



Report of an inspection of services for children and young people in the Isle of Man by the Care Inspectorate

February 2014

1. Introduction

The Care Inspectorate is the independent scrutiny and improvement body for care, social work and child protection services in Scotland. It is accountable to Scottish Ministers and its governing board.

At the request of the Chief Minister and the Council of Ministers of the government of the Isle of Man, the Care Inspectorate undertook a joint inspection of children's services between August and October 2013. The purpose of the inspection was to examine and evaluate the quality of services for vulnerable children, young people and families. This included services for children and young people who are looked after; children in need; children in need of protection; and children affected by disability. When we say children and young people in this report, we mean people under the age of 18 years or up to 21 years if they have been looked after.

The Care Inspectorate was asked to lead this inspection because of its approach to carrying out multi-agency inspections of services for children and young people and to child protection. Officials from Government Departments familiarised themselves with the Care Inspectorate's inspection methods and the draft quality indicator framework published in *2012 How well are we improving the lives of children and young people: A guide to evaluating services using quality indicators?*¹. In line with the model for scrutiny developed in Scotland, services in the Isle of Man carried out a joint self-evaluation of their work in the year before the inspection took place. This work used the same quality indicator framework inspectors used to carry out the inspection. A selection of quality indicators were used by inspectors to evaluate the quality of services and the difference these are making to the lives of children, young people and families. These quality indicators are set out in a table in **Appendix 1**.

The inspection took account of the full range of work on the Isle of Man including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers and the Third Sector. When we say staff in this report, we mean people who are doing all of these different jobs. The inspection team was multi-disciplinary and included inspectors from the Care Inspectorate and Her Majesty's Inspectorate of Constabulary for Scotland.

Inspectors reviewed documents and spoke to staff with leadership and management responsibilities. They talked to staff who work directly with children, young people and families and observed some meetings. Inspectors reviewed practice through reading a sample of records in education, social work services, health services for 60 children and young people.

¹www.careinspectorate.com Publication Code: OPS-1012-198 This guide provides a framework of quality indicators to support self-evaluation which leads to improvement across services for children, young people and families.

Some of these children, young people and families met with and talked to inspectors. Inspectors are very grateful to all of the people who talked to us as part of this inspection. As the findings in this joint inspection are based on a sample of children and young people, inspectors cannot assure the quality of service received by every single child in the area.

2. Meeting the needs of stakeholders

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

Inspectors found that the impact of services on the wellbeing of children and young people to be adequate as strengths just outweighed weaknesses.

Improvements in the wellbeing of children and young people varied according to the quality and amount of support they receive. When they were able to get access to high quality support, their wellbeing was improved notably. The wellbeing of a third of the children and young people in the inspection sample was not showing sufficient signs of improvement. Staff did not always recognise those children and young people who needed help and they did not always seize opportunities to intervene early and prevent difficulties increasing. These children had to wait too long before they got the help they needed.

Midwives were identifying vulnerable pregnant women well and this ensured that they received effective support throughout pregnancy. Once the babies were born, mothers were assisted to develop a close bond with their baby and to provide a consistent care and a nurturing home environment. Staff made effective use of legal measures, such as Emergency Protection Orders, to safeguard very young babies at risk.

The Pre-School Assessment Centre provided meaningful and reliable support for very young children who needed additional support. Children with a disability were benefiting from effective individualised education plans. School-aged children received highly effective pastoral support which enhanced their educational experiences.

Overall, staff in schools did not have a sufficient understanding of the signs which may indicate that a child was experiencing neglect. Services did not routinely share relevant information with school staff and this got in the way of providing the extra support quickly and appropriately to children and young people who were vulnerable. Some children and young people experienced difficulties at home for too long. Their circumstances often needed to reach crisis point before the necessary action was taken to improve their situation. Some children experienced abuse and neglect for substantial periods before

they got the help they needed. These significant delays have had an adverse impact on their safety and well-being.

The multi-agency response for children and young people at risk of offending provided an effective model for joint working across services. Staff worked well together to intervene quickly and to overcome the reasons behind the offending behaviour. This approach could be adopted to provide earlier and more effective intervention for children and young people whose wellbeing is at risk.

Staff have recognised the risks posed to children and young people by the internet and mobile technologies. They provided helpful advice to children and young people about keeping themselves safe when using the internet and social media. However, there were a small number of young people who continued to be at risk from running away or arranging to meet people who are unknown to them through social networking sites.

Children and young people who are no longer able to remain in the care of their parents were provided with suitable alternative places to live. They had their immediate health needs assessed and benefitted from speedy access to specialist services and therapeutic interventions. However, some children and young people, including some who were looked after away from home, did not receive support for their mental health until their needs reached a serious level. Health assessments for children who are looked after away from home were not carried out routinely. Without this, services will be unable to ensure that these children and young people achieve high standards of physical and mental health.

Some children and young people who are looked after were living with a high degree of uncertainty about the plans for their long term future. They did not always get the information and support they needed to help them understand what was going to happen and why. Most children and young people who are looked after understood their rights and felt involved in decisions about their lives. More could be done to ensure the voices of other vulnerable and at risk children and young people are taken into account when plans are made and that they are able to benefit from independent support.

Almost all children and young people took part enthusiastically in a wide range of high quality recreational and leisure activities. However, a few children and young people living in poverty or adverse circumstances were not able to benefit from these facilities.

Some young people between the ages of 16 and 18 years, particularly those who had previously been looked after and who needed extra support, were at risk of increasing vulnerability because of a lack of services targeted at their individual needs. They were more likely to be excluded and have limited opportunities to improve their life chances.

Impact on families

We explored the extent to which family wellbeing was being strengthened and the extent to which families were supported to become resilient and meet their own needs. We also considered levels of parental confidence and the extent to which early intervention had a positive effect on family life.

The extent to which family wellbeing was being strengthened was adequate.

When staff recognised that families were in need of help, they provided helpful support and advice which made a notable difference to the quality of family life. Staff worked well together to support these families and build resilience. However, some families were experiencing on-going and mounting difficulties because their need for support had not been recognised. Assistance was withdrawn too quickly for some families who were unable to sustain positive changes without support. Their difficulties often recurred and resulted in the need for more intensive support.

Health visitors, school nurses and family support workers provided high quality and concentrated support to develop parenting skills. Parents were benefiting greatly by taking part in parenting programmes such as the *Solihull Approach* and *Through the Eyes of the Child*. *Thriving Families* had also been introduced to support confident parenting. Staff were creative in providing bespoke and innovative support for some families. These efforts were having a positive and beneficial effect on strengthening families. Parents described increased confidence, self-awareness and a greater ability to support their child's development and provide a nurturing home environment. However, not all families found it easy to access these programmes.

Parents who needed help to manage their own difficulties with substance misuse received helpful support from a variety of programmes such as cognitive behavioural therapy, drug relapse prevention and anger management programmes. These were designed to help parents to provide the care their children needed. Police officers provided valuable support to families affected by domestic abuse. However, staff across services were not sufficiently aware of the effects of substance misuse, poverty, neglect or domestic abuse on families. As a result, they missed opportunities to intervene early and provide the help families need to overcome their difficulties.

Families with children and young people with special needs received very valuable support through designated clubs and the Crossroads Holiday Scheme. Not all families had enough information about the services available to them or how to access them. Support for these families was not provided consistently or equitably and some families experienced a higher quality of service than others. Some families caring for children and young people with a disability experienced crises before appropriate help or counselling was considered. This compromised the stability and viability of keeping these

children in the care of their families which had hitherto been safe, secure and nurturing.

Impact on staff

We took a close look at staff motivation; their involvement in service development and the extent to which they are valued.

Impact on staff was adequate.

Overall, staff felt valued by their managers and enjoyed their work. They were well motivated and keen to provide high quality services for children, young people and families. They felt supported in situations where they may face personal risk.

Staff across services had, to different degrees, been subject to significant change. Morale had dipped as a result of these changes but was beginning to improve. A sense of optimism about the future was emerging. This was most apparent in Social Care where appointments to senior management posts had created greater stability and helped to provide staff with renewed energy, direction and confidence. However, staff were still pessimistic about change when it involved more than one service. Staff were confident that senior managers wanted to improve the quality of services and were supportive of this. Staff now needed to see a coherent, strategic approach and pathway towards achieving the vision for children's services. There was scope to increase the level of staff involvement in service development.

Staff recognised the benefits of working in partnership to deliver the best possible outcomes for children, young people and families. While many were clear about their own roles and responsibilities, they were less so about the roles and responsibilities of colleagues in other related departments. This was holding staff back from delivering high quality services through strong and effective teamwork. They had not received sufficient support to develop a better understanding of the contribution each can make towards delivering better outcomes for children, young people and their families.

Staff benefited from training and development found it helpful to improving their work. Multi agency training in child protection has been well-received and beneficial to the quality of work. Staff now needed to have their skills and confidence enhanced in working with families, early intervention, and preventative approaches.

3. Delivering services for children and young people and families

Providing help and support at an early stage

We considered how well staff recognised that something may be getting in the way of a child or young person's wellbeing and provided support early to stop difficulties arising or increasing.

The provision of help and support to children, young people and their families at an early stage was weak. There were some strengths but the weaknesses were sufficient to diminish the experiences of children and young people in substantial ways.

There was no strategy to support the development and implementation of preventative services and early intervention. As a result, there was an inconsistent and fragmented approach to supporting families. Services had not agreed a joint approach to providing early and effective help, advice and support to children, young people and families. Positive interventions depended on the practices of individual staff rather than adherence to strategic direction or agreed policies. This was getting in the way of achieving positive outcomes for children, young people and families

Universal services in health and education knew their children, young people and families well. This put them in a positive position to be able to provide the help and support they need. The same was also true for services in the Third Sector. However, the ability to improve the wellbeing of children, young people and families was constrained by a lack of support services able to respond to their individual requirements.

The credit system provided assistance to parents to contribute towards the costs of early learning experiences for very young children through independent providers. This has helped to improve equity of access across the island but it had also restricted the availability to some families for whom costs over and above those met by the credit system were beyond their means. This may have an adverse impact on children in the early years and their readiness to learn on entry to school may be reduced. Similarly, young children whose first language was not English may not benefit enough from early exposure to the language they will use in school. Services should continue to monitor this.

Resources for children with a disability and support to their families were very limited. Families did not always receive help when they needed and were left waiting for too long without support. This was made worse when different services could not agree on a shared definition of disability or the responsibility to meet needs and families were left without support.

The risks to children living with domestic abuse, parental mental ill-health or parental substance misuse were not fully understood. Staff did not intervene early enough in these circumstances. There was no agreement across services about what would define a child as 'in need', or, the circumstances which would entitle children and young people to a service. The risks to some of the most vulnerable children on the Island were not always minimised effectively and their needs were left unmet.

Staff understood the importance of sharing appropriate information and pulling this together to make decisions about what needs to happen to protect children and young people. However, there were varying thresholds across services in relation to the sharing of information which created unnecessary barriers to providing support and intervention to children and families who needed it most. Staff did not have sufficient guidance to assist them to share information appropriately and they were confused about what information they must share to safeguard a child or young person and how to record this.

Assessing and responding to risks and needs

We considered the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments

Overall, the initial response to children in need of protection and the assessment of risks and needs was weak.

In most instances staff came together to assess risks and plan what to do when there were concerns that a child may need protection. Overall, strategy meetings worked well to identify the risks to individual children and young people and to plan the actions required to remove these risks. However, these meetings were not always convened quickly enough in response to concerns and did not always provide an effective forum for sharing information. Police officers and social workers worked well together to respond jointly to children in need of protection and families affected by domestic abuse. However, their roles and responsibilities in joint investigative interviews were not understood well enough. Legal measures were not always being used effectively to provide the protection children and young people needed. These measures could have been used more robustly for a third of the children and young people in need of protection within the inspection sample.

There were weaknesses in the ways in which information was recorded which had a negative bearing on assessments. Chronologies of significant events in a child's life were maintained by staff in social care, education and health. However, these were often too detailed and the significance of an event was not easily identified. Staff needed more training and support to build an effective chronology and guidance on how to use it as a tool to identify patterns of risk. Staff working primarily with adults tended to focus on the needs of the adult and did not have a sufficient awareness of their responsibilities and roles in safeguarding the safety and welfare of children and young people in the family.

Staff understood the importance of coming together to jointly assess risks and needs. This approach worked well when they gathered and shared all relevant information from all relevant sources and took collective responsibility for analysing it. There were a few examples of very effective and high quality assessments carried out by specialist staff such as those working in

psychological services and speech and language therapy. However, these were not integrated well enough into comprehensive assessments to cover all aspects of a child's life. Health assessments carried out for school-aged children and young people were not as effective as they could be as they were based on limited information.

Overall, the quality of assessments of risks and needs was variable. Risk assessments were not sufficiently comprehensive and lacked rigour. In many cases the identification of risks and protective factors were not documented well enough and there were weakness in analysing how these risks might be reduced. The thoroughness of decisions made on the basis of poorer assessments was therefore compromised.

There was an established framework to guide staff when carrying out assessments of risks and needs. However, assessments were not always completed thoroughly. The significance of events and the impact of the behaviour of caregivers were sometimes missed. The focus of assessments tended to be on immediate and short-term needs and the longer terms needs of children and young people were regularly overlooked. Assessments were not always reviewed or updated routinely to take account of changes. The Common Assessment Framework was not fully understood and not used well. Staff were inclined to view this as an additional piece of work rather than as a tool to assess and meet need.

Planning for individual children and young people

We considered the quality of children's plans and the effectiveness of arrangements to review them. We also examined the extent to which children were provided with stable and nurturing environments in which to grow up when they were no longer able to remain at home.

Planning to reduce risks, meet needs and improve wellbeing was weak.

Most plans for vulnerable children and young people are up-to-date and work well to protect children at risk of abuse. The quality of plans was highly variable. It was not always clear who held responsibility for taking forward actions and timescales for meeting actions were not defined. Plans tended to focus more on actions than the intended outcomes for the child or young person. At times, the connection between the results of assessments and the detail of the child's plan was limited.

Some children had a number of different plans to help support different aspects of their development and wellbeing. For example, some children and young people had different plans to guide the work of staff in social care, education and health. These plans were subject to different review processes which meant that a number of different meetings were held on the same child, young person or family. A more streamlined approach would help to bring all relevant staff together and families to understand the purpose of meetings and to take part more meaningfully. Core group meetings were useful forums to jointly plan and review the progress for children and young people at risk.

Overall, attendance at review meetings was beginning to improve. The role of the Independent Reviewing Officer was helping to ensure that plans were executed and result in positive progress for children and young people. Their role in challenging slow progress needed to be strengthened.

Positive links between primary and secondary schools underpinned successful plans to help children to make transitions at key stages in their education. Plans for children with disability could be improved by assigning one member of staff to lead and coordinate the work required across different services. Plans could be improved by linking more closely to up to date assessments. For example, the plans to support care leavers are not updated or revisited for several years.

Overall, children and young people receive a level or type of support appropriate to their needs. However, for a fifth of the children and young people in the inspection sample, there were delays in providing the services children and young people needed. Key actions set out in individual plans were not always carried out in a timely manner.

Staff understood fully the importance of stable and nurturing care for children and young people. Parenting programmes and practical support through the Children's Centre were contributing very positively to helping parents to provide this. Children's residential services were performing well against agreed standards and providing high quality care. Children and young people enjoyed positive and trusting relationships with residential staff.

Involving children, young people and families

We examined the extent to which the views of children, young people and families are sought and recorded; the effectiveness of their involvement in key processes; and how they are assisted to express dissatisfaction or complain.

The involvement of children, young people and families in key processes was adequate.

There was a clear commitment from staff to ensure that children, young people and families are listened to and involved in decisions affecting them. The children and young people in the inspection sample were clearly respected, their views sought and taken into account. Helpful guidance had been issued to assist staff to do this well. Education services listened closely to the views of children and where appropriate adapted their plans to better reflect the wishes of the child. Health visitors made careful observations of the behaviour and demeanour of children too young to express their views and they recorded this well. There is scope to develop a systematic approach to inform the ways in which staff go about seeking and recording the views of children and young people.

The Independent Reviewing Officers helped children, young people and families to be involved meaningfully in important decision-making meetings. They had developed a variety of helpful recording tools to capture the views of

parents and carers about their experience of attending Child Protection Conferences and statutory review meetings. The Protecting Children Board had worked with the Youth Service to find out from young people what helped them to feel listened to.

Services were increasingly sharing written reports with children and young people and families, for example, assessment reports were shared routinely by staff in Social Care. However, families were not always clear about their rights or what information was kept about them. The practice of seeking the consent of young people and families to share information was inconsistent.

There were comprehensive procedures governing complaints. However, children, young people and families were not always sure who to go to when they are dissatisfied or wish to make a complaint. There were examples where children, young people and families had expressed dissatisfaction but had not been informed about their rights or assisted to make a formal representation or complaint.

4. Planning and improving services

We considered the extent to which integrated children's services planning and strategic planning to protect children was improving the wellbeing of children and young people.

The arrangements for planning and improving children's services including services to protect children were weak. The Children's Services Partnership and Protecting Children Board were well-established and acted as the key strategic groups to promote joint working across the workforce and to improve outcomes for children, young people and families. The governance arrangements and accountability for this work was not robust. Complex structures were getting in the way. The first three year Children's Plan for the period 2009 to 2012 had now expired. Partners recognised that a joint strategic needs assessment was needed to provide a firm foundation for future planning but there had been delay in carrying this out. There was no agreement about shared priorities for future planning and a lack of joint commissioning. This was holding back progress.

A designated safeguarding leads group and the recent appointment of the Head of Safeguarding were contributing positively to the work of the Protecting Children Board. Positive progress had been achieved by working collaboratively on quality assurance, training and development. This was helpful in identifying jointly areas for improvement and placed services in a better position to achieve the progress needed. Ministers and Chief Executive Officers had not provided the resources needed to allow the Protecting Children Board to take forward improvements at a pace commensurate with the level of risk. Urgent action is now needed to address identified risks such as guidance and protocols for the sharing of information to protect and safeguard children and young people.

5. Leadership

We considered the vision, values and aims for services for children and young people. We examined the effectiveness of leadership and direction; the leadership of people; and how well leaders were taking forward improvement and change.

Vision, values and aims

The Government had recently set out a Policy for Children which sets out a clear vision. This had yet to be endorsed by all relevant leaders across government and departments and shared with staff. Individually, leaders embraced a strong vision for children and young people and worked from a value base which seeks the best outcomes for all children and young people. This had yet to be transformed into an ambitious shared vision, values and aims. The lack of a shared vision with collective ownership of a vision across services had an adverse impact on the ability to drive forward and transform services for children, young people and families.

Leadership of strategy and direction

The Government Policy for Children and the associated planning structures enabled leaders to plan and direct services to promote better outcomes for children and young people. The newly established Social Policy Officer Group allowed Chief Executive Officers from relevant government departments to meet to advance strategy. Its newness meant that it was difficult to identify any real impact. Although there was a shared agenda to improve the lives of children and young people through the Social Policy and Children's Committee, Social Policy Officer Group, the Children's Services Partnership and the Protecting Children Board, the relationship of each to the other was not clear. The governance and accountability of these groups also lacked clarity. Autonomous departments were viewed as barriers to joint working and there had to date been insufficient attention given to overcome this imaginatively. There were a few examples of effective joint commissioning and joint working practices, such as in those in youth justice, which could be used as a model for integrated working.

Leadership of people

Leaders appreciated the imperative to work together more closely. They also understood their role in promoting better partnership working and in building teamwork at all levels. There were positive examples of successful partnership working but these tended to be individual projects initiated by existing professional networks. Staff viewed the leaders within each department as visible, effective communicators and playing a key role in promoting collaboration across departments. There is much scope to strengthen collaborative leadership.

Leadership of improvement and change

Leadership of improvement and change was weak. Leaders recognised the need to work collaboratively in creating a learning culture. Staff were empowered to become more reflective practitioners, willing to learn from mistakes and adopt new ways of joint working. There were some positive examples of continuous improvement, for example, in the Youth Justice Team. Numerous reviews had resulted in a large amount of action plans which contributed to inertia and confusion about what to tackle next. Leaders were beginning to challenge each other more constructively. Nevertheless, the strategic decision-making and positive action necessary to drive forward change and improvement was not happening on the scale and at the pace required. Politicians and Chief Executive Officers needed to do more together to build confidence and encourage creativity and innovation.

6. Capacity for improvement

Leaders at both a political and chief executive level now recognised the need to work collaboratively to give effective leadership and management for children's services. They had an acute appreciation that change and improvement needed to be managed more effectively. They were committed to reverse the pattern of inaction which had been a characteristic across services for children and young people. They had a commendable intention to increase their understanding about the needs of the most vulnerable children, young people and families on the Isle of Man; agree a shared vision; and identify key priorities for improvement. Inspectors were assured that leaders will take the necessary action to improve the quality of services for children and young people. The Council of Ministers, the Social Policy and Children's Committee and the Social Policy Officer Group are in a positive position to take forward joint planning, commissioning and continuous improvement. They should agree their aspirations for children, young people and families; set out a clear, shared vision; and identify a few key priorities to achieve the vision. In agreeing the actions they need to take to realise the vision, they should ensure that these lead to:

- improvements in the provision of effective early intervention and support for children, young people and families;
- improvements in the immediate response to children who may be at risk of abuse or neglect and the key processes which support this; and
- stronger collaborative leadership to advance creativity and innovation within and across departments.

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Appendix 1 Quality indicators

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services for children, young people and their families

Quality indicator	Evaluation
2.1 Impact on children and young people	Adequate
2.2 Impact on families	Adequate
3.1 Impact on staff	Adequate
5.1 Providing help and support at an early stage	Weak
5.2 Assessing and responding to risks and needs	Weak
5.3 Planning for individual children	Weak
5.4 Involving children, young people and families	Adequate
6.2 Planning and improving services	Weak
9.4 Leadership of improvement and change	Weak

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	Outstanding, sector leading
Very good	Major strengths
Good	Important strengths with areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses