

Islands Child Protection Committee

Guernsey and Alderney

Annual Report 2015



Foreword



This is my first annual report as Independent Chair of the Islands Child Protection Committee (ICPC) and covers the year ending on 31st Dec 2015. There were some changes to the membership of the ICPC during 2015. Dr. Carol Tozer was the interim Chair until my appointment in October.

I have a vision that will drive the work of the ICPC and that is:

“For all the children in the Bailiwick to grow up in safety and to always feel safe”

For that to happen agencies need to identify concerns early and provide support to families to prevent the need for compulsory intervention wherever possible. That will require building a culture where the community, voluntary and community organisations and the States work together.

A critical factor in safeguarding children is the skill, effectiveness and professionalism of people who work day to day with vulnerable children and their families. Their jobs are exceptionally hard; something generally not recognised in the media.

On behalf of the ICPC I want to thank all those people for their dedication and effort to support children and young people in the Bailiwick.

The Committee has seen evidence that partnership working is improving in Guernsey with the development of the Multi-Agency Support Hub (MASH); but we need to do more in 2016 to ensure we know that children in Alderney are benefiting from local partnerships.

Individual agencies that contribute to the work of the ICPC are properly focussed on safeguarding. Within this report we have set out the achievements made this year but also identified the areas that we must continue to address over the next few years.

I am confident that safeguarding arrangements in the Bailiwick are improving. Nevertheless, we are in no way complacent. There are always improvements to be made, both for our individual partners and as a committee. As a committee we are going to tackle challenges and be tenacious even in the face of continuing resource pressures.

The ICPC will continue to encourage the public and professionals alike to make sure children and young people know that their wellbeing is at the heart of our safeguarding systems.

The ICPC needs the help of the community to look out for children and young people and my message to everyone is if you have concerns about the safety of a child or young person,

“Say something if you see something”

A handwritten signature in purple ink, which appears to read 'S Westwood', with a long, sweeping underline.

Simon Westwood, Independent Chair ICPC

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Note: Following the States of Guernsey elections in April 2016 the existing Board structure was re-organised into Committees. From May 1st 2016 the political boards for the three main statutory departments became known as:

The Committee *for* Health and Social Care

The Committee *for* Education, Sport and Culture

The Committee *for* Home Affairs

In this report the departments and services are referred to by the names they were known by in 2015.

Executive summary

This report covers the work of the Islands Child Protection Committee (ICPC) and partner agencies in the 2015 calendar year. The ICPC report to the Chief Officers Child Protection Group (COCPG) each year, in order to keep them informed about the work of the ICPC and the effectiveness of safeguarding arrangements for children in the islands.

During 2015 the priorities for the ICPC were to:

- Establish a means of enabling the participation and engagement of children and young people (and their carers).
- Challenge partners to establish effective systems for addressing the needs of children at an early stage.
- Agree a local thresholds (or triage) document and ensure that thresholds are understood and used effectively.
- Develop a comprehensive learning and improvement framework in order to understand local safeguarding issues and measure the effectiveness of services.
- Understand and manage the reasons for the huge increase in child protection registration.
- Develop strategies to identify and address the risks for children who might be vulnerable to sexual exploitation and abuse.
- Identify a designated officer for managing allegations against those who work with children.
- Hold partner agencies to account more effectively with regard to their corporate responsibilities for looked after children and those leaving care.
- Challenge partners to provide up to date statistics on performance to support monitoring and reporting.
- Increase the delivery and review the content and resourcing of safeguarding training.

Progress has been made against these priorities but there is still more to do.

One of the main areas of development during 2015 has been the introduction of the Multi-Agency Support Hub (MASH) as a single point of referral for children in need. There are indications that this has improved the effectiveness of multi-agency working for children in need at an early stage, to prevent them becoming children at risk. The number of children on the child protection register fell during 2015 back to lowest level since 2011.

There are also indications that the MASH has helped clarify agency roles and establish a shared understanding of thresholds through the development of a triage document. This has been included in the ICPC safeguarding children training programme, and the ICPC will continue to develop guidance on thresholds in 2016.

Development of the learning and improvement framework is closely linked to work to be done on the governance and structure of the ICPC in 2016. However, progress has been made in finalising arrangements with the Jersey Safeguarding Children Partnership Board for a Joint Child Death Overview Panel and panel members have been trained during 2015. Cases from September 2015 onwards are to be reviewed by the panel. In addition the ICPC commissioned two serious case reviews, two external case reviews and conducted two internal case reviews in 2015 from which there has been a wealth of learning. The two serious case reviews will be completed in 2016, although the process has produced some learning already incorporated into action plans by individual agencies.

At the end of 2014 the Health and Social Services Department (HSSD) commissioned a Children's Social Care (CSC) Service Diagnostic, which the ICPC were able to consider in 2015. The report helped to give some context to the high levels of children on the child protection register and highlighted the lack of coordinated early intervention and prevention services and the low threshold for registration. These issues have been addressed through the establishment of the MASH which has had positive effects on levels of child protection registration.

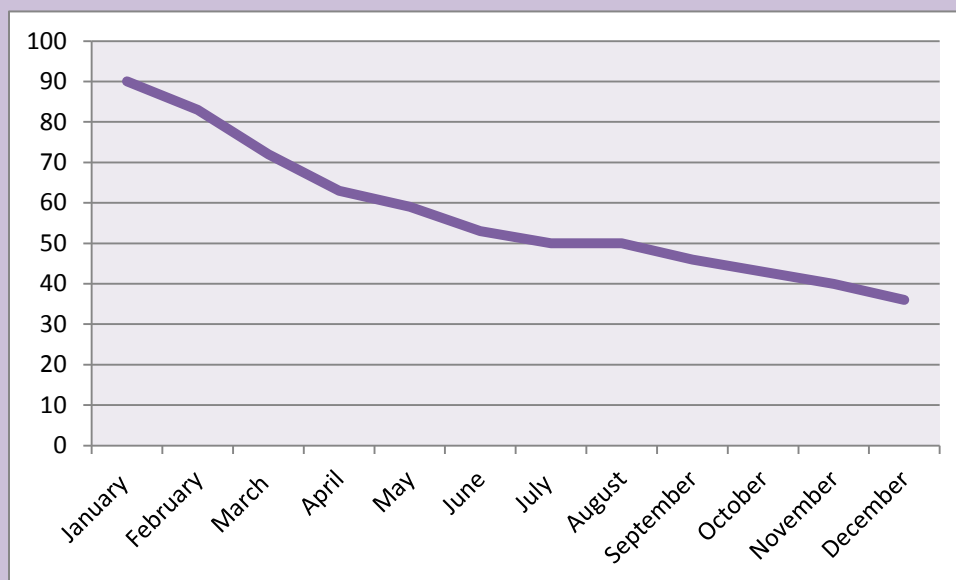
An interagency Child Sexual Exploitation (CSE) Operating Protocol was agreed in 2015 which introduced Multi-Agency Sexual Exploitation (MASE) meetings as a means of taking a strategic view of CSE in the islands.

There has been a commitment from partner agencies with regard to their corporate responsibilities to looked after children and those leaving care. A Corporate Parenting Strategy Group has been set up and a Corporate Parenting Board will be established in 2016. The ICPC will continue to monitor outcomes for looked after children and care leavers and highlight areas of concern to this group.

Delivery of training was extended and broadened in 2015, but this has relied on the good will and support of partners. As a result of the learning and improvement activity of the ICPC there is growing need for training that will have resource implications for the ICPC in the future.

There are some challenges that remain for the ICPC in terms of meeting the identified priorities, some of which are resource dependent. Progress has been made during 2015 on the engagement of children and young people, although there is more work to be done on establishing participation and engagement with the voluntary sector. The development of learning and improvement activity still needs to be embedded in the day-to-day work of the committee and partners need to provide up to date statistics as part of that process.

Child protection registration figures have fallen



from 90 at the end of January 2015 to 36 by the end of the year



The percentage of looked after children living off-island fell from 20% in 2014 to 16% in 2015

Total child population of Guernsey and Alderney in 2015

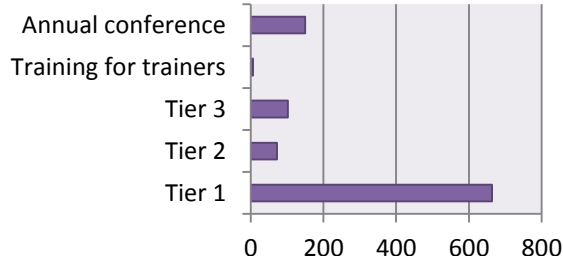
11,806

187 were looked after or on the child protection register = **1.58%**

ICPC Safeguarding Children training

Total accessing training
994

Target
1193



The strategic priorities for the ICPC for 2016 and beyond are:

- Maximising capacity and resources
- Managing partnership and engagement
- Ensuring focus on vulnerable groups
- Embedding learning and improvement.

Based on information provided to the committee for 2015 as well as debate at sub-groups and committee meetings, the ICPC are assured that safeguarding arrangements in the islands are effective. However, the report identifies some areas where we need to continue to improve, for example: multi-agency arrangements for managing allegations; resourcing and delivering expected levels of training; and, monitoring and reporting on performance.

Section 1 - Local background and context

Guernsey

Guernsey is the second largest of the Channel Islands. It is a British Crown Dependency but independent from the UK Government. Guernsey's parliament is called the States of Deliberation and in 2015 was made up of 45 independently elected People's Deputies representing seven districts, as well as two representatives from the States of Alderney.

The legislation that underpins child protection practice in the islands is the Children (Guernsey and Alderney) Law, 2008 (the Children Law), which was implemented in January 2010. The child protection system in the islands is similar to UK practice, although the Children Law introduced the Office of the Children's Convenor, and the Child, Youth and Community Tribunal (the Tribunal), which sets Guernsey and Alderney apart from practice in England and Wales. The Tribunal is a welfare-based system, modelled on the Scottish Children's Hearings system. It replaces the Court in the majority of cases where there is a need for compulsory intervention either to protect children and young people from harm or to support children and families to change harmful or risky behaviours. The Tribunal is made up of lay people who are trained volunteers from the local community, and therefore reflects the ownership and role of the local community in managing local problems. The Tribunal views children in their whole context and its approach is holistic in that it deals with both concerning behaviour of children and young people as well as concerning behaviour towards them. For example, youth crime is largely dealt with through the Tribunal system so that a child's offending behaviour is considered alongside their needs, rather than seeing criminality in isolation from the child's life experiences in the home, school and community. The same principles are applied to non-school attendance as well as to child abuse and neglect. The Tribunal therefore is an important part of the overall child safeguarding system, operating alongside child protection registration, planning, and case conferences.

Alderney

Alderney is part of the Bailiwick of Guernsey and is independently governed through the States of Alderney, which is made up of ten democratically elected States Members and a President. The States of Alderney has its own law making powers, apart from matters of law and order and some transferred services. Education, health and social care, policing and the Office of the Children's Convenor are extended to Alderney. That is to say, the children of Alderney are safeguarded in the same way as the children of Guernsey.

Sark

Sark is part of the Bailiwick of Guernsey and is also independently governed. Sark is not currently party to the Children Law and is not therefore included in the remit of the ICPC. However, a representative from Sark attends ICPC meetings as an observer and it is hoped that a version of the Law can be drafted to suit the needs of children and families in Sark in the near future. If any child in Sark is identified as being at risk of significant harm the relevant officers in Guernsey are commissioned by the Sark authorities to undertake the necessary assessment and provide the intervention.

Herm

Herm is one of the smallest islands of the Bailiwick and is considered to be part of Guernsey within the law. Therefore, the rules that safeguard children in Herm are the same as those for Guernsey children.

Population

The Policy Council Electronic Census Report shows there were **62,612** people resident in Guernsey at the end of March 2015, with a child population of **11,581** (under 18), approximately 18.5 per cent of the total population. In the Alderney Electronic Census Report (March 2015) the total population was **2,020**, with a child population of **225** (under 18), just over 11 per cent of the population. Alderney's population is older on average with a median age of 54 for males and 56 for females, compared to the median age in Guernsey of 42 for males and 44 for females. So there are a higher proportion of older people in Alderney than in Guernsey. In 2015 there were **586** births in Guernsey. There were seven births recorded for Alderney in the electronic census for the year ending 31st March 2015.

Population statistics in both islands indicate a fairly dynamic population with the majority of migrants in Guernsey and Alderney being of working age.

Purpose of the Islands Child Protection Committee

The Islands Child Protection Committee (ICPC) is made up of senior representatives from agencies working with children and families in the public, private and voluntary sectors. It was set up under the Children (Guernsey and Alderney) Law 2008 (the Children Law) with the principle objective being:

“to co-ordinate what is done by each agency represented on the Committee for the purpose of safeguarding and promoting the welfare of children.”

The Committee is also intended to:

promote effective co-operation between all persons involved in safeguarding and promoting the welfare of children;

provide guidance to employees working with children in Guernsey and Alderney; and, review any case or incident where a child has died or suffered serious harm.

Cases are intended to be reviewed by the ICPC in those circumstances when abuse or neglect of a child is known or suspected; and either the child has died; or been seriously harmed **and** there is cause for concern as to the way agencies have worked together to safeguard the child. The purpose is to identify lessons and to ensure that local practice is continuously improving and evolving on the basis of feedback and experience from both the Bailiwick and international best practice in safeguarding children and young people.

The focus of the ICPC has therefore been on child protection, although this will be developed through 2016 to reflect the wider safeguarding remit in the Children Law – to safeguard and promote the welfare of children in Guernsey and Alderney. Children on the child protection register (Table 1) and those who are looked after by the Health and Social Services Department (Table 2) are those who have been assessed as being most at risk, but they only account for 1.58% of the child population. There is a wider group of children who are assessed for specialist services (Table 3) or provided with help and support as children in need or children at risk (Table 4). Under the Children Law, the States have a duty to provide services to ‘children in need’ (s.23) to prevent needs escalating and them becoming ‘children at risk’ (s.35).

Children in the child protection system

Children on the child protection register are those who are thought to be at continuing risk of serious harm through abuse or neglect. They have multi-agency support plans in place that set out the changes that need to be made in order to keep them safe. Once they are deemed to be safe they are de-registered. The children who are registered are only those who have been identified as being at risk of serious harm. Many children who experience abuse or neglect might not be identified by statutory services. Therefore, numbers on the child protection register reflect those cases that are known about, but do not necessarily indicate the prevalence of child abuse.

Numbers on the child protection register rose in 2014 from 55 in January to 97 by the end of December. This was seen as an escalation in a generally increasing trend over the previous four years. However, during 2015 numbers have decreased just as dramatically back to the lowest level since 2011, from 90 at the end of January to 36 at the end of December. The ICPC are confident that new processes introduced to cope with the rising levels of child protection registrations have been effective (see Priority 5, pp. 22 – 23).

Of the children on the child protection register 60% are registered under the category of emotional abuse with a further 17% registered with emotional abuse as a factor. The next

highest single category for registration is neglect at 16%. Registrations for emotional abuse are high by comparison to England and Wales where neglect is the highest category at 40 – 45% and emotional abuse is the second highest at 34 – 35%.

Re-registrations on the child protection register have been low. Of the 112 children on the child protection register during 2015 less than 2% had experienced a previous period of registration. In England and Wales, the re-registration rate for 2015 was between 15.5 and 16.6 %. However, for those children de-registered in 2015, 6% had been on the register for longer than two years. The comparable figure in England is 3.7%.

Children looked after

Children looked after are defined here as those who are accommodated by the Health and Social Services Department. There are many reasons why children might be looked after by the Health and Social Services Department. They could be at risk from abuse or neglect or have specific needs requiring specialist support. Some children are looked after for short periods at a time while others are looked after on a long-term basis or go on to be adopted. Children can be looked after as the result of a Court Order (55) or Care Requirement (27), or on a voluntary basis, by agreement with their parents (10). (See table 2f)

In total there were 92 children looked after during 2015, an average of 72 during each month. This is very similar to the previous year where the respective figures were 90 and 71.

It is widely recognised in research that children who are looked after face additional adversity and need stability and comprehensive support if they are to achieve on a par with their peers. One of the measures of stability is the number of placement moves children experience. Those who experienced three or more moves during 2015 was 4.3% compared to between 9% and 10% in England and Wales.

The percentage of children looked after in placements outside the island fell in 2015 to 16%, from 20% in 2014.

Children being assessed for specialist services

Anyone who has concerns about the welfare of a child can refer to social services. At the beginning of 2015 this was done through the Assessment and Intervention Team, part of the (then) Health and Social Services Department. In March 2015 a multi-agency team was set up in order to receive enquiries about children for whom there were concerns. This was part of the plan to develop a multi-agency ‘front door’ highlighted in the Children’s Social Care Service Diagnostic and referred to in the last annual report. If anyone has concerns about a child, enquiries are now made to the Multi-Agency Support Hub (MASH).

The MASH enables more accurate identification of need as well as a forum for deciding the most appropriate level of support and the best agency to lead or deliver the support. The MASH can refer to social services for those children with complex needs and those at risk of serious harm; they can identify a lead professional to co-ordinate a plan for children in need of a number of services; or, they can refer to other services for early help and support. Sometimes no further action is necessary or advice is given.

There were 265 enquiries to social care and 1446 enquiries to MASH during 2015, a total of 1711 enquiries. This compares to 1220 enquiries to children's social care in 2014. There were 1639 enquiries to children's social care in 2013, although the method of recording enquiries was different, so this is not as directly comparable. During 2015, MASH also incorporated Convenor referral meetings (CORM) for youth offending, which accounts for 233 of the enquiries.

Over the course of the year 19% of enquiries were referred for a social work assessment while 36% were referred for early help and support or referred to other agencies. In 2014 62% of enquiries were referred for a social work assessment and 13% were referred to other agencies.

The most common sources of enquiry were the police, children's services, the Convenor's Referral Meeting (for youth offending), health professionals and education.

Children in need

The definition of need in the Children Law is where children are unlikely to maintain a reasonable standard of health and development without additional services. Children can be in need for many different reasons: they can be in need because they have a disability or are affected by the disability or illness of a parent or other family member; they can also be in need because of the standard of care they receive or the impact of abuse and neglect. Sometimes children are vulnerable to exploitation or become vulnerable through risk-taking behaviour.

The MASH has introduced a coordinated approach for assessing and planning for children in need. During 2015, the MASH referred 416 children for early help and support, 114 of whom had multi-agency support coordinated by a lead professional. Support was also provided by a wide variety of single agencies: Family Partnership Team (77); Health visitors (64); School Nurses (63); Schools (32); Post Abuse Therapeutic Service (21); Midwifery (16); Youth Justice (10); Guernsey Parenting Partnership (9); The Hub, Barnardo's (5); Hampton Trust (3); CAMHS (1); and Action for Children (1). A further 124 were referred to other agencies ([Table 3c](#)).

Children at risk

Where it is felt that the child's parents/carers are not able and willing to meet the child's needs and they meet one of the grounds for referral set out in section 35 of the Children Law (see

Table 4) then the child can be considered to be 'at risk' and referred to the Children's Convenor. The Convenor will investigate whether compulsory intervention may be required and if so will refer the child to the Child Youth and Community Tribunal to consider whether legal intervention in the form of a Care Requirement is needed.

There were 405 referrals to the Convenor during 2015 with the majority of referrals being made by the police. The highest recorded reason for referral was allegation of committing a criminal offence – 284, and the second largest was for impairment to health or development – 84.

There were 53 children made subject to Care Requirements during 2015 and there were 94 Care Requirements in force at the end of the year.

The full set of data is recorded in Tables 1 to 4 in Appendix 1.

The significance of some of this data is discussed in the analysis of progress made and issues emerging in section 3 of this report.

Section 2 - Governance and accountability arrangements

Membership

There were some changes to the membership of the ICPC during 2015. The Independent Chair stood down at the end of February and the Health and Social Services Chief Officer, Dr. Carol Tozer, acted as Interim Chair while a replacement was sought. Simon Westwood was appointed as the new Independent Chair and began work for the committee in October 2015. Simon has a wealth of experience in children's services and in chairing Local Safeguarding Children Boards, the UK equivalent to the ICPC.

List of ICPC members 2015

Independent Chair	Mick Watson (January to February) Dr. Carol Tozer (March to September) Simon Westwood (from October)
Health and Social Services Department	Dr. Carol Tozer Chief Officer Ruby Parry Director of Communities Nicky Gallienne Assistant Director Child and Family Community Services
Child and Adolescent Mental Health Services	Dr. Penny Thompson Head of Service (from June)
Education Department	Alan Brown Director of Education
Home Department	Mark Lempriere Deputy Chief Officer
Police	Ruari Hardy Superintendent (January to October) Nigel Taylor Superintendent (from November)
Children's Convenor	Karen Brady
Primary care	Dr. Janice Porritt Queen's Road Medical Practice

Paediatrics

Dr. Bryan Lean Medical Specialist Group, lead paediatrician for child protection

Alderney

to be appointed

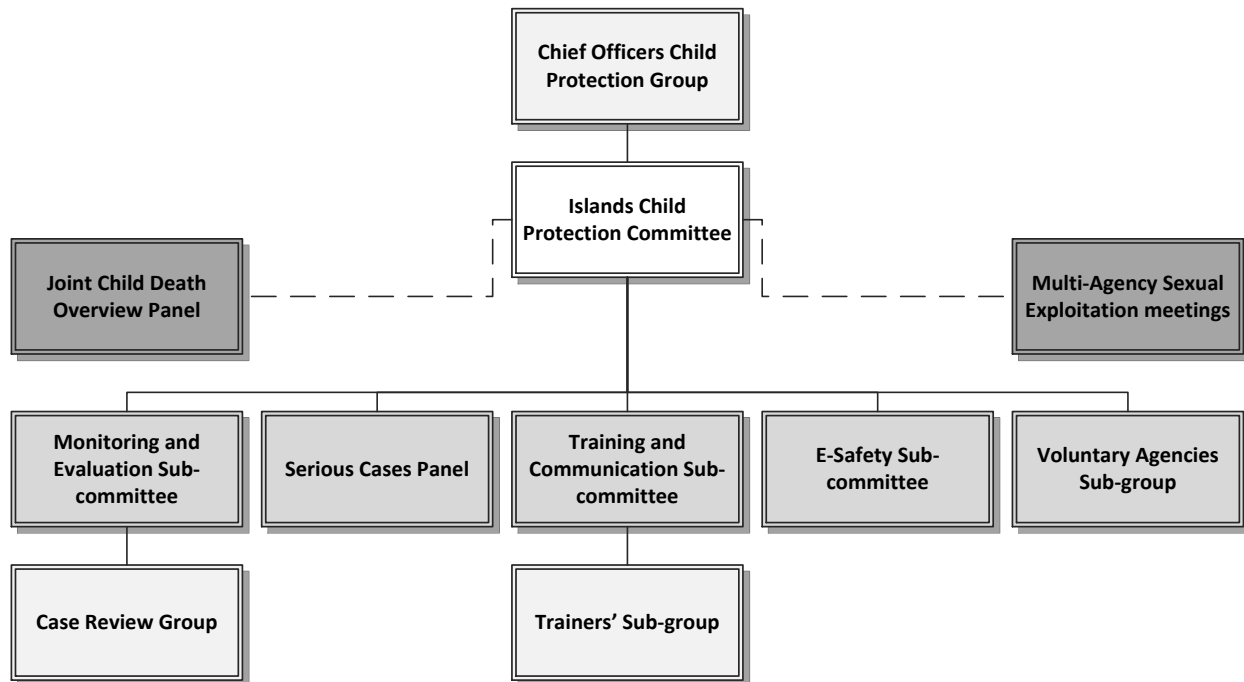
Voluntary sector

Kareena Hodgson Manager, Action for Children

Sark

Christine Audrain (observer)

Structure of the ICPC



The ICPC reports to the Chief Officers Child Protection Group (COCPG), which is made up of the Chief Officers from the three statutory departments, Home, Education, and Health and Social Services, as required by the Children Law. In 2016 the Chief Officers are to be replaced by the Chief Secretaries for the three statutory committees: the Committee *for* Home Affairs, the Committee *for* Education, Sport and Culture, and the Committee *for* Health and Social Care. The ICPC has an Independent Chair to provide leadership, challenge and effective scrutiny of safeguarding practice.

Business support and funding arrangements

The ICPC is supported through a full-time business manager and a part-time administrative assistant, and has an annual budget of £40,000, funded evenly between the Home, Education and Health and Social Services Departments. In addition, the Health and Social Services Department funds the business manager post, provides office space and facilities for the ICPC support team and funds the full-time Child Protection Conference Chair. For 2015 the Health and Social Services Department also provided a £36,000 uplift.

	Annual projection - 2015	Actuals - 2015	Variation from projection - 2015
Contributions			
HSSD	-49,334	-49,334	
Home	-13,333	-13,333	
Education	-13,333	-13,333	
Total Income	-76,000	-76,000	
Expenditure			
Independent Chair	10,000	4,972	5,028
Established staff	19,490	20,391	-901
LSCB chairs Association	1,500	1,500	0
Website/procedures	1,500	3,000	-1,500
Annual conference	5,000	3,750	1,250
CDOP	2,000	2,603	-603
Travel and accommodation	3,000	3,028	-28
Reviews	30,000	30,755	-755
Catering	200	108	92
	72,690	70,107	2,583
	-3,310	-5,893	-2,583

Attendance

Islands Child Protection Committee Attendance at meetings 2015 (6 meetings in total)	
Dept/Organisation	No. of meetings attended
Independent Chair	6
Children and Maternity Services, HSSD	6
Home Department	6
Police	5
Education	6
Alderney	0
Voluntary Agencies Representative	5
Paediatrician, MSG	4
Convenor	5
Primary Care	5
CAMHS (attending from June onwards – 4 meetings)	2

Section 3 - Progress against the priorities for 2015

The 2014 annual report identified 10 priority areas for the work of the ICPC over the coming years. These priorities were:

Priority 1: Establish a means of enabling the participation and engagement of children and young people (and their carers).

Priority 2: Challenge partners to establish effective systems for addressing the needs of children at an early stage.

Priority 3: Agree a local thresholds (or triage) document and ensure that thresholds are understood and used effectively.

Priority 4: Develop a comprehensive learning and improvement framework in order to understand local safeguarding issues and measure the effectiveness of services.

Priority 5: Understand and manage the reasons for the huge increase in child protection registration.

Priority 6: Develop strategies to identify and address the risks for children who might be vulnerable to sexual exploitation and abuse.

Priority 7: Identify a designated officer for managing allegations against those who work with children.

Priority 8: Hold partner agencies to account more effectively with regard to their corporate responsibilities for looked after children and those leaving care.

Priority 9: Challenge partners to provide up to date statistics on performance to support monitoring and reporting.

Priority 10: Increase the delivery and review the content and resourcing of safeguarding training.

It was recognised that much of the work against these priorities required additional resource for the ICPC and this was to be addressed in the 2016 budget submissions by the three main statutory departments. A request for an additional £19,000 from each department was made.

In order to resource two serious case reviews that had been commissioned, and the appointment of an independent chair, the Health and Social Services Department contributed an additional £36,000 for 2015 only. The ongoing budget is still to be resolved.

Priority 1: Establish a means of enabling the participation and engagement of children and young people (and their carers).

Throughout 2015 the Youth Commission spent time developing the Youth Forum for Guernsey and Alderney. This was identified as an area of focus in the Children and Young People's Plan 2016 – 2022 – 'to develop a forum for children and young people to challenge the States and give children and young people a formal voice.' The Youth Forum has 38 members, representing schools, youth groups and the wider community. They have elected members as leads for relevant States Committees and also a lead for the ICPC. It is hoped that participation of the ICPC representative and the wider Youth Forum can be developed during 2016. The Youth Forum have identified a priority work area of Mental Health and Wellbeing and will be able to participate in the ICPC annual conference for 2016 in relation to this.

The ICPC particularly need to enable the participation of children who are considered to be more vulnerable and less likely to have a voice, as well as their carers. Work on encouraging participation from children, young people, parents/carers and front line practitioners will be ongoing in 2016. The ICPC also need to re-establish representation from Alderney on the committee in order to make progress on the work identified in the Children Law Review, to promote the wellbeing and protection of children there.

Work has progressed against this priority area but there is still work to do.

Partly met

Priority 2: Challenge partners to establish effective systems for addressing the needs of children at an early stage.

The Children's Social Care Service Diagnostic recognised a lack of coordinated early intervention for children with additional needs and the Multi-Agency Support Hub (MASH) was piloted in 2015 in response to recommendations from that report. Much of 2015 has been a trial period for the MASH during which processes have been developed. The MASH is now established and includes professionals from Children's Social Care, Education, the Police, the Office of the Children's Convenor and the voluntary sector in a decision making forum. Alongside this the Child's Plan has been adopted as a common assessment tool and a Team Around the Child and Lead Professional approach to working with children with additional needs has been adopted.

These changes in response to the Service Diagnostic have been positive and there are early indications of the success of this approach to multiagency working. The numbers of children on the child protection register fell steadily during 2015 from 90 to 36 ([Table 1a](#)), suggesting that some children might have been registered unnecessarily, or kept on the register for longer than necessary. The Service Diagnostic report suggested that lack of coordinated early intervention

had led to the thresholds for child protection registration becoming too low, as this was seen by other services, as a way of getting social care support.

There were 85 de-registrations in 2015 (Table 1c) compared to 39 in 2014. For those de-registered in 2015 only 4% had been on the register for less than six months (Table 1d), whereas nearly a third of those de-registered in 2014 (32%) had been on the register for less than six months. This might indicate that they had not needed a period of registration, especially in light of the low re-registration levels. Some of the data also indicates that there was a reluctance to de-register children in 2014. Five of the children who were de-registered in 2015 had been on the register for more than two years (Table 1d), compared to none in 2014. There were four children who remained on the register at the end of 2014 who had been on the register for more than two years, compared to none at the end of 2015.

There is initial evidence to suggest that the MASH has been effective for sharing information between agencies and has led to a developing understanding of agency roles, functioning and multi-agency working.

This will be an area for continued monitoring next year.
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Mostly met

Priority 3: Agree a local thresholds (or triage) document and ensure that thresholds are understood and used effectively.

A triage document has been developed as part of the MASH and is included in the online enquiry form. Training on this document has been included in interagency training targeted at those who are most likely to be using the enquiry form.

There is still some evidence of a developing understanding of thresholds with 25% of enquiries into MASH resulting in no further action (Table 3c). However, some of this is down to the way in which outcomes are recorded, for example, the enquiry could relate to a case that is already open and is recorded for information only. There might not be any further action with regard to that enquiry, but there could be further action with regard to the case. Some enquiries are also recorded as no further action when advice has been given, or when agency checks are undertaken and there are no further concerns. The MASH will be recording these outcomes differently in 2016, which will result in a more accurate picture of those enquiries that require no further action.

The ICPC will review and publish a revised risk assessment strategy in 2016, to include an updated thresholds document, in order to establish a better understanding of thresholds. This will also inform the development of interagency training for safeguarding children.

Review of the risk assessment strategy is ongoing.
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Partly met

Priority 4: Develop a comprehensive learning and improvement framework in order to understand local safeguarding issues and measure the effectiveness of services.

This has been a busy year for the ICPC with regard to learning and improvement activity. The ICPC commissioned two serious case reviews, two external case reviews and conducted two internal case reviews. In addition, the Monitoring and Evaluation Committee considered one further case from which there was some learning.

A Serious Cases Panel was also set up in 2015 to manage the serious case reviews and consider referrals for other case reviews.

The Child Death Overview Panel (CDOP) also developed during 2015 by finalising the joint arrangements with the Jersey Safeguarding Children Partnership Board and providing some training for panel members. The joint panel officially began receiving referrals on 1st September 2015. The CDOP will meet twice a year and report to the ICPC on an annual basis. Numbers are expected to be too low to provide significant data, although it would be difficult to extend the geographical catchment of the CDOP. Looking at the data over five or ten year periods might be more useful in terms of learning.

Case reviews are very valuable in terms of learning but they are expensive as well as time-consuming for the staff involved. The case reviews commissioned and/or reporting in 2015 have generated a wealth of recommendations for improvements in interagency working to safeguard and promote the welfare of children. Some of the recommendations have already been actioned and some will inform future work and developments for 2016 and beyond.

Recommendations that have been actioned largely relate to the development of MASH and the process of information sharing, establishing the Child Sexual Exploitation protocol, developing guidance on Strategy Discussions and including representation from the Child and Adolescent Mental Health Service (CAMHS) on the ICPC.

Recommendations were also made about the resourcing of services for children with disabilities (for which the HSSD commissioned a review) and the development of a therapeutic fostering service on the island (which has been initiated).

The Education Department have also introduced a Transitions Plus process that ensures support and effective information sharing for children at points of transition in their education.

The remaining actions for 2016 relate to four broad areas of activity for the ICPC: review and renewal of the information sharing protocol and related guidance; development of training and

awareness-raising; development of a risk assessment strategy; and, embedding learning and improvement activity into the work of the committee.

The recommendations also highlight the following priority areas: Children with disabilities; domestic abuse; sexual abuse; and, thresholds for criminal prosecutions and Tribunal interventions.

The learning and improvement framework is being further developed and is closely linked to work on developing the governance and structure of the committee. This is something that will remain a priority for 2016.

This will be an ongoing priority for 2016.	Mostly met
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Priority 5: Understand and manage the reasons for the huge increase in child protection registration.

Early in 2015 the report on the Children's Social Care Service Diagnostic commissioned by HSSD, was released. This highlighted the lack of coordinated early intervention and prevention services as being the root cause of rising figures on the child protection register. The author stated that child protection registration was seen by other agencies as the only means of accessing social care services. Alongside the threshold for registration being too low, this led to an increase in child protection registration.

The ICPC Interagency Review Group met during the early part of 2015 to review cases where: children had been on the register for longer than 12 months; children who had already been on the register were subject to a period of re-registration; or, there were concerns or disagreements from professionals about decisions or outcomes of the conference process. In the reports that were audited the group found that there was a lack of clarity on the nature of risks in reports to conference, that the child's voice was not generally represented and that child protection plans were not always clear about roles and responsibilities. The learning from the review group was fed back to the ICPC Monitoring and Evaluation sub-committee, relevant professionals and included in interagency training for attendance at conferences.

The CSC service diagnostic also found that child protection plans did not add any value to the work that was already being done with children and families. The view was that this resulted in parents not really knowing what was expected from them, in terms of improvement, and longer periods of registration, due to lack of progress, as a result.

The ICPC had previously identified a need for a universal assessment tool to assist agencies in working together and planning at the early stages with families. In response to the findings of the CSC service diagnostic, services committed to establishing a Multi-Agency Support Hub to

act as a single point of referral for all children in need and at risk. This was piloted for 6 months from March 2015 and proved successful in addressing the concerns about rising levels of registration. The MASH is now established.

As recognised in the 2014 annual report, the reported parental factors indicate a high level of intergenerational abuse. This is still evident in the 2015 figures (Table 1h) and suggests there remains a need to work with families where there are complex and entrenched problems of intergenerational abuse. There has been an effort to address this through the development of the '1001 Critical Days' and 'Strengthening Families' initiatives. The 1001 Critical Days Manifesto has been taken on by Every Child Our Future (a local charity) and a number of programmes have been developed in relation to that. There have been issues around funding for Strengthening Families but efforts to develop this are continuing.

Levels of registration have fallen steadily during the course of the year to their lowest level since 2011. However, there are still high levels of emotional abuse compared to levels in the UK – 60% of all registrations are under the category of emotional abuse and a further 17% have emotional abuse as part of the reason for referral (Table 1f). The report on the CSC service diagnostic noted that there were high levels of emotional abuse registrations due to parental factors such as domestic abuse, mental health issues and substance misuse, with a lack of service options for addressing these. It might be that the ICPC will need to do more to understand the reasons for the high level of emotional abuse registrations. This will be part of the development of the Learning and Improvement activity for 2016 and beyond.

This will form part of the ongoing learning and improvement work for 2016.	Fully met
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Priority 6: Develop strategies to identify and address the risks for children who might be vulnerable to sexual exploitation and abuse.

The ICPC annual conference in 2015 focused on the development of a Child Sexual Exploitation operating protocol, which was agreed and launched by the ICPC at the end of 2015. As part of the protocol a Multi-Agency Sexual Exploitation group (MASE) has been set up in order to take a strategic view of sexual exploitation in the islands.

The MASE meet regularly and consider cases of identified child sexual exploitation in order to develop strategies to tackle emerging problems. The MASE does not take responsibility for individual cases, which would still go through the MASH for an assessment of need and referred for the appropriate level of support from the relevant agencies.

The MASE will report directly to the ICPC on a regular basis and will highlight the level of need in the islands in relation to the sexual exploitation of children.

The Children and Young People's Plan 2016 – 2022 has identified this as a priority area and services will develop plans to tackle sexual exploitation and link with the work of the ICPC accordingly. This will be part of the ongoing monitoring and reporting work of the ICPC for learning and improvement.

	Fully met
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Priority 7: Identify a designated officer for managing allegations against those who work with children.

Work against this priority has been closely linked to additional resourcing and the development of a Safeguarding Unit in HSC as identified in the CSC Service Diagnostic. Work to identify the capacity will be ongoing in 2016 but has not been possible in 2015.

	Not met
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Priority 8: Hold partner agencies to account more effectively with regard to their corporate responsibilities for looked after children and those leaving care.

The majority of looked after children of school age are in mainstream education with about 25% attending special education (Table 2h). Attendance at school is above average for those in primary and special education but is well below average for those in mainstream secondary school.

Comparing attainment rates for looked after children against those of the general population is problematic due to the comparatively low numbers of looked after children. However, attainment for looked after children at GCSE is well below average (Table 2i) and this puts them at a clear disadvantage for achievements later in life, like accessing higher education and rewarding employment.

The Education Department have reviewed their transitions policy, incorporating some of the learning from case reviews, to ensure effective transitions for all children at crucial points in their education. In addition, they are developing initiatives for looked after children as part of the Corporate Parenting Strategy.

In response to recommendations from serious case reviews the HSSD have committed to identifying a CAMHS worker for all children in their care and providing a CAMHS assessment for all children entering the care system.

The Serious Case Review for Child/Adult Y recognised the additional difficulties looked after children face when they live off-island. Due to the relatively small population and geographical

isolation of Guernsey and Alderney it is difficult to provide specialist services on-island and for that reason there will always be a need for some off-island services. However, there is a commitment to reducing the number of looked after children living off-island and this is evident in the proportion of children living outside the island, falling from 20% in 2014 to 16% in 2015 (Table 2e).

The Children and Young People's Plan 2016 – 2022 has identified the need to develop a Corporate Parenting Board to ensure the needs of children in care and those leaving care are prioritised across States services. A Corporate Parenting Strategy group has been formed and meets regularly in order to develop this area of work, focusing on issues around education, employment and training; and, health and wellbeing.

This will form part of the ongoing learning and improvement work for 2016.	Fully met
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Priority 9: Challenge partners to provide up to date statistics on performance to support monitoring and reporting.

This work is being developed through the review of the ICPC governance, structure and constitution. A comprehensive learning and improvement framework will be developed in 2016 to be overseen by the ICPC Learning and Improvement Sub-Committee.

This is part of the ongoing work for 2016.	Not met
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Priority 10: Increase the delivery and review the content and resourcing of safeguarding training.

With the good will and support of partners in 2015, the delivery of courses was extended and broadened. This needs further development, especially in light of the training needs identified in the case reviews and as part of the Child Sexual Exploitation operating protocol. However, the current arrangements remain reliant on the good will of a few individuals and are vulnerable to staff changes and absence. A more sustainable strategy that allows the ICPC to ensure the right level of training is being delivered to the right people needs to be developed for the future.

This will be an ongoing priority for 2016.	Partly met
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Section 4 - Future Strategic Priorities

The priorities identified in the 2014 annual report were intended to inform the work of the ICPC, although some were resource dependent, and the ICPC can only work within the capacity of available resources in order to make progress.

From the case reviews and analysis of progress in 2015 there have been some emerging themes:

The ICPC will have a continued focus on outcomes for children in the care system and highlight to the Corporate Parenting Board and the relevant States services where there are areas of concern. One of the welfare principles of the Children Law is that, where it is not possible for children to be brought up within their own family and community their welfare is normally best served by maintaining regular contact with their family and community. The commitment to keep off-island care to a minimum should be maintained. Support for looked after children in education, employment and training needs to be developed in order to help them overcome adversity and achieve their potential. The ICPC also needs to ensure the views of looked after children are sought and represented.

The needs of children with disabilities must be understood more effectively by the ICPC as well as the general children's workforce. Children with disabilities are especially vulnerable although they might find it more difficult to access services when they are experiencing abuse or neglect. There are many possible reasons for this but it can be: because they have difficulties communicating; because they are viewed in terms of their needs for disability services; or, because their views are not sought and assessments become too parent-focused.

Categories of need identified in the child protection system appear to be out of step with similar indicators in the UK. The ICPC needs to understand the composition of the child protection register in relation to the high levels of emotional abuse and the continuing prevalence of parental issues around history of violence, substance misuse and mental health.

There is also a continued need to understand and address the needs of children and families where there are complex and entrenched problems related to intergenerational cycles of abuse.

In order to address these issues the strategic priorities for the ICPC for 2016 and beyond are to focus on:

1. Maximising capacity and resources

The ICPC needs to develop a clear, transparent budget that is linked to priorities. It is also important for the ICPC to work within its capacity, so there is a need to identify risks and have a

clear strategy for managing risks that are resource dependent. The ICPC needs to revisit and prioritise actions from existing plans and reviews and avoid duplication by understanding the relationships between them.

2. Managing partnership and engagement

The ICPC needs to ensure the best outcomes for children and young people and in order to do that it is important to work in partnership and engage with all relevant parties. This will mean establishing meaningful links with children and young people, the voluntary sector, frontline practitioners and ensuring representation from Alderney.

3. Ensuring focus on vulnerable groups

The ICPC needs to ensure there is a focus on the most vulnerable groups of children and young people. This will mean continuing the work on highlighting and addressing risks for children at risk of sexual exploitation. The ICPC also need to: understand and highlight the risks to, and needs of, children with disabilities in the islands; promote and support the work on early intervention and prevention in the MASH, Team Around the Child and Lead Professional processes; maintain a focus on the needs of looked after children, their education, access to mental health support and the commissioning and placement processes; as well as support for care leavers.

4. Embedding learning and improvement

It is important for the ICPC to encourage and develop a learning culture with partners, through its day-to-day activity, in order to affect positive outcomes for children. This means that learning and improvement needs to be embedded in the mindset of agencies and individuals and there needs to be a willingness to share information about practice outcomes, critically reflect and learn from each other.

Section 5 - Reports from sub-committees

ICPC Monitoring and Evaluation Sub-committee

Monitoring & Evaluation Sub-committee	
Attendance at meetings 2015 (10 meetings)	
Dept/Organisation	No. of meetings attended
Children and Maternity Services, HSSD	5
Quality Assurance, Children and Maternity Services, HSSD	9
Police, Home	9
Paediatrician, MSG	5
Child Health, HSSD	6
Primary Care	9
Education	7
Governance, HSSD	6
Adult Mental Health, HSSD	2
Safeguarder Service	8
ICPC Business Manager	8

The work of the Monitoring and Evaluation Sub-Committee continued to support multi-agency learning and improved inter-agency practice across Child Protection within the Bailiwick of Guernsey. 2015 was another particularly challenging year due to the fact there were three Serious Case Reviews impacting upon Guernsey. Although the oversight of these case reviews was not a direct responsibility of this Committee, the initial recommendations and findings were issues that required the Committee's assessment and response.

During 2015 the issue of Child Protection case conferences and the numbers of children registered on the Child Protection Register was an ongoing matter of the committee. It was recognised that there was a fall in the numbers of young people who were placed upon the Child Protection Register. It is believed that the fall in numbers was directly attributed to the introduction of the 'MASH' meetings and the process of avoiding duplication of referral to both formal case conference and referral to the office of the Children's Convenor. Issues still remain to be addressed with regard to case conference venue and resourcing, issues that were shared with the ICPC.

The engagement of mental health professionals from both Adult and Child mental health into Monitoring and Evaluation Committee was not achieved. The group recognised that mental health significantly impacts on child protection and supports there is still a need for closer working in the broader context of child protection within these key services.

The group commissioned a number of internal reviews and concluded some work that had begun in 2014. A workshop was held with a particular set of professionals who had been involved in a particularly challenging case that had taken a significant period of time to resolve. An external facilitator oversaw a workshop looking at best practice, inter agency communication and where in the future any delays in investigation and process can be avoided.

The Child Death Overview Panel in partnership with Jersey was formalised in 2015. This has been a protracted process due to the complexity of arranging an inter-Island process, but the hard work and commitment of Dr. Bryan Lean should be formally acknowledged. He arranged training for panel members from UK experts and completed a number of local documents supporting the process. It is expected that future meetings will begin to show benefit by gathering information into these tragic cases, which are fortunately limited in their numbers.

The Monitoring and Evaluation Sub-Committee supported the overall work of the main committee with regard to the strategy against Child Sexual Exploitation. The group supported the conference that was held at the Peninsula Hotel on 28th September where 150 delegates from across the island attended to hear from both local and off-island speakers with regard to this critical topic.

I would like to thank all those who supported the Monitoring and Evaluation Committee during 2015 and we wish the new chair, Alan Brown, well for 2016 with the challenges he faces.

Ruari Hardy

Superintendent

Chair, ICPC Monitoring and Evaluation Sub-committee

ICPC Digital Online Safety Group

'Making the online world better for children and young people'

Digital Online Safety Group	
Attendance at meetings 2015 (5 meetings)	
Dept/Organisation	No. of meetings attended
Education (Headteacher)	5
Culture & Leisure (IT)	4
Treasury & Resources	3
Family Placement	3
PSHCE	2
Libraries	2
Education (St Sampson's)	2
Education (IT Advisory Teacher)	4
Youth Service	4
Ladies College	3
Elizabeth College	2
Voluntary Agency Representative	5
Safeguarder Service	1
Police	0
Educational Social Work/School Attendance Service	3
Education Officer for ICT	1
Data Protection	4
SHARE	3
South West Grid for Learning	5
Safe and Secure Online	4
HSSD	4

The committee continues to meet 5 times a year. After careful consideration we have changed the name of the group as E safety was no longer felt current or appropriate. Meetings are well attended by a wide range of professionals.

One of the main achievements of the group was the Safer Internet day event. This year named Digital Ace. The event, held at Beau Sejour, celebrated all the positive aspects of technology in our lives whilst putting safe practice at the heart. 3D printing, virtual reality and coding were demonstrated with Online safety talks delivered by several experts. Hundreds of people attended the event making this year's event the best yet.

Adam Burroughs, Hub worker, has worked with over 3000 Bailiwick children helping them to keep safe online. His work is invaluable and solutions continue to be sought to fund his salary.

This year his work has included talks on radicalisation which is one of the areas of most concern.

We have developed close links with Jersey and are working together to ensure our mobile phone providers are compliant with best practice from the Internet Watch Foundation.

Finally, we are working with Dave Foote to update Child Protection training materials to ensure they are supportive of professionals who are dealing with many online incidents on a daily basis.

Tracey Moore

Headteacher

Chair, ICPC Digital Online Safety Group

ICPC Training and Communication Sub-Committee

Training & Communication Sub-committee Attendance at meetings 2015 (3 meetings)	
Dept/Organisation	No. of meetings attended
Paediatrician	3
Education	1
Probation	2
Culture & Leisure	0
Primary care	0
HSSD	2
ICPC Business Manager	3
Prison	1
Police	1
Voluntary Agency Rep	1

The ICPC provides training at four levels to a multi-agency audience across all sectors.

- The basic awareness is provided as an e-learning package;
- Tier 1 is a half day course on safeguarding children, based on NSPCC materials;
- Tier 2 is a one-day course focusing on multi-agency work and is developed from NSPCC materials to fit the local context, legislation and procedures;
- There are also a number of tier 3 courses focusing on particular issues – in 2015 the subjects were: Sexual Abuse, Neglect, and The Impact of Domestic Abuse on Children.
- The Annual Conference is also provided to bring a multi-agency audience together with a particular focus to reflect ICPC priorities. This year was Child Sexual Exploitation and the CSE Operating Protocol.

The three-year training strategy for 2013 – 2015 aimed to provide 3,280 training places across the three tiers and over three years. This related to approximately 2,800 staff who needed tier 1, 330 of whom needed tier 2 and a target of 150 for the annual conferences (which was to replace the tier 3 training). There was an increased uptake of courses in line with the strategy although demand did not reach the target figures (*see target/actual figures Table 1*). However, it has also been difficult to reach the desired target with the current resources.

There are some people accessing the ICPC training that have not been included in figures below (Table 1). It is not currently possible to record the number of people accessing the e-learning and training has also been provided by single agencies using ICPC materials (not yet recorded).

In response to feedback in evaluations the training programme was adapted in 2015. The tier 2 course was shortened to one day and included more on the Children's Convenor and Child Youth and Community Tribunal process. Additional information was also included on Information Sharing and legal orders. In order to achieve this, the role-play case conference was dropped from the programme.

Table 1 – numbers accessing ICPC training 2013 - 2015

Multi-agency safeguarding training				
Course	Attendance 2015	2014	2013	Target
Training for trainers	6		41 (Education)	
Tier 1				
• IHSCS	369	298		
• Education	122	623		
• MSG and primary care	173			
Total tier 1	664	921	351	933
Tier 2	72	92	45	110
Tier 3	102			
Annual conference	150	116	188	150
Total accessing ICPC courses	994	1129	625	

Feedback from the courses has generally been good and a summary of feedback is provided in Table 2 (below). The lower levels of satisfaction recorded in response to question 4 could indicate that the wrong people are attending the course or that there is still work to do on establishing that child protection is everyone's responsibility.

Table 2 – Evaluations (indicative questions were taken from a sample set of evaluation forms – Tier 1 = n100. Tier 2 = n45).

Tier 1

1. Did the course meet the specified outcomes?		
Yes	No	Partly
99%	1%	

2. Did the course help you feel more confident in identifying abuse?			
Yes	No	Partly	
97%	1%	2%	
3. Do you now have a greater understanding of the child protection process?			
Yes	No	Partly	
98%	2%		
4. The learning from this course will be useful in job			
1 = entirely	2	3	4 = not at all
64%	20%	15%	1%
5. The learning methods used in the course were appropriate for my needs			
1 = entirely	2	3	4 = not at all
82%	16%	2%	

Tier 2

1. Did the course meet the specified outcomes?			
Yes	No	Partly	
98%		2%	
2. Did the course help you feel more confident about multi-agency working?			
Yes	No	Partly	
96%	2%	2%	
3. Did the course increase your understanding of the roles various professionals play in the child protection process?			
Yes	No	Partly	
98%		2%	
4. The learning from this course will be useful in job			
1 = entirely	2	3	4 = not at all
87%	13%		
5. The learning methods used in the course were appropriate for my needs			
1 = entirely	2	3	4 = not at all
78%	20%	2%	

The proposed training plan for 2016 has been amended to reflect the 'levels' of training provided in the UK. This was to enable those professionals who are required to undertake levels of training by their governing bodies to evidence local training against a national framework (see Table 2). The Training and Communication sub-committee are reviewing this to ensure compatibility.

Level	Who is it for?	Duration/What does it cover?
Level 1 (was awareness pack)	Every States Employee and all people who require Level 2	Approximately ½ hour e-learning package to be undertaken once every 3 years To provide a basic overview of safeguarding practice and to meet the Children Law requirements.
Level 2 (was Tier 1)	All people working/volunteering in Statutory/3 rd Sector services who have contact with children, young people and direct contact with adults who are parents / carers of children / young people	2 ¾ hours to be undertaken once every 3 years To demonstrate knowledge and skills in applying safeguarding principles in practice and to appraise implications for professional practice when working with families. Candidates need to have completed the e-learning package prior to attendance
Level 3 (was Tier 2)	Employees who participate in the process of, or supervision of safeguarding a child / young person including the referral process, assessment / interventions of child and / or parent and / or contribute to case conference	1 day to be undertaken once every 3 years To appraise safeguarding practice when working from a multiagency / inter-professional perspective. Candidates need to have completed the E-learning package (Level 1) and Level 2 prior to attendance
Level 4 (was Tier 3)	People who routinely participate in Safeguarding process/issues as part of their working practice. This level of training can be undertaken as part of the practitioners' development and it can also be used as an update for experienced + registered practitioners as a way of essential updating instead of the Level 2	½ day To examine best practice and the evidence base of key issues that arise within the arena of Safeguarding; e.g. Domestic Abuse/ Neglect
Conference (was Tier 5)	People who have a lead role in safeguarding children and young people and those who take a lead role in working with their parents/families	Attendance at ICPC annual conference. To participate in inter professional learning and practice development in relation to topical themes arising from safeguarding for people directly involved in working with families in a child protection arena to analyse latest working practices and principles of specialist issues influencing safeguarding and inter-professional working

Train the Trainer	<p>Nominated employees who are working in other related agencies such as Home Dept./Culture & Leisure/ Voluntary Sector & Education. Need to have experience /background in Safeguarding and in the delivery of training</p>	<p>1 day</p> <p>To prepare tutors to develop their knowledge and skills in the practices of developing knowledge and skills for adult learners and to deliver the agreed content of the Tier 1 course</p>
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ICPC Voluntary Agencies Sub-group

This is a new and evolving sub-group. The purpose of the sub-group is, in light of the main ICPC objectives, to:

- Ensure voluntary agencies are well resourced in respect to information and access to Safeguarding training.
- Promote safe practice across the voluntary sector.
- Raise awareness of the ICPC across the voluntary sector.
- Establish and maintain effective two-way dialogue between voluntary agencies and the ICPC, to help inform and develop the work of the ICPC and feedback issues raised by the voluntary sector.

The group has a few core members with responsibility to both cascade information to their broader networks and organisations and to bring relevant safeguarding issues to the group for raising with the ICPC.

The group met on 3 occasions in 2015 (from June to December). The first task of the sub-group was to draw up and propose the Terms of Reference which was subsequently agreed by the ICPC.

As a small community, there is a significant number of voluntary agencies committed to supporting the children and young people of Guernsey and Alderney. The primary challenge is how to meaningfully engage the wider voluntary agency community and ensure that their voices, and the voices of the children and young people with whom they work, are heard. This will be the main focus of 2016.

Kareena Hodgson

Manager, Action for Children

Chair, ICPC Voluntary Agencies Sub-group

Appendices

Appendix 1 – Statistical information

Table 1. Children in the child protection system

a. Strategy discussions (2015)

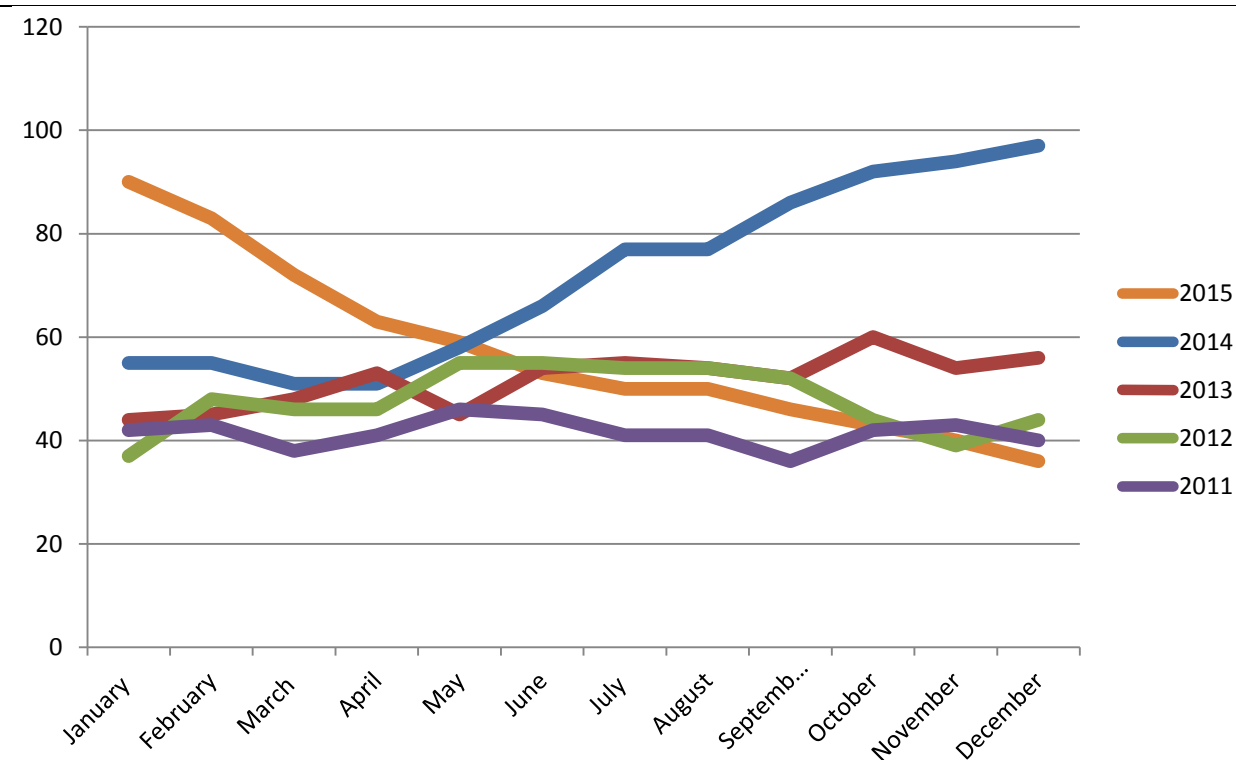
Strategy discussions are held when it is considered there is a serious risk of harm to a child. During 2015 strategy discussions were held concerning 192 children.

Strategy meetings by category

Emotional abuse/Physical abuse	63
Neglect	4
Sexual abuse	84
Pre-birth	41
Total:	192

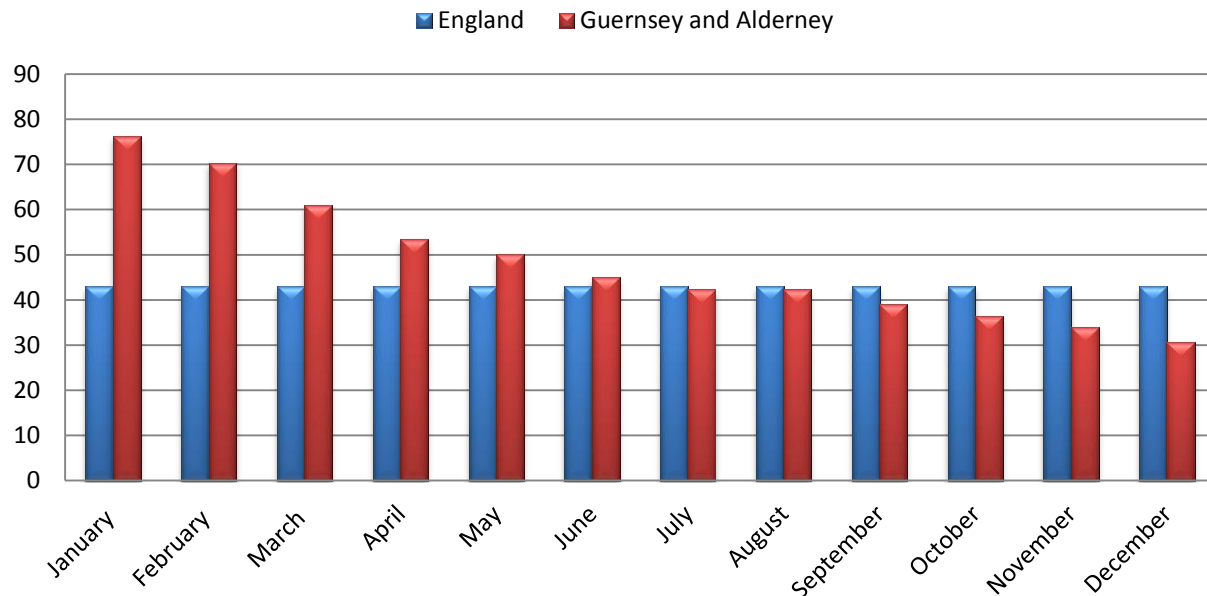
b. Children on the child protection register (monthly)

The numbers of children on the child protection register fell steadily during 2015 back to the lowest figure since 2011.

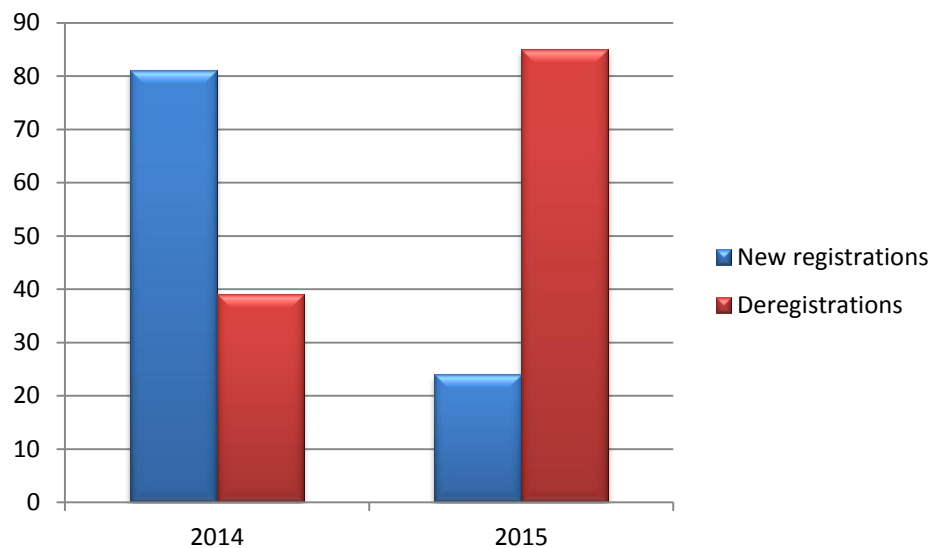


c. Monthly rate per 10,000 children subject of a child protection plan compared to rate for England at 31 March 2015 - i.e. above or below 42.9)

There has been 24 per cent increase in the number of children in the child protection system in the UK in the last five years. At the beginning of 2015 rates in Guernsey and Alderney were well above the UK rate for 2015 (76.2) but well below by the end of the year (30.5) (see below).



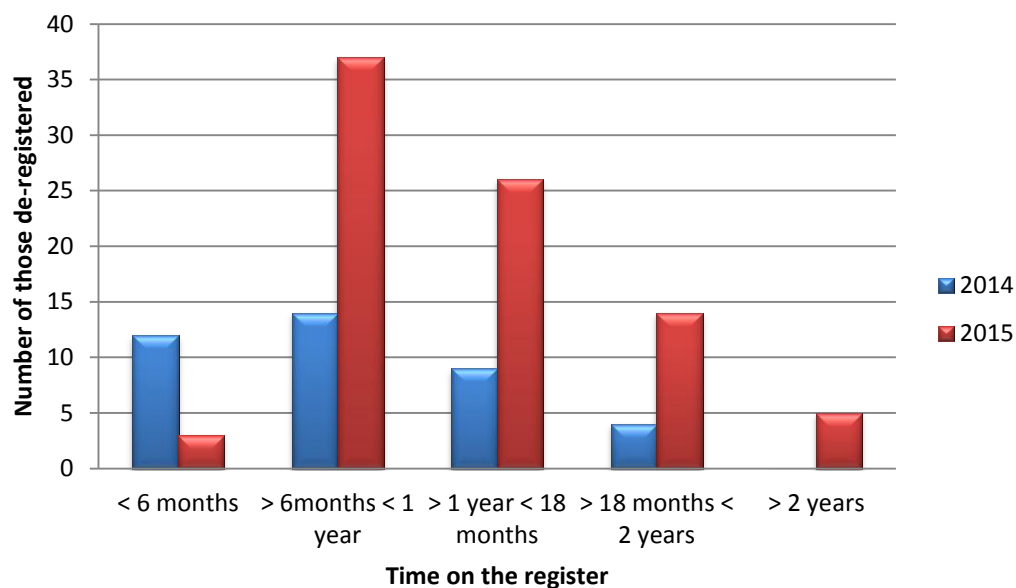
d. Registrations and de-registrations



In **2014** the number of children whose names were added to the child protection register was more than double the amount whose names were taken off. In **2015** this pattern was reversed and the number of children whose names were added to the register was less than a third of those whose names were taken off.

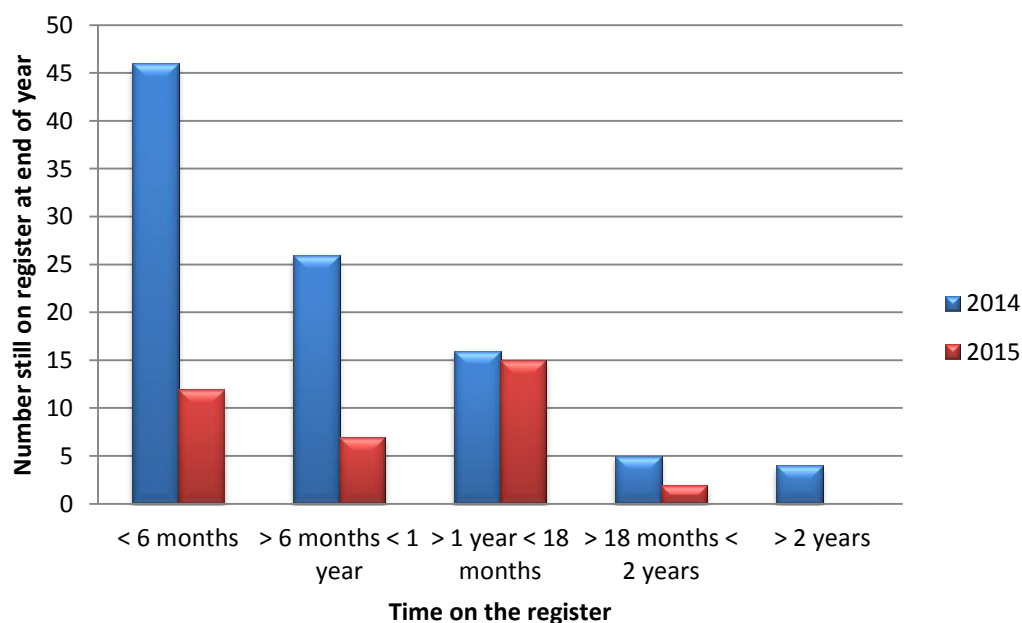
e. Time on register for those de-registered in 2015

When children remain on the child protection register for long periods of time, it suggests that child protection plans are not working or cases are being allowed to drift. In 2015, 6 per cent of those children who were de-registered had been on the register for more than two years. The comparative figures in the UK are 3.7 per cent for England, 3.4 per cent for Scotland and 8.6 per cent for Northern Ireland.



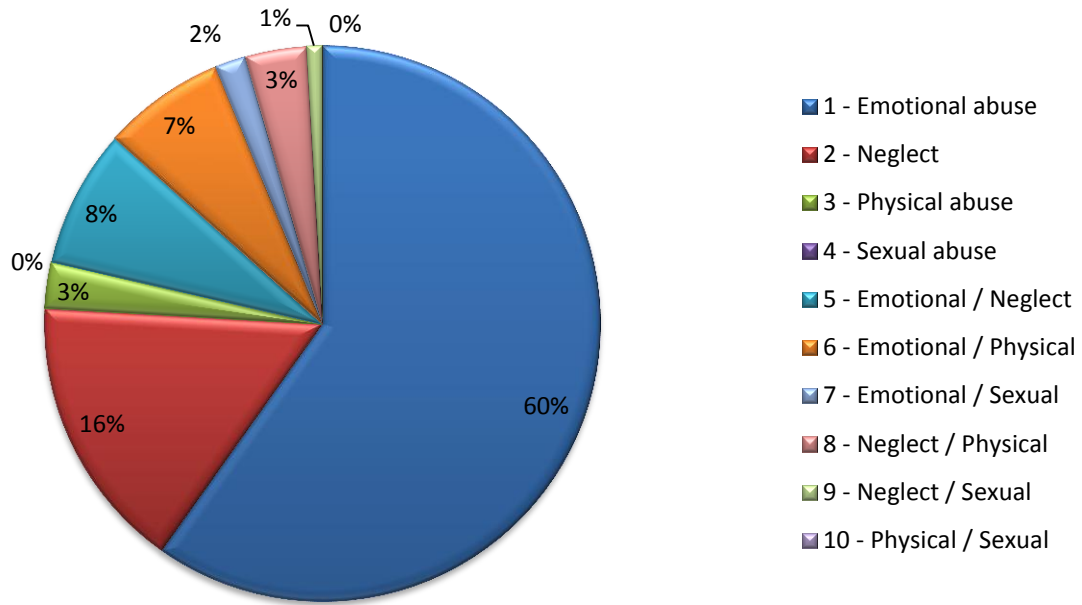
f. Time on the register for those still on the register at 31/12/2015

For those still on the register at the end of 2015, none had been on the register for more than two years.

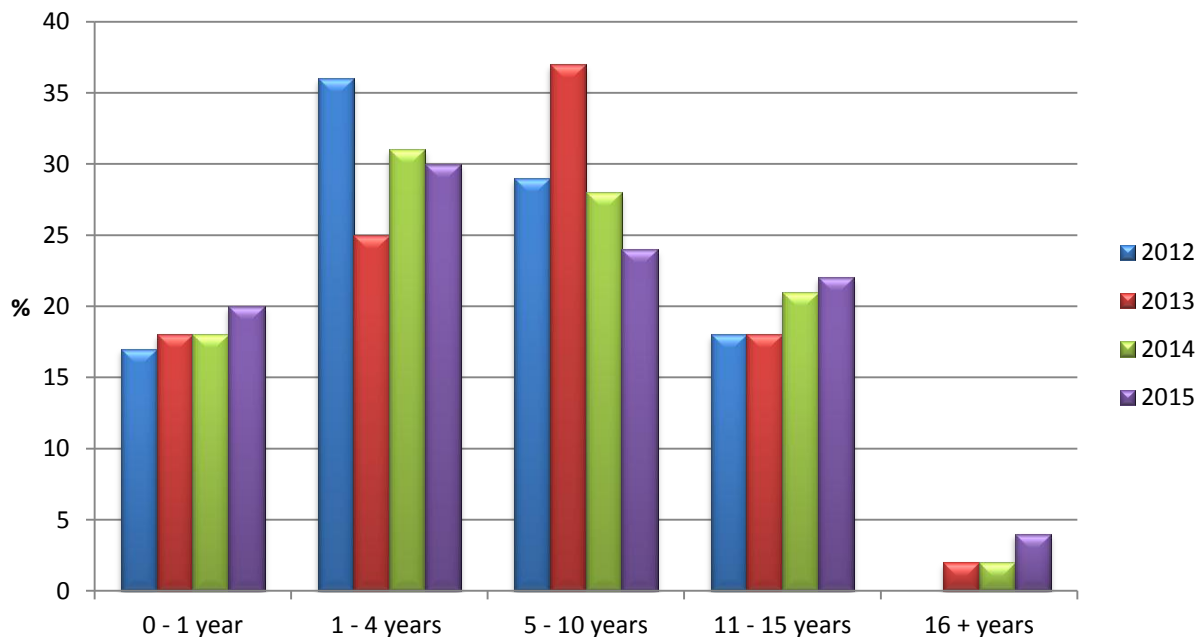


g. Category of registration

Emotional abuse was the highest category for registration in 2015, accounting for 60 per cent of the total registrations. The next highest single category was neglect at 16 per cent. In England reasons for having a child protection plan were: 45 per cent neglect; 34 per cent emotional abuse; 9 per cent physical abuse; 8 per cent multiple reasons; and, 5 per cent sexual abuse.

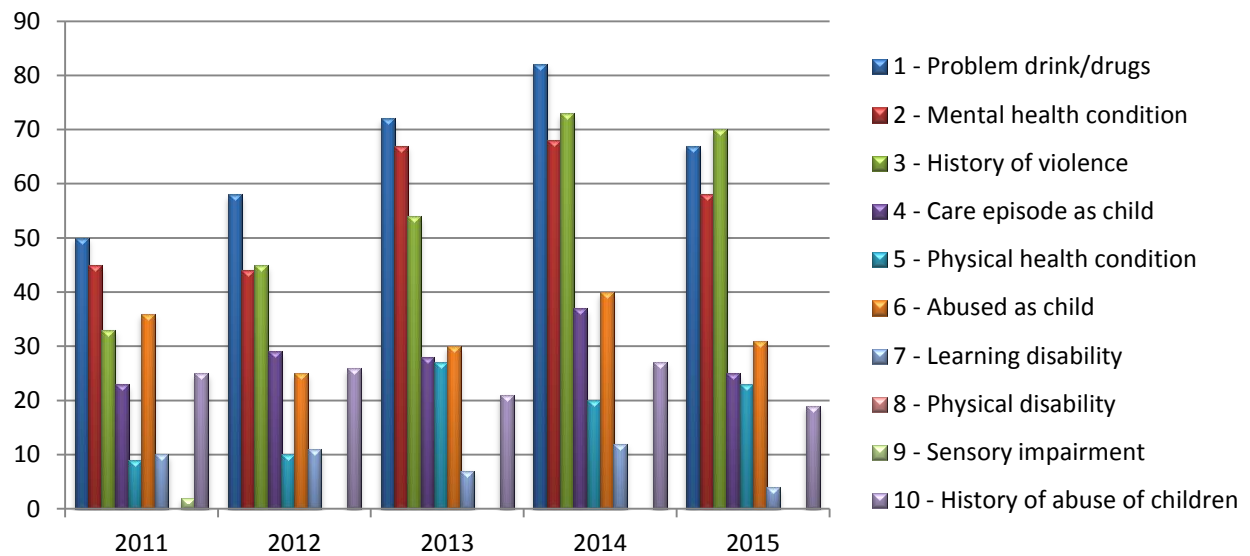


h. Ages of children on the child protection register



The above chart, breaking down the ages of children on the child protection register, reflects the vulnerability of those under one year old.

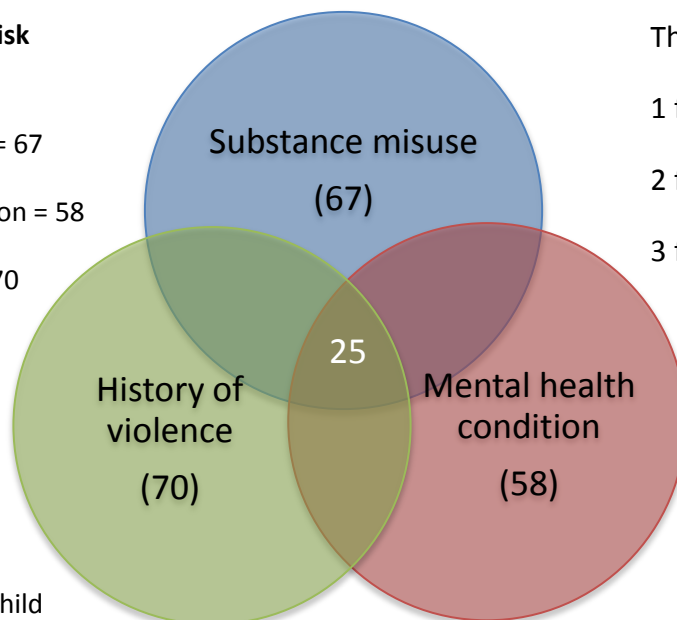
i. Parental factors



This chart illustrates that the parental factors of substance misuse, mental health issues and histories of violence remain the most regularly identified risk factors for children on the child protection register. It has been shown that there is a cumulative risk of harm when these factors are present together or over periods of time. The fact that these factors are predominant in those identified for children on the child protection register could indicate that the right children are being registered, those most at risk.

Predominant parental risk factors:

1. Problem drink/drugs = 67
2. Mental health condition = 58
3. History of violence = 70

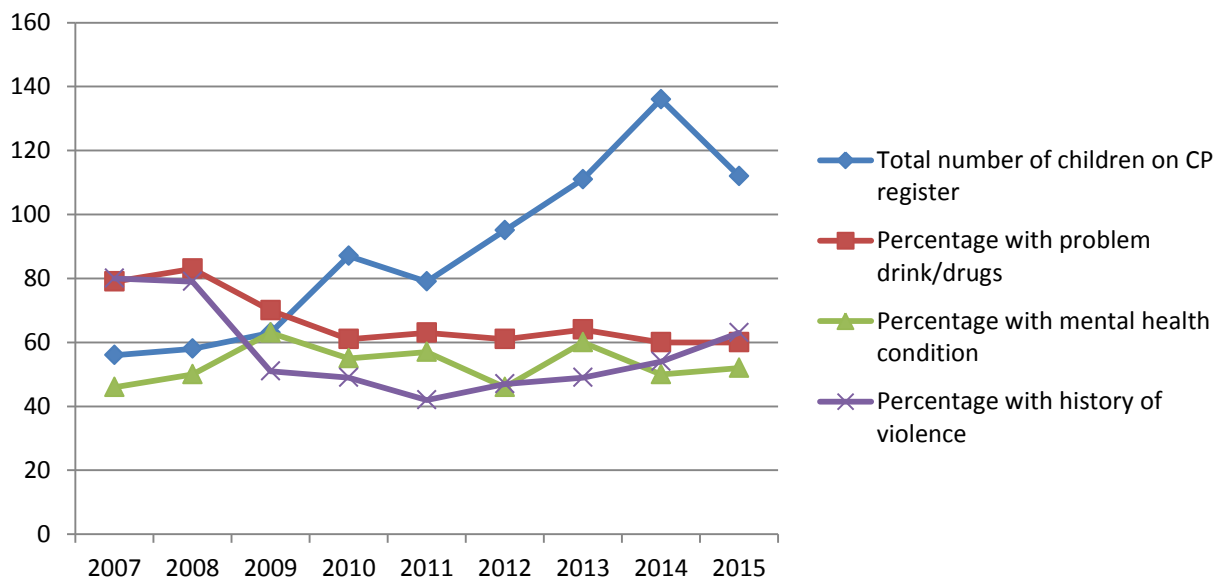


Those affected by:

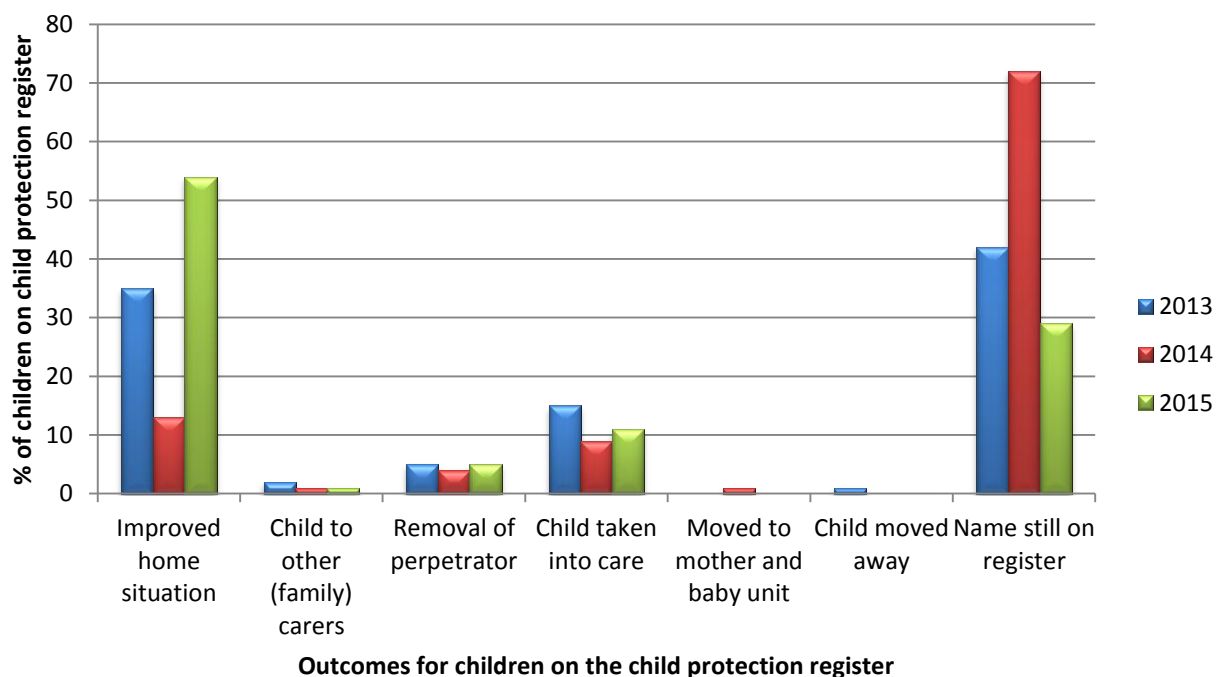
- 1 factor = 31 children
- 2 factors = 38 children
- 3 factors = 25 children

84% of children on the child protection register were affected by one or more of these factors

The chart below also indicates that when the overall number of children on the child protection register was lower, the percentage of those for whom parental substance misuse and histories of violence were identified as risks was higher. The reduction in the percentage of those risk factors over the last eight years could indicate that thresholds have become lower.



j. Outcomes of child protection registration



The relatively high percentage of children for whom the outcome of child protection registration is an improved home situation is positive and indicates that child protection plans have been successful.

k. Re-registrations

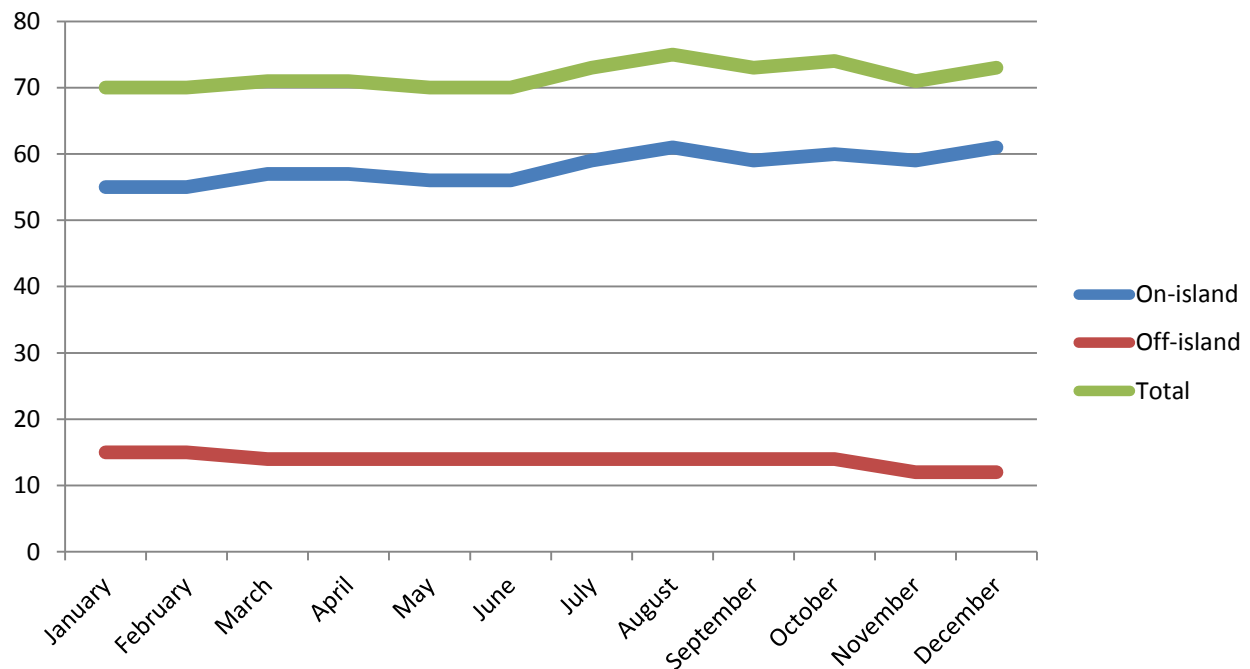
Percentage of the children on the child protection register in 2015 who had previously been registered.

Re-registration rates are low. This indicates that children are not being de-registered prematurely and that child protection plans have been successful in ensuring lasting change and safety for those children involved.

Re-registered within 1 year of de-registration	0
Re-registered within 2 years of de-registration	1%

Table 2. Children who are looked after

a. Children looked after



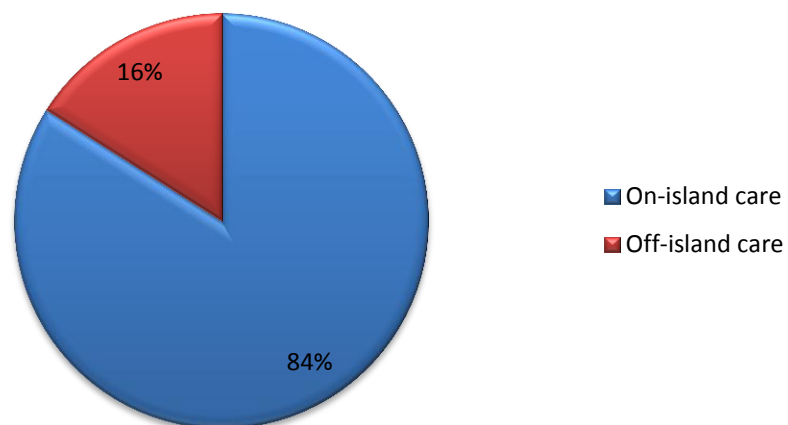
The number of children who were looked after on-island rose slightly during the year, but the number who were looked after off-island fell slightly, reflecting the commitment to keep the number of children going off-island to a minimum.

Total number of children looked after during 2015

Total: 92	Female: 57	Male: 35
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On-island care	77
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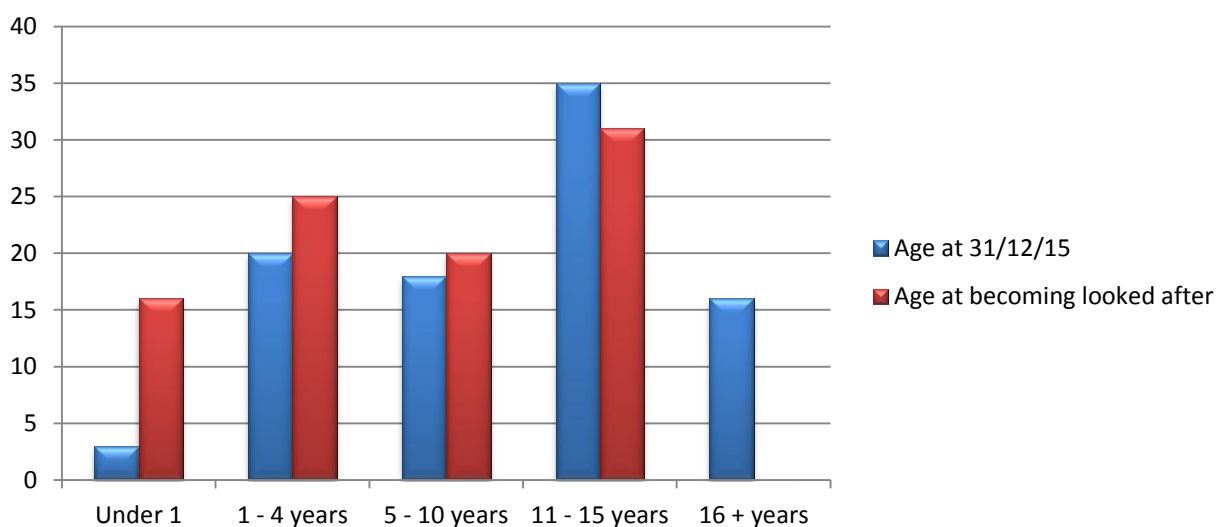
Off-island care	15
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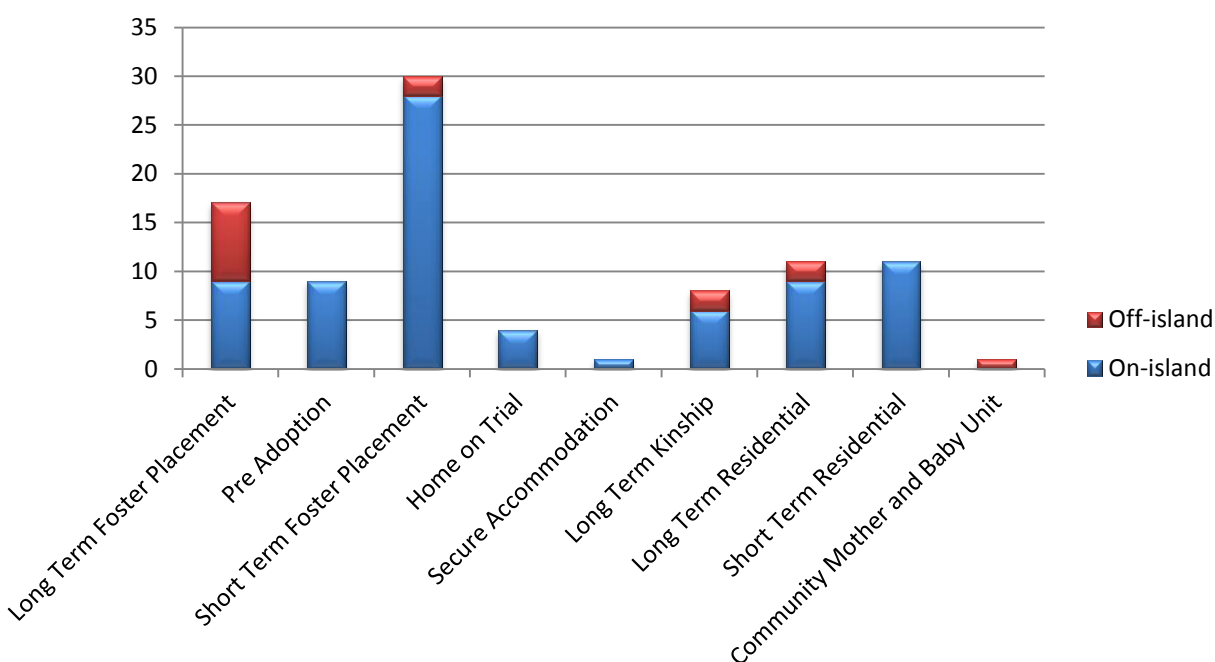
b. Ethnicity

1 - White	82
2 - Mixed/multiple ethnic groups	9
3- Asian or Asian British	0
4 - Black or Black British	0
5 - Other ethnic group	1
6 - Not known/not stated	0
Total:	92

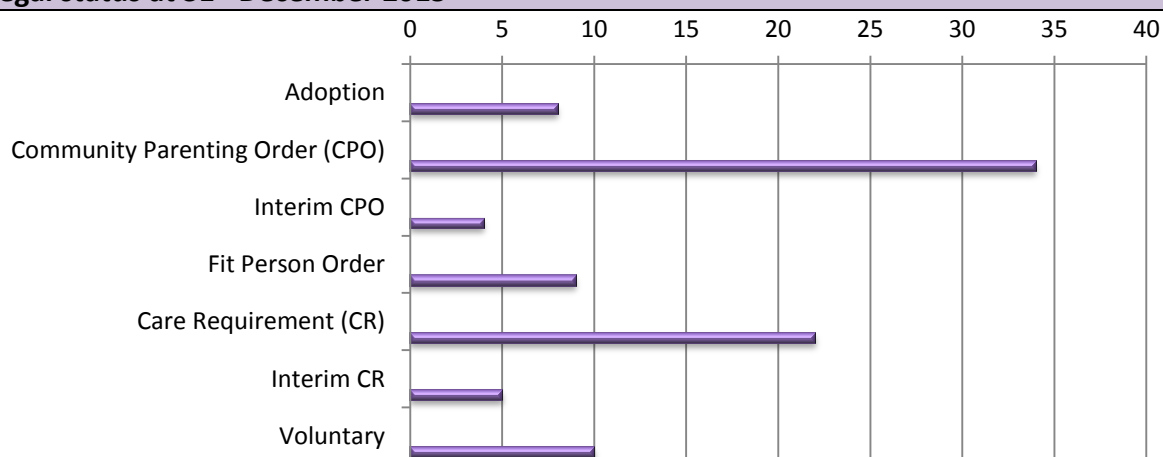
c. Ages of children looked after (31/12/15) and age at becoming looked after



d. Type of placement



e. Legal status at 31st December 2015



f. Placement moves 1st January to 31st December 2015

Number of moves	Number of children	% of total LAC
1 move	22	24
2 moves	2	2
3 moves	1	1
>3 moves	3	3
Total:	28	30

Proportion of looked after children who have three or more placement moves = **4** per cent

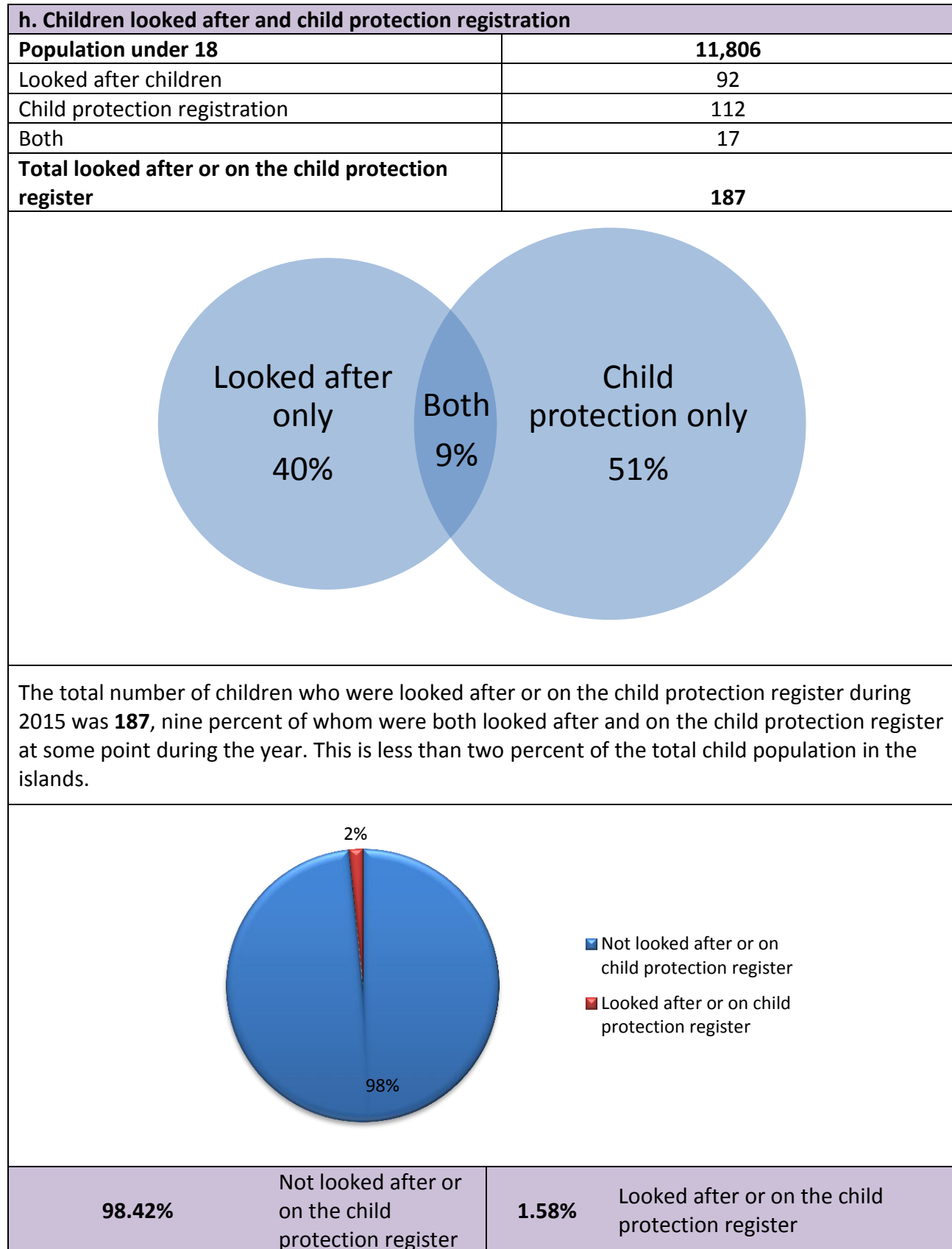
Children who are looked after benefit from stability in their care and the number of placement moves is an important indication of levels of stability. The comparable figures in the UK are:

10 per cent in England; 9 per cent in Wales; 8 per cent in Northern Ireland; and, 6 per cent in Scotland.

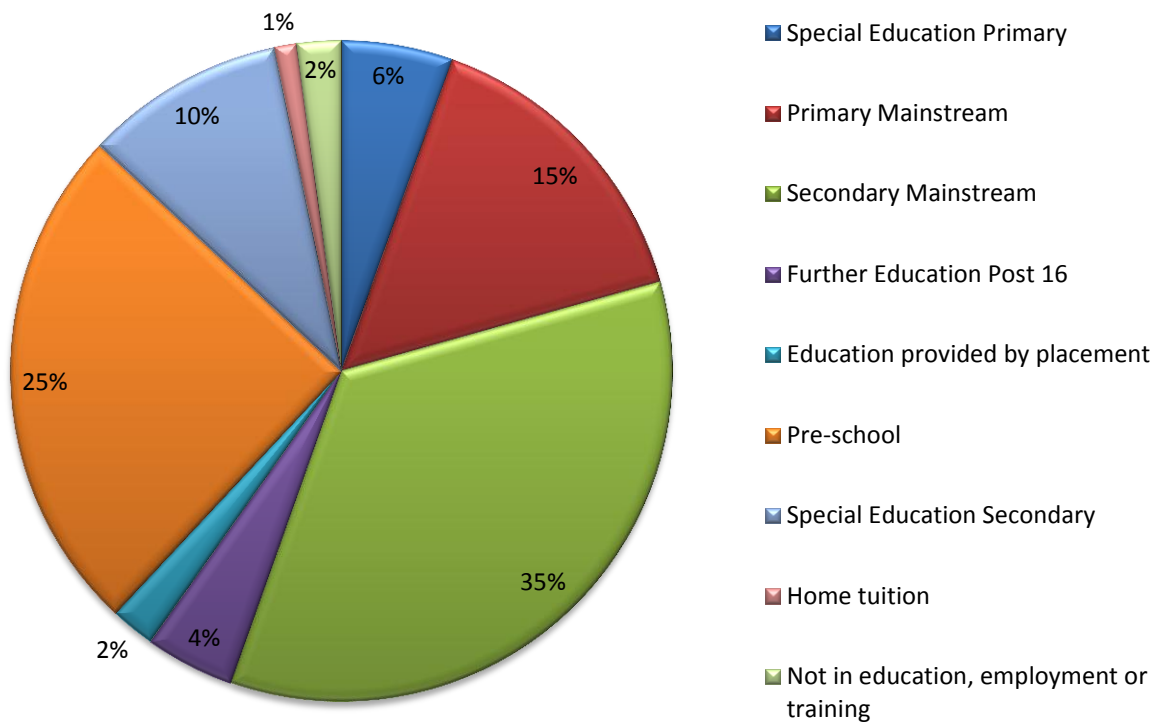
g. Reason for placement moves

		%
Breakdown of placement	9	18
Carer unable to continue	1	2
Planned move	34	70
Return home	2	4
Return to former placement	2	4
Secure Accommodation Order	1	2
Total:	49	

N.B. Planned moves include: moves to adopters or prospective adopters; moves from short term to long term carers; planned moves for periods of respite; moves to specialist placements; or planned moves for periods of transition between secure accommodation and returning to former carers.



i. Education and employment



j. Leaving care

22 children had been looked after and left the care of HSSD in 2015. Two of those children could be classed as care leavers, and had reached the age of 18.

Table 3. Children being assessed for specialist services

For the first few months of 2015 the Health and Social Services Assessment and Intervention Team were the primary team for referrals where there were concerns for a child's needs, safety or welfare. However, a Multi-Agency Support Hub (MASH) was developed during the year and all referrals went to the MASH from 16th March onwards. Where a child is assessed as having complex needs or being in need of protection they are referred for a social work assessment. Alternatively, they can be referred from the MASH for multi-agency or single agency help and support.

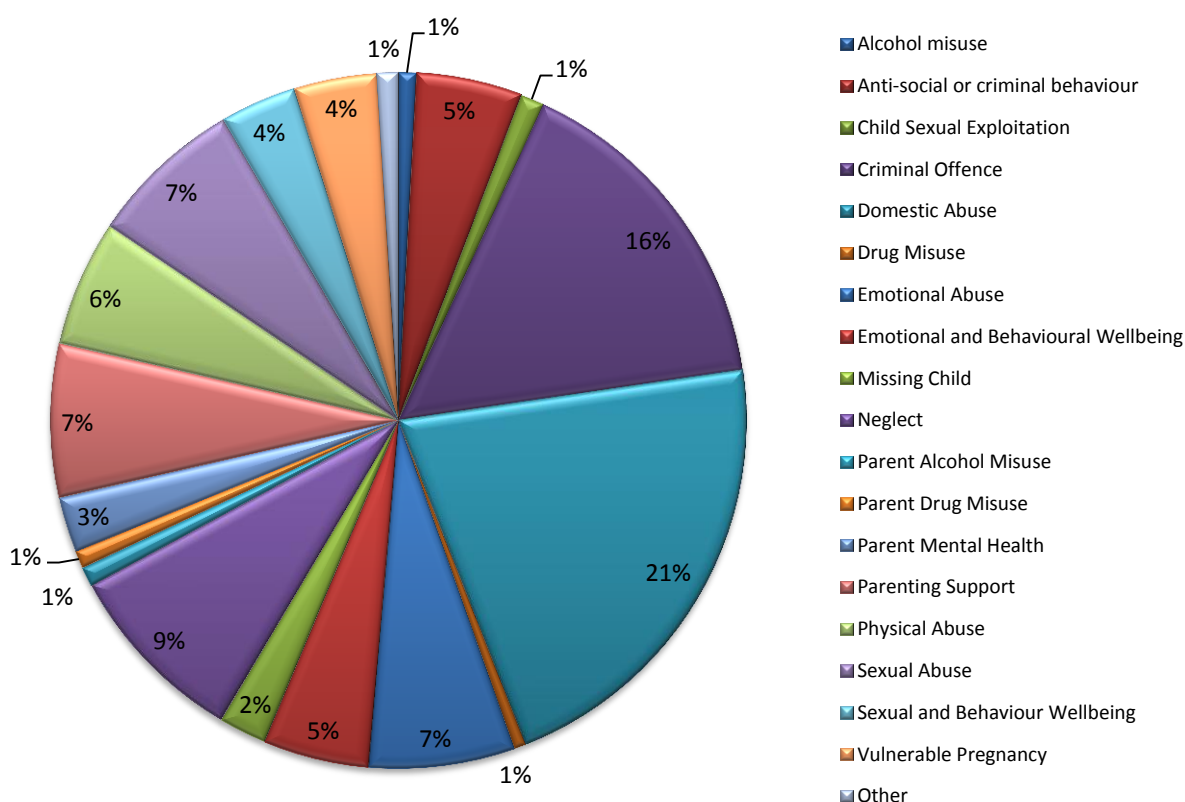
a. Enquiries to children's social care† and MASH*

2013	2014	2015
1639	1220	265 [†] + 1446* = 1711

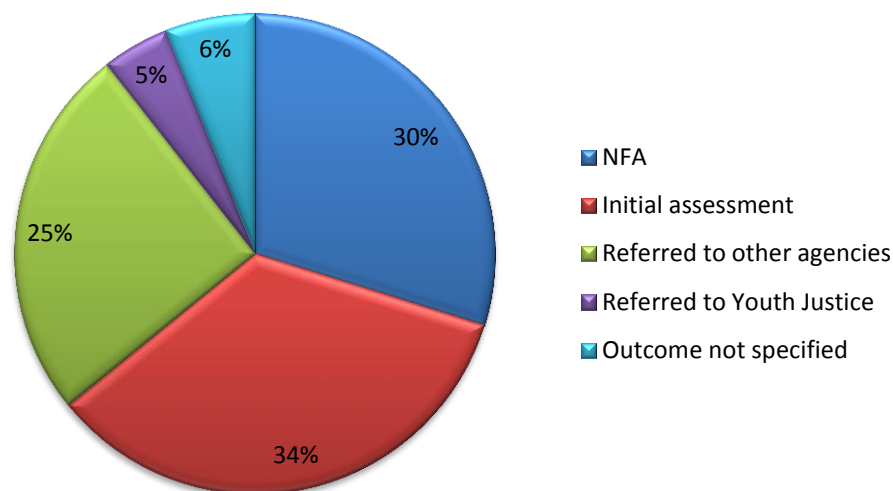
† Referrals to Assessment and Intervention team 1st January to 15th March 2015.

* Referrals to MASH 16th March to 31st December 2016.

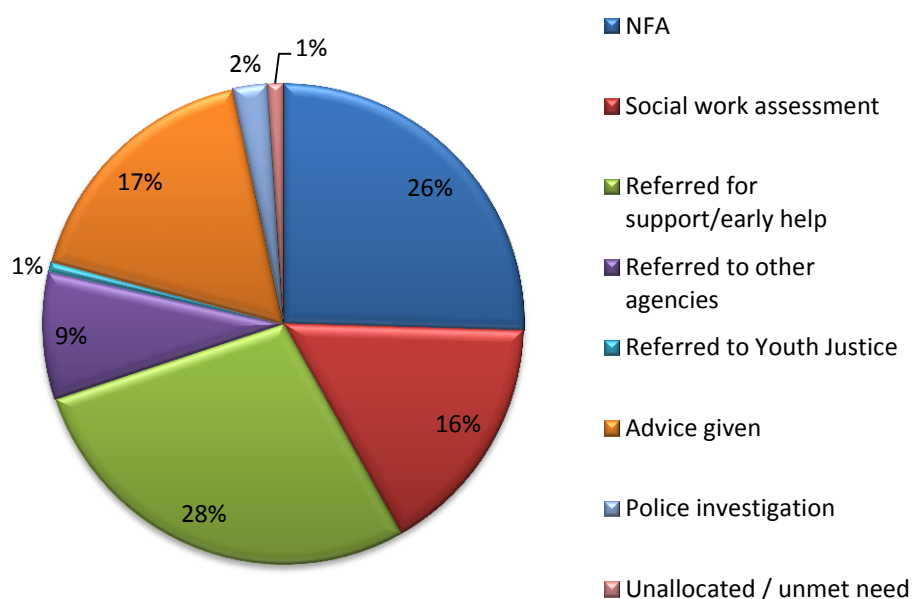
Breakdown of identified need in 2015



b. Outcome of enquiries to children's social care (1st January to 15th March 2015)

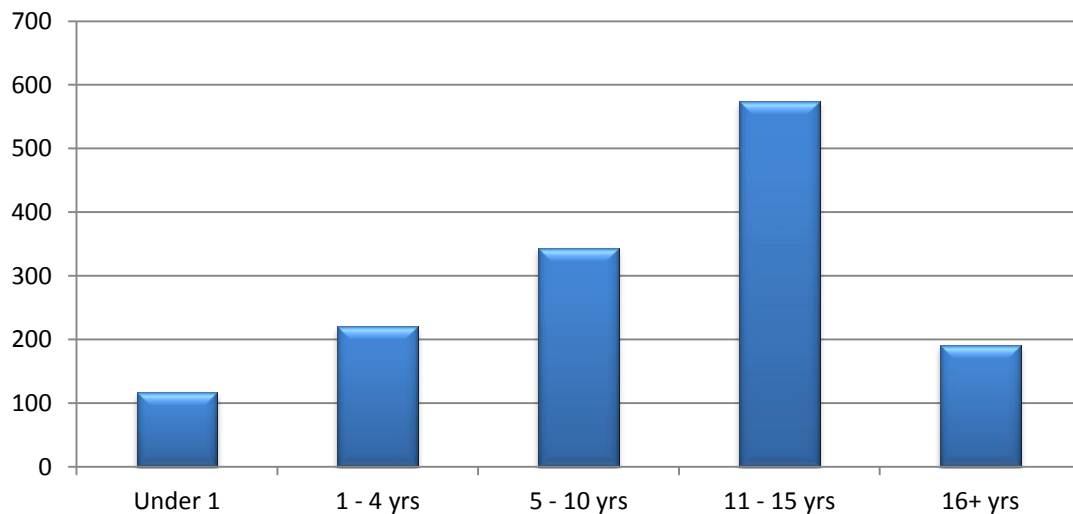


c. Outcome of enquiries to MASH (16th March to 31st December 2015)



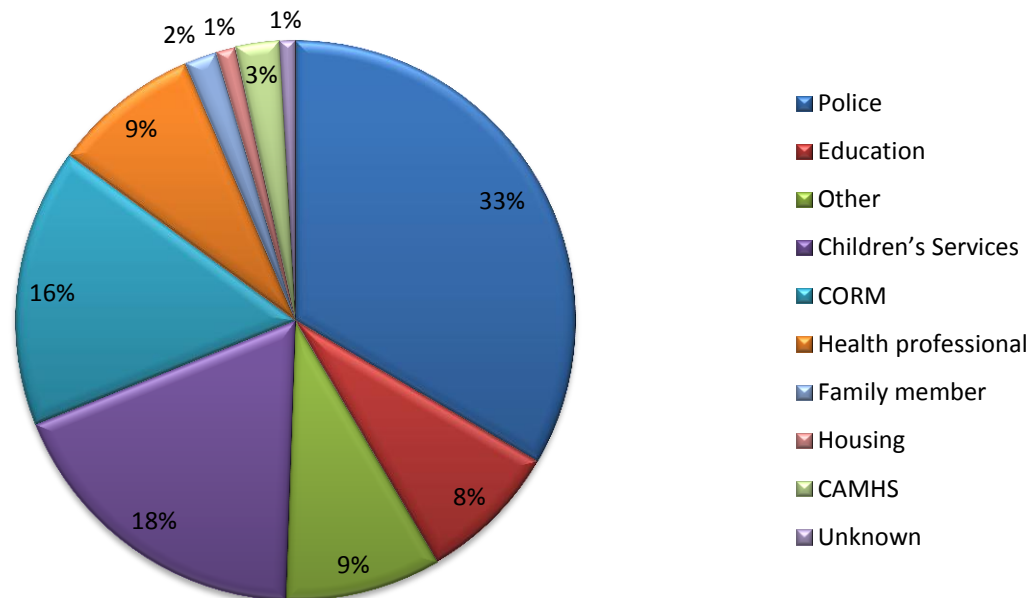
N. B. Enquiries where no further action (NFA) is recorded as the outcome can apply to cases that are already open and the enquiry is taken as additional information. In some cases agency checks are completed and there is found to be no need for referral. In other cases, advice is given to the person making the enquiry. The MASH are recording the outcome of enquiries differently for 2016 to give a more accurate view of outcomes for cases previously recorded as NFA.

d. Enquiries to MASH 2015 – age of children



e. Enquiries to MASH 2015 – source of enquiry

When someone has a concern about the needs or welfare of a child they can make an enquiry to the Multi-Agency Support Hub (MASH) either using the online enquiry form or by telephone. The vast majority of enquiries come from other professionals, with the Police and other professionals in Children's Services making 51% of the total enquiries.



N.B. CORM is the Convenor's Referral Meeting for children over the age of 12 who have committed a criminal offence. These formed part of the MASH meetings during 2015.

Table 4. Children in need and children at risk

The Children Law introduced definitions for children in need (s.23) and children at risk (s.35) alongside a duty for the States to intervene, work together and provide services where children might be in need or at risk.

Children are in need if:

- they require additional services, over and above those universally provided, in order to maintain a reasonable standard of health and development;
- their health or development is likely to be significantly or further impaired without additional services;
- they are disabled; or,
- they are adversely affected by the disability or illness of a parent or another family member.

The definition of risk emphasises the responsibility of parents/carers and recognises that where parents/carers are not able or willing to provide the child with adequate care, protection, guidance or control they would be at risk if they:

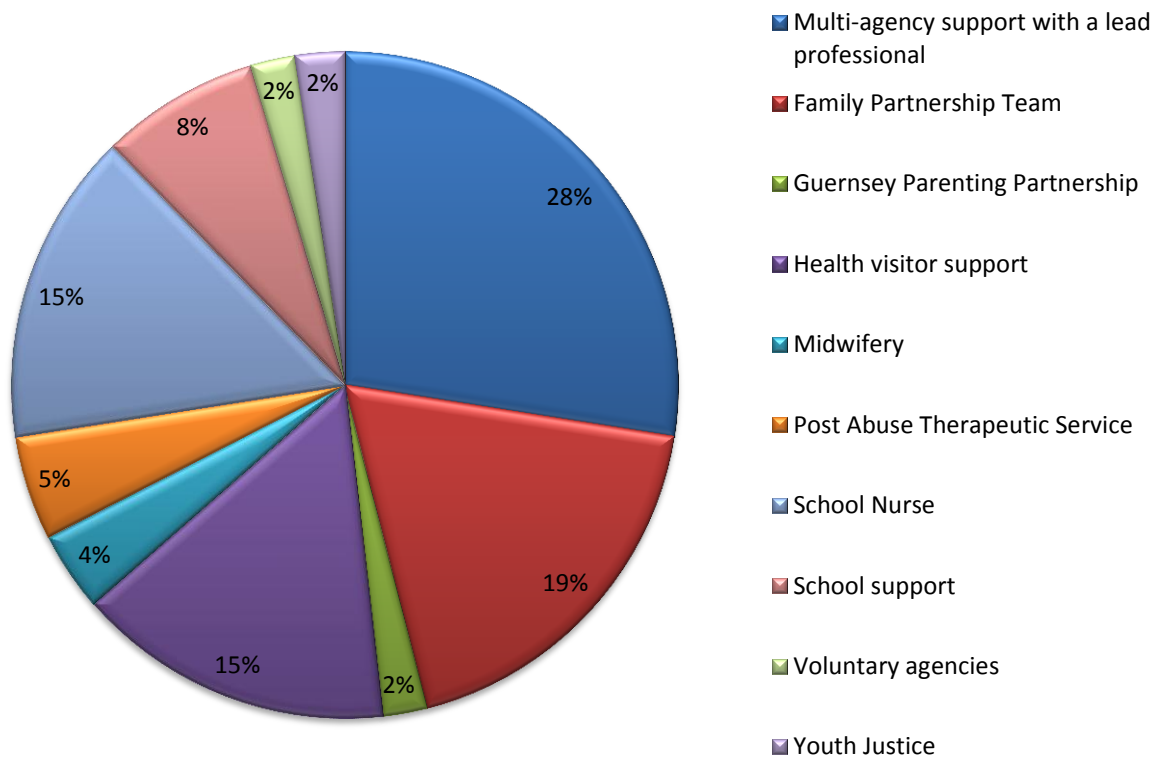
- have suffered or are likely to suffer significant impairment to their health or development;
- have suffered or are likely to suffer sexual or physical abuse;
- misuse drugs or alcohol or inhale a volatile substance;
- are exposed or likely to be exposed to moral danger;
- have displayed violent or destructive behaviour and are likely to become a danger to themselves or others, or are otherwise beyond parental control;
- have committed a criminal offence; or,
- are failing to attend school without good reason.

This definition of risk forms the grounds for compulsory intervention within the law and is the basis for referral to the Children's Convenor and the Child, Youth and Community Tribunal.

a. Early help and multi-agency assessments

A new system for assessing need and providing help was piloted during 2015. The Multi-Agency Support Hub includes professionals from Health and Social Care, Education, Police, the Office of the Children's Convenor and voluntary agencies. They are able to jointly assess the needs of children for whom there are concerns and agree the right level of support for each individual. There were a total of **416** children in need referred for early help and support from the MASH, with a further **124** referred to other agencies.

b. Referrals from MASH for early help and support



Referred to other agencies

Referral to other services	89	
Referral to Convenor	17	
Family Proceedings Advisory Service involvement	18	
	124	

At the end of 2015 there were 12 cases waiting to be allocated and 3 cases of unmet need.

Children in need

c. Victims of crime

During 2015 there were 102 reported incidents of domestic violence involving 175 children.

Type of crime	Number of child victims
Violent	50
Sexual	2
Acquisitive	0
Criminal damage	3
Other	120

N.B. These figures include child victims of crimes by child perpetrators

d. Children missing from home

During 2015 the Guernsey Police had **292** reports of children missing from home/care/school, involving **77** children.

158 missing from home

120 missing from residential/foster care

14 missing from school

e. Teenage pregnancy

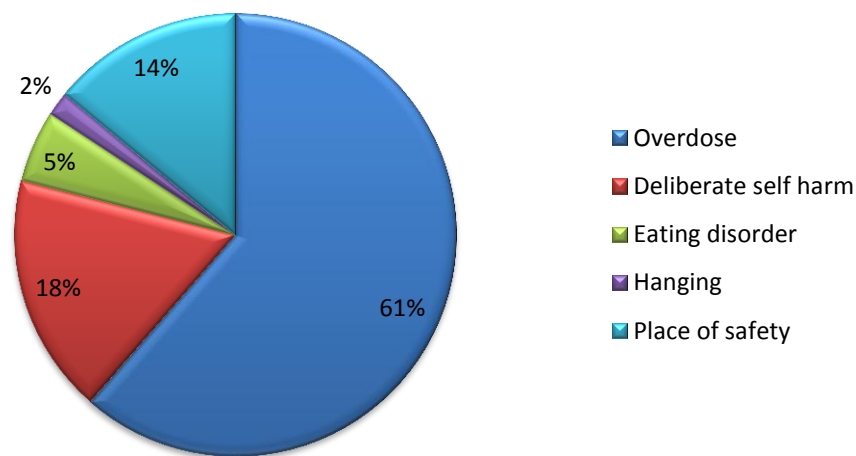
Obstetric or maternity led care for 0-17 year olds	Termination of pregnancy for 0-17 year olds
4	5

f. Referrals to CAMHS

In 2015 there were **476** children who had been referred to CAMHS. **123** of these had severe mental health problems or were considered to be at high risk.

Of the 123 children most in need **57** were admitted to Frossard Ward, the children's ward at the Princess Elizabeth Hospital.

Mental health related admissions to Frossard Ward (57)



g. A&E attendances

There was a total of **3492** attendances at A&E for those under 18. The highest level of attendances were for:

Head injury	385
Contusion/bruising	365
Respiratory conditions	319
Laceration	286
Closed fracture	207

There were **121** attendances related to alcohol, drugs and psychiatric or social needs.

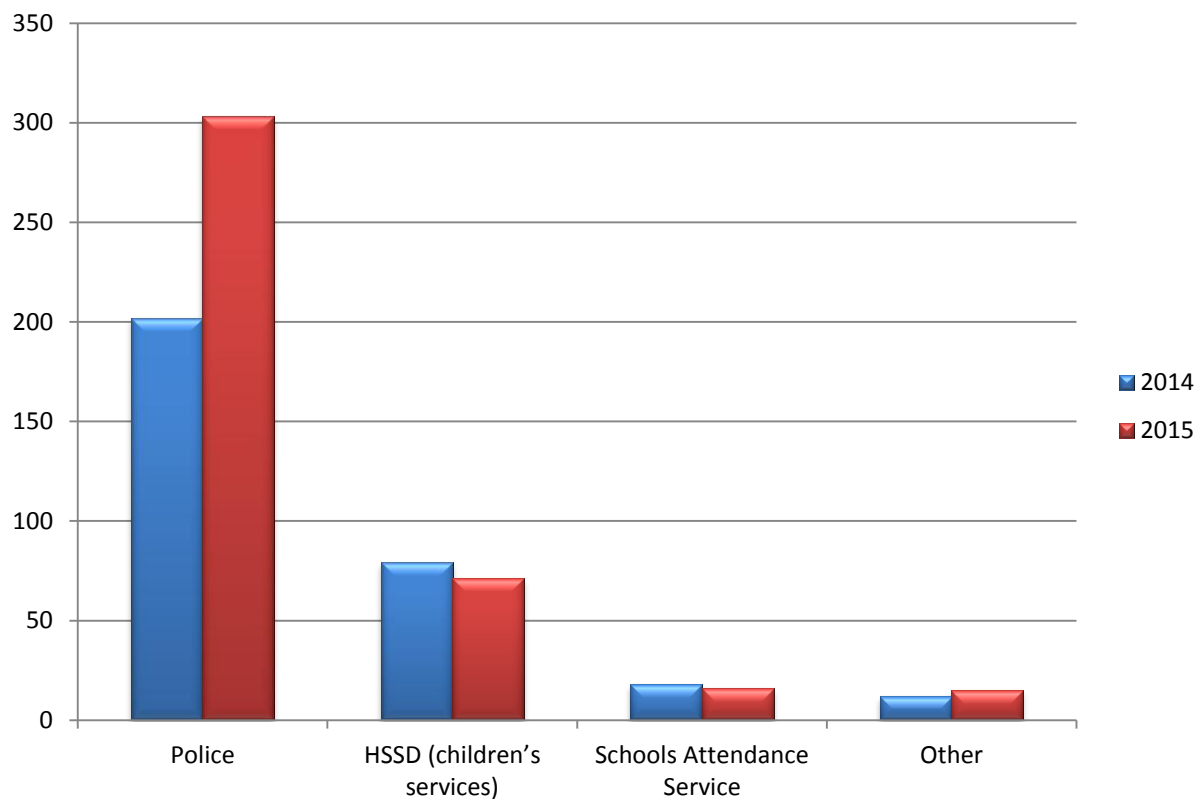
Children at risk – compulsory intervention

h. Children's Convenor and Child Youth and Community Tribunal (CYCT)

The CYCT was introduced in the Children Law as a means for addressing the needs of children where it is considered they might be at risk and in need of compulsion. Referrals to the CYCT are made by the Children's Convenor (s.36).

i. Number of referrals received by the Children's Convenor during 2015

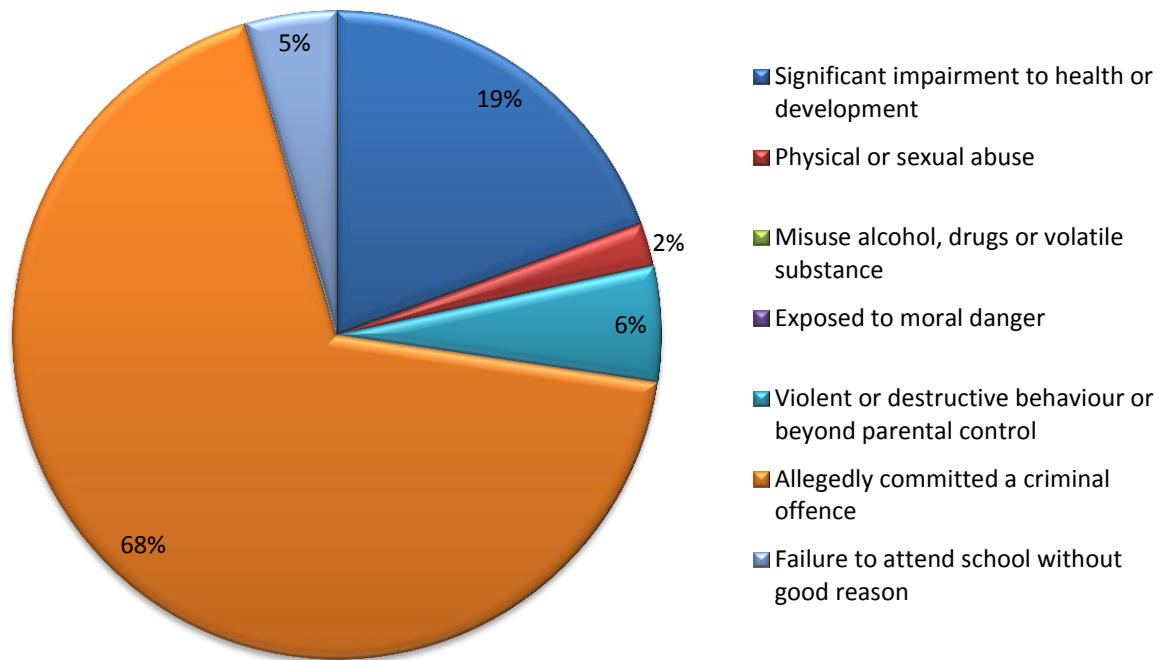
Agency	Referrals
Police	303
HSSD (children's services)	71
Schools Attendance Service	16
Other	15
Total:	405



j. Types of Concern

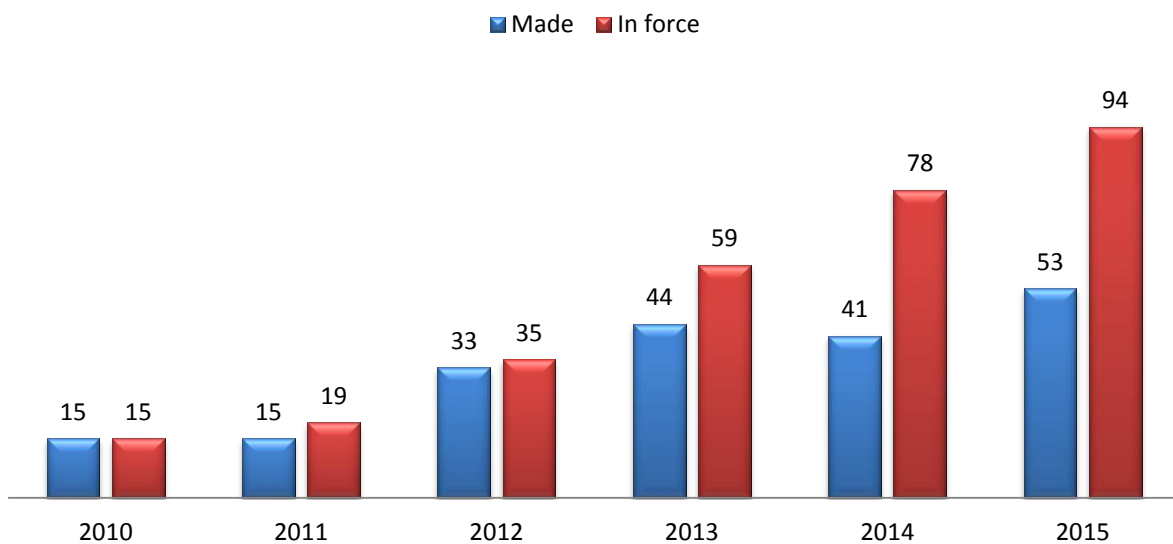
The grounds for referring children to the Children's Convenor are set out in Table 4 (above). Some children were referred on more than one condition so the number of conditions for referral is greater than the total number of referrals received by the Convenor.

Reasons for referral to the Convenor in 2015

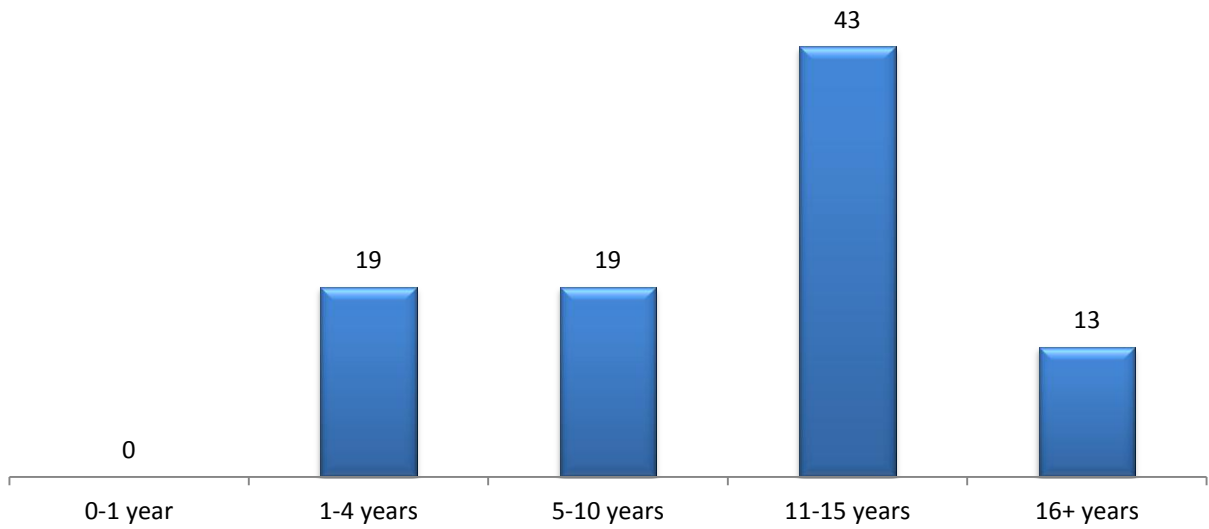


k. Number of Care Requirements made and in force

Since the introduction of the Children Law and the CYCT there has been a steady rise in the number of Care Requirements, as recorded by the Office of the Children's Convenor.



I. Ages of children subject to a Care Requirement in 2015



m. Youth offending

Referrals to the Convenor for youth offending remained the highest reason for referral in 2015.

Youth Offending referrals to the Convenor:

2010	2011	2012	2013	2014	2015
320	276	222	191	178	284