



Annual Report 2014

Priorities and Business Plan 2015

Glenys Johnston OBE

Independent Safeguarding Chair

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1. Independent Chair's Introduction

Welcome to the Annual Report and Business Plan of the Jersey Safeguarding Children and Adults Partnership Boards (SPB) which sets out the work we have undertaken in 2014.

It has been a year of considerable activity and we have made significant progress in implementing the priorities set out in the Boards' Business Plans for 2014 – 2015.

Among the advances that we have made this year, I include the active recognition of child sexual exploitation (CSE) in Jersey; the co-ordination of work to prevent and address domestic abuse being brought under the auspices of the Boards and the review and improvement of our multi-agency safeguarding procedures for children and adults. In addition, we have increased the amount of training we deliver and co-ordinate to hundreds of professionals and the voluntary and community sector to ensure they are aware of child and adult safeguarding and know how to raise concerns.

2014 has also been a year in which we have undertaken a number of Serious Case Reviews, some of which will be completed this year. All safeguarding is complex, challenging work, but this is never more so than when an individual dies or is seriously harmed through abuse or neglect. The impact on families, carers and the professionals involved cannot be over-estimated and this is never taken lightly by any organisation or professional. In the case of each SCR undertaken this year, the learning from the reviews is now being implemented. SCRs are demanding pieces of work and are dependent on the openness and reflection of practitioners, all of whom have made a considerable contribution to identifying what worked well and what could have been better.

This annual report marks the end my second year as the Independent Chair of the Safeguarding Partnership Board (SPB), which was set up to combine responsibilities for the Safeguarding Children Partnership Board and the Safeguarding Adults Board (SPB). It has been a year in which these new arrangements, agreed by the Council of

Ministers in 2012 to demonstrate the government's commitment to improving safeguarding, have become increasingly embedded.

As my third year begins, safeguarding remains a very high priority for Jersey and at the outset of this Council's term of office, the Ministers have already demonstrated their commitment to continue improve arrangements for Jersey most vulnerable residents.

It is important to remember that the SPBs do not work in isolation, nor are they solely responsible for all safeguarding arrangements. The Boards' role is to have an oversight of safeguarding arrangements some of which may be developed and led by others, not to deliver services.

This year has seen a number of single and inter-agency arrangements being put in place or becoming an increasingly useful safeguarding tool for a range of agencies or departments. These include:

- The Multi Agency Safeguarding Hub (MASH) which provides a single point of contact for all safeguarding children concerns; it is made up of key agencies so that information can be shared and a comprehensive assessment of need or risk can inform what actions should be taken.
- A single point of contact (SPOR) for all referrals about adults of working age and alongside it the Adults Safeguarding Team, both of which have close connections with professionals in other agencies.
- The Jersey Multi-Agency Public Protection Arrangements (JMAPP) which oversees the monitoring and supervision of high risk sexual, violent and other dangerous offenders.
- The Multi Agency Risk Assessment Conference (MARAC) which focuses on victims of domestic abuse and co-ordinates plans to support and protect them. The appointment of Independent Domestic Violence Advisors (IDVAs) who provide support to people who have suffered domestic abuse.
- A Sexual Assault Referral Centre (SARC) which provides specialist expertise in examining and assessing risks to adults and children who allege sexual abuse.

- A multi-agency review of early help services which aims to co-ordinate services that can provide support at an early stage and prevent more serious concerns about children's safeguarding developing.
- A co-ordinated operational approach to manage the risks to young people at risk of self harm or suicide.
- The development of a States of Jersey Safe Recruitment Policy, evidencing a commitment to safeguarding and promoting the welfare of vulnerable people including children.
- The appointment of a Designated Nurse for Safeguarding to provide advice and support to nursing staff and the Adult Safeguarding Team.

The Safeguarding Boards themselves are made up of senior managers from a wide range of departments and agencies, including the voluntary and community sector. As in previous years, attendance at the Boards has been high. There have been very few changes during the year and where this has occurred other members have quickly offered to undertake key roles, such as chairing the sub-groups which deliver the actions in the Business Plan. During 2014 we also appointed a lay member, and are now seeking to recruit a second and we are making good progress in appointing General Practitioner representatives. We have also reviewed our membership to ensure the right people at the right level are included.

As outlined in this report we have seen improvements which have made a significant contribution to safeguarding but we still face challenges. Many are being actively addressed and in the process of being implemented. These include:

- The need to improve the collection of performance information that enables safeguarding to be monitored and evaluated. Some progress has been made but this remains an area of concern.
- The requirement for a Designated Doctor for Child Protection to provide expert advice and consultation.
- Effective Children's Social Work Services (the lead agency for child protection) that demonstrate consistently good practice. New interim management arrangements are in place, however, and are making a

significant contribution to modernising and improving arrangements with good plans in place for further improvements.

- The lack of sufficient arrangements for vulnerable adults who are thus placed in police stations or the prison. Similarly, a lack of appropriate arrangements for vulnerable young people, specifically teenagers undergoing mental health crises.
- The need to address levels of alcohol and substance misuse which contribute so much harm to children, adults and families.
- The impact of the resource cuts that apply to the SPB, and to all SoJ departments, and which have implications for the SPB's ability to meet the demands for adult safeguarding training and to subsidise important Annual Conference events.

In presenting this report, I would like to commend the SPB business team and all the members of the Boards for the support they have given me and for their commitment to improving the safeguarding of people in Jersey.

We know that the effectiveness of safeguarding is dependent on the quality and co-ordination of those professionals who are responsible for safeguarding children, young people, adults, families and carers, but it also depends on the support of politicians and the public. Safeguarding truly is ***“Everybody’s Business”***.

The optimism I reported in my last Annual Report – an optimism in the people and professionals of Jersey to prioritise safeguarding – has proved to be well-placed and remains. With this ongoing commitment, the coming year will see further developments and new initiatives which I am confident will continue to make Jersey a safer place in which to live and thrive.



Glenys Johnston OBE

Independent Joint Safeguarding Chair

2. The role and purpose of the Safeguarding Partnership Boards

This section summarises the work of the Safeguarding Adults and Safeguarding Children Partnership Boards. For those unfamiliar with these Boards and the terms “safeguarding” and “protection”, the following is intended to be helpful.

2.1 What is safeguarding?

“Safeguarding”, both for adults and children, means delivering services that look after their welfare, including protecting them from harm and thereby enabling them to live and develop safely. In relation to children, this may include preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best life chances. In relation to adults, their circumstances may be such that they may be deemed to be ‘at risk’ of abuse or neglect and to require safeguarding from that risk. For example, adults requiring extra support, because of frailty, a learning disability, physical disability, sensory impairment or mental health problem which makes them unable to protect themselves against harm and abuse, may need to be safeguarded.

2.2 What do Safeguarding Partnership Boards do?

1. Children and adults are best safeguarded when professionals are clear about what is individually required of them and how they need to work together. This means that organisations and those who work or volunteer for them must take a coordinated approach to their safeguarding roles. The SPB will provide co-ordinated work in Jersey to safeguard children and adults and monitor and challenge the effectiveness of Jersey’s arrangements.
2. The SPB have a number of specific roles to play in safeguarding and protecting children and adults. In overview, the safeguarding role of the SPB is to:
 - a. coordinate what is done by each organisation participating in the Boards for the purposes of safeguarding and promoting the welfare of children and adults in Jersey;
 - b. promote understanding of the need and means to protect children and

adults from harm; and

- c. monitor and ensure the effectiveness of the safeguarding systems that are in place both within and between organisations in Jersey.
3. As part of its coordinating role, the SPB develop policies and procedures to promote the welfare of children and adults and safeguard them from any form of harm. These policies and procedures may, among other things, relate to the:
 - a. training of persons who work with children or vulnerable adults in services affecting their safety and welfare;
 - b. safe recruitment and supervision of persons who work with children or adults;
 - c. action to be taken where there are concerns about a child's or adult's safety or welfare, including thresholds for intervention
 - d. investigation of allegations concerning persons who work with children or adults;
 - e. inter-agency arrangements for child and adult protection enquiries, and associated police investigations, and setting out the circumstances in which joint enquiries are necessary and/or appropriate;
 - f. safety and welfare of children who are privately fostered;
4. The SPB may also publish guidance on best practice to protect children and adults from abuse and harm; raise public and professional awareness of how this can best be done and encourage change where that is necessary. They may also promote and explain the policies and procedures to those who may be affected by them.
5. As part of its role in monitoring the effectiveness of what is done collectively and individually by organisations to protect children and adults, the SPB will:
 - a. ensure that allegations concerning persons who work with children are carried out effectively;
 - b. periodically audit inter-agency practice, focusing on compliance with the multi-agency procedures, the quality of service and the views of service users;
 - c. monitor the arrangements (including recruitment and training policies) made by the States of Jersey and voluntary and private agencies to ensure that

- the children and adults to whom they provide services, are protected and safeguarded;
- d. operate a multi-agency complaints procedure so that persons who have been subject of, or affected by, a protection or abuse enquiry can make a formal complaint, or express dissatisfaction where they have concerns about how agencies have been working together to safeguard a child or adult;
 - e. actively seek feedback from adults and children who are in receipt of child or adult protection services or have experience of how the procedures and guidelines work in practice, so that their opinions can be taken into account when evaluating and further developing guidelines and procedures.
 - f. participate in the planning of services for children and adults in Jersey; and
 - g. undertake SCRs, advise the individuals and organisations involved on lessons to be learned and monitor the implementation of recommendations.

Membership for both the Adult and Children's Boards has been agreed. The existing sub group membership has been reviewed and a Members' Handbook sets out the expectations of all Board members.

The MOU, the purpose of which is to set out safeguarding expectations on all signatories organisations, includes a set of organisational safeguarding standards which will be regularly audited and the results will be included in future Annual Reports.

2.3 Serious Case Reviews

SCRs are undertaken by the Safeguarding Boards in the following circumstances:

- In relation to children: Where abuse or neglect of a child is known or suspected; and either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the organisation or other relevant persons have worked together to safeguard the child.
- In relation to adults: Where there is reasonable cause for concern about how the SAPB, members or other person involved, worked together to safeguard the adult (i) the adult dies (ii) an adult with needs for care and support was, or the SAPB suspects that the adult was, experiencing abuse or neglect.

The purpose of SCRs is to identify learning; they are not investigations. They should include both good and weak practice and seek to explain why things happened or did not happen. They are challenging, reflective pieces of complex work. They include independent elements and their focus is the child or the adult who is the subject of the review. They include comments from the child (when appropriate) the adult and their families. They may be brought together into a thematic review if there is more than one case of a similar nature. They can be published with the agreement of the family and will not contain identifiable information about the family or professionals.

It is essential that SCRs are read with a mature and open mind that appreciates that the reports include practice that may have taken place several years ago and that practitioners are committed professionals whose practice may be affected by organisational systems, procedures, supervision and training. A failure to do so may have a detrimental effect on practitioners' willingness to be open, honest and self-critical.

The decision to carry out a SCR is the Independent Chair's, as is the decision about publication.

The Joint SCR sub group has completed one Serious Case Review during the year and a further four cases are at various stages of review, two adult and two child. Further reviews have been agreed, including a thematic consideration of suicides and of child sexual abuse encompassing several individual cases.

The need for effective early help initiatives for those not reaching the threshold for referral into Children's Services, highlighted by the establishment of the Multi Agency Safeguarding Hub (MASH), has been addressed by a new Early Help Project sub group which will report to the Board.

The Child Sexual Exploitation (CSE) and missing children group has become a sub-group of the Board and has developed a multi-agency CSE strategy, policy and procedures to assist professionals in recognising and interpreting abusive activity and supporting the young people involved.

The Safeguarding Board's training programme has continued to develop. Pool trainers are now established to deliver agreed foundation courses for both adult and children's staff groups; this is basic safeguarding training. An ongoing programme of multi-agency courses has also been delivered, including awareness raising sessions around Child Sexual Exploitation.

The Adult Multi-Agency procedures are prepared for launch in a web-enabled version early in 2015 and work on the Children's Multi-Agency procedures will ensure that these will also be launched in a similar format during the coming year. These web-enabled procedures will ensure that all agencies have clear, accessible and up-to-date information about what action to take in the event of concerns.

3. Organisation of the Safeguarding Partnership Boards

3.1 Governance arrangements of the Safeguarding Partnership Boards

The membership of the SPB consists of senior representatives of key agencies with the responsibility for safeguarding children and adults in Jersey. During 2014, the Board has been divided into the Safeguarding Children Partnership Board (SCPB) and the Safeguarding Adults Partnership Board (SAPB). The independent Chair, Glenys Johnston, oversees both Boards.

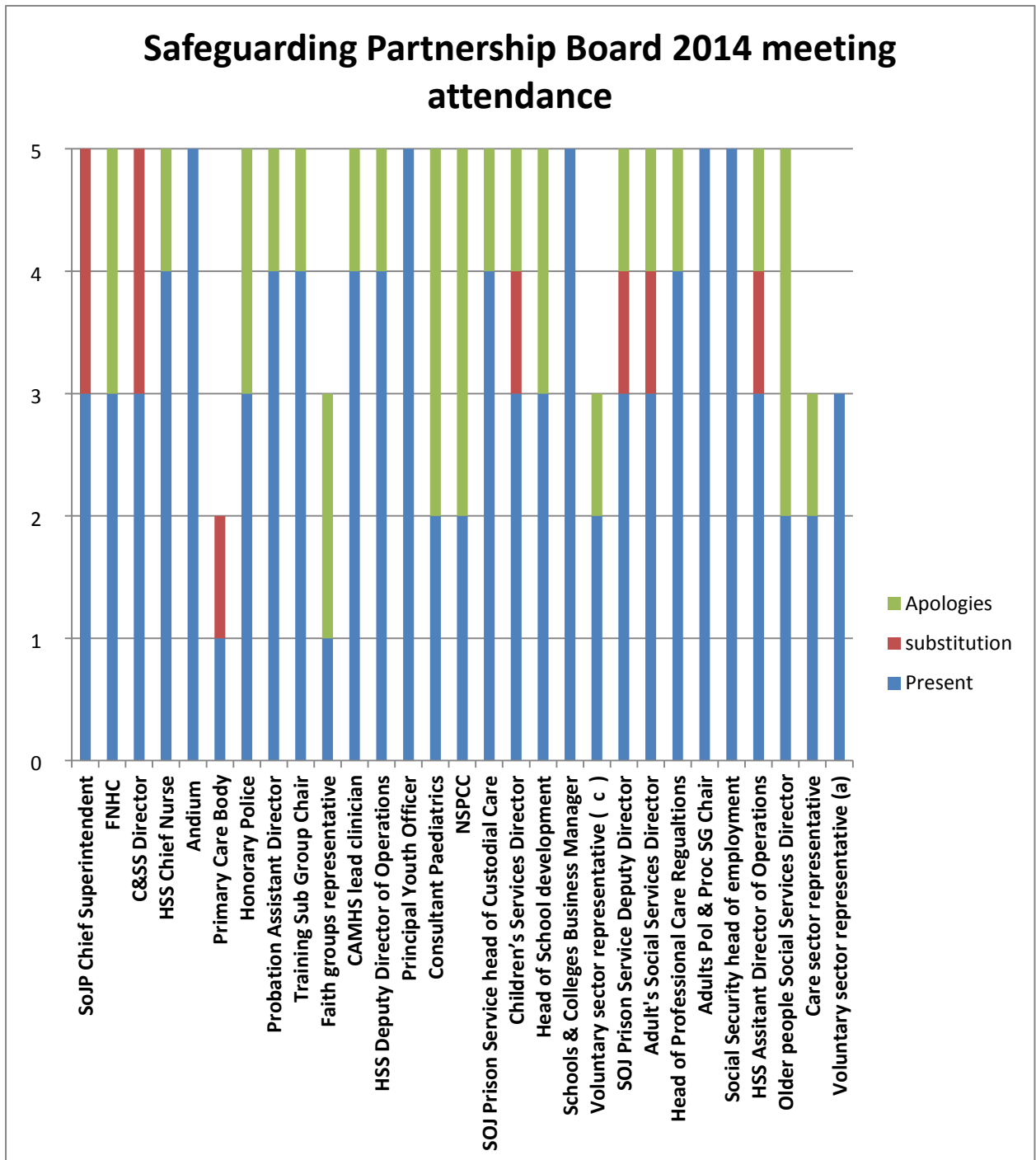
Safeguarding Children’s Board Members (from Jan 2014)

| | |
|--|---|
| Independent Chair | Glenys Johnston |
| States of Jersey Police | DS Stewart Gull Head of Crime Services |
| Health – delegated leads (including MOH) | Elaine Torrance Dep. Director of Operations Maternity Dr Mark Jones Consultant – Paediatrics (advisory role) Rose Naylor Chief Nurse |
| Primary Care Body representative | to be appointed |
| FNHC & PPA Chair | Barbara Bell FNHC Clinical Governance & Performance |
| Children’s Services (Social Services) | Richard Jouault Managing Director C&SS – Replaced by Damian Allen Phil Dennett Director, Children’s Services – Replaced by Jo Olsson |
| CAMHS | Carolyn Coverley Lead Clinician/Consultant Child & Adolescent Psychiatrist |
| Education, Sport, and Culture | Sean O’Regan Head of School Development and Evaluation. Mark Capern Head of Youth Service Cliff Chipperfield Head of inclusion |
| Andium Homes | Dominique Counce Client Engagement & Communications Director |
| Probation | Mike Cutland Assistant Chief |
| Prison service | Nick Watkins Head of Custodial Care |
| Honorary Police | Karen Gough Centenier |
| Ambulance Service | Peter Gavey Chief Ambulance Officer |
| NSPCC | Karen Hughes Manager |
| Voluntary sector | Fiona Vacher – Jersey Child Care Trust Representative Stephen Scoulding – Representative of faith groups |
| Lay member | Appointed - in post from Jan 2015 |

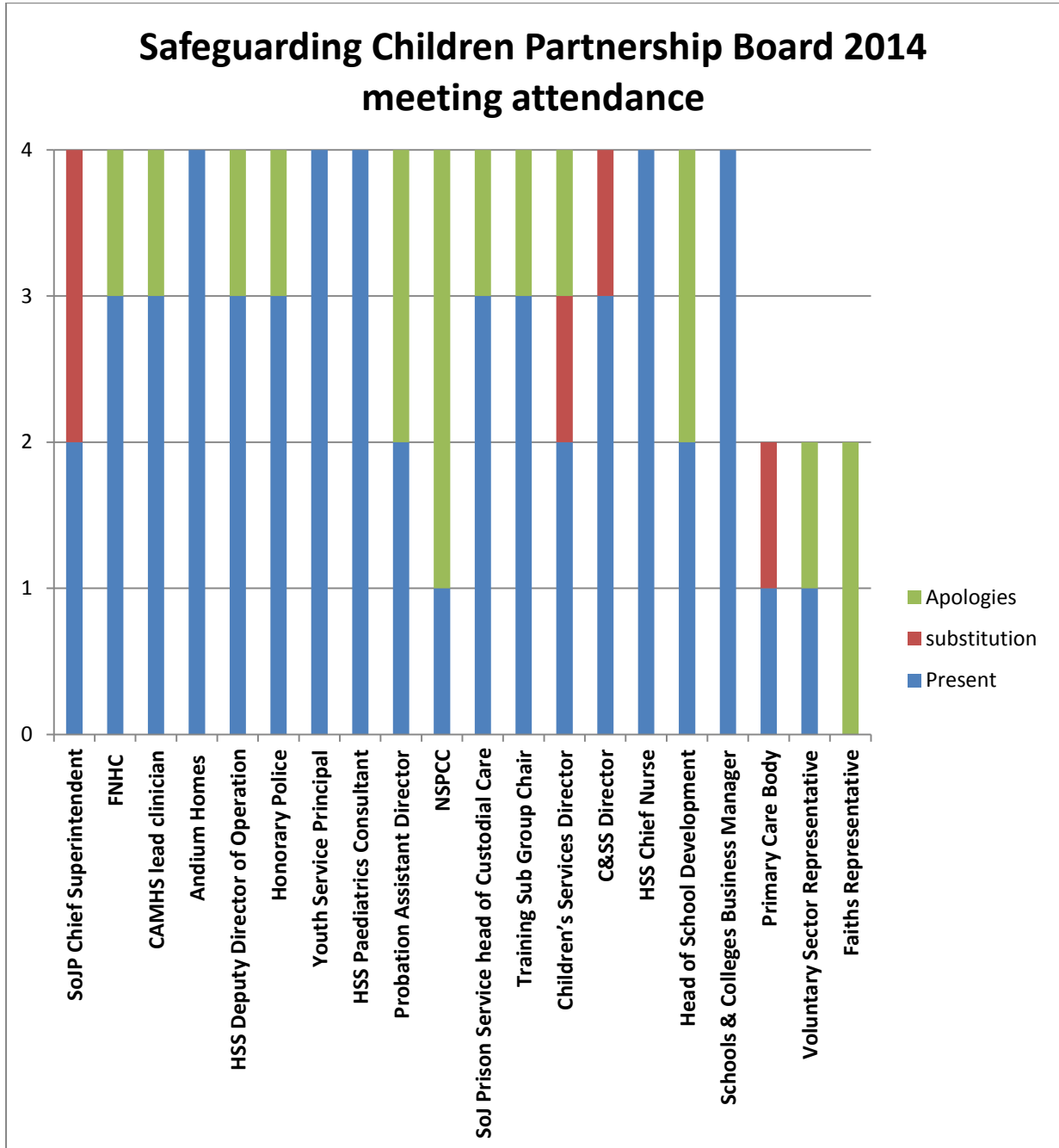
Safeguarding Adults - Board Members

| | |
|--|--|
| Independent Chair | Glenys Johnston |
| States of Jersey Police | DS Stewart Gull Head of Crime Services |
| Health – delegated leads (including MOH) | Gary Kynman Deputy Director of Operations/Head of Nursing, In-Patients Christine Blackwood Registration and Inspection Manager – Public Health Rose Naylor Chief Nurse |
| Primary Care Body representative | to be appointed |
| Family Nursing and Home Care Adults Services (Social Services) | Barbara Bell FNHC Clinical Governance & Performance Richard Jouault Managing Director C&SS – replaced by Damian Allen Ian Dyer Service Director Older People Chris Dunne Service Director Adults |
| Andium Homes | Dominique Counce Client Engagement & Communications Director |
| Social Security Department | David Rose Head of “Fit for Work” |
| Probation | Mike Cutland Assistant Chief Probation Officer |
| Prison service | Charlie Bertram Deputy Governor HMP |
| Honorary Police | Karen Gough Centenier |
| Ambulance Service | Peter Gavey Chief Ambulance Officer |
| Policy and Procedure Sub Group Chair | Claire White Patient/Client Safety Officer HSS |
| Voluntary sector | Stephen Scoulding Representative of faith groups Beth Gicquel Representative of Care Federation Jocelyn Butterworth JET Representative |
| Lay member | Appointed - in post from Jan 2015 |

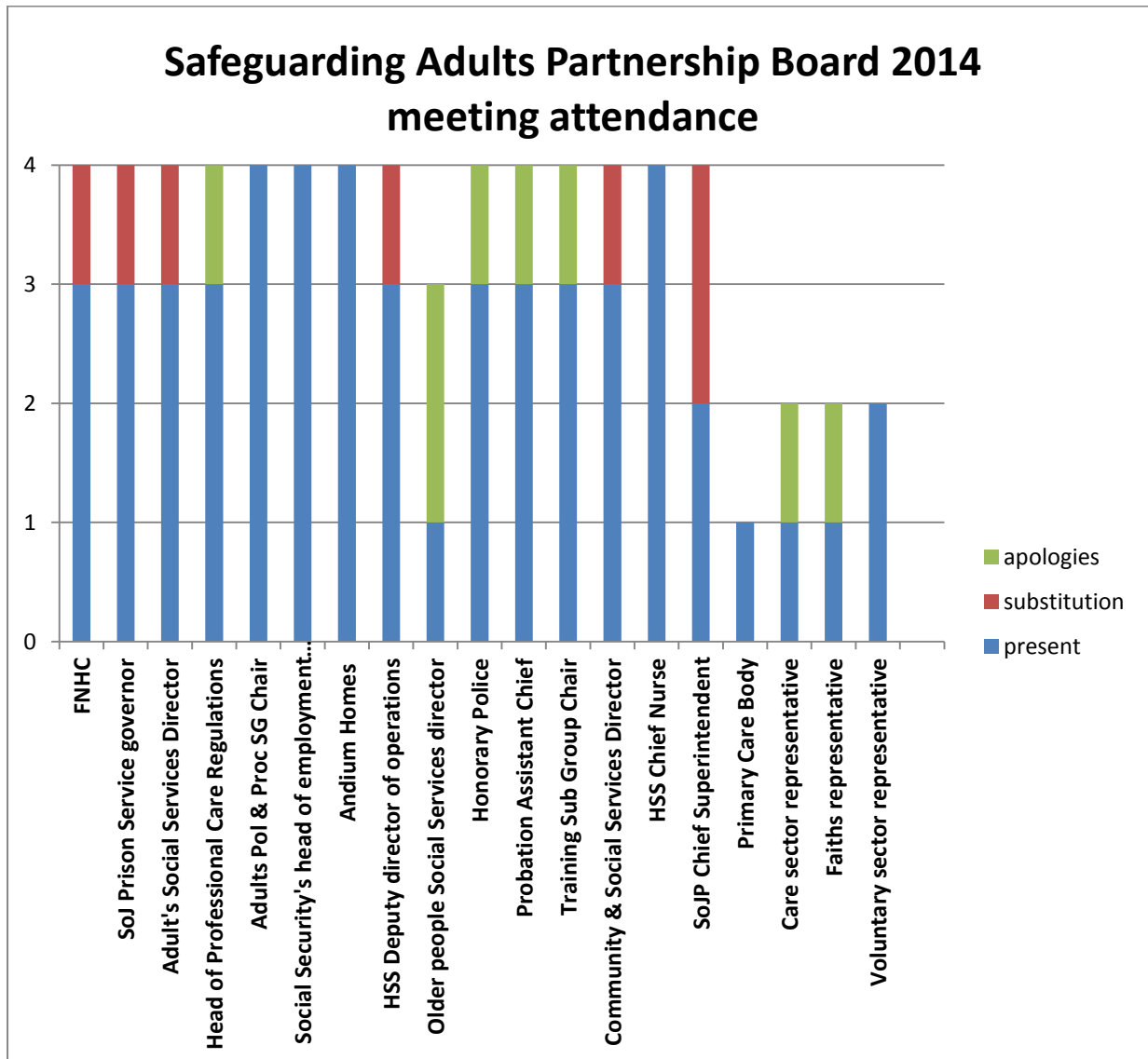
3.2 Agency attendance at the Joint Board is highlighted in the graph below:



3.3 Agency attendance at the Children’s Board is highlighted in the graph below:

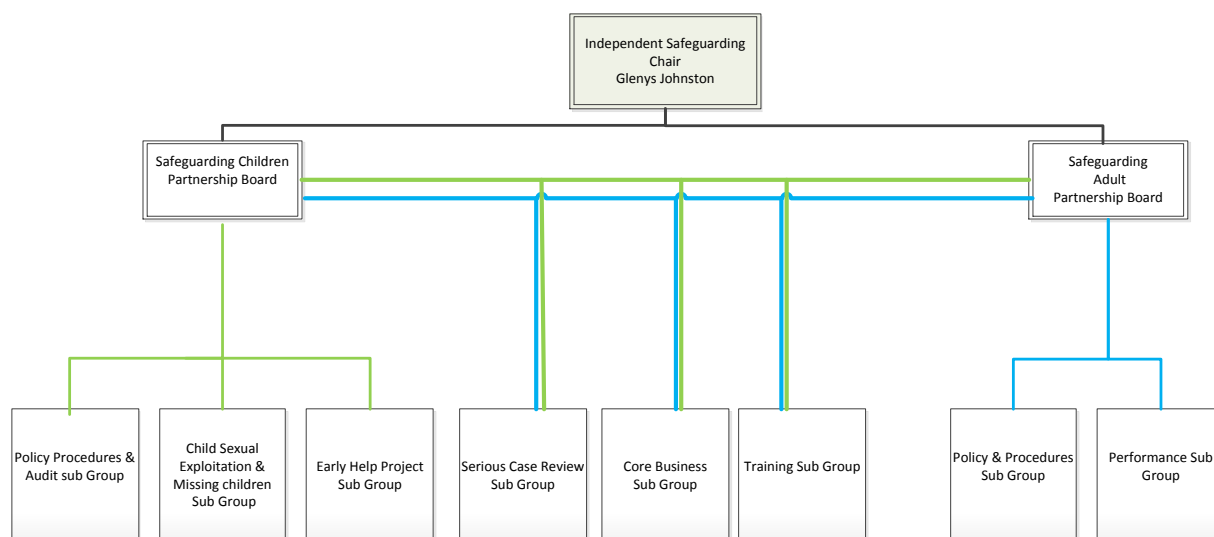


3.4 Agency attendance at the Adult’s Board is highlighted in the graph below:



3.5 Board structure

The SCPB and SAPB have held separate meetings but combine as a joint Board to consider common issues; they have met five times in 2014, four business meetings and one (October) development session. The meetings are chaired by the Independent Safeguarding Chair and, in the event of her non-availability, by one of the Vice Chairs.



The Serious Case Review Sub-Group, Core Business Group and the Training Sub-Group are joint groups for Adult and Children’s issues. Other sub groups focus specifically on Adults’ or Children’s issues respectively. Sub-groups meet once within each Board cycle. New ‘working’, or ‘task and finish’ groups may be periodically established to take forward particular areas of work for a time limited period.

4 Local background and context

5.1 Background

The island of Jersey is a Crown Dependency, which means that it has distinct government and laws from the UK; however, it tends to follow UK legislative practice and in the context of Safeguarding, this relates to *Working Together to Safeguard Children, 2013* and *‘No Secrets’, 2000*.

In 2014, the Jersey Annual Social Survey suggested there is strong public support for Police work in relation to vulnerable adults and children. 90% of respondents agreed with the police priority of protecting vulnerable people, for example tackling domestic violence and child abuse, stating that it should be high or very high priority. 82% gave the same level of priority to multi agency monitoring and managing sex offenders.

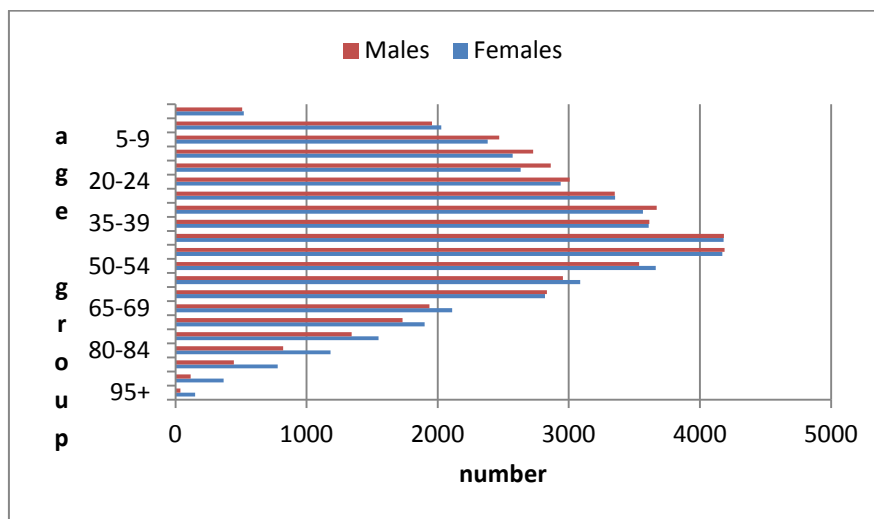
5.2 Demographic information

In the 2011 census, the population in Jersey was reported to be **97,857**.

There have been substantial increases in the Polish and Portuguese populations since 2001. Anecdotally, these populations are also the most likely to experience poor housing and low paid employment. There is also a small, but significant, Asian community.

| Ethnicity | 2001 Census | | 2011 Census | | change |
|------------|-------------|------------|-------------|------------|--------|
| | Number | Percentage | Number | Percentage | |
| Jersey | 44589 | 51.1 | 45379 | 46.4 | ↑↑ |
| British | 30317 | 34.8 | 31974 | 32.7 | ↑↑ |
| Irish | 2284 | 2.6 | 2324 | 2.4 | ↑ |
| French | 1522 | 1.7 | 841 | 0.9 | ↓ |
| Portuguese | 5548 | 6.4 | 8049 | 8.2 | ↑ |
| Polish | NA | NA | 3273 | 3.3 | ↑↑ |
| other | 1980 | 2.3 | 3731 | 3.8 | ↑↑ |

According to the 2011 census, there are 20,664 children and young people aged 0 to 19 in Jersey; this equates to 21.1% of the total resident population. Of this number, the proportion of 0-4 year olds is 5.1%, 5 to 14 year olds is 10.4% and 15-19 is 5.6%. There is a “bulge” in the Jersey population between the ages of 40-49 (see graph)



It is estimated, based on an annual immigration of 350 people, that by 2040 there will be an 11% increase in the 65+ population and a 9% drop in the 16-64 working age population. This has implications for demands for care services.

The response to the ageing and increasing population is articulated in the 2012 White Paper 'Caring for each other, caring for ourselves'¹, which outlines a complex, ten year programme of change to services to make best use of resources and address increasing demands.

Employment

The internationally comparable unemployment rate, as defined by the International Labour Organisation (ILO), is measured on an annual basis by the Jersey Annual Social Survey and also by the Jersey census. The ILO unemployment rate in June 2014 was estimated to be 4.6% corresponding to 2,800 people unemployed and looking for work, a decrease from the 2013 figure of 5.7% corresponding to 3,200 people unemployed and looking for work. In December 2013, 280 teenagers aged 16-19 years were registered as actively seeking work (ASW), 10 more than in the previous month; 150 teenagers were on the Advance to Work scheme.

Housing affordability

Overall housing affordability in Jersey worsened slightly in 2013 by all the measures presented in the Housing Affordability in Jersey 2013 report (published in 2014).

In 2013 the level of income required to service mortgage payments on a median priced dwelling affordably was 2.2 times the mean individual earnings of a full time equivalent employee.

Mortgage and rental stress (30/40 method)

The 30/40 method of identifying mortgage or rental stress calculates the proportion of lower income households in the lowest 40% of the income distribution, which are paying more than 30% of their gross income on housing costs.

In 2013:

- more than half of lower income households living in private rental or non-qualified rental accommodation could be considered as being in 'housing stress'; this was the highest proportion of all tenure categories;

¹http://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/C_CaringforYourselfCaringforEachOtherWhitePaper_CS_20120524.pdf

- around a third of lower income households in the owner-occupier and social rental sectors could be considered as being in housing stress.
- almost half of all working households could not afford a mortgage on the purchase price of a property in the lowest quarter of the house price range, a greater proportion than in 2011 and 2012;
- a third of young working households in Jersey could not afford a mortgage on a lower priced starter home in 2013; this proportion was closer to a quarter of such households in 2011 and 2012.
- the individual earnings of any of the key workers considered were not sufficient to afford a mortgage affordably on the purchase of a property in the lowest quarter of the house price range in Jersey;

Implications of high housing costs

There has been an increase in the percentage of respondents to the Jersey Annual Social Survey reporting that they are finding it 'quite' or 'very' difficult to cope financially, from 24% in 2010 to 26% in 2014.

Analysis by the Jersey Statistics Unit of the 2011 census suggests that a high proportion of mothers work; 72% of women and 94% of men aged 25-64 living in a household with at least one dependent child (aged under 16) work at least part time hours. Although not directly comparable, the proportion of women is similar to the last UK 2010 figure of 66.5%. This suggests that many children in Jersey are cared for by nursery staff, child minders, au pairs, nannies and grandparents.

Traditional Family Structure

In 2011 almost half (48%) of adults in Jersey were either married or re-married. A further one in ten (10%) were divorced, whilst around a third (34%) had never married. The proportion of adults who are married has been declining over the last several decades, whilst the number divorced (and not re-married) has increased from 21 per 1,000 in 1971 to 101 per 1,000 population in 2011.²

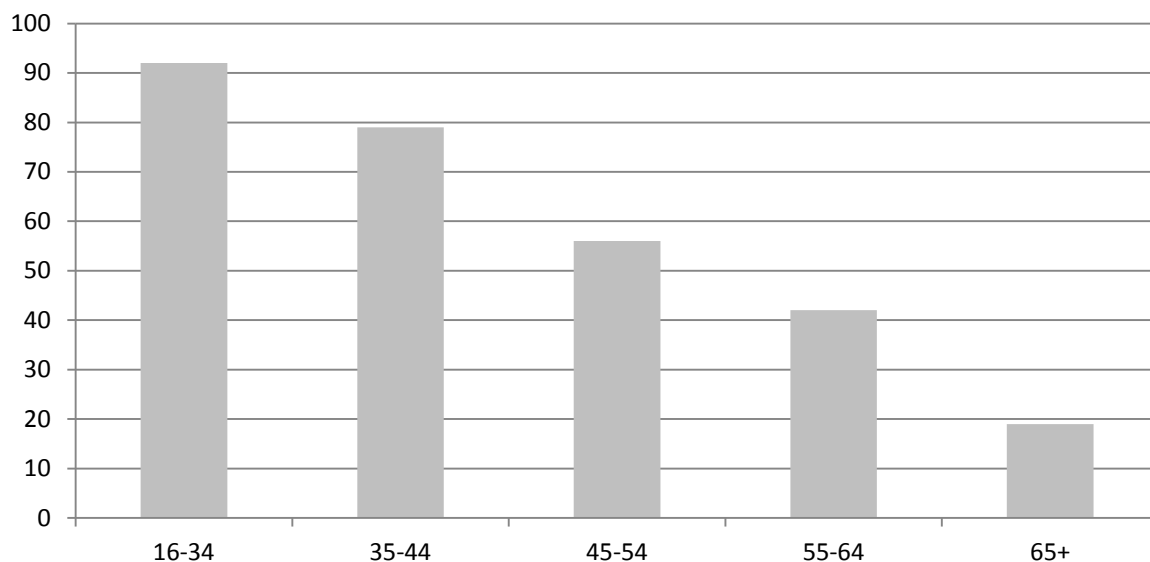
²

<http://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20JerseyInFigures2012%2020130430%20SU.pdf>

Use of Social Media

The Jersey Annual Social Survey found substantial generational variation in the use of social media, for example Twitter, Facebook, Ask FM and Instagram.

Percentage of age group using social media



Young people are coming under increasing pressure from their peers, facilitated by the internet; many are managing an on-line as well as an off-line social life and may consequently be exposed to adult material, with ongoing implications for safeguarding.

5 Performance information – Children, Adults and Multi-Agency Training

The Safeguarding Boards are working with partner agencies to develop a robust and regularly reported set of agreed safeguarding performance information. This will be used to inform the Independent Chair's future Annual Reports and will include additional analysis and interpretation. The absence of standardised reporting systems continues to make data collection challenging; however, the data given in this report has been provided by agencies from existing reporting and provides some reflection of demand, risk and effectiveness.

5.1 Information on Children in Jersey

Safeguarding Performance Framework Indicator short report: 2014

| Indicator | Period | Unit | Jersey | Comparator/trend |
|---|--------------|-------------------------------------|-----------------------------------|---------------------------------------|
| Population level | | | | |
| Population of under 18 in Jersey based on 2011 census projection | 2014 | number | 20, 422 | |
| Child deaths | 2014 | number | 5 | |
| Percentage of single and couple households with dependent children (under 16) overcrowded by the bedroom standard | 2011 census | % | 8% | |
| Percentage of the above that were living in non qualified (registered) accommodation | 2011 census | % | 37% | |
| Health | | | | |
| Emergency department (ED) child attendances: unintentional injury | 2013 | number and % of all attendances | 3,818 (10.2%) | |
| Under 18 termination rate (all terminations per 1000 females aged 15-17) | 2010-12 | per 1000 females 15-17 | 8 | England: 13 |
| Under 16 conception | 2010-2012 | per 1000 females | 1.7 | |
| Under 18 conceptions ending in termination | 2010 - 2012 | % | 70% | |
| Rate of individual females provided with emergency contraception by Brook per 10,000 population aged 12 to 17 | 2012 2013 | rate per 10,000 | 930.9 791.9 | Trend 2009-2013 is a reduction |
| Chlamydia screening by Brook | 2012 2013 | positive/total tests (%) | 38/902: 4% 28/1004: 3% | |
| Children's Service incl. Multi Agency Safeguarding Hub (please see additional MASH reporting) | | | | |
| Number of enquiries | 2014 | number and rate per 10,000 | 2323 (1372 individuals) 1206.1 | |
| Number of enquiries for children without a social worker | 2014 | number | 1641 (1171 individuals) | |
| Repeat enquiries within the year ; non allocated | 2014 | number | 470 individuals | |
| Referrals into CIRT | 2014 | number, percentage of all enquiries | 734 32% | 2013 Eng and Southwest: 74% |

| Indicator | Period | Unit | Jersey | Comparator/trend |
|--|------------------------------|---------------------------------|--|--|
| Number of children on the child protection register/subject to a child protection plan | 2012 2014 | monthly average number and rate | 64; 33/10,000 81; 42.1/10,000 | 2014 England: 42/10,000, Southwest: 40/10,000 |
| Number of children on the child protection register | 2014 | monthly average by abuse type | Physical: <10 Emotional: 32 Sexual: <10 Neglect: 40 | These proportions broadly reflect those in the UK CIN census other than sexual abuse which is proportionally double in Jersey. |
| Number of children on the child protection register by gender | 2014 | monthly average | Female: 40 Male: 39 Unborn: <10 | |
| Number of children on the child protection register by age | 2014 | monthly average | 0-4: 28 5-9: 24 10-14:23 15+: <10 | The UK CIN census found that the 0-4 group were dominant. |
| Number of initial child protection conferences (ICPC) | 2014 | number and rate per 10,000 | 60 and 31.2/10,000 | 2014 England: 56.8/10,000 Southwest: 61.4/10,000 |
| Number of ICPCs resulting in registration | 2014 | | 58 | |
| Number of child protection plans lasting two years or more at the 31 st December 2014 | 2014 | number and (%) | <10 | |
| Number of children removed from the register | 2014 | number | 72 | |
| Looked after children | | | | |
| Number of Looked After Children | At 31 st Dec 2014 | number and rate/10,000 | 95 (including <10 in pre adoptive placements) 49.3/10,000 | 2014 England 60/10,000 Southwest 51/10,000 |
| Percentage of reviews held with stated timescales | 2014 | percentage | 77% ³ | |
| Initial health assessment completed within best practice time scale (post medical advisor appointment) | 2012/2013 | percentage | 100% | |
| Looked after children who have access to independent advocacy | 2014 | percentage | All have access but most choose not to use it (confirmed with NSPCC) | |

³ Those reviews held outside timescales were for the following reasons:

- Young person unable to attend planned review because of illness or work commitment
- Cancelled flights for off island placements
- Unexpected illness of social worker or IRO
- Required documents not available to IRO

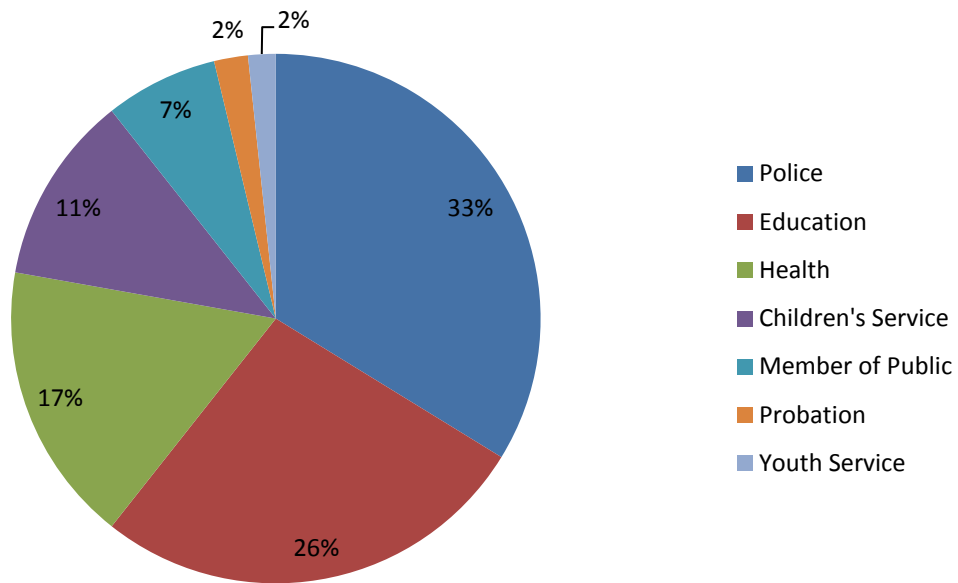
| Indicator | Period | Unit | Jersey | Comparator/trend |
|--|---------------------|--------------------------|---|---|
| Youth offending and offences against young people | | | | |
| Cases presented to the Youth Court trend | 2008 to 2013 | number | Reducing trend between 2009 (344) and 2013 (62) | |
| Offences against young people trend | 2011 to 2013 | number | Increase in sex offences and assaults in 2013 | |
| All offences against <18 | 2013 2014 | number and rate per 1000 | 261 and 13.6 288 and 15.0 | |
| 14-15 yr olds bullied at or near school | 2010 | % | 15% | |
| Sexual offences against <18 | 2013 <i>2014</i> | Number and rate per 1000 | 41 and 2.1 <i>54 and 2.8</i> | England and Wales: 2012/13 1.9 Jersey trend is an increase |
| Sexual offences against <16 | 2013 <i>2014</i> | Number and rate per 1000 | 35 and 2.1 <i>50 and 2.9</i> | England and Wales: 2012/13 1.8 Jersey trend is an increase |
| Sexual offences against females <18 (less than 5 offences against males) | 2013 <i>2014</i> | Number and rate per 1000 | 38 and 4.0 <i>49 and 5.1</i> | |
| Sexual offences against females <16 (less than 5 against males) | 2013 <i>2014</i> | Number and rate per 1000 | 32 and 3.8 <i>45 and 5.3</i> | |

Notes:

1. *Italic text* indicates statistically significant difference with comparator
2. Of note is the increase in sex offences against young people. Seventeen of these were Unlawful Sexual Intercourse, and several of the reports resulted from Child Sexual Exploitation investigations.
3. ISS data reporting stopped Q2 2014. Reporting has begun again in January 2015.
4. Education data reporting agreed for November 2014 for 2013/14 school year
5. UK Child in Need Census data reporting
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/254084/SFR45-2013_Text.pdf
6. Ethnicity data was missing for the majority of MASH enquiries
7. Ongoing reporting of Operation Hope self harm data to be discussed with Safeguarding Nurse

Additional MASH information

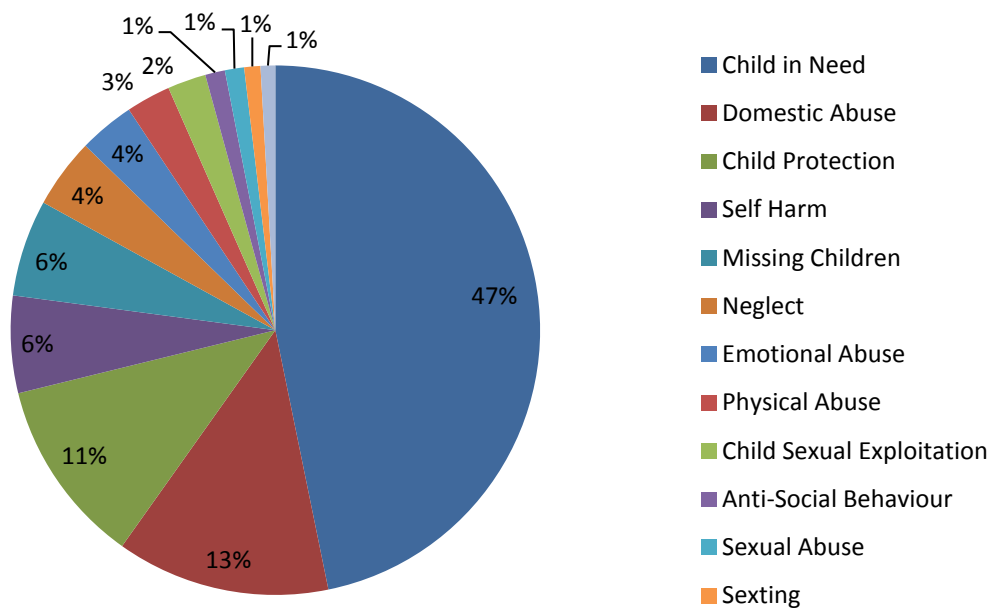
Category: source of enquiries where the child did not already have a social worker (unallocated)



Note: category allocation began part way through the year

Fewer than ten enquiries were received from each of the following; nurseries, social security, Women's Refuge, GPs, NSPCC UK, Jersey Women's Refuge, UK Social Care, CAB, Church.

Category of concern: all enquiries



Other categories recorded (less than 10) homelessness, short breaks (tier 2), post adoption support, post leaving care support.

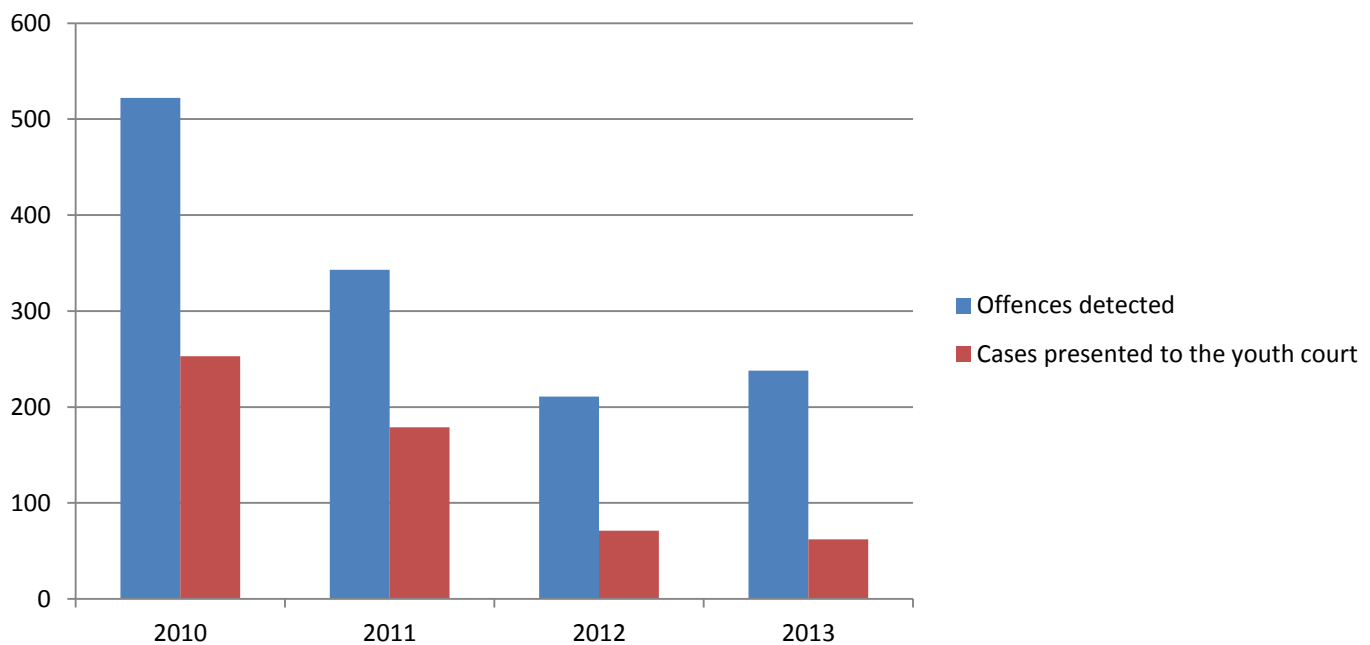
Home Affairs

The 2013 report on youth offending for the Children’s Policy Group reported that Jersey, in common with most of Europe and the USA, has seen a remarkable downward trend in youth offending statistics for the police, courts, probation and HMP La Moye and Greenfields.

The report also references that legislation is lagging behind changes in internet-based abuses and that young people now have an online identity that merges with that offline. It specifically mentions access to extreme pornography and suggests that this could lead to a rise in youth offending:

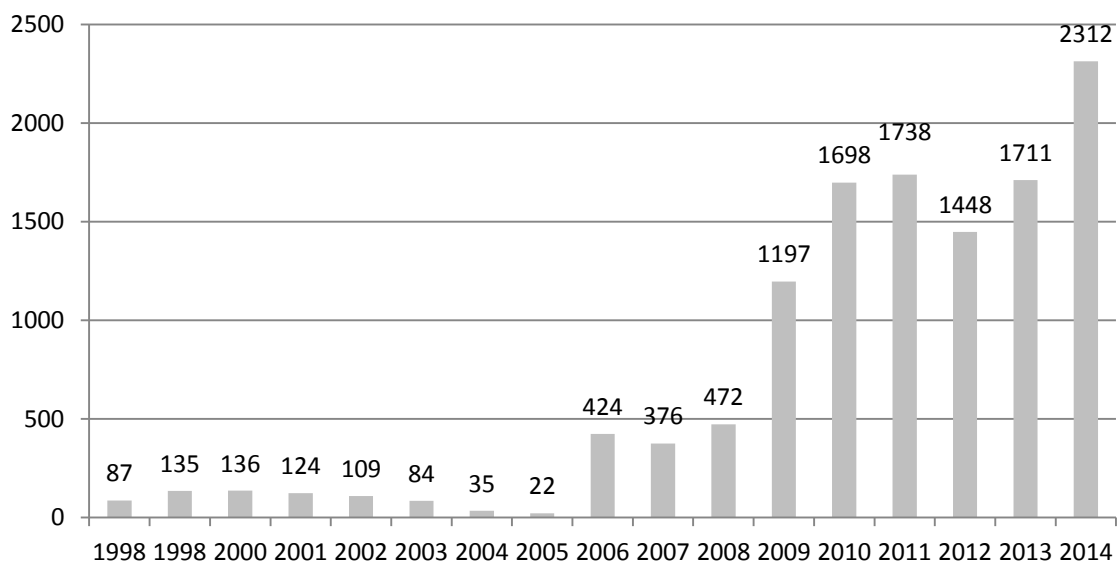
‘... some of the content is freely available and recent legal Royal and Magistrates Court cases show that illegal indecent images of children are not difficult to come by either. The concern is that the proliferation of such material (both legal and illegal) can lead young people to believe that what they see on such sites is the norm, which may lead to offences being committed by or against young people.’

Under 18 offences detected and cases presented to the youth court



SoJ Police data

Child Protection Notification Count



The police child protection notification data suggests increasing awareness of Child Protection issues.

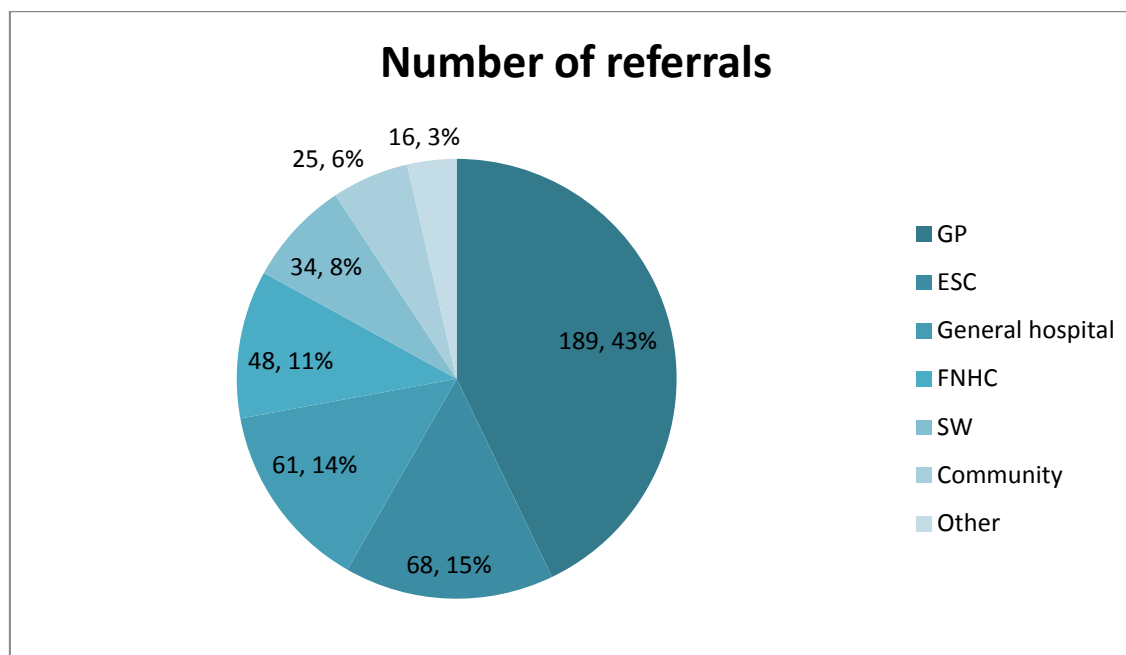
Offences against Young People

Figures for 2011 to 2014 are shown below:

| | Cruelty/Neglect | Assaults |
|-----------------------|------------------------|-----------------|
| 2011 | 75 | 97 |
| 2012 | 63 | 85 |
| 2013 | 73 | 92 |
| 2014 | 77 | 98 |
| Yearly average | 72 | 93 |

Child and Adolescent Mental Health Services (CAMHS)

Number and source of referrals January to the end of November 2014



GPs are the major source of referrals, followed by Education and the General Hospital.

Education

1) a) Number of pupils receiving full-time education

Table 1: Number pupils receiving full-time education in Jersey, broken down by sector; September 2014

| | Primary (years 0 to 6) | Secondary (years 7 to 11) |
|---------------------------------|------------------------|---------------------------|
| States non fee paying schools | 5,206 | 3,014 |
| Fee paying provided schools | 654 | 1,058 |
| Fee paying non-provided schools | 1,284 | 884 |
| Special schools | 34 | 51 |
| EOTAS* Pupils | x | 13 |

EOTAS* - Education Other than at School

Compared to the UK, a large proportion of Jersey children are educated in fee paying schools; 27% primary and 39% secondary; UK private education = 6.5% There is no significant change in numbers from January 2013.

b) Number of pupils in post 16 education

Table 2: Number of pupils in post 16 education, broken down by sector; September 2014

| | Number of pupils |
|---------------------------------|------------------|
| States non-fee paying schools | 504 |
| Fee paying provided schools | 383 |
| Fee paying non-provided schools | 234 |
| Special schools | x |
| Highlands college | 946 |
| Advance and Back to work | 1,067 |
| Trackers | 190 |

The numbers in post 16 education have increased since 2013 other than numbers registered at Highlands. The numbers registered for Advance to Work have increased substantially from 128 in January 2014 to 1,067 in September 2014.

2) Nursery Education Fund (NEF) nursery pupils

Table 3: Number of NEF pupils in Nursery schools in Jersey, by sector; September 2014

| | NEF funded nursery pupils |
|-------------------|---------------------------|
| States nurseries | 492 |
| Private nurseries | 470 |

3) Looked After Children numbers in Jersey schools

There are 53 looked after children in total across primary, secondary and post-16 education establishments in Jersey. There are 27 female pupils that classified as looked after children and 26 males.

Table 4: Looked after children in education, by sector / school type; Sept 2014

| | States non-fee paying schools | Fee paying provided schools | Fee paying non-provided schools | Special schools |
|------------------|-------------------------------|-----------------------------|---------------------------------|-----------------|
| Primary | 25 | x | x | x |
| Secondary | 18 | x | x | x |
| Post 16 | x | x | x | x |

4) Looked After Children numbers off-Island

Table 6: Looked after children educated off-Island, by school type; Sept 2014

| | Primary | Secondary |
|------------------|---------|-----------|
| Number of pupils | x | 10 |

5) Looked After Children numbers in Jersey schools that also have a SEN

Of the 52 looked after children in Jersey, 27 also have been identified as having a special education need.

Table 7: Number of looked after children with an identified special educational need, by SEN classification

| Statement of SEN | School Action | School Action Plus |
|------------------|---------------|--------------------|
| x | x | 17 |

6) Attendance of Looked After Children in Jersey schools

Table 8: Attendance and absence rates of looked after children in States non-fee paying schools; academic year 2013/2014

| | Attendance rate | Authorised absence rate | Unauthorised absence rate |
|-----------|-----------------|-------------------------|---------------------------|
| Primary | 96.2 | 3.7 | 0.1 |
| Secondary | 88.0 | 4.7 | 7.3 |

7) Numbers of Looked After Children suspensions

In 2013/2014 there were a total of 10 suspensions from school of Looked after children.

8) Use of pupil referral units

There are fewer than 10 looked after children in the pupil referral unit, D'Hautree House.

5.2 Information on Adults in Jersey

Social work services:

There are five Community and Social Services priorities for 2015

- Business basics
- New strategic ways of working
- High quality safe services
- System development improvement
- Resources

All focused on improving services for our community in visible and sustainable ways. All work plans within our services will focus on these priorities over the coming year and this includes our social work services.

We have co located a range of specialist adult services helping the development of an Integrated Adult Service which includes the Single Point of Referral, the Adult Safeguarding Service, Adult Social Work Team, learning Disability Team, Autism Service, Community Occupational Therapy Team and Drug and Alcohol Service.

Importantly the Single Point of Referral provides:

1. A single 'Front Door' - Single Point of Referral (SPOR),
2. Access to services to encourage 'recovery' and 're-ablement' to ensure that each person reaches and maintains their maximum independence, whilst needing support from services
3. Access to a range of specialist 'Integrated Multidisciplinary Assessment and Care Co-ordination Services'
4. Access to Residential and Nursing Care, Supported Living and Group Homes, Day Services and Short Break Services

Through 2015, referrals for services will be processed through the 'SPOR', which provides immediate access to a range of specialist services, including the:

- Referral Co-ordination Service
- Adult Safeguarding Service
- Discharge Service for the General Hospital
- Community Intermediate Care Service (CICS)

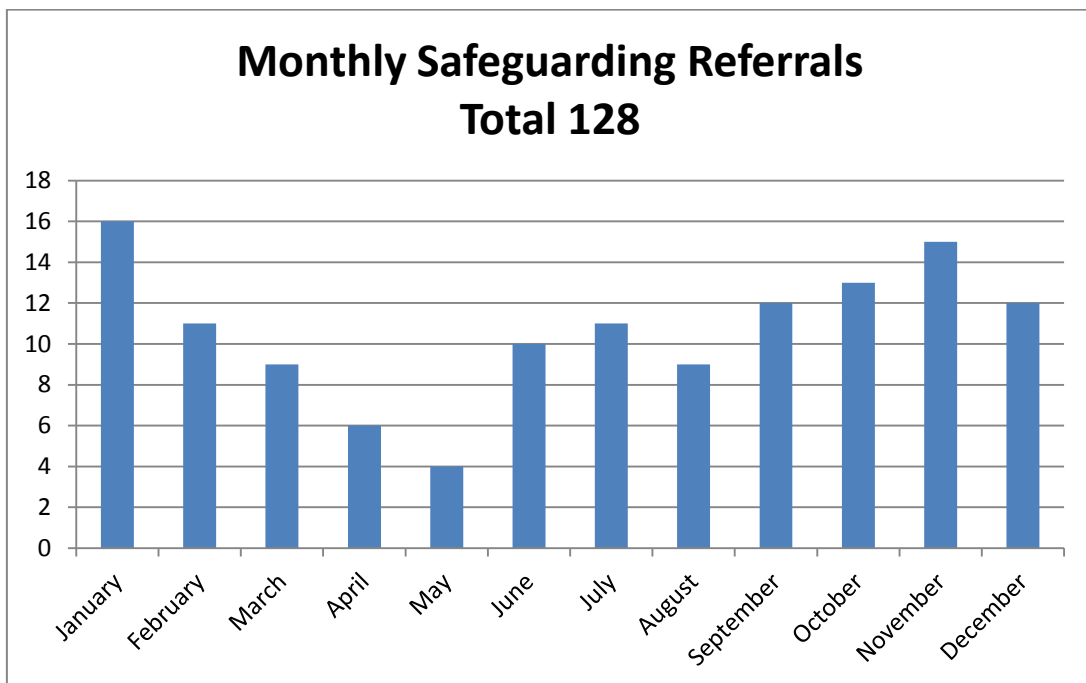
Adult Safeguarding Data Overview

This data show the number of Adult Safeguarding Referrals received by Community and Social Services. It includes the location and type of the alleged abuse and the “at risk” category of the person concerned. The data includes the outcomes of the safeguarding referrals and investigations.

Given the adult population of Jersey and the continued development of adult safeguarding practice, it is expected that the number of reported adult safeguarding concerns will increase in 2015.

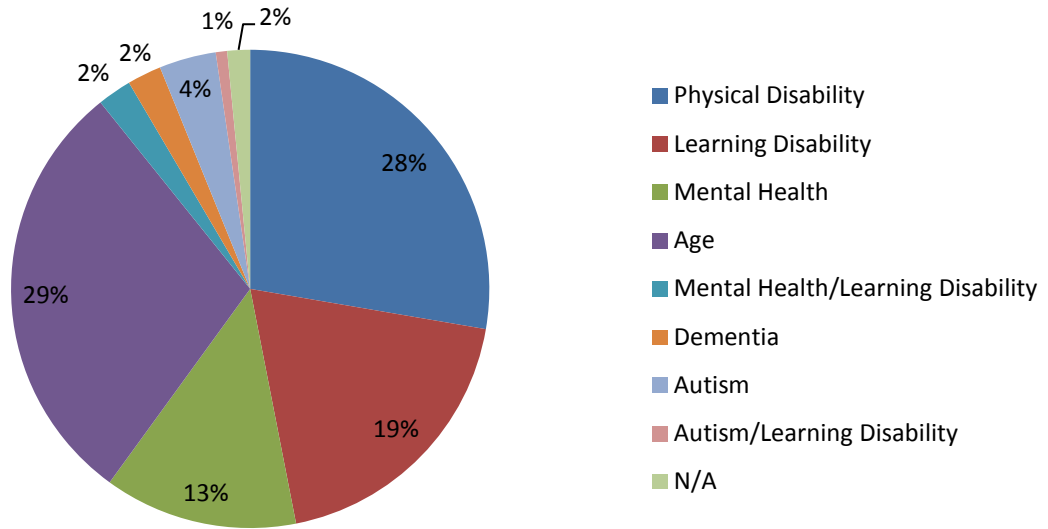
The development of the Single Point of Referral for notification of safeguarding concerns and the new Safeguarding Team, will ensure a continued focus on ensuring the safety and protection of adults at risk in Jersey.

Performance information is developing at a rapid rate and there is an increased emphasis on making sure the right outcomes are achieved for people, in particular the outcomes the person wanted for themselves.

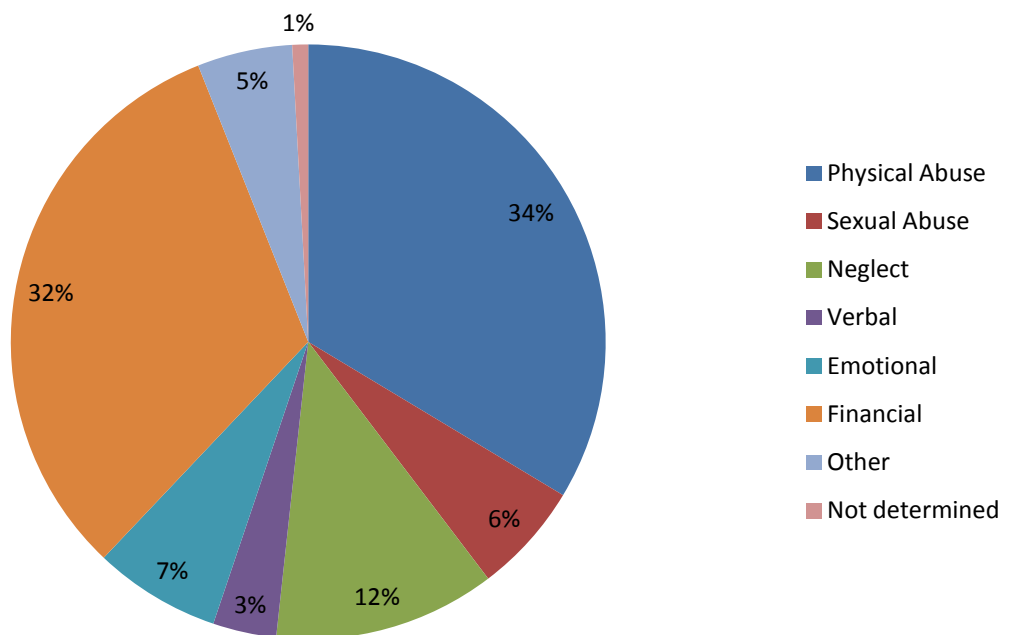


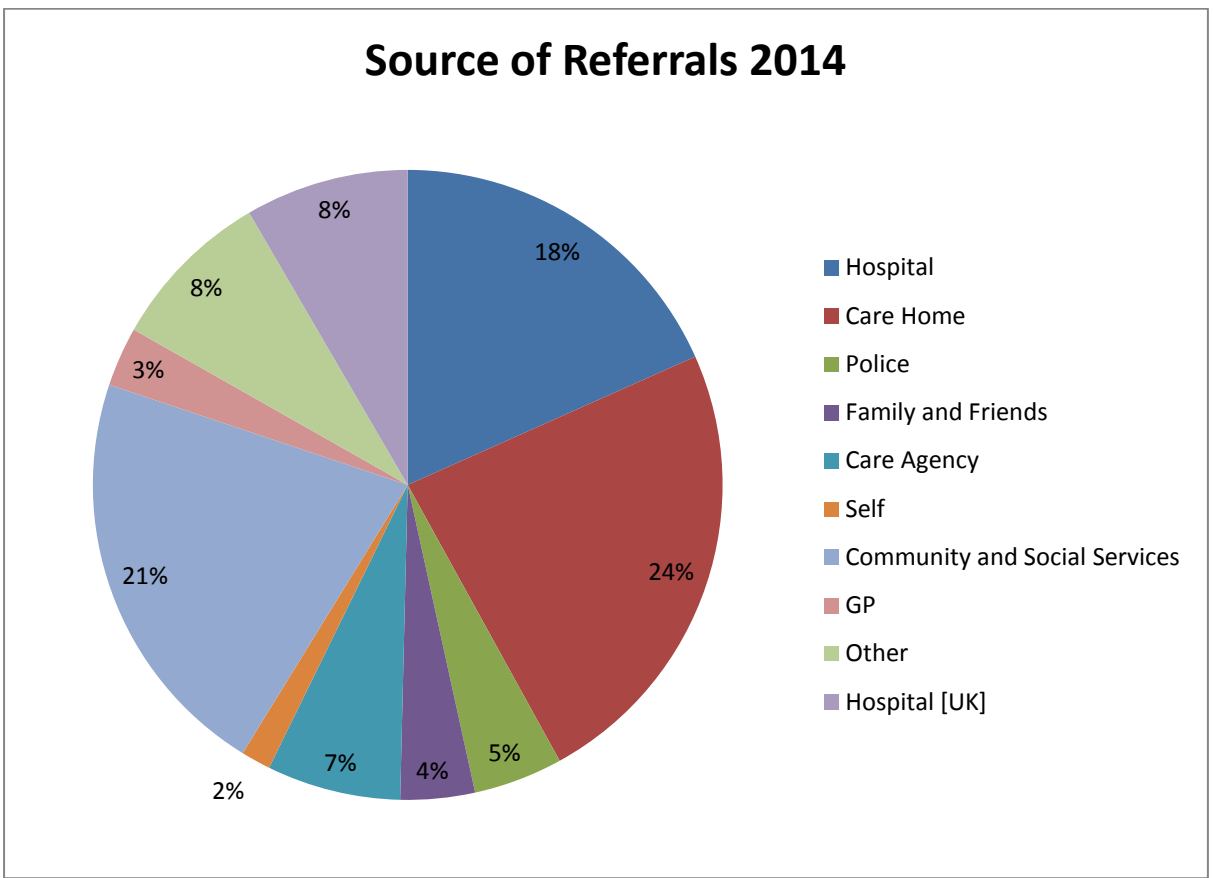
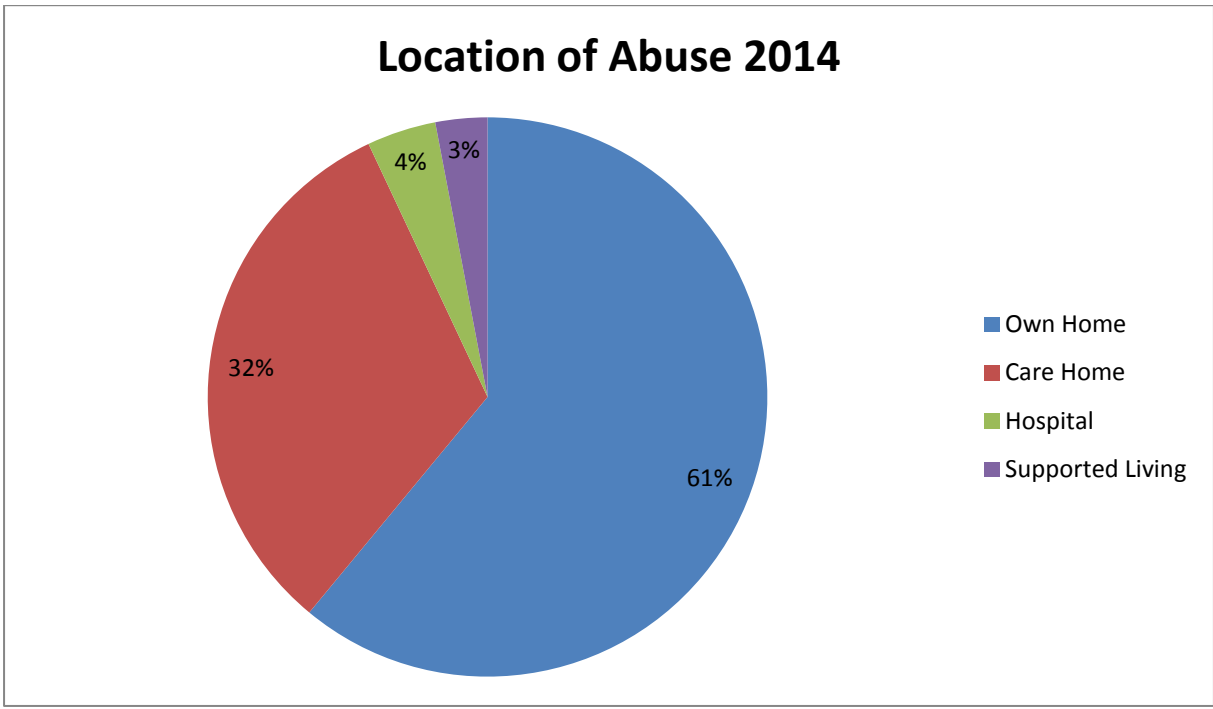
The total number of referrals appears less than in 2013 and now only include the States of Jersey Police Adult Protection Notifications that result in a safeguarding referral.

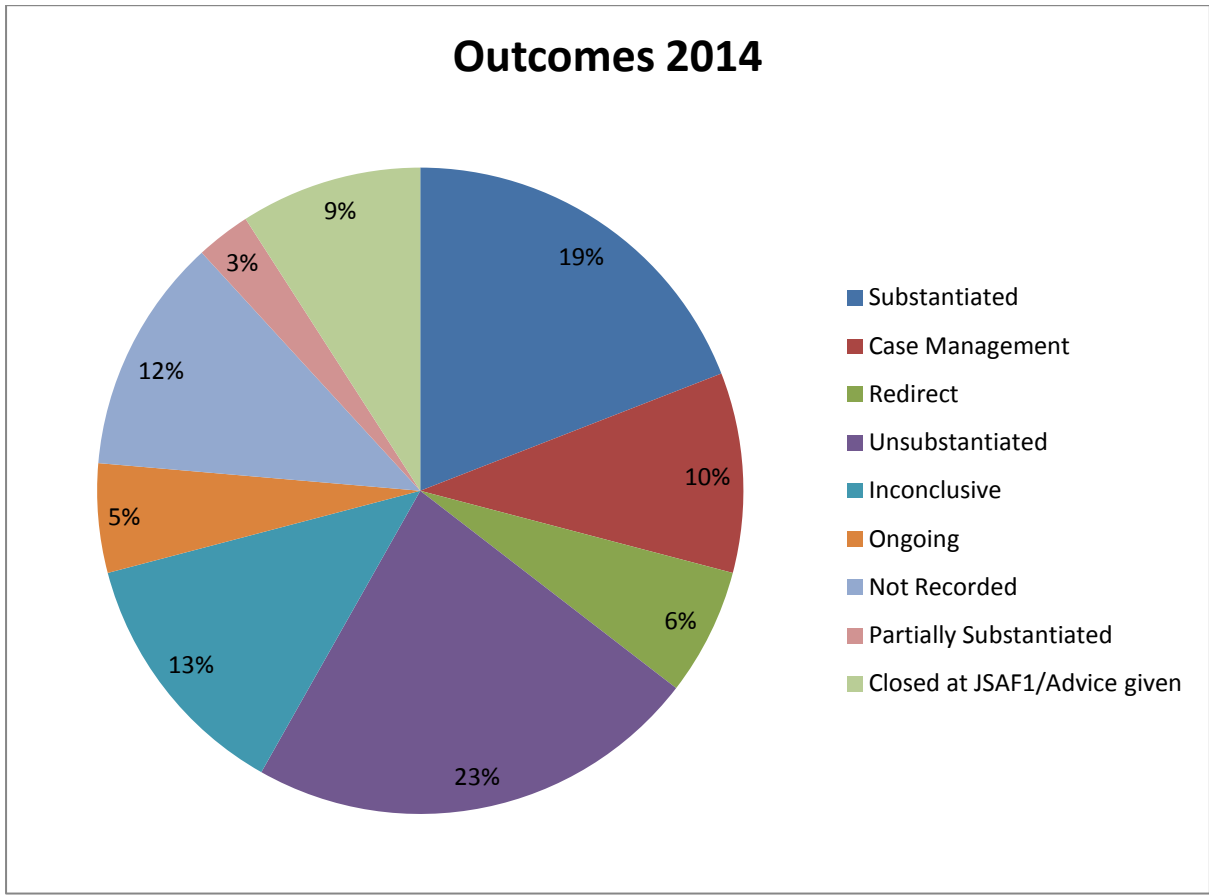
Category of Adult at Risk 2014



Type of Alleged Abuse 2014







5.3 Information on SPB multi-agency Training

Courses Completed 1st January – 17th November 2014 Training

| Date | Course Title | Candidates | Waiting List |
|---|---|--|--------------|
| 27 th Jan | Foundation Course - Charities | 10 | |
| 19 th Feb | | 16 | |
| 3 rd -6 th February | Train the Trainers (Adult) | 24 | Date TBC - 3 |
| 7-10 th April | | 22 | |
| 15-18 th September | | 15 | |
| 19-22 nd May | Train the Trainers (Children) | 19 | |
| 5 th March | Impact of Parental Mental Health on Families | 14 | |
| 4 th June | | 16 | |
| 25 th June | | 12 | |
| 10 th March | Essential Safeguarding Knowledge and Skills | 16 | |
| 11 th June | | 14 | |
| 8 th September | | 11 | |
| 27 th March | Organisational responsibilities | 73 | Date TBC 2 |
| 5 th April | Foundation Courses - Adults | 15 | Date TBC - 7 |
| 10 th June | | 15 | |
| 30 th June | | 31 | |
| 7 th July | | 20 | |
| 19 th August | | 12 | |
| 31 st March and 1 st April (2 day course) | Understanding Thresholds and Supporting Children & Families at Tier 1 and Tier 2. | 25 1 st day 54 2 nd day | |
| 13 th May | Effective Recording & Information Sharing | 13 | |
| 15 th May | Safeguarding the Disabled Child | 15 | |
| 13 th June | Children's Legislation in Jersey | 16 | Date TBC - 5 |
| 17 th June | Safeguarding Children & Young People in a Multi-Media World | 13 | |

| | | | |
|----------------------------|---|------------|------------------|
| 15 th July | Child Neglect | 14 | |
| 26 th September | Understanding Advocacy | 13 | Date TBC 3 |
| 1 st October | Foundation Course - Charities | 17 | Date TBC – 23 |
| 25 th Nov | | 12 | |
| 6 th October | Protecting families from domestic abuse | 14 | Date TBC - 19 |
| 15 th October | Essential Safeguarding Knowledge and Skills | 16 | Date TBC – 14 15 |
| 18 th October | Foundation Course – Adults | 13 | |
| 3 rd November | Safeguarding Children & Young People in a Multi-Media World | 10 | Date TBC - 20 |
| 2 nd December | | 13 | |
| 10 th November | Effective Recording & Information Sharing | 16 | Date TBC - 7 |
| 12 th November | Impact of Parental Mental Health on Families | 14 | Date TBC 45 |
| 13 th November | Learning from Experience: Serious Case Reviews | 50 | Date TBC 2 |
| June/July | CSE Awareness Sessions | 226 | |
| TOTALS: | | 919 | 151 |

Training department staffing:

- 1 x FTE (two officers providing job share Training Officer [TO] role)
- 1 x P/T training administrator

During 2014, additional TO hours (11/week) and admin hours (5/week) were funded, but budget constraints will not allow this to continue in 2015.

Training Officers, supported by the administrator, are responsible for:

- Planning, development and delivery of all child and adult safeguarding courses delivered by and on behalf of the SPB. Some specialist courses are delivered alongside local agency partners.
- Recruitment, accreditation and management and support of the Single-Agency Pool Trainers.

- Audit and evaluation of both single-agency and multi-agency training on behalf of the SPB.
- Ensuring training provided by the SPB is fit for purpose and based on local need through regular training needs analysis
- Commissioning appropriate courses from the UK to provide training that cannot be delivered locally by SPB trainers or other local experts
- Managing the SPB Child and Adult Safeguarding Training databases

Courses Cancelled

Occasionally, courses have to be cancelled due to illness or unavailability of partner trainers. In 2014, 3 courses were cancelled:

- Child Neglect
- Safeguarding The Disabled Child
- CP Conferences, Core Groups and CP Plans

SPB Pool Trainers- Update

- Total number of Pool Trainers: 107 (Adults 61 + Child 46)
- The SPB Pool Trainers have delivered SPB Foundation training to 2333 people (1337 Adults + 996 Children)
- Development of pool trainers with ongoing observations and support. Training Officers organised CPD Days for both the Child and Adult Pool Trainers in November and December. These day-long events included presentations from Ofsted, Educational Psychologist, Early Help Project, The States of Jersey Police, HSS Clinical Governance and the New Adult Safeguarding Service. Both events also included a consultation- child pool trainers on Early help Project and Adult Pool Trainers on Adult Thresholds, and a CPD activity on Trainer Styles

Dual Pool Trainers

There are now a total of 21 Pool Trainers that deliver both Adult and Child SG Foundation Training

9) Serious Case Review (SCR) update

During the course of 2014, the Serious Case Review sub-group has continued to work with existing cases and to review new cases, both adults and children, against the criteria for conducting an SCR.

SCR Family W, which had been commenced in December 2012 but was significantly delayed by the need to apply for access to court restricted documents, was completed in May. This SCR was not published in order to protect the identity of family members; however, the learning arising from the review has been widely shared through a number of events for staff at all levels who may have been involved with the family, as well as for senior management. A learning summary (*Appendix 1*) has been circulated and the Training Officers have incorporated the learning within the current training programme.

Two SCRs for children were commissioned in July 2013; the final report for the first of these was completed and taken to SCR sub group in December. In deference to the family's wishes, this report will not be published but will go to the next Board meeting for sign off; the learning is already being shared and a learning summary will be circulated. The second SCR has not been progressed because the court documents have not been released to enable reports to be written; this decision is being appealed.

In January, SCR subgroup agreed to another SCR into a young person; this review is now in final draft form. Again, in deference to the family's wishes, this report will not be published but will go to the next Board meeting for sign off; a learning summary will be circulated.

In January and in July 2014, two adult cases were identified for SCR. The first of these reviews has been completed and was taken to SCR sub group in December; subject to minor amendments, it is anticipated that this report will be submitted to the next Board meeting. The second case was addressed through a practitioner learning event, and the report is being prepared.

A number of child sexual abuse (CSA) cases have been considered by the SCR sub group and the decision was made to conduct a thematic review across several cases. This review is considering children in four unrelated families, including the information

from the completed Family W case; it commenced in November and will be completed in 2015. A further CSA case has reverted for an internal review by Children's Services, as it did not have a multi-agency aspect.

The SCR sub group also decided to undertake a second thematic review, considering a number of cases of suicide in young people; this review will be started early in 2015.

In December, a further case was considered and accepted for review by the SCR sub group.

SCR sub group is responsible for monitoring the implementation of SCR recommendations and it receives agency updates against individual agency action plans. This continuing review ensures that valuable lessons are not lost and that, where the need to change or develop practice has been identified, agencies are held appropriately to account.

Each SCR imposes significant resource demands on multi-agency partners; difficulties with collating chronologies and background information are compounded where departments do not have single or effective data collection systems in place. The learning, commitment and effort that has been put into completing SCRs to date, by partners from all agencies, is much valued and demonstrates their intention to learn and develop practice.

Good practice guidelines suggest that SCRs should be completed within 6 months of commissioning; however, this has not proved to be possible generally to date. The SPB business unit of three FTE is also significantly stretched in managing the SCR workload in addition to business as usual.

New draft Joint SCR procedures have been developed during the year, and will be brought to the Board for ratification at the next meeting; these confirm the referral process, criteria for SCRs and allow the SCR subgroup to decide on the most suitable format for individual SCR to take.

10) Priorities for 2014, progress and outcomes

| Headline/Priority Areas 2014 | Action/development 2014 | Progress/date |
|--|--|--|
| Developing strategy and practice through understanding performance | <ul style="list-style-type: none"> Developing reporting to agreed performance framework (Adults and Children) to evidence the effectiveness of safeguarding arrangements for the Boards | <ul style="list-style-type: none"> Ongoing and challenging process which has developed slowly. |
| Strategies to address lack of co-ordinated early help services to support children and families | <ul style="list-style-type: none"> Establishment of M-A Early Help Project sub group Consultation events across agencies Mapping of early help services | <ul style="list-style-type: none"> Sept 2014 Nov 2014 Dec 2014 |
| The lack of knowledge and expertise in the identification and diagnosis of CSA | <ul style="list-style-type: none"> Establishment of virtual SARC Appointment of Mountain Healthcare to provide expert forensic support and advice | <ul style="list-style-type: none"> Nov 2014 |
| Addressing Domestic Abuse | <ul style="list-style-type: none"> Establishment of DA sub group of Board | <ul style="list-style-type: none"> From 2015 |
| Addressing self-harm and suicide in young people | <ul style="list-style-type: none"> Work of the prevention of Suicide Steering Group regularly reported to the Board | <ul style="list-style-type: none"> From March 2014 |
| Evidencing effective multi agency working | <ul style="list-style-type: none"> First Standards audit successfully completed Working collaboratively to support MASH policies and information sharing agreements Working collaboratively to support CSE strategy/ screening tool/ awareness raising events | <ul style="list-style-type: none"> Completed and reported to Board Q3 Ongoing throughout the year Ongoing throughout the year |
| Multi-Agency training profile | <ul style="list-style-type: none"> Total number of Pool Trainers: 107 (Adults 61 + Child 46) delivered Foundation training to 2514 people (1462 Adults + 1052 Children) | <ul style="list-style-type: none"> Annual figures |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Development of pool trainers with ongoing observations, support and annual CPD event x2 • Dual Pool Trainers (total 21) that deliver both Adult and Child SG Foundation Training • Foundation training (adults) programme established • SPB multi-agency training-total of 911 candidates attended 38 courses; 111 on waiting lists for 2015 | <ul style="list-style-type: none"> • Q1/Q2 • Annual figures |
| <p>Serious Case Review management</p> | <ul style="list-style-type: none"> • Completion of one SCR • Progression of 2 adult and 2 child SCRs towards completion • Initiation of thematic review into CSA • Development of joint SCR procedures | <ul style="list-style-type: none"> • May 2014 • 2 final reports to Board in December for completion 2015 • 2 reports awaited • Completion 2015 |
| <p>Board membership review</p> | <ul style="list-style-type: none"> • 4 voluntary/community sector representatives appointed • One Lay member appointed | <ul style="list-style-type: none"> • Attended 2 Board meetings • To commence 2015 |
| <p>Consolidation of SPB staff team and support to Board</p> | <ul style="list-style-type: none"> • Confirmation of all staff in post • Reorganisation of format of Board meetings. • Establishment of procedures for reporting to Board | <ul style="list-style-type: none"> • Completed Jan 2014 • Developed throughout the year |

11) Monitoring the work of the Safeguarding Boards

| Policy & Procedures (Adults) Sub Group | |
|---|---|
| Role and Purpose of the Sub Group | <p>The role of the Adults Policy and Procedures Sub-group is to agree and deliver an annual work programme that delivers the Board's Business Plan by:</p> <ul style="list-style-type: none"> • Producing and circulating adult safeguarding policy and procedures. • Promoting policies and procedures across organisations and departments. • Ensuring policies and procedures are promoted through the Training sub-group |
| Agencies represented in the Sub group | <p>Health and Social Services Probation Public Health States of Jersey Police Family Nursing & Home Care States of Jersey Fire and Rescue Andium Homes Prison Service</p> |
| Achievements of the Sub Group in 2014 | <ul style="list-style-type: none"> • Terms of reference agreed • The Production of Adult Safeguarding Procedures (Online) <p>A very successful multiagency workshop held. 46 attendees present from a range of agencies including voluntary and community sector: MENCAP, Alzheimer's Society, MIND, probation, mental health, prison, health, social services, public health, police, FNHC.</p> <p>The procedures were discussed during group work using attendee's knowledge and experience to inform the new web-enabled procedures.</p> <p>A range of themes and feedback emerged which have been fed back to the Sub group for consideration and discussion.</p> <p>The first version of the online procedures were available in August 2014, however, a number of changes and further development was required.</p> |

| | |
|-----------------------------------|---|
| | <p>The procedures will be available online from January 2015.</p> <p>The company who have web enabled the procedures have agreed to facilitate some workshops to help with the initial roll out.</p> <p>The sub-group will receive and act upon feedback from the online procedures in 2015.</p> <p>Quality assurance measures have been included within the procedures which will be fed back to the Performance and Audit Sub Group.</p> <ul style="list-style-type: none"> • Development of Adult SCR Procedures The Adult SCR procedures were produced by a multi agency working group lead by the Policy and Procedures Subgroup; they are currently being integrated with Child SCR procedures to provide joint adult and child SCR procedures. • Development of Adult Safeguarding Thresholds Guidance A multi agency working group was set up to review existing forms of thresholds guidance; a format was chosen and populated. A consultation event is taking place on the 3rd December with Adult Safeguarding Pool Trainers at their multi agency development day. • Development of Multi Agency Capacity Policy Work has commenced to develop a Capacity policy based upon HSSD's Mental Capacity Policy. • Self Neglect The issues surrounding self neglect continue to highlight how complex an issue it is. Best practice, research and case studies are currently being collated for review in 2015 with a plan to develop a multi agency pathway/process. The SPB conference in March will be focussed upon Self Neglect. |
| <p>Priorities for 2015</p> | <ul style="list-style-type: none"> • Development of an interim multi-agency Capacity Policy • Thresholds Guidance to be finalised and shared across agencies • Development of a multi-agency self neglect pathway • Continued multi-agency review and improvement of adult safeguarding procedures |

| Performance (Adults) Sub Group | |
|--|--|
| Role and Purpose of the Sub Group | <p>The Performance sub group carries the responsibility for the continuous monitoring of the effectiveness of safeguarding strategies for Adults throughout Jersey working across voluntary, private sector and States of Jersey services.</p> <p>The role of the Performance sub group is to agree and deliver an annual work programme that delivers the Board's Business Plan by:</p> <ul style="list-style-type: none"> • Establishing a performance framework, gathering and analysing performance data, identifying and evidencing outcomes to assess the effectiveness of safeguarding work with adults. • Producing and overseeing the implementation of an annual audit programme of inter-agency work and the Boards' performance • Supporting agencies and organisations to achieve agreed safeguarding standards as outlined in the Memorandum of Understanding. • Supporting agencies to provide appropriate information and data to meet the requirements of the SPB Performance Framework |
| Agencies represented in the Sub group | <p>Health and Social Services</p> <p>Voluntary and Community Sector</p> <p>Probation</p> <p>Public Health</p> <p>Care Sector</p> <p>States of Jersey Police</p> <p>Family Nursing & Home Care</p> <p>Primary Care</p> <p>Andium Homes</p> |
| Achievements of the Sub Group in 2014 | <ul style="list-style-type: none"> • Sign off of a Performance Framework for Adult Safeguarding • Data collection for 2014 showing the rates of adult safeguarding referrals and outcomes • Close working with the redesign of the adult safeguarding team (now in operation) to ensure fuller data collection, both qualitative and quantitative. |
| Priorities for 2015 | <ul style="list-style-type: none"> • Quarterly performance reports available for the Safeguarding Adult Partnership Board • Development of an audit cycle for 2016 based on analysis of performance reports in 2015 |

| Policy, Procedures and Audit Sub Group (PPA) (Child) | |
|---|---|
| Role and Purpose of the Sub-Group | <p>The role of PPA sub group is to agree and deliver an annual work programme that delivers the Board's Business Plan by:</p> <ul style="list-style-type: none"> • producing and circulating inter-agency safeguarding policies and procedures; • promoting policies and procedures across organisations and departments; • ensuring policies and procedures are promoted through the Training Sub-Group • establishing a performance framework, gathering and analysing performance data and identifying and evidencing outcomes to assess the effectiveness of safeguarding work with children. |
| Agencies represented in the Sub group | <p>Family Nursing and Home Care Youth Service Education Police Andium Homes Health (General Hospital) Probation Voluntary Sector Representative: Jersey Childcare Trust</p> |
| Achievements of the Sub Group in 2014 | <ul style="list-style-type: none"> • Ongoing development of the performance framework that has resulted in a summary data report that was submitted to the board, this was well received. Data links with MASH, Education, States of Jersey Police, Probation, Brook and FNHC are established. Work is ongoing with H&SS including the Children's Service, CAMHS, ISS and the General Hospital. • An audit of the Jersey Multi Agency Public Protection Arrangements (JMAPP) has been completed specifically looking at child protection. • Joint work with Policy and Procedures group adults resulted in a self reporting audit of the Memorandum of Understanding standards. All agencies completed this to the timescale requested. • Good progress is now being made on the updating and web enablement of the Multi Agency Child Protection Procedures. These are now with the members of PPA for final review with a deadline of the 19th of December. Work completed includes review |

| | |
|-----------------------------------|--|
| | <p>of the legislative framework by the law officers department and development of procedures in relation to the Multi Agency Safeguarding Hub (MASH) including information sharing and the Sexual Assault Referral Centre (SARC). A link has now been established with Customs and Immigration.</p> |
| <p>Priorities for 2015</p> | <ol style="list-style-type: none"> 1. Joint working with Policy and Procedures sub group (adults) to develop effective safeguarding supervision arrangements 2. Performance framework: the collection of outcome and qualitative data specifically on the voice of the child. Ethnicity data collection for all data sets 3. Joint working with Performance Sub Group (adults) to develop an audit cycle that fits in with Serious Case Review recommendations and the findings from the Memorandum of Understanding Audit. The aim of audit will be to monitor and report on actions and outcomes. 4. Enablement of updated Multi Agency Child Protection Procedures within agreed contractual timescales 5. Review of thresholds for referral into Children’s Services and MASH review. This work is a current priority for Children’s Services and is due to be delivered in 2015. 6. Information sharing; meeting with Data Protection Commissioner in relation to the data sharing agreement 7. Joint work with the Performance sub group (adults) to review multi agency practice – initial work to focus on key professional groups/services – Customs/Immigration/Social Security/GPs/HVs/ Schools – newly arrived pupils. Recommendations and actions from this work to be presented to the Safeguarding Partnership Board for approval. |

| <p>Child Sexual Exploitation and Missing Children Sub Group (Child)</p> | |
|--|--|
| <p>Role and Purpose of the Sub-Group</p> | <p>The role of the CSE subgroup is to agree and deliver an annual work programme that delivers the Board’s Business Plan by:</p> <ul style="list-style-type: none"> • Considering the implementation of the recommendations in the House of Commons: Home Affairs Select Committee: Child Sexual Exploitation and the response to localised grooming report June 2013 |

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| | <ul style="list-style-type: none"> • Ensuring that members have access to current policies and procedures that are consistent with nationally agreed best practice through the National Working Group on CSE • Periodically auditing inter agency practice, focusing on compliance with the multi agency procedures, the quality of service and the views of service users • Actively seeking feedback from children who are in receipt of CSE screening and subsequent interventions so have experience of how the procedures and guidelines work in practice, to allow their opinions to be taken into account when evaluating and developing guidelines and procedures. • Developing, reviewing & monitoring relevant Safeguarding Policy & Procedure |
| <p>Agencies represented in the Sub group</p> | <p>Police Children's Service MASH Education including Youth Service Brook Health (to be nominated)</p> |
| <p>Achievements of the Sub Group in 2014</p> | <ul style="list-style-type: none"> • Developed a Jersey CSE Strategy. • Developed & adopted new multi-agency policy & procedures for both CSE & Missing Persons. • Developed and implemented a practitioner's CSE screening tool in order to help identify CSE. • Delivered CSE awareness raising event to 240 front line professionals. • Developed and broadcast 3 CSE educational adverts achieving 26000+ on-line viewings. • Established a monthly multi-agency Operational group to assess & agree responses to incidents of CSE and repeat missing person cases. • 38 of 41 actions identified as part of a bespoke action plan have been considered & addressed. |
| <p>Priorities for 2015</p> | <ol style="list-style-type: none"> 1. Review of CSE strategy 2. Review of the operational group that meets within MASH. This group is chaired and managed by Children's Services. 3. Local response to the Rotherham report. Action has already |

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| | <p>begun on this in relation to licensing</p> <p>4. An audit of third sector action on CSE and related issues has been initiated in Dec 2014 with the aim of ensuring comprehensive, quality, co-ordinated and sustainable provision that meets the needs of children and young people in Jersey.</p> <p>5. Data from the screening tool pilot, under 16s data from Brook, MASH and police data will be compiled in the first quarter of 2015.</p> <p>6. Early indicators are that ethnicity issues will need to be considered and acted upon. Action will be based on the evidence provided by the problem profile.</p> |
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| Early Help Project Sub Group | |
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| Role and Purpose of the Sub Group | <p>The role of the EHP set up a Multi-agency support mechanism as soon as the problem or need emerges, at any point in a child or young person's life, from pre-birth through to teenage years by:</p> <ul style="list-style-type: none"> • Identifying children, young people and families that would benefit from early help; • Undertaking an holistic assessment of the child, young person and their family (both strengths and needs); and <p>Providing targeted early help services to build on the strengths and address the assessed needs of the child, young person and their family, through a shared plan which focuses activity on improving outcomes.</p> |
| Agencies represented in the Sub group | <p>Education (Welfare, Primary and Secondary schools Psychology, Youth Service)</p> <p>HSSD (Children's Service, Children & Adolescents Mental Health Services, Adult Mental Health Services)</p> <p>NSPCC</p> <p>Public Health</p> <p>Andium Homes</p> <p>States of Jersey Police</p> <p>Family Nursing and Home Care</p> <p>The Bridge</p> |
| Achievements of the Sub Group in 2014 | <ul style="list-style-type: none"> • The Early Help Sub Group met for the first time in September 2014. • Draft pathway for Early Help in place and considerable |

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| | <p>consultation with multi agency practitioners</p> <ul style="list-style-type: none"> • Shared understanding of the need for Early Help across agencies and when it may be appropriate to be used |
| Priorities for 2015 | <ul style="list-style-type: none"> • Consultation with children, young people and families regarding Jersey's proposed Early Help pathway • Recommendations to the SPB in February 2015 • Rollout of pathway from May 2015 • Training, co-ordination and support for practitioners in place from April 2015 |

| Training Sub Group (Joint) | |
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| Role and Purpose of the Sub-Group | <p>The role of the TSG sub group is to agree and deliver an annual work programme that delivers the Board's Business Plan by:</p> <ul style="list-style-type: none"> • establishing and regularly reviewing a States-wide training strategy. • identifying training needs, structures and processes to promote a coordinated approach to training; • identifying appropriate training standards and accredited training courses; • establishing and supporting a training pool of experienced and knowledgeable trainers to disseminate approved single agency foundation safeguarding training (for adults and children); • evaluating the quality and impact of training; • providing one-off training events: conferences, seminars and learning opportunities to promote the safeguarding agenda |
| Agencies represented in the Sub group | <p>HSSD (Children's Service, Community and Social Services, Ambulance, Emergency Care, Adult Mental Health Services), Education, Sport and Culture – including Early Years, Sport, Youth Service and Highlands</p> <p>Police</p> <p>Family Nursing</p> <p>Human Resources Training Department</p> <p>General Practitioners</p> <p>Safeguarding Training Officers</p> |

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| <p>Achievements of the Sub Group in 2014</p> | <ul style="list-style-type: none"> • Training strategy published with identified core competencies • Training needs analysis developed for use across all departments • Single agency Training Audit data collation • Total number of Pool Trainers: 107 (Adults 61 + Child 46) • Delivered Foundation training to 2514 people (1462 Adults + 1052 Children) • Development of pool trainers with ongoing observations, support and annual CPD event x2 • Foundation training (adults) programme established • SPB multi-agency training-total of 911 candidates attended 38 courses; 111 on waiting lists for 2015 |
| <p>Priorities for 2015</p> | <ul style="list-style-type: none"> • Further development of adult Level 2 training courses, including Essential Knowledge and Skills, Designated leads training. • Adult Safeguarding Conference (March) and Child Safeguarding Conference (autumn) • reviewing and updating all Foundation materials for 2015 in partnership with Pool Trainers • Train the Trainers courses: 1 x Adult and 1 x Child to be delivered |

Serious Case Review Sub Group (Joint)

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| <p>Role and Purpose of the Sub-Group</p> | <p>The Serious Case Reviews (SCR) sub-group has been established with the responsibility for undertaking SCRs in respect of children and adults and for advising individuals and organisations on lessons to be learned; the SCR SG also has the responsibility of monitoring the implementation of SCR recommendations.</p> <p>The role of the Joint SCR sub-group is to:</p> <ul style="list-style-type: none"> • Consider cases which have been referred to the Independent Chair for review on the basis of significant concerns as to the way in which the Board partners or other relevant persons have worked together to safeguard an individual, adult or child. • Make a recommendation to the Independent Chair against the specific criteria below. • Approved Independent Chair and Overview Authors as recommended by the Independent Safeguarding Chair. • Receive and approve the final version of SCR Overview reports |
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| | <p>from the Independent Overview author, for ratification by the Board.</p> <ul style="list-style-type: none"> • Monitor the implementation of SCR recommendations and receive agency updates against individual agency action plans. • Ensure the effective dissemination of learning. |
| Agencies represented in the Sub group | <p>States of Jersey Police HMP La Moye Education Probation HSSD (Hospital, Children’s Service, Child & Adolescent Mental Health Service, Community & Social Services) Public Health</p> |
| Achievements of the Sub Group in 2014 | <ul style="list-style-type: none"> • Completion of Fam. W SCR • Draft final reports achieved for 2 adult and 2 child reviews • Initiation of CSA thematic review |
| Priorities for 2015 | <ul style="list-style-type: none"> • Sign off of SCR Joint procedures • Initiation of SCRs as appropriate and completion of existing reviews • Monitor the implementation of SCR recommendations • Receive agency updates against individual agency action plans. |

Core Business Group (Joint)

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| Role and Purpose of the Sub-Group | <p>The Core Business Group has the responsibility for coordinating and supporting the implementation of the Board’s business plan, monitoring the business agenda for the Board and ensuring the effective communication of safeguarding messages to all audiences. N.B. the SPB remains the decision-making body.</p> <p>The role of the Core Business Group is to:</p> <ul style="list-style-type: none"> • Agree, support and monitor the delivery of the SPB annual Business Plan, including performance monitoring • Set the agendas for Board meetings • Proactively horizon-scan for issues which require Board attention • Provide strategy advice for the Chair, Board and office regarding budgetary, risk, HR and capacity issues • Agree the SPB communications strategy and ensure appropriate |
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| | <p>SPB media engagement, both proactive and reactive.</p> <ul style="list-style-type: none"> • Support the Independent Chair in the preparation, content and present |
| <p>Agencies represented in the Sub group</p> | <p>States of Jersey Police</p> <p>HSSD (Hospital, Children's Service Adults' Services, Ambulance Services)</p> <p>Family Nursing & Home Care</p> <p>Probation</p> <p>Communications</p> <p>Education</p> |
| <p>Achievements of the Sub Group in 2014</p> | <ul style="list-style-type: none"> • Annual report preparation • Monitoring of sub-group achievement against business plan • Review of Risk Register • Presentations to Development day • Provision of strategy advice to Independent Chair |
| <p>Priorities for 2015</p> | <ul style="list-style-type: none"> • Promote Adult Safeguarding Conference 2015 (March) • Proposed Child Safeguarding Conference (Oct) • Involvement in launch of web-enabled procedures • Ongoing monitoring of risk/budget/staffing constraints |

12) Priorities for 2015

| Headline/Priority Areas 2015 | Action/development 2015 |
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| <p>Raising awareness of safeguarding and the work of the Safeguarding Partnership Board</p> | <ul style="list-style-type: none"> • Communication plan, including web and social media presence • Public awareness campaign regarding adult safeguarding • Accessibility of policy and procedures for Child Protection and Adult Safeguarding improved by web enabling |
| <p>Recruitment, supervision and development of the workforce</p> | <ul style="list-style-type: none"> • Monitor effectiveness of training strategy, ensuring needs are met and continual quality assurance. • Encourage individual agency training needs analysis. • Focus on safeguarding supervision, development of multi agency policy and audit of current arrangements • Focus on safer recruitment, using the annual organisational safeguarding standards audit to drive improvements. • Consider arrangements for supporting capacity building in the Voluntary and Community Sector and compliance of those services that are commissioned/contracted to provide services |
| <p>Developing strategy and practice through understanding performance</p> | <ul style="list-style-type: none"> • Continued development and use of performance framework that evidences the effectiveness of safeguarding arrangements in Jersey • 2nd Annual audit of organisational safeguarding standards as referenced in the Memorandum of Understanding, with supporting evidence. • Effective ongoing SPB challenge of agencies that are not adequately safeguarding children and young people and adults at risk • Ensure learning from SCRs and other case reviews is embedded in practice; action plans are tracked and monitored effectively |
| <p>Multi agency working is effective</p> | <ul style="list-style-type: none"> • Launch revised multi-agency adult safeguarding and child protection policy and procedures |

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| | <ul style="list-style-type: none"> • Review multi agency thresholds guidance for children and young people • Develop multi agency thresholds guidance for adults at risk • Focus on the effectiveness of early help arrangements through audit and raising awareness of existing services • Share learning of any reviews of multi agency working e.g. MASH • Implement actions from SPB audit process • Develop DA sub group • Strategy development to continue to focus on supporting practice in the following areas: <ul style="list-style-type: none"> – Sufficient flexible accommodation for adults with complex issues who need a short term place of safety – Substance Misuse – Assessing and understanding capacity - Adults – Monitor introduction of self harm and suicide strategy for young people • Monitor SCR recommendations through audit focus on the quality, timeliness of assessment, investigations and effectiveness of protection plans. |
| <p>Participation of children, young people, parents, carers and adults at risk</p> | <p>Ensure routes for the voices of service users to be heard:</p> <ul style="list-style-type: none"> • For those involved in safeguarding processes • To inform the work of the SPB • In SCRs <p>To be achieved through understanding and utilising existing arrangements of partner agencies and challenging practice where service user participation cannot be evidenced.</p> |
| <p>Making and embedding changes in response to learning from SCRs, other inquiries, performance</p> | <ul style="list-style-type: none"> • Implementing revised Joint SCR procedures • Through the SCR sub group, ensure that SCRs are used for those cases that meet the SCR criteria and |

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| <p>information, research, legal and policy developments</p> | <p>that learning reviews are used appropriately for other cases</p> <ul style="list-style-type: none"> • Focus on developing mechanisms to ensure dissemination of learning from SCRs • Ensure access to information, research, best practice for agencies and services |
| <p>Effective Use of resources</p> | <ul style="list-style-type: none"> • Ensure appropriate representation at the SPB to enable effective decision making and implementation of change including GP representation, VCS and Lay members • Support the development of the Children and Young People's strategic framework, in particular an effective early help strategy. • Development of Child Death Overview Process and Panel in partnership with Guernsey |

13)Safeguarding Partnership Board Business Plan 2014 -2015

Introduction

Welcome to the SPB Business Plan 2014-15. This business plan identifies the priorities and key actions identified and agreed by members of the SPB Boards. It does not reference or include all the activity or work of the SPB, much of which will be contained in the annual work plans of the SPB sub groups. This is a working document which will be used by SPB members to ensure priorities are achieved and actions completed which evidence outcomes and improve the effectiveness of safeguarding arrangements for children, young people and adults in Jersey.

The significant area of challenge for the SPB is moving to a performance framework that can evidence the effectiveness of safeguarding arrangements in Jersey so actions taken to improve are demonstrably the right ones, resulting in better outcomes for our community and best use of our resources.

This plan will be reviewed through exception reporting at the Joint SPB Meeting. The annual work plans of the SPB sub groups will be reviewed by the Core Business Group to ensure they support the priorities of the SPB and are congruent with each other. ⁴

⁴ Business Planning Process for SPB see Appendix 1 page 16
SPB Structure Chart see Appendix 2 page 17

Themes

1. Raising awareness of safeguarding and the work of the SPB
2. Recruitment, supervision and development of the workforce
3. Developing strategy and practice through understanding performance
4. Ensuring multi agency working is effective
5. Participation of children, young people, parents, adults and carers
6. Making and embedding changes in response to learning from SCRs, other inquiries, research, legal and policy developments
7. Effective use of resources

| 1.Theme – Raising Awareness of Safeguarding and the work of the SPB | | | | | |
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| Objective | What difference will this make? | Actions to be completed | Lead Person/Group | Completion Date | Progress |
| 1.1 Raising awareness of the work of the SPB and safeguarding in general across the island community | Increased awareness in the community and agencies to ensure that children and adults in need of protection are identified and referred appropriately and supported/protected Increased awareness in the community and agencies of strategies, actions, supports that can work to prevent children and adults at risk from significant harm or being at risk of significant harm | <ul style="list-style-type: none"> • Communication plan to be completed [including use of board members existing methods of communication] • Website and social media development • Work with Tri.X to ensure accessibility of Multi – agency adult and child protection policy and procedures • Public Awareness raising campaign in relation to adult safeguarding | CBG /SPB team | QTR 3 2015 | Date revised |
| | | | SPB team | QTR3 2015 | Date revised |
| | | | SPB team | QTR 3 2014 | In progress |
| | | | CBG/SPB team | | ongoing |
| 2. Theme – recruitment, supervision and development of the workforce | | | | | |
| Objective | What difference will this make? | Actions to be completed | Lead Person/Group | Completion Date | Progress |
| 2.2 SPB is assured that effective safeguarding supervision arrangements are in place. This includes | Those practitioners working with adults at risk and children in need of protection access high quality supervision, lines of accountability and decision making are | <ul style="list-style-type: none"> • Develop multi agency safeguarding supervision policy | PP Adults Sub Group PPA Children’s Sub group | QTR 3 2015 | Work begun to agree multi agency policy and |

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| consideration of frequency, recording arrangements and quality. | clear and focused on needs of the child/adult at risk | | | | initial training planned for H&SS/FNHC Q1 2015 |
| 2.3 Developing understanding of issues of diversity in safeguarding adults at risk, children and young people | Practitioners and managers are skilled and knowledgeable in safeguarding in minority ethnic groups/or know when to seek advice. There is a shared understanding in the workforce of the importance of ethnicity, religion, language and culture when working with families from a variety of different backgrounds | <ul style="list-style-type: none"> • Data is collected to understand how diversity features in adult/child protection process • Performance Frameworks include reporting on diversity • Training includes exploring diversity and how it may impact on professional practice • SPB Practice guidelines are developed for working with children, families and people from minority ethnic groups | <p>Performance SG /PPA</p> <p>Performance SG/PPA TSG</p> <p>PP/PPA</p> | <p>QTR 4 2015</p> <p>QTR 4 2015</p> | <p>Date revised Compulsory FACE field will enable data collection from Q1 2015.</p> <p>Date revised</p> |
| 2.3 SPB is assured that safer recruitment arrangements are in place | Adults working with children and young people and adults are risk are safe | <ul style="list-style-type: none"> • Consider capacity building work in partnership with VCS to promote safer recruitment arrangements within the voluntary and community sector | SPB Board members and SPB team | ongoing | |

| 3. Theme – Developing strategy and practice through understanding performance | | | | | |
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| Objective | What difference will this make? | Actions to be completed | Lead Person/Group | Completion Date | Progress |
| 3.1 Develop Performance Framework for the SPB which focuses on both qualitative and quantitative performance information with a focus on outcomes | Provides an evidence base of which parts of the system are working effectively and which parts require development Business planning and intervention focused on key areas that ensure the protection and promote the welfare of children/young people and adults at risk | <ul style="list-style-type: none"> Quarterly performance report of key indicators and analysis to SPB Annual performance report Audit reports | Performance SG/ PPA SG | ongoing ongoing QTR 1 2015 As per work plan of PPA & P(A) SG | Limited data now being provided |
| 3.2 Annual audit of organisational safeguarding standards as outlined in the Memorandum of Understanding | Supports agencies/services in Jersey in meeting the organisational safeguarding standards as agreed in the Memorandum of Understanding. These standards are the critical foundation to effective safeguarding arrangements | <ul style="list-style-type: none"> Annual audit Report to SPB | SPB team PPA and PP sub groups | QTR 3 15 QTR 4 15 | 2015 audit to include evidence |
| 3.4 Learning from Serious case reviews, case reviews, audit and performance | Lessons and action identified from SCRs, case reviews, audit and performance are implemented and translated into the necessary changes to policy, procedure and practice | <ul style="list-style-type: none"> Action plans are implemented Actions are specific, measurable, achievable, relevant and timed with a focus on embedding learning and necessary changes | SCR SG and SPB members | As required | Ongoing monitoring by SCR SG |

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| <p>4.5 SPB[Adults] is assured of the application of thresholds in safeguarding adults at risk, this includes developing a greater understanding of issues of consent and capacity and evidence that staff challenge decisions regarding thresholds</p> | <p>Making sure the right adults at risk are identified as in need of protection and are responded to within timescales with due regard to mental capacity and consent considerations and that there is evidence of professional discussions and challenge regarding safeguarding decisions</p> | <ul style="list-style-type: none"> • Multi agency threshold guidance is developed • Case studies/ examples highlighting issues in consent and capacity provided in web enabled multi agency policies and procedures • Multi agency practitioners and managers are engaged in the development • Escalation procedure is embedded in multi agency Safeguarding Adult procedures and guidance for staff to use when they are concerned a safeguarding referral not being accepted or acted on has left an adult at risk of significant harm | <p>PP</p> <p>PP</p> <p>PP</p> <p>PP</p> | <p>QTR1 2015</p> <p>QTR 1 2015</p> <p>QTR 1 2015</p> <p>QTR 1 2015</p> | |
| <p>4.6 SPB is assured of the effectiveness of Early Help arrangements for children and young people, to ensure children, young people and their families who have emerging needs are responded to as the need arises, before the problem becomes</p> | <p>The full range of early help services is identified and understood by the workforce, particularly by those in universal services,</p> <p>ensuring appropriate access for families that need it</p> <ul style="list-style-type: none"> • Children, young people and their families only have to tell their story | <ul style="list-style-type: none"> • Identification of agencies/ services that are part of the Island early help offer • Identification of any criteria for access and model of intervention • Review of existing arrangements that support the co-ordination of packages of support for children, young people and families | <p>EHP SG</p> | <p>Ongoing through 2015</p> | <p>Initial work progressed by EHP SG</p> |

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| <p>entrenched or a crisis happens, and this is co-ordinated across professionals when required.</p> | <p>once</p> <ul style="list-style-type: none"> Needs are met as they are identified One named practitioner co-ordinates a package of support for the child, young person, family if required | | | | |
| <p>4.7 Any reviews of multi agency working in relation to safeguarding commissioned by the SPB or by single agency to be presented to the board to ensure learning and good practice is shared.</p> | <p>Supporting the development of the SPB as a learning organisation</p> | <ul style="list-style-type: none"> Review of the MASH to be presented to the SPB Any reviews of MARAC and other Safeguarding partnership working arrangements for e.g. Multi Agency Safeguarding Teams in schools | | <p>QTR2 2015</p> <p>As completed</p> | <p>Date revised</p> |
| <p>4.9 Ensure effective strategies are in place regarding</p> <ul style="list-style-type: none"> Sufficient flexible accommodation to meet the needs of adults with complex issues [including people with learning disabilities and mental health needs, who need a short term place of safety Substance Misuse Assessing and understanding | <p>The SPB has a range of strategies that support effective practice in relation to a number of priority areas relevant to the Jersey context.</p> | <ul style="list-style-type: none"> Review current provision and practice regarding these issues undertaking a gap analysis Develop strategies as required ensuring monitoring arrangements are in place Provision of learning opportunities and training as required | <p>SPB sub group chairs and SPB members</p> <p>TSG</p> | <p>ongoing</p> | |

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| <p>capacity - Adults</p> <ul style="list-style-type: none"> Sexual Abuse | | | | | |
| <p>4.10 SPB is assured of the quality and timeliness of assessments, investigations and multi agency child protection/ adult safeguarding plans across agencies</p> | <p>Children, young people and adults at risk are effectively safeguarded</p> | <ul style="list-style-type: none"> Audits findings are presented to the SPB and actions completed | <p>PPA and Performance SG</p> | <p>ongoing</p> | <p>PPA Audit cycle under development</p> <p>Performance SG to develop audit cycle for 2016</p> |
| <p>4.11 Continue to promote effective information sharing arrangements and practice</p> | <p>Practitioners and managers in agencies are aware of and fulfil their responsibilities to share information to safeguard and promote the welfare of children and young people and adults at risk</p> | <ul style="list-style-type: none"> Information Protocol is agreed and signed off by relevant agencies Information sharing guidance and information is up to date and accessible to practitioners Information sharing is part of the core training provided by SPB | <p>SPB Independent Chair</p> <p>PPA [Children] and PP [Adults]</p> <p>TSG</p> | <p>ongoing</p> | |
| <p>4.12 Review arrangements for children/ young people/ vulnerable adults that arrive/leave the island and may not be known to appropriate</p> | <p>SPB can be assured that appropriate arrangements are in place that mitigate against increased risk to newly arrived or leaving vulnerable children, young people, and adults</p> | <ul style="list-style-type: none"> Review multi agency practice – initial work to focus on key professional groups/services – Customs/Immigration/Social Security GPs/HVs | | <p>QTR3 2015</p> | <p>Date revised</p> |

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| <p>universal services – recognising areas of risk that relate to</p> <ul style="list-style-type: none"> • CSE • Private fostering • Missing children • Children missing from education • Human trafficking | | <ul style="list-style-type: none"> • Schools – newly arrived pupils • Recommendations and actions from this work presented to the SPB for approval | | | |
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| 5 Theme: Ensure the participation of children, young people, adults, parents and carers | | | | | |
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| Objective | What difference will this make? | Actions to be completed | Lead Person/Group | Completion Date | Progress |
| 5.1 Identify any island-wide consultation channels and mechanisms that can be used by the SPB | Best use of resources in participation, engagement and consultation | <ul style="list-style-type: none"> • Mapping • Identification • Consultation built into business processes | CBG/ SPB team | QTR 1 2015 | |
| 5.2 Identify participation forums/groups that the SPB can learn from to ensure best practice | Shared learning promoting best practice | <ul style="list-style-type: none"> • Consideration of shadow function??? • Lay members on Board? | CBG/SPB | QTR 2 2015 QTR 2 2015 | |
| 5.3 Ensure priorities of the SPB are informed by the views of children, young people, parents and carers and adults | Co-production of priorities to ensure they are meaningful and reflect the needs community agencies/services serve | <ul style="list-style-type: none"> • Consultation and Involvement plan | CBG/ SPB team | QTR 2 2015 | |
| 5.4 Ensure services/ departments can evidence consultation with children, young people, parents, carers and adults as appropriate | Making sure the views and voice of the service user informs planning and practice development | <ul style="list-style-type: none"> • Use of Organisational audit against safeguarding standards to evidence • Services/agencies to share best practice | Performance and PPA SGs | QTR 4 2014 | |

| 6 Making and embedding changes in response to learning from SCRs, other inquiries, performance information, research, legal and policy developments | | | | | |
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| Objective | What difference will this make? | Actions to be completed | Lead Person/Group | Completion Date | RAG rating |
| 6.1 SCRs are undertaken where appropriate and Learning Reviews of cases that do not meet the SCR criteria are used where appropriate to do so | Drive improvements to multi agency and multi disciplinary practice | <ul style="list-style-type: none"> • Referrals are considered against the criteria for SCRs • SCRs are commissioned as appropriate • Feedback is provided to SCR Sub group and local agencies regarding learning and action plans • Learning Reviews are commissioned as appropriate | SCR SG | SCR SG dates | |
| 6.2 SPB is assured that learning from SCRs and Learning Reviews are shared across the workforce at all levels and that board members are leaders in this | Ensure that learning is shared and embedded in practice | <ul style="list-style-type: none"> • Action plans tracked - exception reporting to CBG/SPB • Changes to policy and procedures communicated to colleagues at all levels through a variety of media and activity as part of communication plan • Lessons from Serious Case reviews/ Learning Reviews are a consistent part of workforce development programme of SPB across all levels • Development of materials for use by team managers with their teams to | SCR SG CBG TSG TSG/TOs | As required As required Revise as per each SCR requirements | |

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| | | <p>embed learning</p> <ul style="list-style-type: none"> • Audit this frontline learning activity for messages which the SPB view as priority | TSG/TOs | <p>QTR 3 2015</p> <p>QTR 4 2015</p> | |
| 6.3 SPB is assured that practitioners are aware of and can access research, legal and policy developments easily and that this is promoted and ensured through line management structures | Learning organisations, such as the SPB, need to ensure access to shared knowledge and information | <ul style="list-style-type: none"> • Web enabled accessible information available to practitioners [targeting frontline managers and their staff] • Development of materials for use by team managers with their teams to embed learning • Audit frontline learning activity for messages which the SPB view as priority | <p>SPB team</p> <p>SPB team</p> <p>SPB team</p> | <p>QTR 2 2014</p> <p>QTR 3 2015</p> <p>QTR 3 2013</p> | |
| 7 Theme: Effective use of resources | | | | | |
| Objective | What difference will this make | Actions to be completed | Lead Person/Group | Completion Date | RAG rating |
| 7.1 The Safeguarding Partnership Board has the right representation from all the necessary departments/services and | <p>Members have a strategic role in relation to safeguarding and promoting the welfare of children and adults and are able to</p> <ul style="list-style-type: none"> • Speak with authority of the their | <ul style="list-style-type: none"> • Membership is reviewed • Appointment of lay members and representatives from the Vol and Community Sector this needs to be by April 14 | <p>SPB</p> <p>SPB</p> | <p>QTR 1 2014/QTR 1 2015</p> <p>QTR 2</p> | |

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| <p>members attend regularly</p> | <p>organisation</p> <ul style="list-style-type: none"> • Commit their organisation on policy and practice matters and • Hold their own organisation and others to account <p>The SPB is able to show decision making and changes that directly result from the work of the SPB</p> | <ul style="list-style-type: none"> • Attendance is monitored • Evidence of challenge by SPB members to their own organisations and the SPB • Evidence members are held to account by the Board | <p>SPB</p> <p>SPB</p> | <p>2014</p> <p>QTR 1 2014/ QTR 1 2015</p> | |
| <p>7.2 Memorandum of Understanding in operation</p> | <p>All signatories are clear of the expectations on organisations with regard to the need to safeguard and promote the welfare of children and adults</p> | <ul style="list-style-type: none"> • Continue to encourage signatories from across “harder to reach” professional groups | <p>SPB Independent Chair</p> | <p>On going</p> | |
| <p>7.3 SPB members understand the importance of the effectiveness of early help and prevention services and strategies reflect this.</p> | <p>Effective early help [early intervention and prevention] supports better outcomes for children and young people than statutory intervention. A shared approach to developing strategy in this area will result in children and young people receiving help and support as a problem or need arises, not waiting until a situation becomes so critical statutory</p> | <ul style="list-style-type: none"> • SPB works co-operatively with the CPG and APG to ensure that strategic development supports a range of mechanisms to meet need reducing statutory intervention in some children and young people’s, adults lives. This is facilitated through annual joint development session | <p>SPB/CPG/APG</p> | <p>QTR 4 2014/ QTR 4 2015</p> | |

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| | intervention is necessary | | | | |
| 7.4 Working co-operatively with APG/CPG and SPB to ensure effective use of resources through the partnership agreement and the Children and Young People's Plan and Strategic Framework. | <p>Integrated planning for outcomes for children and families</p> <ul style="list-style-type: none"> • Working to make sure there is no • gaps between services • duplication of services • Shared view of services and support offered • Shared understanding/ identification of priorities | <ul style="list-style-type: none"> • Clarity of role and function of services/agencies • Identification of any potential areas of duplication/gaps in services • Use of APG/CPG/SPB partners to re commission services to ensure vulnerable children, young people and adults do not fall through gaps between services | SPB/CPG/APG | <p>QTR 4 2014</p> <p>Review QTR 4 2015</p> | |
| 7.5 SPB to assure themselves of effective use of the Boards resources | SPB operates effectively within identified budget [apart from SCRs] | <ul style="list-style-type: none"> • Quarterly budget report • Receive annual budget report | <p>CBG</p> <p>SPB team/SPB Independent Chair</p> | <p>QTR 1,2,3, 4 2014/2015</p> <p>QTR 1 2015</p> | |
| 7.6 Business planning process to support the work of the SPB in place. Ensuring priorities are identified, shared, mitigating against drift and delay and ensuring best use of partners resources | Effective business planning to make sure priorities are achieved | <ul style="list-style-type: none"> • Priorities identified and agreed by the SPB members • Exception reporting review of the business plan • SPB SG work plans to CBG • Risk register is developed • Risk register is maintained | <p>SPB members</p> <p>SPB team</p> <p>SG chairs</p> <p>CBG</p> | <p>Annual Developm ent Day</p> <p>Quarterly</p> <p>QTR 1 2014/2015</p> | |

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| | | | CBG | QTR 2 2014 Quarterly | |
| 7.7 Development of Child Death Overview Panel and processes in partnership with Guernsey | <ul style="list-style-type: none"> • Appropriate and timely responses to families that experience a child death. • Information to inform strategies to prevent child deaths where possible | | | | |
| 7.8 Annual reporting process agreed by SPB members to ensure the SPB receives relevant annual reports and is consulted and participates in the development and monitoring of relevant strategies – for e.g. Alcohol and Licensing Strategy | <ul style="list-style-type: none"> • Effective challenge of partners progress if required • Raising awareness of safeguarding issues within broader strategies/plans • SPB members are informed of and can inform SoJ strategic developments | <ul style="list-style-type: none"> • SPB members to agree annual reporting process | SPB Members | QTR 2 2014 | |

14) Appendix 1 – Learning Summary: Family W



Learning Report

Serious Case Review (SCR) Family W

A Learning Report - Serious Case Review (SCR) Family W

This report summarises the key learning points from the Family W SCR, and has been written to support the dissemination of learning to practitioners and across services.

1.1 Introduction

The case concerned involves a family with a number of children. Services had concerns about the family from the late 1990s, with repeated issues around the safety of the children, unstable and at times violent adult relationships, a wide range of health matters (especially for the children) and a large number of practical problems of the sort that would beset a family under enormous pressure, who at times struggled to cope. Allegations of sexual abuse were made by family members, and referrals were made between doctors for potentially suspicious symptoms a decade before there was sufficient evidence for a court to determine that the children had been sexually abused.

1.2 Overarching Themes of SCR

- The need for all agencies to be actively aware of the '10 Pitfalls' as described in the Safeguarding Partnership Board's multi-agency procedures. (Attached).
- The need for all agencies to have in place processes which guard against the three tendencies to optimism in the face of changing evidence, a failure to revise judgements and a lack of challenge.
- The need for 'challenge' to be an accepted part of professional and agency culture and modelled by senior staff.
- The need for professional scepticism and a challenging mind-set, when receiving information that children have been sexually abused.
- The importance of ensuring arrangements for the child's voice to be heard before multi-agency conclusions are reached

1.3 Medical assessment of potential sexual abuse

The review identified the need for medical professionals to have expert advice and opportunities for peer discussion when reaching conclusions about sexual abuse. This includes the need for appropriate challenge that is not outweighed by professional respect. The pathways and process around medical examinations needs to be clarified and medical staff appropriately trained. The importance of sharing concerns was highlighted.

1.4 Allegations of child sexual abuse to Children's Services/Police

All allegations of child sexual abuse must be discussed on a multi-agency basis and involve well planned joint investigations. Children's Services assessments must include specific assessments of parents and the parental relationship.

1.5 Health and Development

The importance of considering the whole child was identified – to avoid focussing on one

aspect for example, physical health or emotional well-being, without taking an over view of the child's experiences. Where there are developmental delays, it is essential that clear, measurable targets are set for parents, enabling outcomes to be effectively measured. The welfare of all children in the family must be considered; staff working with complex families must have robust, challenging and reflective supervision.

1.6 Inappropriate use of medications

Information about medical treatment must be shared amongst health colleagues. The reasons for prescribing must be recorded and consideration given, for patients with addictions to prescription drugs, as whether medication might also be misused within the family. Professionals need access to skilled advice where they may be feeling manipulated and put under pressure by a patient, especially when there are serious child care concerns.

1.7 Understanding Parents

It is important to assess and re-assess parental capacity and the parental relationship, when children are 'at risk', taking seriously negative warning signs even though some aspects of parenting may appear good.

Professionals need to be able to challenge each other when there is a range of information about an individual and the importance of supervision from someone not involved was emphasised. Professionals also need to be aware of possible fear or violence between parents impacting the way they may behave.

1.8 Hearing the voice of children

Children who are the subjects of abuse allegations must have the opportunity to be heard; the children's view (both verbal and non-verbal) must be actively sought, supported and interpreted. Vulnerable children need opportunities to be able to confide in their social worker, advocate or other professional, without fear that the information will always be passed to parents; the child's perspective must always be kept in mind and consideration given to the great sense of loneliness and helplessness of abuse victims, who are afraid of the consequences should they speak out.

1.9 Interviewing Children about allegations

The review identified the need for agreed pathways for investigating child sexual abuse, keeping at a minimum the number of times a child victim should have to tell their story

Settings for interviews with children must be carefully assessed – in discussion with the child - to provide a supportive, safe and child-friendly atmosphere. Situations where children are conspicuously interviewed e.g. removal from class, should be avoided as this can add to the challenges faced by the child.

1.10 Meetings

Where parents are invited to meetings, chairs must consider the possibility of intimidation of other family members who are present and ensure that there are opportunities for full and open sharing of information in the interests of the children.

Minutes of strategy discussions, meetings and conferences must be sent promptly, so all agencies are aware of what they need to know and do. Recorded decisions at meetings, whilst needing to describe process to be followed, must be clear about the clear and measurable changes required. There needs to be clarity of purpose and attendance and

meetings; Police attendance at child protection conferences, not only when they are currently involved but when their past knowledge might inform present decisions, is desirable.

1.11 The Views of Relatives

Vulnerable parents may benefit from having their own social worker. Where a parent does not appear proactive in protecting their children, consideration must be given to the possibility that this reflects fear of their partner.

Appendix – Ten Pitfalls and How to Avoid Them

1. *Not enough weight is given to information from family, friends and neighbours:*

Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

2. *Not enough attention is paid to what children say, how they look and how they behave:*

Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a good reason, and have I made arrangements to see him as soon as possible, or made sure that another relevant professional sees him? How should I follow up any uneasiness about the child's health or wellbeing? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understanding him? What is the evidence to support or refute the child's account?

3. *Attention is focused on the visible or pressing problems and other warning signs are not appreciated:*

Ask yourself: What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?

4. *Pressures from high status referrers or the press, with fears that a child might die, lead to over-precipitate action:*

Ask yourself: Would I see this as a child protection matter if it came from another source?

5. *Professionals think that when they have explained something as clearly as they can the other person will have understood it:*

Ask yourself: have I double checked with the family and the child that they understand what will happen next?

6. *Assumptions or pre-judgements about families lead to observations being ignored or misinterpreted:*

Ask yourself: What are my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence that refutes them?

7. *Parents' behaviour, whether co-operative or non co-operative, is often misinterpreted:*

Ask yourself: What are the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour be a reaction to something I did or said rather than to do with the child?

8. *When the initial assessment shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems:*

Ask yourself: Is this family's situation satisfactory for meeting the child's needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they are aware of services they are entitled to, and can access them if they wish?

9. *When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help:*

Ask yourself: Did I feel safe in this household? If not, why not? If I, or another professional, should go back to ensure the child's safety, what support should I ask for? If necessary put your concerns and requests in writing to your manager.

10. *Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted:*

Ask yourself: Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What action all other relevant people have taken/will take?