

Islands Child Protection Committee



Working Together for the Children of Guernsey and Alderney

Islands Child Protection Committee

Guernsey and Alderney

Annual Report

2014



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FOREWORD

This annual report is an important document and I hope many people throughout our Bailiwick will read it. It pertains to one of the most important tasks undertaken by, and key duty of, anyone who works with children and young people: protecting children from neglect and/or abuse.

Child abuse and neglect happens in the Bailiwick. In fact, over the last year there has been a rise in the numbers of children where abuse and/or neglect has been detected and where child protection measures have been put into place.

This annual report provides insight to the magnitude of the level and type of abuse and neglect that children and young people have suffered. It also describes: the actions agencies have taken to prevent child abuse and neglect from happening; how people working with children are being trained and supported to identify and respond to child abuse and/or neglect; and how those children affected by child abuse and/or neglect are being supported.

This annual report has been produced by the Island Child Protection Committee (ICPC). The Committee exists to ensure that children are safeguarded well. Safeguarding children is about: protecting children from maltreatment; preventing the impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and ultimately enabling children to have optimum life chances and enter adulthood successfully.

The primary role of the ICPC is to ensure that policies and procedures for safeguarding children are fit for purpose and implemented properly. This means that the ICPC promotes the effective training for all staff who work with children – so that professionals accurately recognise where children are at risk of significant harm and respond appropriately. The ICPC also monitors the performance of agencies in safeguarding children and promotes and oversees the development of plans designed to improve performance. Finally, the ICPC commissions Serious Case Reviews where a child has, or group of children have, died or where a child has suffered significant harm and there are issues that give rise to serious concerns about professional and/or service involvement, or lack of involvement.

The role of the Chair of the ICPC is to provide independent support and challenge to all agencies and sectors represented on the ICPC and this includes several States of Guernsey departments (e.g., HSSD, Education and Home) as well as the office of the Children's Convenor, the voluntary and independent sector. In order to execute the role effectively, the Chair of the ICPC is independent of all agencies: it is children, not agencies, who are the primary concern of the Independent Chair.

Mick Watson served as the ICPC's independent chair in 2014 and I wish to publically thank him here for the dedicated and skilled way in which he implemented the role. Having reached the end of his tenure, we are now recruiting a new Independent Chair. I am writing this foreword, therefore, as the temporary Chair of the ICPC.

This annual report is, by necessity, a retrospective report and I wish to thank all professionals working with children for their professional and personal commitment to safeguarding the Bailiwick's children and young people. On an individual basis, some excellent work has been undertaken to protect children from abuse or neglect.

Most recently, the ICPC has established a Multi-Agency Support Hub (MASH) that has fundamentally changed the way agencies work practically together in identifying, and responding to, children in need and children at risk of significant harm. Whilst in its infancy, the MASH is an important development: agencies are now making decisions about individual children of concern in completely joined up ways.

Looking forward, however, we face a significant programme of work. Thresholds for the identification of children at risk of significant harm need to be better understood and more consistently applied. We need to implement a multi agency safeguarding performance framework that focuses on the outcomes secured for children and their families. We need to engage with the community we serve – especially the children and families agencies are working with. We also need to ensure that the public is more aware of the signs of child abuse and neglect and know how to report any concerns about the welfare and safety of children. We need to develop and implement our Childhood Sexual Exploitation (CSE) policy and we will need to report and respond to the results of two Serious Case Reviews commissioned by the ICPC in 2015. Finally, by the end of 2015 we expect to receive the findings and recommendations of the independent review of the Children Law 2008 that has been commissioned by the States of Guernsey Scrutiny Committee and is being undertaken by Professor Kathleen Marshall.

I commend this annual report to you.

Dr Carol Tozer

Interim Chair, ICPC.

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Executive summary

Background and Context

The Islands Child Protection Committee (ICPC) was set up under the Children (Guernsey and Alderney) Law 2008 with the principal objective to co-ordinate what is done by each agency represented on the Committee for the purpose of safeguarding and promoting the welfare of children. In addition the ICPC promotes effective co-operation between all those involved in safeguarding and promoting the welfare of children, provides the necessary guidance and reviews any case where a child has died or suffered serious harm.

The Children Law was implemented in 2010 and gave the ICPC a statutory footing with responsibility across Guernsey, Alderney and Herm. Arrangements for safeguarding children in Sark are slightly different and require the authorities in Sark to commission services from Guernsey. The ICPC is answerable to the Chief Officers Child Protection Group and thus across the whole of the States.

Children represent approximately 18 per cent of the Guernsey population and 11 per cent in Alderney, so there are just under 12,000 children between the two main islands. Both islands are seen to have a fairly dynamic population with high employment and low unemployment rates, although there is an identified need for affordable housing in Guernsey.

The ICPC is made up of an Independent Chair and representatives from Health and Social Services, Education, Home, Police, the Office of the Children's Convenor, Primary Care, Paediatrics, Alderney and the voluntary sector. A representative from Sark also attends the ICPC as an observer. The work of the ICPC is supported through four sub-committees, a part-time business manager and part-time administrative assistant and is funded jointly through the Health and Social Services, Home and Education departments.

An external diagnostic of children's social care commissioned by the Chief Officer of Health and Social Services highlighted a number of concerns regarding the multi-agency protection of children, some of which had previously been raised by the ICPC, such as the need for early co-ordinated intervention and assessment. This has resulted in the identification of some priority areas for the ICPC, many of which relate to the resourcing of the work it carries out.

Brief description of priority areas for the ICPC:

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

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

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

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

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

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

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

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

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

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

Statistical Information / Quality Assurance

During 2014 some initial data was collected against the new quality assurance framework. This has provided a useful insight into the effectiveness of multi-agency arrangements for safeguarding children but needs to be developed further. The ICPC needs to collect good quality information in order to discharge the monitoring and evaluation functions. Statistics only give part of the picture and the ICPC needs to develop ways of collecting more qualitative data. However, some key themes emerge from the information gathered.

Summary of key themes

- 1.** There was a significant rise in child protection registrations (children on child protection plans) during 2014, indicating a need to re-focus on early intervention.
- 2.** This was accompanied by a rise in the number of children subject to a Care Requirement and the majority of new Care Requirements made were for older children, which also suggests there are gaps in early intervention.
- 3.** The annual report provides a very detailed overview of the issues that undermine positive parenting and create risk to children. This supports research that the 'toxic trio' of parental mental health, substance misuse and domestic violence pose most risk to children. However there are also indicators of an intergenerational cycle of abuse, signalling the need for more effective early intervention.
- 4.** Outcomes measured through the quality assurance framework are largely focussed on processes; it is important to look at the qualitative data as well, to capture the voices of children and to understand the ways in which we have made, and could make, a difference to their lives.
- 5.** Children going missing from home, including those missing from care, place themselves at risk of exploitation. Understanding this risk and developing an effective response to this problem must be a key priority for 2015.

Reports from Sub-Committees

The E-Safety sub-committee report on their successful campaigning with mobile phone providers to block illegal child abuse images from entering the island as well as the campaign for funding of a Safer Internet worker to deliver specialist lessons in school. They also report on e-safety training, their revised reporting system, a new e-safety package from the South West Grid, their annual e-safety event for parents held at Beau Sejour and the Guernsey Dairy milk carton competition.

The Monitoring and Evaluation sub-committee report on concerns around the provision and resourcing of child protection case conferences, the child death review process, the case conference quality group as well as involvement of the sub-committee in initial case reviews, internal management reviews and the serious case review process.

The Training and Communication sub-committee report on the developments in the delivery of training during the year as well as the need for additional resources to meet the developing training needs of the children's workforce.

Update on Business Plan 2014 – 2016

It has been recognised in this report that there were 33 actions in the rolling business plan agreed for 2014 to 2016, some of which have not been possible to complete. Information from reviews and the external diagnostic of children's social care suggest that the plan needs to be simplified under a set of key priorities. These are identified in full in Section 1(6) of the report and will form the basis of our business plan going forward. The update is provided for information on progress on the former plan.

Section 1 – Background and Context for the ICPC’s Work

1. Purpose of the Islands Child Protection Committee

The Islands Child Protection Committee (ICPC) was set up under the Children (Guernsey and Alderney) Law 2008 (the Children Law) with the principal 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 or 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.

2. Local background and context

Guernsey

Guernsey is the second largest island in the Channel Islands, a group of islands in the English Channel, just off the coast of Normandy, France. It is a British Crown Dependency but independent from the UK Government. Guernsey’s parliament is called the States of Deliberation and is made up of 45 independently elected People’s Deputies representing seven districts, as well as two representatives from the States of Alderney.

Child protection practice in the island largely followed UK guidance in the Working Together documents, in the absence of up to date local legislation and guidance, until 2010 when the Children Law 2008 was implemented. The Law placed the ICPC on a statutory footing, and requires that it is answerable to the Chief Officers Child Protection Group, and thus across the whole of the States.

One of the most significant developments introduced in the Children Law was the creation of the Office of the Children’s Convenor, and the Child, Youth and Community Tribunal. This is a welfare based system, modelled on the Scottish Children’s Hearings system, which is intended to manage intervention into family life where children are believed to be at risk, and compulsion is necessary. Each Tribunal is made up of three lay people who have volunteered from the local community, and therefore reflects the ownership of the local community in managing local problems, as well as viewing children in their whole context. For example, youth crime is largely

dealt with through the Tribunal system so that the child's offending is considered within a needs framework, rather than seeing low level criminality in isolation from that child or young person's life in the home, school and community. The same principles are applied to non-school attendance as well as to child abuse and neglect, so that the CYCT is an important part of the overall child safeguarding system, operating alongside child protection registration, planning, and case conferences.

Alderney

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

Sark

Sark is also 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. However, 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. It is owned by the States of Guernsey and let to private tenants. Therefore the rules that safeguard children in Herm are the same as those for Guernsey children.

3. Demographic information

Population

The Policy Council Electronic Census Report shows there were **62,711** people resident in Guernsey at the end of March 2014, with a child population of **11,550** (under 18), approximately 18 per cent of the total population. In the Alderney Electronic Census Report the total population was **2,013**, with a child population of **224** (under 18), approximately 11 per cent of the population. Alderney's population is older on average with a median age of 54 for males and 56 for females, compared to the median age in Guernsey of 41 for males and 43 for females. So there is a higher proportion of older people in Alderney than in Guernsey with a dependency ratio of 0.72 compared to 0.53 in Guernsey. The dependency ratio is the number of people in the 0-15 and 65+ age groups compared to those of working age (16 – 64). There are approximately 650 births in Guernsey each year.

Population statistics in both islands recognise a fairly dynamic population, mainly linked to employment opportunities in relation to Guernsey, whereas Alderney immigrants tend to be either approaching or already in retirement age. Population controls in Guernsey mean that immigrant workers without residential status are dependent on housing licenses. Many of the social workers, teachers, nurses, health visitors, school nurses and midwives employed locally are done so through essential employment housing licenses, which can have an impact on the stability of the children's workforce. In 2013 there were 1,580 people employed on essential employment housing licenses. Of those 224 were employed in education and 294 in health, social and charitable work. By March 2014 the number of essential employment housing licenses had risen to 2,359.

In population projections the number of people under 15 is expected to fall from 16.2% of the population in 2014 to 13.8% by 2040. At the same time the proportion of the working age population is also expected to decrease, while the number of people aged over 65 is projected to increase from 15.7% to 25.6%. There is therefore a significant projected increase in the dependency ratio due to an ageing population.

Employment

The employment rate in Guernsey remains fairly stable. The States Strategic Monitoring Report 2014 indicates the rate was 76.3 per cent in 2013, similar to the rate in 2008. This was 7.9 percentage points above average for European Union countries. The average unemployment rate for 2013 was 2.0 per cent in terms of those registered with the Social Security Department, and using the International Labour Office classification it was 1.3 per cent. This is higher than in previous years but still within the States' target.

The 2013 Alderney census identified a substantial drop in the number of employed people from the previous census in 2001. At the same time the unemployment rate has remained fairly low and the employment rate for those aged 20 – 60 has remained high, leading to the assumption that the lack of job opportunities has been the primary cause of net emigration. The number of self-employed people has remained constant.

Housing

There is an identified need for affordable housing in Guernsey. At the end of 2013 there were 276 households on the Housing Department or Guernsey Housing Association waiting list for social housing. The States Strategic Monitoring Report identifies a downward trend but recognises there remains a social housing need. The States of Guernsey conduct a housing need survey every five years in order to predict and plan for housing need. The last one was carried out in 2011 and it identified a level of housing need with possible impacts on family life, particularly for those in private rented accommodation and on low incomes. They were less likely to have fixed heating, more likely to have problems with damp penetration and more likely to have difficulties with fuel costs. The survey also identified a significant increase in the amount of people experiencing difficulties with housing costs. Owner occupation is less affordable now than it was in the previous survey of 2006 as it has become more difficult to borrow money while house prices have continued to rise. The survey also noted a rise in the cost of private

rents. Of the housing issues identified, the quality of accommodation, overcrowding and the need to share facilities were the most common. Single parents and those living alone in private rented accommodation were the most likely to have housing issues.

The 2013 Alderney census noted a drop of 49% in the number of households occupied by married or cohabiting couples with children under 18 years old, from 170 in 2001 to 86 in 2013. 969 households in Alderney completed the 2013 census and the authors identified approximately 350 household units in the island that were vacant or unoccupied. 73 per cent of households were owner-occupied and 27 per cent were in private or social rented housing.

4. Governance and accountability arrangements

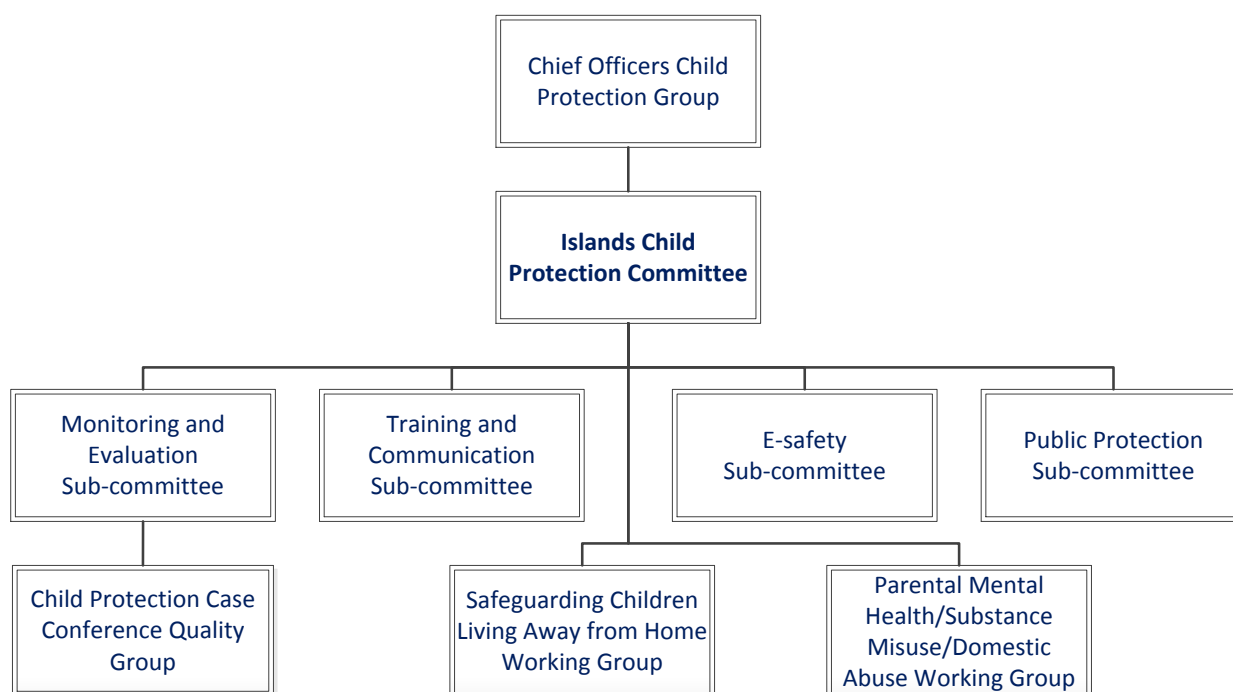
Membership

The membership of the ICPC changed in 2014, and continues to evolve as the emphasis on effective safeguarding and child protection is prioritised and the new Children and Young People Plan for 2016 is being developed. There are now fewer, but more senior representatives from the statutory agencies, plus representation from the voluntary sector, primary care, the Medical Specialist Group and the Children's Convenor. The Alderney representative left his post in the island during 2014 and the committee is yet to secure a replacement. The representative from Sark continues to attend meetings as an observer.

List of ICPC members 2014

Independent Chair	Mick Watson (Stood down 28 th February 2015)
Health and Social Services Department	Jacqui Gallienne Director of Health, Social Care and Nursing Services (Replaced by Ruby Parry on 1 st February 2015)
Education Department	Zoë Grainger Director of Inclusion and Support Services (Stood down end of May 2015, replaced by Alan Brown)
Home Department	Mark Lempriere Deputy Chief Officer
Police	Ruari Hardy Superintendent
Children's Convenor	Karen Brady
Primary care	Dr. Janice Porritt Queen's Road Medical Practice
Paediatrics	Bryan Lean Medical Specialist Group, lead paediatrician for child protection
Alderney	to be appointed
Voluntary sector	Kareena Hodgson Manager, Action for Children
Sark	Christine Audrain (observer)

Governance and Structure of the ICPC



The ICPC reports to the Chief Officers Child Protection Group (COCPG), which is made up of the Chief Officers from the three statutory departments, Home, Education, and Health and Social Services, as required by the Children Law. The ICPC has an Independent Chair to provide leadership, challenge and effective scrutiny of safeguarding practice.

Business support and funding arrangements

The ICPC is supported through a part-time business manager and a part-time administrative assistant, and has an annual budget of £40,000, funded evenly between the Home, Education and Health and Social Services Departments. In addition the Health and Social Services Department funds the business manager post, provides office space and facilities for the ICPC support team and funds the full time Child Protection Conference Chair. The Budget report for the year is attached at Appendix 1.

5. Progress and summary of key issues

Attendance at the ICPC is summarised in the table below:

Islands Child Protection Committee Attendance at meetings 2014 (6 meetings in total)	
Dept/Organisation	No. of meetings attended
Independent Chair	6
Children and Maternity Services, HSSD	5
Home Department	6
Police	6
Education	6
Alderney	0
Voluntary Agencies Representative	5
Paediatrician, MSG	6
Office of the Convenor	5
Primary Care	6

2014 has been a busy year as the appointment of the new chair in March of 2014 coincided with a change of membership and a fresh look at the role and functioning of the committee. The Children and Young People's Plan has been in development throughout 2014, while the incoming Chief Officer of HSSD ordered a review of Children's Social Care. In addition the Scrutiny Committee commissioned a review of the implementation of the Children Law (beginning in February 2015). This review is being undertaken by Professor Kathleen Marshall and will be reporting by autumn 2015.

The committee intended to widen its remit within the constitution to reflect that of a safeguarding children board, in line with arrangements in England and Wales, as we have endeavoured to follow the Working Together Guidance which is in operation there and on which our child protection procedures are largely based. This would mean operating within a wider governance structure alongside the operational plans for children's services being developed within the Children and Young People's Plan.

Within this context, some progress has been made around the functioning of the ICPC with the development of agreed standards and a quality assurance framework. Partner agencies are able to measure their own compliance to the agreed standards and develop plans to improve organisational practice with regard to safeguarding children. The ICPC also agreed a quality assurance framework developed by the Local Safeguarding Children Board Independent Chairs Association, South East Region. Data has been collected in relation to this for the first time in 2014, the results of which can be seen in Section 2. Significant progress has also been made towards the establishment of a joint Child Death Overview Panel with Jersey Safeguarding Children Partnership Board, which will begin meeting in 2015. This will have representatives from both islands from within Public Health, the Police, Children's Social Care, Health and Education. It is envisaged that the panel will meet twice a year.

However, the Chief Officer of HSSD commissioned an external diagnostic of children's social care in November 2014, which reported in January 2015, and which highlighted a range of

concerns about the multi-agency protection of children and young people on the islands. Some of these issues had already been highlighted by the ICPC, and are evident in the statistical information at Section 2 of this report, and they will inform the ICPC's work in 2015. Key to this is the need to create a multi-agency 'front door' for help for children in order to more effectively manage risk, share information, reduce duplication, and ensure that children are able to access the right help at the right time from the right person. The statistics within this report reflect a system where children's social care were struggling to respond to increasing demand and to manage the unanticipated additional work demands of the CYCT system, and where thresholds were unclear. The lack of any early co-ordinated intervention or assessment services, such as the Common Assessment Framework, other than that provided by HSSD was raised as an issue in the 2013 ICPC Annual Report, but was not progressed in 2014. This has meant that there has been a steady rise in repeat referrals into social care, and also an increase in child protection registration, with a corresponding increase in demand and stress on the conferencing system – there being only one post to manage this work.

Another key issue for the ICPC is the lack of the child's voice or service user feedback available to inform the work of the ICPC and to underpin this annual report. This is a core priority for change – children and their voices must be at the heart of every child safeguarding and child protection system, and the ICPC must actively create and lead culture change which encourages children, young people and their carers to speak up about their wishes and views and to contribute to our continuous learning, so that children are demonstrably at the heart of everything that we do.

6. Priorities for 2015

There were 33 actions in the Business Plan for 2013-15, some of which it has not been possible to complete. Analysis of our data for the year, together with the information from reviews and the CSC Diagnostic, suggests that these need to be simplified under a smaller number of key priorities. These are presented as key priorities for the ICPC in 2015, which form the basis of our business plan for 2015-16 and beyond: The ICPC must -

Priority 1: Establish as a matter of urgency a means of enabling the participation and engagement of children and young people (and their carers) in shaping the work of the committee and in informing learning and development as a matter of course

Priority 2: Challenge partners to establish effective systems for addressing the needs of children at an early stage in order to keep intervention to a minimum and to prevent needs escalating into risks.

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

Priority 4: Develop a comprehensive learning and improvement framework in order to understand local safeguarding issues and measure the effectiveness of services in relation to these. It is likely this will need additional resources and a commitment from all partner agencies to participate in the process.

Priority 5: *Understand and manage the reasons for the huge increase in child protection registration and to find additional resources for chairing child protection conferences to ensure that impartiality and challenge is maintained in this process.*

Priority 6: *Develop strategies to identify and address the risks for children who might be vulnerable to sexual exploitation and abuse. Multi-agency approaches to addressing child sexual exploitation and managing allegations need to be agreed and implemented, as well as continuing to work closely with the existing processes of MARAC and MAPPA.*

Priority 7: *Identify a designated officer for managing allegations against those who work with children and the full implementation of the managing allegations policy already drafted*

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

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

Priority 10: *Increase the delivery and review the content of safeguarding training and the ICPC need to review the resourcing of safeguarding training in order to meet the developing needs of the workforce.*

Many of these relate to the resourcing of the work of the ICPC and this needs to be addressed through the Chief Officers Child Protection Group, and the budget submissions for 2016, if the ICPC is to present an effective challenge to, and leadership of, the multi-agency work required to safeguard and protect the islands children and young people, as required by the Law.

Section 2 – Statistical Information / Quality Assurance

A new quality assurance framework was agreed by the ICPC during 2014 and some initial data has been collected as a baseline measure for safeguarding children in Guernsey and Alderney. This is intended to give valuable information on the state of the children's workforce as well as possible risks to children, access to services and multi-agency assessment and planning. The effectiveness of multi-agency arrangements for safeguarding children will be monitored through the ongoing collection of these statistics although the framework may evolve over time. As in the previous section, the views, wishes and feelings of children and their families need to be evidenced as does the impact of the ICPC's work in improving the safety of children and young people.

Child protection statistics can be compared to previous years and give an insight into the level and nature of child protection work. However, statistics in themselves are only one part of the picture and we are developing ways of collecting more qualitative data about the needs of our children, and the impact of our work.

Impact – how we know we are making a difference

As acknowledged in the previous section, there is considerable work to do in understanding and evidencing the impact of the ICPC and the child protection system on children, from their perspective, and this is a key development priority for 2015-16. However, one way in which this can be approached is through case study material which highlights how children's lives are improved as a result of professional intervention via the multi-agency child protection process. The following highlight the cases of two children who were subject to child protection registration and whose lives improved as a result, but in very different ways - one child whose life was improved as a result of his parents stepping up their parenting skills to better meet his needs, and another, where the best outcome for the child was removal to foster care, where she is now thriving.

The two vignettes below are accurately represented but details have been changed in order to protect the identity of the individuals involved.

Case A

Concerns had been raised regarding the parenting of a young boy by the health visitor in this case as well as a paediatrician. Their concerns were heightened as the mother was expecting another child.

Both parents had experienced depression and at times found it difficult to cope. The young boy had experienced some poor health at the time of his birth which added to the pressure and worries for the parents about their unborn child. He had also experienced some developmental delay, possibly the result of under stimulation, and was seen to have a poor diet, which resulted in him being overweight.

There were concerns about the lack of stimulation, disengagement through episodes of depression and the additional pressure that would be placed on the family with the birth of a second child.

The children were registered under the category of neglect. The child protection plan detailed support from health and social care professionals that would be available to provide services and monitor progress. A core group was set up including the parents, social worker, midwife, health visitor, paediatrician and adult mental health.

A third review conference was held 17 months after the children were registered. At this review sustained improvements had been noted, particularly with regard to the eldest child's speech and language development. The parents had accepted that their parenting had not been good enough for the children previously. They had accessed multi-agency support throughout the process which had enabled their parenting skills and understanding of the children's needs to develop. They had undertaken parenting classes, developed and sustained routines and the health and development of the eldest child had improved significantly as a result. They were employing the same parenting methods for the younger child and his development was seen to be good. It was therefore agreed at this meeting that the children no longer needed a child protection plan.

Case B

Child B was a teenage girl living with her father and his partner, where there had been an escalation of concerns over a number of years and the child had witnessed some traumatic events related to domestic violence, alcohol misuse and mental health issues in her carers.

By the time this case went to conference the child was living with a grandparent. It was agreed at the conference that she needed a child protection plan as a result of experiencing significant harm through witnessing incidents of domestic violence and self harm in her carers. Threats of physical violence had also been made towards her from her father's partner.

By the time the review conference took place, three months after the initial conference, the child was living with foster carers. The review conference agreed that child protection registration was no longer necessary as the child was in the care of the Department. Plans were in place for ongoing emotional support and advice, as well as for contact with extended family and friends. Agencies were able to respond together quickly and effectively in relation to the most significant events and the child moved into the care of the Department, in a foster placement, quickly in order to ensure her safety, while maintaining contact with significant family members.

Key themes to emerge from the statistical information

The statistical data we have managed to collect for 2014 supports the overall view that services need to be able to respond to children's needs at an earlier stage in order to prevent problems escalating. There are signs of good interagency working to safeguard and promote the welfare of children, with positive outcomes for children and families. However, we need to further develop processes to collect and analyse this information, particularly with regard to the views of children.

Where children are believed to be in need or at risk, referrals are made to the Assessment and Intervention Team in HSSD. Where the referrals are accepted the team conduct an Initial Assessment in order to assess the level of need or risk for the children and what plans need to be put in place to address those. As can be seen in **Table 1c** (below) the majority of these assessments in 2014 were carried out for older children. This suggests that needs had not been

identified and addressed at an early stage, leaving problems to become more entrenched and families more difficult to help.

There are other indicators that the needs of children have escalated to the point where they are considered to be at risk. Firstly in the rising number of Care Requirements in force **Table 2h** (below) and the fact that the majority of Care Requirements made in 2014 were for older children *. Within the Children Law, children are considered to be at risk if they meet the grounds for compulsory intervention (see explanation in **Table 2**).

In addition, 2014 saw a dramatic rise in the number of children considered to be in need of protection from abuse or neglect as the numbers on the child protection register rose steadily throughout the year **Table 3a**. Fluctuations in numbers on the child protection register are common in a small jurisdiction where there are relatively low numbers of children involved. A sudden rise in the figures from month to month can be the result of a large sibling group from one family being registered. However, a study of the figures over the last five years shows that, although there is a fairly wide range of figures in each year, the numbers have generally been increasing year on year (see Ranges in **Table 3a**). In England, where figures are less prone to fluctuations a measure of those on the child protection register is taken at the end of March each year. The figure in 2014 was 42.1 per 10,000 child population. Registration in Guernsey and Alderney have generally followed this benchmark figure, but **Table 3b** illustrates that registrations rose well above that, particularly in the last quarter of the year.

Some positive indications that the child protection process has been working effectively can be seen in the length of time children's names remain on the register, the majority of whom are on for less than a year **Tables 3d and 3e**. Also the percentage of children who were registered again within a year of coming off the register was only three per cent **Table 3j**. The comparative figure in England has been steady at 13 to 14 per cent since the end of the 1990s. In Scotland the figure has been 16 to 17 percent for a number of years, although it is not clear if this refers to those who re-registered within a year. The figure for re-registration within two years in the Bailiwick is 21 per cent, illustrating that problems may be entrenched and eventually re-emerge. As a measure this is not as useful, as family circumstances change over time and can give rise to new difficulties.

Analysis of the child protection register has enabled us to identify parental risk factors that are relevant to children locally **Table 3h**. These have been recorded as highest in the areas of:

- problem with alcohol or drugs;
- mental health condition; and
- known history of violence.

Where they occur together, these factors have been identified in analyses of serious case reviews as the 'toxic trio' for creating safe and nurturing environments for children. Children are seen to be particularly vulnerable in these situations where uptake of services is also low, emphasising the need for agencies to work well together and engage parents in the process. Others high on the list of parental factors are experiences of being looked after by the Department and experiences of abuse in the parents' own childhood. These factors also suggest a lack of effective early intervention - issues not addressed when the parents were children, possibly leading to an intergenerational cycle of abuse.

The statistical information gathered as part of the quality assurance framework can illustrate some areas for improvement as well as areas of good practice. However, the outcomes measured locally are largely process outcomes, such as the number of assessments completed, registration and deregistration on the child protection register or the number of Care Requirements made. There is a need to expand this to include qualitative data in order to capture the real experiences of children. It is only when we have gathered qualitative information directly from children that we will know what has helped them and what they need from local services. Work has begun, linked to the Children and Young People's Plan, to identify outcome measures so that we are more able to demonstrate impact from our interventions.

The risks to children when they go missing from home (including those missing from care) have been well documented in recent serious case reviews in the UK and this should be a priority area for the ICPC in 2015. There were 299 reports to the Police in total during 2014, involving 70 children missing from home/care/school **Table 5b**.

The figures relating to looked after children also provide some evidence of problems not being addressed early enough. The Children Law recognises that children are best placed with their own family, and where that is not possible, within their own community. It is recognised that sometimes children need to be looked after but **Table 6d** illustrates a fairly high proportion of children in the older age bands becoming looked after. Again this suggests that problems have become entrenched by the time children are looked after, resulting in children with highly complex needs. **Table 6e** illustrates that 20 per cent of looked after children are placed outside the jurisdiction which is not congruent with the principles of the Children Law. This also makes it especially difficult for social workers to manage placement stability and respond to crises proportionately. It is fairly positive that there were only seven placement moves in 2014 due to placement breakdown (**Table 6g**), but five of those happened in out of jurisdiction placements.

The multi-agency safeguarding training (**Table 7b**) has expanded during 2014 and nearly reached all targets set in the three year strategy (933 for tier 1, 110 for tier 2 and 150 for tier 3). However, this is an area that should be expanding in response to training needs identified in reviews, but it remains under resourced and is becoming increasingly difficult to manage. The achievement of the target figures for tier 1 rely heavily on the high uptake from one department.

Summary of key themes

- 1. There was a significant rise in child protection registrations (children on child protection plans) during 2014, indicating a need to re-focus on early intervention.**
- 2. This was accompanied by a rise in the number of children subject to a Care Requirement and the majority of new Care Requirements made were for older children, which also suggests there are gaps in early intervention.**
- 3. The annual report provides a very detailed overview of the issues that undermine positive parenting and create risk to children. This supports research that the 'toxic trio' of parental mental health, substance misuse and domestic violence pose most risk to children. However there are also indicators of an intergenerational cycle of abuse, signalling the need for more effective early intervention.**

4. Outcomes measured through the quality assurance framework are largely focussed on processes; it is important to look at the qualitative data as well, to capture the voices of children and to understand the ways in which we have made, and could make, a difference to their lives.

5. Children going missing from home, including those missing from care, place themselves at risk of exploitation. Understanding this risk and developing an effective response to this problem must be a key priority for 2015.

Statistical Information

* Very low numbers relating to personal information, that might allow individuals to be identified, have been removed.

Table 1. Children being assessed for specialist services

The Health and Social Services Assessment and Intervention Team are the primary team for referrals where there are concerns for a child's needs, safety or welfare. The service operates a duty team as a first point of call for enquiries and conducting initial assessments and a long term team to carry out more in depth assessments and longer term work with children and families. Historically it is the team with the highest turnover of staff, the highest vacancy rates and the highest case loads. It is recognised that developments introduced by the new Children Law have placed an additional burden on the work of this service.

a. Enquiries to children's social care

2013	2014	Source of enquiries (2014)	
1639	1220	Police	772
		Education	91
		Other	142
		Other social work service	45
		FPT	38
		Midwifery	24
		Family member	23
		GP	21
		Housing	18
		CAMHS	16
		Health visitor	15
		Unknown	15
		Total:	1220

N.B. The police made 987 contacts with the Assessment and Intervention Team (AIT) although not all were recorded as an enquiry by the team as they concerned children already known and begin actively worked with

b. Outcome of enquiries to children's social care

Number of contacts resulting in NFA	233
Number of contacts resulting in initial assessment	756 for 648 children
Number of contacts referred to other agencies	66
Number of contacts referred to Youth Justice	90
Outcome not specified	75
Total:	1220

c. Ages of children subject to Initial Assessment 2014

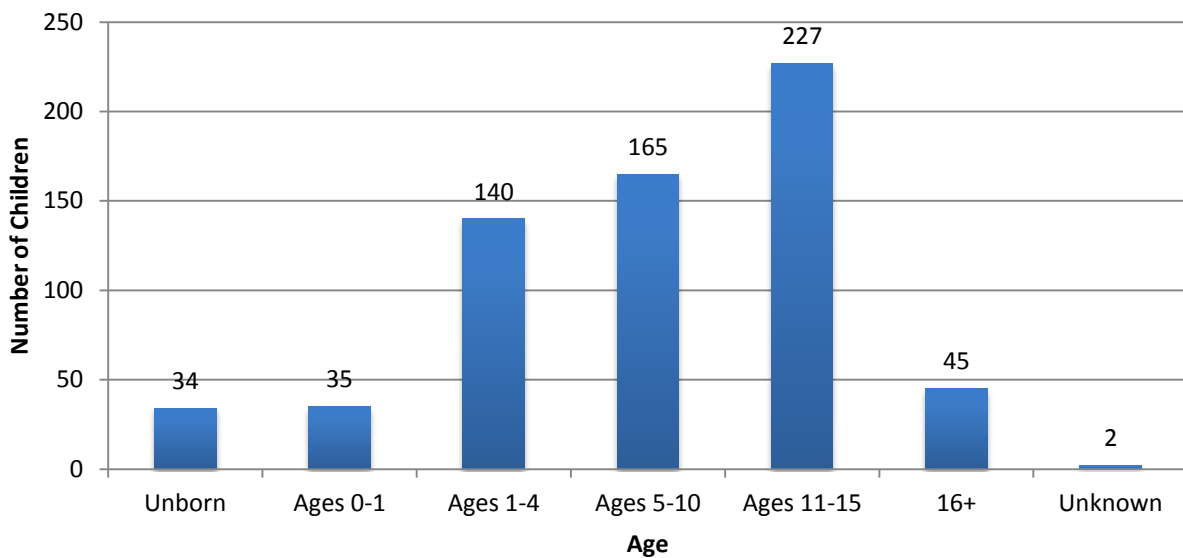


Table 2. Children in need of safeguarding

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 other family member.

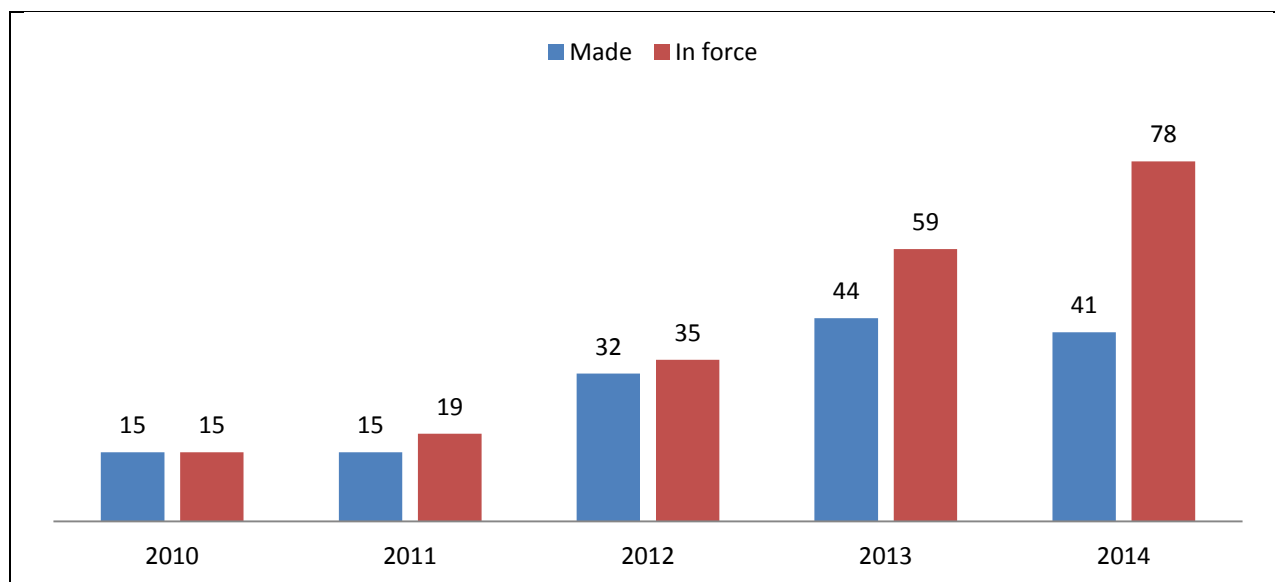
The definition of risk emphasises the responsibility of parents/carers and recognises that where parents/carers are not able or willing to provide the child with adequate care, protection, guidance or control they would be at risk if they:

- 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.

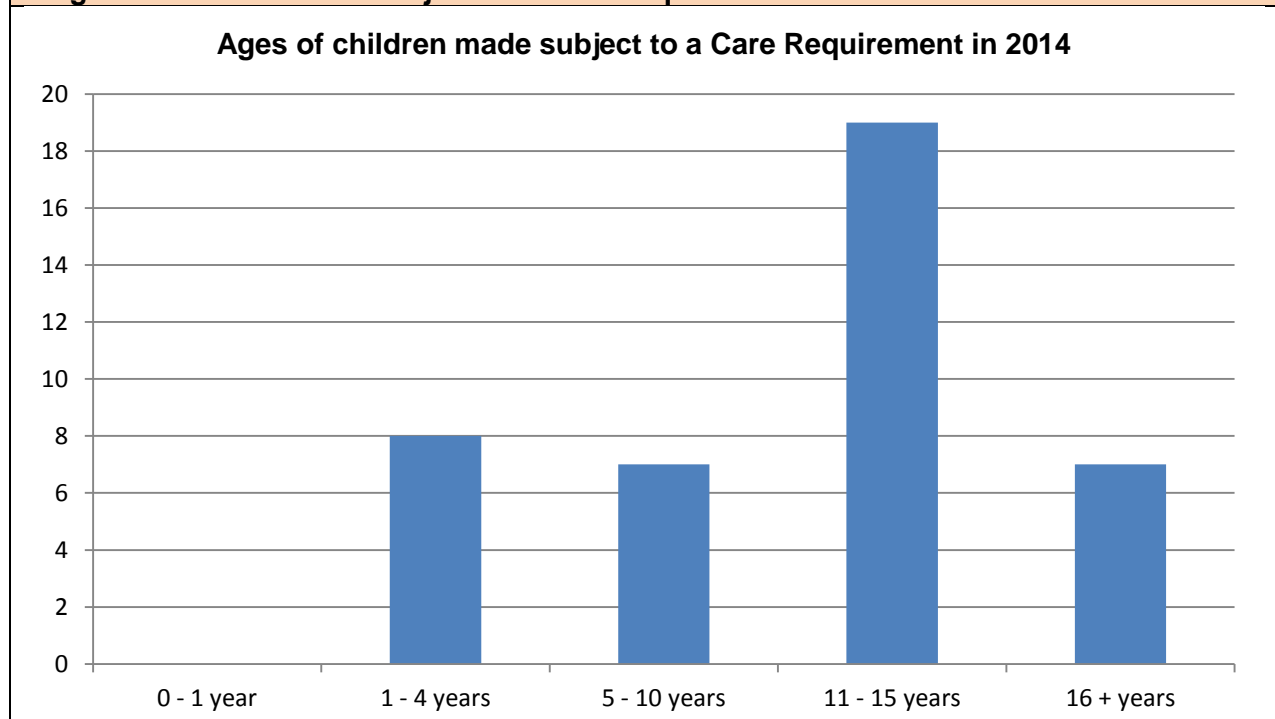
This definition of risk forms the grounds for compulsory intervention within the law and is the basis for referral to the Children's Convenor and the Child, Youth and Community Tribunal.

a. Hospital admissions	
Most hospital admissions are routine and the children involved do not have any additional needs. Some might need additional services in order to maintain a reasonable standard of health and development. There were a total of 930 hospital admissions for children in 2014. The most frequently identified primary diagnoses were:	
Abdominal pain	34
Acute appendicitis	16
Acute tonsillitis	23
Acute upper respiratory infection	11
Asthma	28
Circumcision	21
Chronic ear infection	14
Dental caries	12
Dietary counselling and surveillance	16
Disorder of teeth and supporting structures	78
Fit or seizure	11
Fever	14
Fractures	31
Head injury	17
Poisoning (prescription drugs)	27
Viral infection	15
Wheezing	17
b. Victims of crime	
Type of crime	Number of child victims
Violent	56
Sexual	26
Acquisitive	24
Criminal damage	10
Other	26
Number of perpetrators	110 (estimated)
c. 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).	
d. Number of referrals received by the Children's Convenor during 2014	
Agency	Referrals
Police	202
HSSD (children's services)	79
Schools Attendance Service	18
Other	12
Total:	311

e. Types of Concern				
The grounds for referring children to the Children's Convenor are set out in Table 2. Some children were referred on more than one condition hence the number of conditions for referral is greater than the total number of referrals received by the Convenor.				
Reasons for referral				2014
Significant impairment to health or development				89
Physical or sexual abuse				12
Misuse alcohol, drugs or volatile substance				*
Exposed to moral danger				*
Violent or destructive behaviour or beyond parental control				32
Allegedly committed a criminal offence				178
Failure to attend school without good reason				24
* numbers too small to report				
f. HSSD record of cases in CYCT process as at 31/12/2014:				
In 2014 HSSD recorded 158 cases of children in the tribunal process.				
Status		Children		
Care Requirement (CR)		78		
Referred awaiting tribunal		38		
Interim Care Requirement (ICR)		18		
Ended		23		
Adjourned		1		
Total:		158		
g. CYCT cases by agency:				
Agency	CR	ICR	Awaiting tribunal	Total
Assessment and Intervention Team	31	16	26	73
Family Partnership Team	15		9	24
Education	14	1	1	16
Looked After Children Team	15			15
Youth Justice	3	1		4
Chair CP conference			3	3
Ended				23
Total:				158
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, as recorded by the Office of the Children's Convenor.				



i. Ages of children made subject to a Care Requirement in 2014



j. Youth offending

Referrals to the Convenor for youth offending have been falling steadily since the introduction of the Children Law, but remained the highest reason for referral in 2014.

Youth Offending referrals to the Convenor:

2010	2011	2012	2013	2014
320	276	222	191	178

During 2014 there were 67 new entrants to the Youth Justice Service and two convictions for sexual offences.

k. Housing

In 2014 there were an estimated 98 children in 77 families on the waiting list for social housing. There were no evictions from social housing of families with dependent children.

113 young people (aged 16 – 25) cited accommodation difficulties as the primary reason for requesting a service from Action for Children.

I. Leaving care

20 children had been looked after and left the care of HSSD in 2014. Seven of those children could be classed as care leavers, all of whom had reached the age of 18.

m. Teenage pregnancy rates

Obstetric or maternity led care for 0-17 year olds	Termination of pregnancy for 0-17 year olds
21	9

n. Referrals to CAMHS

In 2014 there were **472** children who had been referred to CAMHS. **98** of these had severe mental health problems or were considered to be at high risk.

Of the 98 children most in need **41** were admitted to Frossard Ward, the children's ward at the Princess Elizabeth Hospital.

Admissions to Frossard Ward (41)	%
Overdose	60
Deliberate self harm	16
Eating disorder	13
Other	11

o. A&E attendances

There were a total of **3625** attendances at A&E for those under 18. The highest level of attendances were for:

Head injury	440
Contusion/bruising	355
Respiratory conditions	322
Laceration	298
Closed fracture	210

There were **51** attendances related to alcohol, drugs or self harm.

Table 3. Children in need of protection

Strategy meetings (2014)

There were 113 strategy meetings in respect of 152 children

Strategy meetings by category

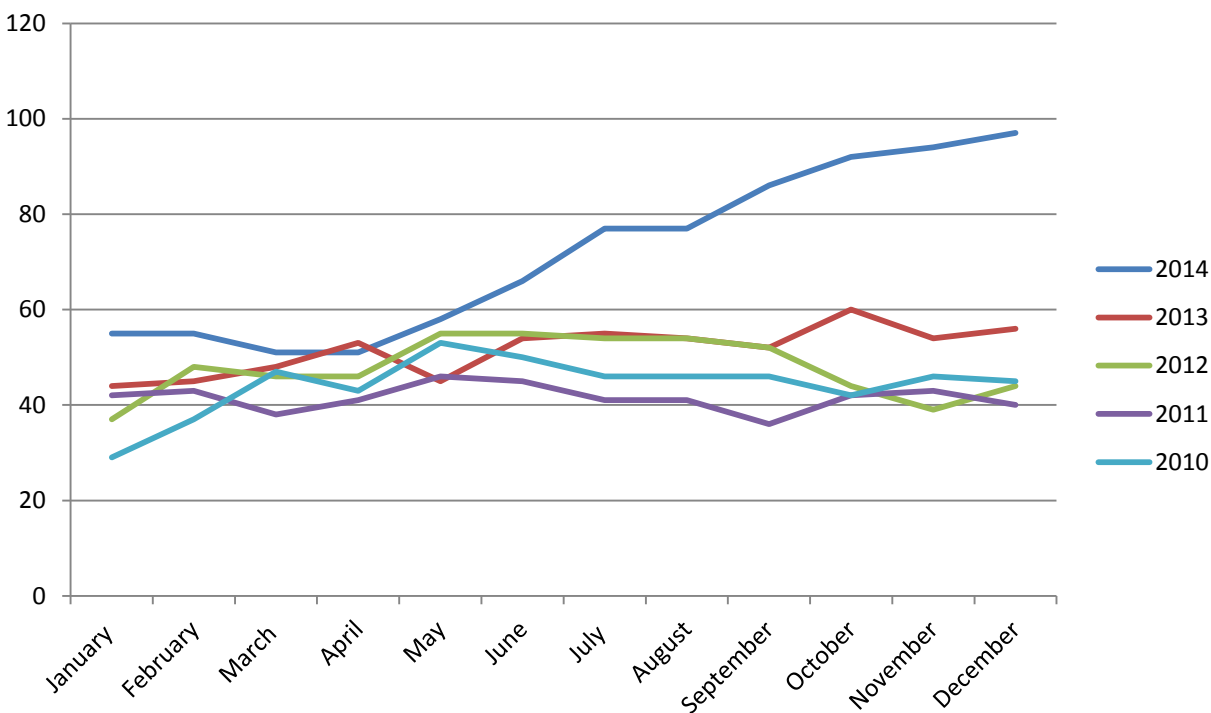
Emotional abuse	7
Neglect	7
Physical abuse	40
Sexual abuse	34
Pre-birth	10

Planning meeting	15
Total:	113

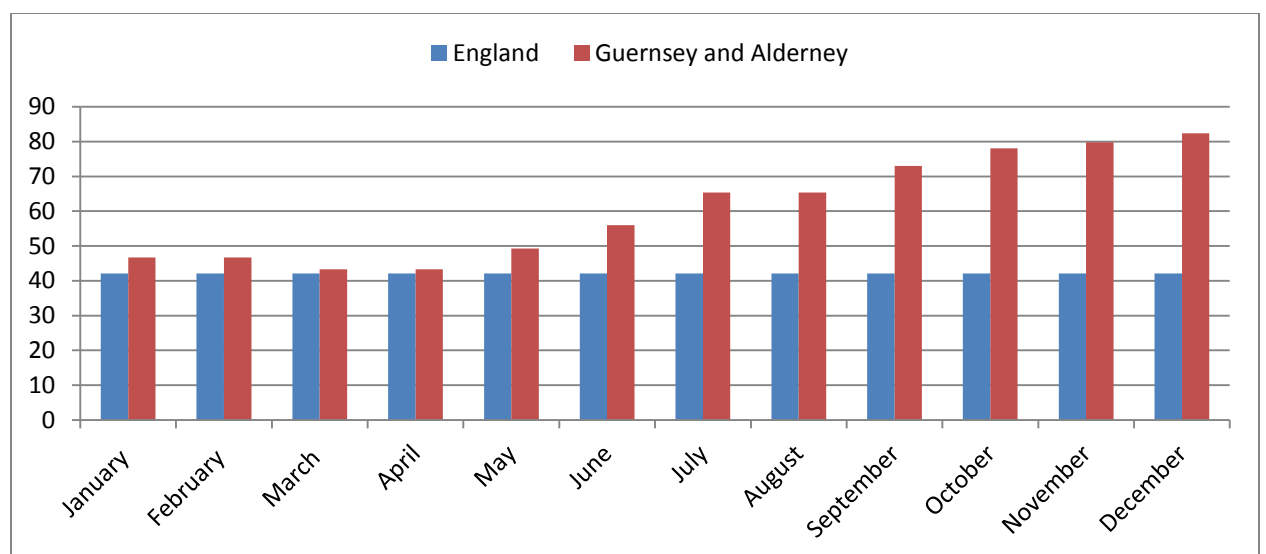
a. Children subject to a child protection plan (monthly)

Figures as recorded at the end of each month

	2014	2013	2012	2011	2010
January	55	44	37	42	29
February	55	45	48	43	37
March	51	48	46	38	47
April	51	53	46	41	43
May	58	45	55	46	53
June	66	54	55	45	50
July	77	55	54	41	46
August	77	54	54	41	46
September	86	52	52	36	46
October	92	60	44	42	42
November	94	54	39	43	46
December	97	56	44	40	45
Range	51 - 97	44 - 60	37 - 55	36 - 46	29 - 53



b. Monthly rate per 10,000 children subject of a child protection plan compared to rate for England at 31 March - i.e. above or below 42.1)

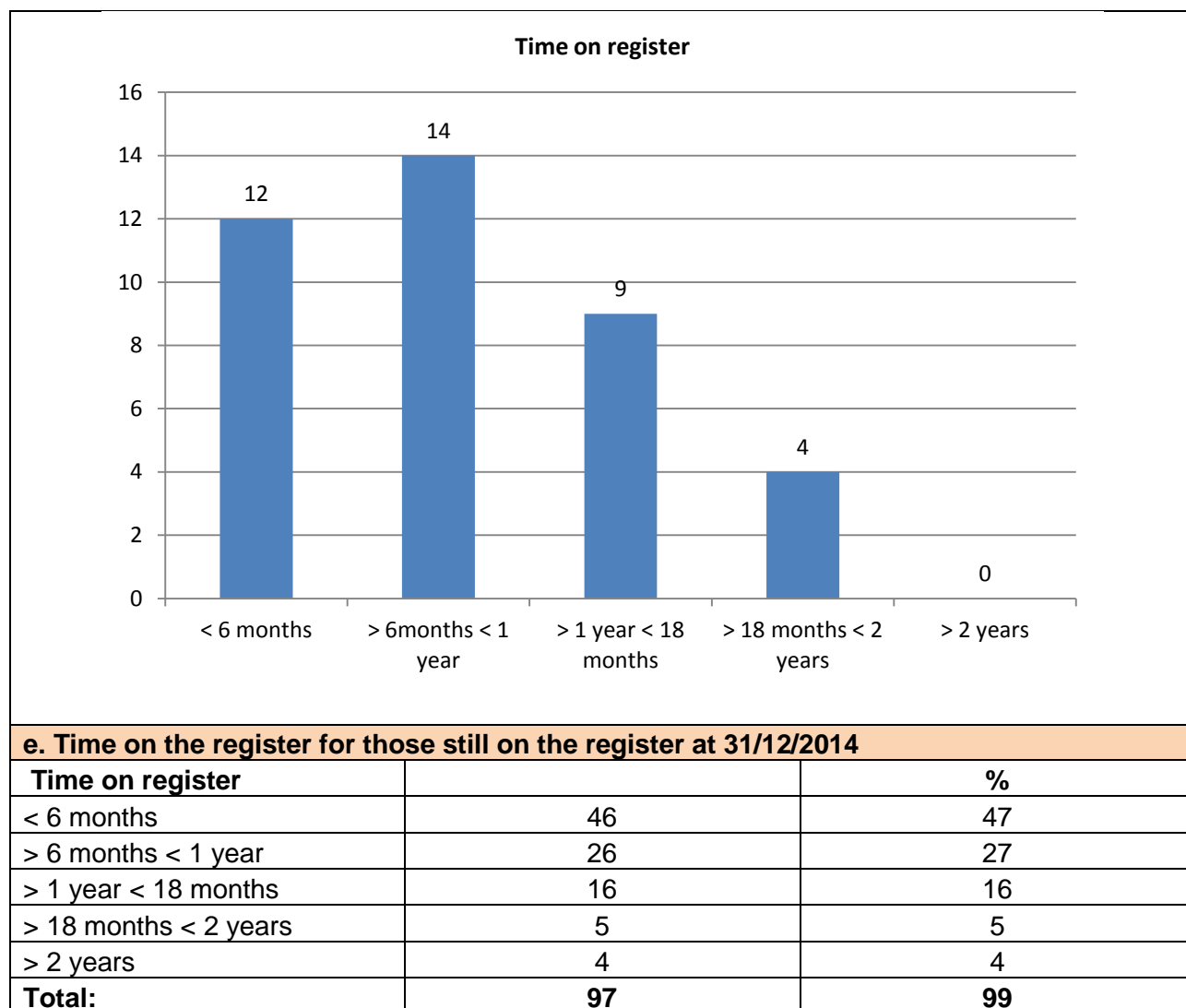


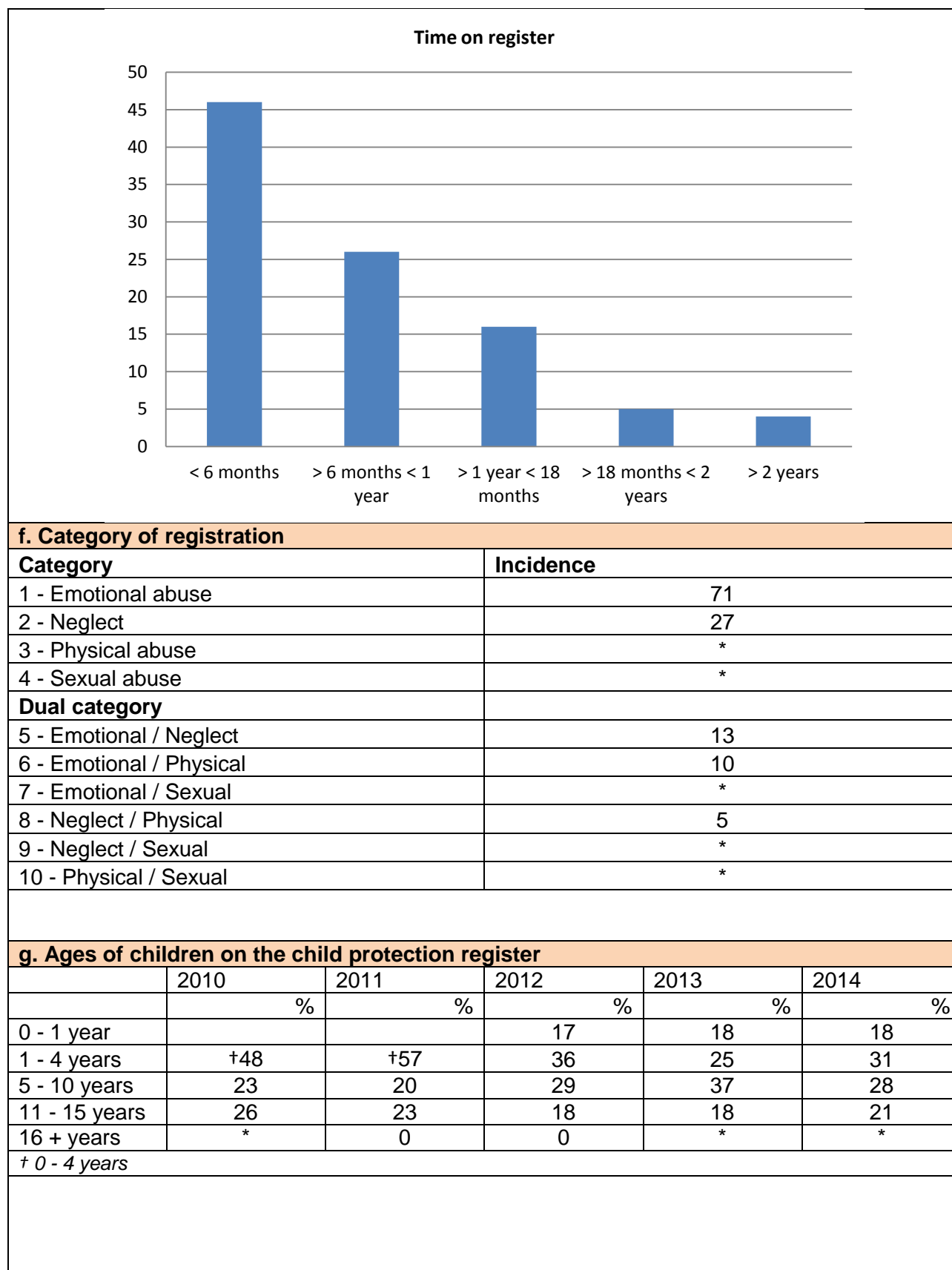
c. Registrations and de-registrations (2014)

Registrations		De-registrations	
January	8	January	7
February	*	February	*
March	*	March	5
April	6	April	6
May	8	May	*
June	8	June	0
July	15	July	*
August	0	August	0
September	9	September	*
October	12	October	6
November	*	November	*
December	6	December	*
Total:	81	Total:	39
Mean:	6.75	Mean:	3.25

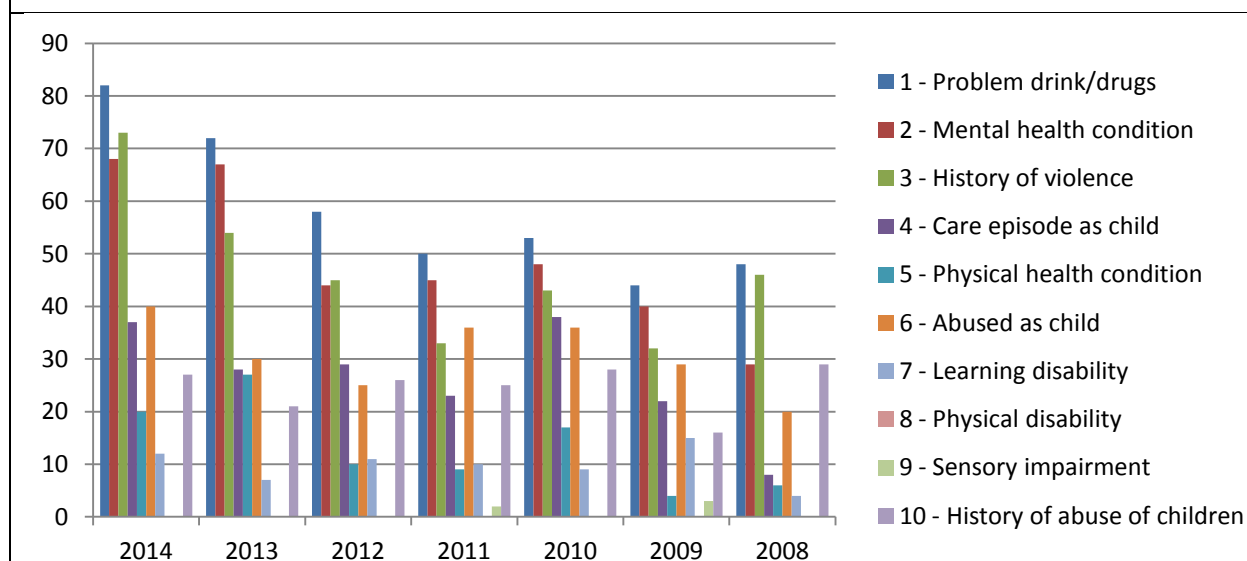
d. Time on register for those de-registered in 2014

Time on register		%
< 6 months	12	32
≥ 6 months < 1 year	14	32
≥ 1 year < 18 months	9	24
≥ 18 months < 2 years	*	11
≥ 2 years	0	0
Total:	39	99





h. Parental factors							
Parental factor	2014	2013	2012	2011	2010	2009	2008
1 - Problem drink/drugs	82	72	58	50	53	44	48
2 - Mental health condition	68	67	44	45	48	40	29
3 - History of violence	73	54	45	33	43	32	46
4 - Care episode as child	37	28	29	23	38	22	8
5 - Physical health condition	20	27	10	9	17	4	6
6 - Abused as child	40	30	25	36	36	29	20
7 - Learning disability	12	7	11	10	9	15	*
8 - Physical disability	0						
9 - Sensory impairment	0	0	0	*	0	*	0
10 - History of abuse of children	27	21	26	25	28	16	29



i. Outcomes of child protection registration				
Outcomes (in %)	2011	2012	2013	2014
	%	%	%	%
Improved home situation	48	31	35	13
Child to other (family) carers	9	6	*	*
Removal of perpetrator	*	0	5	*
Child taken into care	14	13	15	9
Moved to mother and baby unit				*
Child moved away	*	7	*	0
Name still on register	23	43	42	72

j. Re-registrations	
Percentage of the children on the child protection register in 2014 who had previously been registered	
Re-registered within 1 year of de-registration	3%
Re-registered within 2 years of de-registration	21%

Table 4. Early help and multi-agency assessments

As stated above, agencies in Guernsey and Alderney are yet to adopt a common assessment framework and there were no formal systems for multi-agency assessments for children in need to co-ordinate early help in 2014.

The Family Partnership Team (FPT) in HSSD was the primary team in Guernsey working formally with children in need. The referrals listed below relate to families, not individual children. The FPT consists of: 1 manager, 1 social worker, 1 health visitor, 1 contact supervisor and 4 support workers.

a. Family Partnership Team referrals

Total referrals	139	Source of referrals	
Children in need	95	AIT	52
Child protection	13	School nurse/School/Education	31
Care Requirement	4	Health visitor	19
Interim care Requirement	2	GP/primary care	7
Unspecified	25	CAMHS	6
		Police	5
		Youth Justice	5
		Housing	3
		Others	11
Total	139		139

During 2014 the Family Partnership Team had a waiting list for services of up to 19 children per month, and an average of 10 children waiting at any one time during the year.

b. Key issue for referral to FPT

Parenting support	49	Parental mental health	*
Behaviour	22	Housing	*
Routine/boundaries/organisation	17	Emotional support	*
Domestic abuse	11	Other	*
Loss/bereavement	8	Not specified	19

Table 5. Adults who pose a risk to children

During 2014 there were 324 incidents of domestic violence reported to the Guernsey Police where there were children in the household.

a. Victims of crime

Type of crime	Number of child victims
Violent	56
Sexual	26
Acquisitive	24
Criminal damage	10
Other	26

Number of perpetrators 110 (estimated)

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

b. Children missing from home

During 2014 the Guernsey Police had 299 reports of children missing from home/care/school, involving 70 children.

139 missing from home

148 missing from residential/foster care

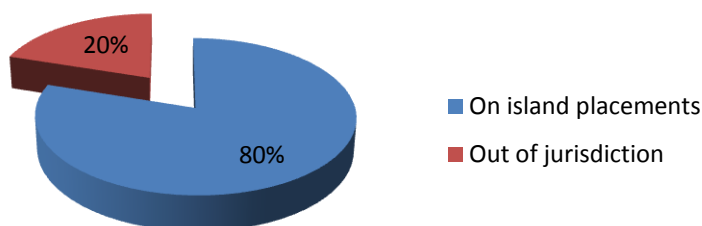
12 missing from school

Table 6. Children who are looked after

Table of children who are looked after				
a. Children looked after (monthly)			Admissions	Discharges
January	69		*	*
February	70		*	*
March	74		*	*
April	72		*	*
May	71		*	*
June	68		*	*
July	72		*	*
August	73		*	*
September	73		*	*
October	71		*	*
November	70		*	*
December	71		*	*
Mean:	71	Total:	21	20
b. Total number of children looked after during 2014				
Total: 90		Female: 52	Male: 38	
c. Ethnicity				
1 - White		80		
2 - Mixed/multiple ethnic groups		*		
3- Asian or Asian British		0		
4 - Black or Black British		0		
5 - Other ethnic group		*		
6 - Not known/not stated		*		
Total:		90		
d. Ages of children looked after		Age at becoming looked after		
Under 1	*	Under 1	15	
1 - 4 years	21	1 - 4 years	26	
5 - 10 years	18	5 - 10 years	23	
11 - 15 years	28	11 - 15 years	23	
16 + years	19	16 + years	*	
e. Type of placement				
			%	
Long Term Foster Placement - Permanent fostering		19	21	
Pre Adoption/Approved by Panel - Concurrent Placement		9	10	
Short Term Foster Placement		26	29	
Home on Trial		6	7	
Secure Accommodation		*	*	

Long Term Kinship	8	9
Long Term Residential/Group Home Placement	10	11
Short Term Residential/Group Home Placement	10	11
	90	100

On island placements	72
Out of jurisdiction	18



f. Placement moves 1st January to 31st December 2014

Number of moves	Number of children	
1 move	17	
2 moves	4	
3 moves	2	
Total:	23	

g. Reason for placement moves

		%
Absconding	*	*
Breakdown of placement	7	23
Foster carer unable to continue	3	10
Planned move	16	52
Return to former placement	*	*
Secure Accommodation Order	*	*
Total:	31	100

h. Education and employment

		%
Special Education Primary	*	*
Primary Mainstream	16	18
Secondary Mainstream	29	32
Further Education Post 16	5	6
Education provided by placement	*	*
Pre-school	5	6
Pre-school - attending pre-school	5	6
Pre-school - not attending pre-school	13	14
Special Education Secondary	*	*
Les Voies	6	7
Not in education, employment or	*	*

training		
Total:	90	100
i. Children looked after and child protection plans		
Population under 18	11,774	
Looked after children	90	
Child protection registration	137	
Both	22	
Total looked after or on the child protection register	205	
98.26%	Not looked after or on the child protection register	1.74% Looked after or on the child protection register

Table 7. Organisation and practitioners		
a. Staffing		
	Number of posts	Number of vacancies
Social workers	27	6
Midwives	23	
Health visitors	11 + 4 staff nurses	
School nurses	9 + 3	
Police PPU	5 + 2 admin.	0
Education		
Housing	12	0
Action for Children	11	1
Probation		
b. Multi-agency safeguarding training		
Total staff across agencies accessing ICPC safeguarding training	1129	
Tier 1	921	
• Interagency	298 (19 courses)	
• Education	623 (delivered in-house to staff groups)	
Tier 2	92 (7 courses)	
Tier 3	116 (annual conference)	
c. Agency attendance		
Agency	Tier 1	Tier 2
Culture & Leisure	1	0
Education	623	22
Home	11	6
Housing	3	0
HSSD	157	56
Private/voluntary	126	8
Total:	921	92

Section 3 - Reports from sub-committees

E Safety Committee Report

September 2013 – December 2014

e-Safety Sub-committee Attendance at meetings 2014 (4 meetings)	
Dept/Organisation	No. of meetings attended
Education (Headteacher)	4
Culture & Leisure (IT)	4
Treasury & Resources	2
Family Placement Centre	4
PSHCE	2
Libraries	2
Education (St Sampson's)	2
Education (IT Advisory Teacher)	2
Education (Youth Service)	3
Ladies College	4
Elizabeth College	4
Voluntary Agency Representative	4
Safeguarder Service	0
Police	1
Educational Social Work	1
Education Officer for ICT	2
Data Protection	2
SHARE	3

Much of the work of the Committee has centred around persuading the three mobile phone providers to sign up to the Internet Watch Foundation and implementing the CAIC list. This ensures that illegal child abuse images are blocked from entering the Island. One provider was slow to implement the changes needed but has now agreed a filtering solution which will be in place by February. The Committee were relentless in their drive to achieve this and are delighted that all three providers have a solution in place.

SHARE, The Education Department's complimentary health team joined the Committee and provided first hand evidence of the effects that pornography is having on Island children. This ignited a drive to employ a Safer Internet worker who would deliver specialist lessons. Funding was sought and eventually provided by the Education Department. Adam Burrows was appointed and took up his post in January 15.

E Safety training was delivered to a representative from every Bailiwick school by David Wright from the safer Internet Centre, UK. This gave delegates up to date information on E Safety issues and advice on how to support children in school. Training has also taken place for The Hub, Foster Carers and Tribunal members.

A revised system of reporting has been introduced to schools. This has resulted in more accurate data being received by the Committee on E Safety incidents.

Boost, an E Safety package from South West Grid for Learning is currently being trialled by several schools. This provides an anonymous reporting tool for children, training for staff and an alert tool that notifies schools of any internet comments.

'Keeping Your Child Safe on Line', an event for parents was held in February at Beau Sejour. Speakers delivered talks on Gaming, Cyber Bullying and Future Technologies and parents were able to seek advice re safety settings on their child's devices.

A competition was held with Guernsey Dairy to promote Safer Internet use. The winning design was put onto milk cartons in the summer.

Tracey Moore
Headteacher, Amherst Primary School
Chair, E-safety Sub-committee

Monitoring and Evaluation Sub-committee Report

September 2013 – December 2014

Monitoring & Evaluation Sub-committee Attendance at meetings 2014 (12 meetings)	
Dept/Organisation	No. of meetings attended
Children and Maternity Services, HSSD	12
Quality Assurance, Children and Maternity Services, HSSD	10
Police, Home Paediatrician, MSG	10
HV, Children and Maternity Services, HSSD	8
Primary Care	8
Educational Psychology	11
Clinical Governance, HSSD	9
Adult Mental Health, HSSD	9
Safeguarder Service	3
ICPC Business Manager	8
	11

2013/2014 has been a very challenging year for the Islands Child Protection Committee and the Monitoring and Evaluation Sub-Committee has been fully engaged fulfilling its terms of reference and remit. The sub-committee is made up of a cross section of professionals primarily focusing on areas of governance, organisational and multi-agency learning. The sub-committee has on occasions challenged current practice and used the process of investigation and review to increase interdepartmental knowledge in the key areas of safeguarding.

During this period of report the sub-committee has taken responsibility for a number of serious issues which impact on the delivery of child protection services across the Bailiwick. One of the best examples of this is with regard to the provision of Child Protection Case Conferences. The group has been gathering information and evidence with regard to the increased numbers of children placed upon the register and examining practicalities of this process within Guernsey and Alderney. As a direct result of increased numbers of conferences, core infrastructure and resilience has been placed under pressure not only with regard to suitable venues but also the ability to independently chair and administer this key area of child protection work.

The sub-committee has gathered evidence and submitted a number of reports in order to ensure that those at a strategic level are aware of the pressures and the areas of risk. Despite the escalation of these issues to more senior levels within the States, key decisions are yet to be made and the Monitoring and Evaluation Sub-Committee will continue to highlight this important area of child protection work.

Other key areas of responsibility have been the review and implementation of the Child Death Review process. This has included work preparing for the Child Death Overview

Panel (CDOP) which will be shared with Jersey. There have been a number of cases within the Bailiwick which have driven the importance for the creation of the CDOP. The Committee continue to keep a tight focus on this area of responsibility and will support the implementation of the process.

The sub-committee has also examined other areas of multi-agency work including the effectiveness of child protection in the area of children with disability. There are a number of pieces of work on-going into 2015 which may provide further evidence with regard to inter-agency working in this important area of child protection.

The Sub-Committee is currently working on up-dating the Child Protection procedures; the website has been up-graded and will go live in 2015.

The Child Protection Case Conference Quality Group, a working group of Monitoring and Evaluation, was reviewed during 2014. It was restructured and renamed the Child Protection Case Conference Inter-agency Review Group. The group's new Chair, Karen Hazzan, has reported separately within the Annual Report.

I took responsibility for chairing the sub-committee in April 2014. Prior to this the group was led by Anita Harrild and I would like to express the sub-committee's sincere thanks for her work and commitment in this vital role. In addition I would like to express my sincere thanks to all the members of the sub-committee who factor in significant amount of time in order to not only attend meetings but to further the important work undertaken by the group.

The sub-committee has also supported specific case review and governance by implementing a number of initial case discussions, Internal Management Reviews (IMR) and discussions as to whether Serious Case Reviews (SCR) were necessary. An external overview report was commissioned following a full IMR and a SCR is in the process of being commissioned. These pieces of work will be concluded in 2015.

The Islands Child Protection Committee is being challenged in a number of ways and 2015 will be a significant year of development and learning for individuals working across child protection within the Bailiwick of Guernsey. The Monitoring and Evaluation Sub-Committee will continue in the process of supporting learning and development in a multi-agency context across the Bailiwick.

Ruari Hardy
Superintendent
Chair, Monitoring and Evaluation Sub-committee

Training and Communication Sub-committee

Annual Report 2014

Training & Communication Sub-committee Attendance at meetings 2014 (4 meetings)	
Dept/Organisation	No. of meetings attended
Paediatrician	4
Education	3
Probation	2
Culture & Leisure	4
Primary care	0
HSSD	3
ICPC Business Manager	4
Prison	1
Police	4
Voluntary Agency Rep	1

There are many aspects of the interagency training which needs to adapt to meet the changing patterns of abuse and include current and future, local and UK developments in child protection. Learning from case reviews, local audit and governance is an important contribution which needs further development. We have been fortunate that risks of the internet; grooming, cyberbullying, distribution of inappropriate images etc. have been addressed by a separate specific committee. Although there have been helpful changes by centralising course bookings our effectiveness remains limited and vulnerable without the leadership and resources of a dedicated training officer.

Terms of Reference

The remit of the Islands Child Protection Committee Training Sub Group is:

- To take a strategic overview of the planning, delivery and evaluation of the inter-agency training that is required to promote effective practice to safeguard the welfare of children.
- To make recommendations to the ICPC or its sub-groups on any issues arising from its functions.
- Ensure key safeguarding learning points are dissipated through active training.

In order to achieve this effectively the group will need to continue to:

- Develop a programme of interagency child protection training based on the training needs analysis research, which incorporates new evidence based practice, new legislation and interagency guidelines as its central theme.

- Lobby for an interagency child protection trainer to achieve an optimum level of training in terms of quality and accessibility.

We have already developed single agency training (Tier 1) which meets the needs of the respective workforces and established a pool of interagency trainers; but, recruitment of new members into the trainers panel has not been fruitful.

There has been improved communication between professionals including a common understanding of key terms, definitions, and thresholds for action; however, we cannot ignore the fact that communication failure is often core to many case reviews.

Bryan Lean
Paediatrician
Chair, Training and Communication Sub-committee

Other Sub-Committee Activity

There were 2 other sub-committees convened during the year, each of which met only once during this period:

Public Protection Sub-committee Attendance at meetings 2014 (1 Meeting)	
Dept/Organisation	No. of meetings attended
Probation	1
Prison/Home	1
Children and Maternity Services, HSSD	0
Police	1
Office of the Convenor	0
Adult Mental Health, HSSD	1

Safeguarding Children Living Away from Home Sub Group Attendance at meetings 2014 (1 meeting)	
Dept/Organisation	No. of meetings attended
HSSD (Corporate Parenting)	1
Social Security	1
HSSD (Disability & Accommodation)	0
HSSD (Family Placement)	0
HSSD (Health Visitors)	0
Education	0
HSSD (CAMHS)	0
Convenor's Office	1
Prison	0
HSSD (Looked After Children)	1
Action for Children	1
Paediatrician	0

Section 4 – Business Plan 2014 – 2016 (update 2014)

Need	Action	Lead	Outcome	Update
1. Child protection needs to be accepted as a public health issue and resources prioritised. <i>(Action 13.4 of Children & Young People's Plan 2011-2013 (CYPP))</i>	Continue to pursue child protection as a public health issue with the Director of Public Health and the COCPG. Develop joint initiatives to tackle core issues of domestic violence, drugs & alcohol & mental health disorders.	ICPC (Chair)	Child protection is prioritised as a public health issue and increased resources are provided to tackle core issues.	The issue was raised with the Director of Public Health and he addressed this in his annual report 2012. There have been no additional resources provided as a result of this, but the issues continue to be raised.
2. Performance standards are needed against which to measure agencies' performance on child protection issues.	Develop a set of performance standards.	ICPC (Business Manager)	Performance standards are in place.	Organisational standards from section 11 of the Children Act 2004 have been agreed.
3. Learning from Serious Case Reviews needs to be promoted.	Serious Case Review summaries are read & any learning points implemented. Consider approach to Serious Case Reviews.	ICPC (Business Manager)	Learning points from SCRs implemented. Approach to Serious Case Reviews decided.	Practice in Serious case Reviews has developed with the development of a referral form and review chronology templates. The committee commissioned an overview report during the year and the author is due to visit to discuss this in early 2015. Training needs have been identified, some of

Need	Action	Lead	Outcome	Update
				which might inform the ICPC annual conference.
4. Agencies need assessment to ensure professional standards are met. (Action 5.1 of CYPP)	Standards to be agreed. Self-assessment framework to be introduced.	ICPC (Business Manager)	Standards agreed. Self-assessment framework introduced.	A self-assessment tool for organisational standards has been developed and piloted for public sector/statutory agencies. The NSPCC Safer Network tool could be used for voluntary/private sector. The development of a voluntary/community sector sub-committee in 2015 will could help develop the use of a self-assessment tool.
5. The ICPC needs to consider the cumulative risk of parental mental health, substance misuse and domestic abuse.	Set up a working group to consider these issues. Liaise with Drug and Alcohol Strategy and Domestic Abuse Strategy.	ICPC (Business Manager & Assistant Director, Specialist Services, HSSD)	Working group established, report produced and recommendations implemented. CP is considered within the Drug & Alcohol Strategy.	Some joint work being undertaken by CDAT and A&IT. Facilitated workshops. The 2015 training plan features more facilitated workshops for those regularly involved in child protection processes. It is intended that this will help agencies better understand each other's, and

Need	Action	Lead	Outcome	Update
				joint, working practices.
6. An Anti-bullying Strategy needs to be in place. <i>(Action 7.3 of the CYPP)</i>	Set up an anti-bullying strategy working group.	ICPC (Business Manager)	An anti-bullying strategy is produced.	Deferred to 2016
7. A risk strategy is needed for risks to ICPC.	Produce a risk strategy.	ICPC (Business Manager)	ICPC risk strategy is produced.	Developing use of a Challenge Log has been considered by LSCBs in the SE region (UK) and this will be considered during 2015.
8. CP guidelines need to be reviewed. <i>(Action 5.1 of the CYPP)</i>	Review CP guidelines.	ICPC (Business Manager & Quality Assurance Manager, HSSD)	Guidelines are reviewed.	Reviewing as part of updating procedures which began on 7 th July 2014. Progress has been slow due to the volume of procedures and the other workload priorities.
9. Acknowledgement of CP issues for children with a disability.	Need to identify more effectively CP issues for children on the Disability Register.	ICPC (Business Manager)	CP issues for Children with a Disability are identified.	The Monitoring and Evaluation sub-committee are due to review case(s) during 2015.
10. Consideration needs to be given to broadening the definition of safeguarding	Review ICPC Constitution.	ICPC (Business Manager)	Constitution is reviewed.	A small working group was formed to look at this and the work will be completed alongside the development of the

Need	Action	Lead	Outcome	Update
& promoting the welfare of children in the ICPC Constitution.				committees development during 2015.
11. Consideration needs to be given to how to deal with children who pose a risk (particularly a sexual risk) of harm to other children.	Establish a working group to prepare report making proposals on how to deal with children who pose a risk to others.	ICPC (Director of Inclusion & Support Services, Education)	Report produced and all agencies aware of how to deal with children who pose a risk to others. Those children cease to be socially excluded.	Deferred.
12. E-safety training and awareness needs to be given to key professionals.	Social workers, ESWs, Health Visitors to be trained to identify risks relating to e-safety when home visiting. E-safety to be included in tier 1 training.	E-safety Sub-committee (Chair) Training & Communication Sub-committee (Chair)	Social workers, ESWs, Health Visitors are trained to identify risks relating to e-safety when home visiting. E-safety is included in tier 1 training.	E Safety training delivered to every school on 26 th September 14. The schools will cascade the training to all teaching staff. On line training will be part of this package. Foster Carers trained on 3/4/14
13. Parents/carers need to be more aware of e-safety issues. <i>(Action 5.8 of the CYPP)</i>	Hold internet event to raise awareness of parents/carers.	E-safety Sub-committee (Chair)	Internet event is held.	Successful event held at BSJ February.

Need	Action	Lead	Outcome	Update
14. There is a need to have a reporting format that captures data from the police/HSSD regarding E safety incidents.	Put a reporting format in place.	E-safety Sub-committee (Chair)	The E Safety Sub -committee has an overview of e-safety incidents.	A revised system of reporting has been introduced into schools.
15. To ensure all internet providers are signed up to the Internet Watch Foundation.	Meet with Sure and JT.	E Safety Sub-committee (Chair)	Blocking out the most serious of child abuse images.	All 3 providers have signed up to the IWF and have implemented filtering solutions (as of February 2015).
16. To ensure a strategic approach to managing online safety for children and young people.	Meet with chief officers to consider the need for post of E-Safety Officer.	E Safety Sub-committee (Chair)	E-Safety Officer post created and co-ordinated approach to keeping children and young people safe on the Islands established.	Meeting took place in Jan 14 with Chief Officers. A Safer Internet worker was funded by the Education Department and they are due to begin in January 2015.
17. To consider the effects of pornography on children and young people and develop a co-ordinated approach, including specialist teaching to support children	June Conference. Awareness raising for teachers. Meeting with COs and ministers to raise awareness of issues and impact on young people.	E Safety Sub-committee (Chair) ICPC (Chair)	Children and young people are supported. Reduction in rates of mental health issues in young people. Young people with positive attitudes to relationships.	The E safety worker in the Hub's proposal will deliver specialist teaching to support children and young people. There will be addition support from the Hub's trained volunteers.

Need	Action	Lead	Outcome	Update
to make sense of their image based society.				
18. MAPPA & MARAC processes need strategic management.	Provide strategic management of the MAPPA and MARAC processes and ensure effective integration with the Child Protection system.	Public Protection (Chair)	Strategic management is in place ensuring improved integration with the CP system.	
19. MAPPA/MARAC risk management plans need to be integrated with care plans for children.	Ensure integration of MAPPA/MARAC risk management plans with Care Plans for Children.	Public Protection (Chair)	Risk management plans are integrated with Care Plans for Children.	
20. Children need to be protected from individuals known to present a risk.	Promote protection of children from individuals known to be a risk to children including sex offenders and those perpetrating domestic violence and abuse.	Public Protection (Chair)	Children whose parents are subject to MAPPA or MARAC procedures are referred to appropriate services.	
21. Professionals need to receive training on MAPPA and MARAC	Integrate training on MAPPA and MARAC for all relevant professionals & other staff working	Public Protectio	Professionals understand the MAPPA and MARAC processes and relevant	

Need	Action	Lead	Outcome	Update
processes.	with children at risk of harm.	n (Chair)	responsibilities.	
22. Child Protection Plans to reflect interventions that meet the complexity of the individual family/child.	<p>Illustrate when this does/does not happen through: Case Reviews, Child Protection Case Conference Quality Group or audit.</p>	Monitoring & Evaluation Sub-committee (Chair & Quality Assurance Manager)	Individual agencies provide co-ordinated, evidence based interventions.	<p>'Signs of safety' case conference process being planned.</p> <p>Child Protection Case Conference Interagency Review Group has been reviewed and re structured to include a multi-agency approach to review and evaluation of case conferences and care plans</p>
23. Communication between agencies to be appropriate to ensure early intervention for children who are in need and who may be in need of protection.	<p>Illustrate when this does/does not happen through: Case Reviews, Child Protection Case Conference Quality Group or audit.</p> <p>Monitor referrals from agencies (who provide services to address known parenting factors ie drug/alcohol misuse, mental health, domestic violence etc</p>	Monitoring & Evaluation Sub-committee (Chair)	Individual agencies have in place communication processes (including early referral) to ensure early intervention.	<p>Local management review undertaken into sexual exploitation issues where interagency communication and late referrals into CP agencies were identified.</p> <p>M & E have identified issues of resourcing case conferences by relevant agencies. Work in progress.</p> <p>Quality assurance framework and standards self-assessment tool have been</p>

Need	Action	Lead	Outcome	Update
				developed.
24. To ensure adherence to the principles of 'no delay'. * <i>*Children (Guernsey and Alderney) Law 2008</i>	Illustrate when this does/does not happen through: Case Reviews, Child Protection Case Conference Quality Group or audit.	Monitoring & Evaluation Sub-committee (Chair)	Delays are kept to a minimum in the best interests of the child.	Evidence is needed of where delays occur, particularly around court processes. Tracking of children through the care process had been started and Julie Barnes is due to up-date the sub-committee on progress.
25. To ensure the adherence to multi-agency CP guidelines. <i>(Action 7.1 of the CYPP)</i>	Illustrate when this does/does not happen through: Case Reviews, Child Protection Case Conference Quality Group or audit.	Monitoring & Evaluation Sub-committee (Chair)	Evidence provided of when multi agency CP guidelines are followed.	Review into sexual exploitation case is a good example in this area. Issues of agencies failing to make CP referrals were identified and addressed.
26. Monitoring of supervision in Child	Develop a method to review Child Protection	Monitoring & Evaluation Sub-	Regular audit takes place.	Quality Assurance Framework needs to collect stats on

Need	Action	Lead	Outcome	Update
Protection.	supervision across agencies.	committee (Chair)		supervision across agencies. Ongoing.
27. Island-wide training to be organised and delivered.	Delivery and administration of 3 year training plan.	Training & Communication Sub-committee (Chair)	3 year training plan is effectively delivered.	The 3 year training plan is still being delivered. The plan has developed in response to feedback for 2015 to include more training at a higher level. <i>(See Scheme of Work, Appendix 2)</i>
28. Current training to be reviewed regularly. <i>(Action 7.4 of the CYPP)</i>	Undertake an annual training needs analysis, ensuring current information and recommendations are incorporated in training.	Training & Communication Sub-committee (Chair)	Training needs are regularly assessed.	Training plans have been developed in response to feedback but the resourcing of multi-agency training has been very difficult, dependent on a few trainers for whom child protection training is only a small part of their jobs. The single agency approach in Education has worked well in allowing agencies to take responsibility for their own training and this is being developed for other agencies for 2015.
29. ICPC communicates appropriately	Develop an appropriate communication strategy for	Training & Communication Sub-committee	Evidence of positive communications.	Ongoing

Need	Action	Lead	Outcome	Update
<p>to reactive responses in line with ICPC philosophies;</p> <p>to develop a proactive approach to promote, positively, the role of the ICPC;</p> <p>to educate professionals and the general public about current safeguarding issues.</p> <p>to promote political and public health support to reduce the impact of socio-economic effects on the causality of child abuse.</p>	<p>reactive responses.</p> <p>Develop an appropriate communication strategy for a proactive educational process within the Bailiwick.</p> <p>Strive to obtain higher recognition of the importance of strategies to reduce the impact of core aggravating factors of child abuse eg.</p> <ul style="list-style-type: none"> I. Mental Health disorders, II. Domestic violence, III. Drugs and Alcohol. 	(Chair)		
30. ICPC website to be developed.	Develop effective methods of reaching target audiences with appropriate information about child protection.	Training & Communication Sub-committee (Business Manager)	ICPC website is set-up.	Due to go live in 2015.
31. Learning from ICPC and its sub-committees and working groups	Develop an annual summary of important lessons learnt (from local and	Training & Communication Sub-committee	Relevant learning points are included in training courses.	A formal process is needed for this to be more effective and evidence-

Need	Action	Lead	Outcome	Update
to be promoted and disseminated.	UK/international experience. This information to be incorporated in future training.	(Chair)		based.
32. Assessments relating to children at risk to be child-centric.	Child-centric supervision to be promoted across agencies.	Training and Communication Sub-committee (Chair)	Child Protection work is universally child-centric.	Ongoing
33. Children living away from home to be safeguarded.	Produce guidelines for vulnerable children living away from home.	Safeguarding Children Living Away from Home Working Group (Chair)	Guidelines are produced and staff and children are made aware of them.	Ongoing

Appendix 1

ICPC Budget January to December 2014

ICPC Budget		£40,000
Area of cost	Amount	
Independent Chair	8,671.52	
Jersey child protection conference chair	144.90	
Established staff	18,015.95	
Online procedures	3,500.00	
Annual conference and training events	7,140.40	
Travel and accommodation	1,541.96	
Website development	2,000.00	
Total spent	41,014.73	
Closing balance	-1,014.73	