

# Inspection of safeguarding and looked after children services

Isles of Scilly

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**Inspection dates:** 21 – 25 May 2012

**Reporting inspector** Lynne Staines

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded. The inspection team consisted of two of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 23 children and young people receiving services, 21 parents or carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision
  - a review of 22 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in July 2011
  - interviews, tele and video conferences and focus groups with front line professionals, managers and senior staff from Cornwall & Isles of Scilly Primary Care Trust (PCT), Cornwall Partnership Foundation Trust (CFT), Peninsula Community Health (PCH) and the Royal Cornwall Hospital Trust (RCHT), LiNK4 Scilly and voluntary sector organisations.
  - In view of the lack of any children looked after at the time of the inspection, the inspection only focused on safeguarding arrangements and not services for looked after children.

## The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum
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	requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

4. The Isles of Scilly is a very small unitary authority located on the edge of the Atlantic some 28 miles south west of mainland Britain. It is a designated Area of Outstanding Natural Beauty and a conservation area. The heritage coast and the waters around the islands have been established as a non-statutory marine park. Access to the islands is by ship or helicopter from Penzance, or plane from Newquay and other regional airports. In the winter months there is no passenger access by sea. Apart from a small proportion of freehold land in the built-up areas of St Mary's, the islands are owned entirely by the Duchy of Cornwall.
5. The population of the islands at the census in 2001 was 2,153. Only five of the islands are populated. St Mary's has a population of 1,607 and there are small, though significant, communities on the four islands of St Agnes, Bryher, Tresco and St Martin's, referred to as the 'off islands'. During the last two decades, the islands have experienced notable demographic change, with an increase in retired and elderly people and a decline in the number of young people with families. Approximately 366 children and young people under the age of 19 live on the Isles of Scilly comprising 69 children 0-4 years, 256 children aged 5-16 and 41 young people aged 16-19. Very few children and young people have identified learning difficulties and/or disabilities, and only a very small number of children and young people belong to minority ethnic groups.
6. Incomes are significantly lower than national and regional averages and much employment is low paid, often part-time or seasonal. However, there are very few children and young people entitled to free school meals. Few real career opportunities are available on the islands. Tourism is the main source of employment and accounts for more than 85% of the local economy. The cost of living is high, with property and transport prices significantly above those experienced in most of the rest of the United Kingdom. Over the past few years, the cost of travel to and from the Isles has continued to increase.
7. The Isles of Scilly has a high rate of migrant workers for the size of its population, mostly due to tourism and agricultural employment. The council estimates that annually in March the numbers of residents are

increased by an average of 100 migrant workers. A majority of migrant workers are single. Consequently there is very little additional demand or impact on the delivery of children's services. The council, in conjunction with the police, arranges a welcome for migrant workers and distributes the Cornwall and Isles of Scilly (CIOS) migrant workers pack translated into a variety of Eastern European languages. A survey undertaken by the council in 2008 found that 78%, compared to 76% nationally, of people living on the islands believed that those from different backgrounds got on well together. Only 12%, compared to 31% nationally, felt there were problems in their local area of people not treating one another with respect and consideration.

8. In 2005, to meet the requirements of the Children Act 2004 and the Every Child Matters agenda, a change for children multi-agency advisory group and Children's Services Directorate were established. These in turn, in January 2006, led to the formation of the children and young people and the community services committees. Previously failing services in education and social care identified by inspections in 2004 resulted in voluntary interventions being put in place. As a result, the work of the council was assisted by a contract with Cambridge Education to manage school improvement and a partnership agreement with Dorset County Council to support the improvement of children's social care provision. In 2010, to meet statutory requirements, the Children's Trust was borne from membership of the children and young people's committee. While the Children's Trust in its present format encompasses membership from partner agencies, the children and young people's committee has remained but is now made up of elected members who exercise a scrutiny function. To ensure there is sufficient capacity to deliver the range of children's services functions, service level agreements are in place with North Somerset Council and Cornwall County Council to provide fostering, adoption and other safeguarding functions such as the Local Authority Designated Officer (LADO). The role of Director of Children's Services (DCS) is undertaken by a suitably experienced and qualified senior manager who also holds the director's function for adult and community services. There is sufficient capacity for the DCS function to be appropriately delivered.
9. The ambition and priorities of the Trust are reflected in the recently reviewed and updated Children and Young People's Plan (CYPP) 2012-2015. The Local Safeguarding Children Board (LSCB) is shared with Cornwall, its neighbouring mainland children's services authority. The Cornwall and Isles of Scilly (CIOS) LSCB has an independent chair and brings together representatives from all main partner organisations working with children, young people and families. The DCS is a full member of the executive board and other staff are members of relevant sub-groups to ensure the Isles of Scilly's interests are taken into account and that relevant issues and learning arising from CIOS LSCB are brought back to the island for action.

10. There is one school, The Five Islands School, which has operated as a single federated establishment since 2002. In 2011 a new base opened on St Mary's providing new integrated learning facilities that offer a wide range of activities and learning for children and young people aged 3-16 years of age. There are three other primary bases for pupils from reception to Year 6 on the off islands of Tresco, St Martin's and St Agnes. At age 11, pupils transfer to the secondary base situated on St Mary's. Pupils from the off islands stay at a school-managed boarding house from Monday to Friday. Children, young people and their parents are very proud of their new school and the improved facilities it provides them with.
11. All young people who wish to undertake further education or training post-16 move to the mainland. The health and welfare of these young people is accorded a high priority for the partnership with good service provision in place to support them. Preparation for living on the mainland, including information, advice and guidance on keeping safe, is a key feature of the partnership's work with these young people. While advice and guidance is appreciated, young people told inspectors that 'adults worry too much' and 'we get loads of it' (referring to safeguarding advice and guidance). Adult and community learning and vocational training, including family learning, are provided by the council on the islands.
12. At the time of the inspection there were no children or young people subject to a child protection plan, looked after by the council or privately fostered. There are no foster carers or residential children's home placements on the islands. Should such services be required the council will commission them from Cornwall Council or other approved providers.
13. Community based social care services to children and young people are provided by two social workers. These workers also provide an out of hours on call service. One children's centre on St Mary's provides a good range of early intervention services and is accessible to families living on the off islands.
14. Primary care services to children, young people, their families and carers living on the Isles of Scilly are commissioned by Cornwall & Isles of Scilly Primary Care Trust, with the Kernow Clinical Commissioning Group in shadow development. Some acute hospital services are provided at the minor injuries unit/hospital located on St Mary's. However, more serious acute care and all paediatric in-patient treatment are provided at Royal Cornwall Hospital Trust (RCHT), Trillick Hospital in Truro. The Royal Cornwall Hospital Trust also provides a small maternity unit on St Mary's staffed by a part-time senior midwife but most births take place at Trillick Hospital in Truro. Universal services such as health visiting and school nursing are delivered by Cornwall Partnership Foundation Trust (CFT) which also provides specialist child and adolescent mental health services (CAMHS), adult mental health services and child and adult

learning disability services. Substance misuse services for young people are provided by YZUP and services for adults with substance misuse problems are provided by Addaction and Cornwall Foundation Trust.



## Safeguarding services

### Overall effectiveness

### Grade 2 (Good)

15. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is good. Good quality services are provided by the partnership to help children and young people feel and keep safe with, in most instances, appropriate joint action taken to respond to identified concerns and needs. There are no children or young people subject to a child protection plan or needing to be looked after by the council. However, across the partnership awareness of the role of the LADO is inconsistent and on occasion a referral has either not been appropriate or not made when it should have been. The children and young people's committee, the Children and Young People's Trust and the CIOS LSCB contribute effectively to the Isles of Scilly's strategic direction on safeguarding matters. The health contribution to improving safeguarding outcomes for children and young people is good.
16. The unannounced inspection of contact, referral and assessment arrangements in July 2011 identified no priority areas for action. Strengths were identified with regard to the way in which the council and partner agencies provide a wide range of high quality preventative services to children and families across the islands that are sensitive to the specific identity of the Isles of Scilly. The council has partially addressed the two areas of development that were identified through the unannounced inspection. Further work has been undertaken on the electronic records system to improve working and accountability but there is still more to do before all records are electronic. However, work to translate audit findings into action plans to improve practice in the safeguarding of children and young people has not been fully implemented. This remains work in progress.
17. Assessments undertaken within children's social care are good and mostly of high quality. They clearly evidence effective early intervention to prevent families reaching crisis. Although risks and contingencies are identified they are not always obvious within the records and in some cases reviewed are 'lost' within descriptive text. Outcomes are identified but within the records purposeful activity to achieve them are not always specific or measurable. Where children and young people are identified as potentially being at risk, appropriate and prompt action is taken to safeguard them. In most cases records and child in need plans are up to date, detailed and child-centred. In a very small number of cases not all strategy discussions between the social workers and officers from Cornwall's child abuse investigation unit (CAIU) followed the guidance in '*Working Together to Safeguard Children, 2010*'. Although no detriment to any child or young person ensued, departure from statutory guidance has

the potential to undermine what are otherwise robust safeguarding arrangements.

18. The quality of provision, including direct work with children, young people and families is good and performance is appropriately monitored within children's social care in respect of quality, timeliness and safe outcomes. Parents speak highly of the quality of support they receive. Most case recording is up to date, makes clear whether a child or young person has been seen alone and reflects their views within plans and records.
19. There is a strong ethos of partnership working at an operational level to ensure that through early intervention and prevention there are good outcomes for children and young people. The school has a key role in monitoring the welfare of children and young people, in strongly supporting inclusion and raising safeguarding awareness. Safeguarding is considered to be 'everyone's business'. Thresholds for access to children's social care services are clearly defined and understood.
20. Within the limitations of the size of the workforce, investment in staff training and personal development is good. Staff supervision and management oversight is regular and well regarded. However, in some cases the text is descriptive making it difficult to easily identify decisions on cases, required actions and outcomes. Social workers have been supported to pursue post qualifying awards and other senior managers are supported well to achieve additional qualifications.
21. Users of services are expressing confidence in children's services and have contributed to service planning. Children and young people are listened to and clearly 'have their say' as to what resources would improve the quality of their lives. Sensitivity to island identity and culture is given prominence. Staff are aware that until young people go to the mainland at 16 they enjoy a protected and somewhat isolated lifestyle within their own communities. To address this issue, direct work with children and young people ensures that visits to the mainland always encompass activities that support community cohesion and celebrates diversity of cultures. The council and partners have a very strong commitment to inclusion and most parents of children with learning difficulties and/or disabilities welcome the support provided to enable their children to be educated on the island and live at home within their communities. The identification of a child or young person's individual specific cultural or diverse needs are addressed and reflected in case records and plans.

## **Capacity for improvement**

## **Grade 2 (Good)**

22. The capacity for improvement is good. The revised Children and Young People's Plan (CYPP) 2012-15 sets clear and appropriate priorities for safeguarding children and young people on the Isles of Scilly. It is informed by an up to date joint needs assessment and through consultation with children, young people and families. The priorities are

those relevant to the islands and particular emphasis is given to ensuring robust safeguarding systems and structures are in place to support the young people who, at 16 years of age, have to leave the islands to advance their education.

23. Since the joint area review in 2007 significant progress has been made in developing good quality safeguarding services. Progress has been sustained with clear evidence that the council and partners have used the findings of inspections and self-assessment to inform their direction of travel. The partnership knows its strengths and weaknesses and while formal action planning and the use of performance data may be minimal there is clear evidence that priorities are child focused and designed to keep children and young people safe. The emphasis on multi-agency preventative work is very effective in ensuring that very few children need high level social work intervention such as child protection Section 47 enquiries. Partnership working with the children's centre is particularly strong and preventative work with the families of younger children is highly effective. Ofsted inspections of schools and early years' settings in the Isles of Scilly judge the arrangements for keeping children and young people safe as at least good.
24. There is good support and interest from elected members on all children's issues. Capacity will always be a challenge for the partnership, however this is well recognised and creative solutions continue to be worked upon to address the issue. The success of the dual mental health/school nurse role is testament to this. Currently the partnership is facing the challenge of attracting and recruiting to a health support worker post and looking at more innovative ways that this may be achieved. Financial management is robust. Since 2007 additional financial resources have been committed in order to develop children's services, for example, through the focus on early intervention and prevention, and by increasing capacity in the children's social care workforce in order to sustain improvement.

## Areas for improvement

25. In order to improve the quality of provision and services for safeguarding children and young people in the Isles of Scilly, the local authority and its partners should take the following action.

### Immediately:

- Council of the Isles of Scilly and Devon and Cornwall Police to review working practice to ensure it is fully compliant with '*Working Together to Safeguard Children, 2010*' in any Section 47 enquiries or strategy discussions
- Council of the Isles of Scilly to ensure that child in need plans clearly identify risks and contingencies highlighting what specific actions are to be taken, by whom and when, so that progress at subsequent

reviews can be more accurately measured and any shortfalls addressed.

**Within three months:**

- the CIOS LSCB to ensure delivery of briefings to all statutory, voluntary and community bodies on the Isles of Scilly, raising awareness of the role of the LADO and of the processes to be followed where allegations are made against a member of staff working with children; and ensure robust systems are in place to monitor usage and outcomes
- the CIOS LSCB and Cornwall & Isles of Scilly PCT to ensure that general practitioners (GPs), dentists and all appropriate health practitioners receive regular safeguarding training to a level commensurate with their role and that they are fully engaged in and understand safeguarding arrangements
- the CIOS LSCB and Cornwall & Isles of Scilly PCT to ensure that all clinical and non-clinical staff in health provider organisations operating on the Isles of Scilly have access to regular, planned safeguarding supervision in line with statutory guidance.

**Within six months:**

- Council of the Isles of Scilly to ensure the outcomes from audits of performance are systematically and consistently drawn together across children's social care and evaluated to provide an overview of service improvements.

## Safeguarding outcomes for children and young people

### Children and young people are safe and feel safe

#### Grade 2 (Good)

26. The effectiveness of safeguarding services in ensuring that children and young people are safe and feel safe is good. The council accords a very high priority to, and investment in, early intervention and preventive services. There is good direct service provision to children and families through effective social work and good quality community based early intervention services tailored to meet the needs of island communities. Parents and carers who met with inspectors reported high levels of satisfaction with the quality of service provision feeling children's services had 'improved beyond all recognition' since the joint area review in 2007. Every effort is made by the council and partners to ensure children and families living on the off islands have fair and equitable access to children's services. A review of cases confirms the success of the council in meeting this aim. During the course of this inspection a number of cases were randomly selected from the current case lists open to social workers. Inspectors did not identify any cases that needed to be returned to senior managers for review because of concerns regarding the safety, protection and well-being of children or young people or because they were still living within their communities when they should have been in the care of the council.
27. Children and young people who met with inspectors reported that they felt safe at school and in their localities describing the islands as 'a safe place to live'. Children on the Isles of Scilly enjoy a level of freedom and independence not afforded to children and young people on the mainland. However, the islands do attract a high level of tourism and migrant workers, especially during the summer months and children and young people are made aware of and can demonstrate their understanding of personal safety and 'stranger danger.' They know where to get help and advice and who they would choose to confide in if they have any safeguarding concerns. They reported that the rare incidences of bullying are dealt with effectively in their school where pastoral care staff, the school nurse and most teachers provide reliable sources of support. To further minimise risk appropriate steps are taken to educate children and young people about cyber-bullying and appropriate internet use.
28. Good and clear policies and procedures are in place should a child or young person go missing. However these have not yet been used as the Isles of Scilly has not experienced any of its children going missing. A particular focus is given to supporting and knowing the whereabouts of the small number of young people who at 16 have to move to the mainland to continue their education or training. Should a young person

start to miss lessons or not turn up in college robust arrangements are in place for the colleges to make links with the young people's support worker based on the mainland, so that any safeguarding issues can be followed up without delay. One case reviewed clearly demonstrated early notification of a pupil not attending college. Effective intervention from the support worker, social worker and college to the young person enabled the young person to successfully continue and complete the course. Although very rarely used there are effective systems in place to track children who move onto or out of the island without notification. School attendance is good with few absences. There have been no permanent exclusions and only one fixed term exclusion during 2010/11.

29. Although the council does not have any looked after children or young people it does have in place robust policies and procedures should such a service be required. The preferred option is for any child or young person needing to become looked after to be placed with family or friends providing it is safe and appropriate to do so. Should it not be possible a service level agreement is in place with Cornwall Council for the Council of the Isles of Scilly to purchase appropriate provision. The council continues to publicise private fostering requirements throughout the island communities and with other professionals. However, at the time of the inspection there were no children or young people known to be privately fostered on any of the islands.
30. The work of the LADO is commissioned from Cornwall Council and where work is undertaken it is effective. However, this inspection has identified that referrals to the LADO have not always been made appropriately or in a timely manner. Across the partnership awareness raising of the LADO role has not been successful in ensuring all agencies understand the role and the processes for making a referral or for seeking advice and guidance. Given the prominent role the school and health services have with children, young people and families, it is particularly important that professionals such as GPs, key school staff and school governors on the Isles of Scilly know when and how to make a referral to the LADO. Not appropriately referring to the LADO in a timely manner can result in failure to appropriately safeguard children and young people.
31. Arrangements for handling comments and complaints are well established and although very few in number, any formal complaint is investigated and addressed by the DCS. Any learning from complaints is reviewed with staff in the specific service area or more widely where appropriate. Young people who met with inspectors were very confident and felt they were able to voice any complaints or concerns openly. They use the school council effectively to raise with elected members any changes or issues they feel need to be addressed or improved upon.
32. Policies and procedures ensure robust compliance with safer recruitment guidance. Randomly selected personnel records scrutinised during the

inspection confirmed that appropriate safeguarding checks are carried out to ensure that staff who work with children and young people are appropriately vetted. An effective system is in place to consider any concerns raised as part of Criminal Records Bureau (CRB) checks. CRB checks for all front line staff who work with children and young people, including social workers, are repeated every three years. The council ensures through its commissioning and monitoring processes that although few in number, all contract arrangements meet statutory requirements with regard to safeguarding children and young people.

## Quality of provision

## Grade 2 (Good)

33. The quality of provision is good. Actions arising from the unannounced inspection in July 2011 have been partly implemented leading to some improvements in the electronic record system. However, further work needs to be undertaken before auditing arrangements can be judged to be effective. The children's centre provides a good range of safeguarding information, advice and guidance and delivers a range of early intervention and preventative services. Courses to support effective parenting are well-attended. Parents who met with inspectors described staff at the children's centre and the social workers as being 'amazing', 'approachable' and 'always having time to listen to you and help you'. Comments relating to communication between parents and school were more variable ranging from parents being fully satisfied to feeling not always listened to when they try to express concerns about their child's progress or needs.
34. The common assessment framework (CAF) is well established and used effectively across the partnership. For families of children with disabilities an early support service has been established. This is replacing and building on the work previously undertaken by the advanced team around the child (ATAC) approach. Direct work with children and young people with learning difficulties and/or disabilities is good overall with some outstanding features. The inclusion work and individual supportive care arrangements that are in place ensure children with disabilities can remain in their home communities and attend the Five Islands School. The majority of parents of children with disabilities reported high levels of satisfaction with the way the service has developed, and while there are no facilities on the island for residential respite care the creativity of alternative and individual support arrangements is much appreciated.
35. A small but effective Parent/Carer Council is becoming established. Support has been provided by the council to enable the lead parents/carers to develop and expand the network through undertaking outreach work on the off islands. However, parents do have some concerns as to the lack of easily accessible therapy services. In most cases these can only be accessed from the mainland resulting in expensive travel, the time it takes to travel to and from the mainland and not always



having a professional easily contactable to discuss concerns with. Children's social care and health partners are aware of these issues, and at the time of the inspection, trying to find solutions. Transitional arrangements for young people with learning difficulties and/or disabilities to move from children's to adults' social care services are improving with planning starting earlier. Increased staffing in the adult social care service is providing some additional capacity to further develop this area of work.

36. Thresholds for services are appropriate, agreed and well understood by partner agencies. Arrangements are in place for the management of formal child protection processes and in most cases these are carried out in accordance with statutory guidance and south west child protection procedures. All contacts and referrals are responded to within 24 hours of receipt by one of the two on-site social workers. Out of hours duty arrangements are clear and robust. They are undertaken by either of the two on site social workers who provide services across the islands. Consequently the out of hours service links very well with the day referral services to enable a prompt, informed and effective response to safeguard children and young people. As a back up, robust arrangements are in place should the need arise for the two social workers to receive advice and support from either the DCS or Cornwall Council's out of hours service. In an emergency situation, should a child or young person need to be taken to a place of safety and consent from the parents can not be obtained, arrangements are in place with the police to use police powers of protection. Although rarely needed, legal advice is contracted from Cornwall Council which social workers report as being available when required and of good quality. Effective arrangements are in place to provide translation and interpretation services when English is not the first language spoken.
37. Work with children and young people is appropriately prioritised and their immediate needs are assessed well by suitably qualified and experienced social workers who work with children, young people and families from the point of referral through to case closure. There are no unallocated cases. All of the cases reviewed demonstrated good quality practice, appropriate plans to safeguard children and young people's welfare and positive outcomes. Work was child focused with the views and feelings of children and families incorporated effectively into the child in need plans. There is a high level of cooperation and partnership working between families and multi-agency workers which consequently results in successful outcomes being achieved without recourse to legal proceedings
38. Initial and core assessments seen by inspectors were of good quality and very detailed in content. However, they did not always identify risk and contingency plans in an easily recognisable way. Similarly, while the child in need plans are very detailed they do not consistently demonstrate how specific actions to achieve the plan are to be measured. This makes it difficult to track progress in an individual case to ensure interventions are



being achieved in a timely manner or identify any specific trends and themes arising. Children's social care assessments and reports for planning meetings are shared with parents in a timely manner giving parents sufficient opportunity to consider what is to be said and to prepare their response. Parents told inspectors that they understand what is required of them, that they and their children (as appropriate) are fully included in all meetings and that their views are fully reflected in the child in need plans. Records indicate that most children and young people are appropriately seen alone.

39. Although very few in number, when Section 47 strategy discussions are undertaken, most are held promptly with decisions and appropriate safeguarding actions clearly evidenced. Such discussions take place between children's social care on the Isles of Scilly and the police child abuse investigation unit (CAIU) in Cornwall whose area of responsibility also covers the Isles of Scilly. However, on occasion the CAIU has deemed that some cases should be followed up by the local police on the island. In a small number of the cases reviewed this has not been the most appropriate course of action as island police staff are not trained in child protection to the same level as those officers in the CAIU. Where practice does not consistently follow the guidance in *'Working Together to Safeguard Children, 2010'* it has the potential to compromise the safeguarding of children and young people.
40. Although some child in need plans are being appropriately and safely worked with by partners, on the mainland they may well be designated as child protection plans. While the work being undertaken with children and families is detailed and appropriate the fact that these few cases are designated as child in need plans rather than child protection plans means that the opportunity is lost for reviews to be chaired by an independent child protection chair. This reduces the opportunity for appropriate challenge and quality assurance of the work being undertaken. The council has acknowledged that this is an issue that can be addressed positively and is to look at ways of progressing it.

## **The contribution of health agencies to keeping children and young people safe**

### **Grade 2 (Good)**

41. The contribution of health agencies to keeping children and young people safe is good. Supervisory staff and managers within provider health services are well supported through named professionals, who in turn experience effective leadership, support and challenge from the designated nurse who also sits on the CIOS LSCB. Frontline health staff are supported well by their clinical supervisors who regularly attend service and team meetings on the mainland.

42. There is effective and flexible multi-disciplinary and multi-agency working in front line services with many examples of responsive support being delivered to children and young people, resulting in positive health and safeguarding outcomes. For example, the midwife plans her hours and annual leave as far as possible around due dates for deliveries. Parents whose children have been born on the islands spoke positively of the maternity care they received. Health practitioners work in close cooperation with each other, the police, social care and education all take an equal role in the team around the child, CAF and preventative services which are well established. Having female GPs as part of the primary care service in response to patient wishes has given greater patient choice and is a positive development.
43. Staff at the maternity, hospital and minor injuries unit (MIU) have a sound knowledge of safeguarding risk indicators and how to raise concerns with social care. Staff are trained to levels commensurate with their roles and responsibilities and compliance is good. In consultation with the Peninsula Community Health nurse consultant, the matron is 'raising the bar' for clinical staff to undertake Level 3 training within three months. This is a positive development given their key role in risk assessment and the need to ensure that 'Think Family' approaches are at the forefront of practice which is predominantly with adults. Most training is delivered through e-learning and while the ad hoc advice and guidance from the matron is very accessible and valued by staff, regular safeguarding supervision or reflective practice sessions are not yet in place. There is a similar situation within the primary care service and more to do across the islands' health community as a whole to fully support formal training and ensure a sustained high level of safeguarding awareness among clinical and non-clinical staff.
44. There is a good awareness of the diverse needs of children and young people with disabilities. Staff are sensitive to the potential negative impact of the clinical environment on children with learning difficulties. For children or young people who attend the MIU and are diagnosed with ADHD or Asperger's syndrome there is a quiet room for families.
45. The pharmacist, dentist and GPs have not been well engaged with local safeguarding arrangements. They have not attended multi-disciplinary training or developmental forums, and have not received targeted safeguarding training for two years. However, staff report knowing how to raise safeguarding concerns and from whom to seek advice and guidance. Patient non-attendance at medical appointments is rare and any non-attendance is promptly followed up. Non-clinical and clinical staff are not aware of the child protection and wider roles and responsibilities of social care and key safeguarding bodies including the LADO role, child death overview panel (CDOP) and the CIOS LSCB. Safeguarding issues, potential risk indicators and issues relating to the potential for hidden harm are not routinely discussed at practice meetings or addressed through regular

supervision or appraisals. A new GP contract is currently being procured. During the interim, the GP service provided by the Helston practice, is improving local safeguarding arrangements within the health community. The practice's policy and procedures have been updated and arrangements made for the PCT named GP to deliver formal Level 2 training in June 2012.

46. The provision of the dual role primary mental health worker and school nurse has been a very positive development in delivering good outcomes for children and young people. The post holder works closely with other professionals across a range of disciplines offering direct support to children requiring low level mental health support. Where appropriate the post holder is able to offer skilled intervention or make a referral to more specialist and therapeutic services. Parents and other professionals have spoken very positively of both the person and the role. Effective early intervention has resulted in a year on year reduction from six to two of referrals for core CAMHS interventions. All are responded to in a timely manner. CAMHS are provided both on the mainland and on the islands with specialist CAMHS practitioners flying out regularly to offer a range of psychological and therapeutic interventions that includes cognitive behavioural therapy (CBT). No children or young people from the Isles of Scilly have required in-patient mental health services. Should that be necessary there are places in a new young persons unit in Plymouth. Although referral numbers are very low and infrequent there are clear referral arrangements in place for young people to access substance misuse support from YZUP or clinical treatment from Cornwall Foundation Trust.
47. There is good provision of sex and relationships advice and education available to parents, children and young people through the Brook education service and the youth hub. Local media publicise the Preventex on-line service for Chlamydia screening, although the number of under 25s using this service is very low. No teenage pregnancies have been recorded on the Isles of Scilly for the past five years. Emergency contraception is readily available from the GPs, pharmacy or from the MIU.
48. Good facilities and arrangements are in place for the examination of those children and young people who may have been subject to alleged sexual abuse. Services are provided on the mainland at Royal Cornwall Hospital NHS Trust. A new sexual abuse resource centre (SARC) opened recently in Truro to supplement existing provision in Plymouth and Exeter. Health staff, police and other professionals on the isles are clear on how to access these services should young people on the isles require them. At the time of the inspection there had not been any instances where these services had been required.

49. In recognition of the travel, time and cost, children, young people and their families face in going to the mainland for hospital appointments, services have sought to accommodate parent's views and reschedule paediatric and specialist clinics to more convenient time. For example during school holiday times. When specific health needs for a child are identified, tailored treatment and therapeutic support are arranged to meet individual need. The needs and wishes of the local population are influencing PCT developments and resource deployment such as diabetes services and increased health visitor numbers. Some parents have told inspectors that they would welcome more direct access and consultation opportunities with specialist practitioners and therapists. Currently insufficient consideration has been given to the potential use of tele-health or developing technology such as video, tele-conferencing and Skype.

### **Ambition and prioritisation**

### **Grade 2 (Good)**

50. Ambition and prioritisation are good. The CYPP has been revised and re-launched for the period 2012-15. It is based on a thorough joint strategic needs analysis which has informed planning decisions and commissioning priorities. The plan clearly specifies the partnership's key themes of emotional health and well-being, post-16 transition and positive activities for all. Since the joint area review in 2007 children's services has undergone significant development and transformation. The safeguarding services that were judged inadequate in 2007 bear no resemblance to the quality of safeguarding services provided now in 2012. Elected members strongly champion the safety and well-being of the islands' children, taking an active interest in the children's agenda. They play an active and significant role in supporting the council's safeguarding improvement agenda and have responded appropriately in resourcing the service to meet increased service demand. The council and partners are committed to delivering inclusive services that reflect the principles of effective early intervention and preventative work in order to help every child reach their full potential. As a result, improved outcomes for many children and young people have been achieved. This is evidenced by the investment that has been made to support children and young people to live safely in their home communities and for there to be no child or young person subject of a child protection plan or needing to be looked after by the council.

### **Leadership and management**

### **Grade 2 (Good)**

51. Leadership and management of safeguarding are good. The partnership is committed to delivering both universal and targeted safe services underpinned by three core principles of respect, inclusion and access to services and that those services should be designed around individual need. Senior and local managers have a good understanding of the uniqueness of the Isles of Scilly and of the challenges in providing fair access to services to all residents, especially those living on the off islands. Priorities are explicit and designed through community consultation and

collaborative working arrangements to reflect local need and are understood across the workforce. There are good examples of joint working at strategic and individual case levels and effective use of early intervention and CAF approaches to improve outcomes for children in need.

52. Ensuring adequate capacity within the workforce is a challenge for the partnership. The Isles of Scilly cannot by itself provide the wide range of professionals required to deliver specialist services. Therefore workforce planning and development has to be used creatively to meet need. Appropriate arrangements are in place across the partnership to ensure joint delivery of induction and child protection training to staff working with children and young people. Safeguarding training is delivered through the auspices of CIOS LSCB. However, a review of the training previously delivered has been judged by the CIOS LSCB to not fulfil requirements and therefore more appropriate training is currently being re-commissioned from an external provider.
53. Capacity within children's social care social work service is stretched. The significant development of confidence in the service by the community and a greater awareness of safeguarding issues have led to an increase in cases referred to the service. The increase is not only in numbers but also in the complexity of cases referred. Rightly, case work takes precedence and therefore the team manager does not always have the time required to undertake fully the managerial and development duties associated with the role. The council is aware of this issue and is to review the competing demands and tensions within the role. Because of the small size of the children's social care service, the distance to the mainland and travel costs involved, opportunities for continuing professional development off the islands is a challenge. However, the council is committed to the development and retention of its key staff. For example, over the past two years the service has been successful in supporting the social workers to gain their post qualifying awards and providing other managers with some management training. It is an issue that the DCS is seeking to address through more creative development opportunities. Currently, there are no vacancies within children's social care and sickness levels are very low. Staff report they receive good support and are listened to by senior managers.
54. Resources are well deployed to provide services on the Isles of Scilly. Value for money is constantly sought but not at the expense of children, young people and families not receiving the services they need. This is well evidenced through the quality of support provided to children, young people and their families through individually tailored child in need plans or team around the child activities. For example, while the childcare sufficiency audit undertaken in 2010-11 indicated that the current childcare market on the Isles of Scilly as a whole is sufficient it also identified the lack of provision on the off islands and the impact of boating

costs on family budgets. Consequently, where it is assessed as being needed, children's services provide day-care on St Mary's for off island children and, in many instances subsidise the cost of travel to ensure children's safeguarding needs are appropriately met.

## **Performance management and quality assurance**

### **Grade 3 (Adequate)**

55. Performance management and quality assurance are adequate. At a corporate and strategic level the importance of performance data is understood but information is not always used effectively to inform practice and service development. The Children and Young People's Committee and the Children's Trust Board receive regular performance reports but in the form of hard quantitative data. For example, the numbers of children and families the social work team are working with or whether initial and core assessments are being completed within timescales. There is little evidence of challenge to practice or use of the information to inform service development. However, because of the uniqueness of the island communities, the strengths, weaknesses and deficiencies are well known to committee and board members and there are good examples of the partnerships priorities being achieved. These include the new school, the refurbishment of the reading room on St Agnes to provide accessible community facilities, and an appropriate medical consulting room with amenities.
56. At an operational level quality assurance processes through case file audit are in place; however they are not always used effectively to improve practice. For example, within children's social care, an audit of CAFs in September 2010 identified six areas for improvement but there has been no follow up to ensure the findings have been acted upon to improve practice. Although arrangements are in place for the audit of casework files by an independent reviewer, these are done on an individual case by case basis. The current format is very process-focused with little comment made on the qualitative aspects of the work being undertaken with children, young people and families. The outcomes of the audits are not systematically drawn together to identify whether there are any trends or themes emerging or evaluated to provide a holistic overview of the quality of work and decision making.

## **Partnership working**

### **Grade 3 (Adequate)**

57. Partnership working is adequate overall and in some aspects good. Most partners work well together at all levels to promote and deliver effective safeguarding services and the needs of the community are well known. However, for some professionals, especially those living within island communities, there is a significant personal challenge in ensuring safeguarding information is appropriately shared so that due processes



can be followed. Trying to deliver services while at the same time preserving confidentiality does in some instances mean alternative solutions are sought rather than following statutory guidance. For example, a very small number of cases highlighted non compliance by key school staff and school governors in making appropriate referrals to the LADO and in those cases due process had not been followed. This has the potential to compromise the appropriate safeguarding of children and young people. Similarly, in a very small number of cases reviewed strategy discussions between the CAIU in Cornwall and social care staff on the Isles of Scilly had not been held in accordance with statutory guidance.

58. At an operational level most cases reviewed evidenced partnerships delivering good quality and effective intervention services that are keeping children and young people safe, reducing offending and promoting their health and emotional well-being. Good arrangements are in place for services to be delivered where there is a need through multi-agency public protection arrangements (MAPPA) and the multi-agency risk assessment conference (MARAC). While referrals to MAPPA or MARAC are very low on the Isles of Scilly, where they are used there is evidence of appropriate assessments, actions and outcomes for the families concerned.
59. Good partnership working is evidenced in respect of identifying risks to children in domestic abuse cases and services take effective steps to protect children and young people. However, the partnership considers domestic abuse on the islands to be an under-reported crime, almost always with a link to excessive alcohol consumption. Awareness raising within communities is a continuous activity and SAFE, a project for secondary school aged young people, has been successfully delivered on three separate occasions to older pupils during their annual 999 safety awareness week. The Keeping Children Safe practitioners' meeting provides a good forum for sharing learning and professional development. However, although attendance is good, the group has yet to develop to the point where other partners lead the agenda rather than relying on children's social care to determine the topics.

## Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Good
The contribution of health agencies to keeping children and young people safe	Good
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Adequate
Equality and diversity	Good