

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	<p>The findings in respect of the quality of practice showed that the</p> <ul style="list-style-type: none"> <li>Compliance with the need for a Part 6 Care and Support Plan: and the quality of the completed plans is poor. Audits suggest that there needs to be further attention to the implementation of required plans in between reviews</li> </ul> <p>Focus on preparation for Statutory Reviews remains an issue.</p> <p>Since June, the Part 6 Care and Support Plan (which was agreed on a regional basis) is being completed for all children who become looked after. A small Task Group has been established to support staff on the completion of the document.</p> <p>All cases that have been on the child protection register for over 10 months have been discussed in Legal Gatekeeping Panel with clear decisions made on the direction of cases. If we have entered into pre-proceedings arrangements (PLO) with the family a clear timescale for returning to Panel for review is agreed.</p> <p><b>February – March 2018</b> There is evidence that in a number of cases we do not have up to date LAC plans for Looked after children: and that these have not been put in place following an earlier audit and corrective action instruction.</p> <ul style="list-style-type: none"> <li>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.</li> <li>A Panel to discuss children on the CP register after their 2<sup>nd</sup> 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).</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>A review of residential placements is underway.</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Corrective Action Placement with Parent's - Planned for the 17/9/2018</li> </ul> <p>Ensure that each LAC has an up to date plan</p> <p>LAC Review recommendations are prioritised by Social Workers and the pace for completing assessments and outstanding work is accelerated and sustained.</p> <ul style="list-style-type: none"> <li>Aim to reduce the number of Children becoming Looked After by: Engaging family, friends and community earlier Being creative – additional support/provision Completing in-depth Care &amp; Support Assessments Engaging the child/young person in the Assessment process Listening to children and Young People SMART Care &amp; Support planning Resilient Families intervention</li> <li>Need to move away from thinking the needs of Children and Young People can be best met by bringing them into care.</li> <li>When parents request for their child(ren) to be brought into care they must be told that the steps mentioned above* must be worked through.</li> </ul>	<p>down' arrangements for children and young people.</p> <p>Review of looked after children and children on the CPR provides detailed information and understanding of their needs. This will assist with the prevention strategy and the work of the Resilient Families Team.</p>			



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	<p>Leaders to decide on any actions required for example discuss case in Legal Gatekeeping.</p> <ul style="list-style-type: none"> <li>The service is looking at developing local care provision to meet the growing demands of Looked After Children, such as:                             <ol style="list-style-type: none"> <li>Small Group Homes.</li> <li>Salaried foster Carers and a</li> <li>Overall of the Current fostering offer</li> </ol> </li> </ul> <p>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.</p> <p>The Services completed the Looked After Self-Assessment for Care Inspectorate Wales on the 26<sup>th</sup> January 2018. The Challenge Meeting is due to take place on 27<sup>th</sup> of March 2018.</p> <p>The Service also completed the Adoption Review on 25<sup>th</sup> January 2018 with Care Inspectorate Wales.</p> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>We are seeing evidence of the workforce working directly with families leading to improved outcomes – as we have seen a significant reduction in the children on the CP register from 102 in March 2017 to 56 on the register on 31<sup>st</sup> of August, 2017, 55% decrease.</li> <li>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.</li> <li>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.</li> <li>Recruitment to Social Work post to revoke care orders has commenced.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>					

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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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<sup>st</sup> 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.</li> <li>• Work started to understand and challenge “notice periods” given by care providers.</li> <li>• Work started to challenge Quality of placements offered.</li> <li>• Resilient Families team appointed and we have started to work under the Resilient Families model with families.</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• A review all children who are looked after has happened and children who need to be ‘Stepped Down’ have been identified.</li> <li>• Head of Service chairs a group – Internal review panel for residential placements:</li> <li>• 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.</li> <li>• Resilient Families Team posts have now closed.</li> <li>• Care planning for looked after children to be strengthened through development of additional Practice Guidance.</li> <li>• Permanency policy currently under review</li> <li>• 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.</li> </ul> <p><b><u>May 2017</u></b></p>					

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	<ul style="list-style-type: none"> <li>• Team Managers to confirm by May 2017 which children/young people will have 'step down' care and support plans.</li> <li>• 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.</li> <li>• Posts within Resilient Families Team and appointments made by May 2017.</li> <li>• Care planning for looked after children to be strengthened through development of additional Practice Guidance.</li> </ul>					
<p>3.2 Strengthen and embed the Quality Assurance Framework within the Service, through:</p> <ol style="list-style-type: none"> <li>1. IRO and CPC to report quarterly on their assessment of the operational performance through conference and review.</li> <li>2. IRO and CPC to draw out, on a thematic basis, issues regarding quality and learning for the Service.</li> <li>3. Managers to undertake regular audits on focused areas: <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Recording</li> <li>• Assessment</li> <li>• Quality, consistency and timeliness of child protection enquiries</li> </ul> </li> </ol> <p>Caseloads and reports regarding the quality of workers' performance to be continuously monitored.</p> <p>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.</p>	<p><b>February – March 2018</b></p> <ul style="list-style-type: none"> <li>• Systematic and planned audits have continued: and we are able to show how these lead of corrective action and improvement work.</li> <li>• Other elements of the QI framework have been implemented – Practice and Meeting Observation</li> <li>• Continued provision of Risk Model Coaching and Mentoring</li> <li>• Completed the Practice Standards</li> <li>• 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</li> <li>• IRO/CPC have an improved quality assurance role leading to learning and improvement in the quality of practice</li> <li>• Reviewed the Children Services Procedures which showed that they need to be rewritten in many areas</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• There is less compliance by managers and Practice Leads with the requirements to complete audits on a planned way.</li> <li>• 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.</li> <li>• An implementation plan for the remaining elements of the IQF has been developed in collaboration with</li> </ul>	<ul style="list-style-type: none"> <li>• Review Audit Plan in line with Service Improvement Plan 2018/19</li> <li>• Provide Tools, support and training to staff to implement the framework</li> <li>• Take forward with greater pace the learning and improvement work – learning circles, lunchtime professional meetings, action learning sets etc</li> <li>• Appoint to the vacant posts 1.5 in the unit</li> <li>• Complete the IRO/CPC standards</li> <li>• 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,</li> <li>• Guidance to be developed around caseload management to ensure there is sufficient capacity for workers to engage effectively with children and their families –</li> </ul>	<p><b>Yet to be done</b> WCCIS is supporting performance management and caseload management through easily accessible 'reporting' features made available to Managers.</p> <p>Workers have sufficient capacity to engage effectively with children and their families through Manager's implementation of the caseload Guidance.</p> <p><b>Commenced</b> 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.</p> <p>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.</p> <p><b>In Place</b> 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.</p>	Safeguarding and Quality assurance Service Manager	Jan 2017	March 2018

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<p>CIW Recommendation 14: Caseloads and reports regarding the quality of workers' performance should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.</p>	<p>managers and practice leads: and this will need approval by the SMT in its next meeting.</p> <ul style="list-style-type: none"> <li>• An interim manager has been brought in as additional capacity to continue in the development of the improvement in a planned and systemic way. The substantive Quality Assurance post currently advertised.</li> <li>• All cases that have been judged as inadequate in previous audits will be reviewed by the interim manager.</li> <li>• Guideline to support Practice Observation developed: currently with Practice Leaders for consultation.</li> <li>• Continued provision of Risk Model Coaching and Mentoring</li> <li>• 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.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• 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             <ul style="list-style-type: none"> <li>• Providing safe professional practice</li> <li>• Supporting the right children/adults, in the right way, at the right time</li> <li>• Evaluating whether it is making a difference to practice improvement</li> <li>• Providing a professional context that supports learning, reflection, openness and supportive challenge</li> <li>• 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.</li> </ul> </li> <li>• A number of the key elements of the framework are in place –             <ul style="list-style-type: none"> <li>• Communication and ensuring a shared dialog about quality</li> </ul> </li> </ul>		<p>Framework and tools for structured governance and scrutiny arrangements through regular case file audits.</p> <p>Completed the Practice Standards</p>			

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	<ul style="list-style-type: none"> <li>• Practice improvement group: sharing disseminating: shared dialogue</li> <li>• Coproduce standards</li> <li>• Provide training and development opportunities</li> <li>• Provide practice guidance and procedures</li> <li>• Recruit and retain the right people</li> <li>• Supervision Expectations</li> <li>• Management Overview Expectations</li> </ul> <ul style="list-style-type: none"> <li>• The process of casefile audits &amp; Multi Agency Audits are taking root within the service.</li> <li>• The Head of Service has decided to set up a scrutiny panel within the service to maintain an overview in relation to permanency planning.</li> <li>• 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.</li> <li>• 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.</li> <li>• Bruce Thornton has been commissioned to provide a mentoring/coaching role within the service to ensure that the Risk Model is embedded into practice.</li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• Business Support Officer for Statutory Reviews and Case Conferences appointed</li> </ul>					

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	<ul style="list-style-type: none"> <li>• Improving Practice Co-ordinator post advertised previously titled 'Quality Assurance Manager'</li> <li>• Managers have been undertaking regular audits of the focused areas to monitor the quality of workers performance.</li> <li>• Repeat audits on decision making shows improvement in practice. See 2.1</li> <li>• Audits – both case file and thematic – on a service and multi-agency basis - held during the month</li> <li>• Draft Framework for Improving Quality of Practice developed for consultation</li> <li>• SMT considering findings of the Q1 quality report – recommend prioritising improvements in assessment practice</li> <li>• Challenged and supported individual workers to improve their practice</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• Quality assurance work in Quarter one has included: LAC profile analysis Case file audit Caseload analysis</li> <li>• Recruitment to the business support for Statutory Reviews and Case Conferences to happen by the end of July.</li> <li>• Appointments to vacant IRO post commenced in July.</li> <li>• Further developments have been made with regards to multi-agency quality assurance audits with Education and the Health Board to improve on the quality of referrals and information shared with partner agencies.</li> <li>• Additional funding was agreed for re-establishing the Quality Assurance Manager, post was advertised however we failed to appoint.</li> <li>• Audit of PLO cases completed</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>• Quality Assurance Framework has been revised and approved by Children Services.</li> <li>• Quality Assurance Action Plan agreed for the next 12 months focusing on regular audits on focused areas: <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Recording</li> <li>• Assessment</li> </ul> </li> <li>• Quarterly Assurance reports to be discussed at Children Services Management meeting and a</li> </ul>					

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	<p>Practice Improvement Group to be established to take forward practice improvements.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>						
3.3	<p>Develop the performance framework for Children and Adult Services to include:</p> <ol style="list-style-type: none"> <li>Outline Performance indicators split into National, Corporate and Service performance.</li> <li>Governance arrangements to include reporting, accountability and mechanism in driving improvement.</li> <li>Continues improvement embedded within the framework.</li> <li>Framework to provide evidence on the quality of practice and experiences of service users</li> <li>Improvement required in priority areas of performance that is outside tolerance and targets: <ul style="list-style-type: none"> <li>Assessment</li> <li>Lac Reviews</li> <li>LAC visits</li> <li>CP visits</li> <li>Core group meetings</li> <li>Pathway Plans</li> </ul> </li> </ol> <p>These will be brought back into target</p>	<p><b>September – October 2018</b> Performance Framework has been developed and is ready to be implemented.</p> <p><b>April – August 2018</b> 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.</p> <p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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: <ul style="list-style-type: none"> <li>Care and Support plan,</li> <li>CP Plan,</li> <li>LAC Care Plan,</li> <li>Pathway Plan and</li> <li>current assessments</li> </ul> </li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>Action plan continues to be in place as an interim measure to capture information and report on PIs.</li> <li>We are still writing the scripts to access reports from WCCIS – this is a problem for most of the local</li> </ul>	<p><b>April – August 2018</b> Compliance by the relevant officers with the expectations of the QIF</p> <p>Protocol within the service in terms of the work of the QIF drives service improvement and learning</p> <p>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.</p> <ul style="list-style-type: none"> <li>A Project Board will be set up.</li> </ul>	<p><b>Yet to be done</b> Overall, a continuous improvement in performance and outcomes for children/young people.</p> <p>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.</p> <p><b>Commenced</b> Strengthening the reporting and monitoring arrangements in relation to Performance information.</p> <p>Performance information showing an improvement in performance and brought back into target:</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Lac Reviews</li> <li>LAC visits</li> <li>CP visits</li> <li>Core group meetings</li> <li>Pathway Plans</li> </ul>	Interim Head of Children Services	March 2017	Completed October 2018

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	<p>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).</p> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• We continue to challenge and support individual workers to improve their practice</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>June/July 2017</u></b></p>					



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	<ul style="list-style-type: none"> <li>Challenged and supported individual workers to improve their practice</li> <li>Practice Guidance currently drafted for:                             <ul style="list-style-type: none"> <li>Multi-Agency Child Protection Practice Guidance Investigation Thresholds</li> <li>Multi-Agency Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>Multi-Agency Child Protection Practice Guidance- Registration Thresholds.</li> <li>Service standards are being developed to ensure good practice in relation to key performance that is outside tolerance and targets.</li> </ul> </li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>Commissioning external expertise in May 2017/June to develop the performance framework across both Children and Adult Services</li> <li>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).</li> </ul>					
<p>3.4 <b>CIW Recommendation 2:</b> 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.</p> <p>Development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance.</p> <p>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.</p>	<p><b>September – October 2018</b> 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.</p> <p>Training has been arranged for Health Visitors and School Nurses to take place in November.</p> <p><b>April – August 2018</b></p> <ul style="list-style-type: none"> <li>First meeting of the Gwynedd and Môn Audit and Assurance group (NWSCB) held to ensure that this work is taken forward within the relevant governance/partnership arrangements</li> <li>MAPF agreed on 1 Anglesey case – scheduled for August 2018</li> <li>Progress on implementing MAPF 1 &amp; 2 learning</li> </ul>	<p><b>April – August 2018</b></p> <ul style="list-style-type: none"> <li>Gwynedd and Môn Audit and Assurance group (NWSCB) require a steer from the LDG in terms of areas of focus</li> <li>Progress learning from MAPF</li> <li>Revisit the Referrals audit carried out with education and health</li> </ul> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Referral to the service must be improved</li> </ul>	<p><b>Yet to be done</b> 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.-</p> <p>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</p>	Safeguarding and Quality assurance Service Manager	Dec 2016	Completed October 2018

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**CIW recommendations in red - high priority**

ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	<p><b><u>February – March 2018</u></b>  <b><u>See also 2.1 &amp; 2.2</u></b></p> <ul style="list-style-type: none"> <li>• We have agreed to chair the Gwynedd and Mon Audit and Assurance group (NWSCB) to ensure that this work is taken forward within the relevant governance/partnership arrangements</li> <li>• Agreed to increase the capacity of the unit which will support the progress of undertaking multi-agency evaluations</li> <li>• Present MAPF 1 &amp; 2 to the LDG – evidencing transparency and willingness to learn from each other</li> <li>• NWSCB is developing a regional approach to JIT training: we have been part of this work</li> </ul> <p>• 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.</p> <p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>• Service Manager has provided a paper to the Local Delivery Group of the North Wales Safeguarding Children’s Board (NWSCB) – in terms of how it can develop its arrangements to establish multi-agency quality assurance systems. It is crucial that developments around this action happens within the governance of the board</li> <li>• Undertaken 2 MAPF in the period – which has identified useful lessons learnt on a multi-agency basis. These will be presented to the Local Delivery Group of the NWSCB in this Quarter.</li> <li>• Practice Guidance has been developed – but not approved by the Local Delivery Group of the NWSCB. They have been approved for use within IOACC.</li> <li>• Audit CID 16 with Police – show matters that need to be resolved in terms of the difference between sharing information/safeguarding checks/ making a referral. Report with Police to agree before it is presented to SMT</li> </ul>		<p>with families and provide quality interventions.</p> <p><b>Commenced</b>  Multi-agency quality assurance system in place showing an improvement in the quality and timeliness of practice.</p>			

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	<ul style="list-style-type: none"> <li>• Multi-Agency Practice Guidance approved by the Corporate Safeguarding Board on the 8<sup>th</sup> of December, 2017.</li> <li><b><u>September &amp; October 2017</u></b></li> <li>• Progressing with partners (Police, Health and Education) to implement the multi-agency quality assurance system referred to below.</li> <li>• Summary of Q2 report provided above – shows Regular audits show that there is conflicting evidence in terms of the improvement in the quality, consistency and timeliness of child protection enquiries. A distance travelled audit concluded that attendance and recording at Strategy Meetings had improved and that the strategy meetings were timely. However the Case File Audit (July) and a management review concludes that in several cases auditors expressed concern about strategy discussions or meetings:             <ul style="list-style-type: none"> <li>• Not always being held in a timely manner – e.g. one was not till 3 weeks after decision made to hold one</li> <li>• Minutes of discussions are insufficient – i.e. too brief</li> <li>• References are made for need for follow up strategy meetings and then there is no evidence that they have been held.</li> </ul> </li> <li>• This is reflected in the Thematic Audit Part 4, and a review of Children subject to Child Protection Plans –decision making, delays, and lack of clear plans and follow through being issues identified.</li> <li>• Work underway with Police and Health - multi agency professional forum regarding two management reviews of cases where review of practice was best done on a multi-agency basis – one completed: one in progress. The completed review shows poor information sharing: lack of focus on risk and missed opportunities to intervene at an earlier stage.</li> <li>• We have undertaken a critical friend review of a case on the CPR register with Gwynedd Council. The completed review shows lack of focus on risk, poor child protection plans and missed opportunities to intervene at an earlier stage to assess risk, engage the family and create change.</li> <li>• A Regional Referral Form has been approved and discussion will occur in the Safeguarding Children’s</li> </ul>					

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	<p>Board around North Wales Police also completing the referral form.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>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</li> <li>Progressing with partners (Police, Health and Education) to implement the multi-agency quality assurance system referred to below.</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Guidance currently drafted for: <ul style="list-style-type: none"> <li>Multi-Agency Child Protection Practice Guidance Investigation Thresholds</li> <li>Multi-Agency Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>Multi-Agency Child Protection Practice Guidance- Registration Thresholds.</li> </ul> </li> </ul> <p>Set of guidance likely to be ready for October.</p> <p><b><u>May 2017</u></b></p> <p>Agreement provided by partners to develop and support/prioritise:</p> <ul style="list-style-type: none"> <li>Multi-agency quality assurance systems</li> <li>Training for Children Services staff and partners on thresholds for assessment and partners roles and responsibilities.</li> <li>Development of a multi-agency child protection threshold</li> </ul>					

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	<ul style="list-style-type: none"> <li>Practice Guidance to be developed between Children Services, Health, Police and Education to cover all the areas where development work is required.</li> </ul>					
<p>3.5 <b>CIW Recommendation 11:</b> 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.</p> <p>Training to be provided to staff on expected standards of record keeping.</p> <p>Record keeping Practice guidance to be developed to ensure consistency and quality.</p>	<p><b>April – August 2018</b> <u>See 2.1</u></p> <ul style="list-style-type: none"> <li>Recording practice Standards approved and adopted</li> <li>WCCIS project underway</li> <li>Audit reports evidence that there is improvement in the quality and consistency of record keeping. This is particularly evident during Quarter 1.</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>This work has been redefined into a project to look at development of WCCIS</li> <li>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</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Recording performance from Q2- The overall evaluation shows that recording practice remains inconsistent although there is evidence of improvements in some audits.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>As part of the registration as Social Workers; staff have the responsibility to ensure good quality timely recording.</li> <li>Regular case file audit to be undertaken to monitor the quality and timeliness of record keeping on individual cases.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>Record keeping continues to be inconsistent</li> <li>Repeat audit of case files in progress to establish if there is improvement in the quality of recording.</li> </ul>	<p><b>April – August 2018</b></p> <ul style="list-style-type: none"> <li>Complete the WCCIS project</li> <li>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.</li> <li>The service may consider a One Page Profile/Case Summary on each file</li> <li>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.</li> <li>Training to be provided for staff around best practice in record keeping and the Practice Guidance.</li> </ul>	<p><b>Commenced</b> Case file audits by Managers shows an improvement in the quality and consistency of record keeping.</p> <p>Support and guidance is being provided to staff through regular and quality supervision on how to improve the quality of record keeping.</p>	<p>Safeguarding Quality Assurance Manager and Service Managers</p>	<p>January 2017</p>	<p>Completed Aug 2018</p> <p>Need consistency of where staff are recording</p>

**CIW recommendations in red - high priority**

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

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4.1	<p>Ensuring social work intervention is aligned with the different way of working with families under the new Act be focused on what matters, building on people's strengths and enabling their involvement in developing ways to address need and achieving outcomes.</p> <p>Training being provided focusing on:</p> <ol style="list-style-type: none"> <li>1. Collaborative Communications' course on strengths based conversations.</li> <li>2. IFSS interventions</li> <li>3. Culture change</li> <li>4. Measuring performance</li> <li>5. Motivational interviewing</li> </ol>	<p><b>September – October 2018</b> Work is on-going. Follow-up workshops are being arranged for the New Year.</p> <p><b>April – August 2018</b> 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.</p> <p>Staff including support workers, TAF workers and Social Workers including senior managers have attended.</p> <p>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.</p> <p>The introduction of these new methods of working is being introduced gradually within the workforce.</p> <p>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.</p> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• Collaborative Communications mop up course to be held on the 28<sup>th</sup> and 29<sup>th</sup> of September.</li> </ul>		<p><b>Yet to be done</b></p> <ul style="list-style-type: none"> <li>• Training needs to be supported in practice.</li> <li>• Some evidence that this has already happened in some cases although not consistently.</li> <li>• 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.</li> </ul> <p>Staff report that they feel they have the skills and knowledge and are able to undertake more direct interventions with families.</p> <p>Information that more children being supported to continue living at home with their families.</p> <p>Positive feedback from service users regarding the quality of intervention making a difference to their lives.</p> <p><b>Commenced</b> 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.</p>	Senior Management Team	Ongoing	March 2018

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**CIW recommendations in red - high priority**

		<p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• We have continued to support staff to work with families focusing on their strengths, having a ‘What matter conversation’, advocacy requirements and co-production.</li> <li>• We are seeing evidence of the workforce working directly with families leading to improved outcomes – as we have seen a significant reduction in the children on the CP register from 102 in March 2017 to 56 on the register on 31<sup>st</sup> of August, 2017, 55% decrease.</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• The training sessions below have been held.</li> <li>• We continue to focus on Social Work intervention being aligned with the different way of working with families under the new Act such as: What matter conversation, advocacy requirements and co-production, all of which continues to be a challenge for children’s services as families are reluctant to engage.</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>• Delivery of Motivational interviewing training and Resilient Families approaches currently happening.</li> <li>• Collaborative communications training being held in March for all Managers.</li> <li>• IFSS interventions training provided on an annual basis.</li> <li>• Culture change measuring performance training for Managers being held in March</li> </ul>					
4.2	<p>Review the current service structure to address the need for improved preventative and intensive interventions.</p> <p>Establishing smaller Teams with Practice Leaders to provide effective support and supervision to staff.</p>	<p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>• The new structure is in place with Practice Leaders located with their Practice Groups.</li> <li>• Early indication is that this is working well, staff report that they feel supported in the smaller groups.</li> <li>• Continued development of the support and embedding of this structure will continue.</li> </ul> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>• The new Service structure was implemented on the 4<sup>th</sup> of October were the 8 new Practice Leader’s took responsibility for their Practice Groups.</li> <li>• 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.</li> </ul> <p><b><u>August 2017</u></b></p>	<ul style="list-style-type: none"> <li>• Review of Placement Team will commence in February in consultation with staff.</li> </ul>	<p><b>Yet to be done</b></p> <p>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.</p> <p>Manager’s report that the new service structure increases their capacity to provide professional leadership to support the workforce through regular and quality supervision.</p> <p>Staff report they are adequately supported and supervised by their Managers in carrying out their responsibilities.</p> <p>Case file audit shows a marked improvement in practice quality as result of clear pathways and systems within the Service and through regular supervision.</p>	Senior Management Team	Jan 2017	May 2017

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		<ul style="list-style-type: none"> <li>Two Senior Managers (Early Intervention and Intensive Intervention) in post</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>New service structure implemented.</li> <li>We continue to appoint to posts to establish smaller teams with practice leads.</li> <li>We have continued to review our prevention and early intervention services around the Families First programme.</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>Staff consultation period comes to an end on 24.2.17.</li> <li>Analysis of comments and feedback and report provided by IHOS with recommendations.</li> <li>Final decision and timescales to be agreed and shared in staff Conference on 27.3.17.</li> </ul>					
4.3	Implementation of an Information, Advice and Assistance (IAA) model for Anglesey	<p><b><u>November – January 2018</u></b></p> <ul style="list-style-type: none"> <li>A Full Time Engagement Officer commenced with Teulu Môn in January, which has strengthened its capacity to 3.5 workers FTE in that team. Teulu Môn were visited on 29.01.18 by Jackie Drysdale of Social Care Wales in order to observe the team and consider the need for a Wales wide competency framework. Jackie was impressed by what she saw on commented that “the team was committed”; “showed great resilience against some of the frustrations”. Work will continue to develop that team in terms of skills and IT support.</li> </ul> <p><b><u>September &amp; October 2017</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Funding from Families First will strengthen our IAA services with recruitment for additional 1.5 Engagement Officers post</li> <li>Continued to support our staff to ensure they consistently have good quality conversations as some officers have more confidence and skills in this approach.</li> <li>Arrangements for internal workshops for staff to practice the ‘What Matters’ with Jackie Drysdale,</li> </ul>		<p><b>Yet to be done</b></p> <p>Service users report ‘ease of access to services’ and good customer care.</p> <p>Improved coordination of services and strategies for early intervention and prevention is shown in a reduction in children being looked after.</p> <p>There is a reduction in duplication of effort through the current running of multiple ‘front doors’</p>	Service Manager	Dec 2016	April 2017



**CIW recommendations in red - high priority**

		<p>Improvement Development Manager for Social Care Wales.</p> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• Engagement Officers commenced in post</li> <li>• Permanent Early Intervention and Prevention Service Manager in post</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• Interim Engagement Manager in post</li> <li>• Adverts out for the Engagement Officers, closing date of 12/07/17</li> <li>• Promotional materials signed off</li> <li>• 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.</li> <li>• Multi-agency audits (Health, Education and Police) in relation to the quality of referrals received at Teulu Môn</li> <li>• Continued work with partner agencies in relation to information sharing and joint working with Teulu Môn</li> <li>• 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.</li> <li>• Work will commence to establish an Information Sharing Protocol.</li> </ul> <p><b><u>May 2017</u></b></p> <ul style="list-style-type: none"> <li>• Creation, sign off and translation of all policies, protocols, thresholds and their associate templates required for service delivery.</li> <li>• Agreement of measures of success</li> <li>• Scoping of ICT needs</li> <li>• Agreement of training requirements.</li> <li>• Team name 'Teulu Mon' Social Media, telephone number agreed.</li> <li>• Training of staff commenced</li> <li>• FIS due to move over to HQ late January</li> <li>• Logo for the new service in design.</li> <li>• Project board meeting monthly</li> <li>• Marketing task and finish group meeting and developing marketing outputs for the service.</li> <li>• New team embarking on a period of 'team building'</li> <li>• Children Services staff and key partners are provided with regular updates on the changes within the Service and through Information Sessions.</li> <li>• Consultation on revised structure completed.</li> </ul>				
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		<ul style="list-style-type: none"> <li>• A single point of access for all child and family related enquiries established and live by 03.04.17</li> </ul>					
4.4	<p>Development of a Corporate Prevention Strategy; the LA must provide a range and level of preventative services across Children and Adult Services.</p> <p>Deliver an integrated service and provide early help and support that effectively delays the need for care and support.</p> <p>The population assessment will assist the local authority to identify preventative services required.</p> <p>Strengthen the commissioning function within Children and Adult Services to support us to deliver this agenda.</p> <p><b>CIW recommendation 1.</b> 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.</p> <p><b>CIW Recommendation 12:</b> 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 preventative sector and statutory services.</p>	<p><b>September – October 2018</b> 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 19<sup>th</sup> 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.</p> <p>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.</p> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• The Assistant Chief Executive is responsible for driving work forward in terms of the Corporate Prevention Strategy.</li> <li>• The Resilient Families Team are working with eight families</li> <li>• Following the Population Needs Assessment, the Regional Plans will be available from April 2018 identifying what range of services will need to be provided.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The Local Authority has prioritized the development of corporate preventative services and support for families as part of its Plan for 2017 – 2022 in <i>‘Providing robust early intervention and prevention services to ensure that children are safe and supported in order to minimize harmful childhood experiences.’</i></li> <li>• A clear vision established for early intervention and prevention services and a draft strategy has been developed and shared with CIW.</li> <li>• Consultation with staff and partner agencies has occurred and we have arranged further consultation sessions with community groups and with families, children and young people who will have insight into</li> </ul>	<ul style="list-style-type: none"> <li>• Meaningful engagement and consultation with families, children, young people and service users.</li> <li>• We will consult with service users and citizens about the types of services they require.</li> </ul>	<p><b>Yet to be done</b> We consulted with service users and citizens about the types of services they require.</p> <p>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).</p> <p>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.</p> <p><b>Commenced</b> The Local Authority has a clear vision for early intervention and prevention services for Anglesey.</p> <p>‘Teulu Mon’ the new IAA service for Anglesey is operational and is a key part of the early intervention / prevention service.</p>	<p>Dr Caroline Turner, Director of Social Services</p> <p>Interim Heads of Children Services</p> <p>Alwyn Jones, Head of Adult Services</p> <p>Dafydd Bulman, Strategic Transformation and Business Manager</p> <p>Melanie Jones, Service Manager</p> <p>Llyr Ap Rhisiart, IFSS</p>	Jan 2017	Oct 2017

**CIW recommendations in red - high priority**

		<p>what has and what has not worked in the past and what preventative services should be developed in the future.</p> <p><b><u>August 2017</u></b></p> <ul style="list-style-type: none"> <li>• Draft Service Prevention Strategy in place</li> <li>• Agreement given by WG to fund additional 3 family support staff within TAF and an additional 1.5 Engagement Officers for Teulu Môn. This will strengthen the preventative services to delay the need for care and support.</li> <li>• The Local Authority has a clear vision for early intervention and prevention services for Anglesey. A brief for consultation with the children and families and partner agencies community groups of Anglesey has been drafted. A draft strategy has been formed. This has been formed with the knowledge that we have knowledge around the needs of the families of Anglesey through the Local needs assessment, our own data and previously commissioned research by Cordis Bright. Work is being done on forming links with community groups such as Caru Amlwch. Discussions have taken place with current providers around how they may provide services in a different way in the future. The department's strategy for prevention will feed into the process of the wider prevention strategy for the Local Authority. Identifying ACE's will form a part of our strategy. Links have been made with Andrew Bennet (Public Health Research, Training and Consultancy) who has been commissioned by public health Wales to introduce ACE's aware practice in G.P surgeries on the island. Discussions have been held to include this field within schools in the hope that we can develop ACE aware schools in Anglesey. Links have been made with community groups who are interested in using ACE's in their approach.</li> <li>• Audit of TAF cases has commenced. This has been done to improve our understanding of the families we are working with. We need to ensure that the correct families are accessing the service. At this early stage of the audit it looks as if cases can be closed in TAF and sign posted for families to access specific targeted services.</li> </ul> <p><b><u>June/July 2017</u></b></p> <ul style="list-style-type: none"> <li>• All commissioned services under the Families First programme are being reviewed</li> <li>• Consultation with staff and partner agencies in relation to identifying the gap in service provision.</li> <li>• Application for redistribution of funding for Families First services sent to WG.</li> </ul>				
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	<ul style="list-style-type: none"> <li>Application for additional Families First Parenting Grant submitted by 14/07/17.</li> <li>Funding approved for a corporate Prevention Manager to ensure the prevention strategy is implemented across the Local Authority.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>A review of current preventative service funded by the Welsh Government will be undertaken in early 2017.</li> <li>Re-commissioning of Services in line with WG guidance by using local data and Population Needs Assessment leading to quality early intervention outcomes.</li> <li>Families' First grant, commissioning, coordination and monitoring officer has transferred to Children Services by April 2017.</li> <li>Review and redesign of 'Short Breaks' offered through the Specialist Children's Service to support families</li> </ul>					
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**5 Enhancing family support services targeted towards providing intensive and speedy support at point of family breakdown aimed at keeping the family together.**

	<b>ACTION TO BE TAKEN AND LINKS TO CIW RECOMMENDATIONS</b>	<b>ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT</b>	<b>ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT</b>	<b>EXPECTED OUTCOME / IMPROVEMENT &amp; EVIDENCE</b>	<b>LEAD OFFICER</b>	<b>START</b>	<b>END</b>
5.1	Review Children Support Services to focus on: <ol style="list-style-type: none"> <li>Supervised contact</li> <li>Freeing up capacity to undertake preventative work</li> <li>Role of Parenting Officer</li> </ol>	<p><b>April – August 2018</b> The review of Support Services and Placement Team is on-going and hopefully will be completed by the beginning of September.</p> <p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>We are currently reviewing the: Children Support Services Placements Team and Children Specialist Service</li> <li>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.</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>Reviewing Support Services has commenced making the best use of Support Workers to support families.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>As part of the restructuring of the service initial 'Resilient Families' work has started to reduce the need</li> </ul>	We will be reviewing Children Support Services in Feb 2018 to focus on: <ul style="list-style-type: none"> <li>Supervised contact</li> <li>Freeing up capacity to undertake preventative work</li> <li>Role of Parenting Officer</li> <li>Work will start on this</li> </ul>	<p><b>Yet to be done</b> The service is making better use of its resources and focusing on supporting children to remain living within their families.</p> <p>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.</p> <p>Reduction in the number of children becoming looked after.</p>	Intensive Intervention Service Manager	Jan 2017	Completed Aug 2018

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		<p>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.</p> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>					
5.2	Implement Resilient Families Team	<p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>The Team is making positive progress in supporting children to remain with their families (anonymised):</li> </ul> <p><b>Family Story 1:</b> 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).</p> <p>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</p>	<ul style="list-style-type: none"> <li>Training and skills development programme to be formulated for the new Team.</li> <li>Work to be done to establish how the Resilient Families grant will be used.</li> </ul>	<p><b>Yet to be done</b></p> <p>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.</p> <p>Performance information shows a direct link between the work of the team and the reduction of need for costly foster/residential placements.</p> <p>The team can evidence focused intervention based on prevention and de-escalation through quarterly reports.</p> <p>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.</p> <p><b>Commenced</b></p> <p>The new team is operational and providing intensive support to children, young people and their families in order to remain living with their families.</p>	Alex Kaitell, Service Manager	Jan 2017	May 2017

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<p>the ongoing support from the Specialist Children's Service was sufficient to sustain the changes.</p> <p><b>Family Story 2:</b> 3 children who live with their mother. The parents separated; both parents had properties in which their hoarding behaviours made the households unsafe. The children had been exposed to domestic abuse when their parents had lived together. This affected the children's behaviours; one child became an emotional carer for the mother, another child became withdrawn, and another became aggressive and emotionally dysregulated for hours at a time. The children were placed on the Child Protection Register, and legal proceedings through Court began, with the plan being that the children be placed in foster care. The Resilient Families Team worked with the family (mum and dad separately) during an intensive 8 week period (Stage 1). The hoarding in the children's home no longer occurs. Mum says she feels more confident in helping the children understand and manage their emotions; resulting in less times of parent-child conflict and of the children feeling distressed. The children say they feel happier and enjoyed the help received. Whilst dad was not able to make those same changes to his hoarding behaviours (meaning the children cannot currently stay with him overnight), he does now manage to maintain regular positive unsupervised contact with his children through the ongoing support and prompts of the Resilient Families Team. The family now receive Stage 2 support (ongoing for up to a year) to help them consolidate and sustain the changes made.</p> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• The Resilient Families Team is now operational and are currently working with 9 individual children from 8 families.</li> </ul> <p>The team are working with parents to support them in able to care for their children and avoid them potentially coming into care; but are also working with young people who are in care and a plan of intensive rehabilitation is in place for those young people. We are hoping to produce a report in May 2018 to highlight some of the work completed by this team.</p> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• The Resilient Families Team is now fully staffed and currently working with 8 families to prevent family breakdown and to support children living at home.</li> <li>• Team has three core aims:</li> </ul>				
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		<ul style="list-style-type: none"> <li>• Prevent - preventing children becoming Looked After</li> <li>• Reduce - reduction in the nature of care accommodation provided from residential care to foster care</li> <li>• Reunify - reunifying looked after children with their families.</li> <li>• 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.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>• Resilient Families Team appointed and all will be in post by the beginning of September.</li> <li>• 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.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>• Recruitment to practice leader, Social Work and Support Worker posts have been advertised, interviews will be held by the end of July.</li> <li>• 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.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Work has commenced on identifying the children and young people where intensive work can be undertaken to enable them to return home safely.</li> <li>• New Job Descriptions have been created, with recruitment to posts starting late March 2017.</li> </ul>					
5.3	<p>Improve the local authority's responsibility as a Corporate Parent for looked after children. Areas of focus:</p> <ul style="list-style-type: none"> <li>• Review the leaving care (after care) service</li> <li>• Creation of a 'Supported Lodgings Policy'</li> <li>• Agreement of a 'Leaving Care Financial Policy'</li> <li>• Work experience and apprentice arrangements within the Council and Health Board</li> </ul>	<p><b>September – October 2018</b></p> <p>Work continues but more work needs to done.</p> <p><b>February-March 2018</b></p> <ul style="list-style-type: none"> <li>• LAC strategy is currently being developed and will be available for consultation towards the end of April.</li> </ul> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• One Corporate Parenting Panel meeting on the 11<sup>th</sup> of December has taken place since the agenda of the panel has been re-structured. This gives panel members the time to scrutiny data provided and have a meaningful discussion in relation to corporate panel issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Decision needs to be made regarding additional WG grant funding around work experience and apprenticeships</li> </ul>	<p><b>Yet to be done</b></p> <p>Clear Pathway planning does provide goals on the plan into adulthood for the young person.</p> <p>Care leavers reporting that they feel they were listened to and supported by the authority in their transition to leaving care.</p> <p>Children who are looked after report they feel they have influence on how services are provided for them.</p>	Intensive Intervention Service Manager	Jan 2017	March 2018

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<ul style="list-style-type: none"> <li>• Free/Discounted entry to leisure services and library services</li> <li>• Appoint a Local Member as a Looked after Children Champion</li> </ul> <p><b>The Children Looked After and Care Leaver Strategy</b> continues to be work in progress and it is hoped a draft Strategy can be produced to go out to consultation during April 2018.</p> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• By March 2018 we aim to re-launch the Isle of Anglesey County Councils vision in relation to Corporate Parenting.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>•Corporate Parenting Panel met on 10/07/17, the membership, agenda and ToR to be reviewed and to be inclusive of young people.</li> <li>• Corporate Parenting Event for local members and senior officers planned for 20/07/17</li> <li>• Appointment of a local Member as a Looked After Children Champion.</li> </ul>		<p><b>Commenced</b> Clear guidance in place for Children Services staff and key partners through policies, procedures and training in relation to improving outcomes for looked after children.</p>			
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		<ul style="list-style-type: none"> <li>• Work ongoing in preparation for the STARS Awards Ceremony in November for looked after children to celebrate their successes.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Aftercare project group established with an agreed action plan.</li> <li>• Aftercare and housing protocol approved in February 2017</li> <li>• Discussions with HR and Leisure have taken place regarding work experience and leisure services.</li> <li>• Early draft of the Aftercare financial policy.</li> <li>• Consideration in having a Corporate Parenting Event for local members and senior officers to agree on strengthening current arrangements.</li> <li>• Consultation group established with looked after children were they are able to provide their views on the development work required.</li> </ul>					
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.	<p><b>April – August 2018</b></p> <p>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.</p> <p><b>November – January 2018</b></p> <ul style="list-style-type: none"> <li>• The protocol has been reviewed and a draft version will be presented to the Director of Social Services mid-February.</li> </ul> <p><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• Review of internal protocol in relation to the overarching role of Director hasn't progressed due to capacity issues.</li> </ul> <p><b>June/July 2017</b></p> <ul style="list-style-type: none"> <li>• Review of internal protocol in relation to the overarching role of Director hasn't progressed due to capacity issues.</li> </ul> <p><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Review of internal protocol in relation to the overarching role of Director.</li> <li>• Work will commence on strengthening the role of Director of Social Services following the May 2017 local elections.</li> </ul>		<b>Yet to be done</b> 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