

Islands Safeguarding Children Partnership

Guernsey and Alderney Annual Report 2017



Foreword



This annual report covers the period ending on 31st December 2017. For the ISCP it has been a year of embedding improvements where we have implemented our new structure and strengthened Governance arrangements, with increased support from Chief Officers and Politicians which has been very welcomed.

We have improved the capacity for the provision and coordination of child safeguarding training, enhanced our understanding of youth offenders as a vulnerable group and received assurances from partners that they have systems in place for managing allegations. In addition, we have increased our work on multi-agency case audits of frontline safeguarding practice to check that improvements made in previous years are being sustained.

We continue to provide support to Alderney and Sark and welcome the establishment of the Alderney Support Team and the review of safeguarding in Sark as positive steps to strengthen joint working to protect children. This year we have also met with the Judiciary to develop a means of direct communication with the Courts to remain alert to contemporary issues affecting safeguarding practice and to share learning from case reviews.

We are still ambitious to make further improvements. For example, although good progress was made in the early part of 2017 towards establishing the role of a Designated Child Safeguarding Lead Doctor, identifying an eligible professional to undertake the role has still not been achieved. Improved coordination of safeguarding children across the complex health economy is something this would help to achieve.

The online world provides great opportunities for children and young people. Helping them to develop resilience and critical thinking to keep safe online will be a continuous process. This year we learned from the Guernsey Young People's Health and Wellbeing Survey 2017 that 32% of students responded that they received a message in a chat room/social network site that scared them or made them upset and 27% of students responded that someone they did not know in person asked to meet with them. The ISCP was proactive in responding to this and has developed a new Online Safety Policy which provides clear guidance to schools on their responsibilities which includes a new requirement that all incidents of sexting are now reported to the Multi Agency Support Hub.

The survey also highlighted a need to understand what more we can do to support the mental and emotional health of young people. In the survey 61% of girls and 20% of boys were worried about the way they look and 34% of girls and 17% of boys had concerns about family problems. The ISCP will challenge partner agencies to consider if there is more that could be done to meet the emotional welfare needs of children in the islands and we will monitor what is being done as part of our legal role to promote the welfare of children.

Finally, on behalf of the ISCP I want to thank all those practitioners, volunteers and parents who continue to do their best to support children in their ambitions and protect them when they need it.

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

Simon Westwood, Independent Chair ISCP

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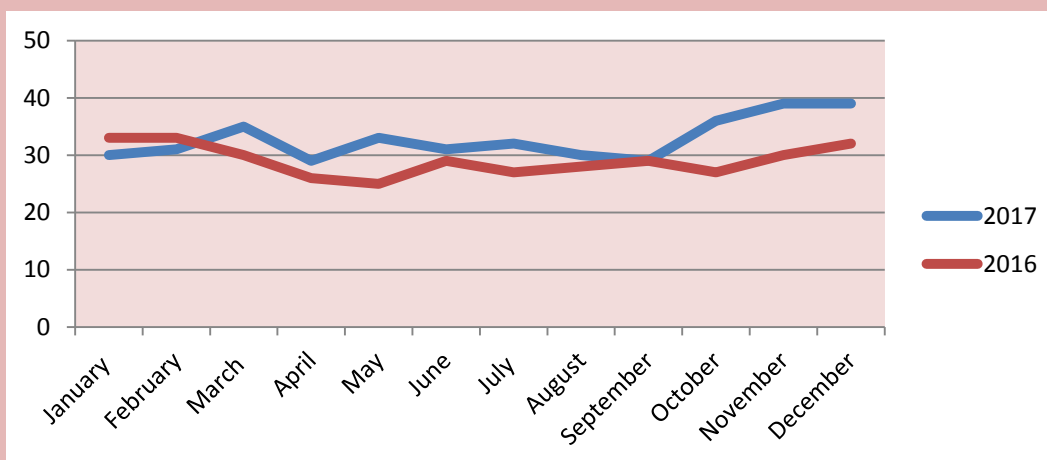
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Executive summary

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

Child protection registration figures remained stable



Registrations remained within a narrow range between 29 and 39

There was a total of 77 children on the register in 2017 - 0.67% of the total population



The total number of **looked after children** fell from 88 in 2016 to 80 in 2017. The percentage of those children living **off-island** also fell from 15% in 2016 to **14% in 2017**

Total child population of Guernsey and Alderney in 2017

11,547

80 were looked after children
= **0.69%**

Children with disabilities

4.22%
Of total child population

2.26%
Looked after
0.62%
On child protection register

25% of **referrals into MASH** are for domestic abuse (a source of emotional abuse for child witnesses). Emotional abuse remains the highest category for child protection registration but has fallen from **65%** in 2016 to **48%** in 2017

Resources		Partnership and engagement	
	The ISCP have managed well within the budget available for 2017	The Youth Forum elected a representative to attend ISCP meetings throughout 2017. They completed a survey of young people and will report back in 2018. A new representative will also be elected in 2018.	
	Additional resources were agreed in 2017 for the development of an interagency training coordinator post.	The practitioners' forum was developed in 2017 and met three times during the year. This will continue to develop in 2018.	
The voluntary sector sub-group met twice during the year to share information and experiences on the MASH (Multi-Agency Support Hub) process as well as on Disclosure and Barring Service checks and related safeguarding recruitment processes.			
		The website was further developed during 2017 and work to further promote this as a public resource will continue in 2018 – http://iscp.gg .	
Good progress has been made on guidance for information sharing and agreement of thresholds for multi-agency practice. These will be published in 2018 with a live version of the thresholds document on the ISCP website.			
Focus on vulnerable groups			
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.		Safeguarding children with disabilities	
Re-registration rates within 24 months remained low at 2.2%		Analysis of intervention for children with disabilities indicated that their specific needs were being recognised and responded to:	
Training on safeguarding children with disabilities has been provided by a multi-agency group of trainers.		✓ Enquiries to MASH 21.77% - compared to 8.97% in the general population	
Re-offending rates for young people in the islands is low compared to England and Wales		✓ Looked after children 2.26% - compared to 0.69% in the general population	
41 young people were retained for prosecution by the Law Officers, only 6 of whom were for persistent offending.		✓ Child protection registration 0.62% - compared to 0.67% in the general population	
The level of early help and support being provided to children and families through the Multi-Agency Support Hub has remained high. 45% of enquiries in 2017 led to early help being provided by the MASH and through single and multi-agency support plans.			
Learning and improvement			
Messages from case reviews, audits and the Child Death Overview Panel have been incorporated into training and briefings, published on the ISCP website.		Two external case reviews were initiated in 2017 and are due to report back to the ISCP in 2018.	

What we plan to do in 2018

1. Maximising capacity and resources

- Develop a comprehensive training strategy to include an ongoing training needs analysis and develop further initiatives to disseminate learning from case reviews
- Continue to monitor and help resolve the gap in provision of suitable forensic examination facilities for child sexual abuse assessment, support and investigation
- Continue to press funding agencies to secure legal advice and implementation support to finalise amendments to the ISCP regulations and constitution that will reflect the updated structure and governance arrangements

2. Managing partnership and engagement

- Continue to press partner agencies to appoint a Designated Safeguarding Doctor to coordinate safeguarding improvements across the health economy, working with health safeguarding leads
- Publish revised guidance for practitioners on information sharing and multi-agency care pathways, considering the forthcoming General Data Protection Regulation
- Develop an implementation plan for the new guidance documents to ensure practitioners are aware of their roles and responsibilities
- Further develop the practitioners' forum to increase engagement of the ISCP with frontline practice

3. Ensuring focus on vulnerable groups

- Continue to work with the Youth Forum and Youth Commission to ensure the views of children and young people are considered in relation to safeguarding issues
- Raise local public safeguarding awareness through a targeted campaign
- Continue to champion the safeguarding needs of vulnerable groups, particularly children in the youth justice system and children with disabilities
- Challenge partner agencies to demonstrate how improvements are being made to meet the emotional health and welfare needs of children in the islands

4. Embedding learning and improvement

- Promote the ISCP escalation policy and encourage practitioners to take personal responsibility to resolve professional disagreements around concerns for children
- Extend the work and membership of the quality assurance group to include monitoring of action plans from strategy meetings
- Update and develop the ISCP website to include live versions of important guidance documents
- Conduct a joint audit between the Office of the Children's Convenor and Children and Family Community Services to further explore causes of delay and drift in the child protection system.

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). It comprises 38 elected deputies and two Alderney representatives. The States services are structured under a central Policy and Resources Committee, six Principal Committees, five authorities/boards/commissions and a Scrutiny Management Committee.

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 CYCT), which sets Guernsey and Alderney apart from practice in England and Wales. The CYCT 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 CYCT 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. The children of Alderney are therefore 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 approved its own version of the law, the Children (Sark) Law, 2016. This includes the child welfare principles and child welfare checklist, definition of parental responsibility and private law orders. Sark is not included in the remit of the Islands Safeguarding Children Partnership (ISCP), although a representative from Sark attends ISCP meetings as an observer. 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 62,193 people resident in Guernsey at the end of March 2017. In the Alderney Electronic Census Report (March 2016) the total population was 2,035, giving a total population of **64,228** for the islands. The child population for the islands at the end of March 2017 was approximately **11,547** (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 dynamic population with most 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: <https://gov.gg/data>.

Purpose of the Islands Safeguarding Children Partnership

The Islands Safeguarding Children Partnership is formally known as the Islands Child Protection Committee in the Children Law. There was a move towards using the Islands Safeguarding Children Partnership (ISCP) as a working name in 2017 to reflect the wider remit of safeguarding and promoting the welfare of children as referred to in the Children Law. The ISCP is made up of senior representatives from agencies working with children and families in the public, private and voluntary sectors. It was set up as the Islands Child Protection Committee under 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 ISCP 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 based on 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) has a duty to investigate. In such cases a strategy discussion will take place 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 2017 there was a slight increase in the number of child protection registrations over the course of the year from 30 at the end of January to 39 by the end of December. This remains stable in comparison to the rise in figures in 2014 and equivalent decline in 2015 and the number of registrations remain low in comparison to England. In England the rate of children with child protection plans was 43.3 per 10,000 at the end of March 2017. The comparable figure in Guernsey and Alderney at the end of March 2017 was 30.3 per 10,000 child population.

There was a 32 % increase in the number of strategy discussions and pre-birth planning meetings between 2016 and 2017. This is largely due to the way in which figures were reported in 2016, as the MASH and new systems of referral became embedded. The number of strategy discussions and pre-birth planning meetings in 2017 (213) was closer to the figure for 2015 (192), which could mean the 2016 figure had not captured the full extent of meetings held.

The percentage of children whose names remain on the register in Guernsey and Alderney for longer than two years is higher – 10.5 %, compared to 3.4 % in England, which can be a sign that plans are not working. 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 were able to be maintained.

A sub-group of the Learning and Improvement sub-committee began auditing re-registrations and cases that had been on the register for more than 12 months in 2017 to try to identify reasons for re-registrations and long registration periods. One of the indications was that child protection plans are not always specific enough in detailing actions required and the timeframe expected to achieve them.

Another possible reason for lengthy periods of registration was that cases were not able to make the legal threshold for escalating levels of intervention, which meant children remained on child protection plans. One means of addressing this issue has been referral of children, at the second review conference, to the Children's Convenor for consideration of referral to the CYCT and compulsory intervention. If a care requirement is made by the CYCT a review child protection conference is then convened to consider deregistration.

Emotional abuse remains the highest category for registration, but the percentage has fallen from 65 % in 2016 to 48 % in 2017. This compares to 34 % in England where neglect remains the highest category of abuse identified for children with a child protection plan at 48 %. The comparable figure in Guernsey is 18 %. The second highest category in Guernsey and Alderney is multiple (29 %), where more than one main category has been identified and which includes a high proportion of emotional abuse, compared to 6 % in England.

It is difficult to draw conclusions from these comparisons as decisions about category of registration are subjective and it can be assumed that all types of abuse include some degree of emotional abuse. The comparatively high proportion of registrations for emotional abuse locally might reflect the fact that 25 % of referrals into MASH are for domestic abuse (a source of emotional abuse for child witnesses) and a further 6 % are for emotional abuse.

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 incidents of histories of violence being the highest identified. This might also be a contributory factor to the high proportion of registrations for emotional abuse.

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. However, the relatively high proportion of children on the child protection register for more than two years suggests there is more work to be done by agencies to address drift and delay in achieving improvement for children or refer earlier for compulsory intervention.

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 80 children looked after during 2017, with an average of 66 during each month. This marks a fall of 10 % when compared to the previous year where the respective figures were 88 and 68. This compares to a 3 % rise in the number of looked after children in England. The proportion of children being looked after off-island continued to fall to 14 %, down from 20 % 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. 10 % of children looked after experienced three or more moves during 2017, the majority of which (65 %) were identified as planned moves. The comparable figure in England for the year ending March 2017 was also 10 %.

The majority of looked after children are accessing mainstream school on-island.

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. The data from 2016 provided the first full year of statistics from referrals to the MASH when 50 % of enquiries led to early help being provided by MASH and through single or multi-agency support plans. The equivalent figure in 2017 was 45 %. 20 % of enquiries were allocated for social work assessment in 2017 compared to 12 % in 2016.

The Police are still the main source of enquiries into MASH (31 %) 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 not recorded as enquiries. The majority of the remaining enquiries come from education (20 %), health (16 %) and children's services (10 %).

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 rose again in 2017 (154) after an observed fall between 2015 and 2016 from 292 to 99. It is likely this was due to a change in police recording systems as (despite an increase) figures have not returned to the 2015 levels.

There was a 29 % increase in the number of children being admitted to hospital due to a mental health condition in 2017, following a 35 % reduction in the previous year. Although it is difficult to attach significance to this fluctuation in such a small population, it does indicate that the ISCP should monitor the emotional welfare of local children. The majority of admissions to hospital for mental health concerns were a result of self-harm or suicidal ideation.

The re-referral rate for youth offending in the islands rose slightly from 27 % in 2016 to 30 % in 2017, which compares to a proven reoffending rate of 42 % for England and Wales in the first quarter of 2016. It is a positive sign that this figure has remained low. In addition, there were no custodial sentences for children and only two remands in custody.

When children over the age of 12 have committed a criminal offence in the Bailiwick of Guernsey they are reported by the police to the Office of the Children's Convenor. Also, they can jointly report a case to the Law Officers of the Crown for consideration of prosecution through the Juvenile Court. When jointly reporting cases the police need to consider the nature or gravity of the offence, persistence of the offending, the age of the child, any previous sentence or order and all information available in respect of the child and the offence. Only 6 cases of those that were retained for prosecution through the Juvenile Court were on the grounds of persistent offending, which is defined as three or more offences on separate occasions referred in any 12-month period.

Section 2 - Governance and accountability arrangements

Membership

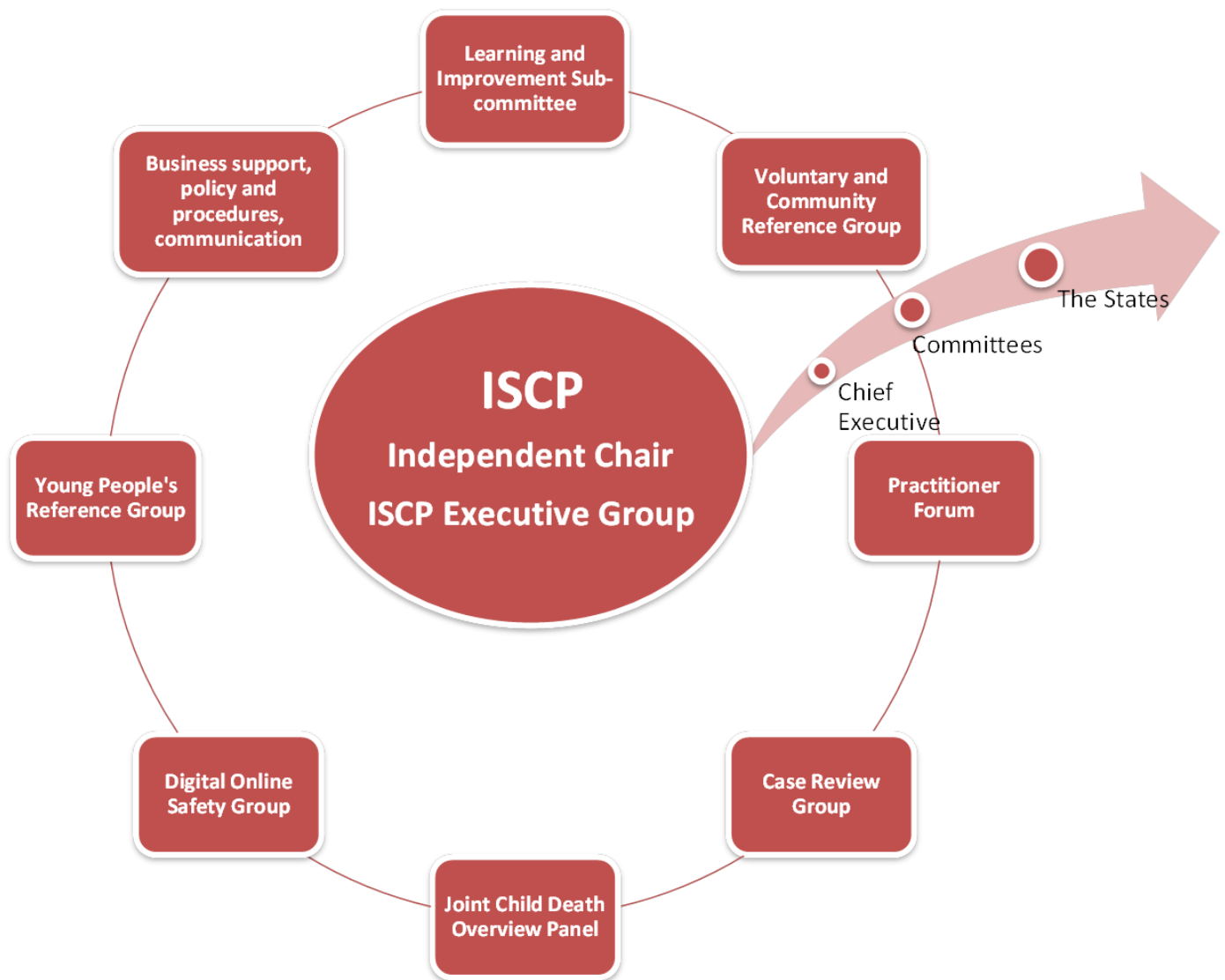
There were some changes to the membership of the ISCP during 2017. Ruby Parry left her role as Director of Communities for the Committee *for* Health and Social Care near the end of 2016. She continues to have input into the work of ISCP as Social Care Advisor and Transformation Lead for HSC and continues to Chair the ISCP Case Review Group. The ISCP would like to thank her for the very valuable contributions she has made.

Dr. Peter Standring left the committee at the end of May 2017 and Dr. Sandie Bohin took his place as paediatrician for the ISCP. The ISCP would like to thank Dr. Standring for his hard work and commitment to developing the proposals for the establishment of a Designated Doctor role, and for what he was able to achieve in a relatively short amount of time.

List of ISCP members 2017

Independent Chair	Simon Westwood
Committee <i>for</i> Health and Social Care	Nicky Gallienne Head of Children and Family Community Services
Child and Adolescent Mental Health Services	Dr. Penny Thompson Psychiatrist
Committee <i>for</i> Education, Sport and Culture	Alan Brown Director of Education
Committee <i>for</i> Home Affairs	Chelsea Martel Head of Operations
Police	Nigel Taylor Superintendent
Children's Convenor	Karen Brady
Primary Care	Dr. Janice Porritt Queen's Road Medical Practice
Paediatrics	Dr. Peter Standring Medical Specialist Group, paediatrician (January to May)
	Dr. Sandie Bohin Medical Specialist Group, paediatrician (from June)
Alderney	Martin Winward Headteacher, St Anne's School
Voluntary sector	Kareena Hodgson Manager, Action for Children
Sark	Christine Audrain (observer)

Structure of the ISCP 2017 – 2018



The ISCP has an Independent Chair to provide leadership, challenge and effective scrutiny of safeguarding practice. The Independent Chair reports directly to the ISCP Executive Group which meets three times a year to discuss progress and issues raised through the ISCP. The Executive Group is chaired by the Chief Executive of the States of Guernsey and is made up of the Chief Secretaries of the Committee *for* Health and Social Care, the Committee *for* Education, Sport and Culture and the Committee *for* Home Affairs.

Attendance

Islands Child Protection Committee	
Attendance at meetings 2017 (6 meetings in total)	
Dept/Organisation	No. of meetings attended
Independent Chair	6
Health & Social Care	6
Home	6
Police	6
Education, Sport & Culture	5
Alderney	1
Voluntary Agencies Representative	4
Paediatrician	5 (not invited to other meeting)
Convenor	5
Primary Care	6
CAMHS	4

Developing structure of the Islands Safeguarding Children Partnership

In addition to the newly formed Executive Group, designed to strengthen governance, the ISCP re-structured to help embed learning and improvement. 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 ISCP. A practitioners' forum was also developed to establish links with frontline staff.

Business support and funding arrangements

The ISCP 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 ISCP support team as well as contributing to the core budget.

Core budget expenditure:

	Annual projection - 2017	Actuals - 2017	Variation from projection - 2017
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	18,000	12,000	6,000
Established staff	20,700	20,656	44
LSCB chairs Association	1,500	1,500	0
Website/procedures	1,000	70	930
Annual conference	5,000	0	5,000
Travel and accommodation	6,000	5,178	822
Incidental expenses	1,000	17	983
Venue hire	1,500	44	1,456
Catering	2,000	66	1,934
COW legal	31,000	15,195	15,805
Training and Development	1,500	1,582	-82
	89,200	56,308	32,892
	11,200	-21,692	32,892

The observed underspend in the budget was primarily due to the annual conference that was deferred to 2018 because of the implementation of a new IT system that would have reduced the opportunity for many staff to attend. In addition, two external case reviews were included in the budget projection but were not completed in 2017, deferring some costs to 2018. There were also reduced costs of the independent chair due to unavailability during the summer because of illness.

Section 3 - Progress against the strategic priorities for 2017

In 2016 the ISCP identified four strategic priorities. In 2017 these remained the same but new areas for improvement and action are developed each year. The priorities are: maximising capacity and resources; managing partnership and engagement; ensuring focus on vulnerable groups; embedding learning and improvement. In the business plan for 2017 there were 17 actions identified against the four priorities.

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 ISCP regulations and constitution to reflect the planned restructuring of the ISCP*
- *Continue to press agencies to ensure there is a designated officer for managing allegations against those who work with children*

During 2017 the ISCP successfully negotiated the addition of an interagency training coordinator post, which will form part of the newly established Safeguarding Unit within HSC Children and Family Community Services. The post is intended to support current levels of safeguarding training to be maintained with relevant practitioners undertaking safeguarding training every three years. An increasing network of trainers is being established across agencies to deliver the ISCP courses to a growing audience, although not all of that training is reported to ISCP or captured in the ongoing performance information. The new interagency training coordinator is intended to help support the developing community of trainers, capture accurate training data, develop new courses in relation to practice needs and update existing course material on a regular basis. The post holder will also develop a more accurate idea of training needs across agencies and evaluate the impact of relevant training courses on practice, leading to a better understanding of how the ISCP can most effectively support practitioners.

Although the gap in provision of suitable forensic examination facilities for child sexual abuse assessment, support and investigation is yet to be fully resolved, a solution has been found and the practicalities of setting up the facility are being planned. The ISCP expects that this will be functional in 2018 but will continue to monitor the development of this.

As part of the restructuring of the States of Guernsey, the philosophy of the States being one organisation has helped with the capacity to manage allegations against staff through the usual human resource functions.

The ISCP will continue to monitor this as a satisfactory solution for sharing of information in relation to allegations against staff where the safety of children and vulnerable adults is a concern.

One resourcing issue that has been a concern for the ISCP this year has been access to legal advice and implementation support, particularly in relation to the drafting of legal documents. This has resulted in an undesirable level of delay in the redrafting of the regulations and constitution for the ISCP, which will reflect the updated structure and governance arrangements.

The ISCP has recorded an underspend in the 2017 budget, this is primarily because the planned annual conference had to be postponed and costs for two case reviews planned for 2017 ran over into 2018. As the financial rules do not allow for carry forward of underspending, these are likely to lead to a budget pressure in 2018. This has been reported to the Executive.

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 ISCP*

Although good progress was made in the first six months of 2017 towards establishing the role of a Designated Child Safeguarding Lead Doctor, appointing an eligible professional to undertake the role has still not been achieved. This will remain a priority for the ISCP in 2018, including further scrutiny into any potential barriers to establishing the role.

Access to legal resources has also been an inhibiting factor in the review and update of the information sharing guidance for practitioners working with children and families. Some progress has been made in 2017 and the ISCP expects that the updated guidance will be published in the first half of 2018, alongside the introduction of new data protection laws and regulations.

The ISCP continues to highlight the need to engage effectively with services that work with parents. This has been done through training, within guidance documents and through the planning for the annual conference for 2017. The voluntary and community sector sub-group has also helped with engagement for third sector organisations that support parents.

Unfortunately, due to planned, critical training for implementation of a new IT system in HSC and other training planned for the latter half of 2017 it was not possible to go ahead with the ISCP 2017 annual conference. This was postponed to early in 2018 as a compromise.

Development of the website has continued through 2017 and will continue to be developed through 2018, particularly in relation to guidance and resources for practitioners working with children and families, but also resources available for children, parents and carers. Further work will be done in 2018 to promote engagement with practitioners and the public through the website.

Despite discussions and contact the ISCP have been unable to ensure regular attendance from a representative from Alderney due to pressures of work. We will continue to pursue this in 2018 with the new Chief Executive and the current representative.

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*

Although the ISCP is awaiting a full report on findings from the Youth Forum survey, initial consideration of findings suggested that there might be a need for a public awareness campaign on safeguarding issues for children and young people. This should be a priority for the ISCP in 2018, perhaps to include the Youth Forum to help increase engagement with children and young people.

The Digital Online Safety Group established a new online safety policy, which requires all identified incidents of sexting to be reported to the MASH. Through this policy incidents of sexting are able to be monitored in one place, alongside other needs that might have arisen for the children involved. This will also give services a better opportunity to identify themes linked with online safety and identify where there might be concerns for the whole community.

Work was also undertaken in 2017 to produce a Care and Support Framework to help practitioners understand the thresholds for reporting concerns and the processes involved relating to the levels of concern identified. The full document will be published in 2018 with a live version available online. Work and training on implementing the Stepwise model for risk assessment was also started in 2017 and will continue in 2018. Online guidance and resources for this will also be available on the ISCP website.

Children in the youth justice system, and in particular those who were retained for prosecution in the Juvenile Court, were monitored in 2017. This showed that the number of referrals to Youth Justice remained approximately the same as the previous year, the re-offending rate remained low in comparison to England, there were no custodial sentences and the number of children retained for prosecution due to persistent offending was under 15 %. In total, there were 41 cases retained for prosecution by the Law Officers.

There is now an agreed definition of disability across services for children, being someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

This will enable the ISCP to focus more actively on the needs and outcomes for children with disabilities. Initial analysis reveals that children with disabilities are over represented in relation to enquiries to MASH and as looked after children. This is to be expected as they represent a population of children with specialist needs.

With regards to child protection registration the proportion of children with disabilities on the child protection register is roughly the same as the proportion of those in the general population, 0.62 % and 0.67 % respectively. This might not reflect the additional vulnerability for those children although it is difficult to draw conclusions from such a small number. Fluctuations over time would be expected and the ISCP should continue to monitor this.

The ISCP also conducted an audit of MASH cases in 2017 and commissioned a review of a case where there had been delay in protecting a child. The audit identified some causes of delay for cases progressing through MASH and the case identified for a review led to some positive developments in practice between the MASH and the Children's Convenor, including an agreement to a joint audit to monitor if improvements were being embedded.

A further audit of cases where there might have been delay has been planned for 2018 and a further case review is also planned for 2018.

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*

The ISCP remains prepared to contribute to proposals for any changes to the Children Law, although there have been no discussions or consultations with the ISCP regarding the Children Law during 2017.

The same is true for the safeguarding adults arrangements but some consultation is anticipated during 2018 and the ISCP remains committed to supporting the development of interagency safeguarding arrangements for vulnerable adults in line with a similar model that exists for children. The ISCP considered the findings of the Jersey care inquiry and were assured that the legislative base provides a robust basis for safeguarding children in the Bailiwick of Guernsey.

The Learning and Improvement sub-committee conducted an audit of 12 randomly selected cases from MASH files in 2017. The organisational standards self-assessment audit was also carried out by partner agencies and there is an aim to repeat this each April. In addition the quality assurance group for the child protection process was re-formed and met four times during 2017 to monitor re-registrations and cases that had been on the register for longer than 12 months.

The audit of MASH files highlighted strengths in the MASH of fostering a collaborative approach to working. However, it also highlighted the need for all practitioners to recognise indicators of abuse and understand their responsibility to report their concerns to the Committee for Health and Social Care, in line with ISCP procedures. Tackling delay caused by agencies not completing actions or failing to respond to requests for information was also a problem against which there have reportedly been improvements. The voice of the child was also missing from early assessments and it was noted that all participating agencies need to ensure they are child-focused. The ISCP will continue to monitor progress against these themes during 2018.

The ISCP Independent Chair has also established regular meetings with the Independent Chairs of Jersey and the Isle of Man safeguarding children boards who are committed to exploring opportunities for shared learning through peer review of the safeguarding partnerships.

Section 4 - Strategic Priorities for 2018

The strategic priorities for 2018 remain the same but specific actions and work to progress these priorities will build on the progress made during 2017.

Maximising capacity and resources

- With the additional resources made available to the ISCP for 2018 to develop the interagency coordinator post, the ISCP will be able to develop a comprehensive training needs analysis process for relevant practitioners across agencies. This will also build on the support from existing multi-agency trainers and develop further opportunities to disseminate learning from case reviews.
- The ISCP will continue to monitor and help to resolve the gap in provision of suitable forensic examination facilities for child sexual abuse assessment, support and investigation.
- The ISCP will also seek to secure some legal advice and implementation support to finalise amendments to the ISCP regulations and constitution that will reflect the updated structure and governance arrangements. This is a priority for 2018 as it has remained unresolved in 2017 and led to delays in the proposed work of the ISCP.

Managing partnership and engagement

- Despite good progress made on a person specification, job description, accountability and the leadership advisory role, the Designated Doctor role for safeguarding is still to be resolved. This is partly due to a skills gap of suitable paediatricians and partly due to continued different views between commissioners and contracted service providers. Therefore, this will remain a priority for 2018.
- Publishing guidance for practitioners on information sharing and understanding multi-agency care pathways will also remain a priority for the ISCP in 2018. Good progress was made on the development of these in 2017 but they need to be published and practitioners need to be made aware of the contents and the implications for their practice. This will also now need to take account of the new general data protection duty.
- Development of the practitioners' forum is also a priority for 2018, as is engagement with practitioners and the public through the ISCP website.
- The ISCP are planning to meet with the judiciary in 2018 to develop a means of direct communication with the Courts, to remain alert to the contemporary issues affecting safeguarding practice and to share learning from case reviews.
- The ISCP will consider the review of the provision of education for Sark and continue to offer support and encourage formal engagement with the ISCP.

Ensuring focus on vulnerable groups

- The ISCP will continue to work with the Youth Forum and the Youth Commission to identify the views of children and young people and ensure these inform the work of the ISCP. This is also intended to raise awareness of child protection issues directly with children and young people. It is proposed that the Youth Forum will help advise the ISCP in 2018 on disseminating a public awareness campaign directly to children and young people.
- The ISCP will also continue to focus on and develop understanding of the needs of children with disabilities.
- The development of the online safety policy will also enable closer monitoring of children who have experienced online abuse.
- In addition, the response to meeting the emotional welfare of children in the islands will be monitored.

Embedding learning and improvement

- The ISCP will work to promote the escalation policy and encourage practitioners to take responsibility for highlighting ongoing concerns and resolving differences of opinion around their concerns for children.
- The work of the quality assurance group which is part of the Learning and Improvement sub-committee will also be extended in response to learning from case reviews to take on the monitoring of action plans from strategy meetings. To do so the membership of the group will be extended.
- Further work will continue to update and develop the website to include live versions of important guidance documents and further briefings from case review learning, both nationally and locally.
- The website will also be promoted to provide information directly to parents.

Section 5 - Reports from Sub-committees

ISCP Learning and Improvement Sub-committee

Learning & Improvement Sub-committee Attendance at meetings 2017 (6 meetings)	
Dept/Organisation	No. of meetings attended
Children's Social Care, HSC	5
Quality Assurance, HSC	6
Police	5
Child Health, HSC (not invited to all meetings)	2 (out of 3)
Primary Care	6
Education, Sport & Culture	3
Governance, HSC	5
Adult Mental Health, HSC	3
Family Proceedings Advisory Service	2
ISCP Business Manager	6
Convenor	4

During most of 2017, the sub-committee was chaired by Alan Brown, Director of Education, who left his post in December. Vice-Chair, Dr Janice Porritt, a practising GP representing Primary Care, also chaired several meetings during the year. We would like to record our thanks to Alan Brown for the hard work and dedication he showed whilst leading the sub-committee and wish him well for the future.

The work completed during the year was varied and significant progress was made with several matters which had been brought forward from 2016.

Agreement was reached with HSC to employ a permanent, full-time child protection training co-coordinator and the post was advertised in December. It is anticipated that the creation of the post will enable the ISCP to assess training needs across the islands more accurately and develop an effective training strategy to meet ongoing needs.

The "train the trainer" training which was delivered to key staff at the end of 2016 enabled those staff to go on and cascade training on Safeguarding Children with Disabilities to professionals working with children throughout 2017. This training was introduced after a case review conducted by the sub-committee had identified that specific training was required to raise the awareness of abuse of children with a disability, who are particularly vulnerable to abuse but not easily identified as at risk.

Other actions resulting from case reviews which were progressed in 2017 include Child Sexual Abuse training which was delivered to multi-agency staff at the end of the year. An audit of cases referred to the MASH (Multi Agency Support Hub) undertaken by the sub-committee resulted in the multi-agency information sharing protocol being updated and awareness sessions will take place in 2018 to ensure all staff are knowledgeable about the importance of sharing information as widely as necessary to ensure children are safe.

Other guidance was also up-dated by the sub-committee this year, including strategy discussions and achieving best evidence interviews. Representatives from the police and education worked together to produce guidelines for both agencies on how to deal with incidents of children sexting. Work has also been done on up-dating the Short Guide to the Children Law, which professionals report is an invaluable tool, especially for newly recruited social workers. The new version will be available in 2018.

The ISCP usually holds an annual child protection conference but this did not take place in 2017 due to training that had been planned relating to some major operational practice developments which would have reduced the opportunity for many practitioners to attend. As a compromise the ISCP agreed to postpone the annual conference with a view to holding two conferences in 2018 instead, one of which will be on the subject of child to parent violence and abuse.

Along with reviewing case conference attendance statistics, the sub-committee reformed its quality assurance group which reviewed the quality and effectiveness of case conferences. When themes emerge from reviews, these are fed back to relevant agencies and included in messages from research which are widely distributed to professionals dealing with children. Newsletters produced and distributed this year include summaries of UK Serious Case Reviews, delay and drift, sudden infant death and child sexual abuse. New pages were also added to the ISCP website for parents and carers and information leaflets for child protection leads in schools were distributed.

Improved communication between professionals was facilitated by the introduction of inter-agency practitioners' forum meetings, which encouraged open discussion of safeguarding practices in a supported environment. These were well attended by a varied range of staff from statutory and voluntary agencies. Topics covered included advocacy and the tribunal process. Events were also held specifically for voluntary agencies; one of these included a presentation on the Disclosure and Barring Service, formerly known as criminal records checks.

On behalf of the ISCP, the sub-committee was tasked with reviewing the recommendations contained in the Jersey Care Inquiry, to determine if there were any similar lessons to be learned in Guernsey and Alderney.

Themes which emerged were listening to young people and workforce development and these are being taken forward by HSC, with an advocacy service being introduced in conjunction with the Youth Commission and advice being sought on specialist HR recruitment to recruit and retain the quantity and quality of social workers needed to protect and support local children and families.

One important issue which remained the focus of discussions during the year was the need for a dedicated forensic medical examination facility for child sexual abuse assessment, support and investigation which would also be used for adults who may have suffered sexual assault and for achieving best evidence interviews for use in court. The facility should also be equipped with a colposcope, an instrument vital for producing photographic evidence of assault which would be admissible in court. This vital need was taken to the ISCP and raised by the Independent Chair with the Executive group and it is hoped that funding will be allocated and a site will be identified and equipped in 2018.

ISCP Digital Online Safety Group

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

Digital Online Safety Group	
Attendance at meetings 2017 (5 meetings)	
Dept/Organisation	No. of meetings attended
Education (headteacher)	5
Policy & Resources	5
PSHCE	3
Libraries	2
Education (St Sampson's)	2
Education (IT Advisory Teacher)	5
Youth Commission	3
Ladies College	3
Elizabeth College	0
Police	3
School Attendance Service	0
Education Officer for ICT	3
Data Protection	3
SHARE	3
South West Grid for Learning	5
Safe and Secure Online	4
Health and Social Care	1
Youth Justice	3

The committee meets bi monthly and benefits from the expertise of a representative from the UK's Safer Internet Centre who attends each meeting. The committee continues to work tirelessly to help safeguard children and young people online. This year we are proud to report:

- Securing sponsorship from Vodafone which enables the Youth Commission to deliver Online safety lessons to all children in secondary education.
- A partnership with Sure who have recently installed a clean feed system which enhances their existing filtering. This is in line with the recommendations from the Internet Watch Foundation meaning that child abuse images will be blocked from the island. This is very positive and we look forward to working together with Sure in the future to keep children and young people safe.

- Another successful Digital Ace event on February 10th. Over 3,500 people attended with over 21 providers taking part. Drones, green screens, virtual reality and coding were all on offer as well as keynote speakers providing talks on password safety, gaming and phishing. This event allows families to experience many and exciting benefits of the internet whilst learning how to keep their child safe.
- A new Online Safety Policy which provides clear guidance to schools on their responsibilities. There is a new requirement that all incidents of sexting are now reported to MASH. This ensures that all information regarding a child is shared and will provide the committee with clear statistics which can be used to prioritise support for schools.

Tracey Moore

Headteacher

Chair, ISCP Digital Online Safety Group

ISCP Voluntary and Community Reference group

The ISCP held 2 voluntary agency events last year. The first was held in May when colleagues from the MASH team delivered a presentation and answered questions about the MASH, how it operates and how to make a referral. A further event was held in November where colleagues from the Disclosure Unit and a HR representative delivered informative presentations on the Disclosure and Barring Service process and related HR issues and shared their expertise and experience.

Additionally, a Sports Welfare Officers event was held, hosted by the Sports Commission, to update the Welfare Officers on the role of the ISCP and identify the resources and guidance available to them, to assist with their roles within their respective sports.

A page of information for parents and carers was added to the ISCP website, which includes contact details for both statutory and voluntary support and advice services. The intention is to develop this further in 2018.

One of the aims of the voluntary agency events originally was to highlight information and update agencies on events, training, news and best practice information. This function is covered by the ISCP's website which has a wealth of information and guidance on safeguarding policies, procedures, training and practice updates.

Therefore, as well as facilitating informative events as described above, another target for 2018 will be to promote use of the ISCP website, encouraging agencies to sign up to receive alerts on any changes via www.gov.gg website.

Kareena Hodgson

Manager, Action for Children

Chair, ICPC Voluntary and Community Reference group

Case Review Group

Case Review Group	
Attendance at meetings 2017 (1 meeting)	
Dept/Organisation	No. of meetings attended
Social Care and Transformation Lead	1
Children's Social Care, HSC	1
Convenor	1
Police	1
Paediatrician	1
Child Health, HSC	1
Education, Sport & Culture	1
Voluntary Agency representative	0

The purpose of the Case Review Group 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 ISCP as to whether the criteria have been met for a SCR. The ISCP Chair will then decide if a review will be commissioned;
- commission SCRs on behalf of the ISCP and establish a panel for each case review ;
- receive, quality assure and ensure completion of SCRs and alternative case reviews commissioned and;
- ensure completion of action plans arising from reviews.

The group works closely with the Learning and Improvement sub-committee in relation to monitoring action plans and conducting internal reviews. In 2017, the Case Review Group was chaired by Ruby Parry, Social Care Advisor and Transformation Lead, Office *of the* Committee *for* Health and Social Care. Standing members of the panel were drawn from agencies with representation on the ISCP and included representatives from:

- Children's social care
- Paediatrics
- Child health
- Police
- Education
- Voluntary sector

The group received two referrals for cases which were both considered at one meeting held in September 2017. Concerns were raised about multi-agency working and it was agreed that the children had suffered serious harm. Members considered that both cases met the threshold for case reviews that would focus on learning for practitioners. It was agreed that contained, focused external reviews should be commissioned and these reviews are expected to report in early 2018.

The Case Review Group also considered a review of child safeguarding practice reviews. This recommended some changes to how reviews were conducted and highlighted the need for timely and appropriate reviews, rather than the previous full Serious Case Reviews which sometimes took months or years to report and vital real-time learning could be lost. The Case Review Group approved the proposed changes and recommended that the ISCP adopt the recommendations in the report.

The panel also considered the recommendations from a UK Safeguarding Adult Review (SAR), in the absence of local safeguarding adult governance arrangements. Many of the recommendations of the review had already been implemented locally, such as the creation of the Specialist Placement and Transition Panel. The report was forwarded to HSC for any remaining actions.

The Chair prepared a report for HSC on proposals to develop governance arrangements for safeguarding local adults. There is an adult safeguarding lead within HSC who oversees current safeguarding arrangements for adults and it is anticipated that adult safeguarding arrangements will be developed further in 2018.

Ruby Parry

Social Care Advisor and Transformation Lead

Chair, Case Review Group

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	2
Police	2
Paediatrician	1
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 ISCP 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) 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.

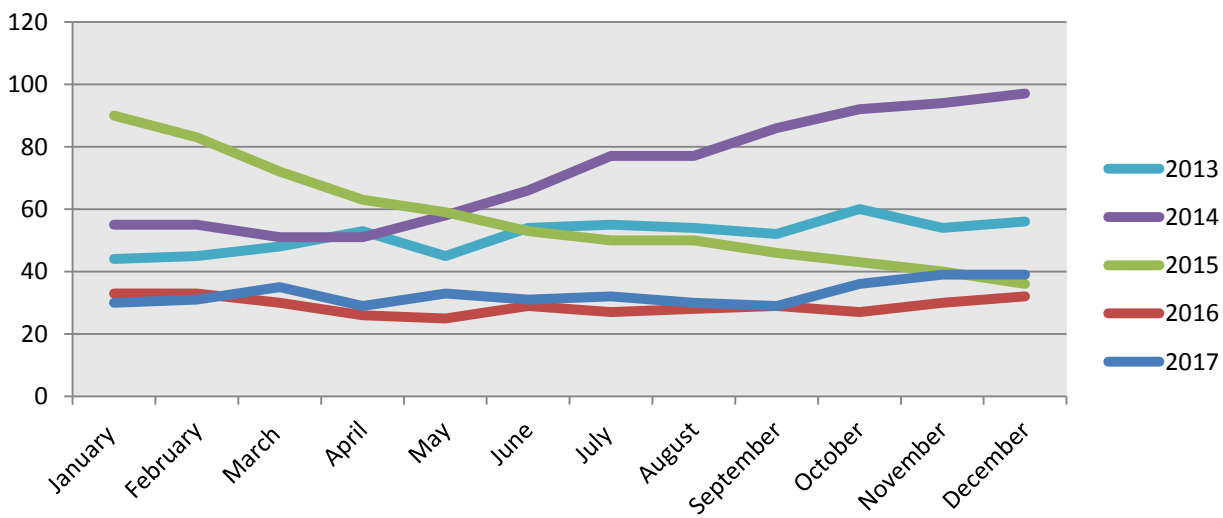
The CDOP is chaired by the Medical Officer of Health for Jersey and the role of the panel is advisory. The panel considers the circumstances of individual cases anonymously, the contributory factors and preventability and makes recommendations for action, identifying any concerning patterns or trends.

Two CDOP meetings were held in 2017 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 2018 and, following the suggestion from the Independent Chair of the ISCP, will begin to explore the possibility of joining a larger regional CDOP in the UK, as the new arrangements for CDOP and safeguarding are implemented in the UK by September 2019.

Joint Child Death Overview Panel

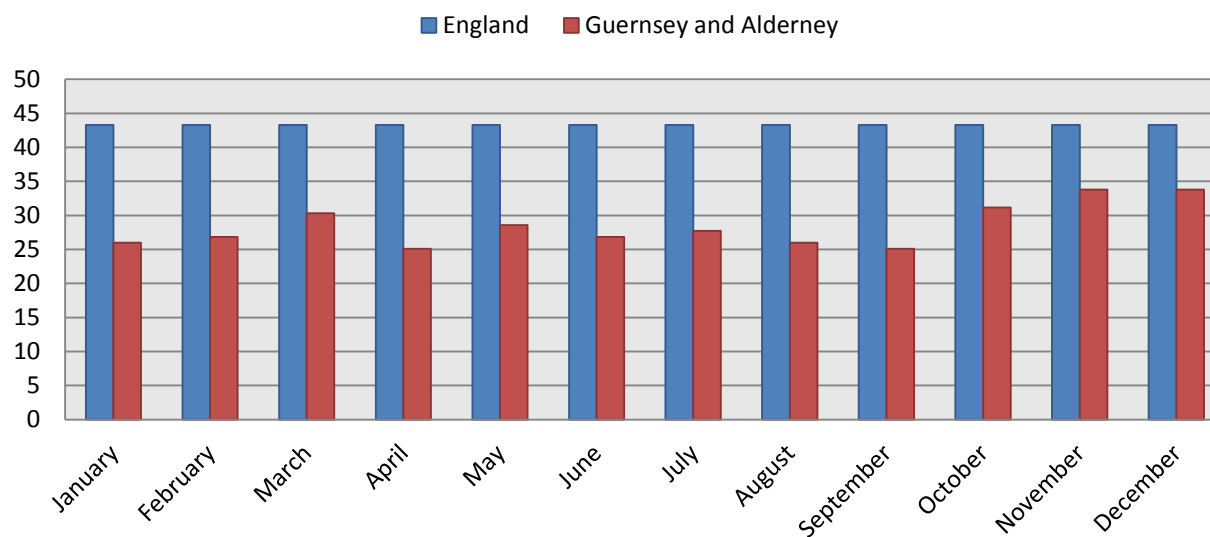
Appendix 1 - Statistical information

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.

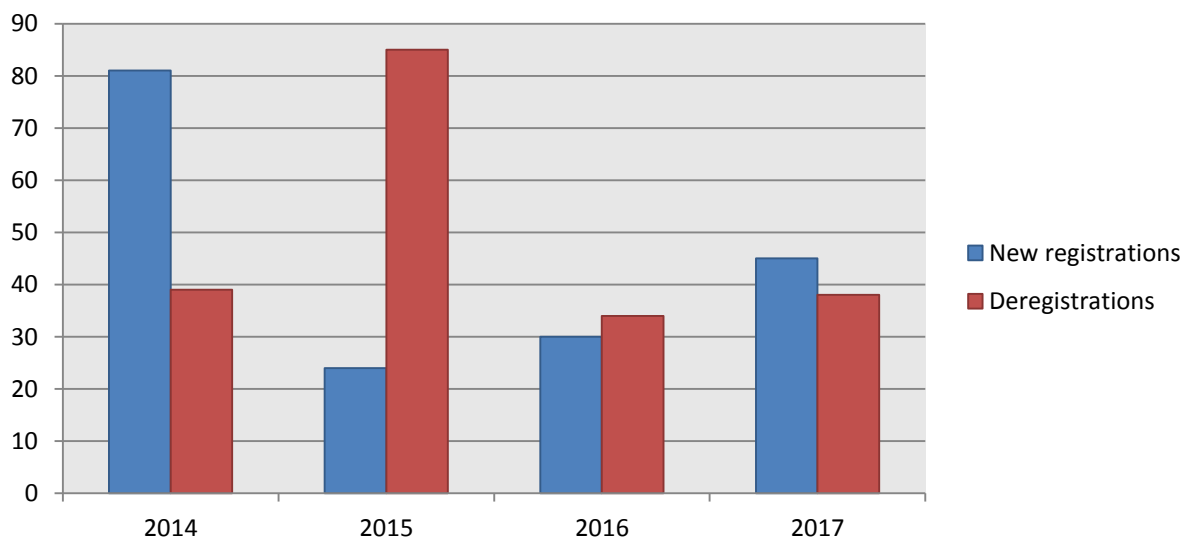
Table 1. Children in the child protection system																																																																																	
a. Strategy discussions and pre-birth planning meetings																																																																																	
Strategy discussions and pre-birth planning meetings are held when it is considered there is a serious risk of harm to a child or unborn baby. During 2017 strategy discussions and pre-birth planning meetings were held concerning 213 children.																																																																																	
The observed increase of meetings held in relation to the previous year is largely due to improved reporting and data collection methods.																																																																																	
Strategy discussions and pre-birth planning meetings	2015	2016	2017																																																																														
Strategy meetings	151	130	196																																																																														
Pre-birth planning meetings	41	15	17																																																																														
Total:	192	145	213																																																																														
b. Children on the child protection register (monthly)																																																																																	
There were 66 children on the child protection register in 2016, with a range between 25 and 33 at any one time. The 2017 figures show a slight increase overall - 77 children were on the register during the year, with a range between 29 and 39 recorded at the end of each month. The figures remain low compared to previous years.																																																																																	
 <table><caption>Estimated data for Children on the child protection register (monthly)</caption><thead><tr><th>Month</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr></thead><tbody><tr><td>January</td><td>45</td><td>55</td><td>90</td><td>30</td><td>30</td></tr><tr><td>February</td><td>45</td><td>55</td><td>80</td><td>30</td><td>30</td></tr><tr><td>March</td><td>45</td><td>50</td><td>70</td><td>30</td><td>35</td></tr><tr><td>April</td><td>50</td><td>50</td><td>60</td><td>25</td><td>30</td></tr><tr><td>May</td><td>45</td><td>60</td><td>50</td><td>25</td><td>30</td></tr><tr><td>June</td><td>50</td><td>65</td><td>45</td><td>30</td><td>30</td></tr><tr><td>July</td><td>55</td><td>75</td><td>45</td><td>25</td><td>30</td></tr><tr><td>August</td><td>55</td><td>75</td><td>45</td><td>25</td><td>30</td></tr><tr><td>September</td><td>50</td><td>85</td><td>40</td><td>25</td><td>30</td></tr><tr><td>October</td><td>60</td><td>90</td><td>35</td><td>25</td><td>35</td></tr><tr><td>November</td><td>55</td><td>90</td><td>35</td><td>30</td><td>35</td></tr><tr><td>December</td><td>55</td><td>95</td><td>35</td><td>35</td><td>35</td></tr></tbody></table>				Month	2013	2014	2015	2016	2017	January	45	55	90	30	30	February	45	55	80	30	30	March	45	50	70	30	35	April	50	50	60	25	30	May	45	60	50	25	30	June	50	65	45	30	30	July	55	75	45	25	30	August	55	75	45	25	30	September	50	85	40	25	30	October	60	90	35	25	35	November	55	90	35	30	35	December	55	95	35	35	35
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c. Monthly rate per 10,000 children subject of a child protection plan compared to rate for England at 31 March 2017 - i.e. above or below 43.3

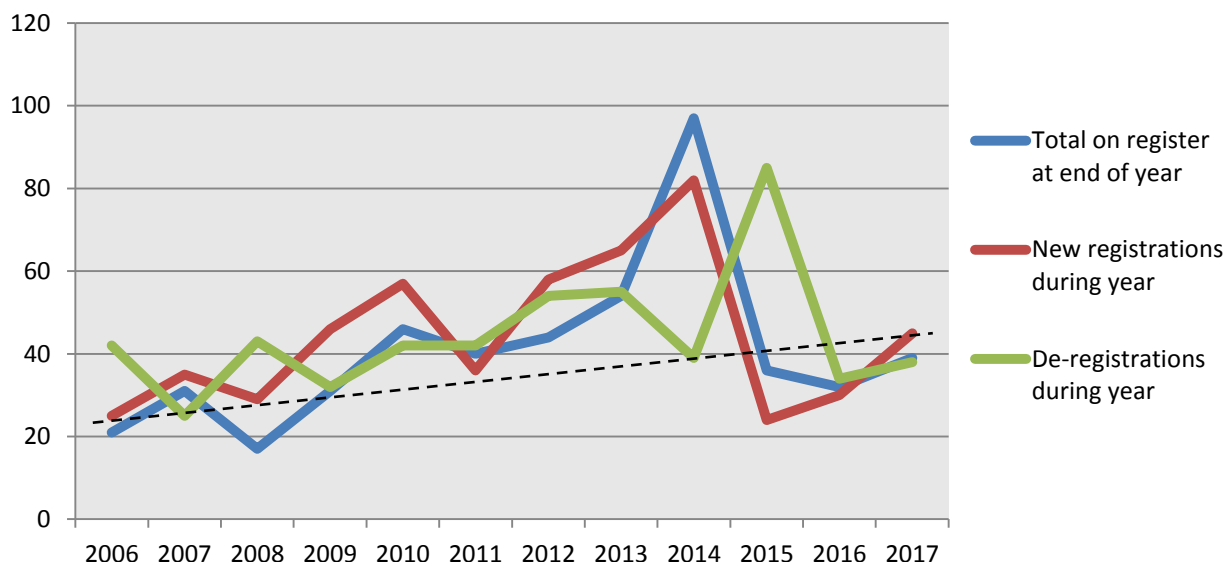
There has been a generally increasing trend in the number of children made subject to a child protection plan in England over the last seven years. The number of children with a child protection plan in England per 10,000 child population as of 31st March 2017 was **43.3** (up from 43.1 the previous year). At the end of March the comparable figure in Guernsey and Alderney was **30.3** (up from 25.5 the previous year), with a range from 25.1 to 33.8 across the year.



d. Registrations and de-registrations



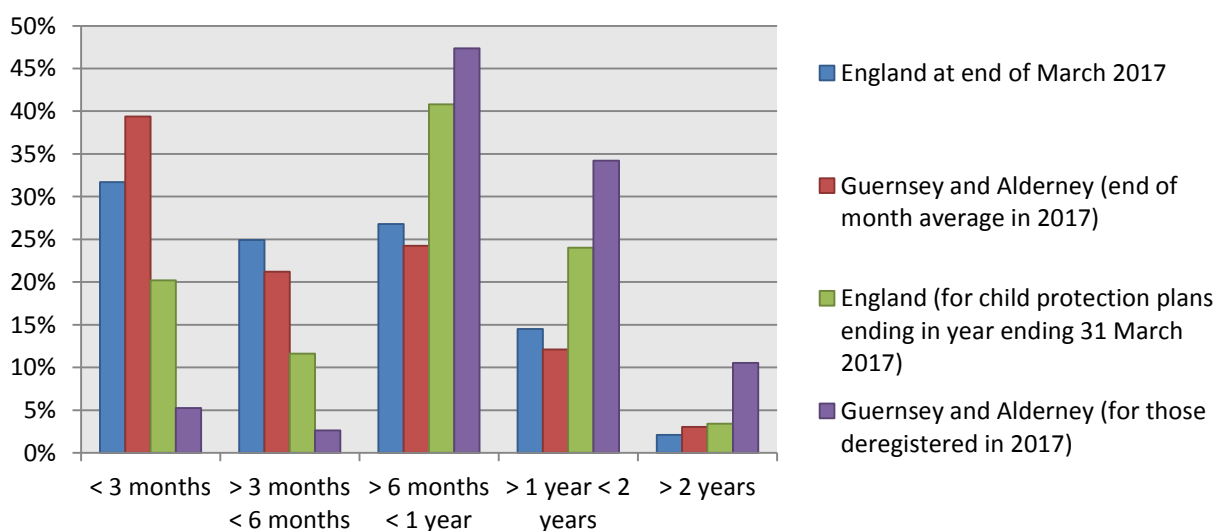
In **2014** the number of children whose names were added to the child protection register was more than double the amount whose names were taken off. In **2015** this pattern was reversed and the number of children whose names were added to the register was less than a third of those whose names were taken off. In **2016** the amount of registrations and de-registrations was more closely matched and this remained the case in **2017**, suggesting continued stability.



Looking at the child protection registrations over a longer period (2006 to 2017) a generally increasing trend can be seen, which can also be seen in comparable figures for the UK.

e. Length of time on register

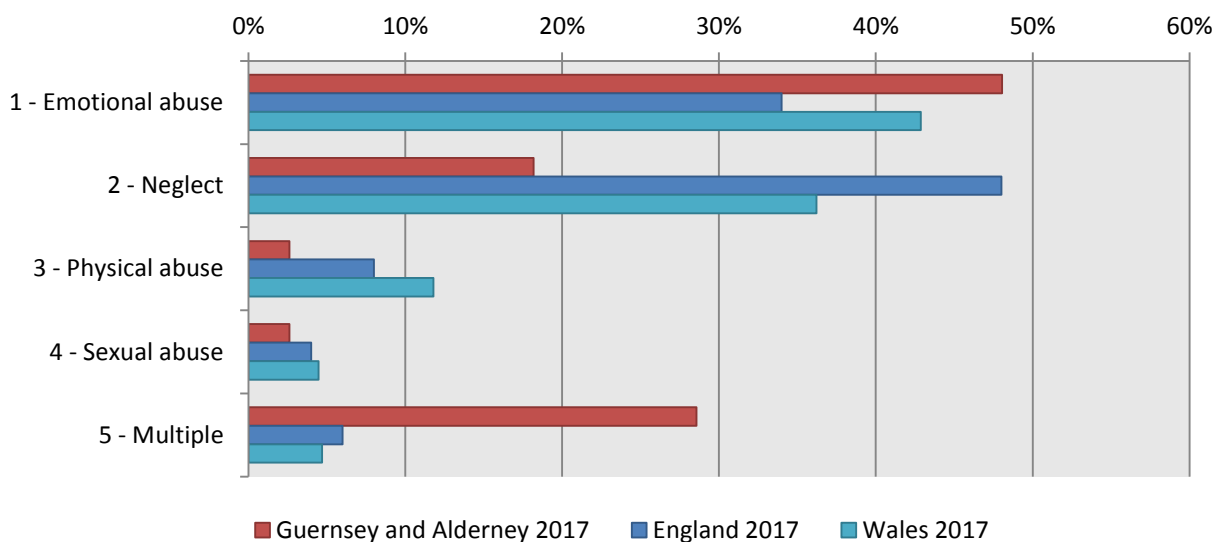
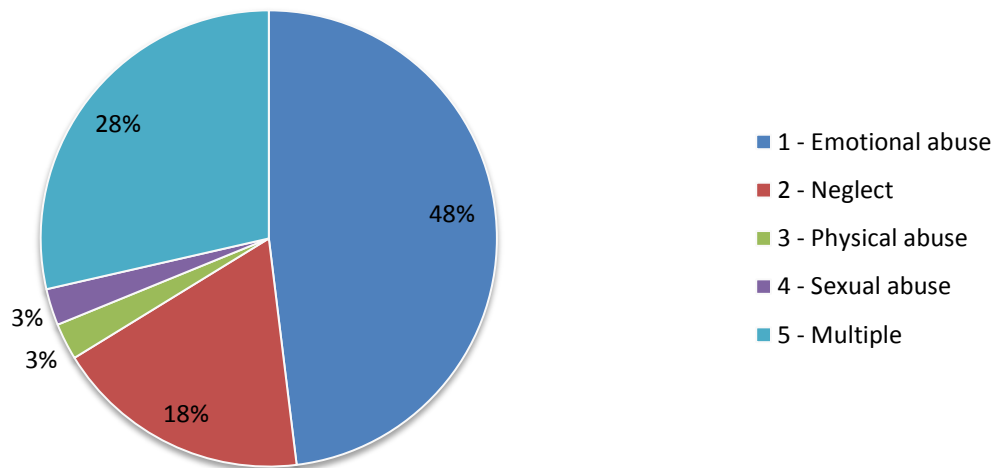
When children remain on the child protection register for long periods of time, it suggests that child protection plans are not working or cases are being allowed to drift. In 2017 10.5 % of those children who were de-registered had been on the register for more than two years, which was up on the previous year. The comparative figure in England is 3.4 % (down on the previous year). There are signs that this is improving as analysis of the composition of the register across the year shows that only 3 % of the children had been registered for more than two years. The comparable figure for England at the end of March 2017 was 2.1 %.



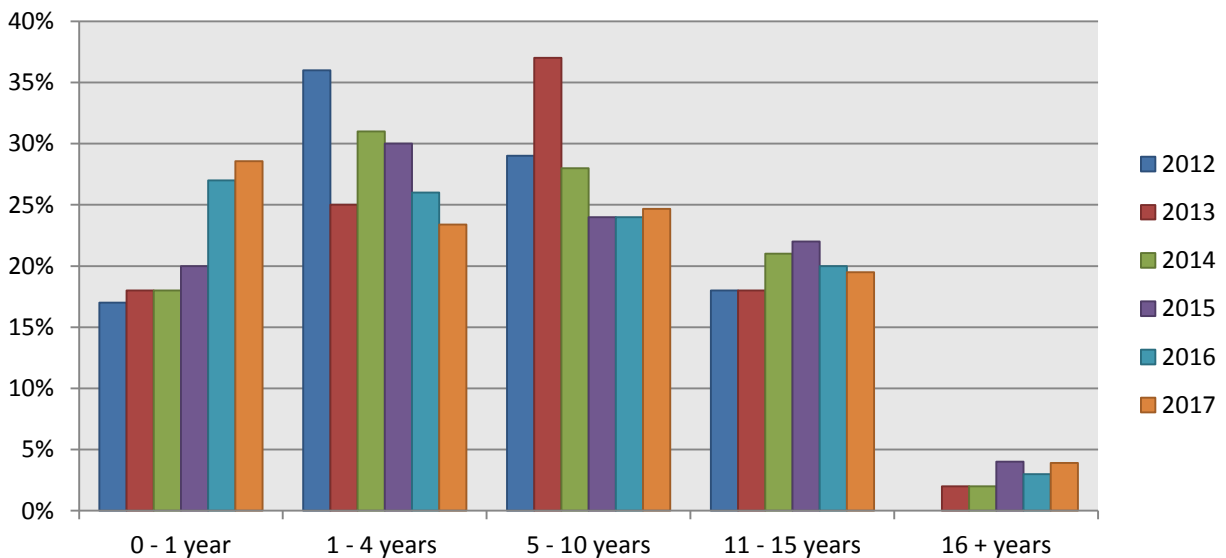
f. Category of registration

Emotional abuse remained the highest category for registration in 2017, accounting for 48 % of the total registrations. The next highest single category was neglect at 18 %. These are both down from 2016, when the figures were 65 % and 21 % respectively. In England the predominant reason for having a child protection plan was neglect (48 %), followed by emotional abuse (34 %). There was a rise in registrations in Guernsey and Alderney for physical and sexual abuse, which both accounted for 3 %, as well as those who were registered under multiple categories (29 %). All those registered under multiple categories included emotional abuse with 64 % of those also including physical abuse and 36 % neglect. Emotional abuse has risen as the reason for a child to be on a child protection plan in both England and Wales in the past five years

Guernsey and Alderney 2017

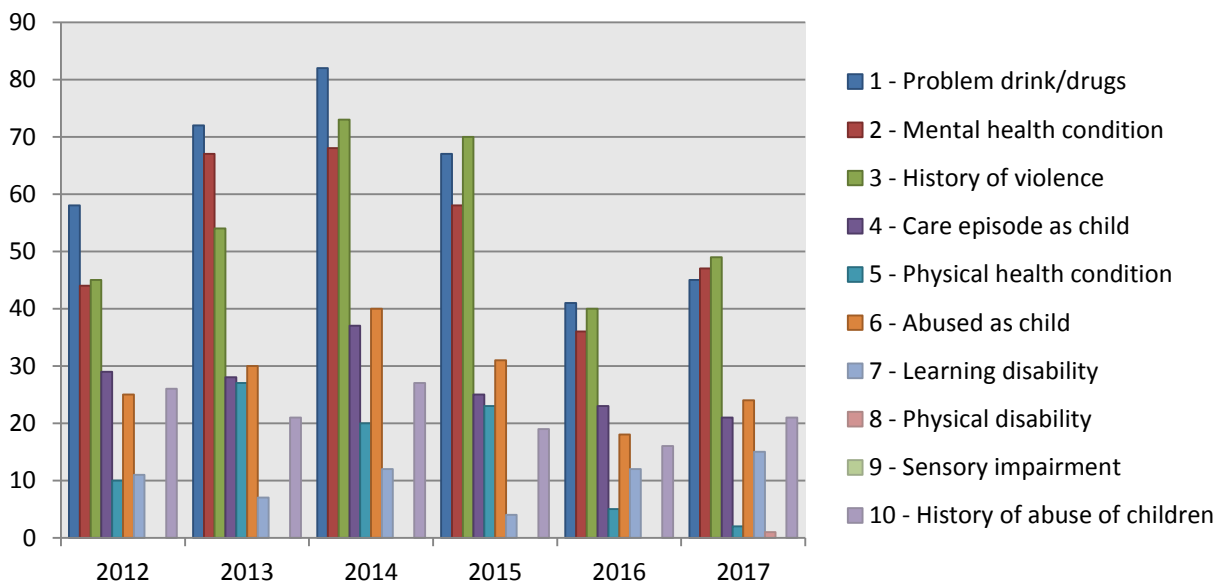


g. Ages of children on the child protection register



The above chart, breaking down the ages of children on the child protection register, continues to highlight the vulnerability of those under one year old, for whom there has been a further percentage increase in 2017.

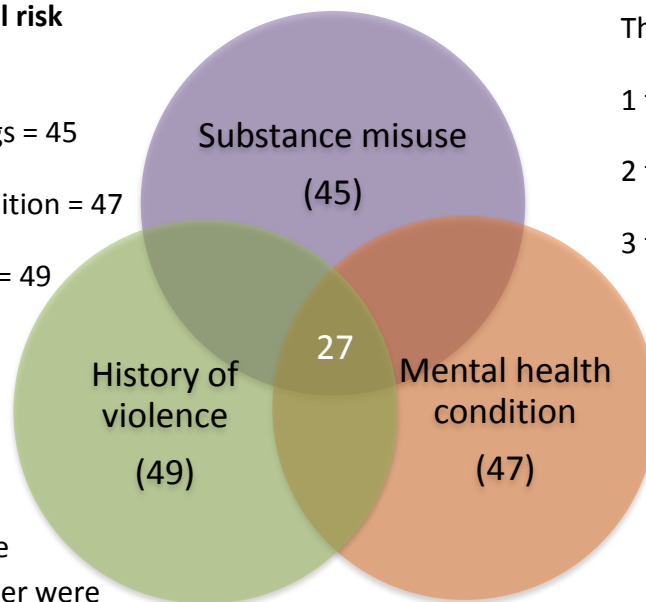
h. Parental factors



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. These factors are predominant in those identified for children on the child protection register, which probably indicates that the right children are being registered, those most at risk.

Predominant parental risk factors:

1. Problem drink/drugs = 45
2. Mental health condition = 47
3. History of violence = 49

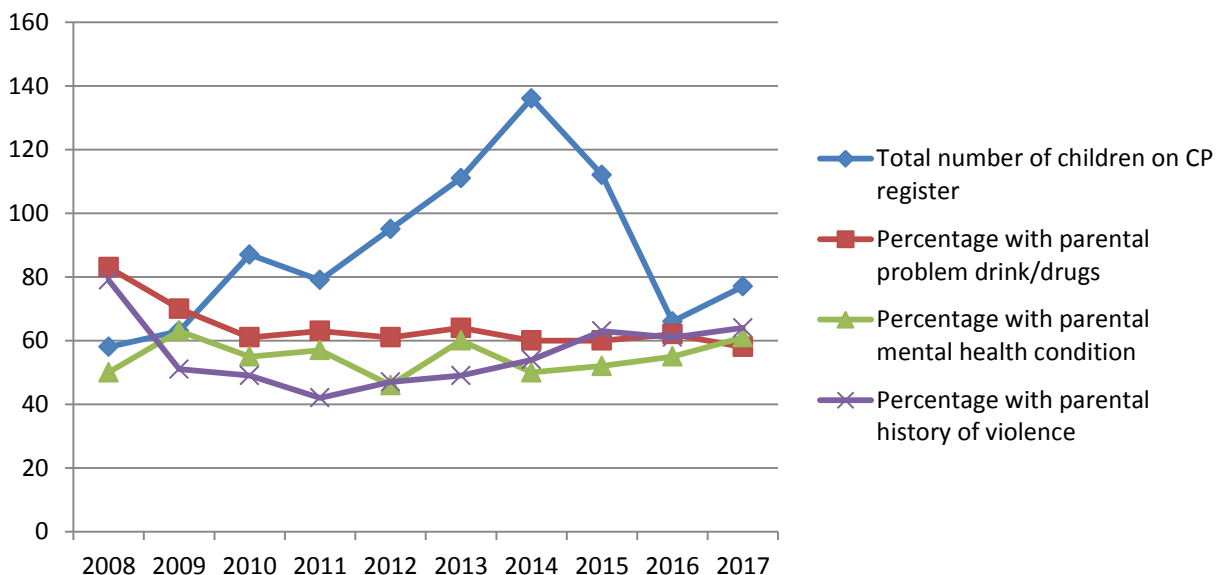


Those affected by:

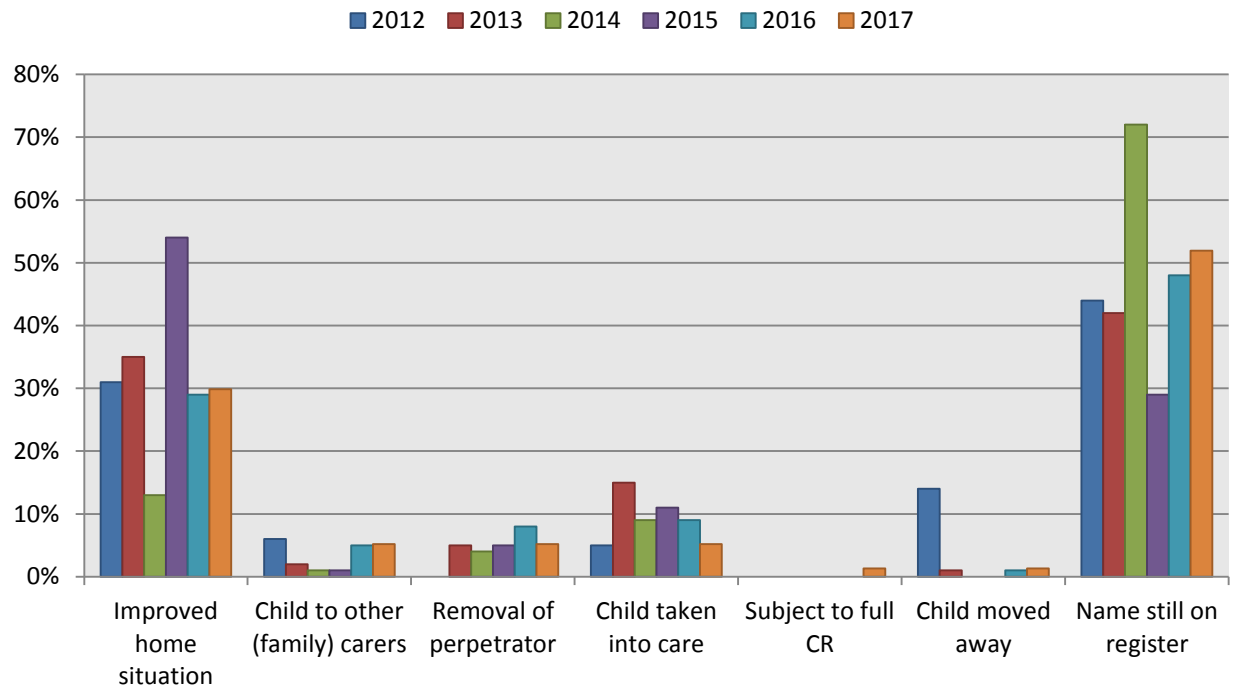
- 1 factor = 16 children
- 2 factors = 22 children
- 3 factors = 27 children

84% 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 relatively consistent over the last eight 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



Improved home situation 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

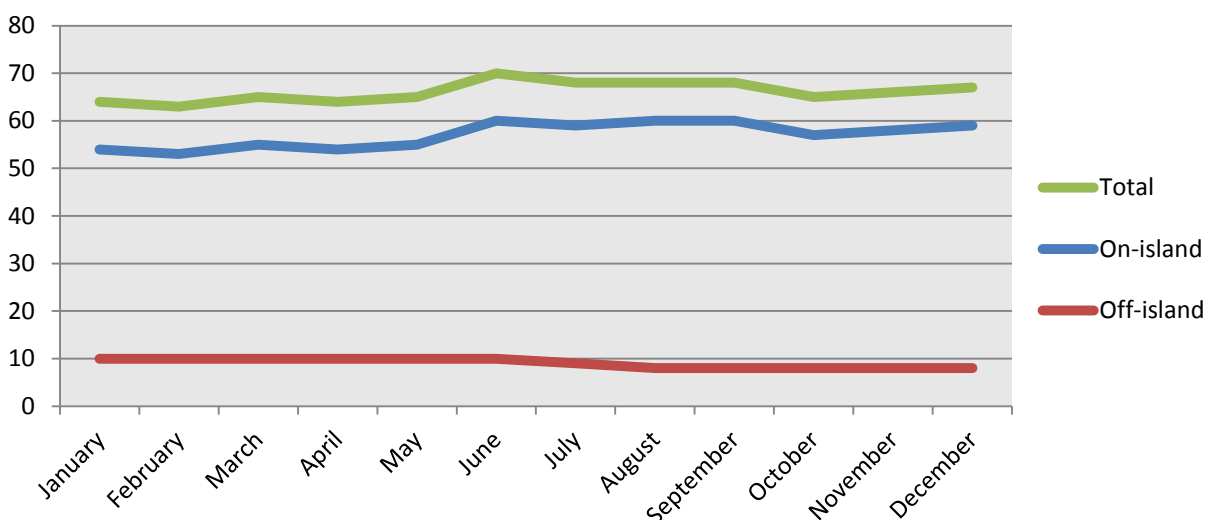
The following table shows the percentage of children whose names were added to the child protection register in 2017 who had previously been registered.

Re-registration rates have remained 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 18.7 % at the end of March 2017.

	2016	2017
Re-registered within 1 year of de-registration	3%	2.2%
Re-registered within 2 years of de-registration	0	0
Registered more than two years previously	11.8%	13.3%

Table 2. Children who are looked after

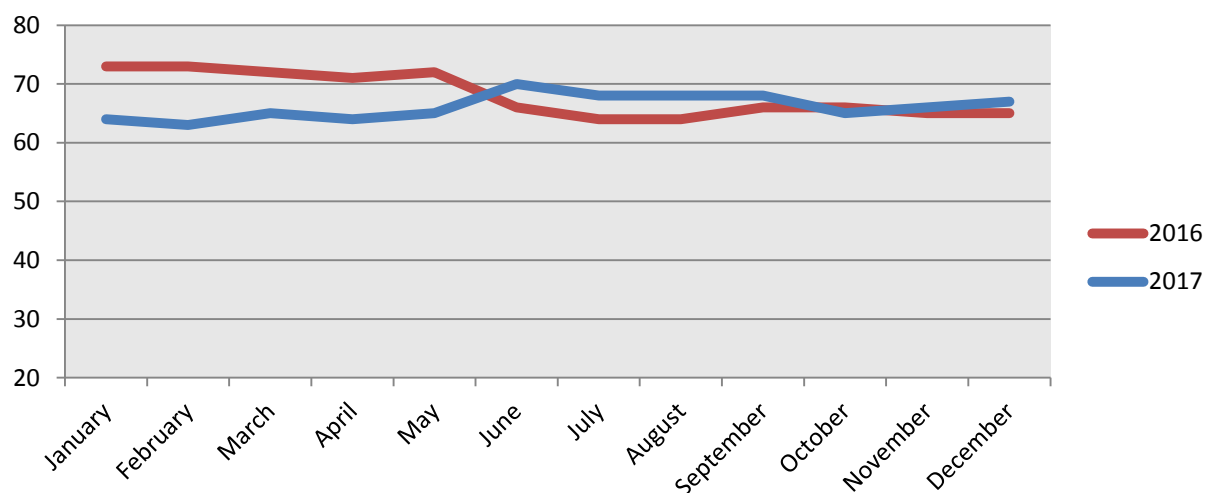
a. Children looked after (monthly)



The number of children who were looked after on-island rose slightly during the year, but 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. Overall there was a 10 % decrease in the number of children looked after in 2017 compared to the total number looked after in 2016.

Total number of children looked after

	2016	2017
Total:	88	80
Female:	60%	55%
Male:	40%	45%

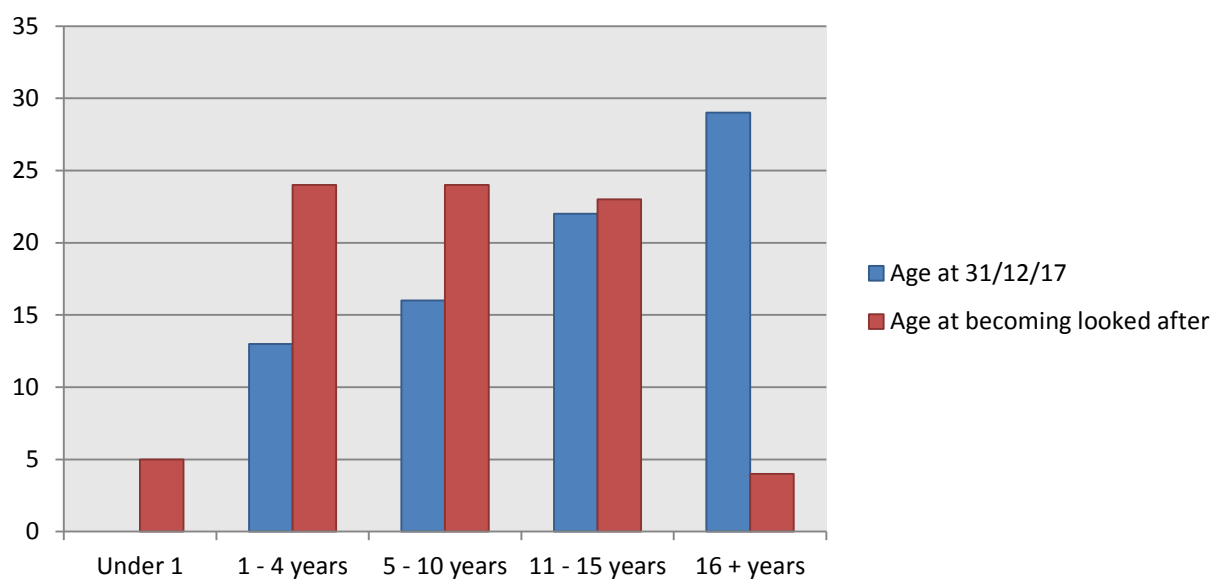


On-island care	86%
Off-island care	14%

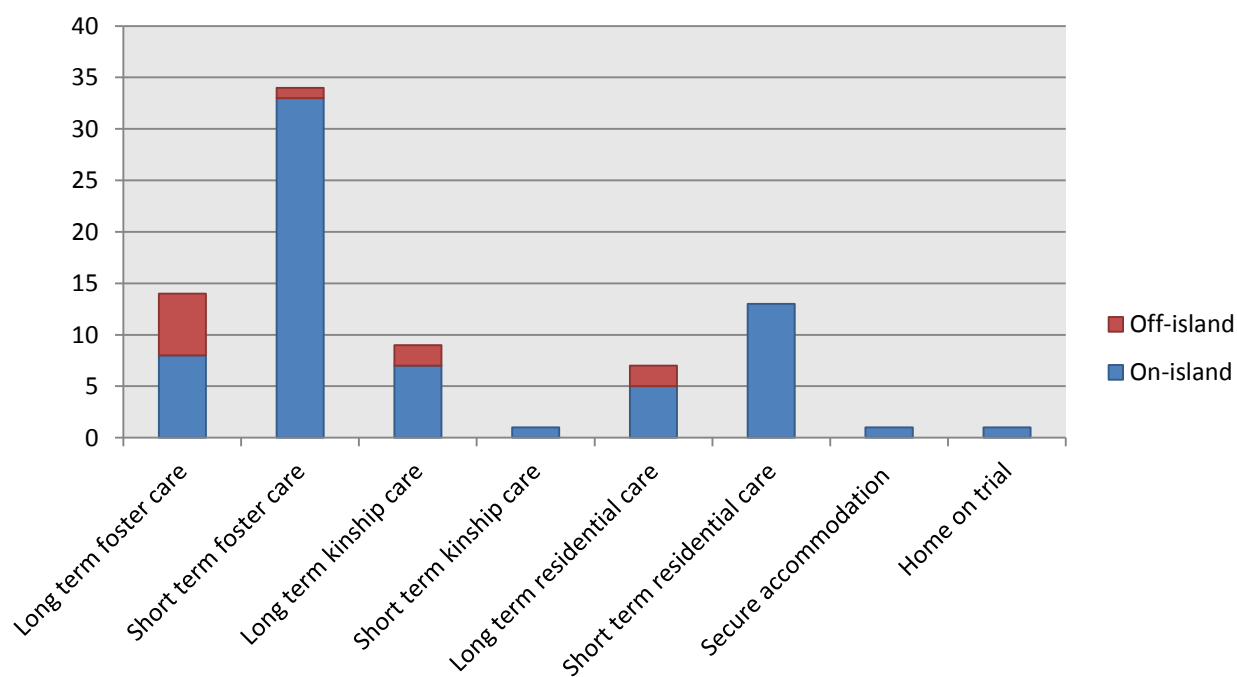
b. Ethnicity

1 - White	87.5%
2 - Mixed/multiple ethnic groups	12.5%
3- Asian or Asian British	0
4 - Black or Black British	0
5 - Other ethnic group	0
6 - Not known/not stated	0

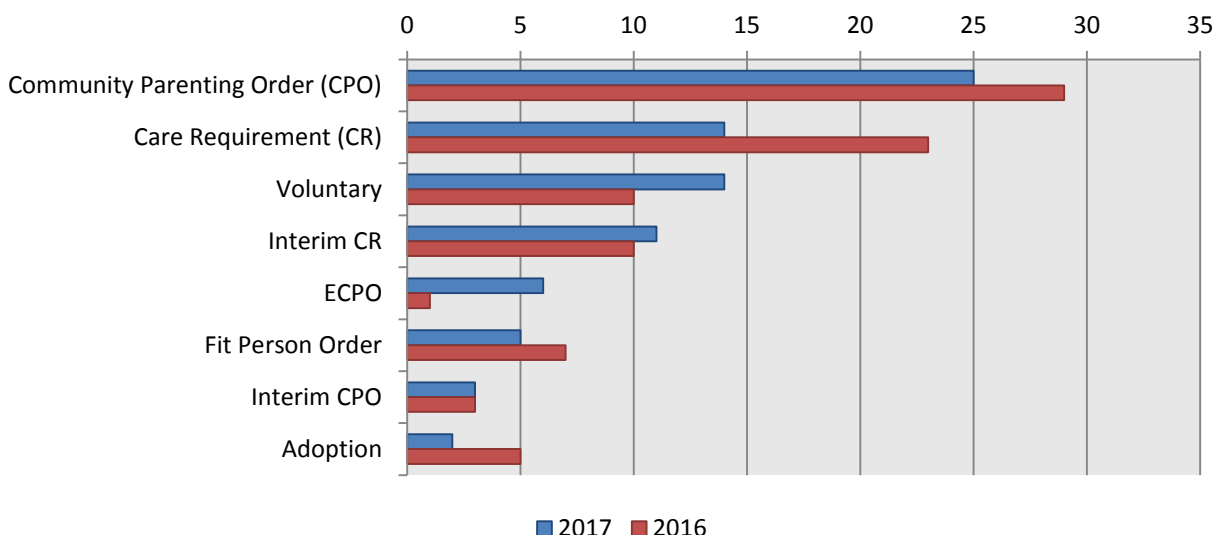
c. Ages of children looked after (31/12/17) and age at becoming looked after



d. Type of placement



e. Legal status for looked after children during 2017



f. Placement moves 1st January to 31st December 2017

Number of moves	Number of children	% of total LAC
1 move	20	25
2 moves	2	2.5
3 moves	4	5
>3 moves	4	5
Total:	30	37.5

Proportion of looked after children who had three or more placement moves = **10 %**.

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 2016 were: 10.3 % in England; 10 % in Wales; 5.4 % in Scotland; and 5.3 % for Northern Ireland (who record three or more moves in a six-month period and exclude moves for respite purposes).

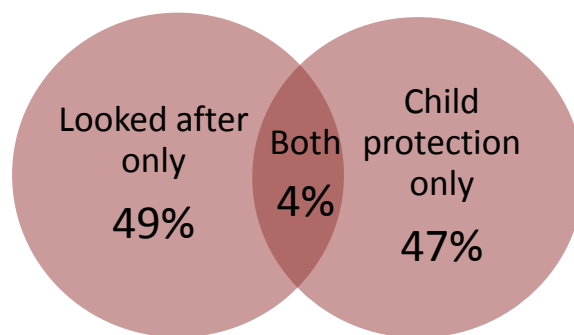
g. Reason for placement moves

		%
Breakdown of placement	14	22
Planned move	41	65
Return home	3	5
Return to former placement	2	3
Secure Accommodation Order	3	5
Total:	63	

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

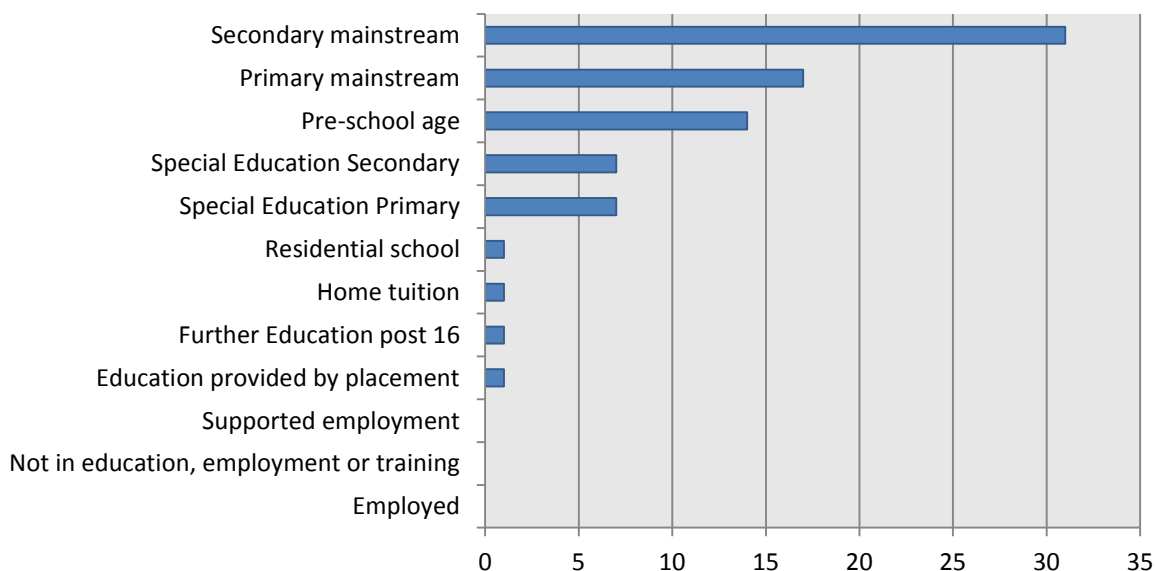
Population under 18	11,547
Looked after children	80
Child protection registration	77
Both	6
Total looked after or on the child protection register	151



The total number of children who were looked after or on the child protection register during 2017 was **151**, 4 % of whom were both looked after and on the child protection register at some point during the year. This is 1.3 % of the total child population in the islands.

98.7%	Not looked after or on the child protection register	1.3%	Looked after or on the child protection register
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i. Education and employment for looked after children



j. Leaving care

16 children had been looked after and left the care of HSC in 2017. Five 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.

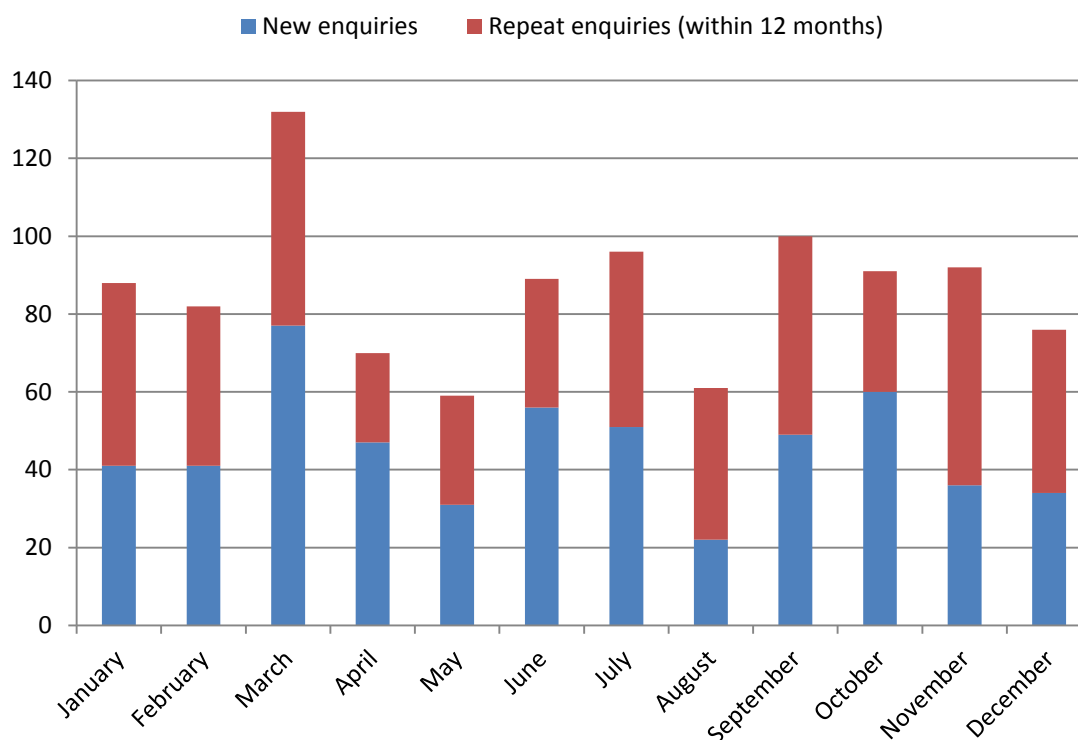
When it is believed a child needs additional support, or where there are concerns about their welfare or safety, anyone can make enquiries to the MASH to request help, advice and support.

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

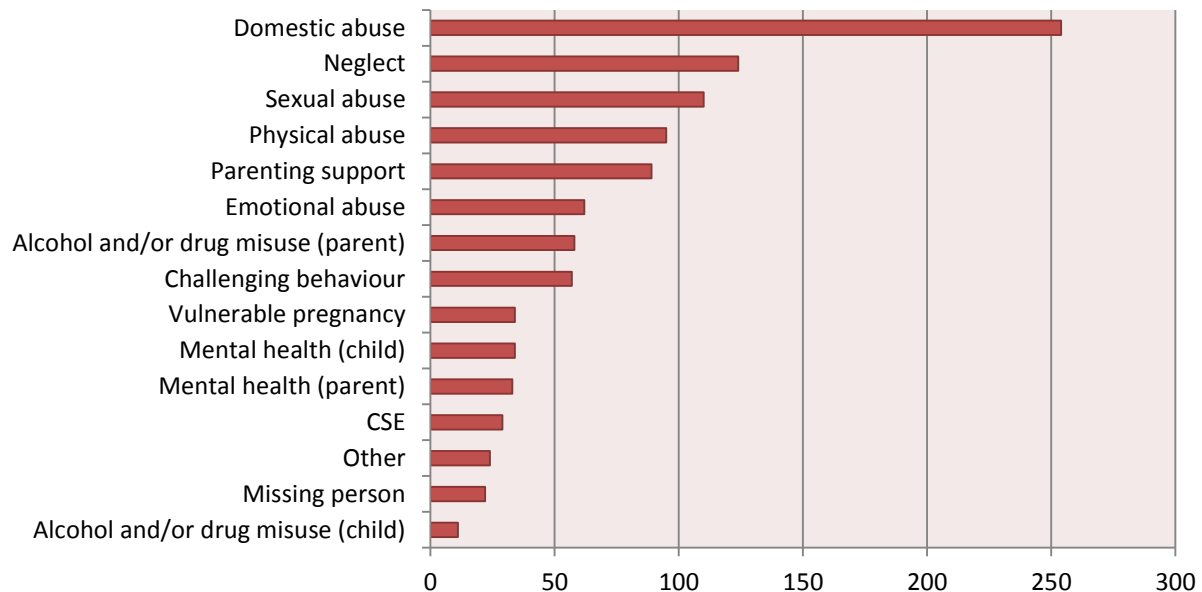
2016	2017
1246	1036

The MASH began operating on 16th March 2015; as such 2016 was the first year in which we had a full year of MASH data. Before that date referrals for children's social care were made to HSC children's services and the data was processed differently.

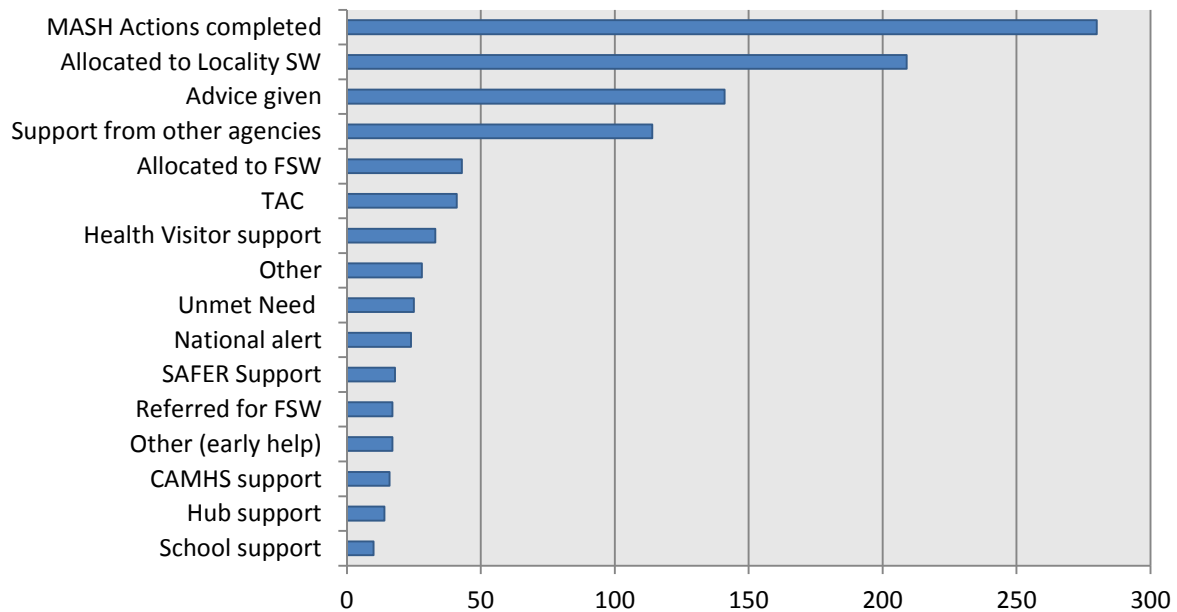
Now, when an enquiry is made to the MASH, if the case is already open to children's social care, information is passed to the child's social worker and not recorded as an enquiry to MASH. As such the actual number of enquiries into MASH from agencies is higher than the figure finally recorded.

b. New and repeat enquiries (monthly 2017)

c. Breakdown of identified need in 2017



d. Outcome of enquiries to MASH



Abbreviations:

CAMHS – Child and Adolescent Mental Health Service

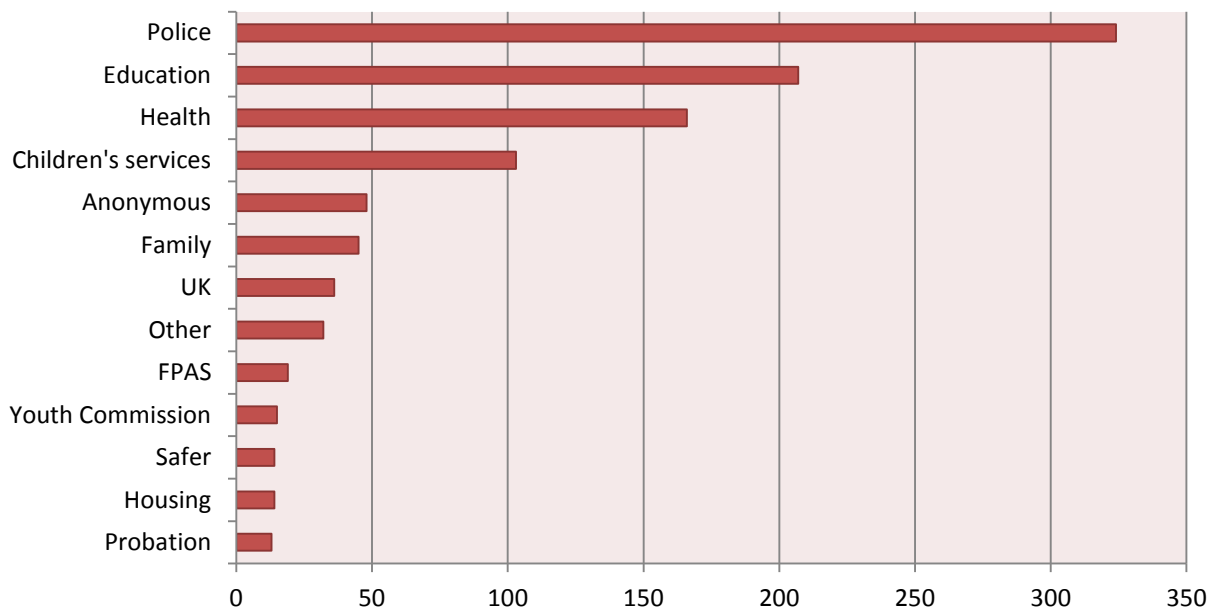
FSW – Family Support Worker

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

Unmet needs were mainly for post abuse therapeutic support and family support.

e. Enquiries to MASH 2017 – 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. Most enquiries come from other professionals, with the police and other professionals in education and children's health and social care services making over 75 % of the total enquiries.



FPAS is the Family Proceedings Advisory Service, formerly the Safeguarder Service.

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 and willing to provide the child with adequate care, protection, guidance or control they would be at risk if they:

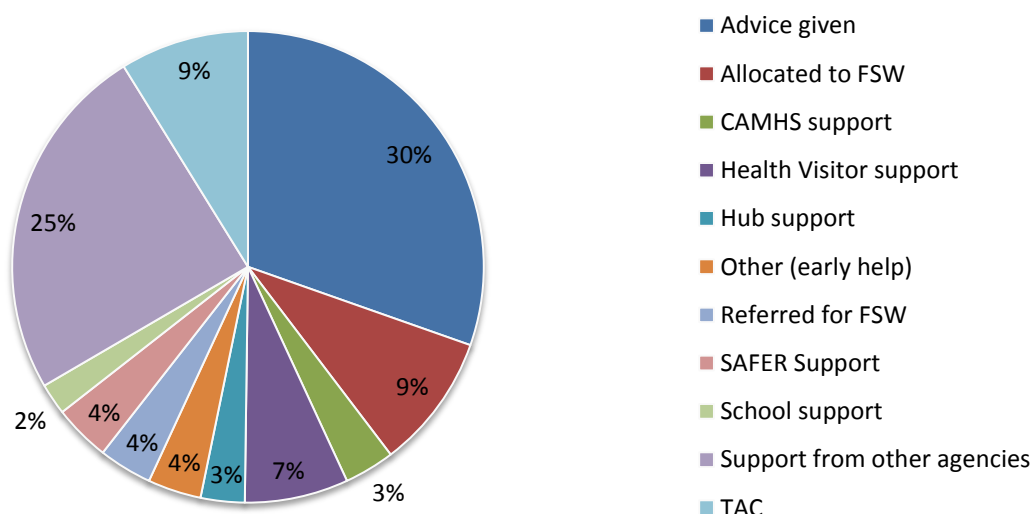
- have suffered or are likely to suffer significant impairment to their health or development;
- have suffered or are likely to suffer sexual or physical abuse;
- misuse drugs or alcohol or inhale a volatile substance;
- are exposed or likely to be exposed to moral danger;
- have displayed violent or 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

The Multi-Agency Support Hub includes professionals from health and social care, education, police, other States services and voluntary agencies. They jointly assess the needs of children about whom there are concerns and agree the right level of support for each child. There were a total of 1036 children in need who were subject to enquiries into the MASH with 45 % 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 2017 there were 33 cases waiting to be allocated for early help, 11 cases waiting to be allocated for social work assessment and 25 cases of unmet need (post abuse therapeutic and family support needs). The ISCP investigated causes of delay and HSC were able to provide an assurance report on this. There has been an issue moving cases on from the MASH for assessment and ISCP will have to monitor this.

Children in need			
c. Victims of crime			
During 2017 there were 165 cases of domestic violence (involving 209 children) referred to MARAC, the same as the previous year. In 2017, over 4 % of the subject victims, and over 2 % of those causing harm to others, were under 18 years old.			
Type of crime	Crime reports	Offences	Convictions
Violent	37	50	17
Sexual	41	67	7
<i>N.B. Persons convicted in a year do not generally relate to the crimes or offences recorded as it can take 12 to 18 months for some cases to go through the court process.</i>			
d. Children missing			
During 2017 the Guernsey Police had 154 reports of children missing.			
	2016	2017	
missing from home	24	60	
missing from residential/foster care	72	85	
missing from school	3	9	
Total:	99	154	
<p><i>This is an increase on the number of children reported missing in 2016, although it remains a reduction in figures from 2015, when there were 292 reports of children missing. It is likely that this is due to a change in the data collection system used by the police.</i></p> <p><i>The police follow best practice when investigating reports of missing children and appropriate risk assessments are carried out.</i></p> <p><i>When children have been missing they are interviewed by trained workers from the Youth Commission after they have safely returned. This is to ensure they are safe and that there are no unresolved issues that caused them to be missing.</i></p>			
e. Referrals to CAMHS			
<p>In 2017 there were 539 children who had been referred to CAMHS. At the end of 2017 there were 398 children being provided a CAHMS 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.</p> <p>There were 52 children admitted to the children's ward at the Princess Elizabeth Hospital with mental health concerns, a 29 % increase on the previous year. 85 % of those were due to self-harm or suicidal ideation. There was a reported increase in self harm for 2017, but services were able to be provided on island. We will explore with partners if any additional early help services are needed to reduce this risk.</p>			
Children at risk – compulsory intervention			
f. 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).			

Referrals received by the Children's Convenor		
<i>Information regarding referrals to the Convenor will be published in the Convenor's annual report later in the year.</i>		
g. Youth offending		
Referrals to the Youth Justice Service 2016:		
	2016	2017
Total referrals	124	123
New entrants	90	85
Re-referrals	34	38
- Re-referral rate	27%	31%
Sexual offences	5	4
Secure accommodation	0	0
Prison (remand/sentence)	0	2 (remand)
Held overnight at police station (enquiries ongoing)	8	0

