

# Public Document Pack



CYNGOR SIR  
YNYS MÔN  
ISLE OF ANGLESEY  
COUNTY COUNCIL

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<b>RHYBUDD O GYFARFOD</b>	<b>NOTICE OF MEETING</b>
<b>PWYLLGOR SGRIWTINI CORFFORAETHOL (ARBENNIG)</b>	<b>CORPORATE SCRUTINY COMMITTEE (EXTRAORDINARY)</b>
<b>DYDD MERCHER, 31 IONAWR, 2018 am 1:00 y.p.</b>	<b>WEDNESDAY, 31 JANUARY 2018 at 1.00 p.m.</b>
<b>YSTAFELL BWYLLGOR 1, SWYDDFEYDD Y CYNGOR, LLANGFNI</b>	<b>COMMITTEE ROOM 1, COUNCIL OFFICES, LLANGFNI</b>
<b>Swyddog Pwyllgor</b>	<b>Ann Holmes 01248 752518 Committee Officer</b>

## **AELODAU/MEMBERS**

Cynghorydd/Councillor:

## **PLAID CYMRU / THE PARTY OF WALES**

Trefor Lloyd Hughes, MBE, *Sedd Wag/Vacant Seat*, Dylan Rees (*Is-Gadeirydd/Vice-Chair*), Alun Roberts, Nicola Roberts

## **Y GRWP ANNIBYNNOL / THE INDEPENDENT GROUP**

Richard Griffiths, Richard O. Jones

## **PLAID LAFUR CYMRU/ WALES LABOUR PARTY**

J. Arwel Roberts

## **ANNIBYNNWYR MÔN / ANGLESEY INDEPENDENTS**

Aled Morris Jones (Democratiaid Rhyddfrydol Cymru/Welsh Liberal Democrats)(*Cadeirydd/Chair*)  
Shaun Redmond

## **AELODAU CYFETHOLEDIG (Gyda hawl pleidleisio ar faterion Addysg) / CO-OPTED MEMBERS (With voting rights when dealing with Educational matters)**

Mr Keith Roberts (Yr Eglwys Gatholig / The Catholic Church)  
Mrs Anest G. Frazer (Yr Eglwys yng Nghymru / The Church in Wales).

## A G E N D A

**1     DECLARATION OF INTEREST**

To receive any declaration of interest from any Member or Officer in respect of any item of business.

**2     EXTRA CARE HOUSING - SEIRIOL AREA (Pages 1 - 32)**

To present the report of the Head of Adults' Services.

**3     CHILDREN'S SERVICES IMPROVEMENT PLAN - PROGRESS REPORT  
(Pages 33 - 152)**

- To present a progress report by the Head of Children's Services.
- To present an update report from the Children's Services Improvement Panel.

**4     THE SMALLHOLDINGS ESTATE - MATTER REFERRED TO SCRUTINY BY  
FULL COUNCIL (Pages 153 - 180)**

To present the report of the Head of Service (Highways, Waste and Property).

**5     EXCLUSION OF PRESS AND PUBLIC (Pages 181 - 182)**

To consider adopting the following –

“Under Section 100(A)(4) of the Local Government Act 1972, to exclude the press and public from the meeting during the discussion on item 6 on the grounds that it may involve the disclosure of exempt information as defined in Schedule 12A of the said Act and in the attached Public Interest Test”.

**6     SCHOOL TRANSPORT - MATTER REFERRED TO SCRUTINY BY THE AUDIT  
AND GOVERNANCE COMMITTEE (Pages 183 - 204)**

To present a joint report by the Head of Learning and the Head of Service (Highways, Waste and Property).

**7     ITEM FOR INFORMATION - THE LIBRARY SERVICE ANNUAL REPORT  
2016/17 (Pages 205 - 236)**

To present the report of the Head of Learning.

<b>ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template</b>	
<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	31 <sup>st</sup> January 2018
<b>Subject:</b>	Extra Care Housing Seiriol
<b>Purpose of Report:</b>	To provide a summary of the feedback from the engagement process and final recommendation.
<b>Scrutiny Chair:</b>	Councillor Aled Morris Jones
<b>Portfolio Holder(s):</b>	Councillor Llinos Medi
<b>Head of Service:</b>	Alwyn Jones
<b>Report Author:</b>	Elin Williams
<b>Tel:</b>	01248 751813
<b>Email:</b>	<a href="mailto:ElinWilliams@ynysmon.gov.uk">ElinWilliams@ynysmon.gov.uk</a>
<b>Local Members:</b>	Councillor Carwyn Elias Jones Councillor Alun Roberts Councillor Lewis Wyn Davies

<b>1 - Recommendation/s</b>
<p>Following completion of a period of engagement it is recommended that:</p> <ul style="list-style-type: none"> <li>• The Beaumaris School site is used to develop an Extra Care Housing scheme within the Seiriol area.</li> <li>• That the development be funded through the Housing Revenue Account.</li> <li>• Dependent on the results of the consultation regarding the future of Beaumaris School, the development should be built either behind the school as part of an integrated development with the school remaining open, or should be built utilising parts of the school building should a decision be made to close the school.</li> <li>• The development process for the scheme should consider the points made during the engagement process regarding the site, and ensure these are considered and steps taken to ensure the site is accessible for older people. For example, as the development is on a hill, build in opportunities for additional paths and community transport to the town. Also ensuring that the development acts as a base for community events to ensure good integration with the town and more widely the communities across the South of the Island.</li> </ul>

<b>2 – Link to Council Plan / Other Corporate Priorities</b>
<p>This links to the <b>Isle of Anglesey County Council Plan 2017-2022- Objective 2: Support vulnerable adults and families to keep them safe, healthy and as independent as possible.</b> This relates specifically to ‘Support for older and vulnerable adults’ and to ‘1.</p>

**Agree on plans to provide extra care housing provision in the centre, north and south-east of the Island’ and also to ‘5. Improve provision for adults with dementia’.**

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

**To assist Members when scrutinising the topic:-**

**3.1** Impact the matter has on individuals and communities [**focus on customer/citizen**]

**3.2** A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [**focus on value**]

**3.3** A look at any risks [**focus on risk**]

**3.4** Scrutiny taking a performance monitoring or quality assurance role [**focus on performance & quality**]

**3.5** Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[**focus on wellbeing**]

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

Key Scrutiny Questions to be considered are:-

- Is the final recommendation consistent with the Isle of Anglesey’s Strategic Plans for Older People;
- Has the Engagement process contributed to the overall recommendation;
- Are the reasons to progress clear and appropriate.

### **5 – Background / Context**

A report (*Background Paper A*) was presented to both the Corporate Scrutiny Committee (2<sup>nd</sup> October 2017) and to The Executive (30<sup>th</sup> October 2017) recommending that a period of engagement occurred locally within the Seiriol area regarding the proposed development of an Extra Care facility within the locality.

Both the Corporate Scrutiny Committee and The Executive supported holding a period of engagement locally within the Seiriol area during November and December 2017 and the Corporate Scrutiny Committee requested that a summary of the feedback from the engagement process was to be presented to the Committee prior to its consideration by The Executive.

The engagement process has since taken place. This paper summarises the feedback received and reflects the views expressed by local people within the Seiriol area and provides a final recommendation for the site for the development of Extra Care Housing in Seiriol.

### **Engagement**

Different engagement activities have taken place within the Seiriol ward during November and December 2017 regarding the three following matters:

- 1) Developing extra care housing provision in the Seiriol Area to provide a minimum of 39 self-contained flats in accordance with nationally approved models of provision.
- 2) That the preferred site for this development is the site of the current Beaumaris Primary School either co-located with an adapted school or as the prime use for this land.
- 3) That the Council pursue options to fund the development through the Housing Revenue Account so that the development becomes additional council housing stock.

As part of the engagement, the Head of Service and Portfolio Lead<sup>1</sup> has met with the local Town and Community Councils of Llandegfan, Llanddona, Menai Bridge, Beaumaris and Llangoed. Drop-in sessions have also been held in Llanddona, Beaumaris x2, Menai Bridge and Llangoed. An on-line survey has also been used as an opportunity to engage and a Public Meeting was held in Llangoed on the 15<sup>th</sup> January 2018.

### **Summary of Feedback Received**

A total of 78 feedback questionnaires were received. Out of the 78, 16 were completed as part of meeting the Town and Community Councils and as part of the drop-in sessions. The other 62 were completed on-line.

Over half the people responding were supportive of the development of Extra Care locally and agree that provision of this nature would be of value. Responses to the questionnaire indicates that 44 of 78 received supported the concept. In a similar vein members of the community councils were supportive of this type of development. It is important to note that responses of members of the Llangoed Community Council while recognising the role of Extra Care Housing were not supportive of this development.

Views expressed at the Public Meeting indicates people believe that Extra Care would not act as alternative provision to Residential Home provision.

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<sup>1</sup> The Portfolio Leader was only present at the Llandegfan, Beaumaris and Llangoed Town and Community Council meetings.

Feedback from the questionnaires, and from the Public Meeting shows a level of disagreement with the site proposed. It is to be noted that there was also the same views expressed in Beaumaris and Llangoed Community Council meetings. In other areas we visited this was not the case and members of Cwm Cadnant Community Council expressed their support to a site in Beaumaris within the Public Meeting.

Problems are indicated with its location on a hill and its geographical location in Beaumaris, and its potential impact on the town and moreover the problems associated with getting around Beaumaris. Of 78 questionnaires received 54 did not agree with the site.

With regards to the funding of the development little comment was made during meetings with regards to this matter, however 56% of those who responded to the questionnaire indicated support to the funding proposal.

A number of specific points were raised during a well-attended Public Meeting on the 15 January 2018 (see *Appendix A*). Many of the points raised reflect the issues noted within the generic feedback. Many present disagreed with the preferred site wishing to see any Extra Care provision built in Haulfre or alternatively that the Council seek to invest in the care home instead. The points are addressed in detail within the appendix.

Acknowledging the important points raised during the consultation process and the Public Meeting our recommendation remains consistent with the original proposal for the following reasons:-

- Anglesey County Council has committed to a strategy to modernise facilities available for older people to remain independent within their own homes. Extra Care is central to this.
- A commitment was made in 2015 to develop Extra Care within the Seiriol area, and we remain of the view that of the limited number of sites available and considered within the Seiriol area, the school site is the best and site accessibility will be addressed within any planning application.
- Extra Care developments are designed to support people to remain independent and connected The Beaumaris site offers a real opportunity to achieve this, not only for older residents of Seiriol but more broadly for the South of the Island. Haulfre site does not offer this accessibility and local facilities.
- The Extra Care Building will need to meet BREEAM standards. There are five specific criteria for BREEAM – access to public transport; access to facilities such as shops, health centres; walking and biking facilities; parking provision; sustainable transport plan. In this context the first two criteria are the most relevant for the Extra Care development. This to some extent reflects the fact that Extra Care provision is often sited in towns in order to access bus routes and day-to-day facilities such as shops and cafes.

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

An Equality Impact Assessment is being completed.

**7 – Financial Implications**

The planning and build process for Extra Care Housing will be subject to a full business case. This will include funding through the Housing Revenue Account, and consideration of all going capital and revenue funding.

**8 – Appendices:**

Appendix A - Public Meeting Comments and Responses:



Appendix A- Public Meeting Comments



Engagment re ECH in Seiriol.pdf

Appendix B- Site Selection Report:



Appendix B- Site Selection Report\_SE

Appendix C- Questionnaire Feedback:



Appendix C- Questionnaire Resul

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

Background Paper A- Seiriol Extra Care Housing- Executive- October 2017:

## **Appendix A- Public Meeting Comments and Responses**

### **Seiriol Extra Care Housing**

A Public Meeting was held in Llangoed on the 15<sup>th</sup> January 2018 and this was the last part of the engagement process. This was well attended and the three local Councillors for the area each provided their views. Many of the views shared during the meeting echoed what was expressed during the drop-in sessions; at the Town and Community Council meetings and also what was expressed via the on-line survey.

The possible closure of the school and the closure of Haulfre were the main topics discussed and there were clear messages that although people were not generally against the concept of Extra Care Housing, they did disagree that the school site was the best location for the development of Extra Care Housing within the Seiriol ward.

A high proportion of those who attended the meeting felt that the Haulfre site should be utilised and believed that a residential home is still needed at Haulfre and that the Extra Care should also be on the Haulfre site. People disagreed with the decision that was made in October 2015 that Haulfre would close following undertaking the necessary changes to the building in the short-term before it would close when the Extra Care Housing facility would open. It was explained that Haulfre had been considered as a possible location but did not score as highly as the school site and that the location was one of the reasons behind this.

It was strongly communicated that the community is against the school closing and the majority of people disagreed that the school site should be the preferred site mainly due to the location as it is on top of a steep hill. There were comments made regarding the difficulty to travel on foot or by mobility scooter from the site to the town due to narrow pavements, parked cars and notice boards on the pavements.

The Council was asked to reconsider the school as the preferred site as there have been changes since 2015 (the Council governance) and that Haulfre should be considered as a possible location.



No	Comment / Question	Response by the Council
1	Issues with the location and accessibility of the Beaumaris School site e.g. the steep hill.	<p>The Council is aware of the challenges that have been identified for the site, but out of the options available, it is the most suitable.</p> <p>Ensuring that accessibility to the site by transport and on-foot (including mobility scooters) will be a priority for any scheme. The Council will be looking at opportunities for additional paths and arranging community transport to the town and making any other necessary arrangements that are needed to ensure appropriate accessibility to the site.</p> <p>The site has scored highly in terms of location due to its proximity to the town of Beaumaris and therefore to local amenities and to public transport.</p>
2	Why has the Beaumaris School site been identified as the preferred option rather than Haulfre?	<p>The Executive made a decision on the 19<sup>th</sup> October 2015 to invest in Haulfre to keep the home open in the short term and that Haulfre would close when the Proposed Extra Care development was opened.</p> <p>The Site Selection Report provides details regarding what sites were assessed as potential Extra Care sites and the Beaumaris School site scored higher than Haulfre:</p> <ol style="list-style-type: none"> <li>1. Beaumaris Day Care Centre</li> <li>2. Beaumaris Primary School</li> <li>3. Haulfre, Llangoed</li> <li>4. Former Beaumaris Social Club</li> <li>5. Bryn Tirion, Beaumaris</li> <li>6. Seiriol Lairds</li> <li>7. Beaumaris Gaol Site</li> </ol> <p>The factors which have influenced this assessment include:-</p>


		<p><b>Planning Permission</b> – Consideration of the likelihood of obtaining planning permission.</p> <p><b>Suitability of site for development</b> – Based on the physical location, known site constraints and conditions.</p> <p><b>Access</b> – Consideration has been given to the proximity of the sites to the town centre in relation to pedestrian links, the ability to access the land with and without vehicles.</p> <p><b>Cost</b> – Consideration has also been given to the value of land for development, either the cost of purchase or the loss of asset value income from any potential disposal. Consideration has also been made in relation to the effect of the site clearance costs where existing buildings or structures are present.</p> <p><b>Availability and Timing</b> – Previously undeveloped greenfield sites are potentially available for development very quickly; however, brownfield, occupied or existing developed sites will take longer to become available.</p> <p><b>Services</b> – The main consideration of this criterion is the proximity and location of foul and surface water drainage.</p> <p>The Beaumaris School site has scored highly in terms of location due to its proximity to the town of Beaumaris and therefore to local amenities and to public transport which complies with the ethos of Extra Care Housing.</p> <p>The schemes are generally developed within towns or close to local amenities and are very rarely developed in rural locations unless there is a great need for this due to a town being a great distance away. The ethos of Extra Care is to enable older people to remain as independent as possible and by developing them in towns, people can easily access shops, public transport and are able to take part in local social activities.</p>
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		<p>Developing an Extra Care in a location in Beaumaris complies with the principles of Extra Care, whereas developing an Extra Care on the Haulfre site would not as it is out of town and does not provide easy access to amenities. The Beaumaris School site is a much more viable location for the whole Seiriol area.</p> <p>The Extra Care Building will need to meet BREEAM standards. There are five specific criteria for BREEAM – access to public transport; access to facilities such as shops, health centres; walking and biking facilities; parking provision; sustainable transport plan. In this context the first two criteria are the most relevant for the Extra Care development. This to some extent reflects the fact that Extra Care provision is often sited in towns in order to access bus routes and day-to-day facilities such as shops and cafes.</p>
3	<p>What are the advantages of having an Extra Care scheme?</p>	<p>Living in an Extra Care scheme has many advantages for older people. Extra Care is an innovative concept where older people can experience independent living with high quality housing support and care services that enable, support and encourage people to live independently for as long as they wish and are able to.</p> <p>Extra Care can be an alternative to a residential home and when compared against “traditional” residential provision, Extra Care not only supports an independent life and higher quality living, but is also generally cheaper for residents and more cost effective for local authorities.</p> <ul style="list-style-type: none"> <li>• It promotes and supports people to stay as independent as possible for as long as possible within their own home;</li> <li>• Care is provided on-site as and when it is needed as well as 24 hour Telecare and other assisted technology to alert staff when support is required;</li> <li>• It is a safe, secure and comfortable environment and everyone has their own front door;</li> <li>• Extra Care can be a home for life;</li> <li>• It can cater, respond and adapt to the changing needs of individuals;</li> </ul>

		<ul style="list-style-type: none"> <li>• It promotes family and community support and involvement and can be used as a Community Hub;</li> <li>• It provides people with opportunities to socialise and can eliminate loneliness and isolation as Extra Care schemes are natural communities;</li> <li>• Daily meals are provided in the on-site restaurant;</li> <li>• Potential for couples to live together:</li> <li>• There are multi-purpose communal areas within the scheme;</li> <li>• There are assisted bathrooms; adapted kitchens and mobility scooter storage;</li> <li>• Accessible design for people with mobility requirements;</li> <li>• Guest bedrooms.</li> </ul>
4	Concern that Extra Care does not provide respite care.	Extra Care facilities can also provide respite care. In our other Extra Care schemes, we are intending to have flats that the Council will be using for people who require short-term intermediate care beds.
5	Sheltered Housing has changed and there are no longer wardens living on site. What is the difference between Extra Care Housing and Sheltered Housing?	<p>Sheltered housing is based in the community where residents live within their own accommodation and is supported by someone who comes to visit them in their own home. Although similar to the concept of Extra Care, Sheltered Housing is different in that all residents live in separate accommodation and use their own facilities such as kitchen, bathroom and living room. The same care is not provided within Sheltered Housing and the design is not as up-to-date as Extra Care and they do not promote the same level of independence in Sheltered Housing as the Extra Care does.</p> <p>In an Extra Care facility, all though residents have their own accommodation and own front door, they are all within the same complex and have access to shared facilities within the building to communal spaces such as lounges; on-site restaurant; laundry; mobility scooter garage and specialised bathroom.</p> <p>Sheltered Housing remains a viable option for people who have less care needs but Extra Care provides more care and support to those who need it and can cater to any change in the needs of individuals.</p>

6	<p>What will happen to the residents of Haulfre when it will be closed?</p>	<p>As part of the development of Hafan Cefni, Plas Penlan, the Local Authority owned Residential Home will be closing. The Local Authority is following the Welsh Government statutory guidance process of closing the residential home and ensuring that the residents as well as the staff are moved on to other accommodation, including Hafan Cefni, and are supported with their employment opportunities. Residents are assessed to ensure that they move on to suitable and appropriate accommodation that cater to their needs and wishes and the same process would be followed for the closure of Haulfre.</p> <p>The Local Authority would wish to transfer as many residents from Haulfre to the Extra Care Scheme. If this is not an appropriate option for some of the residents due to higher care needs, then other accommodation options would be secured. The Local Authority has other residential care homes such as Plas Penlan in Llanfairpwll which is 9 miles away from Haulfre that residents can move on to. There are other residential care homes locally that are run privately and there are also nursing homes and more specialist homes that could be considered if needed dependent on individual need and choice.</p>
7	<p>How would the Council deal with residents in Extra Care if they would be unable to remain independent all their lives because of a decline in their health that would lead to the requirement of residential or nursing care at some stage.</p>	<p>The Local Authority's aim in Extra Care is to provide a home for life for individuals with the care and facilities within a person's own flat adapting to an individual's needs should they increase.</p> <p>In the event that a person developed significant specialist needs requiring intense nursing or EMI support it is possible that they may need to leave, we believe this will occur only in exceptional cases and are committed to supporting people in Extra Care Housing. Should they need to go to another facility the appropriate one would be sourced in consultation with them and their families.</p> <p>Residential facilities do exist in the South of the Island, but clearly what is sourced for an individual would depend on their individual needs.</p>

8	Why is Haulfre not acceptable as a residential home for the future?	<p>The amount of investment required to bring Haulfre to an acceptable standard was estimated in 2015 to be £1,156,950. This estimate was done in the absence of a full site assessment and excluded any costs associated with the terrain of the land and accessibility, including appropriate parking facilities. This investment is significant to increase a model of care provision that the Council is no longer prioritising for future investment. These factors and the time that has passed are likely to increase the cost of any development at Haulfre.</p> <p>The Council's Strategy for Older People is to increase the options for people to remain as independent as possible for as long as possible i.e. Extra Care.</p>
9	Are there less beds available on the Island now?	<p>No, we can confirm that there are no less beds available on the Island than there were in 2015. In fact, during that period, capacity at Fairways Newydd (formerly St Tysilio) has increased and there are now additional specialist dementia beds in Garreglwyd.</p> <p>In terms of the future priorities of the Local Authority, we are concentrating on the need for options to support individuals with care and support needs to remain living at home as independently as possible and for as long as possible.</p> <p>Hafan Cefni, the Extra Care scheme in Llangefni is currently being built, which will provide 63 apartments from the summer of 2018 onwards for individuals with care needs as oppose to the current 28 residential beds available.</p> <p>Should we receive agreement to build an Extra Care Scheme in the Seiriol area, the Local Authority will be increasing options from 19 beds in Haulfre to 39 self-contained flats in the Extra Care.</p>
10	Engagement process details.	<p>Engagement activities took place during November and December 2017 following both the Corporate Scrutiny Committee and The Executive supporting holding a period of engagement locally within the Seiriol area. The Head of Adult Services met with the local Town and Community Councils and drop-in sessions were also held in the area.</p>

		<p>An on-line survey was also used as an opportunity to engage and a Public Meeting was held in January to finish the process.</p> <p> Engagment re ECH in Seiriol.docx</p> <p>In general positive feedback was received in all Community Councils regarding the development of Extra Care. Concern was primarily expressed regarding the site proposed.</p> <p>Beaumaris Town Council indicated concerns regarding the impact on the town as a whole and that it contributed further to the “ageing” of the town whilst members of Llangoed Community Council objected to the proposed site and the closure of Haulfre as a result of the development, and were clear that they felt the Haulfre site could accommodate the development.</p> <p>Although the majority of the feedback received was against Beaumaris School site being the preferred site for the development of Extra Care, some positive comments were received that supported this site e.g. Cwm Cadnant shared at the Public Meeting supported this as the preferred site.</p>
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## **Engagement in Terms of Extra Care Housing in the Seiriol Area**

### **Engagement with Town and Community Councils**

<b>Meeting</b>	<b>Date</b>
Llandegfan	08.11.17
Llanddona	15.11.17
Menai Bridge	20.11.17
Beaumaris	04.12.17
Llangoed	06.12.17

### **Drop-In Sessions in the Community**

<b>Area</b>	<b>Date</b>
Llanddona	22.11.17
Biwmares	27.11.17
Menai Bridge	30.11.17
Llangoed	05.12.17
Beaumaris	07.12.17



Gofal Ychwanegol  
Drop Ins.pdf

### **Public Meeting, 15 January 2018**

### **On-line Survey**



# Site Selection Report

## Seiriol Extra Care Project

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**Prepared By:** Barry. W. Jones BSc (Hons) MRICS  
Senior Valuation Officer

# Site Selection Report – Seiriol Extra Care Project

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Author: Barry. W. Jones BSc (Hons) MRICS  
 Senior Valuation Officer  
 Isle of Anglesey County Council

Signed: .....

Dated: .....

## Purpose

This report has been prepared on behalf of the Extra Care Project group to explore and recommend a suitable site for the development of a new build extra care housing scheme in the Seiriol ward of Anglesey. The recommendations made have been based on the information provided by the Project Group management team.

## Scope

A number of sites have been identified following a careful desk-top study of available land with potential for development within close proximity of key facilities which are within reasonable walking/travel distance as well as easy access to local public transport. As amenities in Llangoed are somewhat limited only the options in Beaumaris can fully satisfy these particular requirements. Each of the sites considered in Beaumaris are located within 600m of the most relevant town centre facilities such as the shop, library, medical surgery and pharmacy. (as shown on the following illustration (Figure 1).

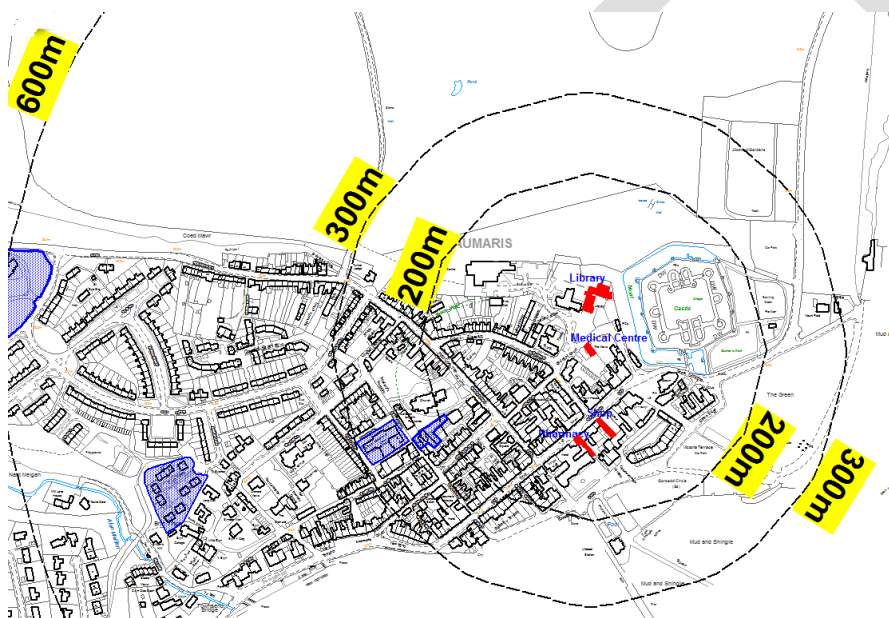


Figure 1 – Beaumaris Town Centre

Six of the identified sites are in the freehold ownership of the Council with 1 being privately owned. The sites considered in this report are listed as follows:-

- Site 1 – The Beaumaris Primary School (Council owned)
- Site 2 – Former Day Care Centre, Beaumaris (Council owned)
- Site 3 – Bryn Tirion, Beaumaris (Council owned)
- Site 4 – Gaol, Beaumaris (Council owned)
- Site 5 – Heulfre, Llangoed (Council owned)
- Site 6 – Former Social Club, Beaumaris (Privately owned)
- Site 7 – Seiriol – Lairds, Beaumaris (Privately owned)

Consultations have been carried out with a number of internal Council Services on the potential of each site to develop a new Extra Care facility. Input has mainly been provided from the Council's Property Service from a land ownership and architectural perspective with additional expertise from Highways and Planning Policy. The Highways Service has provided information on highway access and drainage and written comments have been received from Gwynedd and Anglesey's Joint Planning Policy Unit (JPPU) as well as the Local Planning Authority (LPA).

Officers Consulted:

Gareth W. Thomas – Architectural Services Manager  
Huw Percy – Chief Engineer (Highways)  
David F. Jones – Development Management (Planning)  
Dave Jump – Senior Planning and Conservation Officer  
Sean Pritchard – Building Surveyor

The JPPU has provided planning policy comments on each of the sites being considered. The JPPU team are currently working towards a 2016 date for adoption of the JLDP and it is highly likely that the proposed Extra Care development will need to be addressed within that policy.

All of the sites within the town of Beaumaris are located within the defined development boundaries of the Ynys Môn Local Plan and Stopped UDP. None of the option sites are allocated for any specific purpose in either the YMLP or SUDP.

None of the sites would appear to have a high ecological interest, but an appropriate inspection for bats (protected under the Habitats Regulations 2010 etc) would help inform any case involving the demolition of existing buildings. Similarly nesting birds are also protected by law, therefore any buildings to be demolished or any trees or hedges would need to be surveyed or avoided by working outside of the nesting season.

### Site 1 – Beaumaris Primary Schools Site

**Description** – The site extends to approximately 2.07 hectares (5.13 acres) which has been partially developed to provide a two-storey school building extending to approximately 2025m<sup>2</sup> together with playing fields. The site is already within the ownership of Anglesey County Council and may be available in a reasonable period. The entire site is located within development boundaries however the school building is Grade II listed and cannot be demolished.



**Figure 2 – Beaumaris Primary School**

**Architects** – The site is large enough to cater for an extra care facility however the building is Grade II listed therefore there are limitations with how it could be modified. The site is however a great setting with good external spaces and plenty of parking and delivery space but is not within easy walking distance of the town centre and its amenities. Any conversion of the building would have to be sympathetic to its Grade II listed nature and there are numerous steps in floor levels within the existing building which need to be considered.

**Highways** – This site is acceptable in terms of the highway leading to it. The site is located on a bus route and there are good links down towards the town, however it's a fair distance on foot.

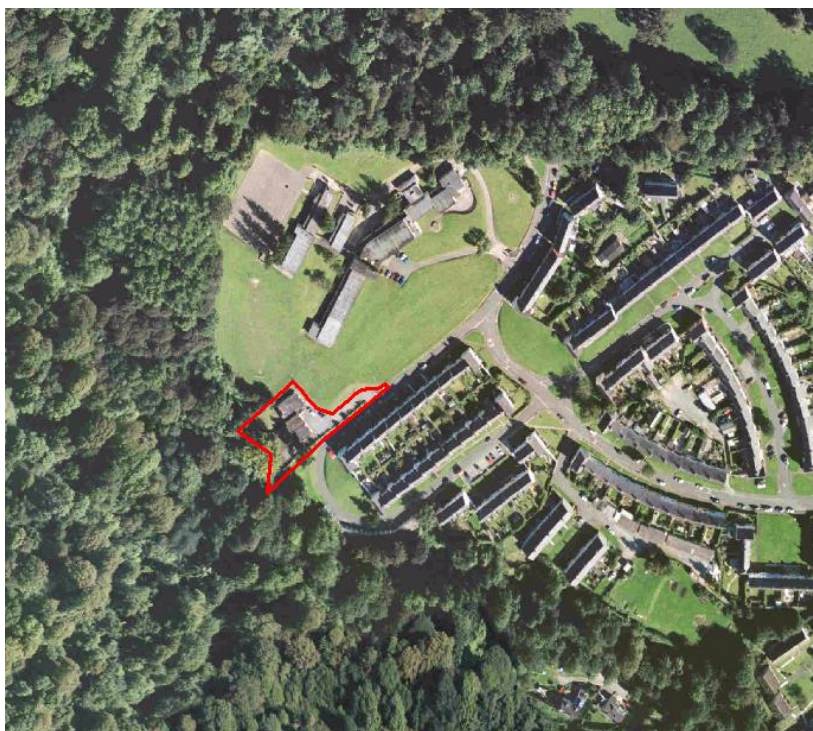
**Drainage** – The existing developed part of the site is adequately serviced although additional surface water attenuation may be required as part of the scheme design.

**Planning** — The property is situated within the development boundary in the Ynys Mon Local Plan, Stopped Unitary Development Plan and emerging Joint Local Development Plan. There are however listed building constraints.

**Conservation / Listed Building** – The school is a grade II listed building but a very sensitive conversion together with high quality modern extension(s) could be considered. This would mean developing a very sensitive more costly approach than one on a brown or green field site. A small section of the grounds to the left of the site could however be developed as part of the development of the neighbouring property the 'Beaumaris Day Care Centre'.

## Site 2 – Beaumaris Day Care Centre

**Description** – Property known as the Beaumaris Day Care centre which adjoins the Beaumaris School playing fields. The site extends to approximately 0.16 hectares (0.41 acres) with the building extending to approximately 215 m<sup>2</sup>. The property adjoins the neighbouring Beaumaris School playing field providing scope to extend the site area to accommodate larger development. It has been advised that sharing of some services and facilities may also be considered with the neighbouring School subject to proposed design, ownership and legal considerations.



**Figure 3 - Beaumaris Day Care Centre**

**Architects** – Site may not be large enough for Extra Care Facility therefore any development may require part of the neighbouring school grounds to form part of it.

**Highways** – The site is located on a bus route and there are good links down towards the town, although it is a fair distance on foot. The access road is considered suitable up to the Maes Hyfryd junction but is too narrow thereafter and would require widening over a strip of the adjoining Beaumaris Primary School playing field which is already owned by Anglesey County Council (forming part of the school grounds).

**Drainage** – The existing site is adequately serviced. Additional development will increase loading, but it is believed that the drainage system will cope given sufficient surface water attenuation as part of the scheme design. Additional surface water attenuation may still be required as part of the scheme design.

**Planning** – Property is within the development boundary in Ynys Mon Local Plan, Stopped Unitary Development Plan and emerging Joint Local Development Plan.

**Conservation / Listed Building** - It's not a Listed Building but is in the essential setting of the neighbouring school. This site although being a brown field one would need a sensitive approach due to its close proximity to the LB.

### Site 3 – Bryn Tirion, Beaumaris

**Description** – Bryn Tirion is a small cul-de-sac of local authority sheltered bungalows and extends to some 0.92 hectares (2.27 acres). The site is located in an established residential area however roadways are narrow and parking is at a premium. All of the properties are occupied on secured tenancy agreements therefore the properties are not readily available for development.



Figure 4 - Bryn Tirion, Beaumaris

**Architects** – Site may not be large enough to accommodate extra care facility and external space is limited for garden and parking. There are also limitations with the setting of any development adjacent to properties due to matters related to overlooking etc.. Delivery of materials / goods may also prove to be problematic due to the nature of the roads.

**Highways** – Town center site with good walking links. The access road however is too narrow and unsuitable to accommodate any additional traffic caused by a larger development.

**Drainage** – The existing site is adequately serviced. Additional development will increase loading, but it is believed that the drainage system will cope given sufficient surface water attenuation as part of the scheme design. Additional surface water attenuation may still be required as part of the scheme design.

**Planning** – The site is situated within an established residential area and is within the development boundary contained within the Ynys Mon Local Plan, Stopped Unitary Development Plan and emerging Joint Local Development Plan. Proximity of dwellings surrounding site may however be problematic to any development proposals.

**Conservation / Listed Building** – This site is in the Area Of Outstanding Natural Beauty but just outside of the designated special conservation area. The site borders Bryn Cottage which is inside the special designated conservation area. There are some LB in the surrounding area but the potential impact of a proposed development on LB settings would be difficult to assess in the

absence of the details at this time.

#### Site 4 – Gaol, Beaumaris

**Description** – Historic Grade I listed former prison located close to the centre of Beaumaris. The site extends to approximately 0.17 hectares 0.42 acres and has been fully developed. Roads leading to the property are extremely narrow with a general lack of footways.



Figure 5 - Gaol, Beaumaris

**Architects** – The site is not considered being large enough and the existing building is Grade I listed.

**Highways** – Town center site but the roads around it are narrow for vehicles not to mention construction traffic. There is also lack of footways around the site.

**Drainage** – The existing developed part of the site is adequately serviced however additional development will increase loading which may require improvements to the drainage system.

**Planning** – The property is within development boundary in Ynys Mon Local Plan, Stopped Unitary Development Plan and emerging Joint Local Development Plan. Any development however would be extremely difficult having regard to the Grade I listed nature of the property, the proximity of nearby properties and the narrow roadways.

**Conservation / Listed Building** – This building and the site is a Scheduled Ancient Monument (SAM), a Grade I Listed Building, in the special designated Conservation Area, in an Area of Outstanding Natural Beauty, in the setting of numerous Listed Buildings and in the essential setting of Beaumaris Castle designated SAM, Grade I LB and a World Heritage Site (WHS). It's not impossible but Scheduled Monument Consent (SMC Cadw) and Listed Building Consent (LBC Cadw) applications would be extremely complicated and costly to prepare with no guarantee of a successful outcome.



### Site 5 – Haulfre, LLangoed

**Description** – A Local Authority owned care home facility with grounds extending to approximately 8.41 hectares (20.79 acres).



**Figure 6 - Haulfre, LLangoed**

**Architects** – Site is large enough to accommodate a development of a large scale however there may be limitations to how it can be modified due to its Grade II listed nature and extensive costs likely for refurbishment or extensive demolition. The site is situated in a great setting with good external spaces and plenty of parking and delivery space however there is no option for residents to walk into a town.

**Highways** –There are bus services into the village of LLangoed however the subject site is outside the village and there are no walkways linking it back to the village. The road is also narrow for vehicles and construction vehicles.

**Drainage** – The existing developed part of the site is adequately serviced. Additional development will increase loading, but it is believed that the drainage system will cope given sufficient surface water attenuation as part of the scheme design.

**Planning** – The property is outside of the development boundary in Ynys Mon Local Plan and Stopped Unitary Development Plan but is classed as a countryside cluster in the emerging Joint Local Development Plan. The land is also currently classed as a countryside location designated as being of Outstanding Natural Beauty. Use has been established on site but there may still be some listed building issues.

**Conservation / Listed Building** - Haulfre Stables (former) and Outbuildings are Grade II Listed Buildings. However, the other buildings on the site are not listed and there is clearly scope with appropriate planning in such large grounds to give this one serious consideration.

### Site 6 – Social Club, Beaumaris

**Description** – A privately owned former social club located close to the Beaumaris Town Centre. 0.07 Hectares 0.237 acres. The site comprises 2 mid terraced properties together with a former social club building to the rear. Access is problematic due to the nature of the roads and privately owned garages to the rear of the property. Space is also limited and the site is adjacent to the Church.



Figure 7 - Social Club, Beaumaris

**Architects** – The site is somewhat irregularly shaped and does not seem large enough. There may also be limitations with the setting of any development adjacent to the Church. Demolition costs may also be problematic together with there being major issues for contractor deliveries and compound areas. Additionally there is no external space for garden or parking.

**Highways** – Town center site but Steeple Lane is narrow and there is no footway alongside it. Difficult access for vehicles and construction traffic

**Drainage** – The existing developed part of the site is adequately serviced however additional development will increase loading which may require improvements to the drainage system.

**Planning** – Within development boundary in Ynys Mon Local Plan, Stopped Unitary Development Plan and emerging Joint Local Development Plan. Development of the property must be sympathetic and in keeping with the character and nature of nearby listed buildings.

**Conservation / Listed Building** –A long standing problem site located inside the special designated CA, in the AONB, in the setting of numerous LB's and in the essential setting of Beaumaris Castle designated SAM, Grade I LB and a World Heritage Site (WHS) site.

### Site 7 – Seiriol – Leirds, Llanfaes

**Description** – A privately owned site extending to approximately 5.96 Hectares (14.73 Acres). There are a number of industrial buildings on site which would require demolition and it is quite likely the ground is contaminated in part.



**Figure 8 – Seiriol – Leirds, Llanfaes**

**Architects** – Large site which may be suitable for development subject to statutory consents. Demolition costs likely to be high though and probable that the ground is contaminated. The setting however is great with good external spaces and plenty of parking and delivery space but there is no option for residents to walk to a town.

**Highways** – Site within reach of bus service but far from the Town of Beaumaris by foot. Road network is acceptable however no pavements alongside it leading to the Town of Beaumaris.

**Drainage** – Land is unserviced but foul and surface water connections are available below the highway leading into Llanfaes. Additional development will increase loading, but it is believed that the drainage system below the highway will cope given sufficient surface water attenuation as part of the scheme design.

**Planning** – Not within a development boundary in the Ynys Mon Local Stopped Unitary Development Plan but is allocated in for 'Employment' use. Llanfaes is to be re-classed as a countryside cluster in the emerging Joint Local Development Plan with no allocation for the subject site. Previously developed land in a countryside location designated as being of Outstanding Natural Beauty.

**Conservation / Listed Building** - Part of this site is a SAM (Old Priory), its located inside the AONB and it has TPO's within the site. No LB's and outside of the CA but never the less constrained to some degree by SAM and TPO's

### Space Planning

The Council's Architect provided a space planning assessment for a similar proposed facility based in the Amlwch and Llangefni areas..

His conclusions are as follows:-

- A **56** unit development is estimated to require a **6,600 m<sup>2</sup>** building.
- A **48** unit development is estimated to require a **5,825 m<sup>2</sup>** building.
- A **40** unit development is estimated to require a **5,055 m<sup>2</sup>** building.

### Early Cost Advice

Building construction cost data has been sourced from the Building Cost Information Service of the Royal Institution of Chartered Surveyors (BCIS). Building cost indices are published on a quarterly basis for various types of property on a square meterage floor area basis. These figures are exclusive of professional fees, external works and contingencies, but are inclusive of overheads, profit and main contractors preliminary costs. There is no specific category within the BCIS's data for 'Extra Care' facilities, mainly because insufficient samples have been analysed. The closest property type is considered to be:-

BCIS – Sheltered Housing with shops, restaurants or the like – The current construction rate is recorded as £1,421/m<sup>2</sup> (rebased to the region of Wales from national statistics).

To allow for external works and contingency elements of the scheme I would advise increasing this rate to £1,600/m<sup>2</sup>.

A **56** unit development = **£10.56 m**

A **48** unit development = **£9.32 m**

A **40** unit development = **£8.09 m**

An allowance for professional and project fees is estimated at 9% of the building cost.

### Site Selection and scoring Matrix

Based on the information collated during the course of the preparation of this report, a matrix has been prepared to score each of the sites being considered on a number of criteria, with a view to narrowing the options. Each criterion has been given equal weighting.

**Planning Permission** – Consideration of the likelihood of obtaining planning permission based on either existing policies or the emerging Joint Local Development Plan. A score has been applied where 5 is the most likely and 1 is the least likely.

**Suitability of site for development** – Based on the physical location, known site constraints and conditions. A score has been applied where 5 is the most suitable and 1 is the least suitable.

**Access** – Consideration has been given to the proximity of the sites to the town centre in relation to pedestrian links, the ability to access the land with and without vehicles. A score has been applied where 5 has the most favourable access and where 1 has the least favourable access.

**Cost** – Consideration has also been given to the value of land for development, either the cost of purchase or the loss of asset value income from any potential disposal. Consideration has also been made in relation to the effect of the site clearance costs where existing buildings or structures are present. A score has been applied between 5 for the least expensive and 1 for the most expensive.

**Availability and Timing** – Previously undeveloped greenfield sites are potentially available for development very quickly; however, brownfield, occupied or existing developed sites will take longer to become available. A score has been applied between 5 for the sites that are currently available and 1 for the sites that are least available.

**Services** – It is considered that the availability of electricity and water supplies will be fairly similar over each option. The main consideration of this criterion is the proximity and location of foul and surface water drainage. A score has been applied between 5 where adequate drainage connections are known to be present and 1 where adequate provisions are not present.

	Site 1 – Beaumaris Primary School	Site 2 – Beaumaris Day Care Centre	Site 3 – Beaumaris Gaol	Site 4 – Bryn Tirion, Beaumaris	Site 5 – Haulfre, LLangoed	Site 6 – Former Beaumaris Social Club	Site 7 – Seiriol Lairds,
<b>Likelihood of Planning Permission</b>	4	5	2	3	4	4	3
<b>Site Suitability</b>	3	4	1	3	4	2	3
<b>Access to and from the site</b>	5	3	2	3	3	3	4
<b>Cost or value of land</b>	4	5	2	3	2	3	2
<b>Availability and timing</b>	3	5	2	1	3	4	3
<b>Access to existing services</b>	4	4	4	4	4	3	2
<b>Total</b>	<b>23</b>	<b>26</b>	<b>13</b>	<b>17</b>	<b>20</b>	<b>19</b>	<b>17</b>

	Site 1 – Beaumaris Primary School	Site 2 – Beaumaris Day Care Centre	Site 3 – Beaumaris Gaol	Site 4 – Bryn Tirion, Beaumaris	Site 5 – Haulfre, Llanggoed	Site 6 – Former Beaumaris Social Club	Site 7 – Seiriol Lairds,
<b>Likelihood of Planning Permission</b>	<b>4</b> <ul style="list-style-type: none"> <li>Property is located within the local development boundaries.</li> <li>Building Grade II Listed therefore cannot be demolished.</li> <li>Proposed development / conversion of the school would have to be sympathetic to Grade II listed nature of Property .</li> </ul>	<b>5</b> <ul style="list-style-type: none"> <li>Property neighbours Beaumaris School and is also within the local development boundary.</li> <li>Property is not listed and site lends itself well to development.</li> <li>Property has established existing use as day care facility</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Achieving planning permission for development unlikely due to the Grade I listed nature of the of property.</li> <li>Close proximity to nearby properties</li> <li>Narrow roads leading to, and around the site.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site located in established residential area within the local development boundaries.</li> <li>Proximity of nearby dwellings considered problematic</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Property is outside the local development boundary as a area classed as a countryside cluster.</li> <li>Property has established use as a care facility</li> <li>Development would have to be sympathetic to the Grade II listed nature of buildings within curtilage.</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Property is located within the local development boundary.</li> <li>Site adjacent to numerous listed buildings and World Heritage Sites (such as the Beaumaris Castle and Church)</li> <li>Site located inside a conservation area.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site not contained within current local development boundaries however is designated for 'Employment' use.</li> <li>"Employment use" designation to be lost in emerging Joint Development Plan (likely adoption 2017)</li> <li>Part of site within Area of Outstanding Natural beauty</li> <li>There is a Scheduled Ancient Monument on site which may place constraints on development proposals.</li> </ul>
<b>Site Suitability</b>	<b>3</b> <ul style="list-style-type: none"> <li>Site is suitable for development</li> <li>Demolition of existing structure cannot be considered due to Grade II Listing status</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Site readily available</li> <li>No restrictions to land or property</li> <li>Road leading to site requires widening in part to accommodate development</li> <li>Development would require part of Beaumaris School playing field</li> </ul>	<b>1</b> <ul style="list-style-type: none"> <li>Property is Grade I listed &amp; a Scheduled Ancient Monument.</li> <li>Proposed development would be extremely difficult and expensive.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site has existing residential use however located on narrow road.</li> <li>All properties are currently subject to secure tenancies.</li> <li>Any proposed development would have to consider overlooking / proximity of nearby properties placing restrictions on design proposals.</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Property is existing care home.</li> <li>Redeveloped of site would have to be sympathetic to Grade II Listed status of buildings within curtilage.</li> <li>Access reasonable and site is located on bus route.</li> <li>Considerable distance to nearest town when traveling by foot</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Site small and located on a narrow road.</li> <li>Development proposals would have to involve the acquisition of adjacent garages which may prove to be difficult and costly.</li> <li>Property is privately owned.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Existing brownfield site however outside of local development boundaries.</li> <li>No drainage services to site.</li> <li>Ground is contaminated.</li> <li>Site is also privately owned and would command a high sum for its acquisition and development proposals.</li> </ul>
<b>Access to and from the site</b>	<b>5</b> <ul style="list-style-type: none"> <li>Roads leading to site judged to be good and adequate to serve redevelopment.</li> <li>Site is also situated on bus route with good links to the town.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Roads leading to neighbouring Beaumaris School judged to be adequate however road between the school an subject property narrow.</li> <li>Road between school an property requires widening in part.</li> <li>Site also situated on bus route with reasonable links to the town.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Property close to the town centre.</li> <li>Roads leading to and around site to narrow for the proposed development</li> <li>Lack of footways around the site.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site relatively close to the town centre however the road leading to it is extremely narrow and unsuitable to accommodate any additional traffic caused by a larger development.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Highway network leading to the site is generally satisfactory and there is a bus services into the village of Llanggoed.</li> <li>Site is outside the village of Llanggoed and a considerable distance from the town of Beaumaris/ amenities.</li> <li>There are no footways leading from the site to the village.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site close to the town centre however Steeple Lane is narrow and there is no footway alongside it.</li> <li>Access for vehicles and construction traffic limited.</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Site within reach of bus service but far from the Town of Beaumaris by foot.</li> <li>Roads acceptable however no pavements alongside them which leading to the Town of Beaumaris.</li> </ul>
<b>Cost or value of land</b>	<b>4</b> <ul style="list-style-type: none"> <li>Property already owned by Anglesey County Council.</li> <li>Property value in the region of £280,000.</li> <li>Cost of development likely to be higher as result of Grade II listed status of property .</li> </ul>	<b>5</b> <ul style="list-style-type: none"> <li>Property already owned by Anglesey County Council.</li> <li>Property valued as being in the region of £140,000.</li> <li>Site clearance costs likely to be relatively reasonable.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Property owned by Local Authority and valued in excess of £120,000.</li> <li>Cost of development likely to be significantly high as a result of the Grade I listed status f the property</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Property already owned by Anglesey County Council.</li> <li>Property current value in region of £400,000</li> <li>All properties subject to secure tenancies.</li> <li>Cost of re-homing tenants likely to be high.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Property already owned by Anglesey County Council.</li> <li>Property recently valued as being £740,000 as fully equipped and operational entity.</li> <li>Development of listed structures likely to be high.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Property is privately owned.</li> <li>Property value in region of £120,000.</li> <li>Proposed development would require acquisition of adjacent 10 garages with single garage recently selling for £30,000</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Site privately owned and extends to approximately 35 acres.</li> <li>Likely cost of acquiring the site in excess of £1,500,000</li> <li>Development cost likely to be significantly high as a result of demolition / site clearance costs and environmental matters.</li> </ul>
<b>Availability and timing</b>	<b>3</b> <ul style="list-style-type: none"> <li>Property currently operational and unlikely to become available until 2020</li> </ul>	<b>5</b> <ul style="list-style-type: none"> <li>The property is not currently being used and is readily available.</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>Site currently used as museum and unlikely to be available in the foreseeable future.</li> <li>Significant local objections anticipated in view of any development proposal.</li> </ul>	<b>1</b> <ul style="list-style-type: none"> <li>Residential properties forming part of the site are all currently tenanted.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>Site currently operational.</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>Former social club building available however the garages behind which would be required as part of any development are privately owned.</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>The site is currently available however will no longer be designated as an "employment site" when the Joint Local Development Plan is adopted in the coming months/year.</li> </ul>
<b>Access to existing services</b>	<b>4</b> <ul style="list-style-type: none"> <li>There are mains services to the site</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>There are mains services to the site however survey required to confirm adequacy</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>There are mains services to the site however survey required to confirm adequacy</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>There are mains services to the site however survey required to confirm adequacy</li> </ul>	<b>4</b> <ul style="list-style-type: none"> <li>There are mains services to the site however survey required to confirm adequacy</li> </ul>	<b>3</b> <ul style="list-style-type: none"> <li>There are mains leading to the site however capacity of drains inadequate for large development</li> </ul>	<b>2</b> <ul style="list-style-type: none"> <li>There are no mains drains to or close to the site.</li> </ul>
<b>Total</b>	<b>23</b>	<b>26</b>	<b>13</b>	<b>17</b>	<b>20</b>	<b>19</b>	<b>17</b>

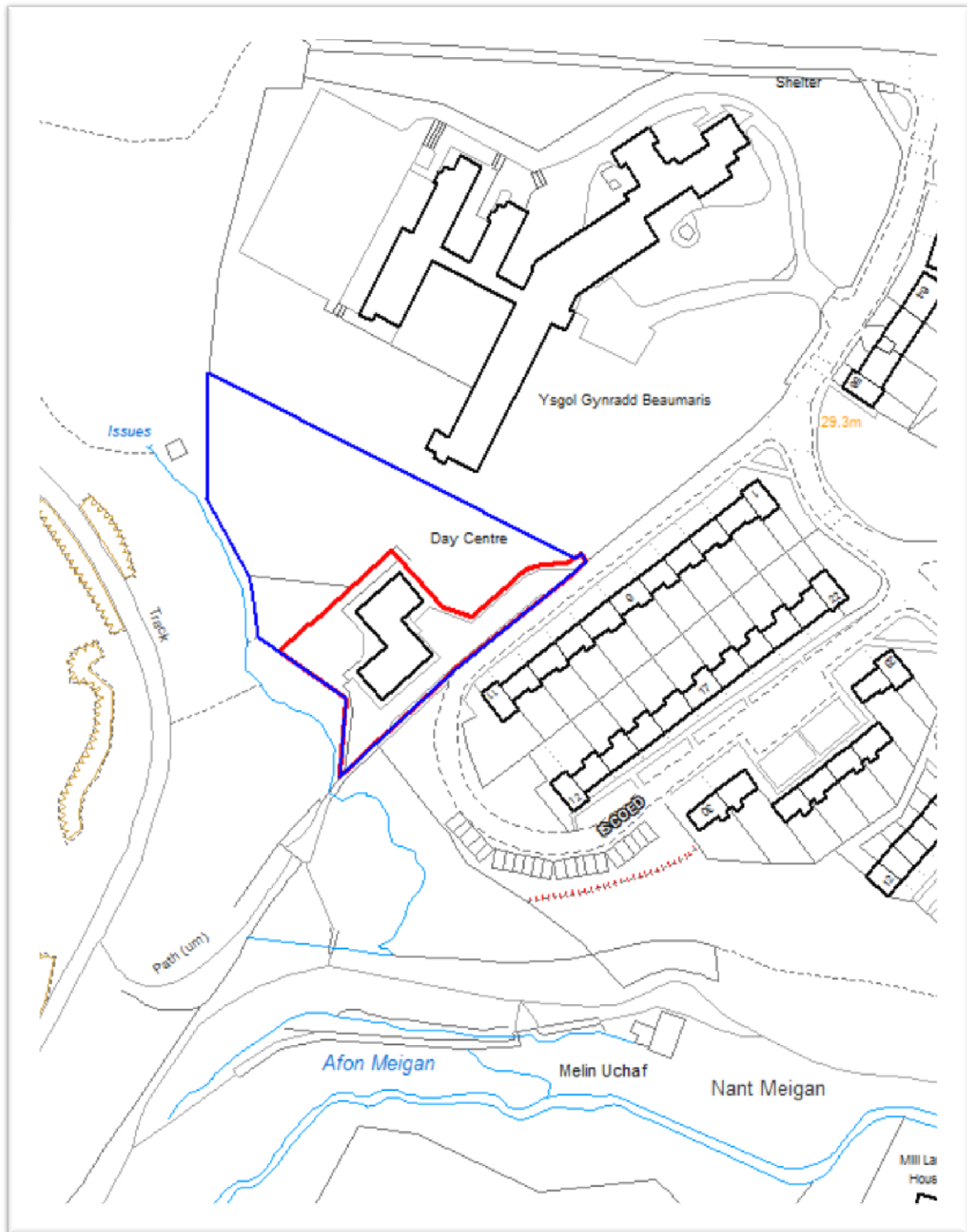
## Recommendations

It is my option that, from the considered sites, the preferred option for the development of a new Extra Care facility in Seiriol should be the former Day Care Centre Site together with the part of the land directly behind it which forms part of the neighbouring Primary School playing field. It was also the most favoured site by the officers from Planning, Highways and Architectural Services during my consultations

Options 1, and 2 scored closely in the matrix using the initial criteria; however, I favour the Day Care centre site for the following reasons:

1. The site is readily available and within the ownership of Anglesey County Council and is deemed surplus.
2. It is the most favourable from a Planning, Highways and Architectural perspective.
3. The site can be extended to within the grounds of the neighbouring Council Owned Primary School.
4. There are no operational services on the site which I believe would make the site available for development sooner than the others.
5. There are no restrictions and the building is not situated within a conservation area.
6. There are service provisions to the site.
7. The site is located close to a bus route.

Appendix 1 – Recommendation Former Day Care Centre Site



Beaumaris Day Care centre (Edged Red) together with part of neighbouring school field (Edged Blue)  
Total area approximately 0.49 Hectares (1.2 Acres)



## Appendix C

### Questionnaire Feedback

<b>Do you agree that we should develop a minimum of 39 extra care self-contained flats in the South of the Island?</b>	
Yes	44
No	34

<b>Are you happy with the preferred site for this development</b>	
Yes	23
No	54
No specific answer provided	1

<b>Do you agree that the Council should consider options to fund the development through the Housing Revenue Account</b>	
Yes	44
No	32
No specific answer provided	1
Maybe	1

In conclusion, 56% are supportive of the concept of Extra Care Housing but 69% do not think that the Beaumaris School site is the right site for the development. In relation to the Council considering options to fund the development through the Housing Revenue Account, 56% agreed with this.

The majority of the people who took part in the engagement also provided comments.

Some people did not think that Extra Care is needed within the area as there is already housing provision for older people especially in Beaumaris. Several comments have been received stating that the area needs more housing for younger people and families or make reference to the need to have a balance of different ages and accommodation within the area. Some have concerns that there is no incentive for younger people to live in the area. In response, a commitment was made in October 2015 to give consideration for appropriate site options within the South of Anglesey for the development of Extra Care Housing as there was seen to be a need for a development like this in this part of the Island.

A number of people have raised that the school site is on top of a steep hill and that it is difficult for older people and for people with mobility issues to go back and forwards to the town and to amenities. Some people have also shown concerns regarding the availability of the bus service from the location and the state of the pavements. In response, there are ways to ensure that the residents within the Extra Care Scheme have access to local amenities. An example would be to provide a service of taking people down in a car/mini bus from the Extra Care Scheme.

Many people have said that the school is the wrong location. Some have suggested other sites such as Castle Meadow, Haulfre, the old Social Club, Llangoed School, land in Menai Bridge, Llanfaes and the laird site and the car park area next to the Happy Valley Recreation Park. Some have also suggested that the old day centre is used. In response, the Site Selection Report has already explored some of the sites that have been suggested but they have not scored as highly as the school site for various reasons leading to the school being the preferred option.

Although it was made clear that this engagement exercise was completely separate from the consultation regarding the future of schools on the Island and that the Extra Care Housing development would have no bearing on the result of the school consultation, several people have commented on the future of Beaumaris School. Many people don't want to see the school closing. Some people have concerns regarding the impact on the play area for children if the building was to be on the school site and have noted that the school would need to be closed during the building of the Extra Care development. In response, the Extra Care development can go ahead with the school remaining open or if it were to close.

There are many comments regarding Haulfre. People do not want to see this close and others have suggested that this could be used for developing Extra Care Housing. In response, the decision has already been made to close Haulfre as the building is not fit for purpose and Haulfre has been considered and scored as part of the Site Selection process and it did not score as highly as the school site in terms of suitability to develop and Extra Care Scheme and has therefore not been put forward as the preferred site.

**ISLE OF ANGLESEY COUNTY COUNCIL**  
**Scrutiny Report Template**

<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	31.01.18
<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 Huws
<b>Head of Service:</b>	Fôn Roberts, Head of Children’s Services
<b>Report Author:</b>	Fôn Roberts
<b>Tel:</b>	01248 752708
<b>Email:</b>	<a href="mailto:fonroberts@ynysmon.gov.uk">fonroberts@ynysmon.gov.uk</a>
<b>Local Members:</b>	Relevant to all Members

**1 - Recommendation/s**

The Committee is requested to

- 1.1 confirm if they are satisfied with the steps taken to progress implementation of the Service Improvement Plan and that the pace of progress

**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**

Ynys Mon Children's Services were inspected by CCSIW during October and November 2016. The inspection focused on how children and families are empowered to access help and care & support services and on the quality of outcomes achieved for children in need of help, care & support and/or protection, including children who have recently become looked after by the local authority. The inspection also evaluated the quality of leadership, management and governance arrangements in place to develop and support service delivery. The Final CCSIW report was published on 7th March 2017. The report had 14 recommendations, seven recommendations as a priority and seven to be implemented by March 2018.

In response to the findings and recommendations, the authority has put the following arrangements in place:

- A revised Service Improvement Plan (SIP), incorporating all of the Recommendations made in CCSIW's Inspection Report against the 5 themes.
- Put new Project Management arrangements in place, with an internal Improvement Group of officials meeting on a monthly basis, and reporting to the Senior Management Team and to the Executive.
- Establish a new Panel of Elected Members following the recent local authority elections, which will report to the Corporate Scrutiny Committee.

Focus of the work:

#### **Restructure**

This Service Restructure was implemented on the 4th of October (SIP 4.2) were 8 Practice Leader's took responsibility for their Practice Groups. There is 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 statutory responsibilities.

#### **Recruitment and Retention**

Being able to recruit and retain staff who are committed to making a difference to the lives of children and young people in Anglesey is crucial if we are to deliver on the obligations

placed upon us by legislation. An unstable workforce in recent years, combined with a significant increase in the number of children and young people who are Looked After and who are on the Child Protection Register, has placed significant strain on our services.

As previously mentioned the Service Manager for Early Intervention and Prevention commenced in post in August and all the Practice Leaders started in September 2017. The Interim Head of Service returned to his substantive as a Service Manager Intensive Intervention post in December 2017. The department recruited a permanent Head of Service and he started in his role in December 2017.

During late 2017 and into 2018 we have recruited 8 new Social Worker's and we have continued in our efforts to recruit a further 5 social workers. Agency social work staff currently cover these 5 posts. 1 post is filled and that social worker will start with the authority mid-January 2018. Efforts to recruit continue with adverts being placed in The Guardian (on-line) and Community Care (which is a Social Work journal).

In 2017 and 2018 we appointed 5.5 Engagement officers for Teulu Môn and a further 1. FTE posts through Families First Grant has also been filled. Leave us with 0.5 of a post in the Teulu Môn team. We have also appointed to a further 3 additional posts within the Team Around the Family (TAF) and these staff have now joined the service.

The Resilient Families Team is now fully staffed and currently working with 8 families to prevent family breakdown, to support children living at home. The team are also working with some families on a reunification plan to return children out of care and to live safely with their families. An additional Family Support Worker will be recruited to this team using 'Edge of Care Grant funding.

We were successful in recruiting an additional Personal Advisor post funded with St David's Welsh Government Grant to provide practical and emotional support to young people who leave care when they are aged 15 to 24 years old.

As a Service, we have developed a Social Work Traineeship arrangements internally to enable 2 of our staff to train to become qualified Social Workers (2 year course). As we have seen a significant turnover of staff over the last 18 months the aim of this strategy of 'Grow your own' is to ensure we have qualified Social Workers who will be working for the Service for at least 2 years after the qualify (SIP 1.2).

The Service currently has 5 Social Work posts which are vacant and a proactive drive is in place to actively try and recruit experience Social Workers to these posts. These posts are currently filled by agency Social Workers which has a financial implication on the service.

### **Policies**

The Workforce Strategy, approved over the summer, now focuses on ensuring that staff have the skills, training and support to enable them to do their jobs effectively, and provide the support that children, young people and families in Anglesey need. We will continue

to review this document in relation to not only recruitment, but also more importantly, retention.

Supervision - we launched the new Supervision Policy in March 2017, following consultation with staff and is being used to review cases on a monthly basis, and take early action if any change in decision-making is necessary. The frequency of supervision is being monitored and an audit is currently being undertaken so that we are assured that the policy is being implemented fully.

Five Multi Agency Practice Guidance have been developed by Children's Service as a direct response to the CSSIW Inspection with the aim of strengthening multi agency joint working. They focus on providing clear guidance on:

- How to make Referrals to Children's Services
- Child Protection Practice Guidance - Investigation Thresholds
- Child Protection Practice Guidance – Key Workers and Core Groups
- Child Protection Practice Guidance- Registration Thresholds.
- How to manage child protection allegations made against Professional Practice Guidance

### **Quality Assurance**

The Quality Assurance Framework has been approved within the Service. The aim of the framework is to the approach that Children's Services.

The service will use a wide range of evidence sources to underpin the quarterly Practice evaluation report such as:

- Monthly Case file Audits
- Monthly Casefile Audit – Safeguarding & Quality Improvement Unit
- Practice Observation
- Supervision Audits
- Learning from and with our partners
- Learning from people who use our services
- Oversight and Challenge
- Learning from our staff
- Ongoing Independent Reviewing Officer and Child Protection Co-ordinator

Practice Evaluation Report for quarter 2 showed that recording practice remains inconsistent, although there is evidence of improvement in some audits.

A Practice Improvement Plan is being developed in 2018 and this will focus on developing and strengthening Social Work practice and also the practice of other staff within the department.

Despite the inconsistency in practice, we have positive evidence of the workforce working directly with families leading to improved outcomes. 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.

All staff continue to attend on-going training which includes Brief Solution Therapy, Motivational Interviewing, Risk Assessing to name a few. Practice Leaders will now support staff in putting their learning into practice.

The case loads of Social Workers are now in line with what is perceived as a 'good working' practice.

### **Partners**

The work of strengthening the Local Authority's role as a corporate parent for looked after children has been agreed by the Corporate Parenting Panel with the aim of ensuring that Isle of Anglesey County Council undertakes its duties fully to ensure that young people can achieve their full potential and a successful transition into adulthood.

The Service continued to strengthen its relationship with partner agencies at all levels. In January 2018 an operational multi agency group will meet to talk about issues for practitioners on the 'group level' and also build relationships and have a greater understanding of each other's roles and responsibilities.

Preventative Services is being reviewed, and a new strategy will be developed jointly with partners, to ensure more effective family support services and commissioning of Families First Grant, to reduce the number of children and young people who need to be placed on the Child Protection Register and who need to be Looked After.

The agenda for the Elected Members and Senior Leaders Panel's meeting has continued to focus on monitoring and challenging the implementation of the Service Improvement Plan, holding the Director and Service to account. Five meetings have been held to date.

Laming visits (which are routinely visits completed by elected members and Senior Officers of the Council) continue to take place for and feedback has been collated and has been positive to date with some useful and constructive views being put forward.

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

Not applicable

### **7 – Financial Implications**

The number of children and young people who are looked after increased significantly during 2015-16; this put additional pressure on the Services' budgets, and this pressure remains. The Service has put a number of measures in place in recent months to manage and reduce these pressures. The Finance Scrutiny Panel is currently looking at these cost pressures in detail, and will report to the Scrutiny Committee on its findings in due course.

### **8 – Appendices:**

Annex 1 – CSSIW Recommendations and link to the Service Improvement Plan

Annex 2 – Service Improvement Plan

Annex 3 – CSSIW – Self Assessment of Ynys Môn, Children and Families Services

Annex 4 – Letter from CSSIW – dated 11.01.18

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



**As a priority:**

1. The authority should progress its commitment to developing 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. SIP 4.4
2. Effective, multi-agency quality assurance systems and training arrangements should be established to ensure that thresholds for assessment to statutory children’s services are understood by staff and partners and are consistently applied; this should include the development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance. SIP 3.4
3. Senior leaders in social services and the police should continue to work proactively together to ensure improvements to the quality, consistency and timeliness of child protection enquiries. SIP 2.2
4. The council should 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. SIP 1.5
5. A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers. SIP 1.1
6. Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience. SIP 1.4
7. Senior leaders should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality. SIP 1.3

**Over the next 12 months:**

8. Strong political and corporate support for children’s services must continue to ensure the service improvements needed are prioritised and the pace of improvement accelerated and sustained. SIP 1.5
9. Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners’ completion of Joint Assessment Frameworks. SIP 2.3
10. The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear. SIP 2.1
11. The quality and consistency of record keeping should be improved; all staff and managers should ensure that their records are of good quality, are up to date and are systematically stored. SIP 2.1
12. The local authority and partners should work together to develop a cohesive approach to the collection and analysis of information about the needs of communities, that includes the voices of children and families. This should be used to inform the shaping of strategic plans to achieve effective alignment of service delivery between information, advice and assistance services, the preventive sector and statutory services. SIP 4.4
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. SIP 3.2
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. SIP 3.2

**CSSIW recommendations in red - high priority**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
1.	<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 CSSIW 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 &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 University with the possibility of securing a permanent post in the service post qualification.</li> <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> </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</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> </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 & Leighton Rees	Jan 2017	Dec 2017

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**CSSIW recommendations in red - high priority**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
		<ul style="list-style-type: none"> <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  Page 41	<p><b>Resolve Staffing matters to include:</b></p> <ul style="list-style-type: none"> <li>• Recruit to permanent posts</li> <li>• Exit strategy for agency staff</li> </ul>	<p><b>September &amp; October 2017</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>August 2017</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 workforce development issues move on at pace. This to include regular updates on staffing levels, staffing chart and caseload.</li> <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> </ul>	<ul style="list-style-type: none"> <li>• We continue to have experienced temporary agency staff covering vacant Social Work posts. A new recruitment initiative will be in place in November to try to attract permanent experienced Social Workers.</li> <li>• We are currently recruiting for a number of additional posts within the Service which will continue to strengthen our family support services. They include recruiting:             <ul style="list-style-type: none"> <li>• 3 x additional Support Workers posts within TAF funded from Families First</li> <li>• Additional Personal Advisor post 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> </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> <p>Partners report an improvement in joint working with Children Services due to reduction in staff turnover.</p>	Senior Management Team and HR	Nov 2016	Dec 2017

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**CSSIW recommendations in red - high priority**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
Page 42		<ul style="list-style-type: none"> <li>• Discussions to be held around extending Agency Staff contracts to be extended until end of December</li> </ul> <p><b>June/July 2017</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>May 2017</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 lly for experienced social work posts on a rolling basis</li> <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	Review of <b>Supervision Policy</b> . This will include following: <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> </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</li> </ul>	<ul style="list-style-type: none"> <li>• Mentoring for managers on outcome-focused supervision designed to develop reflective practice in November and December.</li> </ul>	<p><b>Yet to be done</b> Staff report that they are effectively supported to carry out their duties.</p>	Melanie Jones & Leighton Rees	Dec 2016	Ongoing tracking and auditing

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**CSSIW recommendations in red - high priority**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
Page 43	<ul style="list-style-type: none"> <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 style="color: red;">Links to CSSIW Recommendation 7:</p> <p>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>Staff Conference in October. We are currently analysing the information.</p> <ul style="list-style-type: none"> <li>• A planning workshop was held for Senior Management Team with Rhonwyn Dobbing 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 continues to be tracked by the Head of Service to ensure compliance. Managers/Practice Leaders will be held accountable for non-compliance.</li> <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 been 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><b>August 2017</b></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><b>June/July 2017</b></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><b>May 2017</b></p> <ul style="list-style-type: none"> <li>• Supervision policy revised and shared with staff</li> </ul>	<ul style="list-style-type: none"> <li>• On-going advice and guidance provided to individual social workers on completing assessments, recording and assessing risk.</li> </ul>	<p>Staff positively report that the quality of their assessments and plans have improved through regular and quality supervision. Managers' report that they are enabled to support staff to the required standards.</p> <p>Clear guidance on standards and good practice clearly communicated and available to all through regular Supervision.</p> <p>Managers complying with the Supervision Policy and Risk Model incorporated into Supervision sessions with staff.</p> <p>Regular audits across Children and Adult Services showing good quality and consistent Supervision.</p> <p><b>Commenced</b> Assurance mechanism established centrally to ensure compliance with Supervision policy.</p>			QA June 2017

Children Services Improvement Plan Version 5.0 September & October 2017

**CSSIW recommendations in red - high priority**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT AND EVIDENCE	LEAD OFFICER	START	END
		<ul style="list-style-type: none"> <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>					
Page 44	<p>1.4 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 CSSIW 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 &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>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> </ul>	<ul style="list-style-type: none"> <li>Discussions required to finalise and rearranging the floorplan for Practice Groups to be co-located.</li> <li>HR to provide regular updates regarding recruitment and retention rates for the Service.</li> </ul>	<p><b>Yet to be done</b></p> <p>Managers' report enhanced confidence in their skills in making correct and safe case management decisions.</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.</p> <p>Increased confidence in workforce and organisational reputation in feedback from partners.</p> <p><b>Commenced</b></p> <p>Regular case file audits showing an improvement in the quality of assessments and care and support plans.</p> <p>Regular audits across the Service showing correct and safe management decisions being made by Managers.</p>	Senior Management Team	Jan 2017	March 2018

**CSSIW recommendations in red - high priority**

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Page 45		<ul style="list-style-type: none"> <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>• CAFCASS</li> <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>					





Children Services Improvement Plan Version 5.0 September & October 2017

**CSSIW recommendations in red - high priority**

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		<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**

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
Page 47	<p>Improvement in the quality of practice.</p> <p><u>Areas of focus:</u></p> <ol style="list-style-type: none"> <li>1. Child protection, child protection and LAC social work visits</li> <li>2. Risk Model – improve analysis of risk</li> <li>3. Assessment - What matters, 5 areas of assessment.</li> <li>4. Outcomes focused plans</li> <li>5. Complete Care and Support plans under the SS&amp;WB Act</li> <li>6. Establish and maintain high quality relationships with children, young people and their families.</li> <li>7. Record keeping</li> <li>8. 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 &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>• Collaborative Communications course held on the 28<sup>th</sup> and 29<sup>th</sup> 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> </ul>	<ul style="list-style-type: none"> <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>	<p><b>Yet to be done</b> Evidence in ‘prevention’ and ‘supporting’ with more children remaining at home.</p> <p>Regular audits undertaken confirming improvements in the quality of practice, assessing risk and record keeping.</p> <p>Regular audits showing an improvement in the quality and consistency of record keeping and they are up to date and are systematically stored.</p> <p>Increase in positive feedback from service users on the progress they have achieved with the support of Children’s Services</p> <p><b>Commenced</b> An improvement in outcomes for children and young people with a reduction in children on CPR and looked after</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>	Jan 2017	March 2018

**CSSIW recommendations in red - high priority**

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Page 48		<ul style="list-style-type: none"> <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:               <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> </ul> </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</li> </ul>					

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Page 49		<p>wish for, evidence from audits suggests that practice remains inconsistent.</p> <ul style="list-style-type: none"> <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> <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 CSSIW as achieving the required outcome for the child/ren and their families.</li> <li>• CSSIW 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.’</li> </ul> <p><b>Case 2 provided evidence of :</b>                      ‘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.’</p>					

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Page 50		<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 Discussions/Meetings Quality of Assessment. <b>Key Themes are as follows:</b> <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> </ul> </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 guidances 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 AWCP2008</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>					

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Page 51		<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>• Challenged and supported individual workers to improve their practice</li> <li>• The quality of practice continues to be inconsistent.</li> <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><b>May 2017</b></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>CSSIW 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>1. quality,</li> <li>2. consistency and</li> <li>3. timeliness</li> </ol> <p>of child protection enquiries.</p>	<p><b>September &amp; October 2017</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</li> </ul>	<ul style="list-style-type: none"> <li>• Following analysis of CID 16 referrals work is on-going between the Police and Children’s Services. Discussion around piloting arrangements in relation range of measures to improve the flow and quality of information shared between both agencies.</li> </ul>	<p><b>Yet to be done</b> Regular audits show an improvement in the quality, consistency and timeliness of child protection enquiries leading to improved outcomes for children and young people.</p>	Service Mangers	Jan 2017	Oct 2017

**CSSIW recommendations in red - high priority**

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Page 52	<p>Practice Guidance to be developed between Police and Children services around child protection referrals, strategy discussion/meetings and enquiries.</p>	<p>management review concludes that in several cases auditors expressed concern about strategy discussions or meetings:</p> <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> <ul style="list-style-type: none"> <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 be for both teams to meet to compare their conclusions.</li> <li>• Draft Multi Agency practice guidances 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>August 2017</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</li> </ul>	<ul style="list-style-type: none"> <li>• A Regional Referral Form has been approved and will be incorporated into our Referral Practice Guidance</li> </ul>	<p>Staff report clearer guidance and improved understanding of roles and responsibilities through the implementation of the Practice Guidance.</p>			

**CSSIW recommendations in red - high priority**

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Page 53		<p>both Conwy and Flintshire has assisted us in forming clearer mission for our own IAA.</p> <ul style="list-style-type: none"> <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. 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.</li> <li>• CSE and Return Home Interviews for looked after children, work is being done to improve performance in these areas taking place with partners - Police and the 6 North Wales Local Authorities.</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. See 2.1</li> </ul> <p><b><u>June/July 2017</u></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> </ul>					

**CSSIW recommendations in red - high priority**

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		<ul style="list-style-type: none"> <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>CSSIW 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.</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, improvement in the quality of referrals, attendance at strategy meetings, core group meetings and information sharing.</p>	<p><b>September &amp; October 2017</b></p> <p>Work progressed on improving the quality and our understanding of the care and support assessments (Part 1,2,3) this includes the core data set, the what matters conversation and care and support assessment. We have been working to improve our understanding of the national eligibility criteria and gain consistency in recording the eligibility criteria in our assessments. We have identified suitable methods of communication, prompts and tools to improve the quality of the what matters conversation, decision making process and recording.</p> <p><b>August 2017</b></p> <ul style="list-style-type: none"> <li>Practice guidance completed see 2.2</li> <li>Meetings held with CAMHS and CAF/CASS</li> </ul> <p><b>June/July 2017</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>May 2017</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> <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>	<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 will start in September.</li> </ul>	<p><b>Yet to be done</b> Improved multi agency safeguarding arrangements leading to improved outcomes and experiences for children and young people.</p> <p><b>Commenced</b> A multi-agency Practice Guidance clearly defines local roles and responsibilities and safeguarding arrangements.</p>	Early Intervention Service Manager	Jan 2017	Oct 2017



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**CSSIW recommendations in red - high priority**

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

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
Page 55	<p>3.1 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 &amp; October 2017</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>August 2017</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> <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> </ul>	<ul style="list-style-type: none"> <li>Aim to reduce the number of Children becoming Looked After by: Engaging family, friends and community earlier</li> <li>Being creative – additional support/provision</li> <li>Completing in-depth Care &amp; Support Assessments</li> <li>Engaging the child/young person in the Assessment process</li> <li>Listening to children and Young People</li> <li>SMART Care &amp; Support planning</li> <li>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><b>Commenced</b></p> <p>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 down’ arrangements for children and young people.</p> <p>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>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>		Jan 2017	March 2018

**CSSIW recommendations in red - high priority**

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Page 56		<ul style="list-style-type: none"> <li>Resilient Families team appointed and we have started to work under the Resilient Families model with families.</li> </ul> <p><b>June/July 2017</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:                             <ul style="list-style-type: none"> <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> </ul> </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>May 2017</b></p> <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>					
	3.2	Strengthen and embed the Quality Assurance Framework within the Service, through: <ol style="list-style-type: none"> <li>IRO and CPC to report quarterly on their assessment of the</li> </ol>	<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</li> </ul>	<ul style="list-style-type: none"> <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>	Safeguarding and Quality assurance Service Manager	Jan 2017

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<p>operational performance through conference and review.</p> <p>2. IRO and CPC to draw out, on a thematic basis, issues regarding quality and learning for the Service.</p> <p>3. Managers to undertake regular audits on focused areas:</p> <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> <p>Caseloads and reports regarding the quality of workers' performance to be continuously monitored.</p> <p>CSSIW Recommendation 13: Performance management and quality assurance arrangements, including scrutiny of service demand and routine auditing of the quality of practice, needs to be embedded so that managers at all levels have timely, relevant and accurate performance and quality assurance information to enable them to do their jobs effectively and to deliver improvements.</p> <p>CSSIW Recommendation 14: Caseloads and reports regarding the quality of workers' performance should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.</p>	<p>aim of the framework is to the approach that Children's Services will take to ensure that it is</p> <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> <ul style="list-style-type: none"> <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> <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> </li> <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> </ul>	<p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Risk that we focus on evaluation at the cost of improving. We must secure sufficient capacity within the unit to take forward the work of improvement in a planned and systemic way.</li> <li>• Implement the remaining elements of the Evaluating Quality process of the framework over a period of time: embedding each element and building on that foundation. We must secure sufficient capacity within the unit to take forward the work</li> <li>• Provide Tools, support and training to staff to implement the framework</li> <li>• Complete the revision of the work of the Quality Improvement Unit to support Quality improvement</li> <li>• Revise the Audit Plan in line with Q2 Summary Evaluation Report</li> <li>• Continued provision of Risk Model Coaching and Mentoring</li> <li>• Revisit in November/December cases judged as inadequate in previous audits. Requires capacity</li> </ul>	<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 showing evidence of improvement in the quality of practice and learning and of safe decision making at all levels.</p> <p>Regular and timely qualitative reports are submitted without delay to the leadership team, including members.</p> <p>The organisation is demonstrating more structured governance and scrutiny arrangements through regular case file audits.</p> <p>IRO/CPC have an improved quality assurance role leading to learning and improvement in the quality of practice Managers provide monthly highlight reports to Service Managers and HOS on the quality of workers' performance to ensure there is sufficient capacity for them to engage effectively with children and their families.</p> <p>QA and Safeguarding Unit to drive improvement and changes to practice across the Service through learning from thematic and qualitative reports.</p> <p>Improvement in the quality, consistency and timeliness of child protection enquiries</p>			

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

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Page 59		<ul style="list-style-type: none"> <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>May 2017</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 Practice Improvement Group to be established to take forward practice improvements.</li> <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> </ul> </li> </ol>	<p><b>September &amp; October 2017</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>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> </ul>	Interim Head of Children Services	March 2017	Oct 2017

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<ul style="list-style-type: none"> <li>• Lac Reviews</li> <li>• LAC visits</li> <li>• CP visits</li> <li>• Core group meetings</li> <li>• Pathway Plans</li> </ul> <p>These will be brought back into target</p>	<p><b>August 2017</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>June/July 2017</b></p> <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>		<ul style="list-style-type: none"> <li>• LAC visits</li> <li>• CP visits</li> <li>• Core group meetings</li> <li>• Pathway Plans</li> </ul>			
<p>3.4 <b>CSSIW 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><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <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</li> </ul>	<p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Risk that we focus on evaluation at the cost of improving. We must secure sufficient capacity within the unit to take forward the work of improvement in a planned and systemic way.</li> </ul>	<p><b>Yet to be done</b> Agreed multi-agency quality assurance system in place showing an improvement in the quality and timeliness of practice.</p> <p>All staff and key partners have undertaken the identified training and there is evidence of improvement in the level of understanding and</p>	Safeguarding and Quality assurance Service Manager	Dec 2016	Dec 2017

**CSSIW recommendations in red - high priority**

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<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>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:</p> <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> <ul style="list-style-type: none"> <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 Board around North Wales Police also completing the referral form.</li> <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>August 2017</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,</li> </ul>	<ul style="list-style-type: none"> <li>• Require capacity to maintain the progress of undertaking multi agency evaluations</li> </ul>	<p>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 with families and provide quality interventions.</p>			

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	<p>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</p> <ul style="list-style-type: none"> <li>Progressing with partners (Police, Health and Education) to implement the multi-agency quality assurance system referred to below.</li> </ul> <p><b>June/July 2017</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>May 2017</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> <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>					
3.5	<p><b>CSSIW 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><b>September &amp; October 2017</b></p> <ul style="list-style-type: none"> <li>This work has been developed into creating a Operational model within WCCIS (MP Project lead). We do have some useful products – glossary of terms, jargon free session, draft standards which could be developed</li> <li>Recording performance from Q2-</li> </ul>	<p><b>Commenced</b> Case file audits by Managers shows an improvement in the quality and consistency of record keeping.</p>	Safeguarding Quality Assurance Manager and Service Managers	January 2017	September 2017



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<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>The overall evaluation shows that recording practice remains inconsistent although there is evidence of improvements in some audits.</p> <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>Training to be provided for staff around best practice in record keeping and the Practice Guidance.</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>			

**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.**

age 6-9	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
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>Collaborative Communications' course on strengths based conversations.</li> <li>IFSS interventions</li> <li>Culture change</li> <li>Measuring performance</li> <li>Motivational interviewing</li> </ol>	<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>August 2017</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>June/July 2017</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-</li> </ul>	<ul style="list-style-type: none"> <li>Feedback/learning on the changes that have happened in Social Work practice following the training sessions.</li> </ul>	<p><b>Yet to be done</b></p> <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></p> <p>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	March 2017	March 2018

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**CSSIW recommendations in red - high priority**

		<p>production, all of which continues to be a challenge for children's services as families are reluctant to engage.</p> <p><b>May 2017</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>September &amp; October 2017</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>August 2017</b></p> <ul style="list-style-type: none"> <li>• Two Senior Managers (Early Intervention and Intensive Intervention) in post</li> </ul> <p><b>June/July 2017</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>May 2017</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>	<ul style="list-style-type: none"> <li>• Gradual transition over to the new structures will commence in September with Practice Leaders in posts on the 4<sup>th</sup> of September. Social Workers were consulted about their preferred work areas i.e Early Intervention or Intensive Intervention.</li> <li>• Social Workers will transfer over into Practice Groups on the 2<sup>nd</sup> of October.</li> <li>• Review of Placement Team will commence in October 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
4.3	<p>Implementation of an Information, Advice and Assistance (IAA) model for Anglesey</p>	<p><b>September &amp; October 2017</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</li> </ul>	<ul style="list-style-type: none"> <li>•</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>	Service Manager	Dec 2016	April 2017

**CSSIW recommendations in red - high priority**

		<p>opportunity for a more structured conversation to support families to access solutions within their own circle of resources/community resources.</p> <ul style="list-style-type: none"> <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, Improvement Development Manager for Social Care Wales.</li> </ul> <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> </ul>		<p>There is a reduction in duplication of effort through the current running of multiple ‘front doors’</p>			
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**CSSIW recommendations in red - high priority**

		<ul style="list-style-type: none"> <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> <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>CSSIW 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>CSSIW 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</p>	<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 CSSIW.</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 what has and what has not worked in the past and what preventative services should be developed in the future.</li> </ul> <p><b>August 2017</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.</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 Môn' 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>	<p>Jan 2017</p> <p>Oct 2017</p>

**CSSIW recommendations in red - high priority**

<p>service delivery between information, advice and assistance services, the preventive sector and statutory services.</p>	<p>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.</p> <ul style="list-style-type: none"> <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> <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><u>May 2017</u></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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**CSSIW recommendations in red - high priority**

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

	ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
5.1	Review Children Support Services to focus on: <ol style="list-style-type: none"> <li>1. Supervised contact</li> <li>2. Freeing up capacity to undertake preventative work</li> <li>3. Role of Parenting Officer</li> </ol>	<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 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 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>	We will be reviewing Children Support Services in Oct 2017 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></p> <p>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.</p> <p>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	May 2017
5.2	Implement Resilient Families Team	<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:                             <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> </ul> </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>	<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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**CSSIW recommendations in red - high priority**

ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
	<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>					
<p>5.3 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> <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>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> </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> <p><b>Commenced</b></p> <p>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>	<p>Alex Kaitell, Service Manager</p>	<p>Jan 2017</p>	<p>March 2018</p>

**CSSIW recommendations in red - high priority**

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Page 70		<ul style="list-style-type: none"> <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> <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>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> </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



**CSSIW recommendations in red - high priority**

ACTION TO BE TAKEN AND LINKS TO CSSIW RECOMMENDATIONS	ACTIONS TAKEN/TO TAKE TO ACHIEVE IMPROVEMENT	ACTIONS REQUIRED TO ACHIEVE IMPROVEMENT	EXPECTED OUTCOME / IMPROVEMENT & EVIDENCE	LEAD OFFICER	START	END
		<ul style="list-style-type: none"> <li>• Work will commence on strengthening the role of Director of Social Services following the May 2017 local elections.</li> </ul>				

## Isle of Anglesey Children's Services

### Preface

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

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

We have developed a prevention strategy focused on deescalating need at all levels, and reducing the need for intensive involvement, we are currently consulting on its content with relevant stakeholders. We are using Families First resources to enhance our Teulu Môn and TAF responses and to ensure other Families First investment is coherent with that objective. The council has invested resources to establish an intensive intervention resilient families' team so that we are able to respond proactively to children with high level/edge of care needs. The resilient families' team is also having an impact in working with the allocated social worker to assist in returning children and young people out of care either to friends or family or closer to home. These initiatives are now all operational and starting to deliver in line with these expectations, we are in the process of increasing the resourcing to further enhance this provision.

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

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

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

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

## Progress report

- 1.0 In response to the findings and recommendations of the CSSIW Inspection report, Children's Services has put the following arrangements in place:
- A revised Service Improvement Plan (SIP), incorporating all of the Recommendations made in CSSIW's Inspection Report
  - New Project Management arrangements in place, with an internal Improvement Group of officials meeting on a monthly basis, and reporting to the Senior Management Team and to the Executive.
  - Establish a new Panel of Elected Members following the recent Local Authority elections, which reports to the Corporate Scrutiny Committee.
- 1.1 In addition to this, the Chief Executive is holding meetings (initially weekly, currently every two weeks) with the Director of Social Services, the Head of Children's Services and the Head of Human Resources, to oversee the development and implementation of the Workforce Strategy, and to ensure that there is appropriate pace in making key appointments to posts.
- 1.2 When the Inspection was being held, the Head of Service had commenced a period of planned absence from work. The interim arrangement made from October 2016 was for:
- Llyr Bryn Roberts to oversee the day-to-day running of the Service as Head of Operations, and leading on the Service Improvement Plan and
  - Leighton Rees, previously Head of Children's Services at Denbighshire County Council and Merthyr Tydfil County Borough Council, steering the strategic direction of the Service as Head of Strategic Development, and leading on the restructuring of the Service.
- 1.3 When the Head of Service returned from her planned absence she was appointed the post of Service Manager, Safeguarding and Quality Assurance. The above interim arrangements to manage the Service has continued and a process of recruiting a substantive Head of Children and Families Service was undertaken. On 7<sup>th</sup> November 2017 the Local Authority appointed Fon Roberts to the post of Head of Service and he will be commencing in post on 1<sup>st</sup> December. He has been working as a Service Manager within the Service over the past six months and has a wealth of experience, having worked in a variety of Local Authorities across England and Wales. Fon started his career as a Social Worker here in Anglesey nearly 20 years ago.

- 1.4 The Independent Support Team (IST) assisted the Authority during 2011 and 2012 to bring about improvement in the performance of children's social services in response to a Care and Social Services Inspectorate Report published in July 2011. The Team produced a final report at the end of 2012 which confirmed that considerable progress had been made in strengthening the performance of these services. The Team presented its findings to the Scrutiny Committee and to the Care and Social Services Inspectorate. Following receipt of the most recent Inspection Report at the beginning of 2017 and in view of its past experience of Children's Services in the Authority, the Director asked the IST to provide support during the implementation of the Service Improvement Programme.

The three members of the IST are:

**Graham Williams** who will act as team leader. He began his career in social services in Wales in 1972, was a Director of Social Services from 1990 until 1999 when he became Chief Inspector at the Social Services Inspectorate for Wales (SSIW) at the Welsh Assembly. He retired in 2009 from the post of Policy Director of Social Services at the Welsh Government. Since that time, he has worked with a number of local authorities in Wales to help them to bring about improvement in their Social Services for children.

**Rhonwyn Dobbing** who has been a member of the team following her retirement from the post of Inspector at the Welsh Government. Prior to her appointment to SSIW, Rhonwyn had extensive experience as a senior manager in Children's Social Services. She is recognised as a highly respected professional in this field, has worked as a fee paid Inspector for CSSIW and has used her expertise within the Team to assist a number of authorities to improve their performance.

**John Llewellyn Thomas** who was a member of the IST when it worked in Ynys Mon during 2011 and 2012. John has extensive experience of working in the field of Children's Social Services, was an Assistant Director and then became a Director of Social Services. Following retirement, he has been a fee paid member of a number of Inspection Teams within and outside Wales and has been used by authorities to provide a professional input to their work to strengthen their services.

### **The Team's Contribution**

The Director has asked that the Team acts as a "critical friend" to provide assistance in the following ways:

1. To provide the Director with an assessment of progress made with implementing the Service Improvement Plan adopted by the Authority in response to the CSSIW Inspection Report and, importantly, with implementing the requirements of the Social Services and Well-Being (Wales) Act 2014.
2. To provide direct assistance to the process of strengthening performance in Children's Social Services by directly promoting:
  - Work to improve the quality and focus of staff supervision arrangements within the Children's Services;
  - The implementation of a Quality Assurance Framework to ensure it is fully integrated throughout children's services and across adult services and is used to inform and drive the achievement of good practice and quality outcomes for people who need the help of Social Services.

### **The Work Programme**

- 13<sup>th</sup> – 17<sup>th</sup> of November – The Team has collected evidence from policy and guidance documents and other relevant written documentation and an Outcome Focused Supervision workshop for Practice Leaders was held on the 16<sup>th</sup> of November. Rhonwyn observed the Teulu Môn staff.
- 28<sup>th</sup> of November, Children's Service Improvement Panel – Graham Williams will report on how the Team will conduct that assessment and the projected timetable for that work and observe the Panel meeting
- 4<sup>th</sup> – 7<sup>th</sup> of December – The team will be conducting an assessment of progress made with the Service Improvement Plan; interviewing relevant members of staff which will include Panel Members, observing different groups within the Service. They will also carry out a sample audit of case files
- January or February – The team will present the findings of their assessment of progress made with the Service Improvement Plan to the Panel and share with CSSIW.

CSSIW Recommendations	Service Improvement Plan	Update
<p><b>Recommendation 1: The authority should progress its commitment to developing 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 (SIP 4.4)</b></p>	<p><b>SIP 4.4</b></p>	<p><b>1 Achievements</b></p> <p>1.1 In September 2017 the restructuring within Children’s Services was undertaken with the establishment of the Early Intervention and Prevention Service and the Intensive Intervention Service. The new service structure has significantly strengthened the delivery of preventative services as Families’ First program, the Family Information Service and Team Around the Family (TAF) have also transferred to Children Services. This has created an Information, Advice and Assistance Hub that provides a more coordinated approach to the provision of early help for families mitigating the need for statutory services.</p> <p>1.2 The new hub, known as Teulu Môn, is managed since the beginning of October, by 3 Practice Leaders and an experienced Service Manager for Early Intervention and Prevention. The additional permanent management arrangements has significantly strengthened our oversight to make informed and correct decision making when there is indication that children and families require help and support, leading to an assessment prior to deciding how and by whom support could most effectively be provided.</p> <p>1.3 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 the citizen to access solutions within their own circle of resources/community resources. We continue to support our staff to ensure they consistently have good quality conversations as some officers have more confidence and skills in this approach. There are arrangements for internal workshops for staff to practice the ‘What Matters’ conversations and we have arranged for Jackie Drysdale, Improvement Development Manager for Social Care Wales to observe our practice in this area at the beginning of December.</p>

	<p>Jackie is developing a national training program for the Information Advice and Assistance hubs.</p> <p>1.4 Recording the 'What Matters' conversations can be challenging as some staff prefer to write in the traditional case recording style and others in a more reflective manner. We are aiming to move practice into recording in a more reflective manner as this will serve two purposes:</p> <ul style="list-style-type: none"> <li>• Provide a stronger evidence of the engagement of the child and the family members</li> <li>• Provide an opportunity to check the details of the conversation with the family by including it in a reflective letter to the family.</li> </ul> <p>1.5 We are aware that the 'What Matters' conversation takes time to complete to a good standard and the Engagement officers can take up to 45 minutes to complete a conversation. Engagement officers report that they have sufficient time resources at their disposal to conduct the conversations effectively.</p> <p>1.6 Over the last few weeks we have been able to respond effectively in preventing the need for care and support by providing prompt advice and assistance. Over a two week period (end of October – beginning of November) we received:</p> <ul style="list-style-type: none"> <li>• 37 referrals</li> <li>• 24 of these were dealt with at the 'What Matters' conversation stage.</li> <li>• 10 basic assessments and</li> <li>• 3 complex assessments</li> </ul> <p>1.7 Multi agency and our own audits indicate that the quality of the referrals received are generally inconsistent. Some can be very poor, with limited information and requires us to contact the person referring to request they talk to families to obtain consent, conduct a 'What matters' conversation themselves and consider other options and services. We aim to be proactive in the way that we deal with poor referrals, looking for improvement in the outcome rather than simply refusing the referral.</p>
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	<p>1.8 We have developed a draft Practice Guidance for Teulu Môn in accordance with the Social Services and Wellbeing (Wales) Act 2014. The intention of Teulu Môn is <i>“to support families in Anglesey in caring for children with an emphasis on helping parents develop their own ability to identify and manage issues and challenges and to keep families together in a safe, supportive and stable environment.”</i></p> <p>Teulu Môn does provide a range of resources and support that will:</p> <ul style="list-style-type: none"> <li>• contribute towards preventing or delaying the development of children and young people’s care and support needs that require support from the Local Authority;</li> <li>• change how the needs for care and support of children and young people are met;</li> <li>• promote the upbringing of children by their families, where that is consistent with the well-being of the child(ren);</li> <li>• minimise the effect on disabled children and young people of their disabilities;</li> <li>• contribute towards preventing children and young people from suffering abuse or neglect.</li> </ul> <p>1.9 A Multi agency Referral Practice Guidance has been developed with partners and will be ratified in the Corporate Safeguarding Board in December. The regional referral form has been agreed and will be incorporated into the Practice Guidance. We have started to work with partners on explaining the access arrangements to Children’s Services to ensure they are understood by partners and the people engaging with the service. The information sessions will increase over the coming months as we will continue to influence and shape other agencies roles, helping them in building relationships, better understanding of circumstances and vulnerability factors so they can accurately identify and engage rather than seek to refer on in circumstances of uncertainty and doubt.</p>
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		<p>1.10 With funding from Families First we are also strengthening our Information, Advice and Assistance services with enhanced investment in Teulu Mōn and Team Around the Family. We are currently recruiting for additional posts (Engagement Officers, 1.5 FTE and TAF Support Workers, 3 FTE) which will further strengthen our capacity to respond effectively to children and families who require support and to prevent the need for care and support.</p> <p>1.11 All commissioned services under the Families First program are currently being reviewed and discussions have taken place with current providers around how they may provide services in a different way in the future.</p> <p>1.12 One option is to commission a locally accessible support service to complement and support the delivery of services for children and families, and provide a destination for step out arrangements for vulnerable families. If approved, the stepping forward service will work with the children and families who have been known to the Children's Services and specifically, but not exhaustively, the service would work with;</p> <ul style="list-style-type: none"> <li>• The families of those children who had been identified of suffering significant harm and have now been de registered,</li> <li>• Children who have been identified to have several unmet needs and have been in receipt of a care and support plan,</li> <li>• Children who have shown some early indicators of harmful sexualized behaviour,</li> <li>• Families who may have low level issues with substance misuse.</li> <li>• Families who may have low level mental health problems such as anxiety and low mood.</li> <li>• Assisting children with disabilities to access activities within their communities, assisting in their social inclusion and normalizing their lives.</li> <li>• Families who may need some additional input to fully achieve their goals and sustain change.</li> </ul>
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		<p>The involvement would be intended to be relatively short term to offer low level assistance to identified vulnerable families to prevent escalation. Initial discussions have taken place with Barnados in relation to this work.</p> <p>1.13 Children's Services has a clear vision for early intervention and prevention services and a draft strategy has been shared with CSSIW. We have consulted with staff and partner agencies and we have arranged further consultation sessions with community groups and with families, children and young people who will have insight into what has and what has not worked in the past and what should be developed in the future. The draft strategy will be presented to the Executive Committee.</p> <p>1.14 The strategy will be formed with the knowledge that we already have information around the needs of the families of Anglesey through the Population Needs Assessment, our own data and previously commissioned research by Cordis Bright.</p> <p>Work is being done on forming links with community groups such as Caru Amlwch which will strengthen children and families connections to their own community and build the resilience not only within the individual but within the family and community.</p> <p>1.15 Overall our aim is to enable vulnerable families to be better able to manage their problems and provide a suitable, safe and secure environment for their children. This would involve:-</p> <ul style="list-style-type: none"> <li>• BUILD resilience in children, young people, parents, carers and the community so that they become more self-sustaining.</li> <li>• PREVENT need escalating by the early identification and prioritization of families in need, proactively addressing need with effective intervention.</li> <li>• PROTECT from significant harm by offering intensive and effective intervention</li> </ul>
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		<p>1.16 Our model of intervention would seek wherever possible and appropriate to deal with matters at the pre-statutory services level. In that context all circumstances that do not involve S47 investigation or removal to care will be dealt with by the Early Intervention and Prevention Service in that way. That may be by staff designated as Team Around the Family or the social worker practice groups. They will use the vulnerability indicators available in Cordis Bright to establish eligibility. The investigation of S47 or removal to care will be led by the Social Work practice groups.</p> <p>1.17 The interventions available at this stage will be:-</p> <ul style="list-style-type: none"> <li>• Parenting Programs</li> <li>• Practical Skills development at home</li> <li>• Motivational Interviewing</li> <li>• Solution Focused Brief Intervention</li> <li>• Relationship Mediation and Management</li> <li>• Intervention to deal with challenging behaviour</li> <li>• Access to broader service provision to respond to particular needs-information available via Teulu Môn.</li> </ul> <p>1.16 This would create the following objectives:-</p> <ul style="list-style-type: none"> <li>• To ensure the TAF provision is suitably resourced</li> <li>• That a skills development program is developed and implemented</li> <li>• Intervention, Supervision and support via Practice Leaders.</li> </ul> <p>1.17 The Children's Services prevention strategy will feed into the process of the wider Corporate prevention strategy for the Local Authority.</p>
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<p><b>Recommendation 1: The authority should progress its commitment to developing 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 (SIP 4.4)</b></p>	<p><b>SIP 4.4</b></p>	<p><b>2 Strengths</b></p> <ul style="list-style-type: none"> <li>a. We have developed a strong vision to develop services focused on preventative work with children and families.</li> <li>b. The new service structure has enabled us to focus on strengthening the integration of our preventative services by increasing our staffing capacity.</li> <li>c. The establishment of smaller Practice Groups enables the Practice Leaders to provide the required support, guidance and supervision to staff to deliver effective services.</li> <li>d. The Teulu Môn Practice guidance provides a clear working framework for staff with the aim of providing prompt and effective information, advice and assistance to children and families requiring support.</li> <li>e. The Local Authority has placed the objective of developing preventative services and support for families as one of the main objectives for the Council. It is incorporated in the Council Plan for 2017 - 2022 setting out the wider corporate aim of providing <i>“robust early intervention and prevention services to ensure that children are safe and supported in order to minimize harmful childhood experiences.”</i></li> <li>f. The work on Adverse Childhood Experiences on Anglesey has great potential to raise awareness of the ill effect of childhood trauma and the subsequent consequences into adult life.</li> </ul>
<p><b>Recommendation 1: The authority should progress its commitment to developing a framework for the provision of preventive work with children and</b></p>	<p><b>SIP 4.4</b></p>	<p><b>3 Continued areas for improvement</b></p> <ul style="list-style-type: none"> <li>a. Updating the Information available for families on the Family Information Service website.</li> <li>b. Establishing the post of Corporate Preventative Manager focusing on developing a corporate prevention strategy by integrating the Welsh</li> </ul>

<p><b>families that will deliver an integrated service and provide early help and support that effectively delays the need for care and support (SIP 4.4)</b></p>		<p>Government grants available to the Local Authority which will allow us to be more flexible with our commissioning arrangements to meet the needs of our families and communities.</p> <p>c. Continue to influence and shape other agencies roles in the work being developed by Children's Services helping them in building relationships with families, better understanding circumstances and vulnerability factors. This will assist them to accurately identify families and engage effectively with them rather than seek to refer on in circumstances of uncertainty and doubt.</p> <p>d. It is acknowledged that this is a significant development journey at all levels within the Local Authority and partner agencies.</p>
<p><b>Recommendation 2: Effective, multi-agency quality assurance systems and training arrangements should be established to ensure that thresholds for assessment to statutory children's services are understood by staff and partners and are consistently applied; this should include the development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance.</b></p>	<p><b>SIP 3.4</b></p>	<p><b>2.0 Achievements</b></p> <p>2.1 We have been developing Multi Agency practice guidance as a direct response to the CSSIW Inspection with the aim of strengthening multi agency joint working. The Practice Guidance has been designed to be read and used by the range of practitioners and professionals working across children's services.</p> <p>They do not replace, provide the detail of or interpret legislation, policy, frameworks and procedures, which are all subject to change, but focuses more on the 'how to', offering advice, suggesting ideas and providing signposts to sources of information and further reading.</p> <p>The Practice Guidance focus on:</p> <ul style="list-style-type: none"> <li>• How to make Referrals to Children's Services</li> <li>• Child Protection Practice Guidance - Investigation Thresholds</li> <li>• Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>• Child Protection Practice Guidance- Registration Thresholds.</li> <li>• How to manage child protection allegations made against Professionals Practice Guidance</li> </ul>

	<p>2.3 The Gwynedd and Anglesey Local Safeguarding Delivery Group did not endorse the guidance at their last meeting in October. The police explained that this needs to be approved regionally and Gwynedd did not want to implement any new guidance as the All Wales Child Protection Procedures were currently being reviewed. The Practice Guidance which has been endorsed by Betsi Cadwaladr University Health Board and Education will now be endorsed at the Corporate Safeguarding Board and training plan for staff will be developed for the period from January to March 2018.</p> <p>2.4 We have already strengthened our arrangements around the threshold arrangements in relation to referrals made to Children's Services to ensure consistency in decision making. The increase from one Duty Team Manager to three Practice Leaders will have a significant difference in the consistency and capacity for our decision making in the 'front door' i.e. Teulu Môn. The record of decision making now contains more analysis of risk and the wishes of the child and the family. The multi-agency Practice Guidance and training arrangements will further progress this work.</p> <p>2.5 We have been discussing with other agencies such as CAMHS, Schools, CAFCASS and Flying Start to explain the work being developed to strengthen referral arrangements and an improved understanding of thresholds for assessments. The regional work around referral processes recently approved will provide additional clarity and guidance.</p> <p>2.6 We have developed and started to embed into practice a Quality Assurance Framework for Children's Services. Multi agency quality assurance arrangements have also now commenced with our main partners, Health, Education and the Police as we recognize the value of not only understanding for ourselves, but also learning from understanding partner's perspectives. Our partners share this view that when agencies and individual professionals engage in assuring practice, it helps us understand the effectiveness of front-line practice in protecting children and young people.</p>
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		<p>It allows us to identify good practice and ask questions about whether things could be done differently to improve the safeguarding system.</p> <p>2.7 In order that we are able to better understand the information being received by the Service we undertook an audit of all referrals received by Children's Services from North Wales Police in the form of CID6's over a 2 week period (1<sup>st</sup>-14<sup>th</sup> June 2017). The audit comprised an analysis of referral information:</p> <ul style="list-style-type: none"> <li>• Recording of key information such as date of birth, language, disability etc.;</li> <li>• Whether the reason for the referral was clear;</li> <li>• Whether an anticipated outcome of the referral was stated</li> <li>• Information as to whether children and parents had been spoken to as part of the referral process;</li> <li>• Whether there was an analysis of the risks and needs of the children or family.</li> <li>• Whether there was a relevant chronology.</li> <li>• Whether the child's opinion had been sought.</li> <li>• Finally, it was judged based on the information provided and the managers decision whether the referral was made appropriately.</li> </ul> <p>2.8 The audit concluded that:</p> <ul style="list-style-type: none"> <li>• Children should only be referred either when the child is already open to Social Services, with the consent of the family or when there is clear safeguarding concerns.</li> <li>• Data protection being breached in a significant number of the referrals audited as consent had not been provided by the family.</li> <li>• Information could be more specific in explaining why they are referring and a referral should not be made simply because there are children linked to the adults involved.</li> <li>• The quality of the information provided and the way in which the CID16 form is completed could be improved.</li> </ul>
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		<p>2.9 The next step is for the Police to undertake a similar audit and analysis and to meet with Children's Services to discuss their conclusions and to agree on how the work can be progressed. The aim of this work is that it will support and further strengthen more effective working.</p> <p>2.10 Initial discussion has been held to pilot a range of measures to improve the flow and quality of information shared between North Wales Police and Children's Services in Anglesey and further discussion will occur in November. One option being considered is establishing a joint Early Intervention and Prevention information process that could be one way of addressing some of the issues identified in our recent audit.</p>
<p><b>Recommendation 2: Effective, multi-agency quality assurance systems and training arrangements should be established to ensure that thresholds for assessment to statutory children's services are understood by staff and partners and are consistently applied; this should include the development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance</b></p>	<p><b>SIP 3.4</b></p>	<p><b>Strengths</b></p> <p>a) Multi agency Practice Guidance being developed to include training arrangements around:</p> <ul style="list-style-type: none"> <li>• How to make Referrals to Children's Services</li> <li>• Child Protection Practice Guidance - Investigation Thresholds</li> <li>• Child Protection Practice Guidance – Key Workers and Core Groups</li> <li>• Child Protection Practice Guidance- Registration Thresholds.</li> <li>• How to manage child protection allegations made against Professionals Practice Guidance</li> </ul> <p>b) Children's Services have a robust Quality Assurance Framework in place that is now being implemented across the Service.</p> <p>c) Monthly Case file audits and thematic audits are embedding in the service.</p> <p>d) Routine auditing of cases by Practice Leaders now happening across Children's Services.</p> <p>e) A draft multi agency Quality Assurance Framework has been developed and work around auditing the quality of multi practice has commenced.</p>

		<p>f) There is a strong willingness by Children's Services and partner agencies, Health, Education and the Police, to continue to undertake audits and analysis to improve practice and to strengthen arrangements to safeguard children and young people.</p>
<p><b>Recommendation 2: Effective, multi-agency quality assurance systems and training arrangements should be established to ensure that thresholds for assessment to statutory children's services are understood by staff and partners and are consistently applied; this should include the development of a multi-agency child protection thresholds protocol incorporating recent Welsh Government guidance</b></p>	<p><b>SIP 3.4</b></p>	<p><b>Continued areas for improvement</b></p> <ul style="list-style-type: none"> <li>a. Work around improving information shared by the Police with Children's Services need to be progressed further.</li> <li>b. Multi agency Quality Assurance Group to be established to proceed with the work of understanding the effectiveness of front-line practice.</li> </ul>
<p><b>Recommendation 3: Senior leaders in social services and the police should continue to work proactively together to ensure improvements to the quality, consistency</b></p>	<p><b>SIP 2.2</b></p>	<p><b>3 Achievements</b></p> <p>3.1 The decision making process at the point of referral at Teulu Môn has improved significantly over the last few months due to the increase in management capacity (from one manager to three Practice Leaders). This has made a difference in time allocated to decision making and the Practice Leaders now are able to have reflective conversations. Our aim now is that the consistency of decision making in relation to referral threshold arrangements will also improve.</p>

<p><b>and timeliness of child protection enquiries.</b></p>	<p>3.2 Decision making at the point of assessment is made in 24 hours and after 10 days when the assessment is reviewed by the Practice Leader and again at the end of the 42 days.</p> <p>If the family are to receive a service from either the Intensive Intervention Service or are stepped down to the TAF or any other services commissioned we have created a transfer document that consider the following three elements:</p> <ul style="list-style-type: none"> <li>• Risk</li> <li>• ACE's identified and</li> <li>• Resilience within the individual, family and within the community.</li> </ul> <p>3.3 The quality of CID16 referrals continue to vary in quality. If Teulu Môn are presented with a poor quality referral they make contact with the Police and share with them the difficulties that we may have in processing that particular referral. We aim to be pro-active when receiving referrals rather than closing or refusing referrals immediately.</p> <p>3.4 Children's Services have undertaken a repeat case file audit in May and June, with the assistance of commissioned external assistance to revisit an earlier audit to assess distance travelled. The small sample audit focused on:</p> <ul style="list-style-type: none"> <li>• Initial Decision making</li> <li>• Screening</li> <li>• Strategy discussions</li> <li>• Strategy meetings and</li> <li>• Simple assessments</li> </ul> <p>The auditor formed a view that:</p> <ul style="list-style-type: none"> <li>• Attendance and recording at Strategy Meetings had improved</li> <li>• Increased use of Risk 2 tool</li> <li>• Strategy meetings were being held on time</li> <li>• Increased use of Chronologies</li> <li>• Improved quality of assessments</li> </ul>
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		<ul style="list-style-type: none"> <li>• Consistency of documents remaining a problem</li> <li>• Conceptual shift from filtering risk to identifying strengths not fully embedded</li> </ul> <p>3.5 A draft Multi Agency practice guidance (Investigation Threshold) has been completed focusing on improving the quality, consistency, efficiency and effectiveness of both the Police and Children's Services in responding to safeguarding issues for children and young people. It is intended to make the best use of the respective skills of both Police officers and Social Workers in:</p> <ul style="list-style-type: none"> <li>• The investigation of allegations or suspicions of child abuse;</li> <li>• Information sharing;</li> <li>• Safeguarding Children</li> </ul> <p>3.6 The Practice Guidance has been developed to help all agencies involved with the investigation of allegations of abuse of children to work together for the best interests of the child and criminal justice. It offers an agreed way of working which should ensure:</p> <ul style="list-style-type: none"> <li>• the development of strong and effective professional partnerships that will enhance the investigative process for all children and young people</li> <li>• that all investigations are carefully planned to ensure that proper assessment, language needs and welfare issues are met</li> <li>• an opportunity for professionals to make informed assessments whether the child has or is likely to suffer significant harm and plan appropriate action.</li> <li>• that the process of investigation causes minimum distress to the child and allows them to receive the best protection and support through the criminal and civil channels.</li> <li>• that it will build on the safe foundations set down in the All Wales Child Protection Procedure</li> <li>• that mechanisms are available to resolve differences of opinion and,</li> <li>• that the processes can be monitored and recorded.</li> </ul>
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		<p>3.7 The Investigations Threshold Practice Guidance will be discussed in the North Wales Policy and Protocol Sub Group on 5<sup>th</sup> December where it will hopefully be endorsed and implemented across the region with the aim of strengthening our current joint working arrangements.</p>
<p><b>Recommendation 3: Senior leaders in social services and the police should continue to work proactively together to ensure improvements to the quality, consistency and timeliness of child protection enquiries.</b></p>	<p><b>SIP 2.2</b></p>	<p><b>3.0 Strengths</b></p> <ul style="list-style-type: none"> <li>a. The increase in managerial capacity within the new Service structure does enable Practice Leaders to have greater capacity with smaller Practice Groups to focus on the quality of practice of individual Social Workers in relation to child protection investigations.</li> <li>b. The increase in Practice Leaders has strengthened our capacity to make timely and appropriate decisions on referrals received by Teulu Môn.</li> <li>c. There is a strong willingness from Senior Managers and operation groups across both Children's Services and the Police to work together to continue to strengthen joint working. Discussion will progress in November on establishing an Early Intervention process to improve decision making and the sharing of information.</li> <li>d. We have continued to work closely with the Police and operational discussions occur on a daily basis to jointly respond to safeguarding matters. We can have open and honest discussions with the Police about the quality of referrals if it's required.</li> <li>e. There is a readiness by Children's Services and the Police to address poor practice in relation to the quality, consistency and timeliness of child protection enquiries through daily Management discussions (by Skype or telephone) in relation to the standard of CID16's received.</li> </ul>

<p><b>Recommendation 3: Senior leaders in social services and the police should continue to work proactively together to ensure improvements to the quality, consistency and timeliness of child protection enquiries.</b></p>	<p><b>SIP 2.2</b></p>	<p><b>3.0 Continued areas for improvement</b></p> <p>a. Summary of Quarter 2 Evaluation report shows 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.</p> <p>However the Case File Audit (July) and a management review concludes that in several cases auditors expressed concern about strategy discussions or meetings:</p> <ul style="list-style-type: none"> <li>• Not always being held in a timely manner</li> <li>• Minutes of discussions are insufficient</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> <p>b. 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.</p> <p>c. Work is 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.</p>
<p><b>Recommendation 4: The council should continue to support senior leaders to improve their knowledge and understanding of the complexities and risks</b></p>	<p><b>SIP 1.8</b></p>	<p><b>4.0 Achievements</b></p> <p>4.1 The Local Authority has established an Elected Members and Senior Leaders Panel, Chaired by the Leader of the Council set up in April 2016, formalized in March 2017 as part of Scrutiny arrangements. The arrangements around the cross-party panel have enabled us to develop a number of important principles</p>

<p><b>involved in delivering children's services to assure themselves, partners, staff and communities that their responsibilities are discharged to maximum effect.</b></p>		<p>that will form a strong foundation going forward as we develop a model for the scrutiny of Children's Services:</p> <p>4.2 The Panel is a sub-group of the Corporate Scrutiny Committee. This will ensure the following benefits:</p> <ul style="list-style-type: none"> <li>• Develop a model of working in Children's Services which focuses on a smaller group to enable Members to be more involved, to develop a level of subject expertise and to encourage good attendance and teamwork</li> <li>• Strengthen the capacity of Members to challenge performance by improving the quality of information regarding services and experiences of children and families who receive support and/or services</li> <li>• Forum to discuss information regarding Service risks, as a basis to inform the forward work program of the Corporate Scrutiny Committee.</li> <li>• Forum to develop a group of members with the expertise and ownership to lead discussions with regard to children and young people matters in the Corporate Scrutiny Committee.</li> <li>• Offer support to the looked after children Member's Champion.</li> </ul> <p>4.3 The main role of the Children's Services Improvement Panel is to:</p> <p>a) Monitor and scrutinize in a meaningful and robust way:</p> <ul style="list-style-type: none"> <li>• progress and distance travelled against the service improvement plan published in response to the CSSIW inspection.</li> <li>• quantitative and qualitative performance of the children's services. This to include developing a specific scorecard for children's services</li> </ul> <p>b) Ensure that the voices of children and young people are heard when considering the effectiveness and impact of services.</p>
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	<p>c) Provide assurance to the Corporate Scrutiny Committee on the following elements:</p> <ul style="list-style-type: none"> <li>• adequate, timely progress in delivering the improvement plan</li> <li>• quantitative and qualitative performance of support and care services available for children and young people.</li> </ul> <p>4.4 The 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.</p> <p>The following agenda items have been discussed by the Panel:</p> <ul style="list-style-type: none"> <li>• Terms of Reference, Project Plan &amp; setting the scene</li> <li>• Service Improvement Plan – high level overview</li> <li>• Overview: Laming Visits – rolling program of visits and reporting back</li> <li>• % of statutory visits to Looked After children due in the year that took place in accordance with regulations [SCC/025]</li> <li>• Theme 3: Quality Assurance closer look at Recommendations 2, 11, 13 &amp; 14 – CSSIW Report</li> <li>• Presentation: "Day in the life of a children's services social worker"</li> <li>• Theme 2:</li> </ul> <p>4.5 The purpose of Laming visits to front line staff by elected members has been reviewed to ensure that there is a link between their work as Panel members and the Service Improvement Plan. Lord Laming, The Victoria Climbié Inquiry (2003), was absolutely clear that <i>"senior managers and elected members within organisations are accountable for the quality, efficiency and effectiveness of local services"</i> and <i>"must be required to account for any failure to protect vulnerable children from deliberate harm or exploitation."</i></p>
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		<p>4.6 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 the Elected Member which is the Champion for Looked After Children.</p> <p>The report completed after the visit noted:</p> <ul style="list-style-type: none"> <li>• Staff confirmed that they received regular Supervision, which is very effective. The Social Workers noted that Supervision has always taken place regularly within the Placement Team.</li> <li>• All present were experienced in their role and their confidence was clear from the way they engaged in the meeting.</li> <li>• It was noted during the meeting that the staff's enthusiasm for working with children, families and Foster Carers was clear.</li> <li>• Those present were thanked for their hard work and commitment, which was clear to see and noted.</li> </ul> <p>A further Laming visit was also held on the 16<sup>th</sup> of November with Teulu Môn in the Early Intervention Service.</p> <p>4.7 The Leader of the Council, Cllr Llinos Medi is also the Portfolio Holder for Children's Services and she has been 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.</p>
<p><b>Recommendation 4: The council should 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,</b></p>	<p><b>SIP 1.5</b></p>	<p><b>4.0 Strengths</b></p> <p>a. Elected members and Senior Leaders have shown a real desire and willingness to improve their understanding of the work undertaken by Children's Services staff through the work of the Members Panel.</p> <ul style="list-style-type: none"> <li>▪ The regular meetings held with the Chief Executive, Director of Social Services, Head of Human Resources and Head of Children's Services has ensured prompt implementation of the new service structure, recruitment to posts and the development of the Workforce Strategy and Action Plan.</li> </ul>

<p><b>partners, staff and communities that their responsibilities are discharged to maximum effect.</b></p>		
<p><b>Recommendation 4: The council should 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.</b></p>	<p><b>SIP 1.5</b></p>	<p><b>4.0 Continued areas for improvement</b></p> <p>a. Further training on topics such as IFSS and ACE's and Intensive Intervention will be provided to members and visits to support senior leaders and members to improve their knowledge and understanding.</p>
<p><b>Recommendation 5: A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers.</b></p>	<p><b>SIP 1.5</b></p>	<p><b>5.0 Achievements</b></p> <p>5.1 The Workforce Strategy, approved over the summer, now focuses on ensuring that staff have the skills, training and support to enable them to do their jobs effectively, and provide the support that children, young people and families in Anglesey need.</p>

		<p>An Action Plan has been developed with the full support of HR and meetings are being held every 6 – 8 weeks, Chaired by the Head of Service to ensure the effective implementation of the Workforce Strategy Action Plan with the main elements being:</p> <ul style="list-style-type: none"> <li>• Developing a set of marketing materials detailing the benefits of working for the Authority presented on all media platforms.</li> <li>• Develop a recruitment plan for each vacancy immediately on resignation, jointly with Human Resources.</li> <li>• Establish effective methods of selection.</li> <li>• Ensure processes are focused on safe recruitment</li> <li>• Minimise delay in the various stages in the recruitment process.</li> <li>• Development of a consistent and effective induction programme.</li> <li>• Creating a supportive culture, challenging poor performance by providing a clear direction, regular supervision, and developmental support to enable all of our employees to perform effectively.</li> <li>• Developing existing staff, and provide a safe working environment for all, combined with opportunities for developing new skills and progressing.</li> </ul> <p>5.2 We have very recently made an appointment to the post of Head of Children's Services. Fon Roberts, will provide the Service with stability. He has nearly 20 years' experience and has been a Service Manager with us for the last 6 months.</p> <p>5.3 Two experienced Service Managers for Early Intervention and Prevention and Intensive Intervention have also been appointed and commenced in post.</p> <p>5.4 The new Service structure was implemented on the 4<sup>th</sup> of October where the eight new Practice Leaders took responsibility for their Practice Groups. They manage smaller Groups across Early Intervention and Prevention and Intensive Intervention, with each Practice Leader responsible for three or four Social Workers. This will mean that each Social Worker will have more access to their manager, enabling them to have early advice on dealing with individual cases and adequate support and supervision.</p>
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	<p>There is 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 statutory responsibilities.</p> <p>5.5 Four of the Practice Leaders were recruited from outside the organization and they bring high level of knowledge and skills in the areas noted in the Service Improvement Plan that require further development. The other four Practice Leaders appointed were experienced practitioners working within Children's Services who were ready for promotion.</p> <p>5.6 We have recruited eight new Social Worker's over the last few months who are all local, and apart from one Social Worker all are fluent Welsh speakers, which will ensure we are able to meet the linguistic needs of children and families coming into contact with the Service. We continue to have six experienced temporary agency Social Workers staff covering vacant Social Work posts. Most of these vacancies are due to promotions as a result of the new structure. A new recruitment initiative is in place to attract permanent experienced Social Workers will commence in November, outlining the benefits of working for Anglesey.</p> <p>5.7 We have significantly strengthened the staffing capacity of our Information, Advice and Assistance arrangements with the appointments of 2.5 Engagement officers for Teulu Mon and a further 1.5 additional posts through Families First Grant will be filled over the coming weeks.</p> <p>5.8 The Resilient Families Team is now fully staffed and currently working with 8 families to prevent family breakdown, to support children living at home. 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.</p>
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		<p>5.9 We are currently recruiting for a number of other additional posts within the Service which will continue to strengthen our family support services. They include recruiting:</p> <ul style="list-style-type: none"> <li>• 3 x additional Support Workers posts within the TAF funded from Families First Grant</li> <li>• Additional Personal Advisor post funded by the St David's Day Welsh Government Grant to provide practical and emotional support to young people who leave care when they are 18 years old.</li> </ul> <p>5.10 As a Service, we have developed a Social Work Traineeship arrangements internally that will enable two of our staff to train to become qualified Social Workers (2 year course). As we have seen a significant turnover of staff over the last 18 months, the aim of this strategy of 'Grow your own' is to ensure we have qualified Social Workers who will be working for the Service for at least 2 years after the qualify.</p>
<p><b>Recommendation 5: A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers.</b></p>	<p><b>SIP 1.1</b></p>	<p><b>5 Strengths</b></p> <ul style="list-style-type: none"> <li>• We have recruited a significant amount of permanent staff over the last 12 months to ensure we are able to deliver on the improvements required (Head of Service, Service Managers, 8 Practice Leaders and 8 Social Workers). This is one of the main priorities in our Service Improvement Plan.</li> <li>• There has been an increase in the number of staff working in Children's Services from 85 in 2015/16 to 116 by the end of Quarter 2, 2017/18 (this includes transfer of TAF and the Family Information Service (7 staff members in total) from Lifelong Learning Service.</li> <li>• We have a very committed and skilled workforce focused on providing the best services for children and families on the Island. The new structure, and strengthened policies and procedures, should enable the Service to</li> </ul>

		continue to recruit, develop and retain staff, thereby stabilizing the Service following a difficult few years.
<b>Recommendation 5: A robust workforce strategy should urgently be developed to include short, medium and long term aims for recruitment and retention of social workers.</b>	<b>SIP 1.1</b>	<p><b>5.0 Continued areas for improvement</b></p> <ul style="list-style-type: none"> <li>a. Appoint permanent staff to the vacant Social Work posts and posts within the Safeguarding and Quality Assurance Unit.</li> <li>b. Being able to retain permanent staff who are committed to making a difference to the lives of children and young people in Anglesey is crucial if we are to deliver on the Service Improvement Plan.</li> <li>c. Through our Workforce Strategy and working with colleagues in HR we will provide all our staff with regular supervision, guidance and support to carry out their duties effectively. We aim to ensure that these arrangements will greatly assist with staff retention.</li> </ul>
<b>Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience.</b>	<b>SIP 1.4</b>	<p><b>6.0 Achievements</b></p> <p>6.1 The new Service structure was implemented on the 4<sup>th</sup> of October (SIP 4.2), and has led to an increase in staff (from three to eight) of who have management responsibilities for Social Worker's. The new Practice Leader role has responsibility for smaller Practice Groups of three or four Social Workers. Before we undertook a Service re-structure the three operational Teams – Duty, FIT and LAC – had between eight-ten staff each. Managing smaller Practice Groups will ensure Practice Leaders have greater capacity to provide management oversight, being more accessible to their staff, providing them with early advice on managing individual cases and providing support and supervision to ensure they carry out their responsibilities effectively.</p>

		<p>6.2 We have provided our Practice Leaders with a comprehensive Service Induction Program over the last few months to ensure they are fully aware of their roles and responsibilities, and to ensure that they are properly introduced by the Local Authority as new employees. The induction program and training sessions have covered the:</p> <ul style="list-style-type: none"> <li>• Vision for the Service</li> <li>• Service Improvement Plan</li> <li>• Managing sickness absence &amp; Return to Work Interviews</li> <li>• Customer care</li> <li>• Mangling complaints effectively</li> <li>• Flexi system</li> <li>• Collaborative Communication training</li> <li>• Performance, Quality Assurance Framework and Case File Audits</li> </ul> <p>And will cover:</p> <ul style="list-style-type: none"> <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,</li> <li>• Prioritizing Work and Expectations</li> <li>• Capability and disciplinary procedures</li> <li>• Management Style training</li> <li>• Thresholds &amp; Correct decision making</li> <li>• Care planning &amp; Reviewing</li> <li>• Case recording</li> <li>• Assessments and Risk Model</li> <li>• Caseload Management – Allocation of cases</li> <li>• Family Group Conferencing,</li> <li>• North Wales Police Public Protection Unit</li> <li>• CAFCASS</li> </ul>
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<p><b>Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience.</b></p>	<p><b>SIP 1.4</b></p>	<p><b>7 Strengths</b></p> <p>a. The establishment of the new Resilient Families Team in supporting children to remain at home safely and assisting with rehabilitation plans for Looked After children is showing initial signs of progress. There is evidence of positive involvement from the Team in supporting 2 vulnerable teenagers to live with their families, preventing them from having to reside in out of county residential placements, a support worker has carried out excellent work to support a young person to remain at home with her family.</p> <p>b. The focus of the new structure on early intervention and preventative work with families, and the way the new Practice Leaders are asking their staff to work with families is also showing positive progress. An example being the 55% reduction over the last 6 months in the number of children on the Child Protection Register.</p> <p>c. The Local Authority is investing heavily in opportunities for Service Managers and Practice Leaders to develop their leadership and managerial skills. Staff who have received post qualifying awards of the last few years include:</p> <ul style="list-style-type: none"> <li>• Dawn Owen, Placement Team Manager – Team Management Development Programme (TMDP)</li> <li>• Hayley Ennis – Placement Team Manager – TMDP</li> <li>• Ceri Jones – Practice Leader, Teulu Mon – TMDP</li> <li>• Huw Owen – Independent Safeguarding Officer – TMDP</li> <li>• Michelle Evans – Practice Leader - TMDP</li> <li>• Another two Service Managers are currently undertaking the Middle Management Development Program.</li> </ul>
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<p><b>Recommendation 6: Arrangements for team managers and senior practitioners should be reviewed to ensure capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; a leadership and development programme should be made available to build resilience.</b></p>	<p><b>SIP 1.4</b></p>	<p><b>6 Continued areas for improvement</b></p> <p>Over the last two years, our retention level for Managers/Practice Leaders has been poor, with four permanent Managers leaving the Service. This has had a significant impact on us being able to provide consistent Social Work practice and being able to support our staff to the required level. With the permanent appointments of Head of Service, Service Managers and Practice Leaders and the new Service structure we now have more stability and capacity to support our staff. The Workforce Strategy we have developed and the revised Supervision Policy will ensure we continue to focus on providing the best support possible.</p>
<p><b>Recommendation 7: Senior leaders should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality.</b></p>	<p><b>SIP 1.3</b></p>	<p><b>7. 0 Achievements</b></p> <p>7.1 A revised Supervision Policy became operational in March 2017. This policy outlines what staff should expect from supervision and provides guidance to managers on how to deliver effective supervision. The main aim of this policy is to support staff as part of the performance management framework. It is critical for setting standards, fulfilling the Services aims and objectives, staff retention and welfare and ensuring the best quality of service for vulnerable groups. It is also crucial for staff support and development.</p> <p>7.2 Through Staff Conferences held every 6 weeks we have reminded all staff that they all have a responsibility to ensure they are provided with and receive regular supervision. The new Practice Leaders are fully aware of the requirements that supervision should be rigorously carried out within their Practice Groups.</p>

		<p>The policy provides guidance on the frequency of supervision for all groups of staff. Implications of inadequate or poor supervision can be very serious, impacting upon individual case management, staff development and welfare, and the culture of the organization.</p> <p>7.3 Supervision training for all staff has been provided by Dr Neil Thompson during the Spring, and in addition he provided guidance on the revised Supervision policy.</p> <p>7.4 As most of the Practice Leaders are relatively new in post, arrangements have been made with Rhonwyn Dobbing to provide outcome focused supervision training. Three workshops will be held over the next few weeks with the purpose of supporting 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 organization. It should also strengthen the role of supervisor, consider core skills and challenges for different practice groups.</p>
<p><b>Recommendation 7: Senior leaders should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality.</b></p>	<p><b>SIP 1.3</b></p>	<p><b>7.0 Strengths</b></p> <p>a. We have seen a significant reduction in the children on the Child Protection Register from 102 in March 2017 to 56 on 31<sup>st</sup> of August, a decrease of 55%. The names of 60 children were removed from the Register during this period and we have undertaken an analysis of the reasons behind the reduction. Huw Owen, Independent Safeguarding Officer undertook the analysis and formed a view that the new revised Supervision Policy (operational since March 2017) has provided greater clarity and opportunity for Social Workers to discuss risk within supervision whilst reflecting on the quality of the intervention and how the work is progressing with the family.</p>

		<p>b. We are currently undertaking an evaluation into the quality of supervision. Evidence will be obtained from the Supervision File, observations of supervision, Case Supervision Records, and feedback from staff.</p>
<p><b>Recommendation 7: Senior leaders should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality.</b></p>	<p><b>SIP 1.3</b></p>	<p><b>7 Continued areas for improvement</b></p> <p>Implement the Protocol of the Risk Model which includes Supervision sessions to ensure that levels of risk are considered for all Care and Support cases.</p>
<p><b>Recommendation 8: Strong political and corporate support for children's services must continue to ensure the service improvements needed are prioritized and the pace of improvement accelerated and sustained.</b></p>	<p><b>SIP 1.5</b></p>	<p><b>8.0 Achievements</b></p> <p>8.1 In response to the findings and recommendations of the CSSIW Inspection, the Local Authority's Chief Executive has been holding weekly meetings (currently every two weeks) with the Director of Social Services, the Head of Children's Services and the Head of Human Resources, to oversee the delivery of the new structure, development and implementation of the Workforce Strategy, and to ensure that there is appropriate pace in making key appointments to the posts of Head of Service, Service Managers and Practice Leaders.</p> <p>8.2 An Improvement Group of Senior officers, Chaired by the Director for Social Services, meet on a monthly basis to ensure progress is made on the Service Improvement Plan, and reporting to the Local Authority's Senior Management Team and to the Executive.</p>

		<p>8.3 A Children's Services Panel of Elected Members, Chaired by the Leader of the Council, has been formalised following the recent Local Authority elections, which reports to the Corporate Scrutiny Committee. The Leader of the Council, Cllr Llinos Medi is also the portfolio holder for Children's Services and she has been very supportive of the progress and developments required by the Service.</p> <p>8.4 Staff Conferences held every 6 weeks have been attended by the Leader of the Council, the Chief Executive and Director for Social Services to ensure that staff have their full support and backing and they always share their gratitude to staff for working in such a challenging work environment.</p>
<p><b>Recommendation 8: Strong political and corporate support for children's services must continue to ensure the service improvements needed are prioritized and the pace of improvement accelerated and sustained.</b></p>	<p><b>SIP 1.5</b></p>	<p><b>8.0 Strengths</b></p> <p>a. The Local Authority has decided that Children's Services are exempt from having to identify financial savings for 2 years (2017-18 and, 2018-19). This is evidence that the Local Authority is prioritizing Children's Services as all the other Services have to identify savings.</p> <p>b. Additional funding for Children's Services was also approved by the Local Authority following the Inspection to strengthen the capacity of the Service to make the necessary improvements. A post of Quality Assurance Manager has been created to focus on implementing the Quality Assurance Framework. We have, however, failed to appoint to the post which has slowed the progress we had hoped. Temporary arrangements to fund Independent social care consultants to undertake specific pieces of work was also agreed.</p>

		<p>c. Further funding was approved for Bruce Thornton, co-author of the Risk Model, to undertake a Practice Coaching Development role for a period of 7 months to focus on:</p> <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>• Maintaining current Social Work capacity by employing Agency Staff.</li> </ul>
<p><b>Recommendation 8: Strong political and corporate support for children's services must continue to ensure the service improvements needed are prioritized and the pace of improvement accelerated and sustained.</b></p>	<p><b>SIP 1.5</b></p>	<p><b>8.0 Continued areas for improvement</b></p> <p>a. The Members Panel should continue to focus and challenge officers on the improvements required within Children's Services.</p>
<p><b>Recommendation 9: Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners' completion of Joint Assessment Frameworks.</b></p>	<p><b>SIP 2.3</b></p>	<p><b>9.0 Achievements</b></p> <p>9.1 We have received permission from Welsh Government to amalgamate the current Joint Assessment Framework (JAF) with the Care and Support assessment form. Work on including the measures that the JAF collects has started and will be implemented later this calendar year. The TAF still use the JAF in the intervening period.</p> <p>9.2 Enquiry or referral into the IAA Hub that requires preventative support requires a proportionate Care and Support assessment and JAFF.</p>

<p><b>Recommendation 9: Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners' completion of Joint Assessment Frameworks</b></p>	<p><b>SIP 2.3</b></p>	<p><b>9.0 Strengths</b></p> <p>a. We have worked on improving the quality and our understanding of the Care and Support assessments (Part 1,2,3) this includes the core data set, the 'What Matters' conversation and care and support assessment. We have been working to improve our understanding of the national eligibility criteria and gain consistency in recording the eligibility criteria in our assessments. We have identified suitable methods of communication, prompts and tools to improve the quality of the 'What Matters' conversation, decision making process and recording.</p>
<p><b>Recommendation 9: Multi-agency arrangements should be established to strengthen operational plans to support effective co-ordination of statutory partners' completion of Joint Assessment Frameworks</b></p>	<p><b>SIP 2.3</b></p>	<p><b>Continued areas for improvement</b></p> <p>a. The part 4 Care and Support Plans are beginning to be utilized to record the care and support plans. We have identified how we will complete this care plan to a good standard and what tools are required to complete the care plan collaboratively with the family. This will include the use of the miracle question – a Motivational Interviewing tool used to establish a baseline score (establish what a 10 looks like), goal sheets to measure the distance travelled, crisis card to record the contingency plan and safety plan. These tools are all designed to co-produce work <b>with</b> families and not for them. Training has been arranged for the new year including Motivational Interviewing, Brief Solution Focused Solution Therapy and Collaborative Communication. This will strengthen the progress made thus far and reinforce the new methods of working promoted by the Act.</p>
<p><b>Recommendation 10: The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear</b></p>	<p><b>SIP 2.1</b></p>	<p><b>10 Achievements</b></p> <p>10.1 The new Practice Leaders have been focusing on reducing Social Workers caseloads by stepping up and stepping down and closing cases when this is appropriate. There is early indication that there are less cases moving on to assessment due to the increase in 'What Matters' conversations occurring at Teulu Môn, providing a more prompt and appropriate response for families.</p>

<p><b>focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.</b></p>	<p>10.2 A follow up audit undertaken in May/June2017 noted the following:-</p> <ul style="list-style-type: none"> <li>• Significant improvement in the quality of Initial/Simple assessments</li> <li>• On the whole assessments were comprehensive and appropriate (proportionate)</li> <li>• Increased use of Case Closure Summaries</li> <li>• Generally much improved recording with only one case found to be below standard</li> <li>• Initial decision within 24 hours made in all cases</li> <li>• Increased involvement of other agencies in the assessment process evident</li> <li>• Assessment formats used remains mixed (Initial Assessment/S47 assessment / Care and Support assessment framework) but there was an increased use of the new Care and Support Assessment Framework</li> <li>• Limited use of the 'What Matters' section of the Care and Support assessment</li> <li>• The ten audited cases had produced 22 previous referrals – only three of the audited cases were “unknown families”. Decisions to close were appropriate in respect of presenting problems. However the decisions were not always based on a holistic and historical view of the family.</li> </ul> <p>10.3 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 Leaders now have oversight of the Court timeframe for cases within their Practice Groups and will support and guide Social Workers to ensure better preparation for Court and that documents are filed on time.</p> <p>10.4 Children's Services has agreed to prioritize improvements in Social Work assessment practice, based on the basis that the Service needs to focus on incremental steps, building sustainability and longevity.</p>
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<p><b>Recommendation 10:</b>  <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.</b></p>	<p><b>SIP 2.1</b></p>	<p><b>Strengths</b></p> <p>a. The transition from assessments under the Children Act 1989 to the requirement of the Social Services and Wellbeing (Wales) Act 2014 is ongoing. There is some positive work happening in the service to support this conceptual and practical shift in assessment practice:</p> <ul style="list-style-type: none"> <li>• Practitioners have been involved in setting standards for assessment practice: upon which we can measure its quality. Bruce Thornton, Author of the Gwynedd/Thornton Risk Model is currently providing coaching &amp; mentoring to staff on the application of the model to inform assessments. The service has agreed its Protocol for the consistent use of the Risk Model within practice.</li> <li>• There are examples of good social work practice, including effective use of the Gwynedd/Thornton Risk Model, reflected in the content of some assessments; and some assessments underpinning applications to court providing clear direction. Most of the initial assessments reviewed had been completed in a timely manner.</li> <li>• Some examples of good assessments showed analysis, clarity on risks and family capability and dynamics. One distance travelled audit showed improvement in the quality of Initial/Simple assessments: and that on the whole assessments were comprehensive and appropriate (proportionate).</li> </ul> <p>b. A number of the Practice Leaders have attended a Collaborative Communication training course which will underpin assessments under the Social Services and Wellbeing (Wales) Act 2014.</p> <p>c. Bruce Thornton has been commissioned to provide a mentoring/coaching role within the service to ensure that the Risk Model is embedded into practice.</p> <p>d. The establishment of smaller Practice Groups within the new structure will provide greater capacity for Practice Leaders to focus on improving Social Work practice.</p>
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<p><b>Recommendation 10:</b>  <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.</b></p>	<p><b>SIP 2.1</b></p>	<p><b>10 Continued areas for improvement</b></p> <p>a. The analysis of practice for quarter 2 (pre implementation of the new structure) has highlighted the following areas for priority:</p> <ul style="list-style-type: none"> <li>• Managing caseloads</li> <li>• Stepping down/stepping up cases effectively</li> <li>• Regain our professional reputation within the Court</li> <li>• Making sure management oversight is recorded – what decision was made, by whom and the rationale behind the decision – and ensure decisions are followed up</li> <li>• Providing an operational recording model that spans from early intervention through to intensive intervention that provides the minimum templates within a consistent work flow</li> <li>• Ensuring that each open case has an up to date assessment.</li> <li>• Ensure that the assessments are thorough – not focusing simply on the presenting problem, but considering the issues in the family's history</li> <li>• Social workers need to be more robust and confident in setting out their professional analysis of risk and needs.</li> </ul> <p>b. The eligibility criteria within the Care and Support assessments are currently not consistently recorded. We are aiming to gain a greater consistency and have arranged additional training for staff at the end of November coordinated by Vicky Allen, who has been leading on developing the Social Services and Well Being (Wales) Act 2014 regional templates.</p> <p>c. The Risk Model needs to be embedded within practice and we aim to support practitioners and Practice Leaders to further develop their skill in implementing the model to support effective risk decisions.</p>
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<p><b>Recommendation 11:</b>  <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.</b></p>	<p><b>SIP 3.5</b></p>	<p><b>11.0 Achievements</b></p> <p>11.1 We are disappointed that the overall evaluation for Quarter 2 shows that recording practice remains inconsistent, although there is evidence of improvement in some audits.</p> <p>11.2 We are working on providing an operational model for staff that spans from Early Intervention through to Intensive Intervention that provides the minimum recording templates within a consistent work flow. We aim to:</p> <ul style="list-style-type: none"> <li>• Re-affirm the need for and standards expected of good case recording</li> <li>• Ensure a Recording Framework that “maintains a systemic and family narrative, which describes all the events associated with the interaction between a social worker, other professionals and the child and their family” (Munro)</li> <li>• Ensure that the use of the Risk Model is embedded within Key stages of Recording and Decision Making.</li> <li>• Develop an approach that allows an individual, particularly a child, to look back at their life and recall clearly or where they may not have known all the facts.</li> <li>• Develop an approach that aids reflection enabling staff to be able to reflect back on work undertaken and plan any future intervention</li> <li>• The production of accurate business information for performance management and quality assurance purposes.</li> </ul>
<p><b>Recommendation 11:</b>  <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</b></p>	<p><b>SIP 3.5</b></p>	<p><b>11.0 Strengths</b></p> <p>a. We have continued to constructively challenge and support individual workers to improve their practice in relation to timely recording and assessments.</p> <p>b. Practice Leaders have been focusing on managing staffs caseloads with the aim of stepping up and stepping down cases and closing when this is considered appropriate. This will lead to an increase in staff capacity to ensure their record keeping is up to date and of good quality.</p>

<p><b>date and are systematically stored.</b></p>		
<p><b>Recommendation 11: The quality and consistency of record keeping should be improved; all staff and managers should ensure that their records are of good quality, are up to date and are systematically stored.</b></p>	<p><b>SIP 3.5</b></p>	<p><b>11.0 Continued areas for improvement</b></p> <p>a. The analysis of practice for Quarter 2 has highlighted the following areas for priority:</p> <ul style="list-style-type: none"> <li>• Providing an operational model that spans from early intervention through to intensive intervention that provides the minimum templates within a consistent work flow.</li> <li>• Ensure that the development of WCCIS within Children Services supports practice.</li> <li>• Recording – accurate, clear language, useful records of meeting, clear reasons for involvement, full names and titles, summary tabs, transfer summaries, good version control.</li> <li>• Parents/carers should always be informed when a case is closed and evidence for this clearly recorded on file.</li> </ul>
<p><b>Recommendation 12: The Local Authority and partners should work together to develop a cohesive approach to the collection and analysis of information about the needs of communities, that includes the voices of children and families. This should be used to inform the shaping of strategic plans to achieve effective alignment of service delivery between</b></p>	<p><b>SIP 4.4</b></p>	<p><b>12.0 Achievements</b></p> <p>12.1 Over the last 12 months we have focused on developing and implementing our Information, Advice and Assistance arrangements to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014.</p> <p>12.2 The Population Needs Assessment for the North Wales region has been published and the Local Action Plan is currently out for consultation. Officers from Anglesey have been part of both projects and have contributed towards forming the Plan. The Local Action Plan will be published in March 2018.</p> <p>12.3 The 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.</p>

<p><b>information, advice and assistance services, the preventive sector and statutory services.</b></p>		<p>12.4 The Group has established links with the work of the Public Services Board which is looking at how partners can work more collaboratively and will be receiving the findings of the consultation held over the summer months with partners, third sector and community groups.</p>
<p><b>Recommendation 12: The Local Authority and partners should work together to develop a cohesive approach to the collection and analysis of information about the needs of communities, that includes the voices of children and families. This should be used to inform the shaping of strategic plans to achieve effective alignment of service delivery between information, advice and assistance services, the preventive sector and statutory services.</b></p>	<p><b>SIP 4.4</b></p>	<p><b>12.0 Strengths</b></p> <p>a. The Local Authority has prioritized the development of <b>Corporate Preventative Services</b> and support for families as part of its Corporate 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></p> <p>b. On the 3<sup>rd</sup> of November, Children’s Services held its second bi-annual <b>STARS Awards Ceremony</b> for our Looked After children in Tre Ysgawen Hall. Many of these children and young people have been through difficult times, but the STARS Awards celebrate that it is possible to achieve with courage, determination and support. These awards demonstrates the Authority’s pride as a Corporate Parent and has facilitated a feeling of being valued for both Looked After Children and their carers, boost young people’s self-esteem and encourage them to continue to achieve and develop in the future.</p> <p>It was a pleasure to welcome the Children’s Commissioner to this event.</p> <p>Six young people worked jointly with workers to plan and organise the event, the young people were the main decision makers on choosing the venue, food and entertainment. The event was split into two parts, one for the younger children of primary school age which involved a Disney/super-heroes themed tea party, while the older children of secondary school aged had a Oscars themed event. This was an extremely successful event where we celebrated the successes of our young people and rewarded them for their hard work.</p>

	<p>The event enabled us to listen to the wishes and feelings of the children and their families in relation to the support they require from the Local Authority. Feedback from Foster Carers following the event include:</p> <p><i>"I would like to congratulate you personally, and everyone else involved in the organization of Fridays Star awards celebrations.</i></p> <p><i>It was a really well organized event, and an undoubted success which I am sure will remain in the memories of the children for many years to come. I think it was a great idea to involve the children in the organization, and also to recognize their involvement in the organization on the night. Well done to everyone."</i></p> <p>c. As part of our response to the <b>Children's Commissioner's Hidden Ambitions report</b> we have spoken directly to the young people Looked After and created the following 'Powtoon' animation clip  <a href="https://www.powtoon.com/m/cGN6QoOF4vb/1/m">https://www.powtoon.com/m/cGN6QoOF4vb/1/m</a>                  The aim of this interactive clip is to explain the support available to them through the pathway planning stage up to when young people leave care. We consulted with 8 young people aged between 16-24 who have given their opinions on the animation. The comments we received was very positive and they included:</p> <ul style="list-style-type: none"> <li>• That it is relevant for their age range</li> <li>• It caught their eye and contains everything – with the correct information</li> <li>• Good mix of animation and information, Short &amp; Snappy</li> <li>• The voiceover and music used drew their attention to what information was being shared with them</li> <li>• Information and examples of support that's available is useful</li> </ul> <p>One young person said "If I'd have seen this animation last year, it would have been a great help to me" and they all thought it would be a good idea to show the clip in schools.</p>
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	<p>The animation will now be available on the Council's website, Youtube and Facebook pages and shown on screen in the main Council Office reception in Llangefni.</p> <p>It will also be played during the Looked After Children Reviews for when the young people are nearing their 16<sup>th</sup> birthday, which will provide them with helpful guidance on the support available to them as they reach adulthood.</p> <p>d. <b>The Anglesey Foster Care Forum</b> continues to meet quarterly, this forum was launched in February 2014, it was established to improve and develop the fostering service on Anglesey with Social Workers, Foster Carers and Senior Management all working together. All approved general and kinship Anglesey Foster Carers are invited to attend. The vision is:  <i>“To improve and develop the fostering service on Anglesey by working together as a team, in order to improve the quality of life of Looked After Children on Anglesey.”</i></p> <p>The Placement Team continue to produce quarterly newsletters for Foster Carers including Foster Carers contribution to the content.</p> <p>Coffee and Cake support groups provide an opportunity for foster carers to meet, network and share experiences with peers and staff in a supportive, informal environment. They also provide a learning opportunity in addition to the rolling programme of formal training – our guest speakers have been varied and have covered topics such as advocacy, internet safety, self-care and stress management for foster carers, modern slavery, parenting, and Child Sexual Exploitation. A new group has been set up specifically for Foster Carers who are family/friends.</p> <p>A handbook for Anglesey Foster Carers is about to be shared. Two 'Incredible Years' courses have been held this year for our Foster Carers. They will also be offered a place on the 'Fostering Changes' 12 week course from January 2018 as part of the National project: Confidence in Care in Wales.</p>
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		<p>Anglesey are one of four Local Authorities in Wales taking part in the National Fostering Network project 'Recruitment and Retention Project in Wales' 2017/18 to understand local fostering needs and implement findings from the research.</p> <p><b>e. Anglesey Kinship Carer Support Group</b></p> <p>The first Anglesey Kinship Carer Support Group was held in April this year as an opportunity for the carers to mix in an informal environment and have the chance to offer each other emotional and practical support and help alleviate some of the isolation they may feel. The main organisational role for this group has been commissioned from 'Y Bont' educational centre. Social Workers from the Child Placement Team attend the group in a supportive role, in order to provide advice where possible, to gain insight to the issues the kinship carers raise and to help feed back to management when areas for further development are identified.</p> <p>Attendance at the group has been consistent and verbal feedback has highlighted that the carers value the opportunity for a chat or "something for themselves". Two carers who didn't know each other before attending the group have developed such a rapport that they missed the turnoff for Llangefni on the way to the last meeting because they were so involved in conversation! One of the issues which has been flagged up by group members is that, with hindsight, they wished they had more information at the beginning of the process of becoming kinship carers.</p> <p>Future plans include looking at group members contributing to an information leaflet for new kinship carers and a "buddying" scheme for newly approved carers.</p>
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		<p>f. <b>Forest School 2017</b></p> <p>Forest School is an opportunity for children and young people to experience life and learning in the outdoors. From May to July, this year's group of 16 Looked After children were able to get outside and spend ten Saturdays in the woods at Treborth Botanical Gardens, learning about the local environment and its habitats. Making the most of the natural environment, we were lucky enough to discover the site and explore the area and its surrounding forest through making dens, climbing trees, creating wildlife habitats, carrying out bug surveys and cooking on an open fire. All while learning about the inspirational and eventful life of John Muir, the Scottish-American father of modern day conservation. Many of the group were working towards the John Muir Award at Discovery level, which incorporates four elements - <i>Discover, Explore, Conserve, Share</i>.</p> <p>This year we took a new approach with a small group of young people, who have previously attained the John Muir award returning as 'mentors' for the younger children, with the added leadership and responsibility helping them work towards the next level, Explorer award. Excitingly, this year the group were also able to record and edit their own short film of the experience, with the help and support of TAPE Community Music &amp; Film (<a href="http://tapemusicandfilm.co.uk">tapemusicandfilm.co.uk</a>).</p> <p>g. A <b>Fun Day</b> for Looked After Children was arranged for the 9th of September in Tyddyn Môn (a smallholding that was founded by parents of adults with learning disabilities who wanted a more constructive and rewarding occupation for their sons and daughters). They provide day care, training and support. But, unfortunately due to adverse weather conditions the day had to be postponed until the new year. The plan was to take a tour around the farm and feed the animals, go to the playgrounds and soft play area. Then they were going to have a barbeque before making the most of the rest of the facilities: woodland trails, Dragon Trailer ride, bouncy castle, games and indoor arts and crafts.</p>
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<p><b>Recommendation 12:</b>  <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 preventive sector and statutory services.</b></p>	<p><b>SIP 4.4</b></p>	<p><b>Continued areas for improvement</b>                  a. We aim to develop better ways of listening to the collective views of our Looked After Children and care leavers which would assist us further in the development of Family Support Services.</p>
<p><b>Recommendation 13:</b>  <b>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</b></p>	<p><b>SIP 3.2</b></p>	<p><b>13.0 Achievements</b>                  13.1 Children's Services have approved their revised Quality Assurance Framework which sets out the approach the Service will take to ensure that it is:</p> <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> </ul>

<p><b>accurate performance and quality assurance information to enable them to do their jobs effectively and to deliver improvements.</b></p>		<ul style="list-style-type: none"> <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> <p>13.2 It provides a set of planned and systematic assurance processes that can be used to shape learning and improvement. In essence moving along the spectrum from quality control to quality improvement based on an approach of evaluation, learning and improvement.</p> <p>13.3 The service will use a wide range of evidence sources to underpin the quarterly Practice evaluation report such as:</p> <ul style="list-style-type: none"> <li>• Monthly Case file Audits</li> <li>• Monthly Caseload Audit – Safeguarding &amp; Quality Improvement Unit</li> <li>• Practice Observation</li> <li>• Supervision Audits</li> <li>• Learning from and with our partners</li> <li>• Learning from people who use our services</li> <li>• Oversight and Challenge</li> <li>• Learning from our staff</li> <li>• Ongoing Independent Reviewing Officer and Child Protection Co-ordinator</li> </ul> <p>A number of the individual elements of the framework are in place.</p> <p>13.4 The service is in the process of setting standards for areas of practice: upon which it will evaluate practice. These are set in collaboration with practitioners – so that they are owned by them. The process of caseload audits &amp; Multi Agency Audits are taking root within the service. Whilst not all managers/practice leads consistently comply with the requirements, there is some excellent analysis by them as part of the audit process.</p>
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	<p>13.5 A wide range of planned and systemic evaluations have been undertaken to date. There is a risk that we focus on evaluation at the cost of improving. To mitigate this risk we must appoint to the vacant posts within the Safeguarding and Quality Assurance Unit, and shape the roles of the Practice Leaders in terms of taking forward the improvement actions.</p> <p>13.6 On a monthly basis the service holds a Quality and Performance meeting. The focus of this meeting is to understand the data and evidence from evaluations of practice, to provide an opportunity to analyze and identify solutions to improve performance and quality of practice. This meeting has a role in ensuring a clear oversight of the quality of practice within the service and to develop clear action plans to address improvement requirements. The meeting also has a clear role in recognizing what is working well within the Service and to ensure that learning is shared across the whole system. The meeting will also evaluate the impact of the learning and improvement.</p> <p>13.7 Case file audits undertaken in September has shown a general positive trend of improvement in practice over the last three months. Seven Team Managers / Practice Leaders were tasked with undertaking casefile audits of a range of cases. As this is a time of transition and restructure for the service, this was the first time that several of the Practice Leaders had undertaken these audits. In general this audit consisted of new Practice Leaders auditing cases managed under the previous structure. The same audit tool was used as for the similar audits undertaken earlier in 2017. Completed audit tools were returned by five of the 7 seven Managers – nine cases returned out of a total of 16 allocated. The sample therefore contained a variety of cases at different stages and varying levels of complexity. It should be noted that some Practice Leaders were new to the Service, whilst others continued to have day to day responsibilities as Team Managers or Social Workers during September.</p>
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<p><b>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.</b></p>	<p><b>SIP 3.2</b></p>	<p><b>13.0 Strengths</b></p> <ul style="list-style-type: none"> <li>a. We have developed a detailed Quality Assurance Framework that is being implemented across Children's Services to highlight good practice and areas requiring improvements.</li> <li>b. The process of casefile audits, thematic audits &amp; Multi Agency Audits are taking root within the service. The Multi Agency Audits have involved working closely with Partner Agencies such as Education, Health and the Police to look at areas such as quality of referrals with the Police.</li> <li>c. Case file audit undertaken in September has shown a general positive trend of improvement over the last 3 months.</li> </ul>
<p><b>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</b></p>	<p><b>SIP 3.2</b></p>	<p><b>13.0 Continued areas for improvement</b></p> <ul style="list-style-type: none"> <li>a. The main areas for practice improvement from an analysis of a recent Case file audit: <ul style="list-style-type: none"> <li>• Management oversight and supervision (and how this is evidenced on file);</li> <li>• Quality of assessment and analysis;</li> <li>• Planning, in particular the need for clear, purposeful periods of intervention during times on the CP Register, and the embedding of the Care and Support Plan as a working document for the Service.</li> </ul> </li> <li>b. Case file auditing to continue to be undertaken by all Managers/Practice Leaders to evaluate the quality of practice across the Service.</li> </ul>

<p><b>and quality assurance information to enable them to do their jobs effectively and to deliver improvements.</b></p>		<ul style="list-style-type: none"> <li>c. Appoint to the vacant posts within the Safeguarding and Quality Assurance Unit, and shape the roles of the Practice Leads in terms of taking forward the improvement actions.</li> <li>d. We are still writing the scripts to access reports from WCCIS – this is a problem for most of the local authorities that have gone live on the new system, and we're working with Ceredigion Council in particular to enable us to do this.</li> <li>e. We have looked in detail at one of the local 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> <li>f. 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 25<sup>th</sup> 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).</li> </ul>
<p><b>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</b></p>	<p><b>SIP 3.2</b></p>	<p><b>14.0 Achievements</b></p> <p>14.1 There has been a significant reduction in the numbers of children subject of a Child Protection Plan between 1<sup>st</sup> March 2017 and 30<sup>th</sup> August 2017. During this period, the names of 60 children were removed from the Child Protection Register. A study of the Child Protection Register during this time identified several matters to be taken forward on a multi-agency basis regarding the understanding of, and the practice within the Case Conference process.</p>

<p><b>children and their families.</b></p>	<p>In many cases it concluded that there was a lack of evidence to substantiate that thresholds for significant harm and registration were met: lack of child protection plans and implementation. There seemed to be an approach of monitoring and waiting in a number of cases. In some instances, the goal posts were changed, so having got to one point and issues addressed preconditions for de-registration, other different areas for concern which are not necessarily child protection were identified. A further study to look at the reasons behind the reduction in the numbers of children subject to a child protection plan shows that in 35% of cases (21 children) this was as a consequence of supporting the family to make improvements and in 22% of cases (13 children) this was a consequence of stepping up the case and the children becoming looked after.</p> <p>14.2 Some of the successful interventions were considered to be Parenting Officer support, wider family support, Child Directed Play intervention, motivated parties, and IFSS support, helping parents to identify solutions, family group conferencing, and support from Adult Services to the parent. This would suggest that the service is on track in terms of delivering a different approach to social work practice. The work of the Resilient Families Team and Teulu Môn, have considerable potential to impact positively on this area.</p> <p>14.3 The new social care electronic recording system, WCCIS, was rolled out within Children's Services in August. We have continued to work with our IT colleagues on our requirements for Performance Monitoring reports from the new system. Further work is required to establish an accurate picture of current performance across the Service. 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. Anglesey is in a similar position to most of the other Local Authorities who have gone live with WCCIS in 2017.</p>
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		<p>14.4 The Quality Assurance Framework approved within the Service aims to ensure that staff provide safe professional practice. We use a number of evidence source to evaluate Social Workers performance, such as Case file Audits and we hold monthly Quality and Performance meetings to focus on understanding the data and evidence from evaluations of practice, to provide an opportunity to analyze and identify solutions to improve performance and quality of practice. This meeting has a role in ensuring a clear oversight of the quality of practice within the Service and to develop clear action plans to address improvement requirements.</p> <p>14.5 Timely and quality Supervision arrangements for staff also provides Practice Leaders with an opportunity to support and challenge the practice and performance of individual worker's and to agree on action plans to address issues of concern.</p> <p>14.6 The new Service structure now enables the Practice Leaders to focus on improving the practice within their smaller Practice Groups. They will have oversight of their staffs' caseloads to ensure they have capacity to establish a positive relationships with families to engage effectively.</p>
<p><b>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.</b></p>		<p><b>14.0 Strengths</b></p> <ul style="list-style-type: none"> <li>a. Staff have continued to access training and development opportunities, taking responsibility for their own development</li> <li>b. All Managers/Practice Leaders are being reminded of their responsibility to support and challenge the practice and performance of individual workers and to agree on action plans to address issues of concern.</li> </ul>

<p><b>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.</b></p>	<p><b>SIP 3.2</b></p>	<p><b>14.0 Continued areas for improvement</b></p> <ul style="list-style-type: none"> <li>a. Continue to develop Performance Managements reports within WCCIS focusing on staff caseloads and local and national performance indicators.</li> <li>b. Case file auditing to continue to be completed by all Managers/Practice Leaders to evaluate the quality of practice across the Service.</li> <li>c. Appoint to the post of Quality Assurance officer within the Safeguarding and Quality Assurance Unit.</li> </ul>
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Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

Caroline Turner  
Council Offices  
Llangefni  
Anglesey  
LL77 7TW

Dyddiad/Date: 11/01/18

Dear Caroline

**Re: Review of progress in implementation of Children's Services Improvement Plan**

Thank you for meeting with us on December 18 to review the progress made in implementing Isle of Anglesey Council Council's improvement plan for children's services.

Thank you also for the detailed written review you submitted to us.

We have been meeting with you on a regular basis since the inspection in November 2016 to monitor the actions the local authority has been taking to improve outcomes for vulnerable children and families in Anglesey. As you have explained the local authority continues to be on a journey but now has good foundations in place. The pace of change has been slow and but we recognise there has been positive, incremental improvement.

We are pleased to note significant progress has now been achieved in the implementation of a new structure for children's services. This has been to ensure children and families get help and support when they need it and to provide better support for, and oversight of, frontline practitioners. Having recruited to a number of key posts, operationalising the new structure is now at a critical, early stage.

The new structure has been underpinned by the development of policies and practice guidance to provide a clear framework for staff. Continued improvement in practice must remain a priority. Given these have only recently been introduced it is too soon for us to judge whether they are improving practice and in turn outcomes for children and families.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We look forward to reading the results of the review you have commissioned to provide an independent assessment of social work practice.

We also note the focus on working with partners both within the local authority and externally. Further work is required to ensure partners engage meaningfully to deliver improved outcomes for children and their families.

We recognise the continued corporate commitment provided to ensure that children's services improve and the willingness to reach a shared understanding of the challenges being faced. Similarly the increased scrutiny and challenge from elected members has been a positive development.

Given the significant concerns identified during the inspection, there remains substantial work for the local authority to carry out to fully implement the improvement plan and ensure that improvements are sustained. We will continue to monitor progress over the coming months with a more formal review by way of a re-inspection later in 2018.

Yours sincerely

Vicky Poole  
Head of Local Authority Inspection

## ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template

<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	31 <sup>st</sup> January, 2018
<b>Subject:</b>	Children's Services Improvement Panel
<b>Purpose of Report:</b>	Progress update on the work of the Children's Services Improvement Panel
<b>Scrutiny Chair:</b>	Cllr Aled Morris Jones
<b>Portfolio Holder(s):</b>	Cllr Llinos Medi Huws
<b>Head of Service:</b>	Caroline Turner, Assistant Chief Executive / Fon Roberts, Head of Children's Services
<b>Report Author:</b>	Anwen Davies, Scrutiny Manager
<b>Tel:</b>	01248 752578
<b>Email:</b>	AnwenDavies@ynysmon.gov.uk
<b>Local Members:</b>	Not applicable

### 1 - Recommendation/s

**R1** The Corporate Scrutiny Committee is requested to note:

- Progress made to date with the work of the Children's Services Improvement Panel
- That all work-streams pertaining to the Service Improvement Plan appear to be on target thus far. This has also very recently been reported to the Local Authority by Care Inspectorate Wales (CIW)<sup>1</sup> following their assessment of the Council's self-evaluation of progress to date

**R2** Escalate the following matter for the Corporate Scrutiny Committee to be aware:

- Although good progress has been made on implementing the revised staffing structure, some social worker posts remain filled by agency workers. This needs to be addressed as soon as possible

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

Direct link with the Council Plan / transformation priorities. The Panel's consideration of the service improvement plan for children's services will provide assurance to the Executive that the Council are responding in a robust manner to the recommendations of the recent CIW report on children's services (dated March, 2017) and that steps are in place to mitigate any risks.

### 3 – Guiding Principles for Scrutiny Members

**To assist Members when scrutinising the topic:-**

<sup>1</sup> Care Inspectorate Wales (previously CSSIW – Care and Social Services Inspectorate Wales)

**3.1** Impact the matter has on individuals and communities [**focus on customer/citizen**]

**3.2** A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [**focus on value**]

**3.3** A look at any risks [**focus on risk**]

**3.4** Scrutiny taking a performance monitoring or quality assurance role [**focus on performance & quality**]

**3.5** Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[**focus on wellbeing**]

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

At the request of the Panel:

1. Does the Committee have any views on the priority of the work streams included in the Panel work forward programme?
2. Are the actions of the Panel thus far sufficiently robust?

#### **5 – Background / Context**

##### **1. BACKGROUND**

**1.1** Members will already be aware that scrutiny has developed over the past few months through the work of 3 scrutiny panels namely - Finance Scrutiny Panel, Schools Review Scrutiny Panel and the Children's Services Improvement Panel. This report summarises progress made to date as regards the **Children's Services Improvement Panel**.

##### **1.2 Panel Governance Arrangements**

As reported to recent meetings of this Committee<sup>2</sup>, robust governance arrangements have been established to underpin the work of the Panel and it is the intention to endeavour to continue to convene monthly Panel meetings. A process is in place for quarterly progress reporting by Councillor Richard Griffiths, as the Corporate Scrutiny Committee representative on the Panel.

##### **2. FOCUS OF WORK OF THE CHILDREN'S SERVICES IMPROVEMENT PANEL**

**2.1** The Children's Services Improvement Panel has now met on seven occasions, namely

- 
- 17<sup>th</sup> July, 2017
- 21<sup>st</sup> August, 2017
- 25<sup>th</sup> September, 2017
- 26<sup>th</sup> October, 2017

<sup>2</sup> Corporate Scrutiny Committee convened on 4<sup>th</sup> September and 13<sup>th</sup> November, 2017

- 28<sup>th</sup> November, 2017
- 19<sup>th</sup> December, 2017 and
- 23<sup>rd</sup> January, 2018

Attached (**APPENDIX 1**) is a copy of the latest version of the Panel's forward work programme.

2.2 This report focuses on the work of the Panel in November and December, 2017:

- Detailed consideration to **Theme 2** of the Improvement Plan – **Quality & timely assessments, interventions and decision-making** (recommendations 3,9,10 & 11 of the CIW report). The Panel received a detailed presentation on the new quality assurance framework and a summary of quality audits completed for Qtr1 & 2 (April – September, 2017). It was noted that progress had been made with this priority area but that the quality of assessments remained inconsistent. This was partly due to the fact that the new staffing structure and other improvements had not been introduced until Qtr3. Also during its deliberations, the Panel further noted that discussions with North Wales Police at a regional level regarding the quality and consistency of child protection referrals were continuing
- **Service Improvement Plan (SIP)** – an overview of the Service Improvement Plan at each meeting of the Panel to ensure that the entire programme remains on target. Also, to enable the Panel to identify any early indication of slippage or lack of progress. The Panel at its November meeting looked at improvements implemented during September/October, 2017 which were summarised as:
  - i. Emphasis on intensive intervention
  - ii. Launch of the Teulu Môn service
  - iii. Establishing the Resilient Families Team
  - iv. Establishing a quality assurance framework for Children's Services.
- **Staffing structure** – It was noted that over the past 12 months there had been a significant reduction in dependency of the Service on agency staff in filling vacancies. There were however 4 social worker posts that continued to be filled by agency staff and which needed to be filled on a permanent basis
- **Laming Visits** – reporting back on the November Laming Visit under the strengthened governance framework. This Visit focused on the role of Teulu Môn, emphasising the importance of ensuring adequate time for the “*what matters*” conversations with children and families. Member and senior officer rota now in place to convene monthly visits to different teams in Children's Services
- **External evaluation** – at the November meeting, a detailed look at the role and remit of the Independent Support Team which followed on from an overview of the role of the Team in October<sup>3</sup>. It was noted that the Team would be reviewing

<sup>3</sup> Meeting of the Children's Services Improvement Panel convened on 26<sup>th</sup> October, 2017

progress in implementing the Service Improvement Plan (SIP) over the coming weeks and report back on their findings in February, 2018

- **Self-evaluation of progress** – in December, the Panel gave detailed consideration to a position statement on progress up to November, 2017 which had been prepared for CIW. The Panel concluded:
  - i. Robust foundations had been put in place to drive significant improvement in children’s services but that it was now necessary to focus on ensuring that improvement measures were embedded into practice across the Service
  - ii. The Panel had made a positive contribution to the improvement journey through constructive challenge

The report of the Statutory Director of Social Services (agenda item 3) provides feedback from the Care Inspectorate Wales on the self-evaluation.

- **Training / awareness raising sessions** – incorporated into the Panel work programme, these sessions are convened at the beginning of each Panel meeting. Topics covered over the last couple of months included – Children on the Child Protection Register (process, numbers and statutory assessments required); new staffing structure for children’s services (detailed presentation on the new structure which became fully operational on 2<sup>nd</sup> October, 2017 and an overview of team and job roles).

### 3. MATTERS TO BE ESCALATED FOR CONSIDERATION BY THE PARENT COMMITTEE

The following matters be escalated for consideration by the Corporate Scrutiny Committee:

- 3.1 Although good progress has been made on implementing the revised staffing structure, some posts remain filled by agency workers. This needs to be addressed as soon as possible.
- 3.2 The Corporate Scrutiny Committee is requested to come to a view about the robustness of the Panel’s monitoring thus far.

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

N/a

#### 7 – Financial Implications

N/a

#### 8 – Appendices:

Children’s Services Improvement Panel work programme

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

Anwen Davies, Scrutiny Manager, Isle of Anglesey County Council, Council Offices,  
Llangefni. LL77 7TW

**Cllr Richard Griffiths**  
**Corporate Scrutiny Committee representative on the Children's Services Improvement**  
**Panel / Children in Care Champion**  
**Date: 15/01/18**

**PANEL GWELLA GWASANAETHAU PLANT – RHAGLEN WAITH /  
CHILDREN'S SERVICES IMPROVEMENT PANEL – WORK PROGRAMME**

<b>CYFARFOD / MEETING</b>	<b>DYDDIAD / DATE</b>	<b>PWNC / SUBJECT</b>	<b>ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE</b>	<b>ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE</b>
<b>GORFFENNAF → RHAGFYR, 2017 JULY → DECEMBER, 2017</b>				
<b>1</b>	<b>GORFFENNAF JULY</b> 17/07/17 [3.00 – 5.00]	<p>CG, Cynllun Prosiect a gosod y cyd-destun / <i>TOR, Project Plan &amp; setting the scene</i></p> <p>Cynllun Gwella Gwasanaeth – trosolwg lefel uchel / <i>Service Improvement Plan – high level overview</i></p> <p>Thema 1: Gweithlu a Strwythur y Gwasanaeth/ <i>Theme 1: Workforce &amp; Structure</i></p>		
<b>2</b>	<b>AWST AUGUST</b> 21/08/17 [2.00 – 4.30]	<p>Cylch Gorchwyl terfynol / <i>Final Terms of Reference</i></p> <p>Argymhellion yr AGGCC / <i>CSSIW recommendations</i></p> <p>Cynllun Gwella Gwasanaeth – diweddariad / <i>Service Improvement Plan – update</i></p>		



CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p>Trosolwg: Ymweliadau Laming → rhaglen dreigl o ymweliadau ac adrodd yn ôl / <i>Overview: Laming Visits – rolling programme of visits and reporting back</i></p> <p>Rhaglen waith ac anghenion datblygu / <i>Work programme and development needs</i></p>		
3	<p><b>MEDI / SEPTEMBER</b> 25/09/17</p>	<p>Sesiwn ddatblygu/codi ymwybyddiaeth → Ymweliadau Laming (pwrpas; ffiniau; adrodd yn ôl; rhestr wirio ymweliadau) <i>Development session/awareness raising → Laming Visits (purpose; boundaries; reporting back; visits checklist)</i></p> <p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p> <p>Thema 2: Aseidiadau, Ymyrraethau a Phenderfyniadau Amserol o Safon Uchel <i>Theme 2: Quality and Timely Assessments, Interventions &amp; Decision Making</i></p> <p>Data perfformiad – RHAN I: % yr ymweliadau statudol â phlant sy'n derbyn gofal yn ystod y flwyddyn a gynhaliwyd yn unol â'r rheoliadau [SCC/025] / <i>Performance data [PIs] –</i></p>	<p>Pwyllgor Sgriwtini Corfforaethol / <i>Corporate Scrutiny Committee, 04/09/17</i></p>	<p>Pwyllgor Gwaith / <i>Executive, 18/09/17</i></p>

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p><i>PART I: % of statutory visits to looked after children due in the year that took place in accordance with regulations [SCC/025]</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
4	<p><b>HYDREF / OCTOBER</b> 26/10/17 [10.00 – 12.30]</p>	<p>Sesiwn ddatblygu/codi ymwybyddiaeth → “Diwrnod gwaith ym mywyd gweithiwr cymdeithasol plant” <i>Development session/awareness raising → “Day in the life of a children’s social worker”</i></p> <p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p> <p><b>Thema 3: Gwarantu Ansawdd</b> golwg manwl ar Argymhellion 2, 11, 13 a 14 – Adroddiad yr AGGCC / <b>Theme 3: Quality Assurance</b> <i>closer look at Recommendations 2, 11, 13 &amp; 14 – CSSIW Report</i></p> <p><b>Tîm Cefnogaeth Annibynnol</b> – trosolwg (rôl a chylch gorchwyl. Paratoi ar gyfer eitem sylweddol mis Tachwedd) <b>Independent Support Team</b> – overview (role and remit. Prepare for substantive item in November)</p>		

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p>Adolygu trefniadau ar gyfer Ymweliad Laming / Adborth o'r Ymweliad cyntaf → Thema 1 (Gweithlu) / <i>Review arrangements for Laming Visit / Feedback from first Vist → Theme 1 (Workforce)</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
5	<p><b>TACHWEDD / NOVEMBER</b> 28/11/17 [10.00 – 12.30]</p>	<p><b>Sesiwn ddatblygu/codi ymwybyddiaeth → Plant ar y Gofrestr Amddiffyn Plant [Fon Roberts]</b> <i>Development session/awareness raising → Children on the Child Protection Register</i></p> <p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p> <p><b>Thema 2: Aseidiadau, ymyrraethau a phenderfyniadau amserol o safon uchel yn cael eu gwneud i ddiogelu, cefnogi a rheoli'r risgiau i blant</b> golwg manwl ar Argymhellion 3, 9, a 10 – Adroddiad yr AGGCC / <b><i>Theme 2: Quality &amp; timely assessments, interventions &amp; decision-making to protect, support &amp; manage risks for children</i></b> <i>closer look at Recommendations 3, 9 &amp; 10 – CSSIW Report</i></p>	<p>Pwyllgor Sgrwtini Corfforaethol / <i>Corporate Scrutiny Committee, 13/11/17</i></p>	<p>Pwyllgor Gwaith / <i>Executive, 27/11/17</i></p>

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p><b>Tîm Cefnogaeth Annibynnol</b> – cyflwyniad gan aelod o'r Tîm (rôl a chylch gorchwyl (dilyniant o'r eitem trosolwg, cyfarfod mis Hydref y Panel)</p> <p><b>Independent Support Team</b> – presentation by a member of the Team (follow on from the overview item, October Panel meeting)</p> <p>Data perfformiad – RHAN II: golwg manwl ar un o'r dangosyddion perfformiad unigol / <i>RHAN II: indepth look at one key performance indicator:</i></p> <p><i>Each child, whose name is placed on the Child Protection Register, should have a named key worker who carries the professional responsibility for the case. The key worker should see the child at least every 10 working days and ensure that the child is seen at home at least every 4 weeks</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
6.	<b>RHAGFYR / DECEMBER</b> 19/12/17 [10.00 – 12.30]	<p><b>Sesiwn ddatblygu/codi ymwybyddiaeth</b> → Strwythur Staffio Newydd y Gwasanaethau Plant [Fon Roberts]  <i>Development session/awareness raising → Children's Services New Staffing Structure</i></p> <p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p>		

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p>Adroddiad Cynnydd: Datganiad Sefyllfa o'r Gwelliannau hyd at Dachwedd, 2017 <i>(golwg manwl)</i> / <i>Progress Report: Position Statement on Improvements up to November, 2017 (detailed look)</i></p> <p>Ymweliadau Laming – adolygu cynnydd a derbyn adborth o'r Ymweliadau diweddar / <i>Laming Visits – review progress and receive feedback from recent Visits</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
<b>IONAWR → MAI, 2018</b> <b>JANUARY → MAY, 2018</b>				
7.	<b>IONAWR / JANUARY</b> 23/01/18 [10.00 – 12.30]	<p>Sesiwn ddatblygu/codi ymwybyddiaeth → Gwasanaeth Ymyrraeth Gynnar ac Arbedol [Llyr ap Rhisiart]  <i>Development session/awareness raising → Early Intensive &amp; Preventative Service</i></p> <p>Cynllun Gwella Gwasanaeth <i>(cipolwg)</i> / <i>Service Improvement Plan (quick review)</i></p>	Pwyllgor Sgriwtini Corfforaethol / <i>Corporate Scrutiny Committee, 31/01/18</i>	Pwyllgor Gwaith / <i>Executive 19/02/18</i>

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		<p>Diweddariad / monitro cynnydd ar Thema 2 y Cynllun Gwella Gwasanaeth (materion strwythur &amp; gweithlu ac effaith y camau a gymerwyd) <b>[PG 37]</b>. Cynnwys diweddariad ar y trafodaethau efo Heddlu Gogledd Cymru <b>[PG 36]</b> / <i>Update / monitor progress on Theme 2 of the Service Improvement Plan (structure &amp; workforce issues and impact of actions taken) [AP 37]. Include an update on the discussions with North Wales Police [AP 36].</i></p> <p>Cynllun Gwella Ymarfer (golwg manwl) / Practice Improvement Plan (detailed look)</p> <p>Trefn Rheoli Perfformiad Newydd (Deddf Gwasanaethau Cymdeithasol a Llesiant) (trosolwg) / <i>New Performance Management System (Social Services and Wellbeing Act) (overview)</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
8.	CHWEFROR / FEBRUARY 26/02/18	Sesiwn ddatblygu/codi ymwybyddiaeth → Gwasanaeth Ymyrraeth Ddwys [Llŷr Bryn Roberts] <i>Development session/awareness raising → Intensive Intervention Service</i>		

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
	[10.00 – 12.30]	<p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p> <p>Trefniadau goruchwyliaeth – diweddariad / <i>Supervision arrangements - update</i></p> <p>Adroddiad y Tim Cefnogaeth Annibynnol (golwg manwl) / <i>Report of the Independent Support Team (detailed look)</i></p> <p>Cyflwyniad gan y Gwasanaeth Dysgu / <i>Presentation from the Learning Service</i></p> <p>Ymweliadau Laming – adolygu cynnydd a derbyn adborth o'r Ymweliadau diweddar / <i>Laming Visits – review progress and receive feedback from recent Visits</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		Pwyllgor Gwaith / <i>Executive 19/02/18</i>
<p><b>AGGCC yn ail-ymweld â'r Cyngor i fonitro cynnydd yn erbyn argymhellion yr arolwg [rhwng Mawrth → Medi, 2018]/ CSSIW to revisit the Council to monitor progress against the recommendations of the review [between March → Sept, 2018]</b></p>				
9.	<b>MAWRTH / MARCH</b>	<p>Sesiwn ddatblygu/codi ymwybyddiaeth → Gwarantu Ansawdd / Gwasanaethau Arbenigol Plant <i>Development session/awareness raising → Quality Assurance / Specialist Children's Services</i></p>		

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
	20/03/18 [10.00 – 12.30]			
		Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i>		
		Adolygiad o effaith y strategaeth gweithlu ar ymarfer a chanlyniadau i blant a phobl ifanc / <i>Review of the impact of the workforce strategy on practice and outcomes for children and young people<sup>1</sup></i>		
		Trefn Rheoli Perfformiad Newydd (Deddf Gwasanaethau Cymdeithasol a Llesiant) (gsolwg manwl ar y dangosyddion) / <i>New Performance Management System (Social Services and Wellbeing Act) (detailed look at the indicators)</i>		
		<b>Thema 5:</b> golwg manwl  <b>Theme 5:</b> closer look		
		Cyflwyniad gan y Gwasanaeth Tai / <i>Presentation from the Housing Service</i>		

<sup>1</sup> PG8 Panel Gwella Gwasanaethau Plant, 17/07/17 / AP8 Children's Services Improvement Panel, 17/07/17



CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i>		
10.	EBRILL / APRIL 25/04/18 [1.00 – 4.00]	<p>Sesiwn ddatblygu/codi ymwybyddiaeth → Protocol ar gyfer rôl Cyfarwyddwr y Gwasanaethau Cymdeithasol <i>Development session/awareness raising → Protocol for the role of the Director of Social Services</i></p> <p>Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i></p> <p>Adroddiad cynnydd – cydweithio efo Heddlu Gogledd Cymru (CID16s) / <i>Progress report – collaboration with North Wales Police (CID16s)</i></p> <p><b>Thema 4:</b> golwg manwl <i>Thema 4: closer look</i></p> <p>Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i></p>		
11.	MAI / MAY	Sesiwn ddatblygu/codi ymwybyddiaeth → <b>I'W GADARNHAU</b> <i>Development session/awareness raising → TO BE CONFIRMED</i>		

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i>  <b>I'w gadarnhau / To be confirmed</b>  Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i>		
<b>MEHEFIN →</b> <b>JUNE →</b>				
12.	MEHEFIN / JUNE	Sesiwn ddatblygu/codi ymwybyddiaeth → <b>I'W GADARNHAU</b> <i>Development session/awareness raising → TO BE CONFIRMED</i>		
		Cynllun Gwella Gwasanaeth (cipolwg) / <i>Service Improvement Plan (quick review)</i>  <b>I'w gadarnhau / To be confirmed</b>	Pwyllgor Sgrwtini Corfforaethol / <i>Corporate Scrutiny Committee, June 2018</i>	Pwyllgor Sgrwtini Corfforaethol / <i>Corporate Scrutiny Committee, June 2018</i>

CYFARFOD / MEETING	DYDDIAD / DATE	PWNC / SUBJECT	ADRODDIAD I'R PWYLLGOR SGRIWTINI CORFFORAETHOL / REPORT TO CORPORATE SCRUTINY COMMITTEE	ADRODDIAD I'R PWYLLGOR GWAITH / REPORT TO EXECUTIVE
		Rhaglen waith ac anghenion datblygu (adolygiad) / <i>Work programme and development needs (review)</i>		

Mae yna nifer o bynciau sydd angen eu hychwanegu at raglan waith y Panel / *There are a number of topics which need to be added to the Panel's work programme:*

**Sesiynau ddatblygu/codi ymwybyddiaeth / *Development/awareness raising sessions:***

- i. Prosesau cyfreithiol a diffiniadau (Cofrestr Amddiffyn Plant, Plant mewn Angen, Plant mewn Gofal, ôl-ofal) / *Legal processes and definitions (Child Protection Register, Children in Need, Children in Care, Aftercare)*
- ii. Ymyrraeth fuan a gwasanaethau ataliol / *Early intervention and preventative services*  
*Ee Adverse Childhood Experiences [ACEs] (ymyrraethau ataliol / preventative, universal interventions)*  
*Rôl Teulu Môn a Dyletswydd (ymyrraeth fuan) / Role of Teulu Môn and Duty (early intervention)*
- iii. Model dwys o ymyrryd / *Intensive model of intervention [IFSS]*
- iv. Rheoli perfformiad a dangosyddion perfformiad / *Performance management and performance indicators*
- v. Protocol ar gyfer rôl Cyfarwyddwr y Gwasanaethau Cymdeithasol / *Protocol for the role of the Director of Social Services*
- vi. Deddf Gwasanaethau Cymdeithasol a Llesiant / *Social Services and Wellbeing Act*

Eitemau i'w hychwanegu / *Items to be added:*

- Sesiwn → Rhan 4: Canllawiau Amddiffyn Plant Cymru Gyfan (holiadau yn erbyn gweithwyr proffesiynol yn y maes plant) (PG 34 y Panel Gwella Gwasanaethau Plant) / *Session → Part 4: All Wales Child Protection Guidance (allegations against professional workers who work with children)*
- Themau 4 & 5 y Cynllun Gwella Gwasanaeth / *Themes 4 & 5, Service Improvement Plan.*

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<b>ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template</b>	
<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	31 <sup>st</sup> January 2018
<b>Subject:</b>	Council Smallholding Improvement Programme
<b>Purpose of Report:</b>	Review following completion of Improvement Programme
<b>Scrutiny Chair:</b>	Cllr Aled Morris Jones
<b>Portfolio Holder(s):</b>	Cllr Bob Parry
<b>Head of Service:</b>	Mr Dewi R Williams
<b>Report Author: Tel: Email:</b>	Mr T Dylan Edwards Ext 2277 tdehp@anglesey.gov.uk
<b>Local Members:</b>	TALYBOLION (John Griffiths, Llinos Medi, Kenneth Hughes) TWRCELYN (Richard Griffiths, Aled Morris Jones, Richard Owain Jones) LLIGWY (Vaughan Hughes, Margaret Roberts, Ieuan Williams) SEIRIOL (Alun Roberts, Lewis Davies, Carwyn Jones) AETHWY (Robin Williams, Alun Mummery, Meirion Jones) CANOLBARTH MON (Bob Parry, Dylan Rees, Nicola Roberts) BRO RHOSYR (Eric Jones, Dafydd Roberts) BRO ABERFFRAW (Bryan Owen, Peter Rodgers)

#### 1 - Recommendation/s

This information is for information/discussion.

#### 2 – Connection to Corporate Plan / Other Corporate Priorities

2.1 This item relates to the Council's Corporate Plan by way of the priority to regenerate our communities and develop the local economy. By way of maintaining a rural estate of its own the Council can provide and protect an environment where rural businesses can be given an opportunity to establish, grow and flourish. The smallholdings estate contributes in reducing youth out-migration and increasing the working age population of the Island. The improved and streamlined rural estate has become self-sustainable and also generates a surplus revenue income that can fund statutory services at a period of financial pressure.

### 3 – Guiding Principles for Scrutiny

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

- 4.1 In light of the recent completion of the 5 year improvement programme, decide whether or not it is necessary to conduct a review of the Service Asset Management Plan 2010-2020.
- 4.2 Evaluate whether the aims of the policy are still relevant and effective.
- 4.3 Challenge the need to retain this type of property asset in light of the demands on budgets and the delivery of statutory services.

### 5 – Background /Context

#### Background

- 5.1 Consideration of the Council's rural estate was brought before the Scrutiny Committee two years ago in the wider context of a review of the property management processes. It was decided to allow the 5 year Improvement Scheme to come to an end before giving further consideration to the rural estate.

- 5.2 The Council currently manages two rural estates. The Council Smallholdings Estate and the David Hughes Charitable Estate. For the context of this report, consideration is only being given to the former due to the strict statutory regulations that govern the management of charitable estates. The Smallholdings Estate consists of a number of starter, intermediate and commercial equipped farms and a series of stand-alone bare lands.
- 5.3 Condition surveys conducted in 2009/10 on the equipped holdings recognized that the condition of many of the dwellings within the estate was very poor following a prolonged period of limited investment. An estimate £4m of backlog maintenance was identified. The risk of claims against the Authority for breaches in both our legal and statutory responsibilities had reached a critical level. The physical condition of the estate severely impacted on the ability to review and increase rents which in turn limited the budget available to maintain the status quo. Having reached a critical point, action was required to ensure the estate remained viable.

#### **Service Asset Management Plan**

- 5.4 Following the highlighting of these issues in an earlier officer/member Task and Finish panel, the Smallholding Improvement Programme was introduced in 2011/12 via the adoption of the Service Asset Management Plan 2010-2020 (SAMP) for the estate by the Executive Committee on 5th October 2010. The Improvement Programme was completely self-funded through the generation of capital through strategic disposals and the ring-fencing of rental income revenue.
- 5.5 The intention of the SAMP was to address the worsening condition of the estate and to provide a framework for optimization, the aim being to create a more sustainable future and to provide clear and attainable objectives. These objectives being:
- 5.5.1 Optimise the value of the properties and improve the quality of the assets through analysing condition, suitability and sufficiency and implementing a programme of improvement and investment where appropriate.
  - 5.5.2 To ensure through the carrying out of risk assessments that the smallholdings assets do not present unacceptable risks to staff and occupiers and that they are fit for purpose.
  - 5.5.3 To challenge the need for retaining the properties currently held, identify surplus and underperforming assets and recommend appropriate disposal plans in order to ensure that the portfolio is appropriately balanced.
  - 5.5.4 To maximise the revenue income and generation of capital receipts from the sale of surplus property, optimise and prioritise the level of expenditure and investment to match the current and future needs of the Council and the agricultural industry of the Island.

5.5.5 To develop a strategic land base for the Council which will enable future development and investment opportunities to be realised, whilst ensuring that the Island retains the potential to contribute to future food growing requirements.

5.5.6 To encourage tenants to progress over a reasonable period of time to becoming occupiers of commercial holdings with significant agricultural productivity.

5.5.7 To develop a wider range of benefits that our holdings could provide including renewable energy, sustainable fuel sources, waste utilisation, local foods, access to the Countryside, for example for educational purposes for local schools etc.

### **The 5 year Improvement Plan**

5.6 Between 2011/12 and 2016/17 initially targeting the holdings in the worse physical condition as a priority a total of 62 holdings have been renovated, refurbished and improved for a total expenditure of £10m. Schemes were tendered utilising local contractors, sub-contractors and suppliers and contracts awarded in small localised lots based on location to provide economies of scale. Improvements have been made in terms of domestic sewerage disposal and treatment, heating systems, new energy efficient electrical fittings and installations along with the provision of roof and wall insulation.

5.7 The scheme expenditure has been balanced by self-funded income from within the Smallholding Estate through a number of disposals and rental income ring-fencing alone. Four vacant farms were disposed of in their entirety, a further four smaller farms were sold to their sitting tenants and numerous other disposals and part disposals of bare lands, residential building plots and derelict houses contributed to the total.

5.8 Concurrently throughout the Improvement Scheme a series of systematic actions were implemented in an attempt to improve agreement conditions for the direct benefit of both Tenants and the Landlord. By way of negotiated lease surrender and renewals, Tenants have been offered the opportunity to extend the lengths of their leases, providing increased security to make their own investments and given the option of bringing close family members onto the tenancy agreements for peace of mind and succession management. In contrast; the Landlord has been able to reduce some of its maintenance liability and increase rents. The adoption of a programme of farm specific rent reviews in place of the previously utilised generic percentage increases has meant that holdings have fairer rents that better reflect their location, standard of accommodation and market comparables.

5.9 At commencement of the Improvement Scheme the annual rent roll amounted to £415,000.00 per annum. Currently this figure stands at £535,000.00 per annum even after taking into account the revenue impact of having a more optimised and



streamlined estate. It is projected that a healthy rental value growth will occur year on year if the estate is maintained under current processes and practices. An annual budget has initially been set at £250,000.00 which will be used to continue to meet the Council's Landlord responsibilities for the estate.

- 5.10 Overall, I believe the Improvement Programme can be considered a success. A number of the SAMP objectives have been delivered and achieved. These are:
- The value of the estate has been significantly optimised. The condition of a large proportion of the estate has been improved.
  - The refurbishment of farm dwellings and outbuilding electrical services has greatly reduced the risks to occupiers and staff and should provide significantly reduced running costs for the tenants.
  - The programme has partly addressed the objective of identifying surplus and underperforming assets, but it is recognized that this is a longer term objective as and when holdings become available as tenancies come to an end.
  - Capital receipts have successfully been generated to cover the capital cost of the improvements works. Revenue income has also improved significantly over the term of the programme to a level where it is believed the estate has become self-sustainable and providing a healthy surplus.
  - The majority of the strategic land base has been retained.

#### **Local and National Comparisons**

- 5.11 Of the 22 Welsh local authorities 21 still retain some form of rural estate, the exception being Cardiff. The Isle of Anglesey is ranked second in terms of land area. In September 2014 the Welsh Government commissioned a report called Welsh County Farms: Way Forward Initiative which looked at the challenges that faced the national estate and made certain recommendations. The report highlighted Anglesey's policy as being positive and proactive in comparison to the minimalistic approach of other authorities.

- 5.12 There are a number of private rural estates on the Island, namely the Bodorgan Estate, Baron Hill and Plas Newydd Estates among the most significant. Rarely do farms within these estates become available for new entrants.

#### **Present Situation**

- 5.13 The Council Smallholding Estate is currently made up of 98 holdings in total.
- 79 of these are equipped (meaning they have residential accommodation and are serviced with agricultural sheds). These amount to 2,172 hectares (5,367.1 acres) the average size equipped holding being 67.9 acres.
  - The remaining 19 being bare land parcels. These amount to 234.8 hectares (580.2 acres) the average sized bare land parcel being 30.5 acres.
  - 51% of the total holdings are held on the more modern Agricultural Tenancy Act 1995 agreements or Farm Business Tenancies (FBT's), while the

remaining 49% are held on the stricter Agricultural Holdings Act 1986 tenancies (AHA's).

### **The Challenges Ahead**

#### **5.14 Tenancy Agreements**

Farm Business Tenancies came into effect on 1<sup>st</sup> September 1995. They are fixed term agreements on open market rents. Terms are fairly flexible as the parties have the freedom to agree maintenance responsibilities at commencement. Although these provide security of tenure to the Tenants these types of tenancies are much more conducive to good estate management. Agricultural Holdings Act tenancies are older and one could say tend to be more bias towards the Tenant. They are known as 'life-time tenancies' because there is no fixed term length. Rents are set through a statutory mechanism which limits the amount that can be charged. Repairing obligations are also statutory. The latter type of tenancy is in decline because new AHA agreements cannot be newly created and statutory succession rights do not apply to local authorities.

#### **5.15 Age demographic**

One of the statutory grounds to terminate AHA agreements is if the Tenant reaches the age of sixty-five (Case A). This ground is however qualified by the need to provide 'suitable alternative accommodation' to the Tenant upon retirement. There are numerous reasons why tenants do not retire; they are living longer and are staying healthier; they are reluctant from a life-style or financial point of view; and Landlords are unable to provide them with alternative accommodation which they consider to be 'suitable'. I am not aware of any example throughout the British Isles where a Landlord has been successful in terminating an AHA tenancy under this ground alone. The current age profile of the Council's Smallholding Estate looks like this:

- Age 40 and under 10%
- Aged 41 – 50 24%
- Aged 51 – 60 30%
- Aged 61 – 70 25%
- Aged 71 and above 11%

#### **5.16 Availability of holdings and internal mobility**

This is not only a local issue, but a national one. There are considered to be several factors that contribute to the limited opportunities for progression to both internal mobility and the availability of holdings for new entrants moving into local authority farms and into those in the private sector. Among these are considered to be

- The unwillingness of existing farmers to retire;
- The contraction of the private rented sector and the prevalence of owner-occupation in Wales compared to England. It has been noted by the

Tenant Farmers Association that it has become almost impossible for public sector tenants to move to the private sector, due to the lack of security offered by the short-term tenancies available in the private sector compared to longer-term tenancies available from local authorities;

- There is a prevalence of intra-family succession on the local authority farms estate in Wales;
- In Anglesey, we are aware that a number of Tenants have purchased additional land on their boundaries or nearby. Their Council farms are used as hubs meaning there is little or no desire to progress from their starter or intermediate holdings when more commercial ones become available.

#### 5.17 Structure and balance

The 2010-2020 SAMP identified the need to optimise the size of farms and to provide a better balance of starter holdings, and intermediates through to commercial holdings. This would address the desired objective of encouraging tenants to progress to larger commercial units over a period of time and thereby providing greater opportunities to new entrants. Back in 2010 the portfolio had too many holdings of under 30 acres, an oversupply of intermediate units and an insufficient number of larger commercial sized units. It was projected that the number of commercially sized units could be increased through the amalgamation of associated land once starter and intermediate holdings became available for disposal. To some extents the 5 year improvement programme partly addressed this objective and generated capital income for reinvestment. However, this is a long term strategy and it is believed that to achieve the desired optimization will take a further 20 years. This will require a commitment by the Authority to continue to allow the strategic disposal of selected dwellings and the amalgamation of land to create a greater number of commercially sized units. In contrast, the privately owned Bodorgan Estate has three times the land area of the Council estate, but only a third of the total number of holdings.

#### 5.18 Ongoing maintenance and enforcement of tenancy agreements

To ensure the condition of the estate does not once again fall into such disrepair and that a healthy surplus revenue income is maintained, it is important to ensure the principles of good estate management are adhered to. A commitment to a strong strategic plan is essential and the delegated decision making power is maintained by professionally qualified officers or consultants in conjunction with portfolio members. The self-sustainment of the estate is conditional on the provision of an adequate annual budget that will meet the retained maintenance liabilities. It is also of equal importance to continue to strictly enforce tenancy breaches, ensuring Tenants adhere to their obligations; to continue to maximise revenue income through regular rent reviews and to continue to encourage migration from AHA tenancies to more flexible FBT agreements.

#### 5.19 Summary

- The physical condition of the retained rural estate has significantly improved following the investment made following the 5-year plan.

- Less than 10% of the overall estate has been sold generating a budget of £10m for reinvestment during a period of service cuts and financial pressures.
- Future challenges for the rural estate include:
  - The transition of tenancy agreements from the old to the new;
  - The aging demographic trend of tenants;
  - The availability of holdings for internal mobility and new lettings;
  - The continuing need to restructure the estate;
  - Ongoing proactive estate management.

5.20 The current policy; including the present delegated decision making process currently gives the flexibility required to deal with the above challenges in line with the Service Asset Management Plan.

#### **6 – Equality Impact Assessment**

This information is for information/discussion.

#### **7 – Financial Implications**

This information is for information/discussion.

#### **8 – Appendices:**

None

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

- 9.1 Service Asset Management Plan Council Smallholdings 2010-2020
- 9.2 Welsh Government's Report – Welsh County Farms: Way Forward Initiative – Appendix A: Summary of Councils' Current Policies & Management Practices



**ISLE OF ANGLESEY COUNTY  
COUNCIL  
SMALLHOLDINGS ESTATE**

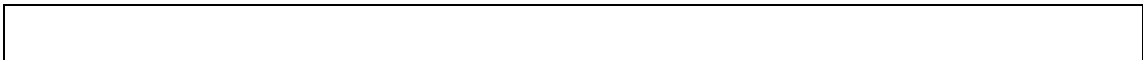
**SERVICE  
ASSET MANAGEMENT PLAN**

**2010 - 2020**



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## **1. Introduction and Context**

### **1.1 Introduction**

The Isle of Anglesey County Council smallholdings estate has been established for almost 100 years. The County Farm Estate was developed by the National Government after the First World War as an opportunity to provide employment and a decent standard of living from the land for ex-servicemen. The estate provides employment opportunities as well as playing a vital part in supporting rural communities on the Island. The estate also plays an important role in environmental management and public access, both of which are promoted by the Council.

The County Council has been considering the future of the estate following a number of reorganization plans. A plan was prepared by the former Anglesey County Council in 1971 and a review was undertaken in 1981 by the former Gwynedd County Council. The 1981 review was not submitted to the Welsh Office for formal adoption at that time, and subsequently the 1971 plan was reviewed again and a new plan prepared for the estate in 2003 following the establishment of a Smallholdings Policy Panel.

In 2003 the estate extended to some 2595 hectares (6,411 acres) and consisted of 123 holdings. In 2010 the estate consists of some 94 holdings with an overall area of some 2566 hectares (6399 acres).

The production of this Service Asset Management Plan (SAMP) for the Council's Smallholding Estate follows appropriate consultation with the Task and Finish Member's Panel convened by the Leader in 2010 to review all aspects of management of the Smallholdings Estate, as well as relevant farming Unions and representatives of the tenants. Direction for the SAMP has also been provided by the Welsh Assembly Government Rural Development Sub-Committee: Inquiry into Local Authority Farms which was undertaken during 2010. This SAMP is seen as crucial for achieving a strategic focus on the management of the portfolio for the future and is linked to the aims and objectives of the Council. It provides the basis against which the portfolio related decisions are to be made.

This SAMP is also the framework to ensure that properties are safe and suitable for purpose, the uses of the estate assets are optimized to meet the required aims, and costs are minimized and are sustainable for the future.

The SAMP has been prepared broadly following the guidelines in "A Guidance to Asset Management Planning in Wales" published by WLGA (Welsh Local

Government Association) and CLAW (Consortium Local Authorities Wales) published in September 2001.

This SAMP, which has a ten year projection, has been reviewed and agreed by the Executive and will be periodically reviewed and updated in order to reflect any changes in internal or external requirements as and when they occur.

## **1.2 The Isle of Anglesey County Council**

The Isle of Anglesey County Council came into existence in April 1996 following Local Government re-organisation and is responsible for providing all local government services for the island of Anglesey. The County Council serves approximately 67,000 people and employs in the region of 3000 staff and is the second smallest authority in Wales.

The island is situated in North West Wales, is the largest of the Welsh islands and covers an area of some 720 km<sup>2</sup> with a coastline of some 210 km. The island has transport links with the mainland via road and rail bridges across the Menai Straits and the ferry port at Holyhead provides links with the Republic of Ireland with approximately 2.5 million people traveling via ferry each year.

The island's population is decreasing at the present time with the age profile of the population changing towards an older population base. The island's environment is of great value and in particular boasts 22,000 hectares of Area of Outstanding Natural Beauty, 60 sites of Special Scientific Interest, 4 National Nature Reserves, 4 Local Nature Reserves, 3 Special Protection Areas and 8 Candidate Special Areas of Conservation.

The economy of the island is based largely around agriculture, public sector organisations and a small number of key industries, including RAF Valley and Wylfa Power Station. Anglesey currently has some of the highest levels of unemployment and deprivation in Wales. Locally generated income (as measured by gross value added (GVA) per head) is barely half (54%) of the UK average.

The island faces significant economic challenges in the near future. The planned decommissioning of the Wylfa Nuclear Power Station in 2010 and the effect of closure in 2009 of the plant operated by Anglesey Aluminium Metal Ltd (AAML) will have a profoundly adverse and potentially long-lasting impact on the economy of Anglesey.



### **1.3 Corporate Planning Framework and Corporate Goals and Objectives**

The Isle of Anglesey County Council is committed to improving the quality of life for the people of the Island by providing services of the best possible quality; strengthening the Island's economy; working in partnership with other public bodies, voluntary organizations and the private sector; protecting the unique physical cultural and linguistic heritage of the Island.

The Council considers the staff to be its most important resource and is committed to providing them with the training and development opportunities that will allow them to perform to their full potential and thus contribute effectively to the achievement of the Council's objectives.

In 2010 the Isle of Anglesey County Council adopted its new strategic aim and five top priorities as the building blocks for recovery.

The County Council's new strategic aim is to 'promote and protect the interest of the Island - locally, regionally and nationally.'

In doing so, the Authority will work towards achieving five strategic priorities, namely:

**Strategic Priority 1:**

Enhance the reputation of the Council and Island

**Strategic Priority 2:**

Protect and develop the Island's economy

**Strategic Priority 3:**

Build and support sustainable communities

**Strategic Priority 4:**

Promote healthy, safe and fair communities

**Strategic Priority 5:**

Businesslike and affordable services

In the foreseeable future a number of key external drivers will impact on the corporate planning framework, resulting in a further review. Greater emphasis on regional cross boundary working and the responses of National, Regional and Local Government to the financial situation facing the country will need to be considered in relation to future plans for the Smallholding Estate.

## **1.4 Organisational Framework**

There are 40 elected members on the Isle of Anglesey County Council representing the electoral wards. The members form the Council's policies through various committees and sub-committees. The chairman and vice-chairman of the various committees and sub-committees work closely with the directors and senior officers of departments to ensure that policies and decisions made by the Council follow proper consideration of professional advice.

The Council's Constitution provides an important means of enabling councillors, officers, citizens and stakeholders to understand how the Council makes decisions and who is responsible for those decisions. The constitution is at the heart of the local authority's business. It allocates power and responsibility within the local authority, and between it and others.

The Council has appointed an Executive Committee which is made up of the Leader and nine councillors who have been given the responsibility to make decisions that are in line with the Council's overall policies and budgets.

The Council operates through five departments, each having the responsibility for delivering specific services in support of the strategic aims and policies of the Council.

Each Service has developed a Business Plan to ensure the functions and services provided full-fill the Council's overall aim and strategic priorities.

Property Services draft Business Plan for 2010 – 2013 includes the following actions in relation to smallholdings:

<b>Council's Strategic Objective</b>	<b>Action from Property Services Business Plan to Support Smallholdings</b>
<b>1.1</b>	Arrange regular meetings with tenants of Smallholdings
<b>1.1</b>	Continue to arrange annual meetings with tenants representatives and farming unions in respect of smallholdings
<b>1.1</b>	Promote sites for wind farms where opportunities arise and encourage the use of alternative energy on smallholdings
<b>2.5</b>	Encourage smallholding tenants to diversify into alternative business areas to support local business growth

<b>3.3</b>	The agricultural community is a significant component of the Welsh speaking community and by maintaining the smallholding estate we help to protect and promote the Welsh language culture and heritage
<b>3.3 and 3.5</b>	Encourage farm tenants to enter rural stewardship schemes to protect hedges, trees and natural features
<b>3.3</b>	Wherever possible, repair and maintain the traditional farmhouses and outbuildings forming part of the smallholdings estate to preserve the architectural heritage of the island.
<b>3.4</b>	Encourage the take up of smallholdings by local people
<b>5.5</b>	Ensure that all smallholdings are let in accordance with current legislation and in accordance with RICS standards
<b>5.5</b>	We will bring smallholding houses to a suitable state of repair in accordance with a revised smallholdings plan

## **2. Objectives for Asset Management Planning for the Estate**

### **2.1 Aims for Service Asset Management Plan**

The aim of this SAMP is to optimise the smallholding estate portfolio to provide suitable and sufficient holdings to create opportunities for young farmers to startup within the agricultural industry on the island, and to progress in time to becoming managers of fully commercial farming units, whilst ensuring a sustainable financial return for the Council.

### **2.3 Objectives for Asset Management Planning for the Estate**

1. Optimise the value of the property and improve the quality of the assets through analysing condition, suitability and sufficiency and implementing a programme of improvement and investment where appropriate.
2. To ensure through the carrying out of risk assessments that the smallholdings assets do not present unacceptable risks to staff and occupiers and that they are fit for purpose.
3. To challenge the need for retaining the property currently held, identify surplus and underperforming assets and recommend appropriate disposal plans in order to ensure that the portfolio is appropriately balanced.
4. To maximise the revenue income and generation of capital receipts from the sale of surplus property, optimise and prioritise the level of expenditure and investment to match the current and future needs of the Council and the agricultural industry of the Island.
5. To develop a strategic land base for the Council which will enable future development and investment opportunities to be realized, whilst ensuring that the island retains the potential to contribute to future food growing requirements.
6. To encourage tenants to progress over a reasonable period of time to becoming occupiers of commercial holdings with significant agricultural productivity.
7. To develop a wider range of benefits that our holdings could provide including renewable energy, sustainable fuel sources, waste utilization, local foods, access to the Countryside, for example for educational purposes for local schools etc.

### **2.4 Headline Performance Measures**

The Council considers performance measurement as important in order to ensure that continual improvements are achieved and are currently considering specific local performance indicators relating to property holdings and condition.

The Council has been collecting data to contribute to all areas of the Consortium of Local Authorities in Wales (CLAW) performance indicators in the past and continues

to do so. The authority also collects and provides data to the Local Government Data Unit for the Welsh Assembly Government Core Asset Management (CAM) performance indicators for Wales. Currently information collected for the CAM indicators excludes agricultural buildings and farmland.

In considering performance criteria for the portfolio the Council are concerned to ensure the following areas are reviewed and monitored:-

- **Health and safety requirements**
- **Running costs**
- **Building conditions**

This Plan proposes that as a local indicator the Council should adopt similar information in relation to smallholdings to the current Welsh Assembly Government CAM performance indicators.

Costs of running the estate will be monitored through budget monitoring processes.

Health and safety monitoring will be carried out by recording and monitoring incidents and improvement notices.

## **2.5 Support for Asset Management Process**

An Asset Management Delivery Team has been established within the Property Services Unit to progress specific issues relating to the production and management of data to support the Council's AMP and this team is able to assist the development of the SAMP for the Smallholdings Estate. This team has representatives from the Maintenance, Architectural Services and Estates teams and staff from these teams have the opportunity to input suggestions.

During 2009/10 the Asset Management Team arranged updated condition survey reports in relation to the holdings on the estate. Information from these reports has been used to inform and guide this SAMP.

## **2.6 Statutory Responsibilities**

Regional and national Government policies and legislation affect the way in which the Council manages the portfolio. The following issues in particular have a significant effect on the management of the property assets:-

Health and Safety at Work Act, including the management of asbestos, legionella, and electrical testing

Disability Discrimination Act

Fire Precautions Work Place Regulations

Reduction in carbon emissions from buildings

Waste management and minimisation

Landlord's obligations to tenants

Landlords repair and maintenance responsibilities

An issue of particular concern in recent years has been the condition of occupied properties. Tenant expectations and Landlord's obligations in the modern world require regular investment in the upkeep and improvement of properties to meet modern living standards. Minimum standards for habitation need to be assured in any property which is let for occupation. The results of the recent condition surveys indicate that in a number of instances the condition of the estate may not currently meet these requirements and the Council is keen to take appropriate corrective action.

## **2.7 The Resource Context**

The current resource available to the estate for upkeep and improvement of properties is the rental income. In 2009 the Council "ring-fenced" this rental income to be available for repairs, maintenance and improvements to the estate. Capital funding for the estate is dependent upon sales of property and the receipts from such sales are also ring-fenced for use within the estate. This SAMP considers options for increasing available capital funding, through the sale of properties, for the purposes of improving and maintaining the remaining estate.

The plan will ensure:

- That officers are able to continue to work towards a medium term strategy of securing improvement in the condition of properties where necessary;
- That revenue costs are limited in line with the revenue income, affordability and the requirements of the Council;
- That projects are manageable within staff and external resources;
- That the Council has regard to sustainability, energy efficiency and health and safety requirements.

Potential Available funds over the next 5 years have been assessed on the basis of current knowledge of the estate and in anticipation that certain properties will become vacant and would be considered for sale during the period.

<b>Potential Income over 5 years</b>	
Rent (at average £450,000 p.a.)	£2,250,000.00
Sale of Smallholding	£ 180,000.00
Sale of Smallholding	£ 200,000.00
Sale of Smallholding	£ 130,000.00
Sale of Smallholding	£ 200,000.00
Sale of Whole Farm	£1,000,000.00
Sale of Bare Land	£ 350,000.00
Sale of Building Plot	£ 75,000.00
Sale of Smallholding	£ 180,000.00
Sale of Smallholding	£ 190,000.00
<b>Total</b>	<b>£4,755,000.00</b>

In the event that sales as currently envisaged are not possible, and as a consequence there is a need to gain funding in a shorter period, then as a last resort the Council may need to consider options to serve notice to gain possession of certain smaller holdings. In addition the Council has taken a decision to retain ownership of certain holdings which are considered to be strategically located and with a view to development potential at a future time.

Following a recommendation from the Task and Finish Panel the Council decided in 2010 that authority be given to the Head of Service (Property) in agreement with the Portfolio Holder (Property and Smallholdings) to consider the future of each holding as it becomes vacant and to determine whether to sell the house with an appropriate amount of land or whether to retain it within the estate.

In reviewing holdings for possible sale the Council is mindful of the need to retain land wherever possible. In instances where a holding becomes vacant and is considered for a potential sale, the Council will endeavour to retain land by amalgamation with adjoining holdings where possible. In a few instances where the Council has smallholdings which are not located in proximity to other nearby holdings in the Council's ownership consideration will be given to sale of the holding as a complete unit, including land. Factors affecting any decisions to sell property will include the value of required maintenance and improvements, potential rental income levels, location of the holding, how the holding may contribute to the objectives for the smallholding estate and the required future farm structure, current demand for holdings in the location and market trends or forces in relation to sales. The development of this SAMP represents an important element in the above decision process.

### **3. Existing Portfolio, Current Performance and Gap Analysis**

#### **3.1 Statement of Portfolio**

A summary of factors relating to the performance of the portfolio from the recent condition surveys is included below. This schedule includes information on outstanding maintenance requirements and budgetary requirements at 2010 prices. The condition surveys have identified work required to maintain assets in serviceable condition over a period of the next five years. The surveys do not take account of improvements required, for example additional farm buildings to suit the size of holding.

The condition surveys completed and priced to date indicate the following headline results:

20 No. Condition Red estimated cost £1,463,193  
34 No. Condition Amber estimated cost £1,834,319  
32 No. Condition Green estimated £767,513

These condition ratings do not relate to a specific item or installation that may or may not be in the house as invariably a dwelling that gets a Green rating might have a specific item that is considered poor which requires replacing and equally the same could be said for a Red rating house that may have certain items that are satisfactory.

Separate condition ratings have not yet been given for the outbuildings however work is ongoing to separate the costs relating to the houses from those relating to the outbuildings.

#### **3.2 Project Prioritisation**

In order to ensure all proposed projects in the future can be adequately planned for, all options are to be considered and funding arranged at an early stage. The Council needs to adopt a Protocol which will allow prioritisation of requirements of the estate, identification of available funding and appropriate timescales for implementation. Considerations of health and safety must take priority within these requirements and only after all identified issues are attended to can other factors begin to compete for priority funding.

#### **3.3 Gap Analysis**



Although further work is required to establish a working framework for the identification of priorities and gaps in provision, it is already clear that funding for the maintenance backlog is a major issue for the Council. Following condition surveys of smallholding houses carried out in 2005 the Council identified required maintenance in excess of £4M. During the past 5 years some £1.8M has been spent on improvements to holdings, largely as a consequence of sales of houses. Based on the recent updated surveys required maintenance to retain the present assets, including outbuildings, in suitable condition for the next five years amounts to some £4.1M at 2010 prices. This cost excludes improvements to external areas and the provision of new sheds, for example when a holding is increased in size with land amalgamated from a nearby farm.

Whilst the Council's decision in relation to ringfencing of rental income is of significant benefit to the funding of required maintenance within the estate, the current programme of expenditure on maintenance based on rental income levels alone would require a period of over 8 years to address all issues identified in the surveys. As the surveys only identified requirements for a 5 year period it is evident that the current programme is not sustainable without consideration of the sale of certain properties.

#### 3.4 **Building Maintenance Policy**

The Council needs to develop a range of building maintenance policies applicable to various categories of buildings and assets.

In relation to the smallholdings estate the key objectives of this proposed policy are:

- To establish an effective maintenance strategy for the estate in order to ensure the efficient and effective use of maintenance funding.
- To develop a formal process of agreeing expenditure in relation to building maintenance.
- To ensure that building assets are adequately maintained and are fit for purpose.
- To ensure that assets are maintained in line with regulatory, statutory and legislative compliance.
- To ensure that Health & Safety and security requirements are met.
- To ensure that all the relevant information on monitoring, maintenance, condition, suitability/sufficiency and performance of buildings is available to facilitate decision making.
- To ensure that building assets are maintained and developed in a sustainable manner.

## 4 Options Appraisal

### 4.1 Strategic Options

In terms of property asset management, the long term vision is for a property portfolio of optimum size and with an appropriate balance of sizes of farms, comprised of assets which are fit for purpose, in a safe and satisfactory condition and which provide a safe environment for those who use them in order to provide a sustained income for the estate. This SAMP provides an initial step toward this vision but the target will only be achieved in the long term.

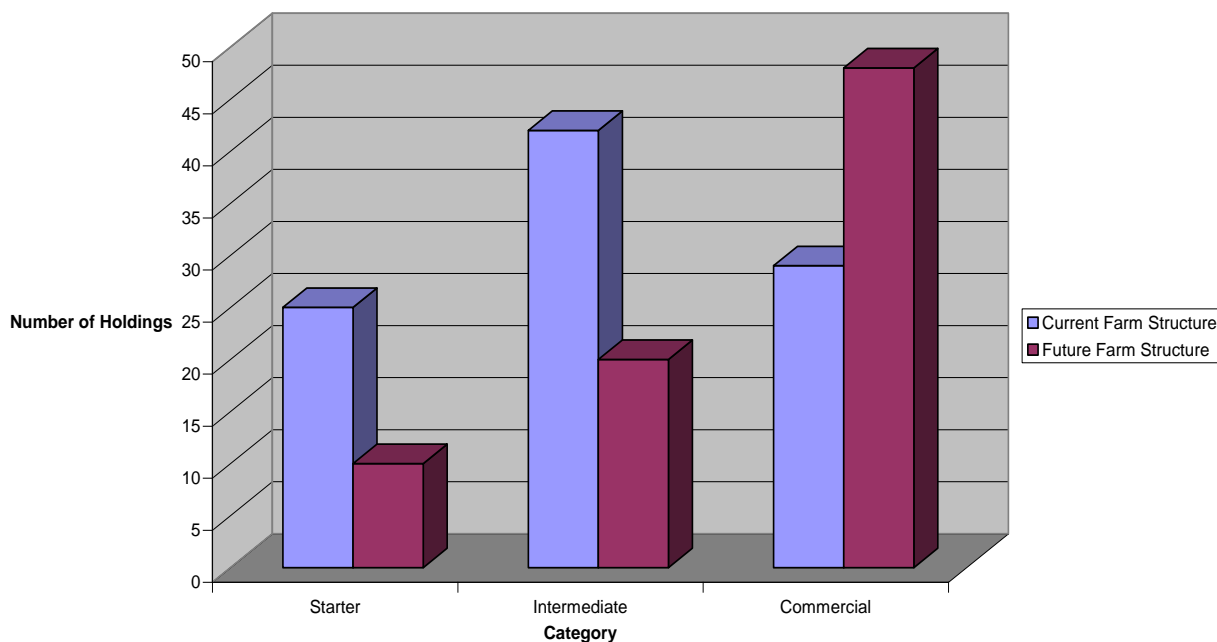
To achieve the desired objective of encouraging tenants to progress to larger commercial units over a period of time, the estate needs to be structured to provide an appropriate number of farms of various sizes. The Council considers that tenant progression from a starter unit, through an intermediate unit to a fully commercial unit over an appropriate period of time is desired to ensure that the estate is functioning to fulfill the desired aims. For the purposes of this progression the Council has reviewed starter units, being units of up to 40 acres, intermediate units of between 40– 80 acres and commercial units of over 80 acres.

A review has been undertaken of properties which are likely to become vacant within the next 5-10 years and those which may be considered for potential sale of houses, with amalgamation of lands to better configure the estate for future needs. The review has also identified a number of key strategic holdings which the Council considers should be retained for future alternative development potential.

In order to provide sufficient units of appropriate sizes to allow the desired progression to take place it is considered that the structure of the estate needs to change, as illustrated in the following table. This structure will take some time to achieve possibly in the region of 20 – 25 years.

The Council will need to monitor progress in making improvements to the estate holdings against this service asset management plan. If the current proposals for restructuring the estate are found to be not effective for any reason the Council may, as a reserve option, review the sale of the smaller units to the existing tenants at market value as a means of accelerating the process of rationalising the estate."

Anglesey Farm Structure



The sale of a number of units, together with the associated amalgamation of lands with nearby holdings to create a greater number of commercial units, is required if the future structure of the estate is to be achieved.

#### **4.2 Five year programme of works to smallholdings**

It is evident from the information shown in section 3 that over 20% of houses within the estate are in need of urgent attention to maintain condition and the cost of repairs to these houses is some £1.4M. These properties must be given first priority for available funds to carry out improvements and repairs. With the current level of expected funding available from rental income and sales of property this element of the programme alone will take two years to complete. Properties with condition ratings indicating poor condition should be the next priority and at current levels of expenditure the programme to complete these properties is likely to take a further two years. The aim of the programme of repairs therefore should be to ensure that all properties within the estate are in a satisfactory or good condition within the next 5 years.

In addition to works necessary to improve the condition of buildings consideration must also be given to a programme of regular inspections of apparatus and fixed equipment, installation of fire alarms, provision of suitable and sufficient farm buildings in relation to the size of unit and to external works, such as septic tanks and slurry pits.

**APPENDIX A - Welsh County Farms: Way Forward Initiative**  
**Summary of Councils' Current Policies & Management Practices**

Version: September 2014

Council	Size acres	Management Plan	Last Update	Current Policy	Possibility of Change	Staff Complement and Management Arrangements
Blaenau Gwent	487	None.	11.4.13 and 28.5.14	The council's small estate is no longer held or managed for statutory smallholdings purposes. Its land is currently let on a variety of short term arrangements, mainly for horse grazing purposes as land is poor quality. To dispose of land to generate cap receipts Trespass& vandalism renders farming in this locality unattractive.	Likely that residue of estate will be disposed of over time.	None dedicated to the mgt of this resource. Managed in house by Estates Dept.
Bridgend	140	None.	Not known	Estate comprises 13 small short term lettings only. No longer managed for statutory smallholdings purposes.	Likely that residue of estate will be disposed of over time.	None dedicated to the mgt of this resource. Managed in house by general practice valuer.
Caerphilly	244	None.	Not known	One no 100 acre holding let on AHA. Remainder comprises 100 acre Open Farm managed for educational purposes, plus handful of grazing licences held for conservation purposes.	Links with corporate plan to retain but under scrutiny & encouraging green initiatives.	None dedicated to the mgt of this resource. Managed in house by general practice valuer.
Carmarthenshire	3,475	Formal plan& policy following 2006 review. Reconsidered by Scrutiny Committee 2010	2006. Updated report prepared in 2013, but not formally considered.	To retain and continue current mgt practices, but keep under review development/disposal opportunities as they arise. Future of each holding & opportunities for estate amalgamation, disposal or reletting is considered in advance of tenancy expiry. Pursuing green energy production initiatives; e.g. Solar power, & wind turbines to increase returns from estate. Estate comprises 27 equipped holdings. Currently secures a £92,000 annual operational surplus.	Future continually under pressure due to financial constraints. 2013 Review drafted, but not yet formally considered by Members.	0.5 FTE Estates officer manages estate, with rent collection via Finance& maintenance via Tech Service dept.

Council	Size acres	Management Plan	Last Update	Current Policy	Possibility of Change	Staff Complement and Management Arrangements
Ceredigion	692	Currently working to 2002 Review.	2002	Links to council's Corporate Plan and 2014 Corporate Asset Management plan. Generally supportive of continuation of current plan to let holdings on @ 10 year Farm Business Tenancies when current lifetime tenancies terminate Management approach is essentially reactive. Concerns re lack of historic investment and poor condition of buildings infrastructure. Interested in pursuing green energy initiatives, e.g. wind turbines.	Scrutiny review in 2011, but no current plans to revisit.	Currently managed in house by 0,05 FTE G.P surveyor , plus Maintenance Team support, with some specialisms outsourced, e.g. rent reviews.
Conwy	912	No, but intend to prepare one.	N/A	Only small estate, but current plan is to retain and re let holdings as they fall vacant. Propose to adopt a more proactive management approach.	No; not at present.	One no part time valuer manages, with specialisms, e.g. rent reviews, outsourced.
Denbighshire	2,461	Current 2010 plan coming to an end.	Ongoing scrutiny of future plans.	Policy of targeted rationalisation of holdings with judicious disposals, including possible sales to sitting tenants but accept this will be a long process. Desire for estate to be sustainable. Some energy initiatives being pursued by tenants. Concerned re lack of progression opportunities.	Continually under critical review, with uncertain future.	One no Land Agent who also has other duties Building Surveyor plus assistant.
Flintshire	2,267	Strategic Review.	2011	Recent policy decision to dispose of estate, but methodology to be determined. Anticipate substantial inroads over next 5 years. General policy not to retain a landlord role for its property estate generally, but will keep strategic sites with development potential until these can be realised. Decision fuelled by high cost of complying with N.V.Z Regulations.	Very recent decision to dispose of estate.	Part time land agent engaged on consultancy basis. Use property consultants for strategic work.
Gwynedd	2,905	No current Management Plan.	2011	Informal policy of estate retention as enshrined in 2110 Corporate Asset Management Plan. Operate on a break even trading account basis. Very dispersed estate with limited scope for rationalisation. Essentially reactive low input approach to management Recognise importance of estate to rural economy.	Review of Asset Mgt Plan in 2014, but not sure if it will include Estate.	@ 0.05 FTE General Practice surveyor. Possibly interested in critical friend support on call out basis.

Council	Size acres	Management Plan	Last Update	Current Policy	Possibility of Change	Staff Complement and Management Arrangements
Isle of Anglesey	6,232	Operating under 10 year management Plan.	2010	Proactive, positive management approach Also manage 1,100 acre David Hughes Endowment Estate as integral part of County Farms. Policy of significant capital investment over plan period to achieve financial self-sustainability. Positive approach to rationalisation to create more commercially viable units with matrix of holding sizes and tenancy durations to facilitate upward mobility.	Likely to continue with current 10 year management plan.	Principal Valuer responsible for management of both commercial and County Farms Estate, plus full time senior surveyor, part time consultant and student support.
Merthyr Tydfil	409	No dedicated plan for estate. Managed as part of Rural Development Plan.	No specific plan.	Land held primarily on grazing licences with some land on former coal mining sites. Pursuing community lead initiatives to promote rural development schemes. Will exploit development potential when this can best be realised. Exploring renewable energy production potential on certain areas of land Retain a 27 acre Community Farm under direct council management May explore judicious expansion of estate where appropriate to meet council objectives.	Currently refreshing Rural Development Plan, of which estate forms an integral element.	No dedicated land agency management. May be prepared to consider Service Level Agreement with lead Council to manage.
Monmouthshire	2,702	Clear policies, but no discrete Plan.	2013	Estate split into Core and Non-Core holdings. Currently looking to dispose of Non-Core units and exploit development potential where it exists, but no sitting tenant sales at discount.	Appear likely to continue to explore and implement strategy of disinvestment.	Engage agency land agent part time, but no management costs set against Estate Trading Account. Rent reviews etc. outsourced.
Neath Port Talbot	294	None.	N/A	Couple of bare land AHA lettings, plus @ 20 short term grazing licences only. Not effectively managed for statutory smallholdings purposes.	No defined plans.	Managed in house by general practice surveyor.
Newport	725	Not known.	Not known	No response to inquiries.	N/A	N/A

Council	Size acres	Management Plan	Last Update	Current Policy	Possibility of Change	Staff Complement and Management Arrangements
Pembrokeshire	4,525	Overview and Scrutiny focus.	2011	48 holdings. Proactive management & rationalisation to maximise income, reduce need for capital investment and deliver capital receipts, improve commercial viability of holdings and estate., selling smaller parcels of land with buildings creating letting opportunities of land only, encourage diversification, exploit Glastir opportunities.	Ongoing positive review approach, but progress dependent on prevailing financial pressures.	0.75 F.T.E. comprising two no part time rural surveyors, plus admin support. Limited use of external consultants with very technical matters..
Powys	10,996	Business Plan Action Plan being implemented	Scrutiny Committee Review 2009	Largest estate in Wales Essentially reactive operational management, but with well-defined working practices for most activities. Positive commitment to future of estate with political oversight exercised by cabinet member and regular meetings of County Farms Board Objective advice being given by external consultant. Ongoing programme of investment, re lettings and infrastructure improvements subject to prevailing financial pressures.	Current County Farms Board focus on developing updated Estate Management Plan.	2 no rural surveyors. Maintenance support provided by Building Services Team.
Rhondda Cynon Taff	200	No discrete plan	N/A	Three agricultural holdings, plus significant number of grazing licences	Will consider disposal of these assets when best opportunity arises or retain to exploit development potential.	No dedicated professional management of small estate.
Swansea	420	No discrete Management Plan for estate.	N/A	Estate comprises a small number of Farm Business Tenancies and short term grazing licences, but these are no longer managed for statutory smallholdings purposes.	Not stated, but likelihood of rationalisation coupled with exploitation of development potential where it exists.	No staff dedicated to management of estate.
Torfaen	210	No discrete Management Plan.	N/A	2 farm holdings, plus @ 40 short term grazing licences only. Essentially no longer managed for statutory smallholdings purposes.	Not stated, but likelihood of rationalisation coupled with exploitation of development potential where it exists.	No staff dedicated to management of estate.

Council	Size acres	Management Plan	Last Update	Current Policy	Possibility of Change	Staff Complement and Management Arrangements
Vale of Glamorgan	79	No discrete Management Plan.	N/A	Only small rump of estate remains, the majority having been previously sold off.	Not stated, but likelihood of rationalisation coupled with exploitation of development potential where it exists.	No staff dedicated to management of estate.
Wrexham	1,000	Managed in accordance with defined asset management policies.	2009	Current plan is to dispose of estate over time, with sales to sitting tenants at discount to reflect v.p. date or vacant possession or when development potential can be realised using capital receipts to invest in other priority areas. Recognise plan implementation may take up to 20 years. No recent re lettings or progression opportunities.	No current plans to change approach.	One general practice surveyor manages estate as part of overall responsibilities. Maintenance Team deal with estate maintenance.



# DDIM I'W GYHOEDDI NOT FOR PUBLICATION

## *Trafnidiaeth Ysgolion / School Transport*

Paragraff(au) 14 Paragraph(s) 14	Atodlen 12A Deddf Llywodraeth Leol 1972 Schedule 12A Local Government Act 1972
Y PRAWF – THE TEST	
<p>Mae yna fudd y cyhoedd wrth ddatgelu oherwydd / There is a public interest in disclosure as:-</p> <p>Efallai bod gan y cyhoedd ddiddordeb mewn gwybod sut mae'r Cyngor yn rheoli contractau trafniadaeth i'r ysgol gyda bysus neu tacsï./ The public may be interested to know how the Council is regulating contracts relating to school transport either by bus or by taxi.</p>	<p>Y budd y cyhoedd with beidio datgelu yw / The public interest in not disclosing is:-</p> <p>Mae'r adroddiad yn cynnwys gwybodaeth ariannol sensitif am werth contractau a dulliau pwrcasu sy'n cael eu hystyried i fod yn gyfrinachol</p> <p>The report contains sensitive financial information about contract values and procurement options that are considered to be confidential.</p>
<p>Mae'r budd i'r cyhoedd wrth gadw'r eithriad o bwys mwy na'r budd i'r cyhoedd wrth ddatgelu'r wybodaeth</p> <p>The public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	

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<b>ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template</b>	
<b>Committee:</b>	Corporate Scrutiny Committee
<b>Date:</b>	31/1/18
<b>Subject:</b>	<u>Libraries making a difference</u> : The fifth quality framework of Welsh Public Library Standards 2014-2017, Isle of Anglesey Annual Return 2016/2017.
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>To report on the Welsh Government’s (MALD) assessment of the Library Services 2016/17 Annual Library Report, and the issues arising.</li> </ul> <p>To identify the relative strengths and weaknesses of the Library and Information Service as identified in the 2016/2017 annual report.</p>
<b>Scrutiny Chair:</b>	Cllr Aled Morris Jones
<b>Portfolio Holder(s):</b>	Cllr R Meirion Jones
<b>Head of Service:</b>	Delyth Wyn Molyneux, Head of Learning
<b>Report Author:</b>	Rachel Rowlands : Library Service Manager
<b>Tel:</b>	01248 752094
<b>Email:</b>	rflh@ynysmon.gov.uk
<b>Local Members:</b>	

<b>1 - Recommendation/s</b>
<ul style="list-style-type: none"> <li>That the Corporate Scrutiny Committee suggests that the Portfolio Holder approves the Welsh Public Library Standards Annual Report for 2016/17</li> <li>That the Corporate Scrutiny Committee note the Welsh Government’s (MALD) assessment of the Library Services 2016/17 Annual Library Report, and the issues arising.</li> </ul>

<b>2 – Link to Council Plan / Other Corporate Priorities</b>

<b>3 – Guiding Principles for Scrutiny Members</b>
<b>To assist Members when scrutinising the topic:-</b>
<b>3.1</b> Impact the matter has on individuals and communities <b>[focus on customer/citizen]</b>
<b>3.2</b> A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality <b>[focus on value]</b>

**3.3 A look at any risks [focus on risk]****3.4 Scrutiny taking a performance monitoring or quality assurance role [focus on performance & quality]****3.5 Looking at plans and proposals from a perspective of:**

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

**[focus on wellbeing]****4 - Key Scrutiny Questions****5 – Background / Context**

Welsh Public Library Standards April 2016 – March 2017  
Library Service Manager Report

**1. EXECUTIVE SUMMARY**

- 1.1 The Welsh Government (WG) via its policy division MALD (Museums, Archives and Libraries Division) requires that the Council submits an Annual Report on performance towards the Public Library Standards for Wales.
- 1.2 The Annual Report contains a summary of Library and Information Service performance during 2016/17 and has been submitted to MALD in draft form due to the assessment timetable. **The Annual Report is attached as Appendix 1.**
- 1.3 The Assessment shows the service to be performing well and met 17 of the 18 core entitlements in full; the same performance as 2015-16. Of the 7 quality indicators the Isle of Anglesey achieved 4 in full and 3 in part; a similar performance to 2015-16. However MALD expresses concerns in some areas. **The assessment is attached as Appendix 2.**
- 1.4 Performance is broadly similar to last year, with some notable improvements in usage levels. The ongoing issue of low staffing levels remains an area of concern especially during a period of planning changes for the future.

**2 BACKGROUND INFORMATION**

2.1 Statutory Public Library Standards were introduced by the Welsh Assembly Government (WAG) in April 2002 to indicate minimum levels of library provision and are intended to provide comparative performance measurements to guide service improvements. The 1964 Public Libraries and Museums Act requires that each local authority “provide a comprehensive and efficient library service for all persons desiring to make use thereof”. As the terms “comprehensive and efficient” are not defined in the Act, WAG introduced the Public Library Standards to define levels of service and to assist the relevant Minister “to superintend, and promote the improvement of, the public library service”.

2.2 This 5th Framework Libraries making a difference: The fifth quality framework of Welsh Public Library Standards 2014-17 is significantly different to the 4th framework and places greater emphasis on outcomes and the wide ranging effects and benefits the service has on Anglesey residents. This makes it even more important that customers’ needs are central to all the Library has to offer.

### **3 Library Service Annual Report 2016 – 2017 : Report Summary.**

#### **3.1 Areas of strength**

3.1.1 The levels of customer satisfaction were either above or at the median for Wales as a whole

3.1.2 96% of our population live within easy reach of a service point.

3.1.3 There has been a slight increase in the number of attendances at events and activities organised by the library, however, the per capita level remains below the median for Wales.

3.1.4 The Isle of Anglesey has the highest usage rate of public access ICT facilities.

3.1.5 The percentage of staff hours spent training was the highest level in Wales

3.1.6 Total revenue expenditure has increased slightly over the last year, with the fifth highest per capita level in Wales.

#### **3.2 Areas of weakness**

3.2.1 The level of attendance at pre-arranged training has increased compared to last year, however, it remains one of the lowest in Wales.

3.2.2 Expenditure accounted for by items in the Welsh language has fallen over the last year, however, it is the highest in Wales.

3.2.3 The Isle of Anglesey has not met the targets for overall staffing or for professional staff.

3.2.4 Seven out of the ten hours of unplanned or emergency closures were as a result of staff shortages at a community library.

#### **4 MALD Assessment (Please see : Appendix 2.)**

4.1 The formal assessment of the performance of the Library and Information Service for the year 2016/17 calculates that the Authority achieves 17 of the 18 core entitlements and partly achieves the remaining 1. Of the 7 quality indicators which have targets, the Isle of Anglesey achieved 4 in full and 3 in part.

4.2 The standard relating to the total number of establishment staff and Professional staff per capita has not been met by some margin (QI13). MALD note; Overall staff levels have fallen slightly compared to last year, although there has been a slight increase in professional staff with one of the vacancies reported last year having been filled. However, both per capita figures are below the target set, and although they are both above the median for Wales, this is a result of falling staffing levels across Wales.

4.3 Total revenue expenditure has increased slightly and the Isle of Anglesey has the fifth highest per capita level in Wales.

4.4 Considering the four areas in the framework (Customers and communities; Access for all; Learning for life; and Leadership and development) compared to the rest of Wales, the Isle of Anglesey performs well in the broad area of Learning for life. Performance in other areas is more mixed, with some good and some poorer indicators.

4.5 **The assessment concludes that:** *The service has seen some areas of improvement, including increases in some usage indicators and Isle of Anglesey continues to give priority to children's services. Low staffing levels remain an area of concern especially during a period of planning changes for the future. The introduction of a new LMS during 2016-17 has led to some inconsistencies with the data and difficulty in obtaining data directly comparable with previous years, which has hampered the assessors in obtaining a full picture of the current level of service. A period of stability is desirable to allow the service to consolidate its position and move forward.*

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

N/A



**7 – Financial Implications**

N/A

**8 – Appendices:**

Appendix 1. Isle of Anglesey Welsh Public Library Standards Annual Report for 2015/16  
Appendix 2. Isle of Anglesey Annual Report 2015-16 Assessment

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

MALD : Museum, Archives and Libraries Division – Libraries making a difference: The fifth quality framework of Welsh Public Library Standards 2014-2017

<http://gov.wales/topics/cultureandsport/museums-archives-libraries/libraries/public-library-standards/?lang=en>



## Annual return pro-forma: Year ending 31 March 2017

### Guidance notes

The return is to be made over three worksheets, together with a Word document. Authorities should take note of the following:

The *Definitions and guidelines for data collection and reporting* document provides guidance for completing the return.

Where data are included in the annual public library actuals return to CIPFA, the same figure should be used for this return.

Only those cells where data are required can be selected; other areas of the return are shaded. The tab key can be used to move to the next available cell.

MALD reserves the right to request evidence of the information provided in the return to assist with the assessment process.

### Context

This sheet requires some descriptive details for the authority, and contact details for the person to whom any queries should be addressed.

### Core entitlements

This sheet deals with the 18 core entitlements for the public. Authorities should select their (self-assessed) level of compliance from the drop-down box, and provide further information in the space provided.

### Quality indicators

This sheet covers the 16 public library standard quality indicators. For some indicators authorities are required to enter the raw data from which quantitative standards are derived; calculation will then take place automatically.

For those standards with quantitative targets, values are compared to the target set, and an indication given of whether or not that standard has been met. Space has been provided for comment; authorities failing to meet targets will be prompted to use this space to detail any mitigating circumstances, and plans for future improvement.

A comparative figure for the year ending 31 March 2016 should be provided for each annually reported PI. Space is provided for authorities to comment on any decline in their performance over the previous year.

The most recent figures available should be given for those PIs which are required only once in the three year period, and the date of data collection given in the space provided.

### Submission

When completed, the return should be submitted via email to MALD:

[mald@wales.gsi.gov.uk](mailto:mald@wales.gsi.gov.uk)

Closing date for receipt of returns:

**Friday 23rd June 2017**

For more information please contact:

Alyson Tyler

[alyson.tyler@wales.gsi.gov.uk](mailto:alyson.tyler@wales.gsi.gov.uk)

0300 062 2103 (direct line)

0300 062 2112 (MALD main number)

**Contextual data**

**Year ending 31 March 2017**

Authority	<b>Isle of Anglesey</b>
Resident population	69,723
Percentage of population aged under 16	17.2%
Percentage of population able to speak and read Welsh (see notes)	48.3%
No. of static service points open 10+ hours per week	9
No. of static service points open for less than 10 hours per week	1
No. of Mobiles	1 mobile, 1 housebound, 1 school
Community libraries open 10+ hours per week	
<i>No. of community managed libraries</i>	0
<i>No. of community supported libraries</i>	0
<i>No. of commissioned libraries</i>	0
Community libraries open for less than 10 hours per week	
<i>No. of community managed libraries</i>	0
<i>No. of community supported libraries</i>	0
<i>No. of commissioned libraries</i>	0
How many, if any, of these community libraries are included in this return (see notes)?	0
No. of Independent Community Libraries	0
<u>Contact details for queries regarding this return</u>	
Name	Rachel Rowlands
Telephone	01248 752094
Email	rflh@ynysmon.gov.uk
Has this Annual Return been approved by the authority prior to its submission to MALD?	No
When is approval expected?	Autumn 2017
When will the definitive version be submitted to MALD?	Autumn 2017

## Compliance with Core Entitlements

Entitlement	Compliance (please select)	Authority comments
<b>Customers and Communities</b>		
1 Ensure friendly, knowledgeable and qualified staff are on hand to help.	Fully met	Customer Care continues to be a priority the Service and staff have received refresher training in customer care and training in Welsh Language Standards and our responsibilities as front line staff. As a small team knowledge sharing continues to be vital and an effort is made to cascade knowledge and experiences throughout the staffing structure. WPLS13 has been met which reflects our commitment to training and CPD, co-operation between North Wales Libraries and partners help us to achieve this standard. The service does not have a dedicated training budget; training needs are identified during the appraisal process which feeds into the departmental and Corporate training budget where funds are allocated for the year. Much of our training is provided free by working in partnership where relief staffing and travelling are the only costs.
2 Stage a range of activities to support learning, enjoyment and enable users to obtain the maximum benefit from the available resources.	Fully met	Anglesey Library Service delivers a full range of activities to meet the needs of our population; digital skills, adult and child activities and reader development activities enrich and expand the library service offer, with targeted activities taking place for example 3 listening reading groups for those who are partially sighted. That this is achieved with limited resources and staff capacity is a credit to our staff. Activities for children and young people are a focus for the service and our integrated schools library service adds significant value to the offer. That this is achieved with limited resources and staff capacity is a credit to our staff.
3 Provide access to a range of services and resources to support lifelong learning, personal well-being and development, and community participation.	Fully met	The lifelong-learning coordinator (a member of the professional team) adds invaluable knowledge and experience to this area, coordinating training and activities, working in partnership with other colleagues and agencies. Well-being is a service priority and activities, services and resources link in with this priority. New information services/sources and resources are fed into our training programmes where appropriate and disseminated to all staff.
<b>Access for all</b>		
4 Open to all members of their communities	Fully met	The ongoing Library Service Transformation process has necessitated detailed social and demographic analysis focusing on who uses our service and facilitates and how they use our Service. Attention has also been paid to who does not use our service. Public consultation in 2015-16 gathered views on what citizens want and need from library services, people also gave their views more generally about the future role they saw libraries playing in their communities and the different types of services that could be provided to better meet community need. The present geographic spread of our static libraries provides excellent access to the population with the Mobile library covering the more rural areas. The housebound service provides a service to those not able to visit a static or mobile library. The library vans are fitted with a lift. All buildings are attractive and well designed with areas and zones for different groups e.g. children and teenagers.
5 Free to join	Fully met	Anglesey Library Service is free to join

## Compliance with Core Entitlements

<p><b>6</b> Provide a safe, attractive and accessible physical space with suitable opening hours</p>	Fully met	<p>Consultation feedback gathered as part of the Library Transformation process has identified that opening hours suit local needs, however 15% of non-users stated that different opening times may encourage them to use the Service, this will be fed into any model going forward. The library service has buildings that are in excellent physical condition with the exception of Holyhead Library. The Market Hall project for Holyhead is due to open in early Summer 2018 and will provide a Strategic 21st Century library for Holyhead and the surrounding area. All our buildings are accessible and comply with the DDA Act 1995. All our libraries provide a safe attractive environment with design and layout to promote this. WPLSQ11 shows that 97% of our users experience sees the library as an enjoyable safe and inclusive place. Our library design enable us to change to layouts if necessary. Property Services monitor the environment and take necessary action if required.</p>
<p><b>7</b> Provide appropriate services, facilities and information resources for individuals and groups with special needs</p>	Fully met	<p>Resources are purchased for all groups of people. 9/10 libraries (all those open 10 hours or more a week) provide at least 1 public access pc with predictive text software. Aids such as trackerball mouse and assistive keyboards are available. The Service offers a service to housebound customers and to other special groups, for example partially sighted individuals and those with special needs. The county special needs school regularly visits the library and activities take place during the year</p>
<p><b>Learning for life</b></p>		
<p><b>8</b> Lend books for free.</p>	Fully met	<p>Books, Audio books and language courses are lent for free. There is a hire charge for CD's and DVD's. There is free access to online resources and e-books and e-audio. Requests for stock are free within wales, with an appropriate charge made for requests for items not available in wales.</p>
<p><b>9</b> Deliver free access to information.</p>	Fully met	<p>All information is freely accessible, there may be a small charge for photocopying and printing. Anglesey is a member of the regional interlending scheme LINC Y Gogledd, The North Wales Library Partnership provides excellent cross sectorial collaboration opportunities, the long standing TalNet Partnership was great benefit to the Service, and the new North Wales Bibliographic Partnership will extend the benefits. The mobile and housebound service have access to information sources via mobile data, this provides a limited but important avenue to information to our mobile and housebound users.</p>
<p><b>10</b> Provide free use of the Internet and computers, including Wi-Fi.</p>	Fully met	<p>Use of the internet and computers is free for all residents and visitors with a home library card. A small charge is made for non-residents (visitors) who use our computers. The only limiting factor is demand, where by only an hour is guaranteed, further slots are usually available dependant on demand. WI-FI is free for all to use and is available in all our libraries. ICT Facilities and courses and promoted outside of the library and use/ attendance is high.</p>
<p><b>11</b> Deliver free use of online information resources 24 hours a day.</p>	Fully met	<p>The Library Service webpages and the Library Catalogue are available online with 24/7 access. Online resources such e.g. Transparent Language online and e-books e-zines are available free 24 hours a day. Access to Research is available and promoted. Our e-resource collection policy is under review and will be updated in this coming reporting period.</p>

## Compliance with Core Entitlements

12 Provide access to high quality resources in a range of formats, including those in the Welsh language, reflecting changing forms of publication.	Fully met	The library service ensures that its resources budget is used to provide high quality resources in a wide range of formats. All published Welsh language material is purchased. The All Wales book purchasing consortia enable the service to achieve greater savings than if we were operating alone. The Talnet partnership also brings savings in this area.
13 Share their catalogues, to enable a single search of all Welsh library resources.	Fully met	The move to the All Wales LMS has strengthened catalogue sharing, and the new catalogue has enhanced features such as cover images and reviews. The staff training in this area during the change over period has improved promotion of the catalogue and its strengths. Our statistics indicate that use of the catalogue is increasing.

## Leadership and development

14 Promote libraries to attract more people to benefit from their services.	Partially met	We continue to report this as partially met due to resources, the service has no marketing budget, and staffing capacity in the service can limit reach. The Audience Development Team in Wrexham had been invaluable in this area, and Anglesey feels the loss of this team, due to MALD funding priorities/changes. As noted previously the Service acknowledges that this is an area of weakness, however a regular presence on the Authority social media pages and press releases have had good effect. Good news stories have appeared regularly over the year attracting non-users. Activities and events are promoted outside library premises in locations in the community.
15 Regularly consult users to gather their views on the service and information about their changing needs.	Fully met	The Service conducted an extensive consultation in 2014-15 as part of the Transformation Process, the consultation set out to answer several questions: <ul style="list-style-type: none"> <li>• What do Anglesey's citizens and partners need from their library service?</li> <li>• To collect opinion on a long list of possible options.</li> <li>• What ideas do citizens and partners have for improving the service?</li> </ul> Responses have informed the Service and transformation process. A user survey was also conducted in February 2017. These results feed into the standards report and also into the transformation process and Draft Library Service Strategy consultation.
16 Work in partnership to open up access to the resources of all Welsh libraries.	Fully met	Anglesey Library Service takes every opportunity to work in Partnership, within the public library sector, the wider Library community and also with partners outside the library sector. The service contributes to activities and agenda of the North Wales Library Partnership (Public, Academic, FE and Special Libraries) and fully co-operates the the Regional Interending scheme. The All Wales LMS project has strengthened this area further. Access to Research is available and Walk in Access to universities scheme is promoted to our users.
17 Provide access to the library service's strategy, policies, objectives and vision, in print and online, in a range of languages appropriate for the community.	Fully met	Library Service's strategies, policies and vision are fully available in print and are bilingual in Welsh and English. Strategy, policies, objectives and vision are available online. Stock policies are being updated as part of the North Wales Harmonisation process.
18 Provide a clear, timely and transparent complaints process if things go wrong.	Fully met	The library Service operates the Corporate Compliment and Complaint policy, which provides a clear, timely, transparent process. Compliments and complaints are reported quarterly to Scrutiny Committee. All complaints are considered and resolved by the service in the first instance with any issues dealt with immediately and good practice/ lessons learnt cascaded to all service points.



## Welsh Public Library Quality Indicators

Customers and communities			Isle of
<b>WPLSQI 1 Making a difference</b>		<b>2016-2017</b>	
Percentage of adults who think that using the library has helped them develop new skills	67%		
Percentage of adults who have found helpful information for health and well-being at the library	51%		
Percentage of adults who experience the library as an enjoyable safe and inclusive place	97%		
Percentage of adults who think that the library has made a difference to their lives	84%	Survey date (month & year)	February 2017
Authority comment:			
Health and Wellbeing information is a priority for the next framework and the Authority is working to increase visibility and use of its Health and Wellbeing resources.			
Percentage of children aged 7-16 who think that the library helps them learn and find things out	90%		
Percentage of children aged 7-16 who think that the library has made a difference to their lives	69%	Survey date (month & year)	February 2017
Authority comment:			
The Authority recognises the importance of Libraries for social and learning activities.			
<b>WPLSQI 2 Customer satisfaction</b>		<b>2016-2017</b>	<b>2015-16</b>
Percentage of adults who think that the choice of books is 'very good' or 'good'	94%		n/a
Percentage of adults who think that the standard of customer care is 'very good' or 'good'	99%		n/a
Percentage of adults who think that the library is 'very good' or 'good' overall	97%		n/a
	Survey dates (month & year)	February 2017	n/a
Authority comment:			
As demonstrated elsewhere in this report Customer care is a priority for both Service and Authority a 99% satisfaction level is an excellent reflection of this priority.			
Average overall rating out of ten awarded by users aged 7-16 for the library they use	8.6	Survey date (month & year)	n/a
Authority comment:			
<b>WPLSQI 3 Support for individual development</b>		<b>2016-2017</b>	<b>2015-16 % of total</b>
Number of static service points open for 10 hours per week or more providing:			
Basic support in the use of ICT infrastructure provided (including Wi-Fi) and in accessing the range of electronic information resources available.	9	100%	100%
Training to improve literacy, numeracy and digital skills.	6	67%	67%
Information literacy sessions for users.	9	100%	100%
Support for users to access local and national e-government resources.	9	100%	100%



## Welsh Public Library Quality Indicators

Reader development programmes/activities for both adults and children	9	100%	100%
<p style="color: red; margin: 0;">This target has not been met. Please add any comments below:</p> <p>A full programme of skills sessions take place in our 6 largest libraries. Informal skills sessions and customer assistance take place in all libraries however the low number of computers in the smaller libraries are not suitable for formal digital skills sessions.</p>			
<b>WPLSQI 4 User training</b>	<b>2016-2017</b>	<b>Per 1,000 pop'n</b>	<b>2015-16</b>
Total number of attendances at pre-arranged user training sessions organised by the library	395	6	
Percentage of attendees who said that attendance helped them to achieve their goals	97%		95%
Please indicate the method used to calculate this figure			
Approximate number of feedback forms distributed	50	Representative sample	
Number of feedback forms included in the calculation	50		
Number of customers helped by means of informal training during the year	18465	265	
Authority comment (including note on the method used to calculate the results):			
<p>Informal training has again increased: Help is varied and wideranging however, help with e-mails, using e-resources, using social media, using WiFi account for a large proportion of this figure. CIPFA sampling procedures are followed with a count in October for % who said training helped achieve their goals. The other figures are full counts.</p>			
<b>Access for all</b>			<b>Isle of</b>
<b>WPLSQI 5 Location of service points</b>	<b>2016-2017</b>		<b>2015-16</b>
Population density (persons per hectare)	1.0		
% of households within 3 miles (or 15 minutes travelling time by public transport) of a static service point, or within ¼ mile of a mobile library stop	96%		100%
<p style="color: green; margin: 0;">This target has been met.</p> <p>67.4% of the population of Anglesey live within 3 miles of a static library. This figure is derived from the GIS system and is statistically robust. This figure is calculated using distance by road network. 28.29 % of households within .25 of a mobile stop</p>			
<b>WPLSQI 6 Library use</b>	<b>2016-2017</b>	<b>Per 1,000 pop'n</b>	<b>2015-16 Per 1,000 pop'n</b>
Total number of visits to library premises during the year	288,044	4,131	4,124
Please indicate the method used for calculation			
Total number of external visits to the library's web site during the year	121,883	1,748	1,579
Total number of active borrowers during the year	7,081	102	144
Total number of library members	14,227	204	251

## Welsh Public Library Quality Indicators

Total number of book issues (adult and children combined)	259,753	<b>3,725</b>	4,079
Total number of audio-visual and electronic issues/downloads	12,722	<b>182</b>	129
<p>Authority comment (include names of any shared service points with shared counting mechanisms and date of last membership data cleanse):                      Active Borrowers is the new LMS (Sirsi Dynix) figure from 23/8/2016. It has been decided regionally to report this figure to avoid the risk of duplication if combining old and new LMS. The true figure is probably higher and closer to last years figure, as there will have been people who borrowed items in the first 5 months, but not in the second 7 months. Total Library Members is also the new LMS Figure. Membership data cleanse was during: 8/2016. <b>Book Issues:</b> The figure reported in 15/16 was incorrect due to the fact that Q4 was not reported. The correct figure is reported above.</p>			
<b>WPLSQI 7 User attendances at library events</b>	<b>2016-2017</b>	<b>Per 1,000 pop'n</b>	<b>2015-16 Per 1,000 pop'n</b>
Total number of attendances at events and activities organised by the library	14,387	<b>206</b>	193
<p>Authority comment:                      The library team has worked hard to arrange and hold activities throughout the year. This can be challenging and is accomplished with very little revenue spend.</p>			
<b>Learning for life</b>			<b>Isle of</b>
<b>WPLSQI 8 Up-to-date reading material</b>	<b>2016-2017</b>	<b>Per 1,000 pop'n</b>	<b>2015-16 Per 1,000 pop'n</b>
Total number of items acquired	16,956	<b>243</b>	324
Total materials expenditure (from WPLSQI 14)	£118,236	<b>£1,696</b>	£1,784
<p>This target has been met.                      Although reaching the standard, Total Items aquired are down form 2015-16 and Total expenditure is also down. The LMS change over has affected this standard, due to many factors not least an embargo on spending for 4 months. Our librarians have done well to achieve the level of spend they did when this is taken into account. Overall the cost of books has gone up, although we try to mitigate against this by taking advantage of consortia deals and discounts. We have also changed our purchasing patterns a little to purchasing less paperbacks as it was felt that previous years policies to purchase paperbacks was having an effect on our stock quality.</p>			
Lending stock at the start of the year	296,058		<b>2015-16</b>
Total acquisitions of materials for loan	16,926		
Replenishment rate	<b>15.4%</b>		% 19%
<p>This target has been met.</p>			

## Welsh Public Library Quality Indicators

WPLSQI 9 Appropriate reading material	2016-2017		2015-16
Total expenditure on material purchased for children	£31,564		
Does this figure include expenditure on a Schools Library Service?	Yes		
Please indicate the amount included	£11,582		
Percentage of materials expenditure for children	<b>27%</b>		% <input style="width: 50px;" type="text" value="26%"/>
<b>This target has not been met. Please add any comments below:</b>			
The service is 'overspending' in this area which is a reflection of service priority towards Children and Young Adults.			
Total expenditure on materials in the Welsh language	£13,573		
Percentage of materials expenditure on materials in the Welsh language	<b>11.5%</b>		% <input style="width: 50px;" type="text"/>
Spend per 1,000 Welsh-speaking resident population	<b>£403</b>		£ <input style="width: 50px;" type="text" value="£380"/>
This target has been met.			
Spend per 1,000 Welsh-speaking resident population has increased since 2015-16			
WPLSQI 10 Online access	2016-2017	Per 10,000 pop'n	2015-16 Per 10,000 pop'n
Total number of networked public access computers	70	<b>10.04</b>	<input style="width: 50px;" type="text" value="10.29"/>
This target has been met.			
Do all libraries provide a minimum of one device giving public access to the Internet and networked digital content?	<b>No</b>		
If relevant, record the number of static sites without access	0		
If relevant, record the number of mobile libraries without access	1		
This target has been met.			
All static libraries provide at least one device giving public access to the internet and networked digital content. The Mobile library does have access to the Internet but it does not have a public device as yet. The Library Assistant will look up information for users if they require. This is an area we hope to look at as part of the transformation agenda.			
Do all static service points provide Wi-Fi access for the public using their own devices?	<b>Yes</b>		
This target has been met.			
WPLSQI 11 Use of ICT	2016-2017	% used	2015-16 %
Number of hours available for use of public access ICT facilities during the year	52,600		

## Welsh Public Library Quality Indicators

Number of hours recorded for use of public access ICT facilities during the year	36,253	<b>69%</b>	59%
Number of hours available for use of Wi-fi networks by the public during the year	9,875		
Number of hours recorded during which Wi-fi networks were used by the public during the year	Not available		n/a
Authority comment:			
WiFi hours is are currently not recorded, however changes in the IT network should enable us to report this figure for the next Framework			
<b>WPLSQI 12 Supply of requests</b>	<b>2016-2017</b>	<b>%</b>	<b>2015-16 %</b>
Total number of requests for specific items made during the year	3,732		
Number of requests which are notified to the user as being available within 7 calendar days of the request being made	2,712	<b>73%</b>	73%
This target has been met.			
Due to the adoption a new LMS in North Wales Region in August 2016 and its impact on the delivery of requests during the second, third and last quarters of the year – the performance reported here is for the First Quarter ( April - June 2016) as a sample for the year . This quarter was free from any changes and side effects from this far reaching transformation and therefore provides a truer picture of the efforts of library staff to meet the needs of users			
Number of requests which are notified to the user as being available within 15 calendar days of the request being made	3,325	<b>89%</b>	91%
This target has been met.			
Due to the adoption a new LMS in North Wales Region in August 2016 and its impact on the delivery of requests during the second, third and last quarters of the year – the performance reported here is for the First Quarter ( April - June 2016) as a sample for the year . This quarter was free from any changes and side effects from this far reaching transformation and therefore provides a truer picture of the efforts of library staff to meet the needs of users			
<b>Leadership and development</b>			<b>Isle of</b>
<b>WPLSQI 13 Staffing levels &amp; qualifications</b>	<b>2016-2017</b>	<b>Per 10,000 pop'n</b>	<b>2015-16 Per 10,000 pop'n</b>
Total number of staff (FTE)	19.5	<b>2.79</b>	2.90
This target has not been met. Please add any comments below:			
Authority comment (including information about shared staff):			

## Welsh Public Library Quality Indicators

This total includes shared staff in the TalNET bibliographical unit (at a 22% of their total staffing level). We have again included the hours of the Lifelong Learning Coordinator, a professional librarian, who is funded through the Education Department and not salaried from Library Service Budget; this post is part of the Professional Team and has specific areas of responsibility within the service as well as the integrated lifelong learning role. This post was accepted for inclusion in all previous reports except last years report, due to the integral nature of this post we feel it should be included here. Staffing levels have reduced slightly during this reporting period and we have 1.5 vacant posts which has been excluded from these figures. Anglesey Library Service is below the total staffing level standards which inevitably has a knock on effect on the Service. The transformation and restructuring process has complicated the possibility of filling the vacant post.

Number of staff holding recognised library related qualifications (FTE) (including cognate areas)

4.4

0.64

0.47

This target has not been met. Please add any comments below:

The Children and Young People Librarian post has now been filled, which has seen an increase in performance in this area however we are still below the standard set. Professional staffing capacity coupled with the transformation process can at times limit service development. This figure included the life-long learning coordinator and 22% of TalNet staff (see comment above)

Number of staff holding qualifications in cognate areas (FTE)

0.0

Number of posts which require a library qualification

4.4

Number of staff with library qualifications in posts which do not require a library qualification (FTE)

1.0

Authority comment :

Does the designated operational manager of library services hold a formal qualification in librarianship or information science or information management?

Yes

Yes

Please give details of current qualifications held:

Postgraduate Diploma in Information and Library Studies, CILIP

This target has been met.

Where does this post sit within the local authority management structure?

Reports directly to Head of Service : Education

What is the post held by the most senior professional librarian (if different from the above)?

n/a

## Welsh Public Library Quality Indicators

Where does the post held by the most senior professional librarian sit within the local authority management structure (if different from the above)?	n/a			
Total staff working hours during the year	33,150			
Number of staff hours spent in training & personal/professional development	1,512			
% of time spent in training & personal/professional development	4.6%			
This target has been met.				
A large percentage of this figure is training for the new LMS, other training opportunities included; training in Risk Management, Customer Care, Reader Development, Governance training, Online resources training, IT skills and Digital inclusion skills.				
Total number of volunteers active during the year	2		2015-16	8
Total number of volunteer working hours during the year	45		2015-16	210
Do you have Investors in Volunteers accreditation relating to the NOS?	N/A			
Briefly describe the training and support offered to volunteers.				
Volunteer hours reported here are work experience placements. A volunteer model will be developed dependant on the outcome of the consultation on the Draft Library Service Strategy				
Authority comment:				
<b>WPLSQI 14 Operational expenditure</b>	<b>2016-2017</b>	<b>% of total</b>	<b>2015-16</b>	<b>% of total</b>
Expenditure on staff	£504,382	49%		48%
Total materials expenditure	£118,236	11%		13%
Expenditure on maintenance, repair & replacement of equipment & buildings	£34,332	3%		4%
Total other operational costs	£377,129	36%		35%
Total revenue expenditure	£1,034,079	100%		100%
Total revenue expenditure per 1,000 population	£14,831		£14,117	
Total capital expenditure	£1,163,802			
Total capital expenditure per 1,000 population	£16,692		£1,656	
Authority comment:				
<b>WPLSQI 15 Cost per visit</b>	<b>2016-2017</b>	<b>Ratio</b>		<b>2015-16</b>
Total revenue expenditure	£ 1,034,079			
Total income generated	£63,285			£60,972.00
Total number of visits to library premises during the year	288,044			

## Welsh Public Library Quality Indicators

Total number of external visits to the library's web site during the year	121,883	<b>£2.37</b>	
Authority comment:			
<hr/>			
<b>WPLSQI 16 Opening hours</b>	<b>2016-2017</b>	<b>Per 1,000 pop'n</b>	<b>2015-16 Per 1,000 pop'n</b>
Aggregate annual opening hours for all service points	10,462	<b>150</b>	150
<i>This target has been met.</i>			
<hr/>			
		<b>% of total</b>	<b>2015-16 % of total</b>
Total hours of unplanned and emergency closure of static service points as a result of building failure or staff unavailability	10		
Total planned opening hours of all static service points	0		0%
Total number of missed mobile library stops and home deliveries as a result of vehicle failure or staff unavailability	16		
Total planned mobile library stops and home deliveries	1,652	<b>1.0%</b>	0%
Authority comment:			
Out of the 10 hours of unplanned closure 3 hours was due to a carpet being fitted at short notice and the remaining 7 hours was due to the unavailability of a caretaker to open and close due to annual holidays; the library in question being in a community school and not under our direct control.			

## **Appendix 1a– case study and additional narrative questions**

*Good impact case studies are expected to include evidence that the library service has made a positive difference to an individual (or group of individuals). This would normally go beyond a description of services provided and their use, to show the outcome, and may include testimony from the customers concerned.*

**Authority:** [Isle of Anglesey Library Service](#)

**1. The impact which the library has had on an individual, or on a group of individuals, during the year. Describe the use made of the service, and the difference that use made to the individual or group concerned. Up to four case studies may be provided (indicative length: 500 words each).**

### **a) Digital Inclusion**

Mr X is a regular visitor to Holyhead library, he used the library to borrow books and was happy to borrow books from his favourite genre, preferable from his favourite Author. Mr X had declined an offer of a demonstration of our e-books and expressed negativity towards anything digital.

It came up in conversation one day that Mr X had heard of a special offer, only available online, for day trips to Dublin with Stena, Mr X felt it was very unfair that this offer was only available online as he had never used a computer before.

Holyhead Library Staff were delighted to log him on to a public access computer and guided him through the whole process; tickets were booked and printed for the trip saving Mr X considerable amount of money. Mr X makes frequent journeys to Dublin, where he owns a house and was very grateful to the staff for their assistance and patience, he takes full advantage of on-line offers. He is also beginning to think about the merits of e-books and e-audio.

### **b) Breaking Down Barriers**

A small group of families on the island set up an informal monthly dyslexic support group in the Family Centre, Llangefni. This group wanted to offer a support network to each other and provide a forum to socialise, learn and share experiences and information. Unfortunately the group was unable to carry on meeting in the family centre one month and we were approached by a colleague in Family Services if we could offer Llangefni Library as an alternative venue for the group. It became clear that a few of the group members were apprehensive about venturing into the Library, they perceived it as being an intimidating place, largely due to experiences as children. We visited the group to explain how libraries have changed over the years and the kind of activities we hold, e.g. toddler sessions, Rhyme Time, Digital Skills activities and crochet groups. With the encouragement of other members of the group and the welcome received by Library staff the barrier was broken and as a result we gained new members who regularly visits the library using the various services and activities on offer.



**2. Please provide a narrative that demonstrates how the library service is contributing towards wider Welsh Government priorities and strategic goals (indicative length: 500 - 1,000 words).**

**Anglesey Library Service: Contributing to towards wider Welsh Government priorities and strategic goals.**

**Learning** – Anglesey library service support all kinds of informal study and those completing formal qualifications. Anglesey library service supports learning throughout all life stages from books for babies and rhyme time to silver surfer sessions. Formal and Informal learning opportunities within and outside of the library setting provide friendly opportunities for a wide variety of learning outcomes.

**Reading and literacy** – Anglesey Library Service provides access to a wealth of literature, stories, and information that engage and excite, we stock books targeted at children, young people and adults with poor literacy levels and work with our partners to deliver sessions in basic skills. Anglesey School library Service promotes reading for pleasure to our primary school age children and supports teachers with multiple copy packs and themed collections to support the curriculum. Listening Story groups have been established and are enabling blind and partially sighted residents to engage with books and socialise in a supportive environment.

**Community wellbeing** –Libraries are at the centre of Anglesey communities providing a meeting place for local groups, provision of community information and a wide range of activities for all ages.

**Skills and economic regeneration** – Libraries help to stimulate the local economy by providing opportunities for skills and workforce development, providing business information and advice and drawing residents into the towns and villages to make use of local shops and businesses. Partnership working means that Anglesey library Service contributes to skill development especially in the area of digital inclusion and digital literacy. Libraries also act as a hub for tourist information and access to the internet through our PC's and Wi-Fi.

**Digital inclusion and participation** – Anglesey Libraries support residents to get online through access to free broadband enabled Internet access in their buildings. A full programme of IT courses are run in partnership with the Lifelong Learning Co-ordinator. All libraries have Wi-Fi facilities.

**Health and Well Being** – Anglesey Library Service contributes to this agenda in many ways – from working with health professionals to deliver Books on Prescription, offering special collections aimed at people living with dementia, therapeutic shared reading groups and reading aloud reading groups for blind and partially sighted residents. We also are a portal to health and wellbeing information. The housebound service is a core example of the benefits reading and the general library service can make individuals.

**Cultural identity** – Anglesey library has an extensive local history collection, linking place and language. We also place a high emphasis on our Welsh language stock and run or facilitate several Welsh language and Welsh learners reading groups. Events and activities throughout the year link to this theme and promote the resources of the library service.

**Poverty**– Anglesey Library Service plays a key role in helping those who are in poverty or at risk of being in poverty, promoting literacy; providing free access to books and resources, free access to IT and the internet, and free access to digital skills courses.

### **3. Please provide a short statement about the future direction and plans for the library service**

**The Isle of Anglesey Corporate Plan 2013-17**<sup>1</sup> stated an aim to reduce the overall costs of services Leisure, culture and libraries to the Council by 60% over the period of this plan. As a result of these commitments a Libraries, Youth Service, and Museums & Culture Transformation Program Board was established with the aim of overseeing the delivery of these promises to:

- explore options and implement a revised Library provision model

A **Library Service Review**<sup>2</sup> analysed topics such as performance, usage, needs, and options for transformation. The key drivers for change are financial and technological.

A public and stakeholder consultation was held during October 2015 to gather views on the options identified and to invite any alternative ideas. There was evidence that it would be beneficial to seek opportunities for ‘community support’ models to maintain the service rather than withdrawal of service.

**The draft Library Service Strategy 2017-18** has been developed to respond to the challenges and needs. The strategy outlines a vision for Anglesey Library Service and sets out a delivery framework that has the potential to meet the needs of the Library Standards, and respond to the needs of our customers:

*Anglesey’s libraries are welcoming places to read, learn and discover – the trusted guide*

In light of the above this draft Strategy recommends moving to a pattern of provision based on:

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<sup>1</sup> <http://www.anglesey.gov.uk/Journals/2014/04/02/u/s/p/corporate-plan-2013-2017.pdf> p.13

<sup>2</sup> <http://www.anglesey.gov.uk/download/47802>

**Area Libraries:** Full time, fully staffed library open approximately 40 hours per week, supported by a professional team on a County wide level.

**Authority led Community Supported Libraries:** Approximately 20 hours of core staffed opening hours provided by the Authority this front-line (branch level), staffing will be supported by a professional team on a County wide level.

**Authority Led Community Supported libraries:** Approximately 10-12 hours of core staffed opening hours provided by the Authority this front-line (branch level), staffing will be supported by a professional team on a County wide level.

However, with this third tier, if there is no support from the communities or other parties there is a possibility that the library will close. In this case, mitigating factors will be required for example a 'contact point' within the community or increased Mobile Library presence.

**Mobile Services:** Alongside the above will be a full review of routes and stops of the housebound and Mobile Service. Changes are foreseen in this area of service going forward, to meet changing patterns of usage, however equality and needs information show that our mobile services are an important element of provision to our rural County. It is a possibility that alternative models may be developed, for example, partnering with the third sector to deliver elements of Housebound Service.

The Library Service is now holding a public consultation on the Draft Library Service Strategy, and progress discussions with interested parties. This step of the process will be a way of gathering feedback to our recommendations before a final decision by the Executive Committee in Autumn 2017.

### **Timetable**

- Consultation on the Draft Library Service Strategy with stakeholders and users following the local election May. The Consultation will take place between June and September 2017.
- Report on the Draft Library Service Strategy, in light of the public consultation findings, to the Executive Committee by November 2017.
- Final decision on the strategic direction of the Isle of Anglesey Library Service to be agreed by the Executive Committee by November 2017 following due regard to the public consultation and equality legislation.

# Welsh Public Library Standards 2014-17

## Isle of Anglesey County Council

### Annual Assessment Report 2016-17

This report has been prepared based on information provided in Isle of Anglesey's annual return, case studies and narrative report submitted to Museums, Archives and Libraries Division of the Welsh Government.

#### 1) Executive summary

Isle of Anglesey met 17 of the 18 core entitlements in full and partially met 1.

Of the 7 quality indicators which have targets, Isle of Anglesey achieved 4 in full and 3 in part.

The service has seen some areas of improvement, including increases in some usage indicators and Isle of Anglesey continues to give priority to children's services. Low staffing levels remain an area of concern especially during a period of planning changes for the future. The introduction of a new LMS during 2016-17 has led to some inconsistencies with the data and difficulty in obtaining data directly comparable with previous years, which has hampered the assessors in obtaining a full picture of the current level of service. A period of stability is desirable to allow the service to consolidate its position and move forward.

- The Isle of Anglesey carried out a user survey in February 2017 with mixed results, however, 97% of respondents rated the library as very good or good overall. Attendance rates at pre-arranged training sessions are one of the lowest levels in Wales.
- The number of physical visits per capita is on a similar level to last year and remains above the median of Wales as a whole with the number of virtual visits increasing by 10% so that the per capita level is the second highest in Wales.
- Acquisitions and materials expenditure have both fallen over the last year, although both per capita figures remain above the median for Wales. It is noted that the children's service is currently overspending proportionally compared to the population, as a reflection of the service and authority's priorities, and so this target has not been achieved. The Isle of Anglesey currently spends the highest proportion of materials expenditure on items in the Welsh language reflecting its population's requirements.
- Overall staff levels have fallen slightly compared to last year, although there has been a slight increase in professional staff with one of the vacancies reported last year having been filled. However, both per capita figures are below the target set, and although they are both above the median for Wales, this is a result of falling staffing levels across Wales.
- Total revenue expenditure has increased slightly and the Isle of Anglesey has the fifth highest per capita level in Wales.

Considering the four areas in the framework (*Customers and communities; Access for all; Learning for life; and Leadership and development*) compared to the rest of Wales, the Isle of Anglesey performs well in the broad area of *Learning for life*. Performance in other areas is more mixed, with some good and some poorer indicators.

The introduction of the new LMS has complicated comparisons with previous years, although performance appears broadly similar to last year. The ongoing issue of low staffing levels remains, and while overall funding levels have been maintained, the proportions on equipment and other operational costs have increased compared to the first year of the framework. Concern remains over levels of stock and spending.

## 2) Performance against the standards

The standards framework comprises of core entitlements, quality indicators with targets, quality indicators with benchmarks and impact measures. Section 2 summarises achievements against the core entitlements, the quality indicators which have targets, the quality indicators showing performance against others, and impact measures. A narrative assessment of the authority's performance is made in Section 3.

### a) Core entitlements

Isle of Anglesey met 17 of the 18 core entitlements in full and partially met 1. This is unchanged from the previous year, as, in the area of *Leadership and development*, funding continues to be an issue in relation to promotion of the service.

### b) Quality indicators with targets

There are 16 quality indicators (QI) within the framework. Of the 7 which have targets, the Isle of Anglesey is achieving 4 in full and 3 in part:

Quality Indicator	Met?	
QI 3 Individual development:		Partially met
a) ICT support	✓	
b) Skills training	✗	
c) Information literacy	✓	
d) E-government support	✓	
e) Reader development	✓	
QI 5 Location of service points	✓	Met in full
QI 8 Up-to-date reading material:		Met in full
a) Acquisitions per capita	✓	
<u>or</u> Materials spend per capita	✗	
b) Replenishment rate	✓	
QI 9 Appropriate reading material:		Partially met
a) % of material budget on children	✗	
b) % of material budget spent on Welsh	✓	
<u>or</u> Spend on Welsh per capita	✗	
QI 10 Online access:		Met in full
a) All service points	*	
Computers per capita	✓	

Quality Indicator	Met?
b) Wi-Fi provision	✓
QI 13 Staffing levels and qualifications:	Partially met
a) Staff per capita	✗
b) Professional staff per capita	✗
c) Head of service qualification/training	✓
d) CPD percentage	✓
QI 16 Opening hours per capita	✓ Met in full

*\* Authorities are not penalised on this indicator if all static service points provide internet access but their mobiles do not.*

This is the same position as last year.

### c) Impact measures

The framework contains three indicators which seek to gather evidence of the impact that using the library service has on people's lives. Through these and other indicators it is possible to see how the library service is contributing towards educational, social, economic and health and wellbeing local and national agendas. These indicators do not have targets. Not all authorities collected data for the impact indicators, and ranks are included out of the numbers of respondents stated, where 1 is the highest scoring authority.

The Isle of Anglesey carried out a user survey of adults and children in February 2017.

Performance indicator		Rank	Lowest	Median	Highest
QI 1 Making a difference					
b) % of children who think that the library helps them learn and find things out:	90%	15/19	68%	93%	100%
e) % of adults who think that the library has made a difference to their lives:	84%	13/19	36%	86%	97%
% of children who think that the library has made a difference to their lives:	69%	14/17	58%	82%	98%
QI 4 b) % of attendees of training sessions who said that the training had helped them achieve their goals:	97%	8/19	80%	97%	100%

Isle of Anglesey provided 2 impact case studies:

- A regular visitor who had never used a computer before and who was helped to book travel online, saving him money, and who then became an enthusiastic supporter of the digital services.
- A dyslexic support group were given meeting space in the library, breaking down perceived barriers and increasing participation in wider library services.

### d) Quality performance indicators and benchmarks

The remaining indicators do not have targets, but allow performance to be compared between authorities. The following table summarises Isle of Anglesey's position for 2016-17. Ranks are included out of 22, where 1 is the highest, and 22 the lowest scoring authority, unless stated otherwise. Indicators where fewer than 22 authorities supplied data are those where relevant data elements were not available to some authorities.

Figures reported in respect of the first two years of the framework for QI 4 to QI 16 are repeated for convenience of comparison. Note that indicators 'per capita' are calculated per 1,000 population.

Performance indicator	Rank	Lowest	Median	Highest	2015/16	Rank	2014/15	Rank	
<b>QI 1 Making a difference</b>									
a) new skills	67%	11/19	23%	71%	93%				
c) health and well-being	51%	12/20	26%	56%	94%				
d) enjoyable, safe and inclusive	97%	12/19	93%	98%	100%				
<b>QI 2 Customer satisfaction</b>									
a) 'very good' or 'good' choice of books	94%	3/20	74%	90%	98%				
b) 'very good' or 'good' customer care	99%	3/20	90%	99%	100%				
c) 'very good' or 'good' overall;	97%	10/20	92%	97%	100%				
d) child rating out of ten	8.6	19/19	8.6	9.1	10.0				
<b>QI 4 User training</b>									
a) attendances per capita	6	21	3	34	248	5	22	11	18
c) informal training per capita	265	7/20	1	156	712	219	8/19	174	9/21
<b>QI 6 Library use</b>									
a) visits per capita	4,131	11	2,453	4,033	6,751	4,124	10	4,166	12
b) virtual visits per capita	1,748	2/21	341	922	2,299	1,579	2	1,555	3
c) active borrowers per capita	102	20	77	153	235	114	18	155	12
<b>QI 7 attendances at events per capita</b>	206	13	62	214	496	193	13	202	11
<b>QI 11 Use of ICT - % of available time used by the public</b>									
a) equipment	69%	1/21	16%	32%	69%	59%	2	51%	3
<b>QI 12 Supply of requests</b>									
a) % available within 7 days	73%*	9/21	48%	70%	82%	73%	10	65%	21
b) % available within 15 days	89%*	6/21	65%	85%	96%	91%	4	84%	12
<b>QI 13 Staffing levels and qualifications</b>									
(v) a) total volunteers	2	19	0	24	209	8	18	13	12
b) total volunteer hours	45	19	0	798	5,156	210	17	236	15
<b>QI 14 Operational expenditure</b>									
a) total expenditure per capita	£14,831	5/21	£6,745	£11,979	£16,968	£14,117	7/21	£14,160	11
b) % on staff,	49%	19/21	46%	58%	75%	48%	18/21	51%	16
% on information resources	11%	16/21	4%	13%	25%	13%	10/21	12%	15
% on equipment and buildings	3%	13/21	0%	4%	20%	4%	10/21	9%	6
% on other operational costs;	36%	2/21	9%	22%	37%	35%	2/21	28%	8
c) capital expenditure per capita	£16,692	1/21	£0	£341	£16,692	£1,656	4/21	£2,126	1
<b>QI 15 net cost per visit</b>	£2.37	10/20	£1.50	£2.33	£3.30	£2.32	12/21	#	
<b>QI 16 Opening hours (see note)</b>									
(ii) a) % hours unplanned	0.00%	1	0.00%	0.00%	0.48%	0.16%	22	0.04%	14

Performance indicator	Rank	Lowest	Median	Highest	2015/16	Rank	2014/15	Rank	
closure of static service points									
b) % mobile stops / home deliveries missed	0.97%	7 /19	0.00%	0.13%	8.33%	0.00%	1 / 19	0%	1 / 19

*Note: Rankings here have been reversed, so that 1 is the lowest scoring (best performing) authority.*

*\* By agreement with MALD, figures are based on the first three months of the year only due to the mid-year implementation of a new library management system.*

*# Income data for 2014-15 not provided to calculate this figure.*

Data on Wi-Fi usage has only been provided by three authorities for 2016-17 and so is not included in the table above.

### 3) Analysis of performance

The core entitlements and quality indicators are divided into four key areas. This section of the report outlines performance against the quality indicators within these four areas, and compares results with those from the first two years of the framework.

#### a) Customers and communities

The Isle of Anglesey carried out a user survey of adults and children in February 2017 with mixed results, with only 51% of adults finding helpful information for health and well-being at the library and as a result the authority has indicated that health and well-being will be a priority during the next framework. In contrast to this, the levels of customer satisfaction were either above or at the median for Wales as a whole, with 97% of respondents rating the library very good or good. The level of attendance at pre-arranged training has increased compared to last year, however, it remains one of the lowest in Wales. Informal training fares better, and with an increase in 2016-17 the per capita level remains above the median for Wales.

#### b) Access for all

The Isle of Anglesey reports that 96% of its population live within easy reach of a service point, compared to 100% last year. However, it is noted that this year's figure is calculated using the road network rather than the radius as was the case last year. Visits to library premises are on a similar level to last year and remain above the median for Wales as a whole, with the number of virtual visits increasing by 10% so that the per capita level is the second highest in Wales.

Library members and active borrowers have declined over the last year, however, it is noted that there was a cleanse of membership data before the installation of a new LMS and the active borrowers figure refers to only 7 months of the year. Book issues are 22% up over last year, however, it is noted that the 2015-16 figure was incorrect and omitted the last quarter of the year. There has been a slight increase in the number of attendances at events and activities organised by the library, however, the per capita level remains below the median for Wales.

#### c) Learning for life

There has been a reduction in both acquisitions and materials expenditure compared to last year, although the Isle of Anglesey does still meet the target for acquisitions, and both per capita figures remain above the medians for Wales. It was also noted that there was a 4 month embargo on spending following the introduction of the new LMS. The target for



the proportion of materials expenditure accounted for by children's items has not been achieved due to the service exceeding the proportion of the population accounted for by the under 16's by more than two percentage points. However, it is noted that this proportional overspend reflects the service's priority towards children. The proportion of materials expenditure accounted for by items in the Welsh language has fallen over the last year, however, it is the highest in Wales, which is in line with it having the second highest proportion of the population able to speak and read Welsh.

All static service points provide public access computers and the Isle of Anglesey has the highest usage rate of public access ICT facilities as a result of an increase of ten percentage points over last year. The number of requests appears to have fallen significantly, however, it is noted that due to the adoption of a new LMS data was only available for the first quarter; therefore comparisons with the previous year are not possible.

#### **d) Leadership and development**

The Isle of Anglesey has not met the targets for overall staffing or for professional staff, and notes that the current restructuring process has complicated the possibility of filling vacant posts. This inevitably has a knock-on effect on the service, although there has been an increase in the number of professional staff over last year due to the appointment of the Children and Young People Librarian. Both the overall staff and professional staff per capita levels are above the median for Wales as a whole. The percentage of staff hours spent training has tripled over the last year and is now the highest level in Wales, however, it is noted that a large proportion of this was training on the new LMS.

Total revenue expenditure has increased slightly over the last year, with the fifth highest per capita level in Wales and the second highest proportion accounted for by other operational expenditure. The gross average cost per visit in 2016-17 was £2.52, compared to £2.48 last year.

Opening hours met the standard and seven out of the ten hours of unplanned or emergency closures were as a result of staff shortages at a community library.

#### **4) Strategic context**

Isle of Anglesey provided a clear statement of the library service's contribution towards wider government priorities and goals, in the areas of learning, reading and literacy, community wellbeing, skills and economic regeneration, digital inclusion and participation, health and wellbeing cultural identity and poverty.

#### **5) Future direction**

Following a review and consultation in October 2015, a draft library service strategy has been developed, recommending a move to provision based on fully staffed area libraries and two tiers of authority led community supported libraries, together with a housebound and mobile service. This draft is out for consultation between June and September 2017, and a final decision will be taken in November.

#### **6) Conclusion**

The service has seen some areas of improvement, including increases in some usage

indicators and Isle of Anglesey continues to give priority to children's services. Low staffing levels remain an area of concern especially during a period of planning changes for the future. The introduction of a new LMS during 2016-17 has led to some inconsistencies with the data and difficulty in obtaining data directly comparable with previous years, which has hampered the assessors in obtaining a full picture of the current level of service. A period of stability is desirable to allow the service to consolidate its position and move forward.