

SOCIAL SERVICES: **WHAT WE DO, AND THE** **DIFFERENCE IT MAKES**

Director of Social Services Annual Report
Wrexham
2017-18

This document is available in Welsh





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1. INTRODUCTION

At the end of each financial year, every council in Wales must publish a report about its social services. This is our report.

This report does what it says on the tin. It looks at what we do...and the difference it makes.

That's really important, because the way we deliver social services has a huge impact on people's lives.

And with fewer resources and more and more people needing our help, the challenges we face are greater than ever.

To meet those challenges, we've been working closely with partners – and thinking differently about how we do things.

The report also explains our plans for the coming year – based on what people tell us they need – and we'll continue to work with other organisations, families and individuals to promote wellbeing in Wrexham.

All of this work is underpinned by the *Social Services and Wellbeing (Wales) Act (2014)*, and the *Wellbeing of Future Generations (Wales) Act 2015*.

We've pulled out all the stops to meet our responsibilities under these acts, and we'll keep doing that.

But more importantly, none of this would happen without our dedicated social care staff, the many people working for independent and third sector providers across Wrexham and the work of volunteers and carers.

They are the quiet heroes that work so hard to improve people's lives.

They're the reason we can make a difference.



Charlotte Walton

Head of Adult Social Care & Interim Director of Social Service

2.

SUMMARY OF PERFORMANCE

Background

At the end of each financial year, every Council in Wales must publish a report about its social services. This is our report.

The aim is to evaluate how well our services have been delivered, and highlight any improvements needed.

It's also a chance to explain how we're going to help people over the coming year – both people who need care and support, and carers who need our help. This report also sets out our plans to work with individuals and communities to help prevent or slow down the rate at which people need our services, by improving independence and health and well-being and by supporting the development of strong and resilient communities.

As you read through these pages, you'll notice we talk about six 'quality standards.' These are part of the *Social Services and Wellbeing (Wales) Act* (we'll just call it the *Act* from hereon).

The format of this report reflects the requirements of the Act, and the need to measure the performance of social services around these six standards.

It also feeds into the *Well-being of Future Generations Act*, which aims to improve the social, economic, environmental and cultural well-being of Wales – helping to create a place where we all want to live. Both now and in the future.

Finally, you'll notice we talk about 'outcomes' a lot. This is because so much of our work is focused on helping people achieve the end results they want to achieve.

3.

WHAT PEOPLE TELL US ABOUT OUR SERVICES

Our Quality of Life survey sent out annually to over 1000 people is an important measure of the difference our services are making

This year we saw an increase in the number of Older People who felt our services had helped to improve their quality of life 95% (232 people) (last year 90%) and who stated their quality of life was very good/good 57% (185 people) (last year 53%). We know from this survey that we still have more work to do to prevent social isolation with only 48% (165 people) of people saying they had as much contact as they want with the people they like.

We also carry out an annual carers survey which we sent to over 600 registered adult carers this year.

The results have been published on the *Your Voice Wrexham* website (see Appendix A) and will help us shape what we do.

We also sent out new Welsh Government surveys this year for adults and Carers. We've sent the data to Welsh Government and will act on any insights it provides.

In developing our Departmental Commissioning Strategy we have also carried out a wide range of consultation and engagement activities.

For people who use our services and their carers, health and well-being questionnaires were placed on 'Your Voice' as well as posted out to people. Questionnaires were also used to capture the views and aspirations of people who have yet to access social care services, but whom may do in the future.

We went out into the community to speak with people, and ask them about their health and well-being priorities and held engagement sessions with our own staff and independent and third sector providers to understand their views on what we do. This is giving us a rich picture of what people think about our services now and what they want to see for the future.

When we receive complaints, senior managers receive a copy to help identify issues or themes.

And every year, an annual review of compliments and complaints is considered by Councillors on our Scrutiny Committee.

So compliments and complaints provide useful feedback.

You can find more information about feedback on our services in Appendix B at the end of this report.

Here's an example of how we act on what people tell us

Feedback received from people living with dementia and their families/carers has made clear the importance of developing Dementia Champions and we are working in partnership with the Alzheimer's Society to increase the number of Dementia Champions and Dementia Friends throughout the Council and across Wrexham. This year this formed a key focus of our activity during National Safeguarding week.

Tackling 'loneliness and isolation' among older people has been identified as a priority for Partnership Delivery Board 1 (see 'Partnership working' in section 5) and this is helping to shape the role of the Community Agents and social prescribing schemes. We will talk more about this later in the report.

4.

IMPROVING WELL-BEING (The Six Standards)

These are the six standards we mentioned earlier. There's a lot of information here, so we've split them into two sections - adult social care and children's social care.

STANDARD 1:

Helping people achieve the well-being outcomes they want

This sounds complicated, but it's simple really. We're talking about helping people improve their situation in a way that takes account of how they feel, and what they want.

ADULT SOCIAL CARE

This is what we said we'd do

- Work with service users to co-produce outcomes-focused support plans (in other words, plans that focus on the end results that they want to see) – creating a more sustainable and service user-focused service.
- Continue to develop our Welsh language services to meet Welsh Language Standards

This is what we did

We said at the start of this report that the challenges we face are greater than ever. We have fewer resources, but more people need our help.

So we're trying to change the way we work, to be more efficient and work more smartly. This includes the way we work with our partners in the Third Sector, who are key in enabling us to develop quality services within the community which help us to manage demand and prevent or reduce escalations of need.

But most of all we are working hard to improve outcomes for people by developing and commissioning services and ways of working that promote independence and reduce reliance on statutory services.

Our efforts have focused around three key areas: how we work; the tools we use; and improving outcomes for the people we support.

How we work

Keeping it local

We've successfully piloted 'locality working'.

We've based social workers from the Team for Older People with health professionals at Wrexham Maelor and Chirk Community hospitals.

And we've done the same at Pen-y-Maes, Plas Madoc and Caia Park district nursing hubs.

We've had positive feedback, with lots of effective joint-working. But what was the benefit?

Working closely with health professionals on-site helps ensure people are discharged quickly. Safely and effectively when they're ready to leave hospital

It also helps social workers, district nurses and GPs work together to help older people remain safely in their homes if they want to – instead of being admitted to hospital unnecessarily.

We hope the work can be extended to Grove Road in Wrexham, Overton-on-Dee, Gresford and Llay.

Improving the service user journey

We're reviewing the way service users flow through the department, because smoother service user journeys are better for the people we support – and for us.

We want to get rid of duplication, so people don't have to re-tell their story as they move through the department and engage with different teams

We want service users to see the right person at the right time and in the right place

Single Point of Access

Helping people to access various social and health services in one place is something we'd love to do.

But developing an Integrated Single Point of Access (SPoA) with the Health Board remains a challenge.

Despite this, we've improved our own Adult Social Care SPoA, creating a stronger *Information, Advice and Assistance service*.

Both *Safeguarding and Deprivation of Liberty Safeguards* (DOLS) have been moved to a dedicated team.

This has strengthened our safeguarding capability, but has also allowed SPoA to focus on providing people with timely information and advice.

Team managers have been appointed, social workers are in post, and we've developed both the *First Contact Advisor* and *Social Care Assessor* roles.

Key roles

Because the way we work is changing, our business support officers need different skills. We introduced the *First Contact Advisor* role into our teams in January 2018 to help us implement new approaches to providing information, advice and assistance, and to help us better manage demand.

We've also developed the new Social Care Assessor role to ensure people have access to the right information, advice and support to remain as independent as possible and to have timely access to community services, equipment and home adaptations when needed.

A new way to share data

We've been working to prepare for the Wales Community Care Information System (WCCIS). This is a new national electronic case-management system, to help manage health and social care records.

It's a big job. We've been carefully testing the new system, migrating data from our old systems, working with the Health Board to update how we share information to support more integrated working for the benefit of Wrexham citizens, and developing our training and support for frontline workers and managers so we can make the most of the benefits of the new system. We are due to go live with WCCIS in October 2018.

Dewis Cymru website

We continue to work with partners across North Wales to develop public information on the Dewis Cymru website (www.dewis.wales)

The site is a public info site, which provides advice and support on well-being issues – from health to family life.

Commissioning strategies

Commissioning is the process public sector organisations use to assess the needs of an area and how to meet those needs. A Commissioning Strategy is produced by the Department every 5 years, and have just been refreshed to set out our vision for the next 5 years.

They're based on consultation with providers, people using our services, carers and the wider public – to help us understand what matters to people in Wrexham.

The tools we use

The *Act* is a big deal, and all of our staff undertook training to prepare for it.

We also offered training to other service providers and third sector organisations.

Integrated Assessment documentation was successfully piloted by the Disability Service, and is now being rolled-out across all teams.

It puts 'what matters' to individuals – in terms of the outcomes they want to achieve – at the centre of our care and support plans.

The aim is to focus on the abilities and assets people have to achieve their personal outcomes and reduce the need for statutory services. This is at the heart of the *Act* and ensures we work with people as individuals and help them achieve creative individualised solutions that best meet their needs.

Improving outcomes for the people we support

Helping people with a disability stay active and independent

A great deal of work has been undertaken in order to improve outcomes for the people we support as well as reduce reliance on statutory or commissioned services.

Let's face it. It makes no sense to give people something they don't want or need

As well as piloting the Integrated Assessment, the *Disability Team* has done a lot of work to provide telecare, aids, adaptations and other support for people with disabilities – improving their quality of life and independence.

The *Integrated Care Fund* (ICF) money was used to set up a Progression Service to help Supported Living providers deliver person-centred plans.

The service is also working with two residential care homes for older people, helping staff deliver bespoke activities for residents... based on what matters to them.

Money for *Welsh Independent Living Grants* (WILG) now goes directly to local Councils, rather than being administered by Welsh Government.

Because of this, we're reviewing all care and support plans for WILG recipients to ensure they achieve the outcomes they want.

We've started to review the services available through our supported living accommodation – including 'sleep-ins' (where a support workers sleeps in overnight).

A key element was to explore the role of assistive technology, aids and adaptations to help people enjoy more independence. We've also been developing better community-based support for people with disabilities.

Case study – Kerris and Myfanwy

We've been fortunate to work with twin sisters Kerris and Myfanwy, who live in a Supported Living House, where they originally received 24-hour support including a sleep-in.

Assessments revealed they would benefit from enablement work – and this was successfully undertaken by working closely with the ladies, their support provider and their uncle (the main family contact). Assistive technology was introduced, and the ladies became very adept at using it. They agreed that we could also install a Just Checking system, which allowed us to monitor if they were up and about during the night.

After a while we asked how they felt about us reducing the support they received through the day. They felt able to be left for short periods of time unsupported in their own home, and used telecare equipment as backup. It worked well. Kerris and Myfanwy became increasingly confident and we felt it was time to discuss the reduction or removal of the sleep-in. They both wanted to “give it a go”. The Just Checking system allowed us to identify where they were located in the house, helping us map-out their night-time movements.

The provider developed a schedule to slowly reduce support over three months. Their uncle supported this and – as their advocate – worked through it with the ladies. They now feel confident and safe in their home. They do still have some day-time help, but have a good balance of independence and support. If you ask them how they feel, they will pause...look at each other...and say: “We are doing well...yes we are doing well aren't we.”

Enhancing Respite opportunities

Park View is an in-house short-breaks service for people with physical or learning disabilities, or sensory impairments.

It provides planned and emergency short-breaks in an adapted but homely property where we help people develop their independent living skills.

Integrated Care Fund money has been secured to extend the property and create new space, which will be used to support people with autism and challenging behaviours, as well as people with complex needs arising from dementia (including young onset dementia).

Domiciliary Care

Domiciliary care is provided to people who live at home, but need help with personal care tasks or other things that help them maintain independence.

Having access to enough domiciliary care capacity has been a challenge for us. This is the same situation across Wales.

Domiciliary Care staff provide a crucial service but recruitment and retention of people into these roles can be difficult. To support this we gave a significant uplift on the fees we pay to domiciliary care providers to help them improve staff terms and conditions, and we continue to provide significant training and support for domiciliary care staff.

We have also been working with our providers to look at the services they provide. We carried out a full review of all calls that only lasted 15-minutes to see if we could meet people's needs differently, for example, using telecare. We also increased call times for some people to ensure their needs were being met appropriately and with dignity.

We found most of the 15 minute calls were to support people with their medication and the Health Board is working with us to see how people can better manage their medication without the need for a domiciliary care call.

Community Agents

Community Agents continue to provide valuable information and advice to older people – as well as developing initiatives in response to local needs.

Read this case study...

Case study – Community Agents

Following a referral from a social worker, one of our Community Agents started supporting a gentleman recovering from substance misuse. As well as alcohol dependency, he has various health problems and rarely goes out.

It's unlikely he'll ever be able to work again. And the previous loss of his marriage, business and home mean he sometimes suffers from depression and becomes angry and frustrated. This led to disputes with neighbours where the police were called, and he wasn't always co-operating with other services that could help him.

So the Community Agent started to visit him every week. They gave him somebody to talk to, which helped relieve his boredom and loneliness. They also encouraged him to engage with other services, and took him out to local cafes, country parks and shops – helping him regain his confidence.

He's now involved with a specialist support group and – after seeing our Substance Misuse Team – is on their waiting list for support. He's also been discharged by the Mental Health Outpatients Department.

He's much more optimistic now. He hopes to do some volunteering and wants to book a coach-trip holiday this year – a big step from not leaving the house. The disputes with neighbours have stopped. He's also secured a permanent council housing tenancy and is looking forward to having his home decorated. He's also being admitted to hospital less often – probably due to him drinking less and taking better care of himself.

The Community Agent will continue to visit for the next couple of months, gradually decreasing the frequency of her calls.

And as well as helping him, she's helped make life a little better for his neighbours.

Community Inclusion Grant Scheme

We continue to provide seed-funding through our Community Inclusion Grant Scheme.

Small organisations and community groups can apply for grants of up to £2,500 to help set-up lunch clubs and social activities that help older people (50+ years) feel more involved in their community.

Seventeen groups were set up with grant support in 2017/18, including lunch clubs, chair yoga, a film club and art groups.

Ageing well in Wrexham

As part of the Ageing Well in Wrexham plan, a new Falls Service has been funded via the Integrated Care Fund. 125 people have received a specialist falls assessment this year, and have been provided with information and advice on how to prevent a further fall.

Welsh Language

To help us meet Welsh Language Standards we've made all of our public leaflets and webpages available in English and Welsh.

We've also carried out a survey to compile baseline information about the number of Welsh-speaking staff in the Department.

And to improve recruitment of Welsh speakers all externally advertised jobs are advertised as 'Welsh essential' in the first instance

This is what we want to do in 2018-19

- Work with providers to offer domiciliary care that fits the outcomes people want to achieve, rather than according to strict times and tasks.
- Work with other North Wales Councils and the Health Board to develop clear service specifications for residential and nursing homes – clearly setting out the outcomes to be achieved for residents, based on what matters to them.
- With the publication of the Wrexham Public Service Board (PSB) well-being plan

(May 2018), a “Good Health Partnership Board” will be looking at issues of loneliness and isolation and we will be working in partnership on this issue.

- Continue to implement an integrated health and social care *Single Point of Access* (SPoA) – moving the *Occupational Therapy* team into SPoA, and improving the flow into *Reablement*.
- Review how we use *Project Work Support* to develop a clear service model and future commissioning options. This will help domiciliary care capacity to be released.
- Continue to help people in out-of-county placements get back into Wrexham, and increase the use of supported living as an alternative.
- Continue to review the range of support options for people with a disability – including telecare, aids and adaptations – to increase independence and reduce reliance on commissioned services.
- Continue training and development for the *First Contact Adviser* and *Social Care Assessor* roles to ensure the full benefits are felt across all teams.
- Develop services at Park View for people with autism and dementia.

CHILDREN’S SOCIAL CARE

This is what we said we’d do

- Continue to develop Information, Advice and Assistance (IAA) services in line with the Social Services Act, while incorporating national elements of best practice.
- Project-manage the introduction of the new national electronic case management system (WCCIS) through to full implementation.
- Incorporate and embed outcome-focussed care and support plans that enable us to monitor whether outcomes are being achieved.
- Develop evaluation forms (for *Child Protection* and *Looked After Children Reviews*) that capture service-user feedback to inform future service delivery.

This is what we did

Care Inspectorate Wales

Care Inspectorate Wales inspected us in January and February 2017, to review how well people were served by the Council when they wanted information, advice and assistance.

They wanted to find out how easy it was for people to contact children’s services, if they were given enough information, and whether this helped them get the care and support they needed.

They looked at whether we made the right decisions at the right time, and how effectively we worked with other organisations, such as the Health Board and the police.

It helped them understand whether people could be ‘enabled to lead as good a life as possible.’

Where children were deemed at risk of abuse, neglect or harm, they wanted to see if we responded quickly to make sure they were safe.

The findings were positive, and we put together a plan to improve things even further.

Here are some of the things we’ve done:

- Produced a leaflet on the role of the Single Point of Access (SPoA) team for partner agencies, staff, the ‘Info shop’ and schools for wider circulation.
- Made sure feedback is sent to referrers where appropriate, and closure letters reviewed, to ensure agencies are advised appropriately.
- Advertised all vacancies bilingually to try and attract Welsh-speaking staff.
- Commissioned further training on risk assessments.
- Continued to help develop a standard North Wales Referral Form.

Here’s a link to the report, which was published in June 2017:
<http://cssiw.org.uk/docs/cssiw/report/170620wrexhamen.pdf>

Single Point of Access for young people

SPoA remains the first point of contact for anyone making a new referral to children’s services – including partner agencies and members of the public.

It also identifies families that might need early help, and signposts young people, parents and carers to services that can support them.

SPoA is made up of various agencies and Council departments, which means we can provide a wider range of information and advice.

And we’re looking at ways to strengthen this, including closer links with the *Family Information Service*.

We’ve also made more info available on the Dewis Cymru website (www.dewis.wales).

Putting children at the heart of assessments

So what about assessments? Well, we think children should be at the heart of it.

We changed our approach, and try to do more to understand families' circumstances and what they want, as well as their strengths and capabilities.

We recognise that families – with a bit of help - can often meet their own needs, and don't always need social services. But if we believe a child is at risk, we continue to act without delay to safeguard their welfare.

The timeliness of our assessments was in-line with the Welsh average, we need to do better. Timescales are important, but so is quality.

When it comes to making sure children are seen as part of their assessment, Wrexham has outperformed every other Council in Wales. So we're going to keep monitoring this.

And again, it shows how we build everything around the child.

Understanding how a young person feels is crucial in meeting their needs, and the needs of their family.

That's why seeing and talking with a child is at the heart of our assessment process.

Focusing on outcomes

We've made sure our assessment documentation focusses on 'outcomes' – in other words, the end result.

But we need to do more with our care and support plan documentation, which we've been working on regionally to create a consistent approach across North Wales.

We hoped to be moving to a new national health and social care ICT system in 2017 to help us do this.

Unfortunately this implementation was delayed due to circumstances outside of our control. We have retained our project team, revised our project plan and hope to implement the new system in 2018-19.

Training our staff

We put on 12 sessions of mandatory engagement training for staff in Children's Social Care.

One hundred and seventy one employees attended, and we plan to run two sessions every year for new starters.

Getting the views of young people

We know there are areas of engagement where we do well, and others where we need to improve.

So we want to try and ensure children and young people understand that by attending meetings with us and giving their opinions, they're making a real difference.

“I like it when people ask me what I think about changes.”

Comment from a young person in the 2017 citizen survey.

The Young People's Care Council collects the views of all looked-after children and care-leavers in Wrexham, and ensures these are listened to and acted upon.

Their annual survey highlighted how important privacy is.

So on this basis, and after successfully applying for a grant, they did several things:

- They held a workshop for young people, facilitated by *No Barriers Theatre*, to explore how they could convey how important privacy is to them.
- They worked with an organisation called *Fixers* to create a media-piece and presented it at a launch event that included *Foster Cares* and Council staff, as well as other looked-after children and care-leavers.
- The media piece will be used in future training and potentially sent out in training packs for foster carers.

This is what we want to do in 2018-1

- Continue to implement the national social care ICT system (WCCIS) across adult and children's services.
- Improve the timeliness of assessments.
- Finalise and implement the *Regional Care and Support Plan* documentation.
- Implement the *North Wales Referral Form*.
- Implement and monitor progress against our engagement action plan.

STANDARD 2:

Working with people and partners to protect and promote physical, mental and emotional wellbeing.

This means helping people look after their physical, mental and emotional health.

ADULT SOCIAL CARE

This is what we said we'd do

- Embed the national outcomes framework into our work and the work of our external partners. This will give us a new way to measure the impact of what we do – and understand the difference we're making to people's lives
- Continue to develop our support to people in their own homes and to promote independence.
- Further develop social care services for the new prison – HMP Berwyn – to ensure the needs of the men are met.

This is what we did

Helping providers focus on outcomes

As well as rolling out the integrated assessment documentation mentioned in Standard 1, we've also provided outcome-focused training.

Monitoring outcomes

We have redeveloped all of our Performance Indicators (how Welsh Government measure how well we are doing) against the National Outcomes Framework.

As well as piloting the new Integrated Assessment, the Disability Team undertook additional training in relation to improving outcomes for service users. This year we will focus this training and development on our external providers.

All new contracted services include a monitoring framework that's outcome-focussed. However, we still have work to do to fully align the outcomes of contracted services with the *National Outcomes Framework*.

Early intervention and prevention

We want to refocus investment on early intervention and prevention services.

This will help us manage demand in the face of growing pressures (less money, more demand).

So when we commission services, we try to make sure they focus on helping people maximise their independence...and remain living at home for as long as possible.

The approach is working, with the number of people being admitted to long-term residential care homes continuing to fall.

Social prescribing

GPs spend a lot of time dealing with the effects of social problems; Loneliness, debt and so on.

So a GP might prescribe some kind of social activity if they think it'll help...in the same way they might prescribe medicine.

For example, an elderly person who feels lonely might benefit from being part of a local community group.

We've started rolling out social prescribing within Primary Care. GPs refer their patients to one of our *Community Agents*, who use their contacts to help them access the right kind of social activity. We have started to work with 5 GP surgeries across Wrexham. Over 20 referrals for Community Agent involvement have been received from GPs.

The recruitment of *Community Agents* has been slow, so we've taken a gradual approach. But as we recruit more Agents, we'll be able to roll out the model across the county borough over the coming year.

Investing in Reablement

We continue to invest in our reablement services and have developed a *Short-term Assessment and Reablement Service*, which plays a crucial role in helping people achieve independence.

We're reviewing the efficiency of the service, in-line with plans to develop a *Single Point of Access* (SPoA) and create closer integration with *Occupational Therapy*.

Pedal Power

Integrated Care Fund money has helped us expand the *Pedal Power* initiative to include older people.

The service, based at Alyn Waters Country Park, aims to increase physical activity – boosting physical and mental health.

Sharing lives

Shared Lives is a bit like fostering, but for adults.

It's a regulated form of social care, and a national initiative, that matches people who need support with carers and their families – based on common interests, hobbies and so on, and means they can stay in the local area, without having to live alone or in a care home.

Shared Lives is having a positive impact in Wrexham, and – after gauging interest from users and carers – we've decided to expand the service.

Case study – Mrs P

Eighty-seven year old Mrs P was first referred to Shared Lives in 2015.

Upon receiving her care plan, it was clear that – as well as living with Alzheimer's – she was socially isolated. She'd had to give-up her car and driving license as a result of Alzheimer's, making it difficult to get out and about independently.

She used to enjoy painting, dancing, cross-stitch and gardening. But because of her condition, she was now a lonely lady, who did little other than watch TV each day. So her Shared Lives referral asked for 2 x 3-hour weekly sessions, allowing her to access community activities and interact with others – helping to address the loneliness that was making her more anxious.

Since she started getting support through Shared Lives, her confidence has grown, her anxiety levels have dropped and she's built a trusting relationship with her Shared Lives carer. After just a few weeks, you could see the difference – her face lit-up when she talked about the support she was getting. Shared Lives has also lessened the pressure on Mrs P's daughter, who is always kept up-to-date by her carer.

Helping people who care for a relative

A lot of people have to care for a relative, and – without a bit of help and support – it can take its toll.

We try to help by providing respite care that allows carers to have a break, catch-up and have a life outside of their caring role.

There's always a lot of demand, so we've commissioned Crossroads to develop a free carers' respite service using money from Welsh Government.

This means we don't have a waiting list anymore. And we no longer have to use domiciliary care agencies for respite which is helping manage the capacity problem we talked about earlier.

We are also looking at how we commission carers services over the next 5 years, and we have been working with carers to help shape what those services need to look like in the future.

Using technology to help people

The department took lead responsibility for telecare in 2017-18.

Using our new *Social Care Assessors* we've mainstreamed certain telecare assessments into *Disability Services, Team for Older People, Occupational Therapists and Reablement* to ensure we are making the most of Telecare to enable people to maintain and increase their independence.

We're also working with companies developing sophisticated new technology to help people live independently.

In fact, the increasingly innovative use of tech in social care is a really exciting opportunity.

Telecare will be at the front-end of our services – ensuring it's one of the first things we can offer people.

Supporting people at home and freeing-up hospital beds

We've continued to work with the Health Board to deliver care 'closer to home', using money from the Welsh Government Integrated Care Fund.

In 2017-18, we know that 365 people have been given help to remain at home, instead of receiving care in an acute hospital bed.

We estimate this has saved around 5,865 acute hospital bed days.

Making direct payments easier

The *Act* says Councils should encourage people to buy their own care using a ‘direct payment.’

So this year, we started reviewing our approach to help make sure direct payments are an attractive option for people.

We’ve updated our procedures and identified opportunities to work more with Flintshire County Council.

We’ve also started to develop a training plan for staff, and started working with *Care to Co-operate* to look at alternative ways to support direct payments.

Case study – Rachel’s story

In 2012, Rachel had a massive heart attack while undergoing an emergency C-section. She sustained a hypoxic brain injury and needs 24/7 care.

Rachel receives domiciliary care from an independent agency, and is supported at home by her mum Karan and her partner, who she lives with, as well as her sister Emma and her dad. Rachel’s mum supports Rachel and her daughter Freya as main carer, mum, and nanny, as well as co-ordinating the extensive support Rachel needs to continue living at home.

Karan needs a break from her caring role but providing respite has been practically impossible. Because any traditional respite would separate mother and daughter – which isn’t an option, as Rachel and Freya fall asleep together every night and have tea and toast together every morning.

Fortunately, Karan has been able to have some time away from caring thanks to Rachel’s sister Emma, who comes and supports Rachel and Freya in their home. But it means Emma leaving either her two little children with their dad, or all of them moving into Karan’s home.

Neither situation was ideal due to the massive interruptions to everyone’s life. But then an innovative solution was found by Rachel’s occupational therapist and social workers, who devised a proposal to convert a garage at Emma’s house into a bedroom with en-suite wet-room facilities. Funding was sourced via Direct Payments. And this is the first time within Occupational Therapy that Direct Payments had been used to fund adaptations like this.

The outcome has been very successful. Rachel, Freya, and Emma now have perfect respite facilities that keep the family together and Karan is able to have a well-earned break.

Providing services at the new prison

We have a small team of dedicated social workers at HMP Berwyn. They help provide care for men released into the Wrexham area.

Occupational Therapy is provided to the men in partnership with the Health Board, as well as an information and advice service, and peer-mentoring and support.

As well as undertaking social care assessments, we're also supporting HMP Berwyn's rehabilitation ethos and support procedures.

This is what we want to do in 2018-19

- Pilot outcome-focused commissioning in domiciliary care.
- Fully embed the *National Outcomes Framework* into all newly commissioned services to ensure what matters to citizens is measured as part of our contract monitoring processes.
- Fully roll-out social prescribing within Primary Care across Wrexham.
- Review *Direct Payment* arrangements and increase take up – improving the support available to people to manage a *Direct Payment* and *Work* with people receiving Direct Payments to shape services moving forward
- Expand *Shared Lives* to provide a positive, person-centred alternative to traditional services, and work with colleagues across North Wales to develop a regional short-term break service.
- Continue to work with partners to integrate social services and other services at HMP Berwyn, ensuring our procedures and practises are strong enough for when the prison reaches full occupancy.
- Prepare our social services response for men being released from HMP Berwyn, implementing a helpline and peer-mentoring.

CHILDREN'S SOCIAL CARE

This is what we said we'd do

- To expand the *Wrexham Repatriation and Prevention* project into a regional model.
- To recruit more in-house generic and specialist foster carers to meet the predicted demand for placements across the 0-21 age range and reduce the number of children and young people placed with independent fostering providers.

This is what we did

Helping children with complex needs

We sometimes have children with complex needs who – rather than staying in residential placements – might benefit from therapeutic foster care.

So we've developed an approach for this – called the *Wrexham Repatriation and Prevention Project*.

Using *Integrated Care Fund* money, we've been able to expand it into a sub-regional model with ourselves and Flintshire, to further promote support for looked-after children who need complex therapeutic foster placements.

Although the pool of available therapeutic foster carers hasn't increased, the number of placements available has – through training and support to some of our current in-house foster carers.

We'll also be appointing a recruitment officer to help us attract more in-house and specialist foster carers to try and meet the significant increase in demand for children requiring placements.

Someone to turn to

We have a Health Board nurse based in our social services team. They work with health visitors, school nurses and paediatricians to help look after the children we're supporting.

“I go to see CAMHS and the school nurse and I can talk to them both.”

Comment from Wrexham's Young people Care Council Survey 2017.

We also support 11-18 year-olds who've been to hospital for self-harming and other risk-taking behaviour. This is part of a project we've been running with the Health Board since 2006.

Helping families

We also employ a social worker to work alongside health professionals in *Flying Start* areas (parts of Wrexham supported by a national initiative to help children aged below four).

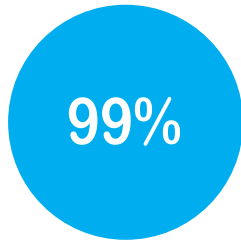
They visit the homes of families that might need help – identifying their needs early, before things escalate.

We've already strengthened how we work with the *BCUHB Child and Adolescent Mental Health Service*.

Social workers supporting families with complex mental health issues meet with health professionals once a month.

It's a chance to discuss the needs of the family – with foster carers and other professionals also able to attend.

Our teams play an important role in making sure children's health needs are being met, and all young people in care placements have a health-record and regular medicals.



The percentage of looked-after children as of March 31, 2017 who were registered with a GP within 10 working days of the start of their placement .

This is what we want to do in 2018-19

- Re-establish a recruitment officer role and implement a recruitment campaign to increase our pool of available foster carers.

STANDARD 3:

Safeguarding people from abuse, neglect or harm.

This means helping protect people who might be at risk of abuse, neglect or other forms of harm or exploitation.

ADULT SOCIAL CARE

This is what we said we'd do

- Finish delivering our adult protection action plan – to maintain the safety of vulnerable adults in Wrexham.
- Progress all areas listed for development in both the *Corporate and Safeguarding People Team* action plans.
- Set up a safeguarding team in *Adult Social Care*.
- Implement new procedures to deliver the safeguarding requirements of the *Act* – pending guidance from Welsh Government.

This is what we did

Keeping vulnerable adults safe

We've created an Adult Safeguarding Team, specialising in adult protection.

By developing the experience and expertise of the team, we're promoting greater quality, timeliness and consistency...compared to when safeguarding is spread across lots of teams. This has allowed us to address an administrative backlog of adult protection cases, and reduced the time taken to complete safeguarding enquiries.

We've also developed an interim safeguarding policy compliant with the *Act*, pending the development of all-Wales procedures.

We have also completed the actions in our Adult Safeguarding Action plan and have invested a significant amount of time in training and developing our staff and managers to further improve the quality of Adult Safeguarding.

We remain an active partner in the North Wales Adult Safeguarding Board and contribute to the local and regional subgroups stemming from this. We also support the Adult Practice Review process (this looks at serious incidents of abuse or neglect in North Wales) and ensure learning from these reviews is shared with staff and informs our working practices.

We continue to focus on raising public and service provider awareness of safeguarding through training, public awareness campaigns such as the annual Adult Safeguarding week and as a result have seen a continued increase in the number of adult protection referrals received.

Deprivation of Liberty Safeguards (DoLS)

We've developed a DoLS Team to manage the increased demand for *Deprivation of Liberty Safeguards* assessments and authorisations, and have improved our processes to help us deal with assessments quickly and effectively, helping us eliminate our backlog.

The team also gives advice to other social work teams and providers, and is responsible for investigating reports of unauthorised deprivation of liberty.

Helping people express how they feel

Sometimes, people need help to express their views and feelings when dealing with social services.

We call this 'advocacy', and it plays a huge part in helping service users develop their own well-being outcomes.

We're reviewing how advocacy is delivered in Wrexham to make sure we comply with the *Act* – ensuring a person's voice is heard at key stages along their social care journey.

Improved advocacy will also help us manage demand for services, by giving people more choice and control.

Helping care providers get things right

We work closely with the Health Board and Care Inspectorate Wales (CIW - the regulatory body for care services) to improve quality standards.

We've set up meetings to help professionals from across health, social care and CIW to discuss emerging concerns with contracted providers. Links with safeguarding are explored through the meetings.

Also, through regular monitoring we identify 'at risk' providers, and meet with them to discuss concerns and put action plans in place.

Where the concerns we have are significant, we follow a *North Wales Escalating Concerns* process, which has clear timeframes and expectations for providers to demonstrate improvement. Following the process allows us to temporarily suspend new placements and even stop contracting with a provider altogether (although this is a last resort).

By working with providers, we can offer close support and guidance to help them overcome problems.

This is what we want to do in 2018-19

- We'll continue to develop Safeguarding policy and practise to reflect the change in legal duty under the *Act*, and to respond to new national policy and procedures from the Welsh Government.
- We'll maximise performance-improvements made possible by having an *Adults' Safeguarding Team* in place.
- We'll implement the new Advocacy contract, in line with the *Act*, to support demand-management within the department, increasing choice and control for citizens and people who use services.

CHILDREN'S SOCIAL CARE

This is what we said we'd do

- Continue to progress all areas for development listed in both the *Corporate and Safeguarding People Team* action plans.
- Continue to improve the levels of participation and engagement of both young people and fathers in the child protection process.

This is what we did

We've made good headway with our *Corporate and Safeguarding People Team* action plans.

Info and training

We now produce a safeguarding newsletter that gets distributed Council-wide every quarter.

We've also provided Councillors with training on the corporate safeguarding policy.

Our *Independent Safeguarding Reviewing Officers* (ISROs) have undergone *Part IV* training (management of allegations of abuse about or against a professional, staff member or volunteer in contact with children and vulnerable adults / or who manage, supervise or influence services). This is to ensure ongoing compliance with the *Act*.

We've also undertaken an annual audit of the quality of child protection conference minutes. Lessons learned will inform our practice development.

Engaging with children and families

We continue to try and increase participation of children and families in the child protection process, and this also forms part of implementing our wide-reaching departmental engagement strategy.

During the year we also commissioned further risk assessment training and, as a result, will need to amend the documents we use for this.

We've also improved the way we engage with young people after they've been assessed and referred to our *Child Protection and Looked-After Children* processes.

Before every review meeting, we'll send them a child-friendly form they can use to tell us their wishes and feelings.

This year we also introduced feedback forms to get a better feel for how children find the meetings, and to shape how we do things in future.

Providing advice

We share information and expertise – both internally and with partner agencies – in lots of ways.

The Safeguarding People Team provides advice to staff who work with young people at risk of harm.

The expertise in the team helps provide a consistent approach to safeguarding across social services in Wrexham.

Domestic violence

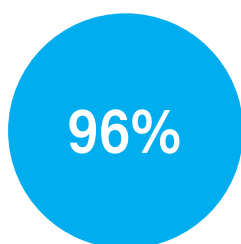
We also have a regional specialist who delivers training on the impact of sexual abuse and domestic violence on children and their families. This training is available to our entire social care workforce.

A Welsh Assembly Minister (supported by Councillors) gave the opening address for the *Wrexham White Ribbon Campaign* this year, which also helped raise public awareness about these issues, and asked people to pledge never to commit, condone or remain silent about violence against women.

Wrexham took part in *Safeguarding Week* during 2017, with a focus this year on mental health and resilience.

Children's Social Care was active during the week, with staff spending a day at Glyndwr University highlighting safeguarding arrangements in the area.

Throughout the week there were daily blogs and Twitter-feeds highlighting various issues such as modern-day slavery, child-trafficking, child sexual exploitation, and the 'Prevent' agenda.



of children aged 7+ answered 'yes' or 'sometimes' when asked if they felt safe.

2017 Citizen Survey

A learning culture

You can never learn too much, and we're committed to developing a learning-culture here in Wrexham.

For example, recommendations from *Child Practice Reviews* (which look at serious incidents of abuse or neglect in Wales) are shared with our social services teams.

We use them to develop our procedures and shape what we do.

We also contribute expertise and resources to the *North Wales Safeguarding Children's Board* – which helps co-ordinate work in the region.

This is what we want to do in 2018-19

- Revise and update risk assessment documentation that underpins assessment analysis.
- Undertake a review of the CSE Panel process in light of forthcoming changes to national guidance due in 2018.
- Ensure children's social care remains compliant with *General Data Protection Regulations* (GDPR) in line with the corporate project.
- Undertake a review of the quality of child protection plans and implement any actions identified

STANDARD 4:

Helping people to learn, develop and participate in society.

This standard is about encouraging people to take part in society – helping them learn, interact with other people and be part of their communities.

ADULT SOCIAL CARE

This is what we said we'd do

- Continue to increase the number and role of the *Community Agents* across the borough.
- Continue to expand the *Shared Lives* service.
- Review the *Day and Work Opportunities* service for people with disabilities.

This is what we did

Rolling out Community Agents

We've already touched on Community Agents in this report (see Standards 1 & 2), but here's some more detail.

AVOW (*Association of Voluntary Organisations in Wrexham*) was commissioned to project-manage the initiative on behalf of the Council and Health Board.

There's been good progress, with 24 Community Councils recruiting Community Agents for their local area

Plans are in place to extend the scheme across the county borough.

Part of the role of a *Community Agent* is to identify needs that aren't being met in their community, and develop creative solutions.

Agents are able to apply for a *Community Inclusion Grant* to set-up activities or social groups. However, they don't always need this money, and can often get things going by drawing upon existing community assets.

Throughout this year, *Community Agents* have extended their role. They now build links with residential care homes, and visit and support older people who've moved into a care home to help maintain links with their community.

Prescribing something social

We've also talked about how we're rolling out social prescribing within Primary Care (see Standard 2), and how we're using *Community Agents* as the primary channel for referrals from GPs.

We won't repeat it all here, but it's fair to say the work has also made a big contribution to Standard 4 – helping people learn, develop and participate in society.

Shared lives

We've also explained how our *Shared Lives* service is making a positive impact (see Standard 2).

Again, we won't repeat the information, but it's also made an important contribution to our work under Standard 4.

Day and work opportunities

We're reviewing how day and work opportunities are provided for people with learning, physical disability or mental health issues.

Day and work opportunities are part of the *Disability Service*, and provide a service to around 114 people.

But to fulfil our duties under the Act – and meet future demand – we need to look at alternatives.

We're looking at new approaches that promote choice and control, and help individuals be part of the communities they live-in.

And we'll focus more on people with complex needs who aren't well catered for at the moment, including early onset dementia and brain injury.

The demand for support for complex disabilities looks set to increase, and we've already identified around 30 people leaving education over the next two years who'll need support.

Tackling loneliness and isolation

The *Disability Team* has developed the *Wrexham Friendship Hub* to help people feeling lonely or isolated.

It was set-up after we spoke with people with learning disabilities, and they told us how isolated they were feeling. As well as fostering friendship, it also helps people access local groups and activities.

This is what we want to do in 2018-19

- Fully embed and grow our expanded *Shared Lives* services (this is also an objective under Standard 2).
- Continue to expand the role of *Community Agents*.
- Complete and implement a full review of day and work opportunities.

CHILDREN'S SOCIAL CARE

This is what we said we'd do

- To incorporate the timely completion of *Personal Education Plans* (PEPs) in line with the *Care and Support Plan* reviewing process.

This is what we did

Our education co-ordinator continues to support the young people we look after through school and college.

It's a really important job, and helps prevent or reduce disruption to their education (for example if they need to move to a new location or school).

Personal Education Plans

We amended the way we monitor timeliness of initial Personal Education Plans (PEPs) this year, in line with the requirements of the Act.

Timeliness remains a challenge however, and the work to look at how PEPs are incorporated into the Care and Support planning process has been delayed until the new health and social care ICT system is implemented.

Achieving change

We have a *Together Achieving Change* (TAC) officer working within the *Children's SPoA* to help identify families in need of early help.

The TAC process is a way of organising and co-ordinating extra help for children, young people and their families who need additional support, but whose difficulties are not serious enough to involve social services.

Support can be offered on a family basis or just to an individual.

“TAC has taken some of the pressure off and enabled me to allow others to chase things up so I can concentrate on being a mum. I feel more confident to find solutions to problems.”

TAC service user comment from a TAC evaluation form – July 2017.

The first 1,000 days

Wrexham remains one of two 'pathfinder' sites contributing to the *First 1000 Days* collaborative programme.

In aiming to give every child the best start in life, the focus is on the first 1,000 days from conception to the age of two. This represents a period of rapid brain-development – essential for laying the foundations of future life.

The *First 1000 Days* collaborative has been set-up to ensure we're collectively doing all we can to support families in Wales, during this pivotal time in a child's development.

This involves local steering groups, which include cross-sector representation from local authorities, The Health Board, third sector and communities, which are developing common outcomes, together with support nationally from *Cymru Well Wales*.

Supporting young carers

We also support young carers through our partners *Credu*.

Young carers are children who look after someone at home (a parent, brother or sister for example) and often carry big responsibilities on small shoulders.

Advice and information, one-to-one support, outings and activities – as well as opportunities to meet other young carers – help these children experience things that might otherwise be impossible.

Case study – helping a young carer

A Wrexham school was struggling with a student's behaviour, and finding it hard to meet her needs. She was on the ASD Spectrum, wasn't attending any mainstream classes, and often absconded from school. During a meeting, it came to light she was having violent outbursts at home, and that her mum and younger sister were also struggling with her condition.

Mum felt very guilty. She didn't feel her youngest daughter was getting any support and that everything in the home revolved around her eldest daughter. Mum, who had just given up work due to the stress of the situation, was also concerned her youngest daughter stayed at home a lot – because she was worried about what might happen when she was gone. The case was referred to Credu to see what support could be offered to the younger sibling.

After one-to-one sessions and introducing her to the Wrexham young carers' group, she initially decided it wasn't for her – she felt it was too big and wasn't enjoying her time there. However, contact with the family was re-established, one-to-one sessions resumed and attendance at a smaller group was arranged closer to home – to improve her confidence.

She now thoroughly enjoys her time at the group and has even signed-up for overnight stays at Credu-organised events. One-to-one sessions will also continue, building her confidence and supporting the smooth transition from a small primary school to a large secondary school in the near future.

She now feels confident enough to attend trips and groups, and mum feels less guilty, as they're now able to spend more time together. Mum also feels more confident as a parent, and is proud of how everyone in the family has coped.

This is what we want to do in 2018-19

- Progress the work to incorporate the PEP within our *Care & Support Plan* documentation linked to the implementation of new health and social care IT system.
- Once finalised, implement the regional *Assessment and Support Plan for Young Carers*.
- Reduce the delay in accessing TAC services to be consistent with our preventative aims.

STANDARD 5:

Helping people maintain healthy domestic, family and personal relationships.

This standard is about helping people achieve healthy relationships at home and with the people they're close to.

ADULT SOCIAL CARE

This is what we said we'd do

- Expand *Community Agents* to cover the whole of the borough, together with the social prescribing service with GPs.
- Further develop our outcome-focused approach to assessment and care management.
- Extend outcomes training to external providers, like our domiciliary care and supported living providers – helping them work in a more citizen-focused way.

This is what we did

Community agents and social prescribing

We've already explained how we're rolling out *Community Agents* and using them to develop social prescribing.

This work also makes a key contribution under Standard 5 – helping people maintain healthy domestic, family and personal relationships.

Integrated Assessment documentation

We've also explained our new Integrated Assessment documentation in Standard 1.

Again, we won't repeat it all here, but the work contributes to Standard 5 too.

Older people in care homes

The *Older People's Commissioner for Wales* completed a review into the quality of life and care of older people living in care homes.

It recommended the use of befriending schemes in care homes – including intergenerational projects that link older people with younger people – to help residents retain and develop friendships.

Meetings for activity co-ordinators in care homes have also been set up, to help them share resources and ideas.

At the time of writing, at least 10 meetings have been held. They take place quarterly and are well attended.

Case study – activity co-ordinator meetings

Meetings started in May 2015 and one of the key outcomes was to bring together activity co-ordinators to share resources, learn more about services available to their residents, and act as a support network for each other.

Another aim was to help co-ordinators see the benefits of working together to share costs and resources between homes.

This supports the view expressed by the Older Peoples Commissioner in the report 'A Place to Call Home' – calling for support to be given to older people to help them retain their friendships, and enjoy meaningful social contact inside and outside their care home.

Feedback from the meetings has been really positive.

Attendees say they're more aware of the activities available, which has improved the choice they can offer their residents.

This is what we want to do in 2018-19

- Ensuring we fully embed the Integrated Assessment model to focus on outcomes and creative support planning to enable people to achieve 'what matters to them'
- Continue our work to realise the ambition in the Older Peoples Commissioner's strategy 'A Place to Call home' and deliver against the action plan we have in place.
- Continue our work with the Health Board and Alzheimer's Society to develop improved support and services for people living with young onset dementia their families/carers
- Continue to work with carers to complete our updated carers strategy and commissioning of a new carer information, advice and respite service.

CHILDREN'S SOCIAL CARE

This is what we said we'd do

- Continue to develop referral mechanisms into the *Prevention and Support Service (PASS)* – both *Core Team and Waking Hours* – including capturing greater detail around outcomes of their intervention and services provided.

This is what we did

Clearer documentation

We've refined our referral documentation and process into the *Prevention & Support Service (Core Team and Waking Hours)*, which provides greater clarity about what support is being requested.

Supporting families

The *Waking Hours Team* has been fully operational since June 2016.

The team aims to deliver services between 7am and 10pm, 7 days-a-week – allowing workers to support parents with routines, behaviour-management and developing positive relationships within families.

The team also assists with foster care and adoption placements at risk of breaking down, as well as providing support for adolescents aged 16+ struggling within the family home or in supported lodgings.

The team has a child-friendly venue where staff undertake direct work and supervised contact with service users. The approach is proving effective and we're committed to its development.

“It was really good at showing me morning and night time routines which I struggled with.

“Behaviour and incentive charts worked really well. The kids loved it and couldn't wait to get a sticker.”

Feedback from service users on the Waking Hours Evaluation Forms – 2017.

Evaluation forms are in place for both the *Core Team* and the *Waking Hours Team* and work continues to capture greater detail about the outcomes of their interventions.

When young people go missing

This year we've created a post within the PASS to ensure that when a young person goes missing, a 'return home interview' is completed. And to ensure the young person is seen within 72 hours of being reported missing.

This also ensures any risk of sexual exploitation is fully risk-assessed and dealt with.

On the edge of care

We've also been able to access funding for a further team leader post in PASS to develop the family group meeting process, with a focus on early intervention and support cases.

The aim is to try and identify children and families on the edge of care, so the support goes in at an earlier stage to try and prevent escalation.

Helping foster carers build positive relationships

In Wrexham, we continue to support the *Confidence in Care* programme. This is a Big Lottery funded programme aimed at training 1,500 foster carers in Wales to raise their confidence and improve placement stability.

The course runs for 12 weeks on an annual basis, and teaches foster carers different techniques to build positive relationships with the children and young people in their care.

North Wales Adoption Service

Wrexham also continues to host the regional *North Wales Adoption Service* (NWAS), which helps place children who can't return to live with their parents.

It's been recognised nationally that adopters may need support throughout the child / young person's life, and we continue to look at ways to develop our post-adoption support services.

Family centres

The Council has two family centres that provide a range of services. For example, the *Parenting Team* offers early intervention for families who need parenting support – including one-to-one help and group sessions.

Both family centres support the *Flying Start* initiative and offer sessions 42 weeks of the year.

This year we re-located our *Dean Road Family Centre* in Borrass to a more central location in Rhosddu.

This centre is now called *Tŷ Ni* and offers a more modern and child-friendly environment for service users.

There's also intensive support for families affected by substance misuse and domestic violence. This includes the *Freedom Programme* for mothers who are victims of domestic violence.

“The course has helped me and the support was really good and helpful.”

Feedback from a service user who benefitted from the project.

Helping families with parenting problems

The *Integrated Family Support Service* (IFSS) is a multi-agency team that works directly with families experiencing parenting difficulties due to substance misuse or other complexities – such as mental health or domestic violence.

IFSS intervention consists of an intensive 4-6 week programme, followed by a less intensive phase of up to 12 months.

“IFSS has helped me a lot. Made me realise there is changes I needed to make that I didn't even realise which I have already started making and have helped me feel a lot better.”

IFSS Feedback Form – August 2017

This is what we want to do in 2018-19

- To implement an outcomes-document for PASS that evaluates the success of their interventions.
- To continue to support our family centres in their efforts to become paperless.
- To develop our post-adoption support services to help children with complex needs.

STANDARD 6:

Helping people achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

This means helping people improve their income. As well as helping them benefit from a social life and a suitable place to live.

ADULT SOCIAL CARE

This is what we said we'd do

- Consider re-designing sheltered housing to better meet the needs of current and future generations.

This is what we did

Extra care facility

We're working with Pennaf Housing Association to develop a new *Extra Care Facility* in Wrexham town centre.

It'll expand our stock of extra care housing apartments from 54 to 114 by August 2018.

Priority will be given to Wrexham residents who have an assessed need, and the scheme will provide varying levels of care and support.

Housing options for people with disabilities

We've worked closely with the Council's housing department on the 2018-23 housing strategy. Building our requirements into future plans will help ensure Wrexham has appropriate quality housing for people with different needs.

The *Disability Service* delivers 162 supported tenancies across 64 properties in Wrexham to meet the needs of tenants with disabilities. The service has worked closely with registered social landlords and our own housing department to increase the stock of suitable properties.

Work has also been done to support bespoke housing solutions for individuals with complex and specialist needs. *Social Housing Grant* (SHG) has been used to help build two properties for individuals with disabilities. One is nearing completion and will enable three gentlemen, whose needs have increased, to remain living in the community.

The second building is in its planning stages, and will be used for four individuals with complex housing and support needs. It's hoped that building work will start in March 2018. When complete, it'll enable one lady to come back to Wrexham from out-of-county. It'll also house two ladies whose current accommodation is unsuitable, and a fourth lady as part of her transition from children and educational services.

We're also exploring the development of bespoke 'step-down' housing opportunities to help sustain and develop tenants' independence and enable people to make the transition from supported to more independent living

Disabled facilities grants

We continue to invest heavily in disabled facilities grants, with the average waiting time reduced to (206 days).

Money has been made available via the Welsh Government *Integrated Care Fund* to help residential and nursing homes buy specialist beds and equipment packs.

The aim is to help more people receive care where they live, reducing the numbers requiring hospital admission.

This is what we want to do in 2018-19

- Working with Pennaf Housing Association, we'll ensure that apartments are allocated to people who would benefit from the extra care facility in Wrexham. We'll also work with the provider to maximise the community benefits of the scheme.

CHILDREN'S SOCIAL CARE

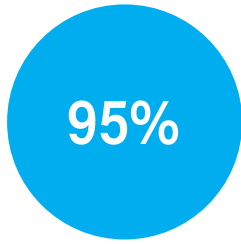
This is what we said we'd do

- Utilise grant funding to combat homelessness for care leavers in Wrexham.

This is what we did

Making the right decisions

The *Children's Single Point of Access* (SPoA) team includes a housing officer, who helps us make the right decisions in social services and the housing department



of children aged 7+ answered 'yes' or 'sometimes' when asked if they live in a home where they are happy.

2017 Citizen Survey

Helping families find somewhere to live

Families evicted from Council housing will often find it difficult to get new accommodation, and can fall into a cycle of homelessness.

Aside from the negative effect on families, it can also add to the pressure on resources for tackling homelessness.

The housing officer plays a key role in preventing homelessness by sharing knowledge and information that helps parents struggling to keep up with their rent.

Helping young people avoid homelessness

Working with *Children's Social Services*, the housing officer will also help 16 or 17 year olds who tell us they're homeless.

And we have an additional post based in our *Leaving Care Team*, helping young people on the edge of care build bridges that allow them to remain at home where it's safe.

Locating the housing officer in the *Children's SPoA* has strengthened relationships between housing and children's social services, which is a positive thing for children and their families.

Positive Pathway

The Welsh Government *Positive Pathway* framework promotes support for young people on their journey to economic independence and success through housing advice, options and homelessness prevention.

This ties in with Barnardo's *Care Leaver Accommodation and Support Framework*, which is specifically for young people leaving care in Wales.

Wrexham is committed to providing safe, high quality accommodation for young people and we're developing an approach to push forward accommodation options.

Helping young people achieve independence

We also have access to the *St David's Day' Fund*, which is a two-year grant to help young people aged 16 to 25 who are still in care – or leaving care – progress towards independence.

The fund is used to support this cohort of young people in relation to their education, housing, employment, or general health and wellbeing.

Breaking the cycle of homelessness

We continue to run the *Family Aide Scheme* – part of Welsh Government’s *Supporting People* programme.

This aims to break the cycle of homelessness and ensure families can remain in their community by giving responsive housing support. The service is highly regarded by the families that use it.

“My worker has been fantastic, supportive and patient. I can’t thank her enough.”

Family Aide service user exit form - 2017

There is a duty on Councils to allow fostered young people in stable placements to remain until they’re 21 – or 25 if they’re in higher education.

The scheme is called *When I am Ready* and although there’s no additional funding for it, all North Wales Councils have worked together to develop the scheme.

Take-up of these placements has been consistent with predicted demand for 2017-18.

This is what we want to do in 2018-19

- Look at housing options and ‘move-on’ accommodation for care leavers to support stable tenancies.

5. HOW WE DELIVER FOR OUR CITIZENS

A. Developing our workforce

Our Workforce Development Team continue to provide a wide range of training opportunities for staff working within the Council, but also across the health and social care sector, including Providers, the Third Sector, Personal Assistants and informal carers.

The indicative training support programme from the Welsh Government via *Social Care Wales* is £441,696.

This includes the £309,187 grant, as well as a 30% match-funding Council contribution of £132,509.

The Council also invests £303,985 with a total investment of £745,681 in workforce development to support the SCWDP (this includes income from Social Care Wales and others).

To secure the grant we submit a local application and a regional plan. We also produce a local plan for our partnership.

http://www.wrexham.gov.uk/english/council/social_services/workforce_strategy/workforce_strategy.htm

The Council has set up a joint *Social Care Workforce Development Partnership*, whose membership and function is explained in our communication plan.

http://www.wrexham.gov.uk/assets/pdfs/social_services/workforce_strategy/communication_plan.pdf

We continue to promote the *Social Care Wales Information and Learning Hub* within the sector and encourage the use of training materials, guidance and resources available.
<https://socialcare.wales/hub/home>

Mop-up sessions for the detailed modules continue to take place. All of our training programmes have been updated to embed the key messages and terminology of the Act. We've delivered two local sessions on the *Regulation and Inspection (Wales) Act* to the whole sector, with an attendance of 43 out of a potential 60.

We've also got sub-regional events planned for 2018.

The *Best Practice in Dementia Care* project with care homes in Wrexham has been very successful, with a number of homes continuing with the programme this year.

Seven care homes have confirmed they'll be training additional staff.

Last year we successfully piloted 6 Steps to *Improving End of Life Care* and a second programme is now being delivered with five care homes.

We've also helped our social workers access training and qualifications under Social Care Wales' (SCW) *Continuing Professional Education and Learning Framework*.

We have a strong career-progression framework for social workers, based on SCW *Continued Education Awards*. We've also adopted the First 3 Years in Practice framework published by SCW.

SCW also delivered a workshop at Glyndwr University for providers on 'outcome-focused practice' in November 2017.

B. Finances and planning for the future

We're getting less money from Welsh Government, so reshaping social services to meet this challenge has been a priority.

During the last four years (2014 - 2018) *Adult Social Care* delivered £6,366,216 of savings and *Children's Social Care* delivered £1,318,072 of savings.

We've updated our medium-term financial and service-efficiency plans, and continue to factor future pressures into our budget-planning.

The Council has a rigorous budget process that asks managers to identify potential savings over a three-year period.

Departments like social services – who have a duty of care – are supported as much as possible.

And we've implemented a procure-to-pay (P2P) system – integrated with our financial system – to help managers control expenditure.

The *Supporting People* grant from Welsh Government helps us provide housing-related support to vulnerable people – so they can live as independently as possible.

We're expecting this grant to remain at £4,980,685 over the coming year, although it's been reduced by 15% since 2013-14.

To meet these significant challenges, we've had to reshape and re-tender services to reduce costs. But we've made every effort to reduce the impact on vulnerable people.

C. Political leadership, governance and accountability

On a political level, the Council is supported by an executive group of Councillors – called *lead members* – who make key decisions.

They're supported by scrutiny committees. Social services comes under the *Safeguarding, Communities and Wellbeing Scrutiny Committee*.

On a management level, the Council has a chief executive supported by two strategic directors.

Social services comes under the remit of the director responsible for 'people.' This person also has the statutory *Director of Social Services* role.

Councillors and senior managers with these lead-responsibilities understand the importance of social services, and Council policy states that we'll prioritise services that support vulnerable people when setting budgets, making savings and changing how we do things.

Social services is managed by the *Head of Adult Social Care* and the *Head of Children's Social Care*. Both departments are supported by a lead member who meets regularly with managers.

Of course, social services is part of a much bigger picture in Wrexham.

The Council focuses its work on three strategic themes – economy, people and place – and promotes well-being across its departments by bringing together officers responsible for things covered by both the *Social Services and Future Generations* acts.

The future generations work is being overseen by the *Wrexham Public Service Board*.

Partnership working

The *Wrexham Public Service Board* (PSB) was established as a result of the *Future Generations Act*.

It aims to improve the economic, social, environmental and cultural well-being of Wrexham County Borough – in a sustainable way that won't harm future generations.

To help do this, the PSB has different boards working on different things.

Draft PSB priorities are:

- That children and young people have the best start in life.
- That all people can learn and develop throughout their lives.

Safeguarding arrangements

Our new *Corporate Safeguarding Policy* promotes greater understanding among staff, Councillors and people working on our behalf about guidelines in place for safeguarding children and adults.

An associated action plan was developed to help us meet recommendations in the Wales Audit Office review *Corporate Safeguarding Arrangements in Welsh Councils* (published in June 2015).

The Council also remains compliant with the ‘prevent’ duty under the *Counter-Terrorism and Security Act 2015*.

This requires Councils to play a part in responding to the ideological challenge – helping to prevent people being drawn into terrorism.

So if we think a person is at risk of radicalisation, we’ll work with other organisations to assess the situation, and develop a support-plan for the individual.

6.

FURTHER INFORMATION

This final section lists where you can find more information about some of the things mentioned in this report.

COUNCIL STRUCTURE:

http://www.wrexham.gov.uk/english/council/about_council.htm

WREXHAM PUBLIC SERVICE BOARD

<http://www.wrexhampsb.org>

NORTH WALES SAFEGUARDING BOARD

Helps ensure children and vulnerable adults are protected from abuse and neglect.

<http://www.northwalessafeguardingboard.wales/>

COUNCIL PLAN

Overarching plan that defines where the Council focuses its energies.

http://www.wrexham.gov.uk/english/council/documents/council_plan.htm

YOUR VOICE WREXHAM

Public Service Board consultation website – used by the Council for online surveys.

<http://www.yourvoicewrexham.net>

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Inspects local authority social services, and reports on their effectiveness.

WREXHAM COUNCIL REPORT:

<http://cssiw.org.uk/our-reports/local-authority-report/2015/wrexham2014-2015/?lang=en>

REPORT ON REGULATED CARE SERVICES IN WREXHAM:

<http://cssiw.org.uk/find-a-care-service/service-directory/?lang=en#/find-a-care-service/service-directory/?keywords=wrexham&view=Search+results&lang=en>

COUNCIL COMPLAINTS AND COMPLIMENTS

<http://www.wrexham.gov.uk/complaints>

DEWIS CYMRU

<https://www.dewis.wales>

COUNCIL REPORTS AND DOCUMENTS

Charging policy

<http://moderngov.wrexham.gov.uk/mgConvert2PDF.aspx?ID=6721>

CONTRACT MONITORING REPORT

<http://moderngov.wrexham.gov.uk/mgAi.aspx?ID=4429&LLL=undefined>

SAFEGUARDING REPORT

<http://moderngov.wrexham.gov.uk/documents/s500003197/Item%207.pdf?LLL=0>

CORPORATE SAFEGUARDING POLICY (CHILD PROTECTION)

<http://moderngov.wrexham.gov.uk/documents/g3006/Public%20reports%20pack%2012th-Jul-2016%2010.00%20Executive%20Board.pdf?T=10&LLL=undefined>

REVIEW OF DAY SERVICES

<http://moderngov.wrexham.gov.uk/documents/g3627/Public%20reports%20pack%2013th-Dec-2016%2010.00%20Executive%20Board.pdf?T=10&LLL=undefined>

WREXHAM COUNCIL WORKFORCE STRATEGY

http://www.wrexham.gov.uk/assets/pdfs/social_services/workforce_strategy/communication_plan.pdf

WORKFORCE DEVELOPMENT TRAINING PLAN, BROCHURE AND MID-YEAR REPORT

http://www.wrexham.gov.uk/english/council/social_services/workforce_strategy/index.htm

WELSH LANGUAGE STANDARDS

http://www.wrexham.gov.uk/english/council/documents/welsh_language_scheme.htm

WREXHAM'S AGEING WELL PLAN

https://www.wrexham.gov.uk/assets/pdfs/social_services/key_documents/aging_well_wrexham.pdf

TRANSPORT WEB-PAGES

http://www.wrexham.gov.uk/english/links/links_transport.htm#bus

WREXHAM TRAVEL PLAN – WREXHAM CONNECTED

https://www.wrexham.gov.uk/assets/pdfs/travel/wrexham_connected.pdf

HOUSING STRATEGY

http://www.wrexham.gov.uk/english/council/documents/local_housing_strategy.htm

SUPPORTING PEOPLE FUNDING PROGRAMME

https://www.wrexham.gov.uk/assets/pdfs/housing/supporting_people/supporting_people_directory.pdf

https://www.wrexham.gov.uk/assets/pdfs/housing/supporting_people/local_commissioning_plan.pdf

7.

PERFORMANCE MEASUREMENT

This final section lists where you can find more information about some of the things mentioned in this report.

QUALITY STANDARD 1: Working with people to define and co-produce personal well-being outcomes that people wish to achieve

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMA 23 – the percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	82.33%	59.32%	
PMC 24 – The percentage of assessments completed for children within statutory timescales	64.9%	85.3%	

QUALITY STANDARD 2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMA 19 – The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	3.35	1.72	
PMA 20a – The percentage of adults who completed a period of reablement and have a reduced package of care support 6 months later	38.87%	4.41%	
PMA 20b – The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	30.46%	33.46%	
PMA 21 – The average length of time older people (aged 65 or over) are supported in residential care homes	910.63	876.19	
PMA 22 – Average age of adults entering residential care homes	86.12	82.66	
PMC 30 – The percentage of children seen by a registered dentist within 3 months of becoming looked after	59.3%	58.14%	
PMC 31 – The percentage of looked after children registered with a GP	99.1%	99.1%	

QUALITY STANDARD 3: Taking steps to protect and safeguard people from abuse, neglect or harm

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMA 18 – The percentage of adult protection enquiries completed with statutory timescales	30.25%	29%	
PMC 27 – The percentage of re-registrations of children on local authority Child Protection Registers (CPR)	6.06%	4.2%	
PMC 28 – The average length of time for all children who were on the CPR during the year	331.52	293.67	

QUALITY STANDARD 4: Encouraging and supporting people to learn, develop and participate in society

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMC 29a – The percentage of children achieving core subject indicators at key stage 2	67.5%	63.04%	
PMC 29b – The percentage of children achieving the core subject indicator at key stage 4	2.4%	8.77%	
PMC 32 – The percentage of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March	13%	10.77%	

QUALITY STANDARD 5: Supporting people to safely develop and maintain healthy domestic, family and personal relationships

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMC 33 – The percentage of looked after children on 31st March who have had three or more placements during the year	8.2%	13.8%	*Awaiting Welsh Government Confirmation
PMC 25 – The percentage of children supported to remain living with their family	66.8%	69%	*Awaiting Welsh Government Confirmation
PMC 26 – The percentage of looked after children returned home during the year	12.2%	11.7%	*Awaiting Welsh Government Confirmation

QUALITY STANDARD 6: Working with supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

PERFORMANCE MEASURE/ INDICATOR	2017/18 OUT-TURN	2016/17 OUT-TURN	COMMENTS
PMC 34a – The percentage of all care leavers who are in education, training or employment at 12 months after leaving care	58.8%	50%	
PMC 34b – The percentage of all care leavers who are in education, training, or employment at 24 months after leaving care	46.2%	70%	
PMC 35 – The percentage of care leavers who have experienced homelessness during the year	19.4%	23.2%	

8. APPENDICES

Adults and Carers and Children's and Parents Citizen Survey Responses

APPENDIX A: Adults Citizen Survey Responses

Adult's questionnaires were sent to a sample of adults receiving care and support on 1st September 2017:

Question	Yes	Sometimes	No	Don't Know
1. I live in a homes that best supports my well-being	71%	9%	6%	14%
2. I can do the things that are important to me	32%	29%	7%	32%
3. I feel I am part of my community	14%	17%	8%	61%
4. I am happy with the support from my family, friends and neighbours	78%	10%	5%	7%
5. I feel safe	66%	17%	8%	9%
6. I know who to contact about my care and support	64%	11%	9%	16%
7. I have the right information or advice when I needed it	58%	21%	6%	15%
8. I have been actively involved in decisions about how my care and support was provided	65%	10%	8%	17%
9. I was able to communicate in my preferred language	85%	3%	3%	9%
10. I was treated with dignity and respect	79%	6%	1%	7%
11. I am happy with the care and support I have had	73%	15%	4%	23%
12. It was my choice to live in a residential care home (only answered by respondents who lived in a residential care home)	31%	0%	46%	23%
13. I have had advice, help and support that will prepare me for adulthood (only answered by respondents who are 18 or 24 years old)	100%	0%	0%	0%

Adults Carer Survey Responses

Adult's questionnaires were sent to a sample of adults receiving care and support on 1st September 2017:

Question	Yes	Sometimes	No	Don't Know
1. I live in a homes that best supports my well-being	67%	12%	5%	16%
2. I can do the things that are important to me	43%	37%	8%	12%
3. I feel I am part of my community	39%	30%	16%	15%
4. I am happy with the support from my family, friends and neighbours	62%	20%	5%	12%
5. I feel safe	67%	13%	8%	12%
6. I know who to contact about my care and support	46%	19%	17%	18%
7. I have the right information or advice when I needed it	45%	25%	12%	19%
8. I have been actively involved in decisions about how my care and support was provided	81%	7%	2%	10%
9. I have been involved in all decisions about how the care and support was provided for the person I care for	63%	14%	11%	12%
10. I was able to communicate in my preferred language	91%	3%	1%	5%
11. I was treated with dignity and respect	79%	10%	1%	10%
12. I feel supported to continue in my caring role	56%	20%	9%	14%
13. I am happy with the care and support I have had	52%	20%	12%	17%
14. I have had advice, help and support that will prepare me for adulthood (only answered by respondents who are 18 or 24 years old)	29%	26%	7%	29%

Children's and Parents Citizen Survey Responses

Questionnaires were sent to all children / young people receiving care and support aged 7 to17 on September 1, 2017.

Question	Response Percentage			
	Yes	Sometimes	No	Don't Know
1. I live in a home where I am happy	82%	13%	4%	1%
2. I am happy with the people that I live with	78%	17%	3%	3%
3. I can do the things I like to do	71%	22%	6%	1%
4. I feel I belong in the area where I live	78%	14%	4%	4%
5. I am happy with my family, friends and neighbours	86%	10%	0%	4%
6. I feel safe	88%	8%	1%	3%
7. I know who to speak to about my care and support	82%	13%	0%	6%
8. I have had the right information or advice when I needed it	68%	15%	6%	11%
9. My views about my care and support have been listened to	65%	17%	7%	11%
10. I have been able to use my everyday language	92%	1%	1%	6%
11. I was treated with dignity and respect	85%	10%	3%	3%
12. I am happy with the care and support I have had	81%	8%	7%	4%
13. I have had advice, help and support that will prepare me for adulthood (aged 16 or 17 only)	30%	10%	20%	40%

Questionnaires were sent to the parents of all children/young people receiving care and support aged 7 – 17 on 1st September 2017:

Question	Yes	Sometimes	No	Don't Know
1. I have been actively involved in all decisions about how my child's/children's care and support was provided	68%	13%	18%	0%
2. I feel listened to and valued	43%	37%	8%	12%
3. Is there anything we could improve and could have done better?	47%	18%	24%	11%