

Islands Child Protection Committee

Guernsey and Alderney

Annual Report 2016



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ICPC
Islands Child
Protection
Committee
Working together for the children of Guernsey and Alderney

Foreword



This annual report covers my first full year as Independent Chair of the Islands Child Protection Committee (ICPC) ending on 31st Dec 2016. The vision that drives the work of the ICPC remains the same:

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

On behalf on the ICPC I want to thank all those; particularly parents and carers, who day in and day out support and nurture children, young people and families in the Bailiwick.

The ICPC will continue to play their part in building a culture where children and young people are listened to and encouraged in their aspirations. Where the community, statutory agencies, schools, voluntary and community organisations and the States work together to protect the most vulnerable.

This has been a year of change for the ICPC where we have reviewed our role and function and made plans to strengthen Governance to ensure that the most senior decision makers and the States have safeguarding children firmly in their minds when planning services and making key decisions for the future.

The strategic priorities for 2017 remain the same as those in 2016; **maximising capacity and resources, managing partnership and engagement, ensuring a focus on vulnerable groups and embedding learning and improvement.**

This report covers progress made, areas for continued attention and some new areas that the ICPC will focus on in 2017.

Some examples are; child protection registrations have remained low and stable throughout the year. 50% of enquiries to the Multi-Agency Support Hub (MASH) result in children being provided early help and support, that is an increase from 36% in 2015 and 13% in 2014. This indicates that children are receiving support earlier, before problems become entrenched. The number of looked after children is stable and the numbers looked after off-island has continued to fall as the result of efforts set out in the Corporate Parenting Strategy.

Areas the ICPC will continue to monitor and press agencies to act on in 2017 are; the provision and coordination of child safeguarding training; further understanding of youth offenders as a vulnerable group; ensure all agencies have systems in place for managing allegations and developing capacity for multi-agency case audits of frontline safeguarding practice to check that improvements made are sustained.

If you have concerns about any child please act on them; you might be the only one who notices.

A handwritten signature in purple ink, which appears to read 'S Westwood', with a large, 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:

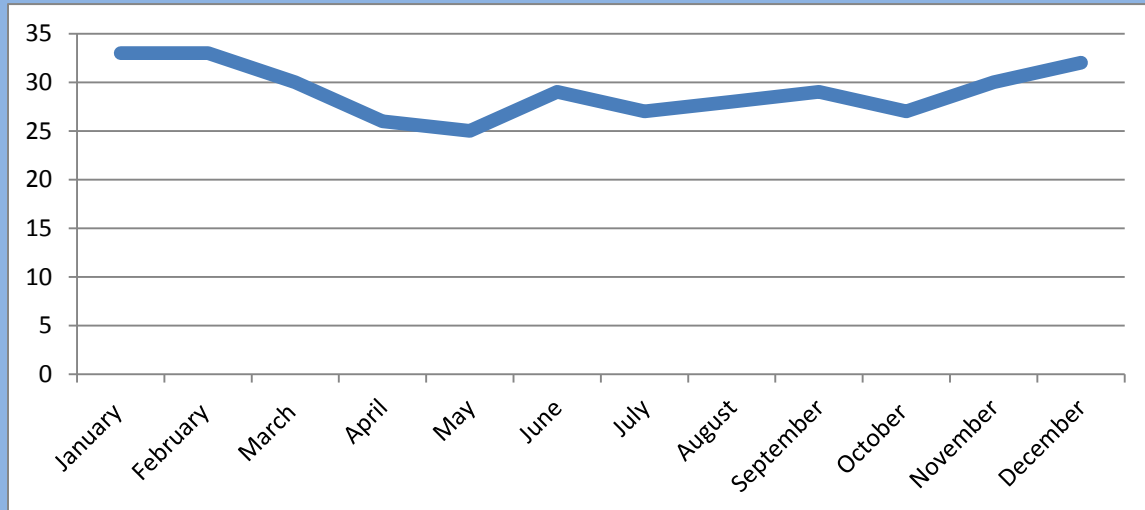
The Committee *for* Health and Social Care

The Committee *for* Education, Sport and Culture

The Committee *for* Home Affairs

Executive summary

Child protection registration figures remained low



having dropped from 90 to 36 in 2015 they did not rise above 33 in 2016



The percentage of **looked after children living off-island** continued to fall from **16% in 2015** to **15% in 2016**

Total child population of Guernsey and Alderney in 2016

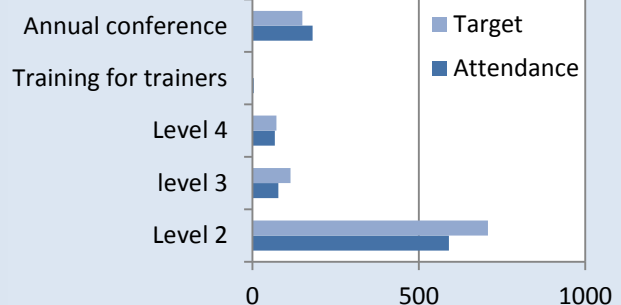
11,747




88 were looked after children = **0.75%**

ICPC Safeguarding Children training

Total accessing training
918

Target
1044



Resources	Partnership and engagement
 <p>The ICPC have managed available resources well and recorded a small underspend in the budget for 2016</p>	<p>The Youth Forum have elected a representative to attend ICPC meetings throughout 2017. They also took part in the 2016 annual conference and will do so again in 2017</p>
<p>The annual conference was well attended. There were a total of 180 participants at the event over the course of two days. It was run in conjunction with the Domestic Abuse Strategy and the Drug and Alcohol Strategy and proved to be of interest to people from a wide variety of professional fields and service areas.</p>	
	
<p>An event was organised particularly for people who work in the voluntary sector, which was well attended and gave useful feedback to the ICPC. More events will be organised for 2017.</p>	
	<p>It was noted that the website was a useful tool for communication and more will be done in 2017 to develop that.</p>
<p>There have also been developments in establishing safeguarding leads and the designated doctor role in health and recruiting a representative for Alderney.</p>	
Focus on vulnerable groups	
<p>The most common outcome for children on the child protection register is an improved home situation which suggests that child protection plans have been successful.</p> <p>Re-registrations rates within 12 months are also low at 3%</p> <p>Training for trainers and guidance on safeguarding children with disabilities has been provided</p> <p>Re-offending rates for young people in the islands is low compared to England and Wales</p> <p>There has been a 35% reduction in mental health related admissions to hospital</p>	<p>Improvements for looked after children</p> <p>The Corporate Parenting Strategy has driven some important improvements for looked after children:</p> <ul style="list-style-type: none"> ✓ Ensuring psychological needs are assessed and met in order to improve placement stability ✓ Fewer children in off-island placements 15% ✓ Only 5% of looked after children experienced 3 or more placement moves
<p>There has been an increase in the rate of early help and support being provided to children and families through the Multi-agency Support Hub. 50% of enquiries in 2016 led to early help being provided by the MASH and through single and multi-agency support plans.</p>	
Learning and improvement	
<p>A comprehensive learning and improvement framework has been developed in 2016 and the ICPC partners will work to embed that in 2017.</p>	<p>There have been improvements in information sharing, particularly through the Multi-Agency Support Hub (MASH) and Team Around the Child/Lead Professional processes.</p>

What we plan to do in 2017

1. Maximising capacity and resources

- Agree levels of safeguarding training required by those working with children and families and a means of accessing that training for identified groups
- Attempt to resolve the gap in provision of suitable forensic examination facilities for child sexual abuse assessment, support and investigation
- Update the ICPC regulations and constitution to reflect the planned restructuring of the ICPC
- Continue to press agencies to ensure there is a designated officer for managing allegations against those who work with children

2. Managing partnership and engagement

- Support lead roles for child safeguarding in all healthcare organisations under the stewardship of a Designated Child Safeguarding Lead Doctor/Nurse for the islands
- Review, update and publish the inter-agency information sharing guidance for those working with children and families
- Highlight the need to improve engagement with services that support parents
- Further develop the website as a mode of communication for the ICPC

3. Ensuring focus on vulnerable groups

- Respond to findings identified in the Young People's Survey and Youth Forum Survey
- Focus on the concerns about sexting highlighted in the Digital Online Safety Group annual report
- Ensure that thresholds for reporting concerns about children in need and children at risk continue to be understood
- Include a focus on children in the youth justice system, particularly those who are jointly reported to the Children's Convenor and Her Majesty's Procureur
- Seek to reach an agreed definition of disability across services for children
- Examine the causes of any delay and monitor levels of unallocated cases for vulnerable children

4. Embedding learning and improvement

- Contribute to proposals for any changes to the Children Law and other relevant legislation
- Contribute to the planning for inter-agency adult safeguarding arrangements
- Conduct audits on cases in the MASH, organisational standards and child protection registration

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 (the States). In 2016 there was a change in the constitution of the States and a restructuring of the governance of public services. After the general elections in May 2016 the States moved from being made up of 45 independently elected People's Deputies and two representatives from the States of Alderney, to having 38 Deputies and two Alderney representatives. The departmental structure of public services was also rationalised and the ten departments became six Principal Committees.

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 therefore is an important part of the overall child safeguarding system, operating alongside processes for early help, multi-agency support for children in need, child protection case conferences and the juvenile court.

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 States of Guernsey Electronic Census Report shows there were 62,723 people resident in Guernsey at the end of March 2016. In the Alderney Electronic Census Report (March 2016) the total population was 2,035, giving a total population of **64,758** for the islands. The child population for the islands at the end of March 2016 was **11,747** (under 18). 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 43 for females. So there are a higher proportion of older people in Alderney than in Guernsey. The child population accounts for approximately 18% of the total population for both islands, although the percentage for Alderney alone is approximately 11%.

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

More information and analysis of population trends can be found on the States of Guernsey website: gov.gg/data.

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.

Children in the child protection system

When referrals for children's social care indicate that a child might have suffered, or be likely to suffer, serious harm through abuse or neglect the Committee for Health and Social Care (HSC) have a duty to investigate. In such cases a strategy discussion will take place in order to decide whether there should be a joint investigation with the police, and plan for the immediate protection of a child. In cases of unborn babies a pre-birth planning meeting will be held to decide whether a social work assessment is necessary. Through the course of investigation and assessment, if it is felt that a child has suffered, or is likely to suffer, serious harm then a child protection case conference will take place. The purpose of the conference is to decide with the parents and relevant professionals if the child needs a child protection plan. If it is thought that they do need a plan then the child's name will be placed on the child protection register.

The numbers of strategy discussions, pre-birth planning meetings and child protection registrations can give an indication of trends in child abuse and the service response to it. However, many children who experience abuse or neglect might not be identified by statutory services, so the figures do not necessarily reflect the prevalence of need in the islands.

In 2016 there was a 25 percent fall in the number of strategy discussions and pre-birth planning meetings and child protection registrations remained low throughout the year. After rising to nearly 100 in 2014 and then falling to 36 by the end of 2015, the number of children whose names were on the register ranged between 25 and 33 in 2016. This suggests a more stable child protection system and the figure is low by comparison to England. In England the rate of children with child protection plans was 43.1 per 10,000 at the end of March 2016. The comparable figure in Guernsey and Alderney was 25.5 per 10,000 child population.

The percentage of children whose names remain on the register in Guernsey and Alderney for longer than two years is higher – 8.8 percent, compared to 3.8 percent in England, which can be a sign that plans are not working. A sub-group of the Learning and Improvement sub-committee will be auditing cases in 2017 in order to understand the reasons for this. However, re-registration rates are lower in Guernsey and Alderney and re-registration can be a consequence of having de-registered the child too early, before improvements are able to be maintained.

Another noticeable difference in local child protection register statistics when compared to England is the high level of registrations for emotional abuse and the fact that there are no registrations for sexual abuse, despite the latter being the most common reason for holding strategy meetings. The ICPC need to understand the reasons for this and will comment in the 2017 annual report.

Parental factors of substance misuse, histories of violence and mental health issues are still the most commonly identified for children on the child protection register with 82 percent having experienced one or more of these in 2016 (down from 84 percent in 2015). While the percentage remains high the incidents of these have fallen as the number of children on the register has fallen.

Improvements in their home situation is still the most likely reason for de-registration, which along with the low rates of re-registration suggest child protection plans are working to support children and families.

Children looked after

Children looked after are defined here as those who are accommodated by the Committee *for* Health and Social Care (HSC). There are many reasons why children might be looked after by HSC. 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 or Care Requirement, or on a voluntary basis, by agreement with their parents.

In total there were 88 children looked after during 2016, with an average of 68 during each month. This marks a fall when compared to the previous year where the respective figures were 92 and 72. The proportion of children being looked after off-island continued to fall to 15 percent, down from 20 percent in 2014.

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. Five percent of children looked after experienced three or more moves during 2016. Comparable figures in the UK for 2015 ranged between 10 percent in England and 6 percent in Scotland.

It can also be seen that the majority of looked after children are accessing mainstream school on-island and the Education Service have reported improved attendance and a marked reduction in school exclusions.

Children being assessed for specialist services

Anyone who has concerns about the welfare of a child can make enquiries to the Multi-Agency Support Hub (MASH), which is the single point of entry to multi-agency support for children with additional needs, and their families.

The MASH was set up in March 2015. As such 2016 provides the first full year of statistics for the new process of enquiries which, combined with a change in how enquiries are recorded makes it difficult to draw comparisons with previous years. What is clear from the statistics is that 50 percent of enquiries lead to early help being provided by MASH and through single or multi-agency support plans. Only 12 percent of enquiries are referred for social work assessment. In 2015, 36 percent of enquiries were referred for early help and support or referred to other agencies and 19 percent were referred for a social work assessment. While in 2014, 13 percent of enquiries were referred to other agencies and 62 percent were referred for a social work assessment.

The Police are still the main source of enquiries into MASH and send significantly more notifications to MASH than show up in the statistics. This is because enquiries that concern cases already open to children's social care are no longer recorded as enquiries. It is likely that this change in recording methods also accounts for the apparent fall in referrals/enquiries when compared to 2015 figures.

Children in need and children at risk

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 their own risk-taking behaviour.

The number of children missing from home, care or school appears to have fallen in 2016, although this might be due to a change in police recording systems. The ICPC will need look at this again in 2017 in order to get an idea of ongoing trends.

There was a 35 percent reduction in the number of children being admitted to hospital due to a mental health condition. Although it is difficult to attach significance to this decline in such a small population it is a positive indication for the welfare of local children.

Another positive indication is that the re-referral rate for youth offending in the islands was 27 percent for 2016, which compares to a rate of 38 percent for England and Wales.

The number of referrals to the Office of the Children's Convenor appears to have fallen in 2016, largely due to a fall in the number of referrals from the police. It appears that the level of referral has returned to that seen in 2014. There has also been a slight fall in the number of Care Requirements being made (again similar to 2014 levels) and those in force in 2016. Care Requirements are made when it has been found at a Child, Youth and Community Tribunal that there is a need for compulsory intervention. A fall in the number of Care Requirements being made could indicate that issues are being dealt with before there is a need for compulsory intervention. Gathering further information over the coming years on children in need and children at risk will give a clearer picture of whether that is the case.

Section 2 - Governance and accountability arrangements

Membership

There were some changes to the membership of the ICPC during 2016. The Health and Social Services Chief Officer, Dr. Carol Tozer, left the island to continue her career in the UK. The ICPC would like to thank her for her valuable contributions, especially as interim chair during 2015. Dr. Bryan Lean also left the committee following his retirement in June 2016. The ICPC would like to thank him for all his hard work and dedication to the committee and sub-committees since its formation in 2010.

Martin Winward joined the committee in July as the Alderney representative. Martin is the headteacher at St Anne's School in Alderney.

N.B. ICPC members are referred to in the list below under the old department names and their job titles at the beginning of 2016. These names and titles changed part way through the year but this also had an impact on the membership for 2017 and will be reflected in the 2017 annual report.

List of ICPC members 2016

Independent Chair	Simon Westwood
Health and Social Services Department	Dr. Carol Tozer Chief Officer (January to April) 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
Education Department	Alan Brown Director of Education
Home Department	Mark Lempriere Deputy Chief Officer
Police	Nigel Taylor Superintendent
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 (January to June)

Alderney

Martin Winward Headteacher, St Anne's School (from July)

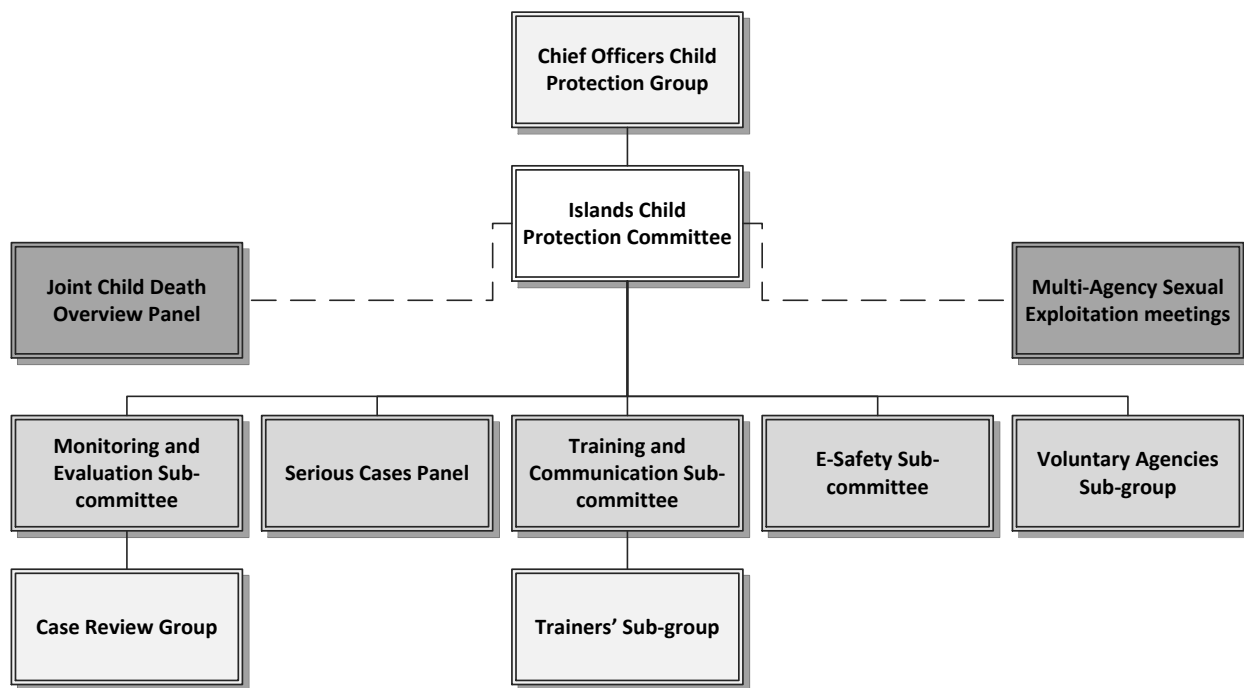
Voluntary sector

Kareena Hodgson Manager, Action for Children

Sark

Christine Audrain (observer)

Structure of the ICPC in 2016



The ICPC reports to 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.

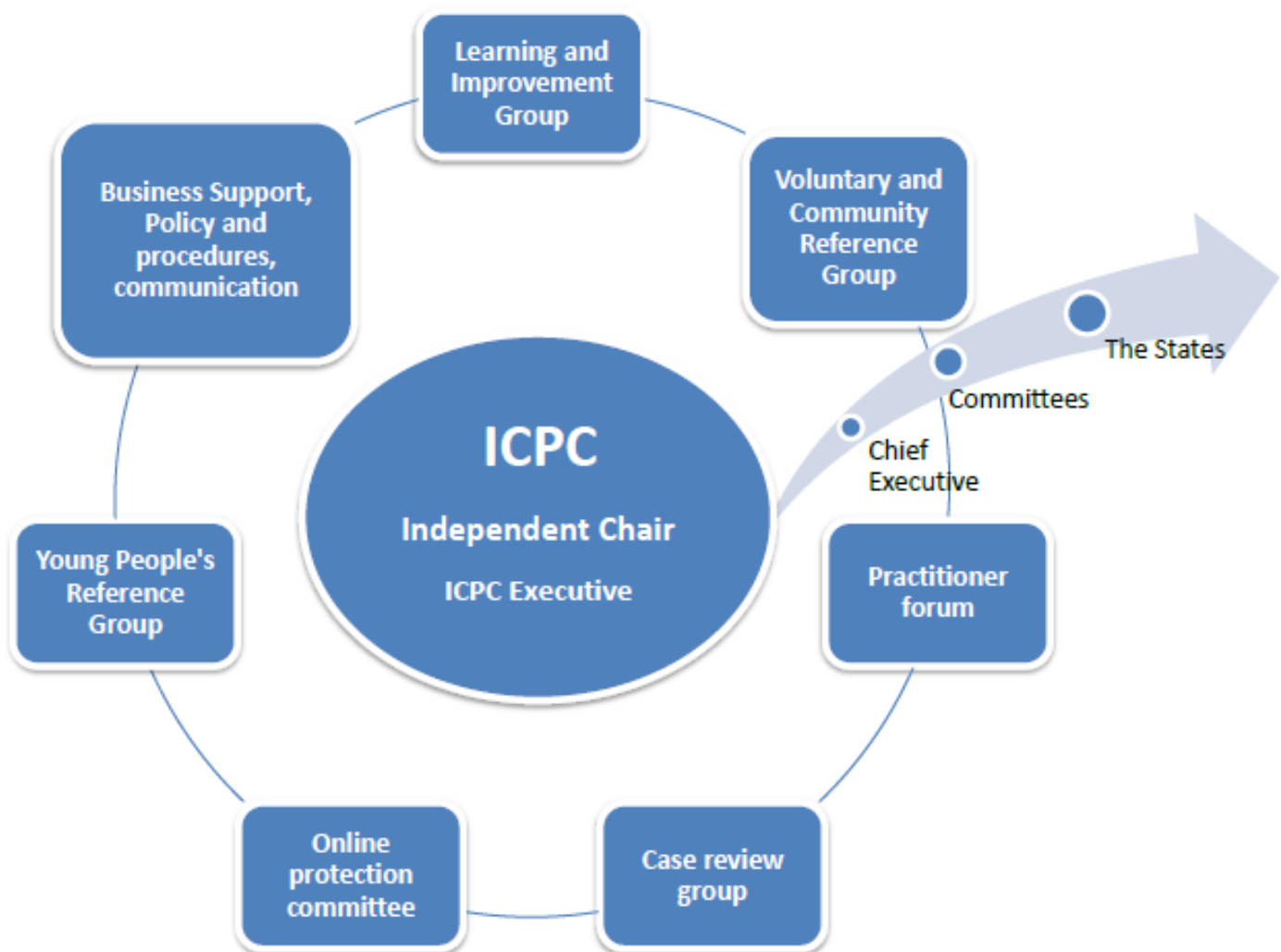
Attendance

Islands Child Protection Committee	
Attendance at meetings 2016 (6 meetings in total)	
Dept/Organisation	No. of meetings attended
Independent Chair	6
Health & Social Care	6
Home	6
Police	5
Education, Sport & Culture	6
Alderney	1 (out of 3)
Voluntary Agencies Representative	5
Paediatrician	2 (out of 3)
Convenor	6
Primary Care	5
CAMHS	5

Developing structure of the Islands Child Protection Committee

During 2016 the ICPC also agreed to re-structure and rename the committee to help embed learning and improvement, incorporate the wider safeguarding remit in the Children Law and improve governance. The functions of the Training and Communication sub-committee and Monitoring and Evaluation sub-committee were combined and became the Learning and Improvement sub-committee, designed to feed lessons from reviews, audits and performance information directly into identified training needs. Links were also formed with the Youth Forum and a member of the Youth Forum has been elected by them to sit as a member of the ICPC. A practitioners' forum is also being developed to establish links with frontline staff. It is intended that the committee will become known as the Islands Safeguarding Children Partnership (ISCP) in 2017, although it will remain formally known as the Islands Child Protection Committee, as identified in the Children Law. The constitution and regulations will be updated and taken to the Committee *for* Health and Social Care in 2017 for approval.

Proposed structure of the ICPC for 2017



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 core budget of £78,000, funded through contributions from the three main Committees *for* Home Affairs, Education, Sport and Culture and Health and Social Care. The Committee *for* Health and Social Care funds the business manager post, provides office space and facilities for the ICPC support team as well as contributing to the core budget.

Core budget expenditure:

	Annual projection - 2016	Actuals - 2016	Variation from projection - 2016
Contributions			
HSC	-32,334	-32,334	
Home	-13,333	-13,333	
Education	-32,333	-32,333	
Total Income	-78,000	-78,000	
Expenditure			
Independent Chair	15,000	18,600	-3,600
Established staff	20,400	20,600	-200
LSCB chairs Association	1,500	1,500	0
Website/procedures	1,500	70	1,430
Annual conference	5,000	4,500	500
CDOP	2,000	700	1,300
Travel and accommodation	3,000	4,300	-1,300
Reviews	9,000	7,200	1,800
CSE post	10,000	10,000	0
Training and Development	2,000	3,300	-1,300
	69,400	70,770	-1,370
	-8,600	-7,230	1,370

Section 3 - Progress against the strategic priorities for 2016

The 2015 annual report identified four future strategic priorities for the work of the ICPC over the coming years. These priorities were:

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.

At each ICPC meeting in 2016, members identified risks and a process is in place to monitor these. A zero based budget for 2017 has been prepared, reflecting resource dependent risks which were identified. Risks are also being raised with the Executive early in 2017.

Work on the priority to identify a designated officer for managing allegations was linked to resourcing in the 2015 annual report and has not progressed since then. This priority is linked to concerns expressed at a national level to ensure all organisations have appropriate safeguarding measures in place. There needs to be local scrutiny and oversight for this and it will remain a priority for the ICPC in 2017.

The Monitoring and Evaluation sub-committee produced a consolidated action plan from all recent reviews. The plan is reviewed at each meeting and updated with actions in progress or completed. Work on this is on-going.

In the light of the current need for financial restraint the ICPC managed available resources well and recorded an underspend of £7,230.

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.

The means of enabling participation of children and young people in the work of the ICPC has been established - the Youth Forum elected a representative in 2016 to attend ICPC meetings throughout 2017. They also took part in presenting to the 2016 annual conference and plan to do so again in 2017.

A voluntary sector child protection event was held in May 2016 which was well attended by many representatives of voluntary agencies, some of which also attended the conference. There are plans to host more events in 2017.

Frontline practitioners were invited to a workshop in July to receive feedback from the Serious Case Review reports and to identify how to develop their practice. The workshop was well attended. There was also an opportunity for the ICPC to receive feedback from practitioners about what developments they considered necessary to improve child protection in the islands and what was working well. A contact list of practitioners has been developed and regular briefings on reports of UK Serious Case Reviews were circulated directly to frontline staff, as well as any other important child protection news or guidance.

There has been work to strengthen the understanding of safeguarding leads and the designated doctor role in health. This began at the end of the year and will continue into 2017 when the ICPC will report on the progress made.

The ICPC was pleased to have a new representative from Alderney, Martin Winward, headteacher of St Anne's School during 2016.

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.

Work on preventing sexual exploitation was prioritised in 2016. MASE (Multi-Agency Sexual Exploitation) meetings were set up and held during the year where information about perpetrators and young people at risk was shared and preventative actions taken. The CSE (Child Sexual Exploitation) protocol was finalised and made available on the ICPC website. Work to update the CSE protocol, in line with developments nationally, is needed for 2017. This will be led by the Learning and Improvement sub-committee.

The ICPC began highlighting the additional risks of abuse to children with disabilities during 2016. Training for trainers on "Safeguarding Children with a Disability" was held in December and the training is being rolled out to frontline staff across agencies. Guidance was written and

disseminated and awareness raised on the particular difficulties that children with a disability may experience, such as disclosing abuse.

There has been difficulty in accurately assessing the number of disabled children in the care and child protection systems in 2016 without an agreed definition of disability across services. Agreeing a definition in 2017 would assist the ICPC in scrutinising the service provision for disabled children.

The development of MASH, the Multi-Agency Support Hub was promoted and Lead Professional and Team Around the Child processes were embedded. The new processes were included in level 2 and level 3 training and workshops held. A briefing on the new processes was issued to practitioners.

The introduction of the MASH has progressed the ICPC priority to challenge partners to establish effective systems for addressing the needs of children at an early stage. This may be evident in the continuing lower levels of child protection registrations.

2016 has seen important developments in healthcare provision in the island in all the areas of care for children, which re-enforces the focus of service provision on the child's needs. The Team Around the Child (TAC) methodology has not only improved focus but also inter-service and professional communication around all elements of care, which picks up the key factors to improving the lives of children and which supports safeguarding elements.

Another development for healthcare has been a thorough look at the operational health elements of child safeguarding. A monthly meeting of health child safeguarding lead practitioners has identified important work to improve and continue to improve a comprehensive approach to identification and assessment through to effective care plans that have wide ownership across the whole of healthcare.

All looked after children now receive a baseline psychological screening at entry into care and this is reviewed every six months. This is carried out by a Community Clinical Psychologist to ensure children's psychological needs are being analysed and tracked and treatment programmes/reparative care plans are implemented when required.

A screening rate of 100% was achieved for all 65 children in care at the end of 2016. The screening forms part of Priority 2 of the Corporate Parenting Strategy – Improving long term placement stability for older children.

The Children and Young People's Plan (CYPP) Supervisory Group has been established to provide governance and oversight for the CYPP and the Corporate Parenting Strategy. The ICPC Chair met with the CYPP Supervisory Group at the end of 2016 and reached an agreement for

reciprocal reporting with them. Any identified concerns regarding service provision to vulnerable groups of children can therefore be reported to the CYPP Supervisory Group by the ICPC Chair. Likewise the CYPP Supervisory Group can report issues regarding the coordination of agencies efforts to safeguard and promote the welfare of children to the ICPC Chair.

The Education Service has committed to improving engagement and outcomes for looked after children and have seen improved school attendance and only one school exclusion for a looked after child in 2016. Six young people left care in 2016, three of whom were recorded as accessing post 16 education.

There was a further reduction in the percentage of looked after children in off-island placements. This is a positive trend that is highlighted in the report form the Serious Cases Panel in relation to embedding the learning form serious case reviews.

Although the Youth Justice System in Guernsey is different to that in England, local figures compare favourably with those from England. Figures published by the Ministry of Justice indicate a reoffending rate of 38%, although the re-referral rate to the Youth Justice Service in Guernsey and Alderney was 27%. In addition there were no children in secure accommodation on criminal grounds, or in prison in 2016. The ICPC will include a focus on children in the criminal justice system in the 2017 priorities.

The ICPC need to support those working with children and families to continue to understand thresholds for reporting children in need and at risk. This is highlighted in the Digital Online Safety Group report on the issue of sexting. The ICPC have not yet re-issued a thresholds document, although work on this is ongoing and being monitored by the Learning and Improvement sub-committee. The MASH continue to use a triage document as part of the enquiry form, but in 2017 the ICPC will need to ensure that thresholds are understood and enquiries are made at the appropriate times.

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.

During 2016 the ICPC rationalised the sub-committee structure to combine the Monitoring and Evaluation sub-committee and the Training and Communication sub-committee under the Learning and Improvement sub-committee. This has combined the functions of scrutiny, quality

assurance and training. The membership has also extended to include a representative from the Office of the Children's Convenor as well as Mental Health.

The Learning and Improvement sub-committee have established a performance information database and have begun working to the newly developed learning and improvement framework (Appendix 2). Challenging partners to provide up to date statistics on performance had been a priority for the ICPC and there is still more to do to achieve consistent and regular contributions in 2017.

To develop a comprehensive learning and improvement framework had been a priority for the ICPC. This has been achieved through the Independent Chair's work restructuring the ICPC and sub-committees and the work of the newly formed Learning and Improvement sub-committee.

The ICPC also published two serious case reviews in April 2016 which, alongside a number of internal case reviews, generated a number of action points for the committee. As a result the ICPC is reviewing the information sharing guidance, which should be published in the first half of 2017. A risk management strategy and thresholds document is also being reviewed and updated, along with the ICPC online procedures.

Some practical improvements were made as a result of the reviews, such as improved communication. Better information sharing, both face to face at MASH meetings and tribunals, and electronically, was achieved across agencies. Strategy discussions are now routinely held if a young person is accused of a sexual offence. Midwives refer vulnerable pregnancies to MASH. Voluntary agencies are included in the MASH and Team Around the Child where appropriate.

Improved understanding of children's psychological needs is being developed and a representative of CAMHS continues to sit on the ICPC. Children are assessed for psychological and emotional harm as part of their health assessment on entry into the care system and are given a priority CAMHS service. More support is given to maintaining children's international links with their origins including family members and language.

The action points around training have been more difficult to manage within the available resources, although training for safeguarding disabled children has been achieved and is being facilitated by a multi-agency group of trainers.

The ICPC have considered ways in which safeguarding training can be resourced although a new strategy is not in place. The existing arrangements have not been able to cope with the increasing demand for training from case reviews. This is something that the ICPC will continue to treat as a priority for 2017.

Section 4 - Strategic Priorities for 2017

The strategic priorities for 2017 remain the same as those identified for 2016 although specific actions and work to progress these priorities will build on the progress made during 2016.

Maximising capacity and resources

There have been identified difficulties in meeting the increasing demands of safeguarding training. The ICPC will need to agree the levels of safeguarding training required by those working with children and families and a means of accessing that training for identified groups. Attempts are also being made to resolve the gap in the provision of suitable forensic examination facilities for child sexual abuse assessment, support and investigation. This will be supported and monitored by the ICPC in 2017. The ICPC will continue to press agencies to ensure there is a designated officer for managing allegations against those who work with children. In addition, work will continue on updating the ICPC regulations and constitution to reflect the planned restructuring of the ICPC.

Managing partnership and engagement

In order to continue the progress made on managing partnership and engagement the ICPC will support lead roles for child safeguarding in all healthcare organisations under the stewardship of a Designated Child Safeguarding Lead Doctor/Nurse for the islands. The inter-agency information sharing guidance for those working with children and families will be reviewed, updated and published in order to support professional decision-making and inter-agency working. In addition the ICPC will highlight the need to improve engagement with services that support parents and further develop the website to promote communication and engagement generally.

Ensuring focus on vulnerable groups

The ICPC will continue to ensure there is a focus on vulnerable groups of children and listen to concerns raised by children in the Young People's Survey and Youth Forum Survey. We will ensure there is a focus on the concerns about sexting highlighted in the Digital Online Safety Group annual report and that thresholds for reporting concerns about children in need and children at risk are understood. In addition the ICPC will include a focus on children in the youth justice system, particularly those who are jointly reported to the Children's Convenor and Her Majesty's Procureur. We will also seek an agreed definition of disability across services for children and examine the causes of delay and levels of unallocated cases for vulnerable children.

Embedding learning and improvement

The ICPC will continue to develop learning and improvement activity in 2017 through conducting audits on cases in the MASH, organisational standards and child protection registration. We will also seek to contribute to proposals for any changes to the Children Law and other relevant legislation. In addition the ICPC will contribute to the planning for inter-agency adult safeguarding arrangements.

Section 5 - Reports from sub-committees

ICPC Monitoring and Evaluation Sub-committee

Monitoring & Evaluation Sub-committee	
Attendance at meetings 2016 (10 meetings)	
Dept/Organisation	No. of meetings attended
Children's Social Care, HSC	9
Quality Assurance, HSC	9
Police	8
Paediatrician	5 (out of 6)
Child Health, HSC	6
Primary Care	9
Education, Sport & Culture	9
Governance, HSC	7
Adult Mental Health, HSC	1
Family Proceedings Advisory Service	9
ICPC Business Manager	9
Convenor (joined from May onwards)	4 (out of 6)

In February of 2016, the chair of the Monitoring and Evaluation sub-committee was taken over by Alan Brown, Director of the Committee for Education, Sport and Culture, from Ruari Hardy of the Guernsey Police. We would like to record our thanks to Ruari Hardy for the hard work and dedication he showed whilst leading the sub-committee and for the progress made whilst he was chair. Dr Janice Porritt, a practising GP representing Primary Care, agreed to become Vice-Chair. Meeting dates have been re-arranged to precede full meetings of the ICPC so that the sub-committee can better feed into the ICPC with current issues or concerns.

Towards the end of 2016, the sub-committee changed its name to the Learning and Improvement sub-committee to reflect its absorption of the responsibilities of the Training and Communication sub-committee which ceased to exist following the retirement of its chair, Dr Bryan Lean. The ICPC would like to thank Bryan for his hard work and dedication to the committee and sub-committees since its formation in 2010.

The combining of the roles of scrutiny and learning enables the sub-committee to better identify and co-ordinate need for child protection training; however there remains a real and urgent need for increased resources to facilitate the appointment of a child protection training co-ordinator and a proposal has been put forward to the ISCP/ICPC initially for a two year post to fulfil this role.

In the meantime, safeguarding training continues to be delivered by staff across agencies. New Safeguarding Children with Disabilities “train the trainer” training was delivered to a number of key staff who are cascading the training through their own and other agencies. This was introduced after a case review conducted by the sub-committee identified the need for specific safeguarding training for professionals working with children with disabilities, who are particularly vulnerable to abuse but not easily identified as at risk. The sub-committee also produced disability guidance which was circulated widely and is available on the ISCP website.

A consolidated action list has been put together to combine learning from local Serious Case Reviews and case reviews carried out by the sub-committee. Actions have been grouped together and there are three main themes: information sharing, a training strategy and a learning and improvement framework. Under these themes are many specific actions and these are updated by members regularly. It is important that learning from reviews is not lost in paperwork and a Serious Case Review workshop was held in July for professionals to identify how to develop their practice in the light of the overview reports written by external consultants. The workshop was well attended by local and some UK staff who had been involved in the young people’s care. Regular briefings on reports of UK Serious Case Reviews are also circulated to frontline staff.

Some specific issues were identified and resolved in 2016. There was a concern about security of paperwork in one of the agencies and this was dealt with effectively. Referrals from some agencies were also a concern; additional support was given to ensure that any concerns about child protection were acted upon and followed up as necessary. The wide multi-agency membership of the sub-committee ensures input from professionals working with children in many different areas and thus allows useful sharing of ideas and advice. The sub-committee was pleased to welcome new representatives from the Office of the Children’s Convenor and the Committee for Health and Social Care’s Mental Health service.

Statistics about case conferences held continued to be scrutinised by the sub-committee. Numbers of conferences had reduced greatly from 2015 figures and it is possible that the introduction of the Multi-Agency Support Hub (MASH) and the provision of co-ordinated early help has contributed to this. Updated child protection leaflets for people working with children and families have been produced to include information about MASH. The online procedures have also been updated and extended to include information on the new referral process to children’s social care.

Information sharing remains a very important part of work to protect children from abuse. A working group has been established which will produce an updated protocol and workshops for staff, to support its implementation. There is also on-going work on a risk management strategy.

During 2016, child trafficking became an emerging issue across the UK and the sub-committee will continue to monitor the local situation and develop its response to this worrying concern as more local information is gathered in 2017. Member agencies regularly submit performance information and complete self-assessment questionnaires and this information is used to identify emerging concerns and trends across the agencies.

Priorities for 2017 will be to further embed the learning and improvement framework through gathering performance information, audits, case reviews and establishing a practitioners' forum.

Alan Brown

Director of Education

Chair, Learning and Improvement Sub-committee

ICPC Digital Online Safety Group

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

Digital Online Safety Group	
Attendance at meetings 2016 (5 meetings)	
Dept/Organisation	No. of meetings attended
Education (headteacher)	5
Beau Sejour	4
Policy & Resources	4
PSHCE	4
Libraries	4
Education (St Sampson's)	3
Education (IT Advisory Teacher)	4
Youth Commission	3
Ladies College	1
Elizabeth College	1
Voluntary Agency Representative	3
Police	2
School Attendance Service	2
Education Officer for ICT	3
Data Protection	5
SHARE	2
South West Grid for Learning	5
Safe and Secure Online	3
Health and Social Care	2
Youth Justice	3

The Committee is well represented and well attended. The group meets bi-monthly with a separate sub-committee that meets to plan the Digital Ace event. The committee works closely with South West Grid for Learning who attend the meetings. The South West team are able to provide up to date information on current issues as well as training and support. There will be a training session for pre -school providers this June to raise awareness of the risks and responsibilities for staff in early years settings.

We are delighted that Airtel Vodafone have agreed to sponsor the Youth Commission to provide Online Safety support in schools. This will include leading assemblies and teaching lessons. The Youth Commission will take over the role vacated by Adam Burroughs. This work is invaluable and empowers children to operate safely in their digital world.

Sexting remains an issue. We are working closely with the police to develop a policy for sexting. This is to ensure there is a consistent approach across schools and establishments to dealing with situations that involve young people sharing inappropriate images of themselves.

The Digital Ace event goes from strength to strength with over 2,500 people attending this year's event. The event celebrates the positive side of the internet whilst keeping safeguarding messages at the centre. 3 D printing, drones and coding were all on offer, with talks on Cyber Security, Gaming and Keeping Safe Online.

Tracey Moore

Headteacher

Chair, ICPC Digital Online Safety Group

ICPC Training and Communication Sub-Committee

Training & Communication Sub-committee Attendance at meetings 2016 (3 meetings)	
Dept/Organisation	No. of meetings attended
Paediatrician	3
Education	3
Probation	2
Culture & Leisure	2
Institute of Health & Social Care Studies	2
ICPC Business Manager	3
Prison	1
Police	3
Voluntary Agency Rep	1
Child Health, HSC	2

At the end of June 2016 the Chair of the Training and Communication sub-committee, Dr Bryan Lean, retired and its function was absorbed into the Monitoring and Evaluation sub-committee, which became the Learning and Improvement sub-committee by the end of 2016. Dr Lean and members of the Training and Communication sub-committee felt that a focus group for training should still exist after the merger of the two sub-committees. Therefore a trainers' forum, for those who deliver training, will continue to meet in 2017.

The sub-committee had oversight of the training provision for 2016, which continued along the lines of the four-level model that had been run in previous years. Attendance on these courses fell slightly in 2016, although there was some single agency training taking place that is not captured in the attendance figures below.

Multi-agency safeguarding training					
Course	Attendance 2016	2015	2014	2013	Target
Training for trainers	3	6		41 (Education)	
Level 2	590	664	921	351	933
Level 3	78	72	92	45	110
Level 4	67	102			
Annual conference	180	150	116	188	150
Total accessing ICPC courses	918	994	1129	625	

The assessed need for the levels of training offered by the ICPC are illustrated in the table below.

Agency/Department	Level 1	Level 2	Level 3	Level 4	Conference
Action for Children		4	7	7	
HSSD	250	250	60	30	
MSG	50	50	12	1	
Prison	25	25	5	5	
Police	30	30	5	5	
Probation		1	1	11	
Education	211	248	19	5	
Culture and Leisure	50	50			
Children's Convenor	2	2	1	2	
Early Years	80	25			
Housing	5	5	2		
Fire and Rescue		3	1		
Ambulance		15	1		
Safeguarder Service				6	
Total need 2016:	703	708	114	72	150
Target from 2013/15 strategy		933	110		150

The sub-committee recognised that there were areas of training need that were not being met by the existing provision although it was felt that it was not possible to provide more training within the available resources.

Sub-committee members updated the levels 1, 2 and 3 course materials in line with policy developments and some of the messages from case reviews. However, there were also action points for training from case reviews that the sub-committee was not able to meet. A solution was reached to update and develop the delivery of training on safeguarding disabled children, although there is much more to be done.

The lack of resources and the difficulties in meeting the multi-agency safeguarding training needs was escalated to the ICPC Independent Chair as a perceived risk for child safeguarding in the islands.

The sub-committee also organised the annual conference, which for 2016 was jointly hosted by the Domestic Abuse Strategy, the Drug and Alcohol Strategy and the ICPC. The focus for the conference was the parental risk factors associated with harm to children: substance misuse, domestic abuse and mental health issues. As the conference was jointly hosted it was possible to hold it over two days with a combination of keynote speeches and workshops for practitioners. The conference was attended by 180 delegates over the two days and feedback

from the discussion group sessions has helped to inform the work of the ICPC and partner agencies.

Train the trainer events were held during the year, which has helped to expand the level of single-agency training being provided. There is more work to do on this in 2017 to enable it to continue and to gain feedback on levels and quality of training.

Team Around the Child and Lead Professional training was also rolled out during the year by a group of multi-agency trainers and lead by HSC Children and Family Services.

The ICPC has developed a webpage to list safeguarding training that is available to people locally from multiple providers. However, there is still work to do in developing the website as a mode of communication with people in the islands.

The training provided by the ICPC in 2016 is set out in the table below.

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	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	1 day 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

Training and Communication Sub-committee

ICPC Voluntary Agencies Sub-group

A Voluntary Agency sub group was initially set up in 2015 to engage with the sector and facilitate dialogue with the ICPC. It is clearly set out in the ICPC regulations that this communication is essential and that effective co-operation is to be promoted by the ICPC for the purpose of safeguarding children. However, it quickly became apparent that the sub group was not the most effective way of achieving this and a rethink was required.

In May 2016 the ICPC held a Voluntary Agency event to introduce the ICPC Independent Chair, raise the profile of the ICPC and consult with the agencies. The event was well received, with positive and constructive feedback from those who attended.

Agencies reported that more frequent events for voluntary agency representatives would be welcomed. It was acknowledged that the ICPC website was useful and was a valuable resource which needed to be publicised more widely. More opportunities to meet with the ICPC, ask questions and receive updated information on specific safeguarding topics would be useful. Agency representatives felt that sessions with open discussions would help encourage a closer working relationship between the ICPC and frontline workers, including those in the voluntary sector, along with the increased provision of more formal safeguarding training for volunteers.

This feedback shaped the proposals for how to move forward. From 2017 the Voluntary Agency Sub Group will no longer function as a sub group but rather take on more of a working party role, organising quarterly informative and constructive seminars or workshops, with relevant topics like the Disclosure and Barring Service checks process, MASH, safeguarding policies and so on. In addition the ICPC would facilitate 1 – 2 larger events each year, similar in format to the event in May 2016. This will give the opportunity to directly reach more voluntary agencies, better support them and engage in meaningful dialogue that can influence and effect change going forward.

The next event will take place in May 2017.

Kareena Hodgson

Manager, Action for Children

Chair, ICPC Voluntary Agencies Sub-group

Serious Cases Panel

Serious Cases Panel	
Attendance at meetings 2016 (3 meetings)	
Dept/Organisation	No. of meetings attended
Director of Communities, HSC	3
Children's Social Care, HSC	3
Convenor	1
Police	3
Paediatrician	2
Child Health, HSC	2
Education, Sport & Culture	3
Voluntary Agency representative	2

The purpose of the Serious Cases Panel is to:

- receive and collate case information where a referral has been made for consideration of a Serious Case Review (SCR);
- discuss cases and agree a course of action, including making recommendations to the Independent Chair of the ICPC as to whether the criteria have been met for a SCR. The ICPC Chair will then make a decision as to whether a review will be commissioned;
- commission SCRs on behalf of the ICPC;
- establish a SCR panel for each SCR;
- receive, quality assure and ensure completion of the SCRs commissioned;
- commission and quality assure alternative reviews; and,
- ensure completion of action plans arising from reviews.

The panel works closely with the Learning and Improvement sub-committee in relation to monitoring action plans and conducting internal reviews.

In 2016, the Serious Cases Panel was chaired by Ruby Parry, Director of Communities for the Committee *for* Health and Social Care.

Standing members of the panel were drawn from agencies with representation on the ICPC and included representatives from:

- Children's social care
- Child health
- Paediatrics

- Police
- Education
- Voluntary sector

The panel managed two SCRs on behalf of the ICPC as well as conducting and co-ordinating two other internal reviews and considering a further referral, which was not thought to meet the criteria for a review. The panel also managed the local contribution to a UK Safeguarding Adult Review (SAR), in the absence of any local safeguarding adult governance arrangements.

Executive summaries of the two SCRs were published in April 2016 on the ICPC website. The SCRs both involved young people who had spent some time in the UK and therefore included contributions from UK agencies. The ICPC and Serious Cases Panel hosted a joint learning event with professionals from the relevant UK agencies, which enabled the findings from the reviews and experiences of the relevant practitioners to be shared.

Both the SCRs highlighted the difficulties of working across jurisdictions and as a result much work has been done to improve communication, assessment and working practices. The introduction of a therapeutic fostering service and psychological screening for looked after children are examples of this. As a result there has been a reduction in the percentage of looked after children living off-island, having fallen from 20% in 2014 to 15% by the end of 2016.

The SAR also highlighted the need to strengthen transition arrangements between children and adult services, particularly for children who are placed off-island. This has resulted in the creation of the Specialist Placement and Transition Panel, which provides oversight of all such arrangements.

Ruby Parry

Director of Communities

Chair, Serious Cases Panel

Child Death Overview Panel (CDOP)

Child Death Overview Panel Attendance at meetings 2016 (2 meetings)	
Dept/Organisation	No. of meetings attended
Public Health	1
Children's Social Care, HSC	0
Police	2
Paediatrician	2
Nursing	2
Education	1

The death of a child is a tragedy. It is therefore essential that the reasons for their death are identified, particularly where it is unexpected. The ICPC is responsible for ensuring that the deaths of all children normally resident in Guernsey and Alderney are reviewed, as is the practice in the rest of the UK. To this end a joint Child Death Overview Panel (CDOP) was established with the Jersey Safeguarding Children Partnership Board (SCPb) in order to review deaths of children in the Channel Islands as a whole. This is due to the low numbers of deaths experienced in the islands and the opportunity for services to review cases objectively and share any resultant learning.

The CDOP is chaired by the Medical Officer of Health for Jersey and the role of the panel is advisory. The panel considers the circumstances of individual cases anonymously, the contributory factors and preventability and makes recommendations for action, identifying any concerning patterns or trends.

Two CDOP meetings were held in 2016 and the panel have considered a small number of child deaths from the islands. The recommendations arising from CDOP have included changes to organisational processes and practice as well as community education and awareness raising. The CDOP will continue to meet biannually in 2017.

Joint Child Death Overview Panel

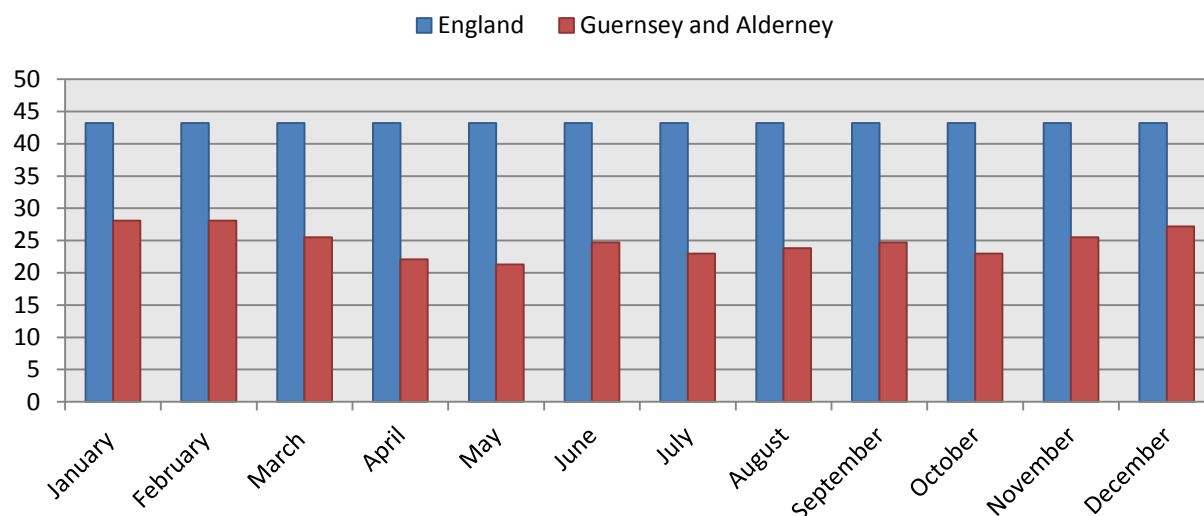
Appendix 1 – Statistical information

N.B. Figures in the tables below include those for both Guernsey and Alderney. As the figures for Alderney are so low they cannot be included separately.

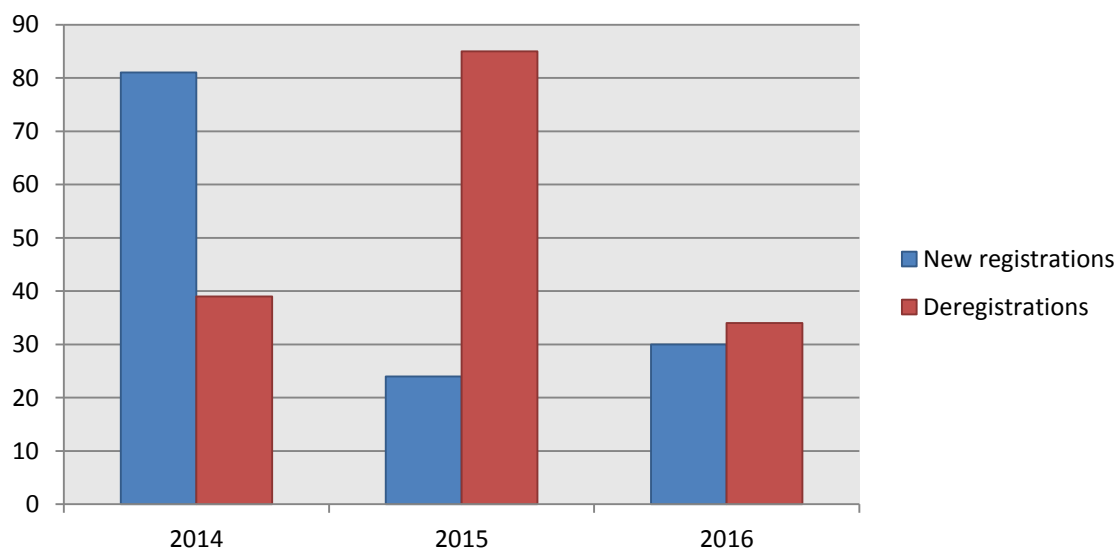
Table 1. Children in the child protection system																																																																																
a. Strategy discussions and pre-birth planning meetings (2016)																																																																																
Strategy discussions and pre-birth planning meetings are held when it is considered there is a serious risk of harm to a child or unborn baby. During 2016 strategy discussions and pre-birth planning meetings were held concerning 145 children.																																																																																
Strategy meetings by category	2015	2016																																																																														
Emotional abuse/Physical abuse	63	-																																																																														
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Physical abuse	-	25																																																																														
Neglect	4	8																																																																														
Sexual abuse	84	47																																																																														
Child sexual exploitation (CSE)	-	30																																																																														
Domestic abuse	-	7																																																																														
Parental mental health	-	2																																																																														
Challenging behaviour	-	3																																																																														
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b. Children on the child protection register (monthly)																																																																																
The numbers of children on the child protection register had risen during 2014, fell steadily during 2015 back to the lowest figure since 2011 and remained low throughout 2016. There were 66 children on the child protection register in 2016, with a range between 25 and 33 at any one time.																																																																																
<table><caption>Estimated data for Children on the child protection register (monthly)</caption><thead><tr><th>Month</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th></tr></thead><tbody><tr><td>January</td><td>35</td><td>45</td><td>55</td><td>90</td><td>32</td></tr><tr><td>February</td><td>45</td><td>45</td><td>55</td><td>85</td><td>32</td></tr><tr><td>March</td><td>45</td><td>45</td><td>50</td><td>75</td><td>28</td></tr><tr><td>April</td><td>45</td><td>55</td><td>55</td><td>65</td><td>25</td></tr><tr><td>May</td><td>55</td><td>45</td><td>60</td><td>60</td><td>25</td></tr><tr><td>June</td><td>55</td><td>55</td><td>65</td><td>55</td><td>30</td></tr><tr><td>July</td><td>55</td><td>55</td><td>75</td><td>50</td><td>28</td></tr><tr><td>August</td><td>55</td><td>55</td><td>75</td><td>50</td><td>28</td></tr><tr><td>September</td><td>55</td><td>55</td><td>85</td><td>45</td><td>30</td></tr><tr><td>October</td><td>45</td><td>60</td><td>90</td><td>40</td><td>28</td></tr><tr><td>November</td><td>40</td><td>55</td><td>95</td><td>35</td><td>30</td></tr><tr><td>December</td><td>45</td><td>55</td><td>98</td><td>35</td><td>32</td></tr></tbody></table>			Month	2012	2013	2014	2015	2016	January	35	45	55	90	32	February	45	45	55	85	32	March	45	45	50	75	28	April	45	55	55	65	25	May	55	45	60	60	25	June	55	55	65	55	30	July	55	55	75	50	28	August	55	55	75	50	28	September	55	55	85	45	30	October	45	60	90	40	28	November	40	55	95	35	30	December	45	55	98	35	32
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October	45	60	90	40	28																																																																											
November	40	55	95	35	30																																																																											
December	45	55	98	35	32																																																																											

c. Monthly rate per 10,000 children subject of a child protection plan compared to rate for England at 31 March 2016 - i.e. above or below 43.1)

There has been a generally increasing trend in the number of children made subject to a child protection plan in England over the last six years. The number of children with a child protection plan in England per 10,000 child population as of 31st March 2016 was **43.1** (up from 42.9 the previous year). At the end of March the comparable figure in Guernsey and Alderney was **25.5**, with a range from 28.1 to 21.3 across the year.



d. Registrations and de-registrations

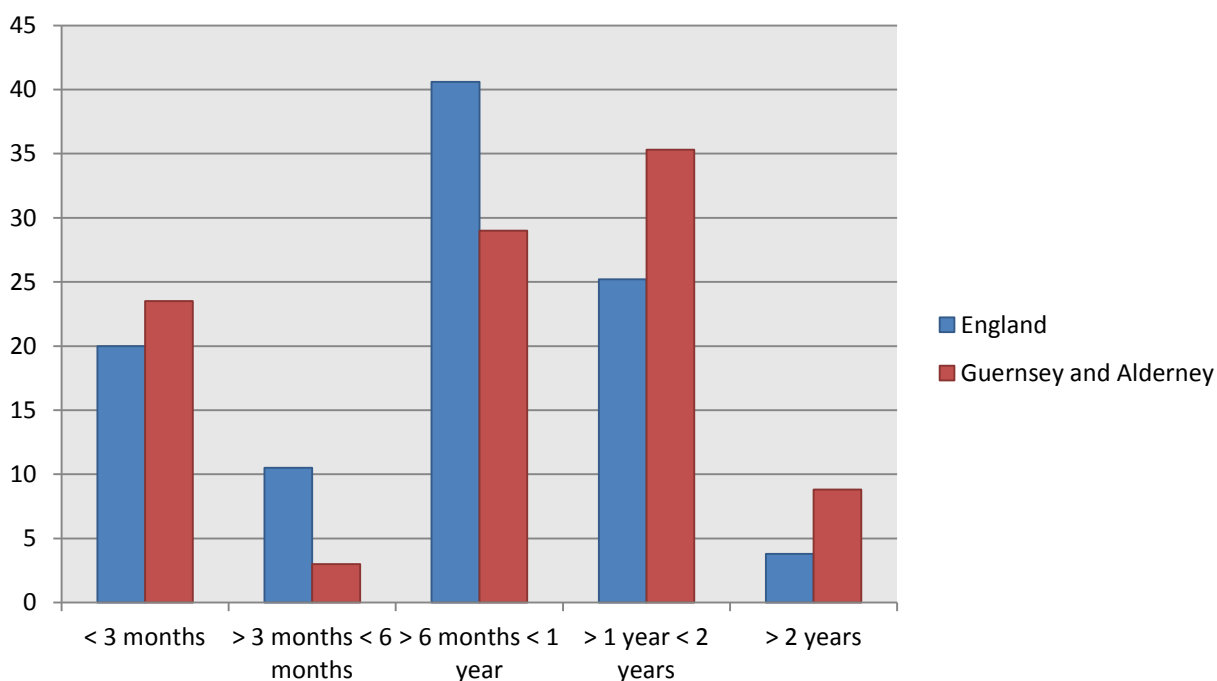


In **2014** the number of children whose names were added to the child protection register was more than double the amount whose names were taken off. In **2015** this pattern was reversed and the number of children whose names were added to the register was less than a third of those whose names were taken off. In **2016** the amount of registrations and de-registrations is

more closely matched, suggesting the system is more stable than it had been in the previous two years.

e. Time on register for those de-registered in 2016

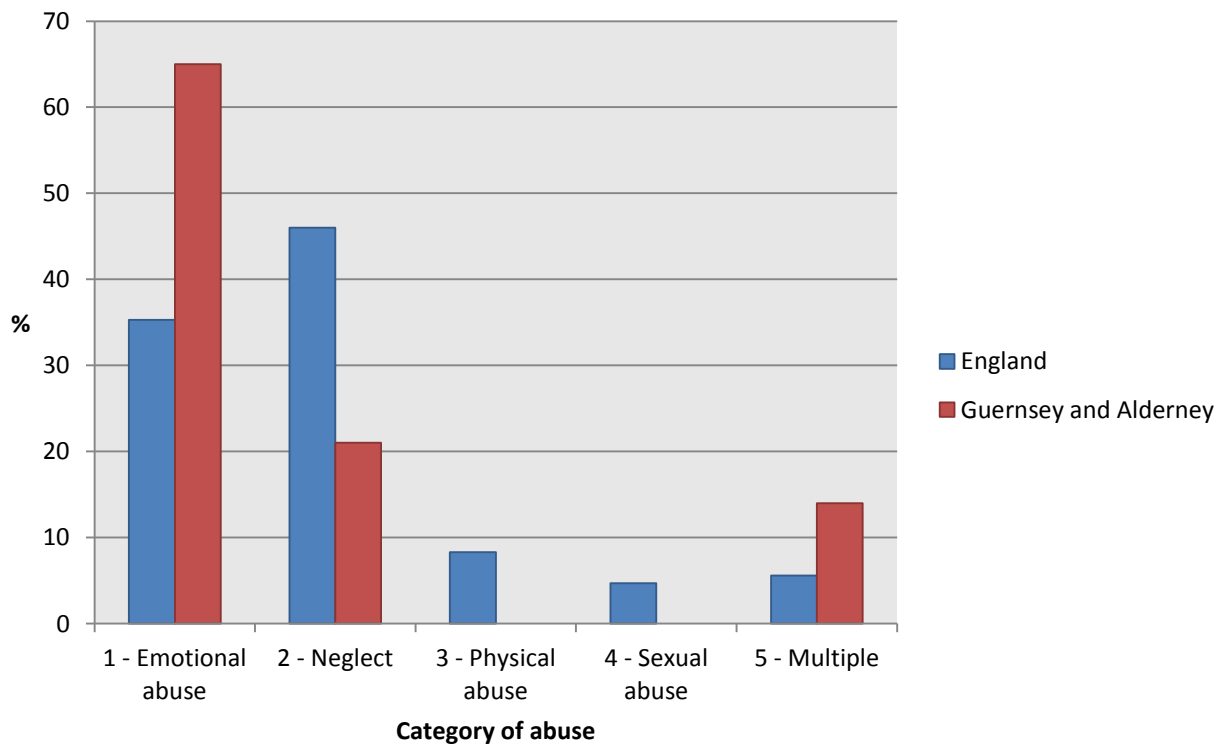
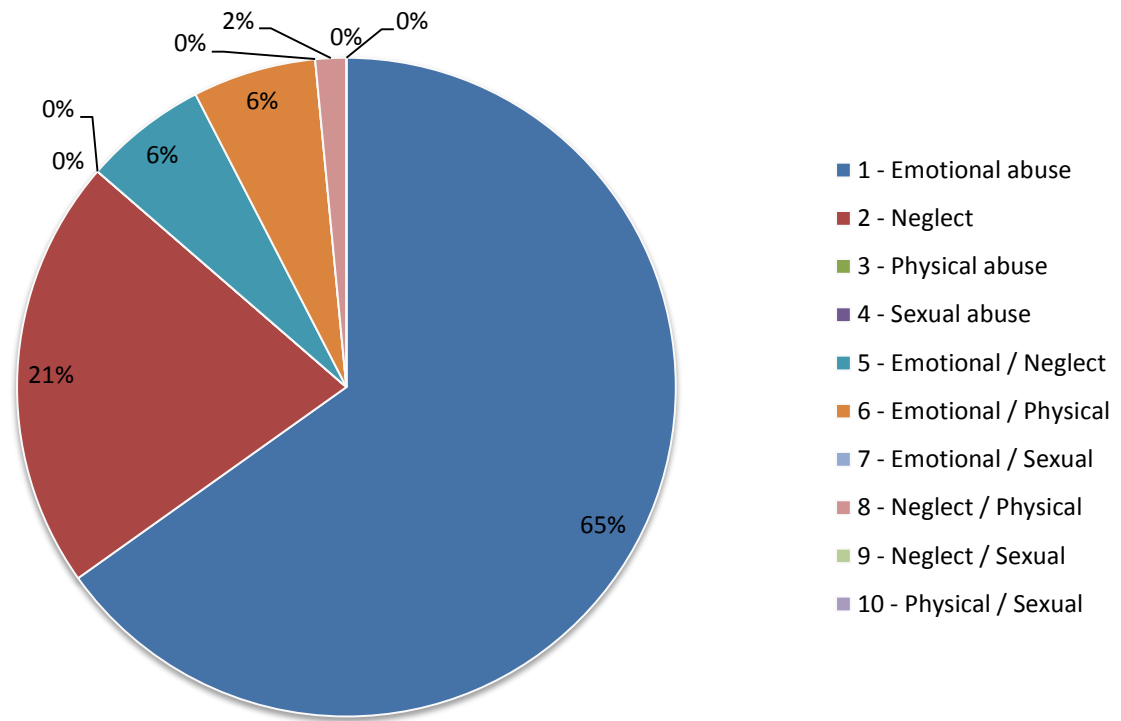
When children remain on the child protection register for long periods of time, it suggests that child protection plans are not working or cases are being allowed to drift. In 2016, 8.8 percent of those children who were de-registered had been on the register for more than two years. The comparative figure in England is 3.8 percent. To try to understand the reasons for these cases that have been on the register for more than 12 months will be audited by a sub-group of the Learning and Improvement sub-committee in 2017.



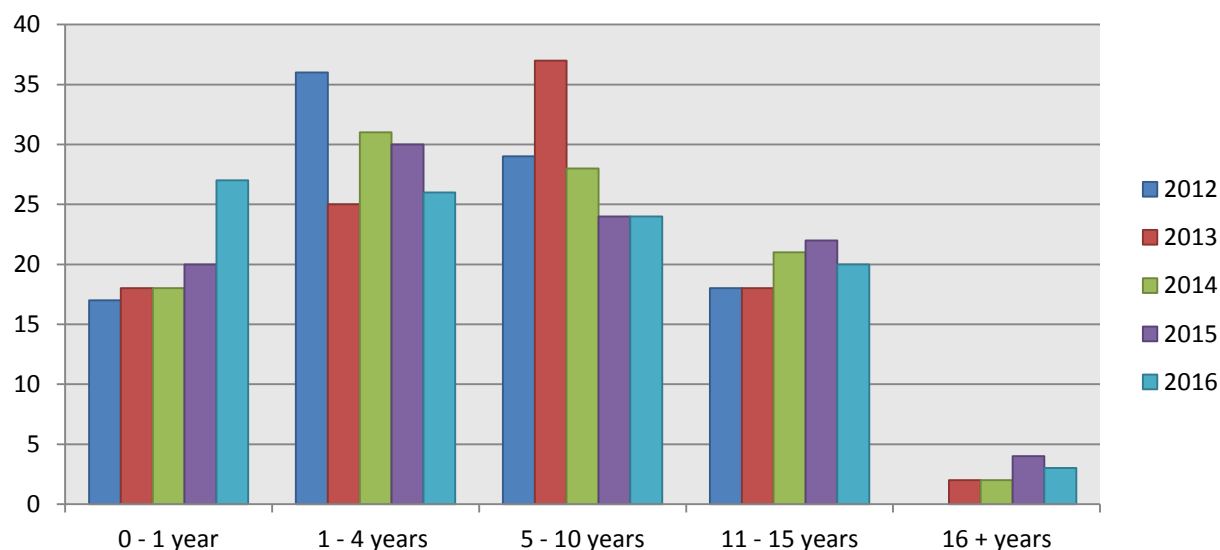
f. Category of registration

Emotional abuse was the highest category for registration in 2016, accounting for 65 per cent of the total registrations. The next highest single category was neglect at 21 per cent. In England reasons for having a child protection plan were: 46 per cent neglect; 35 per cent emotional abuse; 8 per cent physical abuse; 6 per cent multiple reasons; and, 5 per cent sexual abuse. There were no child protection registrations in Guernsey and Alderney for physical abuse or sexual abuse, although physical abuse was identified in some registrations under multiple categories. The reason for this could be that incidents of physical and sexual abuse are more effectively dealt with in other ways than through child protection plans, such as compulsory intervention through a care requirement or court order, or exclusion of the perpetrator of abuse. We need to understand the reasons for this further and will comment on findings in the 2017 annual report.

Category of registration in Guernsey and Alderney - including multiple categories

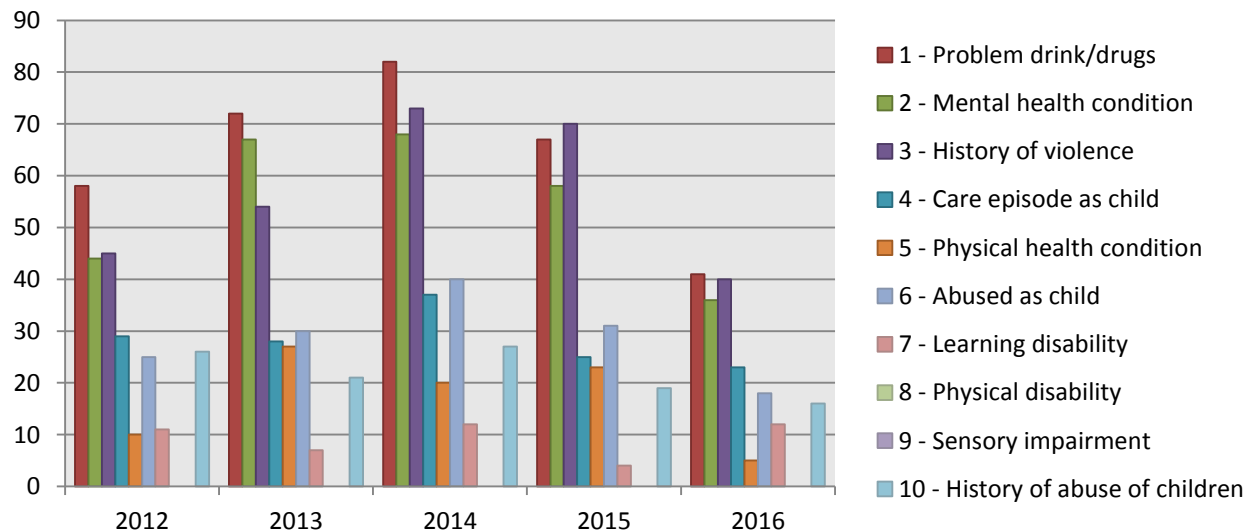


g. Ages of children on the child protection register



The above chart, breaking down the ages of children on the child protection register, reflects the vulnerability of those under one year old, for whom there has been a percentage increase in 2016.

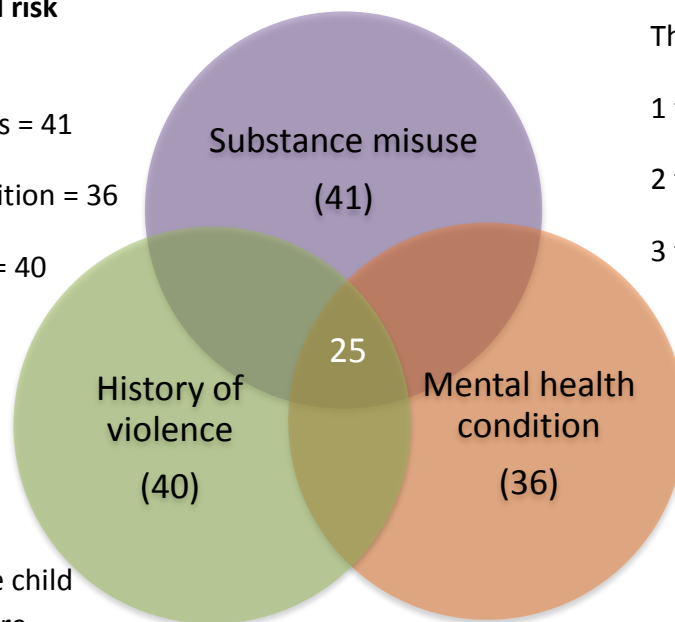
h. Parental factors



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 = 41
2. Mental health condition = 36
3. History of violence = 40

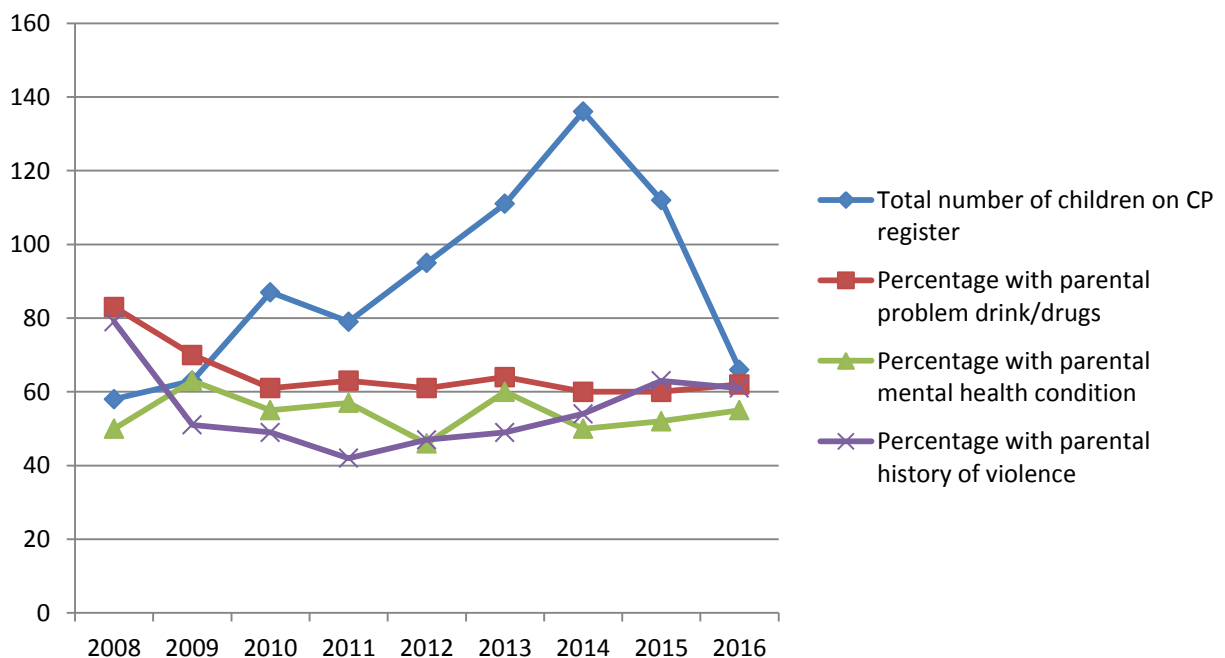


Those affected by:

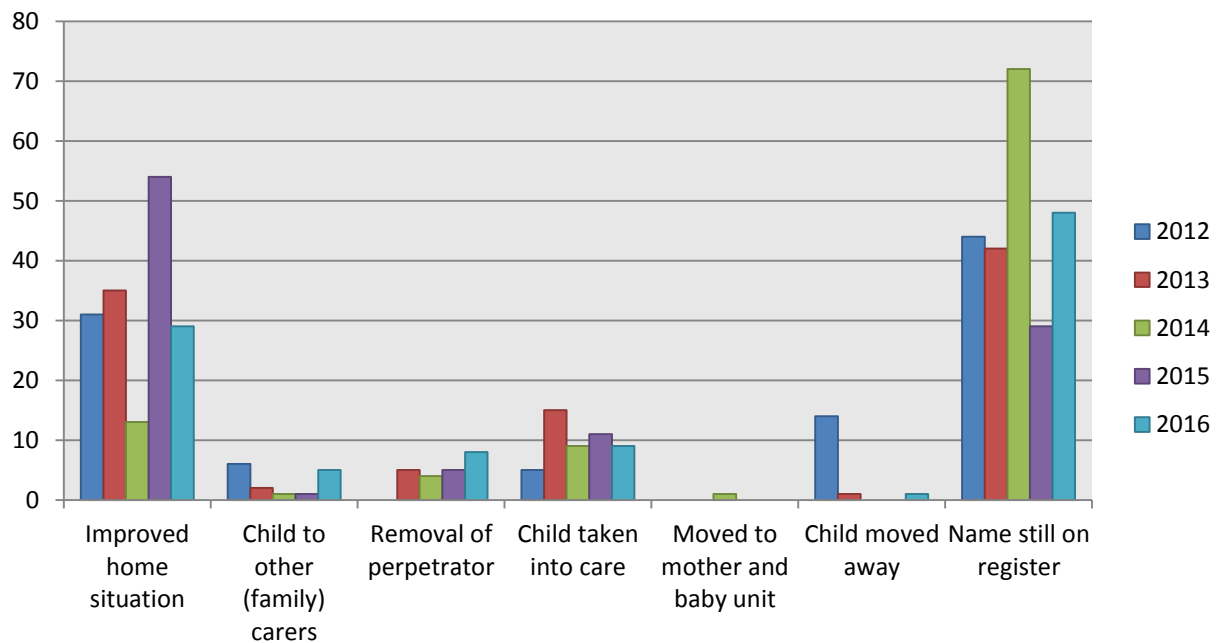
- 1 factor = 16 children
- 2 factors = 13 children
- 3 factors = 25 children

82% of children on the child protection register were affected by one or more of these factors

The chart below also indicates the percentage of those for whom parental substance misuse, mental health issues and histories of violence has remained fairly constant over the last seven years, while the number of children on the register has fluctuated significantly. This could indicate the relevance of child protection plans, being targeted at those with complex problems.



i. Outcomes of child protection registration



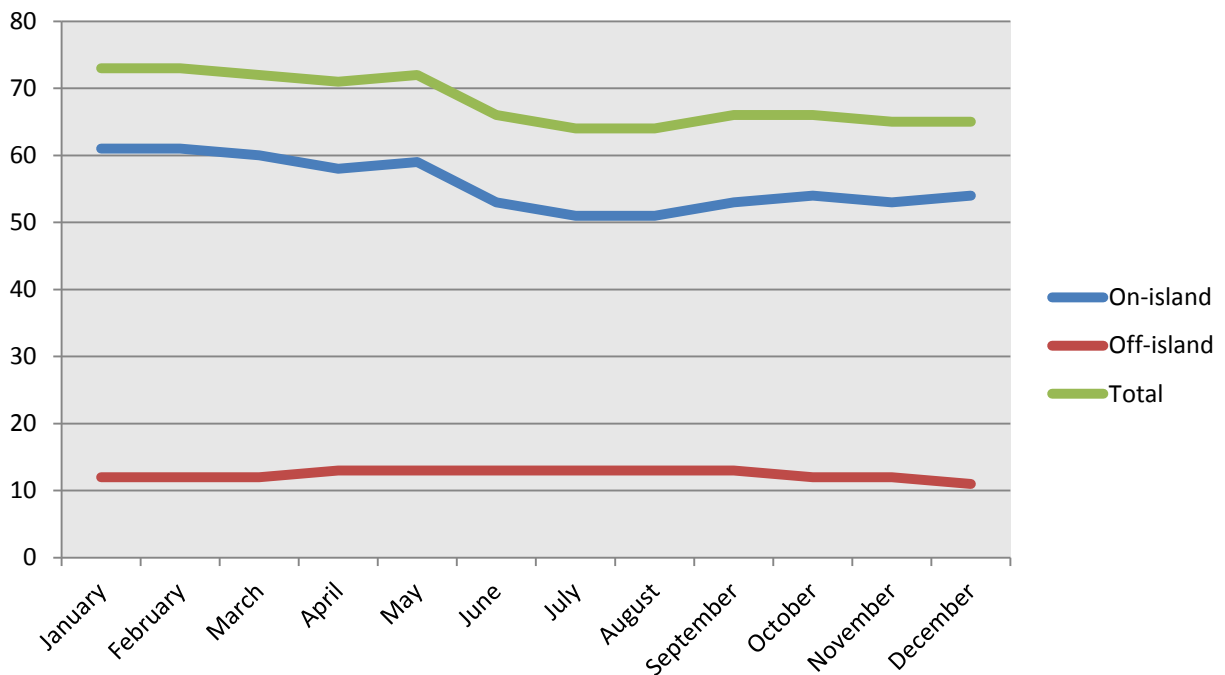
The percentage of children for whom the outcome of child protection registration is an improved home situation has returned to the level seen in 2012/13. It is the highest reason for de-registration which is positive and indicates that child protection plans have been successful. The reduction in this figure since 2015 is reflective of the high level of de-registrations for that year and the general reduction in registrations.

j. Re-registrations

The following table shows the percentage of children whose names were added to the child protection register in 2016 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. The comparable figure in England was 17.9 percent for 2015-16.

Re-registered within 1 year of de-registration	3%
Re-registered within 2 years of de-registration	0
Registered more than two years previously	11.8%

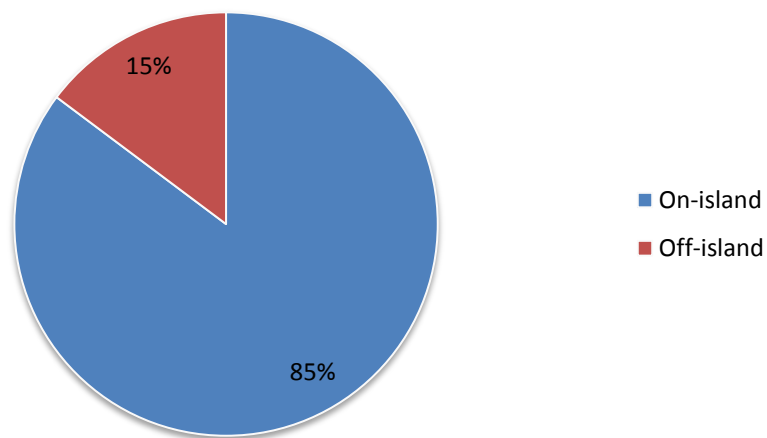
Table 2. Children who are looked after**a. Children looked after (monthly)**

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

Total number of children looked after during 2016

Total: 88	Female: 60%	Male: 40%
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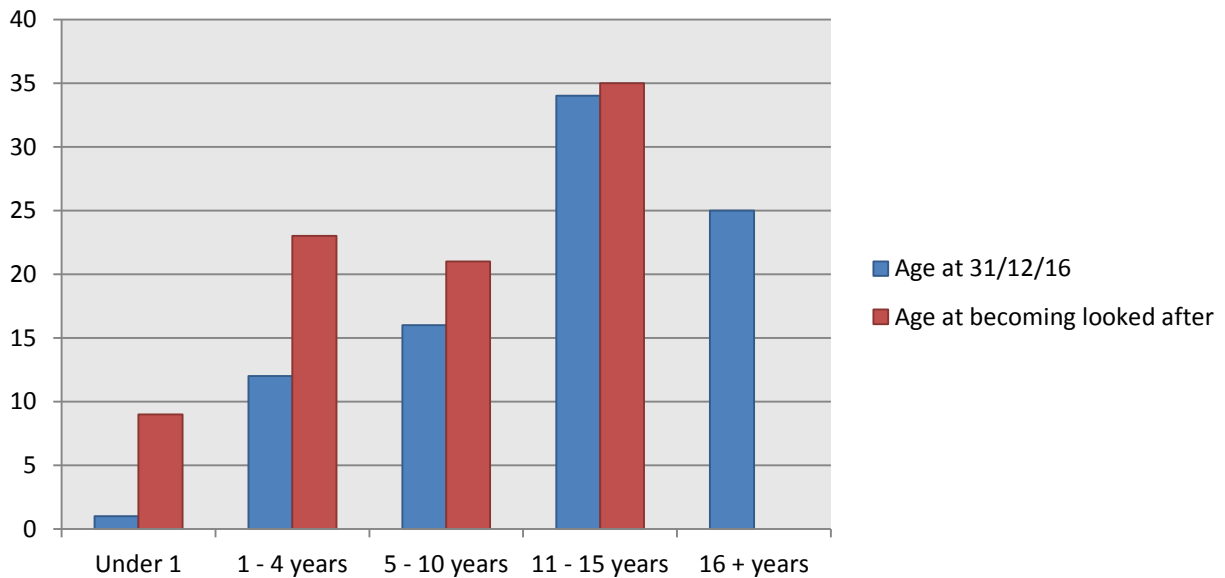
On-island care	75
Off-island care	13



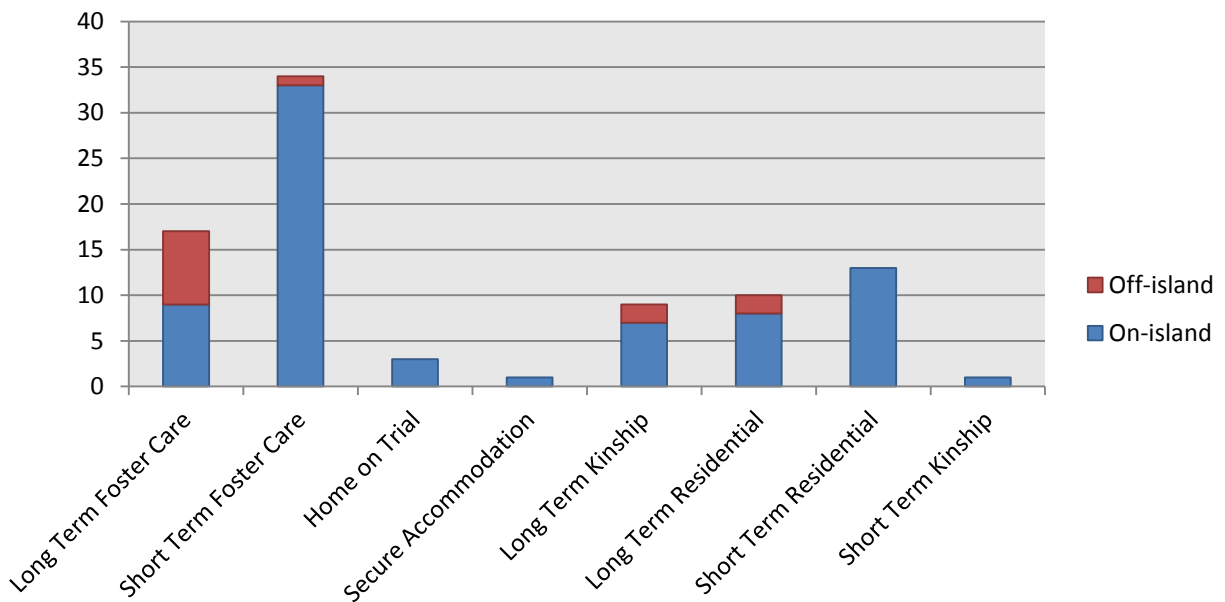
b. Ethnicity

1 - White	79
2 - Mixed/multiple ethnic groups	7
3- Asian or Asian British	0
4 - Black or Black British	0
5 - Other ethnic group	2
6 - Not known/not stated	0
Total:	88

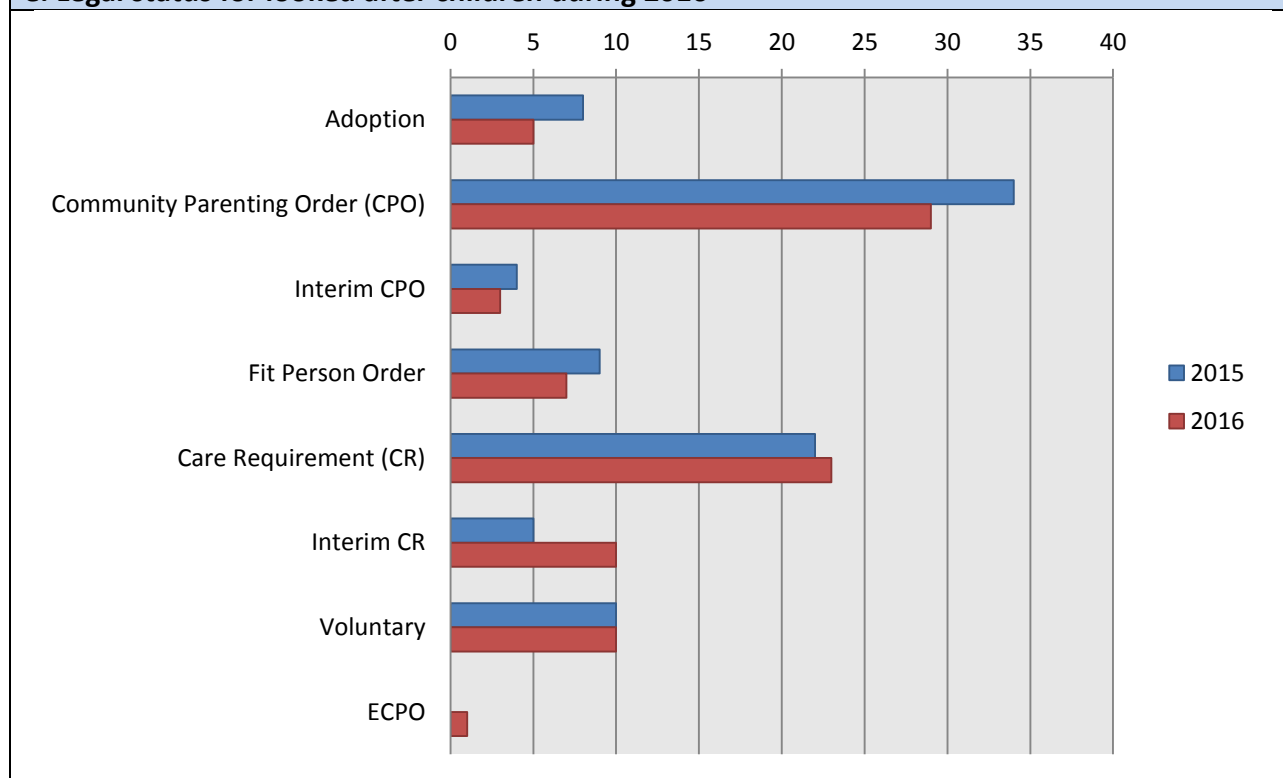
c. Ages of children looked after (31/12/16) and age at becoming looked after



d. Type of placement



e. Legal status for looked after children during 2016



f. Placement moves 1st January to 31st December 2016

Number of moves	Number of children	% of total LAC
1 move	18	21
2 moves	2	2
3 moves	1	1
>3 moves	3	3
Total:	24	27

Proportion of looked after children who have three or more placement moves = 5 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 in 2015 were: 10 percent in England; 9 percent in Wales; 8 percent in Northern Ireland; and, 6 percent in Scotland.

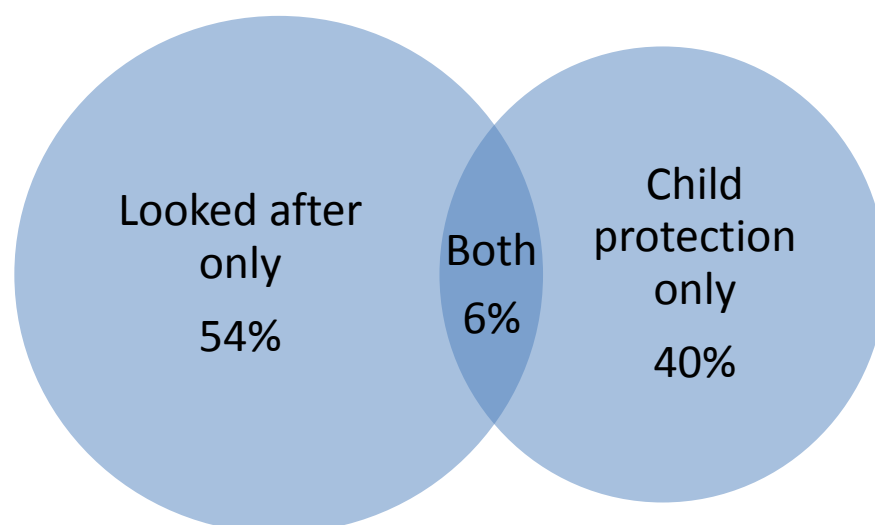
g. Reason for placement moves

		%
Breakdown of placement	9	20
Carer unable to continue	1	2
Planned move	30	67
Return home	2	4
Return to former placement	2	4
Secure Accommodation Order	1	2
Total:	45	

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.

h. Children looked after and child protection registration

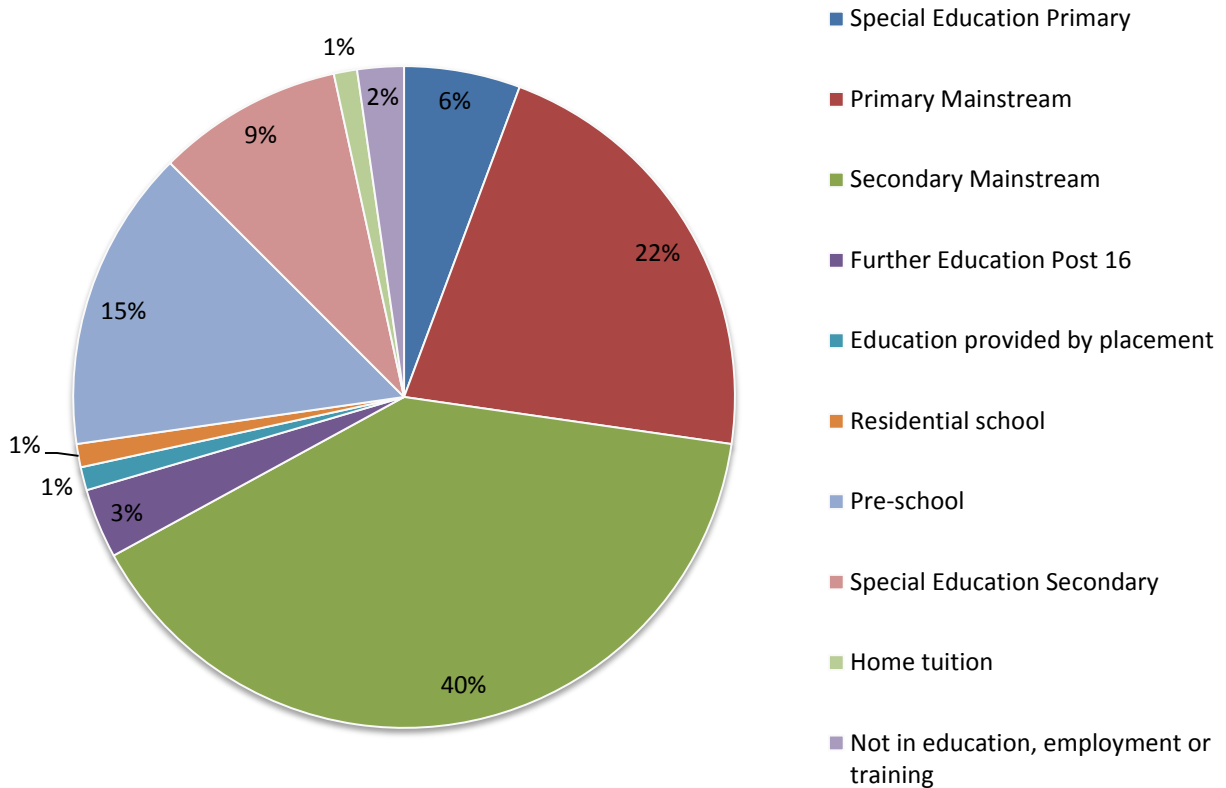
Population under 18	11,747
Looked after children	88
Child protection registration	66
Both	9
Total looked after or on the child protection register	145



The total number of children who were looked after or on the child protection register during 2016 was **145**, six percent of whom were both looked after and on the child protection register at some point during the year. This is less one and a quarter percent of the total child population in the islands.

98.77%	Not looked after or on the child protection register	1.23%	Looked after or on the child protection register
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i. Education and employment for looked after children



j. Leaving care

26 children had been looked after and left the care of HSC in 2016. Six of those children would be classed as care leavers, having reached the age of 18.

Table 3. Children being assessed for specialist services

All enquiries for children's services are now made through the Multi-Agency Support Hub (MASH), which was introduced as a single point of referral in March 2015.

When it is believed a child is in need of additional support, or where there are concerns about their welfare or safety, anyone can make enquiries to the MASH to request help, advice and support.

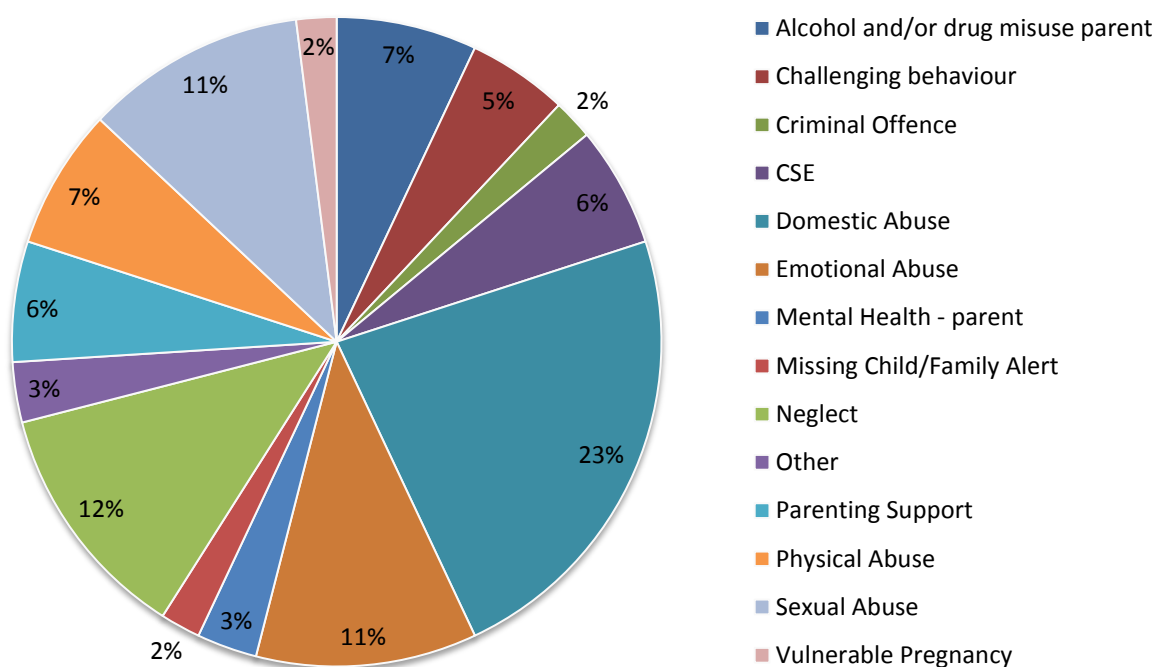
a. Enquiries to the Multi-Agency Support Hub (MASH) 2016

2014†	2015†	2016*
1220	1711	1246

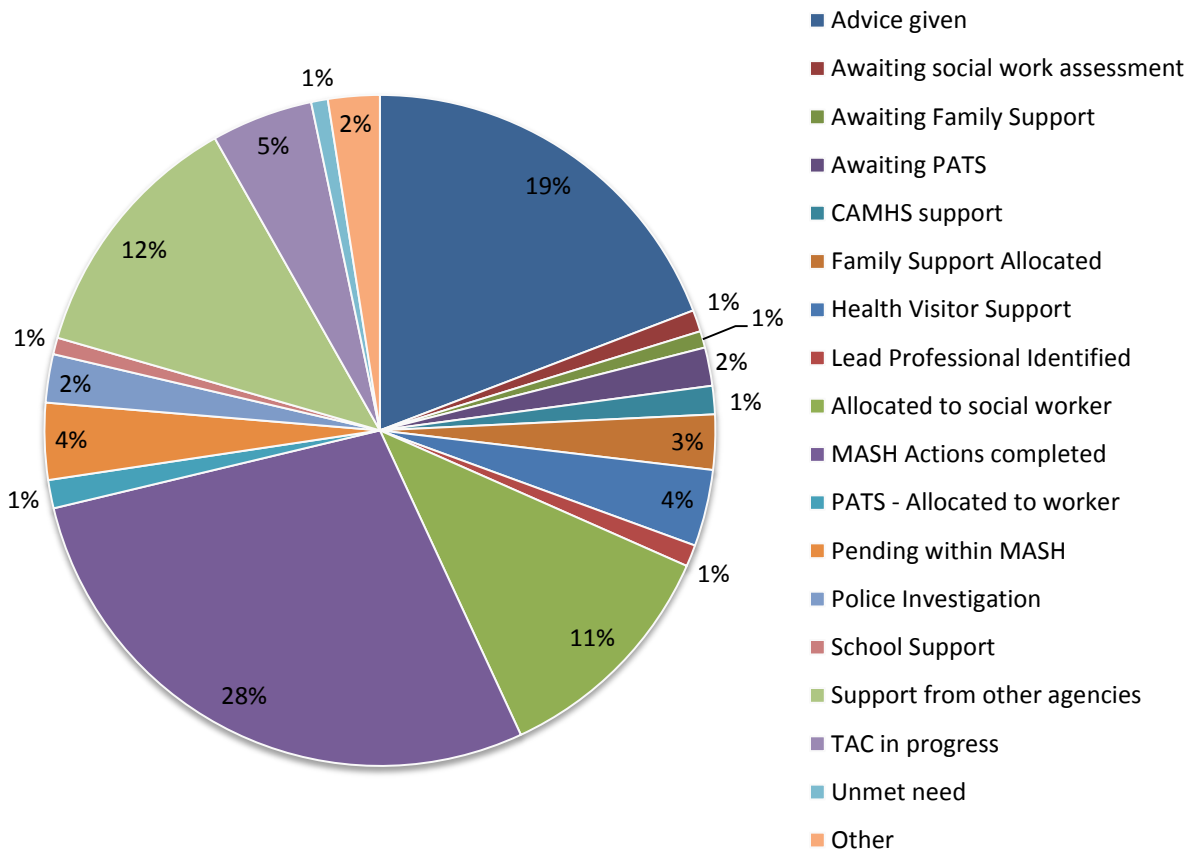
† Referrals in 2014 and from 1st January to 15th March 2015 were made to the then Health and Social Services Department, Assessment and Intervention team. After that date all enquiries for children's social care have gone to the MASH.

* Enquiries to MASH are now recorded differently than in previous years. In cases already open to children's social care, information is passed to the child's social worker and not recorded as an enquiry. As such the actual number of enquiries into MASH from agencies is higher than the figure finally recorded. This change in recording methods accounts for the reduction in enquiries for 2016 illustrated here.

b. Breakdown of identified need in 2016



c. Outcome of enquiries to MASH



Abbreviations:

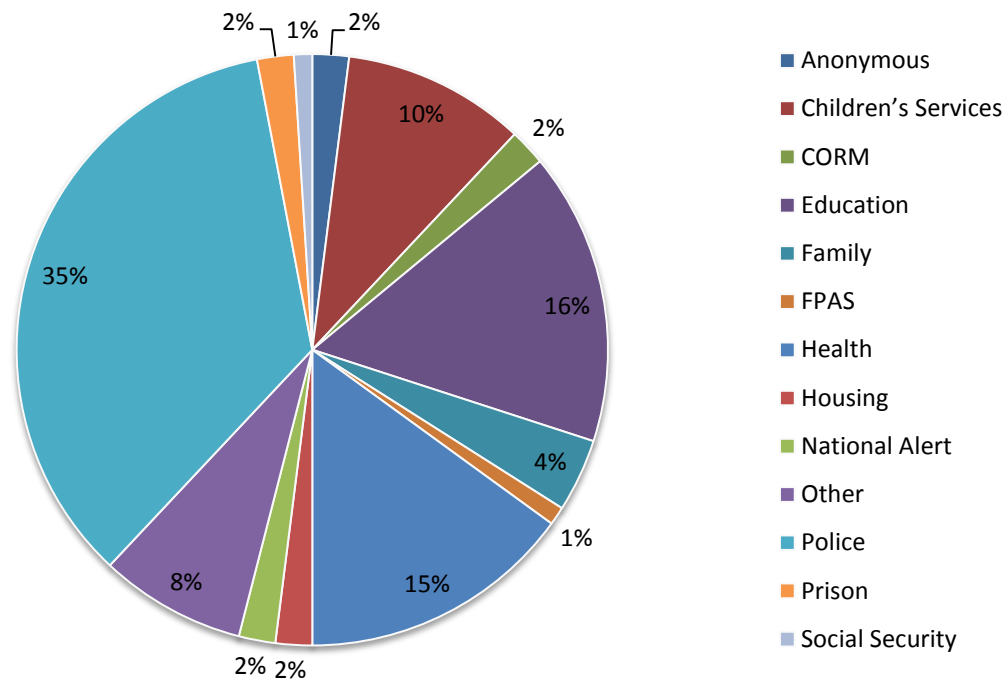
CAMHS - Child and Adolescent Mental Health Service

PATS – Post Abuse Therapeutic Service

TAC – Team Around the Child (multi-agency planning process for children and families)

d. 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 Health and Social Care services making 60% 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.

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:

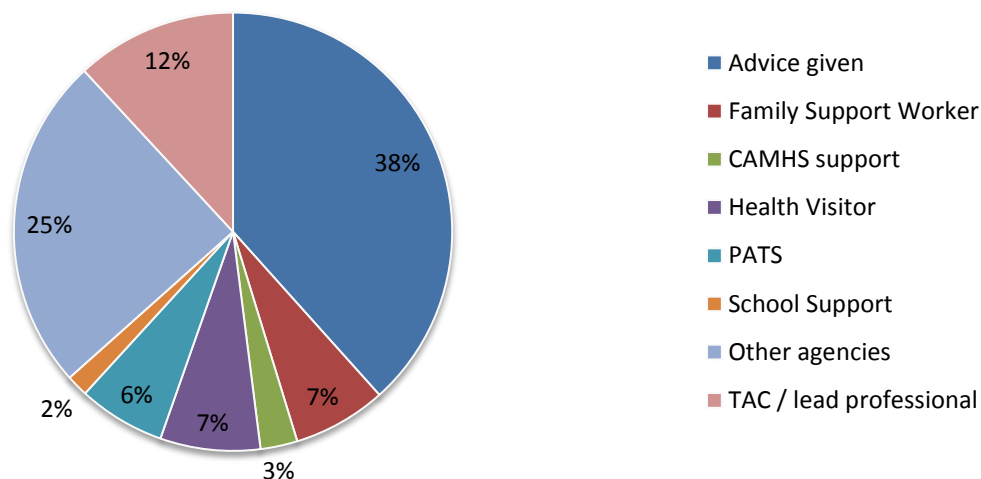
- have suffered or are likely to suffer significant impairment to their health or development;
- have suffered or are likely to suffer sexual or physical abuse;
- misuse drugs or alcohol or inhale a volatile substance;
- are exposed or likely to be exposed to moral danger;
- have displayed violent or 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 **1246** children in need who were subject to enquiries into the MASH with 50 percent of these receiving early help and support, either directly from the MASH or through other agencies.

b. Referrals from MASH for early help and support



At the end of 2016 there were 33 cases waiting to be allocated for early help, 13 cases waiting to be allocated for social work assessment and 10 cases of unmet need. The ICPC will need to look into the reasons for delay and unallocated cases more closely in 2017 in order to understand the level of associated risk.

Children in need

c. Victims of crime

During 2016 there were 166 cases of domestic violence involving children referred to MARAC.

Type of crime	Crime reports	Offences	Convictions
Violent	44	39	6 (6 people)
Sexual	29	96	44 (12 people)

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

d. Children missing

During 2016 the Guernsey Police had **108** reports of children missing.

24 missing from home

72 missing from residential/foster care

3 (15) missing from school (number in brackets – reported by Education Service)

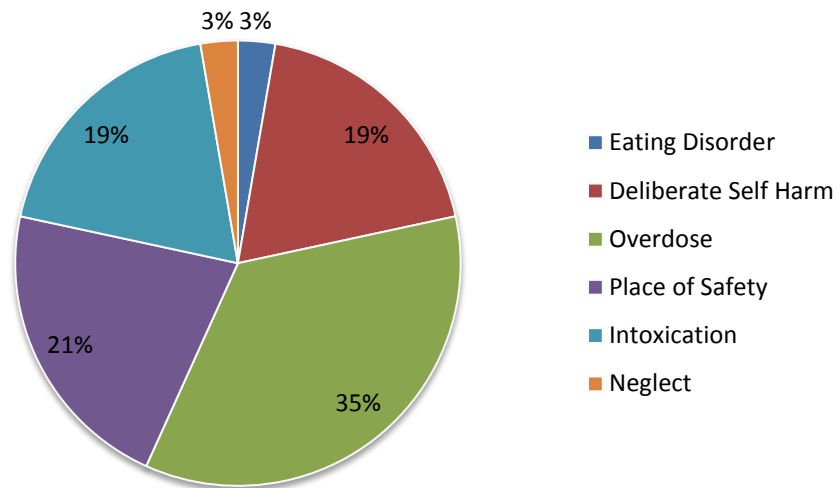
This represents an overall reduction in figures from 2015, when there were 292 reports of children missing, although this may be due to a change in the data collection system used by the Police. The figure will need to be reviewed next year for a clearer understanding of comparative rates of children missing.

e. Referrals to CAMHS

In 2016 there were **471** children who had been referred to CAMHS. There were 367 children provided a CAMHS service. For those not receiving a service there was either no evidence of a mental health condition or they were signposted to an alternative service.

There were 37 children admitted to the children's ward at the Princess Elizabeth Hospital with mental health concerns, a reduction of 35 percent from the previous year.

f. Mental health related admissions to Frossard Ward (37)



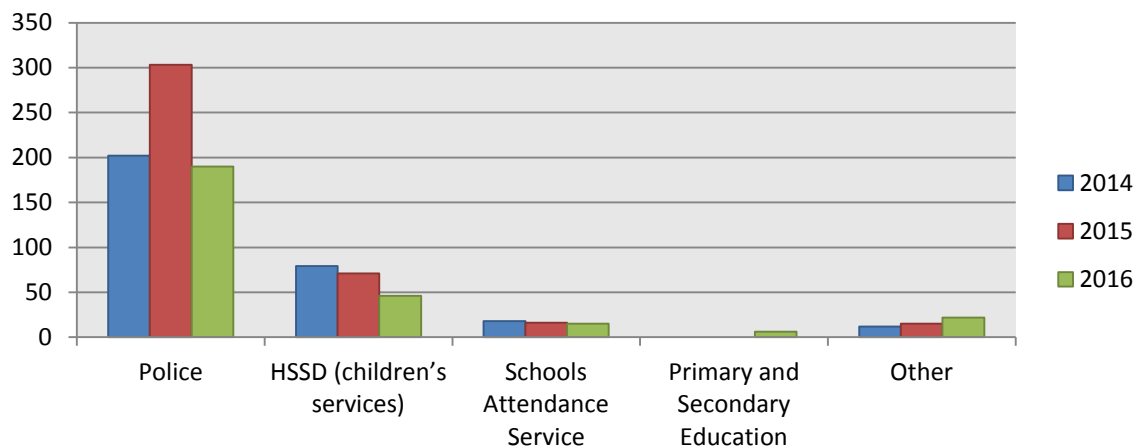
Children at risk – compulsory intervention

g. 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).

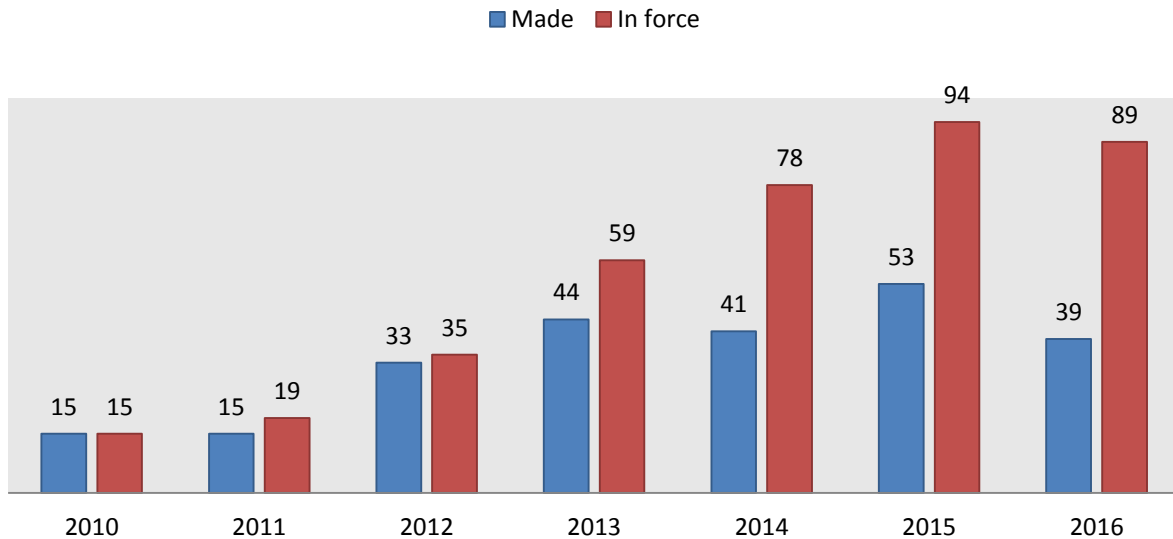
Number of referrals received by the Children's Convenor during 2016

Agency	Referrals
Police	190
HSC (children's services)	46
Schools Attendance Service	15
Primary and Secondary Education	6
Other	22
Total:	279

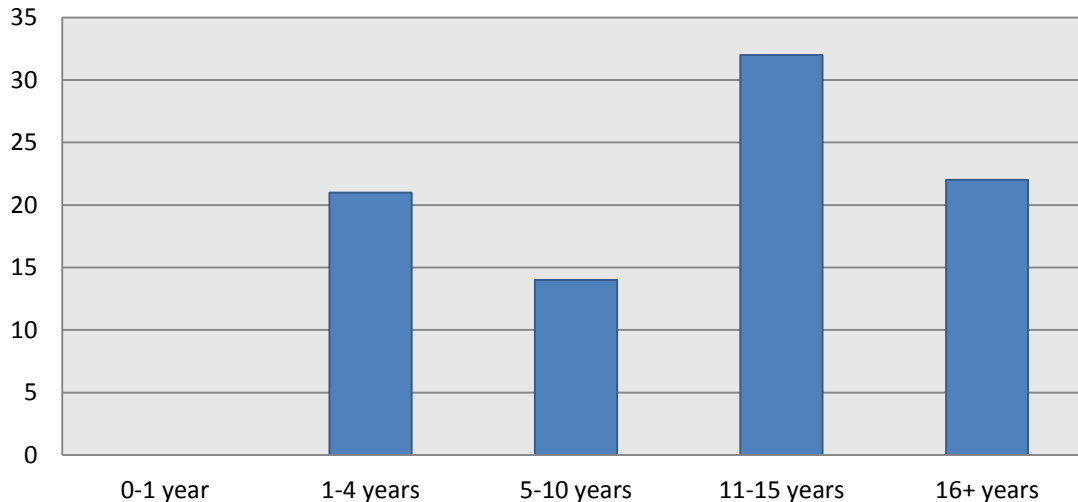


h. Number of Care Requirements made and in force

Since the introduction of the Children Law and the CYCT there has been a steady rise in the number of Care Requirements up to 2015, as recorded by the Office of the Children's Convenor. There has been a slight fall in the number of Care Requirements made and in force in 2016.



i. Ages of children subject to a Care Requirement on 31/12/2016



j. Youth offending

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

Referrals to the Youth Justice Service 2016:

Total referrals	124
New entrants	90
Re-referrals	34
- Re-referral rate	27%

Sexual offences	5
Secure accommodation	0
Prison (remand/sentence)	0
Held overnight at police station (enquiries ongoing)	8

Appendix 2 – Learning and Improvement Framework

