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Health, Social Security and Housing Scrutiny Panel

Coordination of Services for Vulnerable Children Sub-Panel Review



Presented to the States on 27th July 2009

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CHAIRMAN'S FOREWORD

I would like to thank, most sincerely, all those individuals, organisations, establishments and States Departments who have willingly given their time and effort to contribute to making this Scrutiny Review possible, in such a short period of time.

In writing a short summary of what I have heard, seen and read, I find that I cannot effectively condense it into a few paragraphs, however, I believe that the Sub-Panel has conducted an open, fair and rigorous review that has focussed on the facts.

I estimate that I have met or had direct contact with over 100 people, which I believe, has given weight, depth and variety to the Report albeit in a very short period of time.

I also recognise that because of time constraints, it has not been possible to visit or hear from everyone involved on a regular basis for the health, welfare and safety of the Island's young people: to those whom we have not contacted or been made aware of their work, I offer my apologies.

I wish to put on the record the care, compassion and professionalism I have witnessed, which has demonstrated to me that much good work is going on supporting families and children within a variety of sometimes very difficult and emotive situations.

While there may have been some assumption by States Members and others that this Scrutiny Review was just about the review, report, recommendations and possible implementation plan of the work of Mr Andrew Williamson, I always believed that the issues effecting the lives and well-being of children and their family life and values were far wider than the content of the Williamson work and this has proved to be the case, indeed, Williamson is silent on some of the areas that we have looked at. For example, the work done by Family Nursing & Home Care with their network of Health Visitors who play a pivotal role in services and support provided to vulnerable children and their families.

The range of people who have made time and effort to see the Sub-Panel or make submissions ranges from those working in a voluntary capacity to some highly paid professionals, however, I can say that all contributions were treated with equal weight and were greatly appreciated in assisting the Sub-Panel with its work.

Whilst it is not possible to summarise all of the issues in a few short paragraphs by way of introduction to this Review, I can say with some certainty the many people and organisations working with families and young people are under some serious pressure because of increasing demands for their services. Those demands exceed the number of staff in those areas who lack adequate facilities, premises and guaranteed or secure funding. I do not believe it is appropriate for some organisations to rely on charitable or individual donations or on their own fund raising efforts, such as car boot sales, sponsored walks, dressing up days etc, to support the supply of very essential services.

My reason for saying this is that I have heard from those working at the 'sharp end' of caring for our young people and families where, on too many occasions, 'interventions' (i.e. support) are at a critical level, when, if resources had been more readily available, effective work could have be

done earlier to provide support and assistance at a lower level or tier. That is a view I fully support and I believe that although it has a cost, it also has a long-term benefit, which should now be recognised.

There is evidence now emerging, which I have seen, that the work of the Royal Court and Family Division is increasing because of the consequences and effects of the Children (Jersey) Law 2002 and its interpretation. This is causing some tension in the system when professionals and those advising the Court have to wear two hats; as support to the child and family; then as adviser to the Court. These situations are not right and proper and a clear division is required, supported by a professional and adequately resourced mediation service.

During the course of this Review, the States of Jersey considered and approved some of the funding for the "Williamson Implementation Plan", due to pressure caused when the circumstances of the children of **Family X** became publicly known. This agreed funding mechanism is at odds with what the money was actually identified for – the Plan requested money for on-Island provision – when the money was to be used to provide the appropriate level of specialised care off-Island. The circumstances surrounding the children of this family and other cases before the Royal Court, in particular cases known as "Re KG" and "Re V", suggest to me that there have been some serious failures in the child protection "system" that go beyond the scope of this Review, but which need to be investigated.

Whilst it may have been convenient for "buck passing" between Officers and Departments, politicians and the Courts, I believe what Lord Laming said (when he was Chairman of the Inquiry into the death of Victoria Climbié) in his Summary & Recommendations, after listening to witnesses and receiving submissions:

"Some used the defence 'no one ever told me.'.... Elected councillors and senior officers must ensure that they are kept fully informed about the delivery of services to the populations they serve, and they must not accept at face value what they are told"

Laming's summary also says the following:

"Time and again it was dispiriting to listen to the 'buck passing' from those who attempted to justify their positions. For the proper safeguarding of children this must end. If ever such a tragedy happens again, I hope those in leadership posts will examine their responsibilities before looking more widely."

I believe that there is a requirement to establish some facts regarding the above child protection issues.

In addition, the Jersey Child Protection Committee has a vital part to play here; by establishing a higher profile and engaging the public by publicising its role and responsibilities. A change of name to include "Safeguarding Children" seems eminently sensible. This 'body' also needs to give transparency and comfort to the general public, children and families, as well as to those involved in working with and supporting children and families.

The key findings and recommendations are carefully drawn together after the gathering of a considerable amount of evidence from witnesses before hearings and other written submissions or authorities and reports from elsewhere, however, the main issue is the action that is taken from these in order to promote better levels of non-stigmatised support to those families who need or seek it.

We are now seeing high levels and costs for specialised care requirements being identified for abused children. Also, court and case costs are escalating and are running into hundreds of thousands of pounds because of the workings of the Children (Jersey) Law 2002, which was enacted in August 2005. The medium- to longer-term solution must be to invest in good quality non-stigmatised childcare and support from a variety of agencies for a range of ages, which CAN make a difference. The cost of one should offset the other in the medium to longer term. The failures to make the investment now will, I believe, see the later outcomes worsen, both in terms of service provision and escalating costs, so the question then is: Do we put the fence at the top of the cliff or the ambulance at the bottom?

The Sub-Panel was therefore very surprised to read of the proposed closure of the **Grands Vaux Family Centre**. This organisation plays a vital role in its surrounding community and is an excellent example of the very bodies that are crucial in preventative and pro-active work with children and families.

I have witnessed different levels of residential care and custody for young people and met many dedicated people entrusted with their care.

La Preference was a positive setting with the young people 'at home' and engaging positively with staff and each other in what appears to be a caring environment.

Heathfield was more energised and coping with a range of young people, each presenting their own problems and challenges. Staff and young people were interacting well, however, the place does need some serious modernisation and remodelling and I have no doubt that it would benefit from catering for less young people but on a supported self-catering basis.

A meeting with the Committee and Senior Management at **Brig-Y-Don** demonstrated a homely environment with particular focus on the under-11s. However, there are issues, such as the tremendous facility of a well- equipped and well-sited children's nursery that lies dormant or the fact that the Trust is eating into its own funds at an unsustainable rate to provide an ongoing service. I believe Brig-Y-Don's targeted future should lie with catering for those younger persons in need of care and in encouraging fostering and adoption. Also, the nursery provision needs to be re-activated with wider community access, perhaps with other agencies like the NSPCC or looking at the Bridge model.

HM Prison La Moye and Young Offender Institution: as well as discussions with the Prison Governor, Mr. Bill Millar, and Members of the Senior Management Team. I was involved in 'stand-alone' open talks with three young residents. I am convinced by what I heard and saw here and from visits to **Greenfields** that we need more flexibility around secure welfare and other remand and custodial options for young people.

In situations I have witnessed and after having spoken to young people themselves, there are some very real issues around secure placement, sentencing options and remanding of young

people. Greater flexibility is required to reflect what happens to the mature 14 year olds or the immature 17 year olds – drawing a line at a certain age is inappropriate.

Where young people are living, who they mix with, and the effect this has on their future life as well as shorter term attitude and behaviour all need to be considered as part of wider, more flexible and comprehensive care options and plans.

I visited **Greenfields** on 20th April, on which date the centre had a full complement of eight residents. I made another check on 27th May when the centre was full plus one. This is the opposite of the Williamson visits, when Greenfields was seriously under utilised. This demonstrates the difficulty of the Island's situation of providing catch-all facilities for young people.

Common sense suggests to me that **young people leaving care** should have more targeted and continued support up to the age of 25, especially with regard to housing, education and training and finding employment. Parents would not, and indeed their children do not, find their own way in the world at 16, 18 or even 21 – then I believe it is unrealistic for us to be placing age-related demands on young people when they may also have had some difficult early years problems and are without family support.

With all of the aforementioned there needs to be a positive way forward. Indeed, the *States Strategic Plan 2009-2014 (P52/2009)* recently approved by the States of Jersey has, at section 9, the following:

9. Enhance Support Services to Vulnerable Children, Families and Others at Risk whilst the majority of Islanders take pride in their independence and self determination, we recognise that some sections of our community need support to improve their life-chances and access the same opportunities available to others.

Understanding child and family characteristics, parenting practices, family structures and influences in the wider community and social environment is vital for the development of policy and the provisions of services to families. Our Aim is to work with local families to reduce the number of young people leaving school with poor skills, qualifications and low expectations and to reduce personal and social problems in later life. One priority will be immediately implement the recommendations of the Williamson review of children's services.

I would suggest that this is NOT enough, we need to do more than Williamson.

The Report goes on: **Why We Must Do This**

Children fare badly when their families face multiple disadvantages – poor parenting, poor physical or mental health, substance and alcohol misuse, domestic violence, learning disabilities, crime and financial stress. If we are to tackle the challenges faced by disadvantaged families, we need to address the root causes and consequences.

I would agree with this on the evidence I have seen, however, it really does need to translate into effective action now.

The Report continues:

Early investment in and support for, vulnerable children and families not only improves the outlook for the individuals concerned, it also benefits society in the longer term by ending the cycle of dysfunction and reducing ill-health, irresponsible or anti-social behaviour and crime.

Again, this needs to translate into effective early intervention and non-stigmatised support.

In conclusion, I would like to thank the other Members of the Sub-Panel, Deputies Trevor Pitman, Roy Le Hérissier and Geoff Southern for their hard work, time and effort for combining the work on this Review, with other Reviews and duties they have been undertaking. Also thanks to those working within the Scrutiny Office, especially Mr. Sam Le Quesne for being highly supportive, as well as being a well-balanced organiser and generally collating people and facts and handling all who contacted us with tact and diplomacy.

I hope the content of this report will play a vital part in determining the future role and development of policies, services and support for families and children. It is, however, part of an ongoing process and not the end of it.

I commend the Report to you and hope all who read it will give its content due thought and consideration but, more importantly, that the recommendations are acted upon.

Senator Alan Breckon



Chairman
Health, Social Security and Housing Scrutiny Panel

1.1 TERMS OF REFERENCE

REVIEW OF THE COORDINATION OF SERVICES FOR VULNERABLE CHILDREN

1. To review the structures of governance and accountability within Jersey's proposed child protection services.
2. To assess the role of the voluntary agencies in the provision of services for vulnerable children.
3. To assess whether the recommendations of Andrew Williamson's *An Inquiry into Child Protection in Jersey* reflect the best of modern practice and are suitable for a small jurisdiction.
4. To review the phasing and finance of the implementation of Andrew Williamson's recommendations.
5. To assess the importance of compliance with Lord Laming's recommendations to the delivery of services for vulnerable children.
6. To consider any lessons learnt from *Review of the Principles, Practices and Provision for Children and Young People with Emotional and Behavioural Difficulties and Disorders in the Island of Jersey* (K Bull) and its implementation, and the relevance of *Jersey Review* (Howard League for Penal Reform).
7. To consider any other relevant matters that may arise during the course of the review.

1.2 SUB-PANEL MEMBERSHIP

For the purposes of this review, the Health, Social Security and Housing Scrutiny Panel established the following Sub-Panel:

Senator A Breckon, Chairman

Deputy T M Pitman, Vice-Chairman

Deputy R G Le Hérissier

Deputy G P Southern

Main Panel Membership

The Health, Social Security & Housing Panel itself comprised the following members:

Senator A Breckon, Chairman

Connétable S A Yates

Deputy G P Southern

Deputy D J De Sousa

Expert Advisers

The Coordination of Services for Vulnerable Children Sub-Panel appointed the following expert advisers:

Professor Ian Sinclair

Professor Emeritus, Social Policy Unit, University of York

Professor Jane Tunstill

Visiting Professor & Children's Services Consultant, Social Care Workforce Research Unit, Kings College, London

2. KEY FINDINGS

1. That the lack of one Minister being directly responsible in the role of 'Corporate Parent' has not afforded the function the attention and drive that it required.
2. There is an immediate need for a clear line of accountability, running to a single Minister, in order for the Island's services for vulnerable children to operate effectively.
3. The creation of a pan-Departmental Children's Plan is essential to the delivery of children's services, particularly those of a non-stigmatising nature.
4. Difficulties in retaining frontline child protection staff are seriously impairing the Island's services for vulnerable children.
5. The internal management structure and operation of the Children's Service and the Children's Executive must be reviewed as a matter of urgency.
6. The need for an external audit of Jersey's Child Protection Services has not been adequately met.
7. Robust whistleblowing and advocacy procedures are vital to the safe and efficient operation of the Children's Service.
8. There is an immediate need for a thorough and impartial investigation of alleged unprofessional behaviour among the senior management of Social Services and other Departments, which impact upon its work.
9. Brig-Y-Don, has a history of providing a positive setting and care for younger children.
10. There is a need in Jersey for varied residential care for children. The restructuring of the Island's care system to include only therapeutic residential units would overlook the needs of some looked-after children.
11. Young people leaving care or custody are not receiving adequate support from the States.
12. Providing foster care is prohibitively expensive for many couples who may otherwise be interested in this valuable area of support. Further investigation and investment is required to ensure that the role of the foster carer is a financially viable one.
13. Further thought and investment are required to produce the kinds of flexible, innovative and responsive fostering schemes that will meet the needs of our looked-after children.
14. The Youth Enquiry Service is successful, as is outreach youth work, but there is a need for more resources to fund these projects.
15. There is a need to increase the current level of universal, non-stigmatising services for children in order to ensure early intervention and the aversion of crises in the lives of vulnerable children.
16. The current shortage of school nurses is preventing problems with vulnerable children and their families from being identified at an early stage.
17. There is a need to establish more family centres and recruit more health visitors if the Island's vulnerable children are to benefit from multi-agency intervention at an early, preventative stage.

18. Jersey's Child and Adolescent Mental Health Services (CAMHS) are critically understaffed and are unable to adequately treat what, anecdotally, appear to be large numbers of children and young people in need of help.
19. The Jersey Child Protection Committee needs to raise its profile with the public as a transparent, independent body with which people are encouraged to engage in a positive, proactive manner.
20. The existence and powers of the Jersey Child Protection Committee need to be recognised in Statute in order for it to effectively discharge its duties.
21. There is a need for a children's voluntary sector forum to share information, best practice and procedure, and to enable the 'third sector' to have a common voice. A representative of the voluntary sector forum should sit on the Jersey Child Protection Committee.
22. Existing family support centres and the voluntary sector are in need of more direct funding from the States in order to meet demand for high-value, community based services.
23. A vocational qualification in family support work would be of benefit to all providers of services for vulnerable children.
24. Staff shortages and retention will need to be addressed before any meaningful change can be made to the Emergency Duty system
25. In-school social workers play an important role in the services that Jersey provides for its vulnerable children. The four States-run secondary schools require full-time social workers to take on the substantial workload involved in case referrals.
26. Effective communication with the public concerning the child welfare and protection work undertaken by the States and the many other agencies involved would help to increase knowledge of and access to services.
27. The establishment of a Jersey Court Advisory Service (JCAS) would improve the representation of vulnerable children in Jersey's courts and would alleviate the strain of court-related casework under which the Children's and Probation Services currently find themselves.
28. The implications of the United Nations Convention on the Rights of the Child need to be analysed by those with direct knowledge and experience, and then be ratified by the States of Jersey.
29. More States funding is necessary if the Jersey Family Mediation Service is to expand in response to growing demand.
30. Jersey needs more secure accommodation for children and young people, as well as a greater degree of flexibility in the ways in which this provision can be used.
31. The Youth Action Team (YAT) have done some excellent intervention and support work with young people in and outside the criminal justice system.
32. While the document *Williamson Report: Implementation Plan* provides a baseline for improvements to the Island's services for vulnerable children, it does not address all the salient issues because Andrew Williamson's *An Inquiry into Child Protection in Jersey*, on which the Implementation Plan is based, does not constitute an exhaustive investigation of Jersey's child protection services.

3. RECOMMENDATIONS

Please note: Each recommendation is accompanied by a reference to that part of the report where further explanation and justification may be found.

The Sub-Panel recommendations are presented in four sections, *Committee of Inquiry, Staffing, Financial Support* and *General*. They have been grouped for ease of reading but are not presented in any order of priority.

COMMITTEE OF INQUIRY

1. The Health, Social Services and Housing Panel will bring a proposition to the States within the next three months to set up a Committee of Inquiry to investigate the allegations of misconduct and incompetence within Management at Health and Social Services and other relevant services.

The States will be asked to decide if they are of the opinion to -

- (a) agree that a Committee of Inquiry be established in accordance with Standing Order 146 to inquire into a definite matter of public importance, namely the actions and effectiveness of the Management at Health and Social Services and other services available to vulnerable children. [Sections 5.39-5.40]
- (b) request the HSSH Panel -
 - i) to identify an appropriately qualified individual or organisation to be invited to undertake the investigation and to bring forward for approval by the States the names of a proposed Chairman and members; [Sections 5.39-5.40]
 - iii) to bring forward for approval by the States detailed terms of reference of the Committee of Inquiry. [Sections 5.39-5.40]

STAFFING

The Minister for Health and Social Services should ensure the following -

2. That Jersey's Child & Adolescent Mental Health Services (CAMHS) are allocated the following staff increases [Sections 7.39-7.42];
 - i) 1 Psychiatrist
 - ii) 2 Clinical Psychologists
 - iii) 2 Family Therapists
 - iv) 2 Cognitive Behavioural Therapists
3. That Family Nursing & Home Care receive specific funding to provide an additional two School Nurses. [Section 7.10-7.27]
4. That the management structure in Social Services be rationalised by the removal of one tier of management. [Section 5.19-5.26]
5. All management posts are revised in a Social Services structure which must be subject to job re-evaluation. The new posts must be advertised and applied for in accordance with human resource policies. [Section 5.32-5.35]

6. In the context of the shortage of professional staff generally and the difficulties in recruiting and retaining staff, individual incentive packages must be developed to ensure success in a very competitive market. [Sections 5.32-5.35]
7. That Management structures and training are put in place so that managers are enabled to provide effective supervision and support to front-line staff. [Sections 5.18-5.36]

The Minister for Health and Social Services with the Minister for Education Sport and Culture should ensure the following -

8. That Social Workers are allocated to all four States Secondary Schools to work with Multi Agency Support Teams (MASTs) and thereby reduce pressure on central services and community agencies. [Sections 7.69-7.72]

The Minister for Health and Social Services, together with the Bailiff, should ensure the following -

9. That a Jersey Court Advisory Service is set up and equipped with four appropriately qualified staff and establishes links and working relationships with the Jersey Family Law Association and the Jersey Family Mediation Service. [Sections 8.3-8.18]

FINANCIAL SUPPORT

The Minister for Health and Social Services, together with the Minister for Treasury and Resources, should ensure the following -

10. That direct States funding should be guaranteed over the next five years (but reviewed after two years) for the following Charitable and Voluntary organisations to receive funding for child and family support work. [Sections 7.17-7.20; 7.31-7.38; 8.3-8.15]

Charitable and Voluntary Organisations that should receive States funding annually		
a.	The National Society for the Prevention of Cruelty to Children (NSPCC)	£300,000
b.	Brig-Y-Don	£250,000
c.	Brighter Futures	£150,000
d.	The Jersey Childcare Trust	£100,000
e.	Jersey Family Mediation Service	£60,000
f.	Youth Enquiry Service (YES)	£50,000
g.	Milli's (supporting children in divorce and separation proceedings)	£10,000

11. That Organisations receiving funding should operate to a Service Level Agreement and be subject to Annual Financial and Reporting structure. [Section 7]
12. That annual training grants of £10,000 each are made available for specialist training for children and family related matters to the following agencies [Sections 7.63-7.64];
 - a. Family Nursing & Home Care for Health Visitor training
 - b. Jersey Child Protection Committee
 - c. Jersey Childcare Trust
 - d. The Bridge

GENERAL RECOMMENDATIONS

The Minister for Health and Social Services and the Minister for Education, Sport and Culture should ensure the following -

13. That a review of the Children (Jersey) Law 2002 is undertaken to ensure that it provides adequately for all aspects of child protection, safety and care with any changes required included within the Law Drafting programme for 2010. [Section 8]
14. That a more proactive approach be taken in supporting families and children with efforts being targeted towards providing non-stigmatising services and early interventions using a coordinated approach which includes all agencies. [Sections 7.31-7.74]
15. That the existing Fostering and Adoption Services are reviewed and a five-year plan produced in line with current best practice in other jurisdictions, and that an assessment is made of likely future requirements for Jersey, including funding, and the need for varied fostering provision. [Section 6]
16. That two more centres such as the Bridge and NSPCC Pathways (that provide a non-stigmatised family focussed approach, accommodating a number of agencies) are replicated to support families in the urban Parishes. [Sections 7.54-7.64]

The Minister Council of Ministers should ensure -

17. That a robust, independent and non-threatening whistleblowing process is put in place for both staff and clients. [Sections 5.37-5.40]
18. That financial provision is made to ensure the availability of adequately resourced Advocacy services to assist children and families as required or requested. [Sections 5.37-5.38]
19. That the necessary consultation process is undertaken so that the UN Convention on the Rights of the Child can be ratified. [Sections 8.22-8.23]

The Minister for Health and Social Services should ensure -

20. That a “Children’s Plan” for Jersey is developed to achieve coordinated, inclusive and effective delivery of services to support vulnerable children and families. [Sections 5.11-5.14]
21. That a transparent and independent interview and reporting process is put in place for looked-after children exiting the care system and that follow-up procedures are in place to ensure that any findings and recommendations are acted upon. [Sections 6.18-6.23]
22. That the capacity in Children’s Homes is maintained at an appropriate level and modernised to meet the needs of the young residents and comply with standards and best practice in other jurisdictions. [Sections 6.12-6.17]
23. That as a matter of urgency CAMHS is provided with a therapeutic unit for the delivery of specialised care. [Sections 7.39-7.42]
24. That a local Independent Reviewing Officer is appointed to monitor and review the effectiveness of children’s services and their compliance with local policies, procedures and best practice. [Section 5]

25. That annual external inspections should investigate and report on the practices, policies and procedures of safeguarding of children and other matters such as specific “case reviews”. [Section 5]
26. The establishment of a “Voluntary Sector Forum” (to coordinate and publicise the work of the voluntary agency sector) is recognised and facilitated and that a representative from that group is allocated a place on the Jersey Child Protection Committee. [Sections 7.51-7.52]
27. That the Jersey Child Protection Committee is renamed the “Safeguarding of Children Committee”, which would more clearly represent its role and function to the wider community. [Sections 7.47-7.48]
28. That the Jersey Child Protection Committee is established in Law to ensure that it has the necessary authority to ensure its recommendations are acted upon. [Sections 7.49-7.50]
29. That the Jersey Child Protection Committee’s independence is clearly established and that work is undertaken to raise its public profile and the public’s awareness of its role and responsibilities. [Sections 7.47-7.48]
30. That an urgent review of staff recruitment and retention policies is undertaken and that exit interviews are provided to those leaving the service with reasons being recorded and acted upon. [Sections 5.15-5.36]
31. That a Service Level Agreement is reached with the Brig-Y-Don Trustees and Management that draws upon its areas of expertise. [Sections 6.10-6.11]
32. That the Minister for Health and Social Services must be the Minister responsible for the role of Corporate Parent but should liaise with the Ministers for Education, Sport and Culture and Home Affairs. [Sections 5.1-5.10]
33. That a review of the role, overlap and function of the Children’s Service Department, Children’s Executive Service, its Board and the relationships with other children’s services is undertaken to ensure clear accountability, responsibility and management structures to deliver effective services. [Sections 5.10-5.14; Footnote 22]

The Minister for Health and Social Services together with the Ministers for Housing, Education, Sport and Culture; and Social Security should ensure -

34. That care leavers’ support is continued up to 25 years of age and that provision is made to ensure that those individuals are supported to find: adequate housing, work, relevant training, advice and access to health or welfare services. [Sections 6.18-6.23]

The Minister for Health and Social Services, together with the Ministers for Home Affairs, Housing and Social Security, should ensure that -

35. Young people leaving custody are provided with adequate housing, work, relevant training, advice and access to health or welfare services so that they are less likely to re-offend and find themselves back in the Criminal Justice System. [Sections 8.19-8.36]
36. That some six-bedded units are provided for young people who need specialised support to provide semi-independent living prior to leaving the care or custody systems. [Sections 6.18-6.23; 8.19-8.36]

The Minister for Health and Social Services together with the Minister for Home Affairs should ensure the following -

37. That video link facilities are established between all courts and custodial centres so that attendance at court is not always required and the costs and difficulties associated with the transport and holding of prisoners can be avoided. [Section 8]
38. That an urgent review is undertaken on the suitability of accommodation and the policies relating to those under 21 years of age who are on; a care remand, sentenced, held on remand or awaiting sentence. [Section 8]

4. INTRODUCTION

The local picture

- 4.1 Jersey has, in recent years, had the benefit of its own crop of reports that have examined in some depth the provisions for the safety and wellbeing of the Island's vulnerable children. The first of these reports, commonly referred to as the Bull Report¹, resulted in a raft of recommendations, many of which caused far-reaching changes to be made to the Island's child protection services. Two reports in the years that followed, one by Andrew Williamson², another by the Howard League for Penal Reform³, further enriched the store of expert analysis on which Jersey is able to draw.
- 4.2 It has not been the intention of this Sub-Panel to peer review or second-guess these reports but rather to continue the scrutiny of this crucially important subject and discover whether there is a satisfactory level of coordination between the services that Jersey provides for its vulnerable children. And if not, what more can be done to assist the smooth and effective functioning of those services.

The wider context

- 4.3 When the details surrounding the death of Victoria Climbié⁴ first became public, a process of reform began in England that would have a transformative effect on the country's services for vulnerable children. The catalyst for this reform was a wide-ranging report published in January 2003 by Lord Laming⁵, who made a series of recommendations as to how the State might improve its duty of care towards vulnerable children. Subsequent events, notably the scandal surrounding the death of 'Baby P'⁶, as well as a number of recent reports by Lord Laming⁷, the House of Commons Children, Schools and Families Select Committee⁸, the Irish Government⁹ and other jurisdictions¹⁰, have ensured that the welfare of society's vulnerable children remains a live and prominent issue.

¹ Review of the Principles, Practices and Provision for Children and Young People with Emotional and Behavioural Difficulties and Disorders in the Island of Jersey, Kathie Bull, December 2002

² An Inquiry into Child Protection in Jersey, Andrew Williamson, June 2008

³ Jersey Review, Howard League for Penal Reform, November 2008

⁴ Eight year old Victoria Climbié died in the London Borough of Haringey in February 2000 as a result of long-term abuse and neglect.

⁵ The Victoria Climbié Inquiry, Lord Laming, January 2003

⁶ Two year old 'Baby P' or 'Baby Peter' died in the London Borough of Haringey in August 2007 as a result of long-term abuse and neglect.

⁷ The Protection of Children in England: A Progress Report, Lord Laming, March 2009

⁸ Looked-after Children, March 2009

⁹ Commission to Inquire into Child Abuse (CICA) Report, May 2009

4.4 Opinion varies on just how effective Lord Laming's recommendations have been, so it is perhaps unwise to take the template of 'Laming Compliance' as a universally applicable formula for success¹¹. What can, however, be seen as universally applicable are the core values and priorities that underwrite Laming's work. These are:

- *"Please keep me safe. This simple but profoundly important hope is the very minimum upon which every child and young person should be able to depend."*¹²
- *"Keeping children safe and promoting their wellbeing is a responsibility of us all."*¹³
- *"The single most important change in the future must be the drawing of a clear line of accountability, from top to bottom, without doubt or ambiguity about who is responsible at every level for the wellbeing of vulnerable children."*¹⁴

4.5 Given that these fundamental tenets have also been at the heart of the evidence gathered by this Sub-Panel, we are confident in asserting them as 'signpost values' that should determine the future direction of any proposed or existing services for vulnerable children in Jersey. Every child in Jersey must be assured of his/her right to safety and wellbeing, and it is the signal duty of the States to ensure that all Departments and agencies charged with this task are properly funded and staffed, and are fully supported and coordinated.

¹⁰ Appendix II *How Can Family Support Services Contribute to the Delivery of High-Quality Services for Vulnerable Children?*, Jane Tunstill, Visiting Professor & Children's Services Consultant, Social Care Workforce Research Unit, Kings College, London, May 2009

¹¹ Appendix II *Should Jersey Become Laming Compliant?*, Ian Sinclair, Professor Emeritus, Social Policy Unit, University of York, May 2009

¹² *The Protection of Children in England: A Progress Report*, p2

¹³ Department of Children, Schools and Families News Centre 12.03.09

¹⁴ *The Victoria Climbié Inquiry*, p6

5. STATES SERVICES: GOVERNANCE AND ACCOUNTABILITY

Political accountability

5.1 One of the most pertinent questions that can be asked of the States of Jersey's services for vulnerable children is really a very simple one: who is in charge at the top? It is a question that has taken centre stage since the publication of the Bull Report nearly seven years ago, and yet it has never been properly dealt with. What we have seen instead is a protracted period of rudderless leadership due to the political failure of the Corporate Parent. The Children's Executive, has appeared to operate under the direction of the Children's Service. However, its initial remit was, in the words of Kathie Bull's original recommendation, to have -

*"responsibility for, and oversight of, all matters relating to children in need... The group would be directly responsible to Ministers and would prepare the way for Ministries to adopt, both in principle and practice, the Concept of Corporate Parenting."*¹⁵

5.2 That responsibility has quite categorically not been met. If it had been adequately met, Andrew Williamson would not have included the following observations on the Children's Executive in his own report:

*"I remain unclear as to its function and more importantly the line of accountability to Ministers... I remain concerned at the Executive's lack of clear accountability in such an important area of care for children."*¹⁶

5.3 Nor is he alone in his concern. Dismay at the dysfunction of the Children's Executive is widespread. Submissions that were made to us, both in writing and at Public Hearings, frequently focussed on this problem. Take, for example, the conclusion drawn by Professor June Thoburn, erstwhile Chair of the Jersey Child Protection Committee:

¹⁵ Bull Report, pp 11-12

¹⁶ Williamson Report, p25

*"I think the Children's Executive was a mistake – it was too low a level – and the concept of the Corporate Parent as being a sort of barrier because nobody quite understood it."*¹⁷

Governance and accountability

5.4 The Corporate Parent proposed in the Bull Report was to include Committee Presidents/Ministers for Health and Social Services, Education, Sport and Culture and Home Affairs and their respective Chief Officers. In practice, this never happened and was a miserable failure with no apparent political leadership or direction.

The Minutes received by the Sub-Panel indicate that the above Chief Officers and other officers met on 2nd March 2005 to discuss the mechanics of a "Corporate Parents' and Children's Executive Board." The first meeting with the Corporate Parent took place on the 10th November 2006, with Senators S. Syvret, M. Vibert and W. Kinnard in attendance. The next meeting was on the 20th December 2007 with Senators J. Perchard, M. Vibert and W. Kinnard in attendance, that attendance was repeated at the meetings of 29th March and 4th July 2008. Senator M. Vibert chaired all five meetings.

The Sub-Panel finds that the Corporate Parent did not function because there was not cohesive political leadership based on the active and continuing involvement of all three Presidents/Ministers. That was the main reason why it failed.

Under arrangements put in place following the Bull Report, the Corporate Parent was to be responsible and accountable for the strategic planning and direction of the Children's Executive Board. The lack of meetings demonstrates a failure to take an active interest and indicates that no political leadership or direction existed, resulting in an ineffective Corporate Parent. The Children's Executive Board was established and included senior managers from the Probation Service, the Education Department, CAMHS, the Children's Service, the Prison and Social Services, charged with co-ordinating and directing operations and implementing the recommendations from the Bull Report across the relevant services, under the supervision of the Corporate Parent. However, the reality was that the Corporate Parent lacked the requisite political or Chief Officer drive, interest or active involvement and appears not to have been an appropriate motivator for service enhancement, delivery or improving the public profile. *The Children's Executive: Progress Report R.89/2008* was presented to the States on 20th August 2008 by the Minister for Health and Social Services, and it indicated some progress with regard to the 50

¹⁷ Transcript of Public Hearing with Professor June Thoburn (erstwhile Chair of the Jersey Child Protection Committee)

recommendations in the Bull Report; however, more work and improved cohesion is required.

KEY FINDING 1:

That the lack of one Minister being directly responsible in the role of 'Corporate Parent' has not afforded the function the attention and drive that it required.

- 5.5 The most damning evidence against the Corporate Parent and with it a knock on effect to the Children's Executive, is not so much that its function is unclear or that its remit is confused, it is the more perturbing fact that no one has taken a firm grasp of the reins, no Minister has accepted ultimate responsibility for the child protection work that is being undertaken in Jersey. As Phil Dennett, Children's Executive Coordinator puts it:

*"There was not one person ultimately responsible to be able to say 'this is where the buck stops' in a sense and I think over the last couple of years when we know there have been issues in lots of different areas I think that issue has come to the fore and, indeed, Williamson very particularly addressed that and said what was needed. We still needed the concept of corporate parenting about everybody being involved and recognising their agenda, however, you need lines of accountability to be very clear and we need to report to one Minister."*¹⁸

- 5.6 This lack of leadership has had a deleterious effect on the Island's services for vulnerable children, not only because the hoped-for levels of interagency coordination and joined-up working have failed to materialise, but also because, as Chief Probation Officer Brian Heath pointed out to us,

*"there are a number of issues which require decisions at ministerial level which have not yet been made".*¹⁹

- 5.7 All of which leads to the very specific, and increasingly urgent, question of who exactly is going to assume this mantle of ultimate accountability? Williamson's answer was to create a new position, that of Minister or Commissioner for Children and Young People, with the parallel remodelling of the Children's Executive into a Children's Services Executive

¹⁸ Transcript of Public Hearing with Mr P Dennett (Coordinator, Children's Executive) and Mr G Blackwell (Youth Action Team Manager)

Committee, which would be responsible for developing and delivering a Children's Services Plan. But would that really be the best way? We think not. Surely the most expedient solution would be for the direct accountability to rest within an existing Department, on the shoulders of an existing Minister?

- 5.8 Our view is that the most suitable candidate for the job would be the Minister for Health and Social Services. Professor Thoburn makes a similar assessment:

*"I think you have to have clear accountability. If we are talking about vulnerable children then the main role is with Children's Social Care; social workers plus all the other people involved in that. So it does make sense for the key accountability to be with the Minister for Health and Social Services and then to build bridges across to the other key Ministries."*²⁰

- 5.9 This is a powerful statement, coming as it does from someone whose knowledge of the coordination (or lack thereof) in Jersey's child protection services is extensive. Yet it is important to note that support for this idea does not only exist at operational level; Senator Ian Le Marquand, Minister for Home Affairs, is of the same mind:

*"Williamson is right; one Minister must take the lead and obviously that needs to be Health and Social Services. It cannot be us. But we obviously have a particular slant, as we see on this, because of the crime prevention aspect of it. The old system is too cumbersome. One Minister must take responsibility."*²¹

- 5.10 It is our finding, then, that the Corporate Parent²² and by implication the Children's Executive is dysfunctional and has not therefore contributed effectively to the Island's child

¹⁹ Transcript of Public Hearing with Mr B Heath (Chief Probation Officer)

²⁰ Transcript of Public Hearing with Professor June Thoburn

²¹ Transcript of Public Hearing with the Minister for Home Affairs, the Deputy Minister for Home Affairs, the Acting Deputy Chief of Police and DS C Davison (SoJ Police Force Public Protection Unit)

²² i. Under the arrangements put in place following the Kathie Bull Report a body called 'the Corporate Parent' was created. This was made up of the Ministers and Chief Officers of H&SS, ESC, HA plus the Chief Probation Officer. The Corporate Parent was to be responsible and accountable for strategic planning and direction of the Children's Executive Board. In the event few meetings of the Corporate parent took place, thus resulting in the 'rudderless ship' effect alluded to by the Panel as illustrated by Brian Heath's comment (P 9, second paragraph) *'there are a number of issues which require decisions at Ministerial level which have not yet been made'*.

ii) The Children's Executive Board, made up of senior managers of Probation, Education (including Educational Psychology and Youth Service), CAMHS, Children's Service, Prison, Social Services, Children's Executive Service, was charged with responsibility for overseeing, co-ordinating and directing operations across the relevant services, under the leadership of the Corporate Parent.

iii) To add further to the confusion of titles, the term 'Children's Executive Service' refers to the conglomeration of services (residential & secure services, YAT and MAST) which came into being as a unique structure, separate from the

protection services. Until this happens and the roles are suitably realigned it will not be possible for Jersey to say that it is doing its utmost to ensure the best possible outcomes for its vulnerable children. It is therefore imperative that the Minister for Health and Social Services should immediately assume full responsibility for these services.

- 5.11 In his *Victoria Climbié Inquiry*, Lord Laming reminds us that it is the duty of those who have been placed in positions of responsibility within child protection services to actively involve themselves in the delivery of those services and to ensure that the required levels of accountability and communication exist. He writes:

“Some used the defence ‘no one ever told me’. The chief executive of Brent council, Gareth Daniel, chose to describe his role as ‘strategic’ and to distance himself from the day-to-day realities. Gina Adamou, a Haringey councillor, said, ‘If I ask questions she [Mary Richardson, the director of social services] would say “everything is okay, do not worry, if there is a problem I will let you know”.’ I find this an unacceptable state of affairs. Elected councillors and senior officers must ensure that they are kept fully informed about the delivery of services to the populations they serve, and they must not accept at face value what they are told. There was also a reluctance among senior officers to accept there was anything they could have done for Victoria. The former chief executive of Haringey council, Gurbux Singh, said, There is the issue of resources ... but beyond that I cannot honestly think of what else I could have actually done to ensure that the tragedy which happened did not happen.’ This is not a view I share.”²³

KEY FINDING 2: There is an immediate need for a clear line of accountability, running to a single Minister, in order for the Island’s services for vulnerable children to operate effectively.

- 5.12 The absence of political accountability was not the only concern to be raised in evidence to the Sub-Panel. Of equal importance to witnesses was the need for, and current lack of, a coherent Children’s Plan in the Island. Peter Liver, the NSPCC²⁴ Divisional Director of Children’s Services for Midlands and West, had this to say on the subject:

“I struggle to see a strategic children’s plan for Jersey and I have had lots of documents given to me that say some really positive things about Jersey and why

Children’s Service, as a result of the Kathie Bull recommendations. These services are under the management and direction of the Co-ordinator, Children’s Executive Services, Phil Dennett and are not part of Social Services.

²³ The Victoria Climbié Inquiry Summary and Recommendations, p6

²⁴ National Society for the Prevention of Cruelty to Children

Jersey is a good place but what I do not see is very clear strategic planning and I think unless you put in place a very clear plan with some achievable outcomes – and they are some fine words – then I think however much resource one tends to throw at children the evidence would suggest it does not make a huge difference. I think priorities are going to be really, really important for you moving forward. I think that at the heart of that, which Williamson did flag up, was about planning.”²⁵

5.13 In our view, though, the scope of a Children’s Plan should be a great deal wider than the specific needs of those who are vulnerable or at risk in the community. A Children’s Plan should include every single child in the Island, so as to allow a significant increase in preventative work, which is of inestimable value to the future life chances of children. Simply put, the more early intervention that health visitors, social workers and family support teams are able to do, the less critical and acute work the Children’s Service will be required to undertake at a later stage. Also, the consequential long-term financial savings to the States of such early interventions cannot be overstated.

5.14 This issue of when to intervene is formally addressed elsewhere in this report (see Service Delivery), but for the purposes of the Children’s Plan, all that is required is to take note of this basic advice provided to us by the Jersey Child Care Trust:

“Joined up multi-agency working with the whole family and input that starts at an ante-natal stage will produce the best outcomes for children.”²⁶

5.15 This is a simple goal requiring a straightforward plan. Further delay could result in the continuation of the current planning vacuum. What is required now is affirmative, joined-up action in the form of a universal Children’s Plan for Jersey, which all can contribute and sign up to.

KEY FINDING 3: The creation of a pan-Departmental Children’s Plan is essential to the delivery of children’s services, particularly those of a non-stigmatising nature.

²⁵ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

²⁶ Submission by the Jersey Child Care Trust to the Coordination of Services for Vulnerable Children, 01.06.09

Management and staffing

- 5.16 It will by now be well known to all States Members and others that there is a shortage of what are commonly termed ‘frontline staff’ within the Department of Health and Social Services. This problem was addressed by Williamson in his report and has subsequently become a feature of the *Williamson Report: Implementation Plan*, which recommends the recruitment of more fully qualified full-time social workers²⁷, as well as compliance with Lord Laming’s recommendations that social workers’ caseloads be monitored and capped at certain, manageable thresholds. However, none of these measures will, in our view, address the root cause of this issue, namely the management failings that have allowed this crisis situation to develop.
- 5.17 What, then, are these management failings? A professional source outlined for us the gulf that exists between the way in which things should be working and the reality of how day-to-day duties are actually being supervised:

“The top tier are the vulnerable families and children, the frontline workers support them, the management is there to support the worker, not the other way around. You know, sometimes I think we have these huge structures that exist, you know, to support themselves rather than those they are meant to serve... What worried me in Williamson recommendations was if we spent a lot of time and a lot of money on organising the various departments and what have you and we missed out on the coalface workers because that is where the difference to children and families is made really.”²⁸

- 5.18 The same source went on to explain the grievous repercussions of an unsupportive management combined with a diminishing workforce:

“Social workers were leaving, social workers were going off sick with stress and we were getting a high level of cases held in duty unallocated. At one point there were 80 cases held in duty. That is not safe... In fact, at that time a letter went around from the Children’s Service to the key agencies saying that due to shortage of staff they would be prioritising referrals and taking the more serious first. Now, from my

²⁷ *Williamson Report: Implementation Plan*, January 2009

²⁸ Written submission from an anonymised professional, June 2009

*point of view that is like the Fire Brigade saying: 'We are only going to go to big fires'. But, as you know, a small fire can become a big fire.'*²⁹

- 5.19 The Chief Probation Officer, Brian Heath, was able to provide a similarly well-informed perspective on what has been going wrong with the Children's Service. He had this to say:

*"It is well known that currently Children's Service are under-resourced, understaffed, people do not want to come and work here. I think morale has taken a real battering over the past 18 months. I would be very surprised if they were working at 100 per cent, given the history of the last couple of years. We see very good practice, I have to say; sometimes we see examples of excellent practice. Other times we are really quite frustrated at seeing some poor practice."*³⁰

- 5.20 However, rather than attributing these shortcomings to individual performances, which he acknowledged are necessarily variable, Mr Heath also highlighted the issue of management:

"I think, you know, they are understaffed; I think people are doing their best and it is difficult to unpick what is due to lack of resource and whether any of it is due to, you know, individuals being idle or whatever. So I think it is perhaps unfair that we criticise them for that but, certainly, there is a level of unhappiness among my officers from time to time when they are dealing with problems..."

*"I think my officers, if you asked them, would have a league table; they would say: 'If it is so-and-so, no problem; if so-and-so is the officer, there is more of a problem.' I was going to say, what we do about that is that, through our own line management structures, you know, the team leader will have a conversation with their team leader. We do not let it pass and I think that is important."*³¹

- 5.21 The implication of this last sentence is pivotal: it is important not to let these things pass. Vigilance, communication and, above all, supervision are the keys to successful management in this difficult, often highly charged area of work.

- 5.22 Peter Liver of the NSPCC acknowledged that *"whatever structure you have will only be as good as the managers that you employ"*³² but went on to make the following comments when pressed on Jersey's specific management problems:

²⁹ Written submission from an anonymised professional, June 2009

³⁰ Transcript of Public Hearing with Mr B Heath

³¹ Transcript of Public Hearing with Mr B Heath

³² Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

“Your question about management and management structures, I mean I am not going to duck it but I have to say I am not familiar with the detail of all your management. Having said that, when I have been involved in some dialogues more recently with more senior management in the States, I have found it terribly difficult to know who has responsibility for decision making. I think that presents a challenge.”³³

5.23 Again, the issue of supervision cropped up in some of Mr Liver’s later remarks:

“Now, I think we tend to focus on systems rather than looking at have we got good leadership, have we got enough and well qualified staff that can do the work and have we got good management. Now, when I talk about management I mean supervision which is the key.”³⁴

5.24 It seems that there is a tendency within the children’s services to allocate resources to the management structure when they could far more usefully be diverted to the operational, ‘frontline’ workforce. This trend will need to be reversed if we are to curb what appears to be an inexorable decline in both staff morale and the standard of service delivery.

5.25 The most obvious measure that could be taken to effect this change would be a simplification of the management structure of the children’s services. This could be achieved by pruning the top-heavy shape of the Service, which seems over-staffed with senior managers. Lines of communication, not to mention accountability, are necessarily stronger when a simple structure is in operation.

5.26 Professor Thoburn makes the following suggestion:

“I have problems about the structure and I would not have a Directorate Manager followed by a children’s services. I would get rid of a tier. I would get rid of the tier of directorate manager and have 2 directorate managers: directorate manager of children’s health services, directorate manager of children’s social care. Those 2 will be directly accountable to the Chief Executive. Underneath the directorate manager of children’s social care would be a series of team managers. Until you have appointed that person, you are not going to be able to know how to run the

³³ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

³⁴ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

service cost-effectively. When you have run the service cost-effectively you can see how many more social workers you need.”³⁵

- 5.27 Simplify the management structure first, in other words, and then worry about staffing. In order to operate successfully, the Service needs a transfusion of fresh blood. It needs managers with the skills and experience to run an effective, motivated team of child protection officers and social workers, complemented by a seasoned workforce with the desire and ability to bring about real and lasting change. Peter Liver spoke to us about the idea of staff secondment and how schemes of this kind are conspicuously absent in Jersey:

“I mean clearly, and it is logic, if you do not have the staff to do the work then the work will not get done and Jersey faces the same challenges about workforce issues as we do in the UK. At the moment why would you want to become a social worker is the question really, and I do understand and am very aware of the difficulties that the islands face in recruiting social workers. Flagging up the issue is obvious, what the answer is I am not sure Williamson answered that and I think one is going to have to think out of the box if you are going to attract a good quality workforce of social workers to the island. I think one might have to think rather differently about that. Interestingly the NSPCC has had discussions with colleagues around the whole idea of secondments about staff being able to come and work on the island but not necessarily live on the island. I am an advocate of that and I have to say I have not seen a great deal of that happening.”³⁶

- 5.28 This problem of staff recruitment and, especially, retention is in our view the single most important challenge that the Children’s Service currently faces, and the solutions put forward in the *Williamson Report: Implementation Plan* do not go far enough towards remedying it. What is required is wholesale change, at cultural and operational levels. And, according at least to Mr Liver, the will for that change is there:

“I have had a couple of meetings with officers, with Mike Pollard and Mario Lundy, and there has been some discussion about whether the NSPCC might be able to assist with children’s planning. That has not moved on any further, but we have had a couple of meetings about that and that was something that we have already said we would be keen to do if we were asked. I do think that genuinely from what I have

³⁵ Transcript of Public Hearing with Professor June Thoburn

³⁶ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

experienced and the discussions I have had with your staff and colleagues who work in Jersey there does seem to be a momentum for change.”³⁷

- 5.29 So if the will is there, what have been the obstacles to effective change in Jersey’s services for vulnerable children? Service Manager for the Children’s Service, Tony Le Sueur, put it in the following terms:

“Those services need to evolve on the Island but are currently struggling on the back of staffing vacancies, historic abuse inquiries and everything else that has been going on around children’s services. So there is a whole raft of developments, some of which is contained in Williamson, which need to move forward but are being hampered by the current climate and the current circumstances.”³⁸

- 5.30 An added difficulty is the unpredictable nature of the work. Staffing in this area, where levels of demand are inconsistent, can be a moveable feast. Julie Gafoor of Family Nursing and Home Care told us:

“I think what happens is child protection, you cannot plan for the year the resources because demands vary so much, so if there is a rise in demand and there is no staff, the thresholds go down. That is the problem, you cannot respond because you do not have the staff. So I think at times we do it really well and at times we do not and I think what is disheartening is when you are seeing the children of people you have health visited and the same issues are coming again with that family.”³⁹

- 5.31 The key word to pick out here is ‘thresholds’. In this concept of thresholds lies the answer to why service delivery begins to unravel and why, ultimately, the services that the Island delivers to its vulnerable children can become severely compromised. Peter Liver was emphatic on this point:

“Yes, I think probably, again, you will have heard I am sure, the whole concept of thresholds and again clearly when you have a limited workforce you have a lack of social workers that the whole idea is to raise the threshold and as a consequence that seemed to be a natural response. I think it is the wrong one, absolutely the wrong one.”⁴⁰

³⁷ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

³⁸ Transcript of Public Hearing with Senator J L Perchard, Mr T Le Sueur and Ms M Baudains

³⁹ Transcript of Public Hearing with Ms J Gafoor (Child and Family Services Team Manager), Ms J Querns (Health Visitor) and Ms B Bell (Clinical Governance and Information Manager)

5.32 This comment recalls previously quoted evidence concerning the number of cases that are ‘held in duty’ because of staff shortages among field social workers; what it also raises in our minds is the more pervasive concern that problems encountered in a certain area of social work will have an inevitable knock-on effect in a different, but related area. Take for example the triumvirate of Departments that deals with almost all of the work relating to vulnerable children in Jersey (Health and Social Services; Education, Sport and Culture; Home Affairs): surely, failings in one Department will have wider consequences in the workings of another. We have already seen how the Probation and After Care Service is affected by some bad practice in the Children’s Service, but the tendrils extend further than that, as evidenced by this statement made to us by Mario Lundy, Director of the Department of Education, Sport and Culture:

“Now, if you have, for example, let us say a Children’s Service that is resourced to intervene at this high level of need and is struggling to recruit and perhaps does not have the resources to recruit the numbers of staff they would need, then quite clearly that department will have to respond at that level of need in order to make sure that the highest risk cases and the most vulnerable people are properly supported. If, from an educational perspective, you want some intervention down here, a lower tier, the resources are not going to be there to make that intervention.”⁴¹

5.33 What, then, is being done to improve the situation? In terms of recruitment, the Children’s Service is working steadily to fill the vacancies among its field social workers. In October 2008, the Service had 12 vacant social worker positions; at the time of writing, that number had been reduced to four, of which two positions had been filled pending successful police checks, one had been offered to a candidate and the other was being advertised.⁴²

5.34 The problem of staff retention, however is not so easily remedied. The *Williamson Report: Implementation Plan* recommends that the concept of ‘Laming Compliance’ be applied to the work of Social Services. In our view, however, this would be little more than a sticking plaster on an open wound. In his assessment of the usefulness of the Laming Compliance model to Jersey’s existing child protection services, Professor Sinclair remarked that Lord Laming’s report “*is far from a blueprint*”⁴³. Uniformly capping a social worker’s caseload to a prescribed number is not the panacea it might appear to be: cases differ in complexity,

⁴⁰ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

⁴¹ Transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy (Director, Education, Sport and Culture), Ms J Forrest (Principal Educational Psychologist), Ms P Tumelty (Parenting Programme Manager) and Ms B Cochrane (Senior Education Welfare Officer)

⁴² Information supplied by Tony Le Sueur, Service Manager, Children’s Service, 24.06.09

⁴³ Appendix II *Should Jersey Become Laming Compliant?*

especially in the area of child protection work, and making the judgement on what is or is not a manageable caseload is a great deal more sophisticated than simply counting out files. It is a matter for high-level, intelligent management. It is imperative, therefore, to have in place managers who are able to make those judgements and deliver the necessary support to their frontline workers.

5.35 The question, then, that we need to be asking ourselves above all others is ‘Do we have those managers in place?’ and ‘If not, how can that problem be addressed quickly and efficiently?’

5.36 As Andrew Williamson told us,

“I think you have got some opportunities to redesign some process... You have got to avoid this thing of just adding more and more and more to it; redefine, take a step back.”⁴⁴

KEY FINDING 4: Difficulties in retaining frontline child protection staff are seriously impairing the Island’s services for vulnerable children.

KEY FINDING 5: The internal management structure and operation of the Children’s Service must be reviewed as a matter of urgency.

5.37 One of the most effective ways of ensuring optimum management and operational efficiency within the Island’s child protection services would be to introduce an independent reviewing mechanism to audit these services. We endorse the plans that have been put forward to implement a full inspection and audit of Jersey’s children’s services⁴⁵, but it is vital to acknowledge that this inspection has yet to be conducted and that neither the Williamson Report nor any other report can be viewed as a substitute measure for rigorous external audit. Professor Thoburn made this point during her Public Hearing with the Sub-Panel:

“You were lacking independent audit, if you like, of your children’s social care services. You have, I think, commissioned the Scottish Inspectorate, which is absolutely necessary because neither Williamson, nor I, nor the League have really done a thorough audit/inspection. We have not been asked to do that. I think if you

⁴⁴ Transcript of Public Hearing with Andrew Williamson

⁴⁵ *Williamson Report: Implementation Plan*, Recommendation 3, pp16-17, outlines plans for the Scottish Social Work Agency to conduct a full audit of the Island’s children’s services by 2010.

are really going to understand how adequate your services are, that process has got to happen and that has been agreed. So I think at the point in which the Scottish Inspectorate have done their first inspection, you would have a better idea of just what are the strengths and weaknesses of your services.”⁴⁶

KEY FINDING 6: The need for an external audit of Jersey’s Child Protection Services has not been adequately met.

Serious complaints and advocacy

- 5.38 One of the most important recourses in the field of child protection, for professionals and service users alike, is the freedom to voice an honest opinion or complaint without fear of reprisal. Among professionals, the perceived risk of making a serious complaint (more commonly known as ‘whistleblowing’) would be negative career repercussions, which might range from subtle forms of intimidation or discrimination through to overt suspension or dismissal. For the service users (meaning, the children themselves and their families), the worry of making a complaint is either that it could result in further deterioration in what might already be a poor relationship with a social worker or child protection officer, or else the sense that ‘rocking the boat’ might lead to unforeseen, dire consequences, such as children being taken into care.
- 5.39 Outlined above are the generic concerns that underpin the need for a robust whistleblowing procedure and a well-supported system of advocacy for children; it is not the function of this Sub-Panel to inquire into individual cases but it is our aim to highlight the importance of these issues and to ensure that adequate provision exists for the voices of the workers and the clients of Jersey’s services for vulnerable children to be fairly heard. The degree of importance with which these matters should be treated cannot be underestimated.
- 5.40 The Williamson Report, along with contributions from other parties such as the Jersey Child Protection Committee, has ensured that the *Williamson Report: Implementation Plan* specifically addresses whistleblowing procedures and service user advocacy⁴⁷. These are steps in the right direction; however, we have become aware of certain allegations during the course of this review that suggest further steps may need to be taken.

⁴⁶ Transcript of Public Hearing with Professor June Thoburn

⁴⁷ *Williamson Report: Implementation Plan*, Recommendations 9 and 5, respectively.

- 5.41 It has been alleged to us that serious, long-standing unprofessional behaviour among the senior management of Social Services has blighted the performance of the Department of Health and Social Services over a protracted period of time. This alleged unprofessional behaviour may have had far-reaching consequences on children and families to whom the Department has had a specific duty of care. We are in no position to judge whether these allegations are, in fact founded, nor would we seek to make such a judgement within the Terms of Reference of this review. However, it is our finding that such allegations exist and it is therefore of immediate and critical relevance that they be investigated thoroughly, impartially and professionally by an outside body with no political or judicial connection to the States of Jersey.

KEY FINDING 7: Robust whistleblowing and advocacy procedures are vital to the safe and efficient operation of the Children's Service.

KEY FINDING 8: There is an immediate need for a thorough and impartial investigation of alleged unprofessional behaviour among the senior management of Social Services and other Departments, which impact upon its work.

6. FOSTERING, ADOPTION AND RESIDENTIAL CARE

- 6.1 A large number of academic studies have been undertaken into the comparative advantages and disadvantages of foster care and residential care. It is not our intention to summarise these arguments in this report (that job has been done for us by Professor Sinclair⁴⁸); what we do intend to examine are the provisions that Jersey currently makes for its looked-after children, and how those services could be most usefully expanded and adapted to ensure the best possible outcomes.

The shape of the Jersey care system

- 6.2 The Children's Service has certain key strategic aims for its looked-after children that can be broadly summarised as follows: the number of children in residential care should be reduced; the number of residential homes should be similarly reduced, leaving only therapeutic facilities that would cater to the specific needs of a handful of individuals; the number of foster carers should be increased to take up the resulting 'slack' in the care system. In the words of the Service Manager for the Children's Service, Tony Le Sueur:

"We have been in a process of developing on the Island fostering and adoption services and that received significant investment in 2006 to 2008. The clear aim of that investment was to reduce the numbers of the young people in residential care on the Island so that we could reconfigure that residential care; because if you go all the way back to the Kathy Bull Report it was recognised that these big residential units were not fit for purpose, needed to be reduced in size and needed to be reduced in terms of the numbers of the young people in there."⁴⁹

- 6.3 It should be said first of all that we endorse the general principle of increasing the provision of foster care in Jersey, which could in our view be of enormous benefit to many of the Island's looked-after children. However, it is equally important to note that such reforms must also take into account the fact that some children may not be suitable candidates for fostering or adoption, and that a degree of creativity and insightful management will be necessary to ensure that those children do not become victims of a revised care system that excludes their needs.

⁴⁸ Appendix II *Comments on the Shape of the Jersey Care System*, Ian Sinclair, Professor Emeritus, Social Policy Unit, University of York, May 2009

⁴⁹ Transcript of Public Hearing with Senator J L Perchard, Mr T Le Sueur and Ms M Baudains

6.4 During the course of this review we visited Brig-Y-Don, La Preference and Heathfield children's homes. We also visited Fostering & Adoption Jersey at La Chasse Centre, St Mark's Adolescent Centre, Jeune House⁵⁰, Greenfields Centre and the Young Offenders Institute at HMP La Moye. These visits provided us with opportunities to speak to a number of children and young people, as well as staff.

6.5 These visits, together with evidence that we will present in this report, have led us to the conclusion that there is an age group (in general terms, the over-tens) who may in fact be better suited to the lifestyle of a children's home than to the more stereotypically familial environment of foster care. This is a misgiving that is shared by the Jersey Care Leavers Association (JCLA), whose representative Candia Cooper told us:

*"The one thing, though, is that (and I know quite a few care leavers are of the same opinion) there seems to be a move towards children going into foster care and closing all the children's homes. That is not necessarily a good thing because some children only thrive in a care home environment, but a smaller care home, nothing like Haut de la Garenne was. I know there are a lot of members that do not think that children's homes should be totally closed down."*⁵¹

6.6 And yet States policy in recent years has been to plough money into Fostering & Adoption Jersey; only Brig-Y-Don children's home has recently received any States investment, as a result of certain exceptional developments. In the words of Fostering & Adoption Jersey's Team Manager Sean Pontin, "*huge growth and investment*"⁵² has been channelled into the fostering service: but is it covering all the bases? Mr Pontin does not think so:

*"Whilst the needs of primary school age children are being broadly met in placement it has to be accepted that the team are struggling to recruit carers for children and young people older than 10 years of age. An unprecedented amount of court proceedings has also placed pressure on services as we search for long term carers for these same older children."*⁵³

6.7 It is here that we are able to identify the vulnerable children who are slipping through the net and who may, if not properly catered for in the future plans of the Children's Service, end up with services and facilities that are inadequate. The former Minister for Health and

⁵⁰ One of four independent bed-sitter type accommodation houses provided by under 21's by JAYF with live in caretakers.

⁵¹ Transcript of Public Hearing with Ms E Le Poidevin (Chair, JCLA), Ms C Cooper (JCLA) and Mr J Byrne (JCLA)

⁵² Further Information for Health, Social Security and Housing (children's Services) Sub-Panel, Sean Pontin

⁵³ Further Information for Health, Social Security and Housing (children's Services) Sub-Panel, Sean Pontin

Social Services, Senator Perchard, referred to this problem when he spoke to us towards the end of his term of office:

“The little orphan in ladybird pyjamas is easily fostered or adopted. It is the awkward squad, the 14-year-old who wants to fight and swear and throw food and punch and drink, they are the ones that are not so easy to set to fostering and adoption and that is why our residential homes have to change and become more therapeutic and more relevant to the customer or the client. As I say, the pretty little orphan with pigtails, no problem. The fostering and adoption works easily for those and that is why, in our residential environments, we need to reflect this.”⁵⁴

6.8 In general terms, we accept that this is a true representation of the current state of the Island’s care system; however, we are not convinced that the provision of residential care needs to be modified so that only therapeutic homes remain as an alternative to foster and family-based care.

6.9 In his paper on the shape of Jersey’s care system, Professor Sinclair takes a similarly sceptical view of the proposal to whittle the Island’s residential care down to a niche, therapeutic model. Among his concerns are: that Jersey may not have a sufficient number of children with the specific needs that are envisaged for these therapeutic homes; research does not suggest that a high staffing ratio leads of itself to better outcomes; that there is better evidence in favour of therapeutic foster care. In summary, he writes:

“For these reasons, I would regard investment in a therapeutic model of residential care as risky. It would be less risky, as I see it, to invest in therapeutic foster care in Jersey and use therapeutic residential facilities in the UK when necessary. There are also enough of these units in the UK to try to select ones which are working well. If experience suggests that a model of this kind is needed in Jersey, it would then be possible to try to replicate one. On the other hand, if there are one or more therapeutic units on Jersey, there will be pressure to use them even if they are not working well.”⁵⁵

6.10 Surely, there will still be a need in future years for homely, informal and inclusive children’s home environments such as those, we witnessed during our visits to La Preference and Brig-Y-Don. This latter, with its history of dealing with children of a younger age and its excellent (albeit disused) nursery facility, has a place in the lives of many Islanders. Surely,

⁵⁴ Transcript of Public Hearing with Senator J L Perchard, Mr T Le Sueur and Ms M Baudains

⁵⁵ Appendix II *Comments on the Shape of the Jersey Care System*

there is some value in capitalising on this facility and making the most of Brig-Y-Don's proven track record of caring for younger children, especially those presenting more challenging behaviour. Recent statistics⁵⁶ submitted to us by Brig-Y-Don show, for example, that a five year-old child with severe attachment disorder left its care in 2007 to be placed with foster carers and has now been placed back into residential care after a breakdown in two separate foster placements. Also, according to the same statistics, a total of six children aged between three and 12 years of age were referred to Brig-Y-Don during 2008 and the first half of 2009 but had to be turned away due to a lack of available beds.

- 6.11 This evidence shows that Jersey has known cases of younger children who are either not suitable for foster placements or are being referred to residential care due to a lack of available foster carers, and yet Brig-Y-Don, the most suitable facility to accommodate them, is unable to do so due to lack of space and resources. It seems to us that while, to use Professor Sinclair's words, "*long-term residential care for young children should now be avoided*"⁵⁷, Brig-Y-Don would nonetheless be a suitable placement for such children as an interim, preparatory step to successful fostering.

KEY FINDING 9: Brig-Y-Don, has a history of providing a positive setting and care for younger children.

- 6.12 Professor Sinclair has also put forward the view that there will always be children of a certain age (more commonly teenagers) and background who are more likely to thrive in the traditional setting of a children's home than in the more stereotypically familial environment that characterises foster and family-based placements. In his paper on the Jersey care system, he writes:

*"Some teenagers prefer residential care to foster care, feeling that they have had enough of families, that they will always be an outsider in them or that they already have their own family and that it would be disloyal to commit to another."*⁵⁸

- 6.13 Naturally, this will not be true of all children. It will not even be true of the majority of children. But it is often the minority, the aforementioned "awkward squad", who are likely to be the ones who lose out when the system changes. And it is for that reason that we strongly feel that their case should be considered in its fullest terms. What exactly would be

⁵⁶ Written submission from Brig-Y-Don, *Statistics Jan 2005-April 2009*

⁵⁷ Appendix II *Comments on the Shape of the Jersey Care System*

⁵⁸ Appendix II *Comments on the Shape of the Jersey Care System*

the right kind of residential care for these children, and indeed how many of them do the States currently have responsibility for?

6.14 Taking the last question first, these were the numbers provided to us by Sean Pontin:

“Currently, Jersey looks after approx 80 children, 32 of whom are primary school age. Of these, 17 are living with foster carers, 6 with Kinship Foster Carers, 1 is home on trial with parents and 8 are in residential care. Due to the progression of care plans etc of the 8 children in residential care a further 3 are in the process of being introduced to foster carers and will move in within the coming month. In overall terms this means that 78% of primary age children are looked after in family placements, which is a new high for Jersey and would indicate that the team are on target to meet their performance target of 85% by 2010.”⁵⁹

6.15 These are certainly encouraging statistics, in so far as children of primary school age are concerned. What worries us, however, is that less than half of the looked-after children in Jersey are of primary school age. What of the remaining 60 per cent? If they are not being placed with foster carers and if the Children’s Service continues to move forward on the premise that Jersey’s children’s homes are “*not fit for purpose*”, what exactly will be the right kind of residential care for them? Is it really the case that every one of the remaining looked-after children, some 48 in total, all require some form of therapeutic residential care?

6.16 Tony Le Sueur acknowledged that there is an immediate problem in this area:

“What has happened is that we have hit a lull where we have not been able to move forward and in that lull the numbers of young people in residential care have started to increase again. That is going to be difficult for us now. Even once new investment becomes available that is going to be difficult because we have now got full homes again.”⁶⁰

6.17 It is clear to us from the evidence we have received that this is, as yet, an unresolved matter and that further thought and planning will be required before a complete solution is reached.

⁵⁹ Further Information for Health, Social Security and Housing (children’s Services) Sub-Panel, Sean Pontin

⁶⁰ Transcript of Public Hearing with Senator J L Perchard, Mr T Le Sueur and Ms M Baudains

KEY FINDING 10: There is a need in Jersey for varied residential care for children. The restructuring of the Island's care system to include only therapeutic residential units would overlook the needs of some looked-after children and thus wholly fail them.

Leaving care

6.18 In the light of the aforementioned evidence that the Children's Service now has "full homes again", it can be assumed that, for the foreseeable future at least, Jersey will be accommodating a significant proportion of its looked-after children in traditional residential care. That being the case, it is our view that more attention needs to be given to the question of what happens to children and young people when they come to leave the residential facility where they have been living. We feel that this is of particular importance since Jersey has no legislative equivalent of the UK's Leaving Care Act, nor does it have the same levels of accommodation available to care leavers as can be found in the UK or in Guernsey⁶¹. Eireann Le Poidevin of the JCLA explained the difficulties that the association has in trying to find appropriate accommodation for local care leavers:

*"A lot of things have been closed down over here. There used to be Camelot, I went into Camelot in St. Saviour's Road, and that was a girls' hostel and it was sort of moving from children's home ... it was like a stopgap preparing you for moving on into society. You had to pay your rent on time; you had to be working, have some sort of job; once a week you had to stay in and do your washing. You had to ... you know, it taught you the things that parents usually teach you: managing your money, taking care of your personal hygiene. That is lacking over here now. There are some children in Greenfields that might be better off in somewhere like that."*⁶²

6.19 The kind of set-up described in Ms Le Poidevin's evidence is very similar to what we saw at Jeune House, the housing initiative run by the Jersey Association of Youth and Friendship. This charitable organisation provides accommodation to young people who are in full-time work or education and who do not have any kind of behavioural disorders or drug- and alcohol-related problems. Operating within this, albeit rather limited, section of the care-leaving community, Jeune House is able to provide the kind of support service of which we feel is generally lacking in the Island. In terms of the provision of this kind of support to a wider community of care leavers, we are aware of (and fully support) work that is currently

⁶¹ Appendix IV *Submission on the work of the Leaving Care Team*, Steve McVay, Team Manager, Child Care Team

⁶² Transcript of Public Hearing with Ms E Le Poidevin (Chair, JCLA), Ms C Cooper (JCLA) and Mr J Byrne (JCLA)

under development at the Department of Health and Social Services to convert the old Les Chênes site into semi-independent residential units for young care leavers.

- 6.20 Some of this argument hinges, of course, on the issue of the age at which a child becomes an adult. Clearly, in certain areas (notably the criminal justice system) this is a hotly debated issue and one whose consequences often have far-reaching, statutory implications. But in the area of leaving care, it is a somewhat softer issue; it is, in fact, largely a matter of opinion (just as the age at which children leave home in the traditional family setting is a variable and entirely personal matter). Some of the opinions we have taken into account are, in our view, well founded and based on first-hand experience or the kind of exhaustive investigation into the subject that we have not had time to undertake. The first of these opinions is to be found in the House of Commons Select Committee Report *Looked-after Children*:

*“We recommend that the Government explore ways of ensuring that care leavers have full and proper access to health, social care and education services, commensurate with their needs, until they are 25 years old.”*⁶³

- 6.21 Closer to home, Candia Cooper of the Jersey Care Leavers Association told us:

*“The Association feel quite strongly about this fact that from 16 to 18 or, in some cases, 25 if you are trying to get housing benefit, that it is just woefully lacking. There is nothing there.”*⁶⁴

- 6.22 Nor is housing the only area of support in which care leavers are lacking. Eireann Le Poidevin made the simple point that

*“there has to be some sort of support because a lot of them in children’s homes, you are in a children’s home, you are not allowed in the kitchen. So 9 times out of 10 you do not even learn how to use a toaster. Now, that would not happen if you were living with your parents.”*⁶⁵

This may be a simple point but it is one of devastating relevance to those who are leaving care for the first time only to be overwhelmed by the litany of daily responsibilities for which they have had no adequate preparation.

⁶³ House of Commons Children, Schools and Families Committee Report *Looked-after Children*, p10

⁶⁴ Transcript of Public Hearing with Ms E Le Poidevin (Chair, JCLA), Ms C Cooper (JCLA) and Mr J Byrne (JCLA)

⁶⁵ Transcript of Public Hearing with Ms E Le Poidevin (Chair, JCLA), Ms C Cooper (JCLA) and Mr J Byrne (JCLA)

- 6.23 While there are some services already in place (which are overseen by the Department of Health and Social Services Leaving Care Team⁶⁶), we are convinced that more needs to be done to provide care leavers to 'stand on their own two feet'.

KEY FINDING 11: Young people leaving care or custody are not receiving adequate support from the States.

Obstacles to good service

- 6.24 The provision of foster care is an expensive, often difficult and always demanding task, and it is our view that further investment is required to support and promote foster care in Jersey. Currently, Fostering & Adoption Jersey needs to recruit more carers if it is to be able to start to meet demand:

*"Currently Jersey has approx 30 active foster carers. This is a slight decrease on previous years however it should be noted that the creative utilisation, training and support of current carers to provide permanence for some children and young people have made 'actual' statistics inaccurate in the short term. It should be noted that during 2008/09 only 4 carers ceased to be registered as foster carers. Of these 3 retired and 1 adopted."*⁶⁷

- 6.25 It is interesting to compare these numbers with other statistics that have been gathered during recent recruitment drives led by Fostering & Adoption Jersey. For example, in 2007 the Fostering and Adoption Team received 107 initial enquiries, of which 65 progressed to more detailed discussions, with a final total of just 14 new sets of carers coming on stream that year.⁶⁸
- 6.26 So what is the reason for such a low take-up rate? The basic fact that it is just too expensive for most ordinary couples to actually take on the responsibility of fostering a child. It is one of the single most serious problems that was evident in submissions made to this Sub-Panel. There are many who simply cannot afford to provide the service, and yet these are often the same people who tick all the boxes set out in recruitment campaigns such as this:

⁶⁶ For details of these services, see Appendix IV *Submission on the Work of the Leaving Care Team*

⁶⁷ Further Information for Health, Social Security and Housing (children's Services) Sub-Panel, Sean Pontin

⁶⁸ Quality Awards 2008: A New Fostering & Adoption Service for Jersey

“Foster carers must be able to offer the time, commitment, space and skills to care for children separated from their own families. Children in care can benefit enormously from the chance to experience a stable family life. If you think you are a good listener, resilient, flexible, optimistic and a great role model we would love to hear from you.”⁶⁹

6.27 What can be done to put this right? The idea of professional foster care is one that is often mooted and, while there has been some move towards promoting that concept in Jersey, Tony Le Sueur told us that it is still far from being a financially viable option for most couples:

“They will say ‘Oh, yes, professional foster carers’ but when you say ‘Can you tell me what that is?’ most people struggle because are you talking about an employee of the States? If you are, they have to conform to the employment law and should not be working 24/7 and should not be this and should not be that. So we hit a whole set of problems with recruiting them. If they are a voluntary foster carer who operates under the same system, how do we pay them then? Because as soon as you give them more money than an allowance for looking after the child (as soon as you give them a grant, a bursary, a honorarium, dare I say a salary), you then move into the employment law. What they will say, their big issue – and it is true in England – is where is their pension entitlement and how do they support that? Where is their social security payments? Because if one partner becomes a foster carer on a full-time basis they are technically self-employed, so they have to make social security contributions. So we give them a fostering allowance for looking after the child. They then have to spend that allowance to pay social security, to pay additional rent, to pay... So one of the very difficult pinch-points, as you described it, is resolving some of those issues to the satisfaction of the people who would want to do it.”⁷⁰

6.28 Professor Sinclair has a suggestion as to how these issues could be resolved:

“Even with the current recession, I am not convinced that it could not do more to attract stranger and kin carers and support them properly so that they stay. England has a good understanding of how to do this, even if it often lacks the political will to put this understanding into effect. If there is any doubt in the Island over what is

⁶⁹ Recruitment message on www.gov.je/Health/social_services/fostering

⁷⁰ Transcript of Public Hearing with Senator J L Perchard, Mr T Le Sueur and Ms M Baudains

necessary, I would have thought that they could ask the UK Fostering Network⁷¹ to look at their support arrangements for foster carers and see if there is anything more that can be done. Fostering Network should certainly know about practice on insurance and similar issues that are problematic in the UK as in Jersey.”⁷²

KEY FINDING 12: Providing foster care is prohibitively expensive for many couples who may otherwise be interested in this valuable area of support. Further investigation and investment is required to ensure that the role of the foster carer is a financially viable one.

6.29 It is also worth bearing in mind that it is not only the straightforward recruitment of foster carers that requires investment. It is our view that Jersey needs to spend more on developing new and innovative types of fostering if we are really going to create a satisfactory alternative to the current shape of the Island's care system.

6.30 There are a number of ways in which the fostering and family-based models can be adapted to meet the needs of cases that may not fall into the conventional mould. Professor Thoburn outlined some of them:

“There are some what I call fostering careers where people take a turnover of children – short term, respite, give parents a break. You could do with a respite care scheme whereby you twin foster carers with families and the child always goes to that same family. You need that scheme which is a bit like daily minding. It is an extension of that. Then you need people who want children long term as part of their family. You need quite a few of those. But they are not looking for pensions and reward. They will go on having their careers, as it were. Then you have got a much smaller group of therapeutic foster carers, shall we say. Those you have to pay. You have to think about pensions and holiday pay. Again, they have more children for shorter periods of time. So you do not have to have the same response to every foster carer.”⁷³

6.31 Professor Sinclair posits another interesting idea in this area of ‘creative fostering’:

“A second form of residential care that Jersey might consider would be a kind of ‘extended foster care’. The aim of this would be to cater for those young people who need to be in care but do not want to be fostered. The longer these young people are likely to be looked after, the stronger is the case for trying to meet their

⁷¹ The Fostering Network is the UK's leading charity for those with professional and personal involvement in fostering.

⁷² Appendix II *Comments on the Shape of the Jersey Care System*

*wishes. One possibility is to provide a large 'ordinary' house which can accommodate a married or similar couple. The aim would be to build up a group of young people in the house who were compatible and wanted this kind of accommodation. It is important that the young people feel happy with these 'quasi-siblings'. As more young people join the household, it becomes important to provide practical support (e.g. with cooking and housekeeping). However, it is also important to keep costs down. If this is not done, there is increased pressure to move the young people on, something which works against the security that this provision is supposed to give."*⁷⁴

- 6.32 It has become clear to us even in the very short timescale within which we have had to produce this report that further thought and investment need to be applied to the provision of foster care in Jersey. We have been impressed by the enthusiasm and the breadth of knowledge that has been evident in our contact with Fostering & Adoption Jersey, and if they are to be the mainstay of Jersey's revised care system then they will require the financial muscle to ensure that the right number and quality of carers can be recruited and that flexible, responsive fostering schemes can be created as required.

KEY FINDING 13: Further thought and investment are required to produce the kinds of flexible, innovative and responsive fostering schemes that will meet the needs of our looked-after children.

⁷³ Transcript of Public Hearing with Professor June Thoburn

⁷⁴ Appendix II *Comments on the Shape of the Jersey Care System*

7. SERVICE DELIVERY AND ACCESS

- 7.1 The successful delivery of services to vulnerable children and their families is contingent on two pivotal requirements: firstly, that there are sufficient funds and staff to allow early and timely intervention, and not just firefighting intervention at a point where a situation has already become critical; and secondly, that the many agencies involved in this area of work communicate with each other and coordinate their services effectively, with the child's best possible outcome in mind.
- 7.2 During the course of this review, however, the Sub-Panel has become aware of a number of child welfare cases that have been brought before the Royal Court in which multi-agency failures have been cited. In the high-profile case of 'Family X', the children in question were the subject of a Report and Proposition P.62/2009 *Family X: placement in the United Kingdom*. The Proposition was as follows:

“(a) to request the Minister for Health and Social Services to take the necessary steps to ensure that the X children are moved as soon as possible to the United Kingdom placements that have been identified as suitable for them; and

“(b) to request the Minister for Treasury and Resources to assess whether the funding required for these placements can be identified through the reprioritisation of existing heads of expenditure and, if not, to further request the Minister to bring forward for approval a request under Article 11(8) of the Public Finances (Jersey) Law 2005 for the necessary additional funding to meet the cost of these payments in 2009 in view of their urgency and to then make appropriate provision in future Annual Business Plans to meet the on-going annual cost.”⁷⁵

- 7.3 The issue before the Royal Court had centred around the children, who are in the care of the Minister for Health and Social Services. And yet the Minister, despite professional opinion in favour of doing so, had not placed these children in UK establishments capable of providing specialised wrap-around care. Contrary to this, part of the funding identified for the *Williamson Report: Implementation Plan* was to establish an on-island unit to provide specialised care for this family and others.
- 7.4 However, the part of the Report most relevant to this review stated that:

“Children in the care of the Minister

⁷⁵ Proposition P.62 *Family X: Placement in the United Kingdom* (Lodged au Greffe 22.04.09), p2

“The children who are the subject of this proposition are currently in the care of the Minister. All the professionals involved in their care in Jersey, and experts from England who have assessed them, have expressed the view that their needs will best be met by specialist therapeutic residential placements in England. This is also the view expressed by the Royal Court on 27th April 2009. Care proceedings were first instituted in 1999 in respect of these children because there were real concerns that their parents could not care for them. The system failed the children in the essential period 1999–2000 and thereafter. It then took some 9 years for the children to be taken into care, by which time the children had suffered years of abuse and neglect. A Serious Case Review has now been instituted in response to allegations of multi-agency failures by the States of Jersey. They now rank as the most damaged children in Jersey and also in the top tier of all such children in England. Dr. Silver (an expert engaged by the States and practicing as a consultant psychologist in Northamptonshire) states that the children would be in the top 5, possibly top 3, of 650 damaged children that she deals with, and that they would have been placed in the specialist therapeutic placements that are now sought. (Northamptonshire spends £16 million on its 42 children that are in residential care.)

“Therapeutic placements for the children

“The children are very damaged and vulnerable and are in dire need of residential therapeutic placements to help them recover from serious and sustained abuse over many years. The children have been neglected to a significant degree over the whole of their lives, their birth family not being able to care for them properly, largely due to problems in their parents’ own backgrounds. In addition to chronic neglect over many years the children have suffered sexual abuse to a quite horrific extent. This abuse is likely to have been committed by different adults at different times. The children have displayed highly sexualised behaviour from a very young age, such that one of the children has been described by the consultant clinical psychologist as the most disturbed child she has ever worked with. The children all have very serious problems.”⁷⁶

7.5 The Sub-Panel are very concerned by the following statement in particular:

“The system failed the children in the essential periods 1999-2000 and thereafter. It then took 9 years for the children to be taken into care by which time the children had suffered years of abuse and neglect. A serious case

⁷⁶ Proposition P.62 Family X: Placement in the United Kingdom (Lodged au Greffe 22.04.09), p3

review has now been implemented in response to allegations of multi agency failures by the States of Jersey.⁷⁷

- 7.6 There are a number of things that concern the Sub-Panel if this statement is true. It suggests serious failures with Jersey's child protection system over a considerable period of time, which requires further investigation beyond the scope of this review. It also questions the role and responsibility not just of the 'multi-agency' failures but of the transparency and accountability of the Corporate Parent.
- 7.7 The problem of access, also dealt with in this chapter, is discrete from but, in many ways, bound up with the idea of service delivery. Access covers a wide range of topics, including the physical and geographical location of services, the ways in which people are able to obtain information and services, and whether those services are in fact tailored to suit their actual needs. But irrespective of which type of access is in question, there is, as we have been told on many occasions by witnesses and service users, one golden rule for success: it should be non-stigmatising. In our minds, it is beyond question that the most effective and beneficial services for vulnerable children are those that are delivered in a way that is non-stigmatising and non-judgemental.

When to intervene

- 7.8 The most important question of all, we were told by many witnesses, is this: at what stage should the States intervene in order to assure the best possible outcomes for vulnerable children? To which the resounding answer, throughout this review, has been: 'as early as possible'. We have heard enthusiastic endorsements of early intervention from every quarter of the Island's child protection services, as well as from the children themselves during our various site visits.
- 7.9 Known to practitioners as 'universal' or 'primary' prevention, early intervention represents the first of three tiers of intervention in the standardised model of social work good practice. This tiered model is often expressed pictorially⁷⁸ but can also be summarised as follows:
- Primary prevention services are directed at the whole population and have the aim of supporting positive developmental outcomes for every child;

⁷⁷ Proposition P.62 *Family X: Placement in the United Kingdom* (Lodged au Greffe 22.04.09), p3

⁷⁸ Appendix III

- Secondary prevention interventions are those which are offered to populations that may have one or more risk factors associated with poor child outcomes, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities;
- Tertiary prevention interventions focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

7.10 As mentioned previously, we found no shortage of informed, experienced professionals eager to emphasise the need for a significant increase in the Island's primary prevention services. This does not mean that there is not already a great deal of excellent work taking place – there is – but we are convinced that more investment is needed to progress the high-quality services that are currently on offer. These services include family centres such as The Bridge, NSPCC Pathways and Brighter Futures, as well as the universal home-visits conducted by Family Nursing and Home Care (FNHC).

7.11 In practical terms, much of the primary prevention work that goes on in Jersey will often target children in a pre-school age group (the under-fives), and their parents, but its effects are far from confined. Barbara Bell, Divisional Manager of Governance at FNHC, outlined the enormous potential gains in this kind of work:

“So there are quite a lot of incidents, I think, with the older child but it is the younger child, the 0 to 5, that cannot speak for itself that needs a great deal of support, and we need to be very vigilant with those. I am not saying that we should not be vigilant with the others, because they have major issues that need to be dealt with, huge issues that if they are not dealt with when they are babies become major problems when they are older. But the vulnerability, in terms of physical vulnerability of a baby that cannot speak for itself is much higher. You may have less of them but you have... you could have bigger problems.”⁷⁹

7.12 Mr Williamson also touched on exactly this area when he spoke to us, highlighting the importance of a new strategic approach to primary prevention:

“You are doing some good stuff at the lower level... not lower but the first tier, you know. There is some good work going on at Pathways, I remember, NSPCC, The

⁷⁹ Transcript of Public Hearing with Ms. B. Bell (Divisional Manager of Governance, Family Nursing and Home Care), Ms. J. Gafoor (Lead, Child and Family Services, Family Nursing and Home Care), Ms. J. Querns (Health Visitor)

Bridge. You have got a number of places where there is some good work going on with the families to try and develop parenting skills to keep families together. Maybe we need to sharpen up the strategy; what is the plan? Is the plan to have more of the Pathways? If it is working do we want three more in other parts of the Island? I do not know. I was really saying I think you at least need to think about these things and develop a strategy.”⁸⁰

7.13 In fact, the need for strategic planning and investment in this area extends even further than Williamson has suggested. It is of course true that the family centres are doing invaluable preventative work but it is also true that the health visitors and family support staff affiliated to FNHC are delivering similar services, except in their case it is across a universal platform. The advantage of this particular agency is that their work reaches all families in Jersey, without exception: every child below the age of five is visited by a health worker from FNHC, and they remain within the purview throughout their school careers until they reach the age of 18. This is in marked contrast to the work of the Children’s Service (to whom children must be referred) and to the work of centres like The Bridge and NSPCC Pathways (which rely on parents having the will or capacity to seek out family groups). This means that workers from FNHC are able to come into contact with children when they are at their most vulnerable age, before schools and, in many cases, the community at large are aware of them. Most crucially, though, FNHC (like the family centres) is able to fold a child protection element into what is ostensibly an entirely non-stigmatising service:

“We visit every family. Everybody knows that when they have a baby they have a health visitor and our remit, obviously when we identify a child in need, it is child protection, but it is not just that at all. So it is supporting people not to reach that level.”⁸¹

7.14 It is for this reason that FNHC is “one of the key referrers to children’s services for the under fives”⁸² and it is also the reason why they are uniquely positioned to access the Island’s most vulnerable children. Child and Family Services Team Leader Julie Gafoor explained:

“Because the most vulnerable people with children do not go to groups, they will not come into centres, so the health visitors are doing that work in the home, and that is hidden, that is often hidden, but yes, we do offer that.”⁸³

⁸⁰ Transcript of Public Hearing with Andrew Williamson

⁸¹ Ms J Gafoor, transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁸² Ms J Gafoor, transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁸³ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

7.15 It seems to us that this ‘hidden’ work very often slips off the page when the workload and funding for primary prevention services are being considered. It is vital to remember that intervention at this stage takes a number of forms and that, the less stigmatising and intrusive that it is seen to be, the more positive the outcomes are likely to be. What is, in our view, beyond question is that the proper coordination and funding of all of these primary services should be given serious consideration. This has not yet been done; nor will it happen as a result of the Williamson Report, which did not include FNHC in its remit:

“We looked at the terms of reference of the Williamson Report too and realised that Family Nursing really were not incorporated into the terms of reference and thought there was a huge gap, because there were services that we provide that no other service on Jersey provides.”⁸⁴

7.16 We believe that every agency that affects outcomes for vulnerable children should be taken into account, particularly those offering the kind of universal coverage that FNHC provides. It is a matter of taking a holistic view of what can be done to improve children’s wellbeing and life chances, and not simply looking at Social Services from a managerial viewpoint. As the NSPCC’s Peter Liver put it:

“So, I mean there is a lot of evidence of that and I just think, again, it would be early intervention but it would be something that is non-stigmatising; there are ways of doing things and perhaps coming from social work/social services is not always the right area and that is where, if there was a proper working together of coordinated services I would like to think the support was there. There is a limit, isn’t there? When does somebody reach that point that they have the capacity to parent effectively? It goes on and on and on and we have seen that.”⁸⁵

7.17 Similarly, the fallout from those parents who have surpassed the ‘limit’ described above can also be caught at an early stage through the work of the Youth Service. This is a phrase that may conjure in some people’s minds images of youth clubs with a few youngsters hanging around a hall perhaps having a game of table tennis, but the modern reality of today’s Youth Service is a million miles from that cliché. Jersey’s current Service extends beyond clubs and premises in partnership with parishes, to drop-in centres and cafés, as well as street-based, detached and outreach work.

⁸⁴ Ms J Gafoor, transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁸⁵ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

- 7.18 A team of dedicated youth workers across the island are working with 11 to 25 year-olds (focussing mainly on 12 to 18 year-olds), targeting those young people who are disadvantaged, vulnerable or at risk of social exclusion. This includes young people who: are not in education, training or work; whose first language is not English; have a disability or learning difficulty; are in or leaving care; are young parents or carers; have been involved in criminal activity; are leading high risk lifestyles.
- 7.19 The Service is actively and positively engaging with a range of young people, and the recently established Youth Enquiry Service (YES) is proving to be very successful in providing a range of 'real life' information for young people as well as free confidential advice and counselling.
- 7.20 The YES project, set up in partnership with the charity Jersey Youth Trust, is a recipient of funding from the Bosdet Foundation, without whose support the YES project may never have been developed. This is another example of an excellent grass-roots initiative that is reliant on charitable donations. YES is making a very real difference to young people, especially those who have dropped out of school or who are living on the streets, 'sofa surfing' or seeking advice about work, income support or accommodation. In the period from May 2008 to February 2009, YES had 328 'drop in' visits from young people – 209 males and 119 females⁸⁶ – which led to follow up services being recommended including counselling.

KEY FINDING 14: The Youth Enquiry Service is successful, as is outreach youth work, but there is a need for more resources to fund these projects.

- 7.21 Given that there is general agreement on the importance of primary prevention and that there seems also to be a willingness to develop this kind of lower-tier child protection work, the sharpening up of the strategy, to borrow Williamson's term, should be a matter of the highest priority. Why, then, has this not already been addressed?
- 7.22 There are two significant problems that have been holding back the Island's primary prevention services. The first is that there has never been enough money or manpower to resource them, the second is that the outcomes of primary prevention are difficult to quantify because they involve the number of children who are *not* appearing on the radar of the Children's Service, as opposed to a measurable decline in the number of those who currently are known to the Service. This second point was summarised by Ms Bell:

“It is quite a difficult role to quantify and I think to provide outcomes, to give positive outcomes and it is extremely difficult and that is not an excuse, it just is, because it takes years to have an outcome. I think we would be really happy if we were seeing the children of the families that we are visiting now not getting into difficulties when they have got children. That is what our outcome submission would be.”⁸⁷

- 7.23 This is a difficult area for the Service for the simple reason that, while those ‘on the ground’ are convinced of the positive effects of primary prevention, it has traditionally been difficult to put forward a strong submission for funding (especially in the recent climate of an under-staffed, fire fighting workforce). Ms Bell told us that the discernible benefit of primary prevention -

“takes many years and people do not have time to wait. When we are planning resources and all the rest of it you do not have time to wait 15 years down the line to see whether that service worked.”⁸⁸

KEY FINDING 15: There is a need to increase the current level of universal, non-stigmatising services for children in order to ensure early intervention and the aversion of crises in the lives of vulnerable children.

- 7.24 This was an emergent theme in much of the evidence that was submitted to us. Take, for instance, the following comment made by Principal Educational Psychologist Jo Forrest:

“You can look back and say: ‘We could have done this, this or this, at these points that might have been a different outcome for that person.’ There are children who are dealing with really adverse circumstances that it has not been possible to intervene with because of lack of resources.”⁸⁹

- 7.25 Similarly, the Director of the Department of Education, Sport and Culture, Mario Lundy, explained why it is especially important for school-age children to be effectively monitored in a universal sense:

“If the school is rightly trying to bring to the attention of the Children’s Service where a child may be at risk, if not immediate risk but may be at risk in the longer term if resources do not go into it and the Children’s Service are faced with that and a serious child protection issue at the same time, well it is quite clear where they have

⁸⁶ Statistics submitted by Youth enquiry Service

⁸⁷ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁸⁸ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁸⁹ Transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

to put their resource. So, the effect is that we need to consider how we invest in early intervention.”⁹⁰

- 7.26 All of which gives rise to the question: how, specifically, can we “invest in early intervention” in the area to which Mr Lundy was alluding, namely school nursing? Following the same model of FNHC’s universal service, the role of the school nurse is crucial to the safeguarding of our children as it allows key areas of need to be identified at an early stage in a non-stigmatising way. In the words of Ms Gafoor:

“It is a gap that we have very few school nurses and obviously a large school age population, 13,000 children, and we only have one qualified school nurse and another two and two-thirds full-time staff [Registered Nursing, Staff Nurses]. So we are really short, so we cannot offer – as much as we would like to – the same service as we can for the under-fives.”⁹¹

- 7.27 There is, therefore, a clear need to recruit more qualified school nurses. This would enable schools to identify any nascent problems, both with families and children, during a stage at which early intervention would be both possible and highly effective.

KEY FINDING 16: The current shortage of school nurses is preventing problems with vulnerable children and their families from being identified at an early stage.

- 7.28 The last point to consider here would be the method of intervention employed by agencies such as FNHC. This follows a strict set of guidelines, which allow for intervention in the case of -

“all families with children, health and developmental needs who may be compromised unless multi-agency services are provided. Any intervention in the life of a child should be purposeful and the effect of the intervention must be judged as more beneficial than not intervening.”⁹²

- 7.29 Ms Gafoor elaborated on this policy by highlighting the inclusion in the decision of when to intervene

⁹⁰ Transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

⁹¹ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁹² Child Protection Policy and Procedure, Department of Health and Social Services, Ms J Gafoor, transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

*“mental health as well as physical health, and that is of the child and then of the parents as well, so their capacity as well. So any of the addiction problems where parents are struggling.”*⁹³

7.30 The key factor in all of this is the phrase *“unless multi-agency services are provided”*. It is evident from the many submissions that have been quoted in this chapter that a number of factors influence the decision of when to intervene. It therefore stands to reason that the intervention itself, if it is to be truly successful, cannot be unilateral, on behalf of just one agency or service. The solution is almost always a multi-faceted one, requiring the positive cooperation of all parties and, most significantly, the requisite degree of inter-agency coordination.

Inter-agency coordination

7.31 Professor Ian Sinclair has said that -

*“the need for joined-up working is the leitmotiv for reports on child protection”*⁹⁴;

this report is no exception. The majority of the people who have submitted evidence during the course of this review have at some point referred to the importance of creating and maintaining a properly coordinated approach to child protection.

7.32 In many cases we have found laudable efforts being made to coordinate services among professionals in States Departments, their counterparts in the private sector and the workforce operating in and around the voluntary sector. And yet, despite these efforts, there is rarely enough genuine coordination to produce first-rate service delivery. The absence of coordination exists at the very top of the Island’s services for vulnerable children (see Political Accountability) and, save for notable pockets of joined-up working, tends to percolate down through the ranks.

7.33 This is, in part, a result of ingrained ways of working that thread back through many years of service provision – what Kathie Bull encapsulated with the watchword *“that’s Jersey for you”*.⁹⁵ However, the main reason for the current lack of coordination is related to the following statement made in a Public Hearing by Dr Bryn Williams, Consultant Clinical Psychologist at the Child and Adolescent Mental Health Service (CAMHS). Dr Williams had

⁹³ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁹⁴ Appendix II A Review of the Williamson Report

⁹⁵ Bull Report, p7

been asked for his views on how best to tackle the kinds of problems that vulnerable children are susceptible to; this is what he told us:

“I think the model that seems to work best, if you think about the work that goes on in the Island, is the idea of taking a child who has a problem and putting the team around the child, rather than having the child and finding the right team to put them in.”⁹⁶

7.34 Here Dr Williams is simply telling us that the best outcomes for vulnerable children will be achieved when services work flexibly and pull together to meet the needs of the child, rather than shoehorning that child into one rigidly defined service or another. Experience shows us that the ‘one size fits all’ approach to service provision rarely produces the optimum outcome for a child. Individual cases are exactly that: individual. When resources are pooled and professional views and services are shared, the package of care and treatment that is available for vulnerable children and their families is broad enough to be tailored to individual needs. This is a common theory, and one that has become prevalent in child protection work in the UK under the aegis of the Every Child Matters programme:

“The Every Child Matters programme aims to ensure that services are organised around the needs of children and families and not around the convenience and traditions of service providers. Through common assessment, shared information systems and integrated organisational structures Every Child Matters aims to reverse the fragmentation of services, which confuses families, wastes limited public resources and is at root of most of the recent failures in safeguarding children. Instead the vision of services is child centred, with the voice of the user central to individual interventions and service design, and the effective and efficient deployment of public resources dedicated to improving actual outcomes for children and families.”⁹⁷

7.35 As Dr Williams said, Jersey already has some service providers who work in this joined-up way, and we have seen for ourselves the resounding success of this approach at The Bridge, Brighter Futures and NSPCC Pathways (see Access). Yet, while these are all steps in the right direction, a lot more work is needed. A culture of working together must be promoted throughout the Island’s child protection services, and that will require a significant change in the general attitude to ‘how we do things here’. As FNHC’s Ms Gafoor remarked to us:

⁹⁶ Transcript of Public Hearing with Dr B Williams (Consultant Clinical Psychologist) and Mr J Gordon (Charge Nurse and Team Manager of CAMHS)

“I think allocating certain budgets makes everyone quite protectionist about their area, so it does not make for such a sharing, joined-up working, is my feeling because people think, ‘Oh no, that is my area so I do all that’. Well, it is a lot of people’s areas and we all try and do it together well.”⁹⁸

7.36 This is an example of the silo mentality that permeates Jersey’s child protection services. All too often, efforts to provide an ‘all-round package’ for vulnerable children are stymied by an apparent unwillingness to allocate resources or to work outside of set parameters. It seems to us that the root cause of this unwillingness is, more often than not, the pressure that is brought to bear on Departments and other service providers by a lack of core funding. Consider, for instance, the following statement by Nola Hopkins of the NSPCC Pathways Project:

“We cannot meet demand at all. I can’t accept this. The more we work, and word gets out, they come along and ask us to do it. But we are a very small team and we cannot expand.”⁹⁹

7.37 When we inquired further into what might be the cause of this inability to expand the service, Ms Hopkins’ UK-based colleague, Peter Liver, told us:

“I mean we spend something round about £300,000 a year in Jersey. We will raise, from Jersey, in the order of £200,000 to £225,000. So, in essence you might say nationally we will subsidise some of what we do on Jersey through what we call generic donor giving, in other words people will give to the NSPCC, not with any particular target in mind but they will say we want to support the organisation and that generic fund is used to, if you like, top up, subsidise locally where we are not able to raise enough money to support the services. In Jersey we, historically, have had no formal funding partnership with the States ever.”¹⁰⁰

7.38 Why is it that one of the best family centres in the Island is being majority funded by national institutions such as the NSPCC or the Lloyds TSB Foundation¹⁰¹? Why is it that this centre, which is so over-used by the public and yet so undervalued by the States, is not able to expand to meet the demand of vital, primary prevention work with vulnerable

⁹⁷ Jersey CAMHS: Service Review, YoungMinds, June 2006, p13

⁹⁸ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

⁹⁹ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

¹⁰⁰ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

¹⁰¹ Lloyds TSB Foundation granted the Pathways Project £50,000 for staffing and resources in 2009

families and children? These are difficult questions for the States, and they are by no means confined to Pathways Project.

- 7.39 The CAMHS team is the most important mental health resource for the Island's children and young people and yet it is limping along at half capacity, barely able to meet the demands of critical cases, let alone indulge in the luxury of extensive joined-up working with other agencies. Dr Williams told us that statistically Jersey's population would see an annual incidence of around 1,600 children and young people experiencing some form of serious psychological disturbance, and yet only a quarter of them can be looked after by CAMHS:

*"We can look after 400 children a year, which means that 1,200 children at some degree are not getting access to the kind of help they need. Which is why... and I do not think we will ever have enough because nobody is going to buy enough, but the Royal College of Psychiatry, Young Minds, Kathie Bull, say for example, said there should be two psychiatrists working in Jersey, we have got one; it says there should be four clinical psychologists, we have got two. It says we should have family therapists; we should have specialist cognitive therapists. We have got John, but he is on his own."*¹⁰²

- 7.40 It is evident that the Island treats the mental wellbeing of its children with scant regard, but this same lack of support is also undermining the work of other child protection services. Ms Bell of FNHC told us:

*"I can tell you that we had a significant increase in the amount of time that health visitors have spent, and school nurses, dealing with vulnerable children in families... So in 2006 they spent about 1,981 hours. Now that is not visiting, that is attending case conferences, core group meetings, making referrals, liaising with other services, writing court reports, case conference reports and dealing with issues maybe to do with domestic violence, and that is a huge amount of time out of those 11 staff's hours. In 2008, we spent 2,621 hours. So that is an increase of 640 hours' work specifically related to the mechanics of protecting and safeguarding children, not the going out there and visiting them which is an additional thing, but that is the mechanics of the logistics of the work that has to be done."*¹⁰³

¹⁰² Transcript of Public Hearing with Dr B Williams and Mr J Gordon

¹⁰³ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

7.41 These are by no means new problems. As far back as June 2006, the specialist consultancy and training service YoungMinds¹⁰⁴ was commissioned by the Department of Health and Social Services to undertake a service review of CAMHS in Jersey. Many of the problems that were identified at that time by Young Minds are those that continue to dog CAMHS three years later. For example, the recommendation was made to increase -

“the capacity and expertise of the specialist CAMHS team by recruiting a second consultant psychiatrist to focus on the 16 and 17 year olds, the secure unit and intensive packages of care”¹⁰⁵.

This has not been done.

7.42 The staffing of the Service was also compared in the report to Guernsey's CAMHS which, despite its smaller population, has the following variance in senior FTEs: 2.5 psychiatrists (Jersey has one); 4 psychologists (Jersey has one).¹⁰⁶ The report also recommends the employment of -

“Primary Mental Health Workers, with a focus on minority communities, and partly located in different venues, for example large GP surgeries and the voluntary sector”¹⁰⁷.

Again, these are continuing areas of need.

7.43 In making reference to the findings of a separate report and to its own conclusions, YoungMinds was also able to highlight certain weaknesses within the Children's Service, which it considered to be impacting on CAMHS:

“Another important concurrent development is taking place in community child health services. The external review commissioned from the Royal College of Paediatrics and Child Health found that children's services in Jersey are fragmented with multiple and incompatible information systems and weaknesses in clinical audit (issues also identified in this report).”¹⁰⁸

7.44 The authors of the YoungMinds report added their own weight to this finding of a fragmented Children's Service by saying, *“In common with other reviewers of children's*

¹⁰⁴ YoungMinds is a leading UK charity in the field of children's and young people's mental health. It provides consultancy and training services to a wide range of organisations.

¹⁰⁵ Jersey CAMHS: Service Review, YoungMinds, June 2006, p6

¹⁰⁶ Jersey CAMHS: Service Review, p20

¹⁰⁷ Jersey CAMHS: Service Review, p7

¹⁰⁸ Jersey CAMHS: Service Review, p13

*services on the island, we have identified fragmentation as a key issue to tackle.*¹⁰⁹ Then, with a view to how this fragmentation can hinder the effective operation of CAMHS, the report found that:

*“There is an absence of systems to identify and lever up low standards. Governance arrangements caused us some concern in a service more than usually faced with risks associated with isolation.”*¹¹⁰

KEY FINDING 17: Jersey’s Child and Adolescent Mental Health Services (CAMHS) are critically understaffed and are unable to adequately treat what, anecdotally, appear to be large numbers of children and young people in need of help.

KEY FINDING 18: There is a need for the States to invest more in family centres and recruit more health visitors if the Island’s vulnerable children are to benefit from multi-agency intervention at an early, preventative stage.

- 7.45 Increased funding would certainly facilitate a more flexible, joined-up approach but it would still not address what we perceive to be the ‘cultural’ element of this problem. As cited earlier in this chapter, the Bull Report made much of the entrenched culture of Jersey’s services (*“that’s Jersey for you”*), and the submissions that have been put to us during the course of this review suggest that there is still a resistance to attitudinal and cultural change in the Island’s child protection services. However, we have been very encouraged to see that some highly significant improvements in this area have been effected through the recent work of the Jersey Child Protection Committee (JCPC)¹¹¹.
- 7.46 The appointment, in June 2009, of a new Chair of the JCPC¹¹² is the second phase in a process of reinvigoration that was begun in October 2007 when Professor June Thoburn was appointed on a short-term contract as the first independent Chair of the Committee. The arrival of Professor Thoburn was widely regarded as a breath of fresh air and the changes that she subsequently instigated have done much to renew the spirit of cooperation and joined-up working between services at an operational level. These changes have largely revolved around the creation of proper levels of independence in the work carried out by the JCPC. Professor Thoburn summarised these efforts for us in the following terms:

¹⁰⁹ Jersey CAMHS: Service Review, p6

¹¹⁰ Jersey CAMHS: Service Review, p34

¹¹¹ The multi-disciplinary body that advises the States of Jersey on child protection issues

¹¹² Mike Taylor, a former Director of Social Services for the London Borough of Hillingdon, was appointed as the new Chair of the JCPC in June 2009.

“I saw it as my role to differentiate between Children’s Social Services and the role of the Jersey Child Protection Committee. I found that people did not see a distinction between the two; politicians and especially members of the public. That is not surprising and indeed it is not a critical comment because the same would have applied to most places in England too. So that is what I have mainly been trying to do over the last two years. We now have a separate office and a separate professional officer and administrator so good progress has been made in that respect.”¹¹³

7.47 As Professor Thoburn says, good progress has been made, but there is still a way to go. Politicians may have become more aware of the work of the JCPC but what has been done to increase the public’s awareness of the Committee’s work? To our knowledge, the answer is ‘very little’, and this is a situation that needs to be remedied. For example, there was a suggestion in the Committee’s 2008 Mid-Contract Report that the Council of Ministers changes the name of the JCPC to something more recognisable to the public:

“In order to avoid confusion (especially in the minds of the public and media) between the child protection work of each agency, and the role of the JCPC, I recommend that the Council of Ministers consider a change of name to the Jersey Safeguarding Children Committee (JSCC).”¹¹⁴

7.48 This suggestion – to our minds, a logical and eminently sensible one – was never taken up. If the JCPC is to become an accurate barometer for the effectiveness of the Island’s child protection services, then surely a greater degree of public engagement and awareness would assist that cause.

KEY FINDING 19: The Jersey Child Protection Committee needs to raise its profile with the public as a transparent, independent body with which members of the public are encouraged to engage in a positive, proactive manner.

7.49 With its two full-time staff members in place and a projected annual operating budget of £209, 642¹¹⁵, the JCPC looks set to further its independent operations in the coming year. However, if it is to achieve real, statutory independence from the States, the Committee’s existence must be properly established in Jersey Law. Professor Thoburn gave voice to this view in her evidence to the Sub-Panel:

¹¹³ Transcript of Public Hearing with Professor June Thoburn

¹¹⁴ Mid-contract report to Ministers of Independent Chair of Jersey Child Protection Committee (JCPC), April 2008

¹¹⁵ Figures supplied to Scrutiny by Mike Taylor, June 2009

*"We are making it up as we go along because there is no Jersey law setting up the JCPC. It is an interesting question. For the new Chair, who I hope will be appointed tomorrow, it would not surprise me at all if he did not come back to you and say you ought to legislate for the existence of the JCPC. At the moment the JCPC exists because you, the States, have decided it will but you could tomorrow decide it will not and maybe now is the time to look at that."*¹¹⁶

- 7.50 The proper legislation would give the JCPC sufficient 'teeth' to enforce the robust levels of checks and balances and independent monitoring that should be the mainstays of any safe and effective child protection service.

KEY FINDING 20: The existence and powers of the Jersey Child Protection Committee need to be recognised in Statute in order for it to effectively discharge its duties.

- 7.51 A final matter related to the efficient functioning of the JCPC is the question of 'third sector' representation. There is currently no children's voluntary sector representation on the Committee, which in our view does not allow it to establish a complete picture of the child protection work that is undertaken in the Island. June Thoburn also elaborated on this point:

*"You do not have a children's voluntary sector forum. You have got some sort of voluntary sector/charity forum but that is too broad. It would be very good to have representation of the children's voluntary sector on the JCPC. and on your new Children's and Young Person's Strategy planning group. What I have had over the two years is various people come to me and say: 'Can we have a member on JCPC?' I said: 'No, because we would [then be too big, and how would we decide between the different interests]... but if you, the voluntary childcare sector, can get together and nominate a representative who will then be answerable to all of you then that will be really good.' But there is no such thing."*¹¹⁷

- 7.52 The voice of the voluntary sector is conspicuously absent from the JCPC and a degree of inter-group coordination in that sector, as well as a change to the composition of the JCPC, will be required to correct that.

KEY FINDING 21: There is a need for a children's voluntary sector forum to share information, best practice and procedure, and to enable the 'third sector' to have a common voice. A representative of the voluntary sector forum should sit on the Jersey Child Protection Committee.

¹¹⁶ Transcript of Public Hearing with Professor June Thoburn

¹¹⁷ Transcript of Public Hearing with Professor June Thoburn

Access

7.53 A newcomer to the subject of Jersey's child protection services would find it hard, if not impossible, to locate a single source of information on all of the Island's service provision. There are myriad websites and leaflets directing users to specific services but there is no central source of information for people who would simply like to know what the range of options are. This is a matter of access, and it is yet another aspect of the lack of coordination that exists in the Island's current service structure. The fact that there is no single information point concerning services for vulnerable children is hardly surprising when we have already seen how services have no clear line of accountability and no fully functional system of inter-agency coordination. The waters are muddy and this is most apparent at end-user level.

7.54 That said, we have been very impressed by the small number of family support centres that are offering wholly accessible, 'one-stop shop' services in certain key locations. Perhaps the best-known example of this is The Bridge, which has created a microcosm of joined-up working under one roof, in a setting that is both community-based and non-stigmatising. Patricia Tumelty, Parenting Programme Manager at The Bridge, explained the rationale behind this kind of 'patch-based' working to us:

*"The Bridge was set up possibly three years ago where the vision was around, as opposed to fire fighting, having ... I think the analogy we use is stair gates at the top of the cliff instead of the ambulance at the bottom. I always hang on to that. The vision was about putting agencies into The Bridge to work together. That has happened successfully. Part of the work that we get praise for is the fact that midwives, health visitors, housing, youth action team and the Parenting Department, which I head up, are under the one roof, they are working together, they are talking to each other."*¹¹⁸

7.55 Not only do the agencies manage to work together but the centre itself is easily accessible because it is based at the heart of the community. Of equal importance is the fact that The Bridge runs a broad range of projects, clubs and programmes, which allows it to operate free from the perceived stigma of social work, which is so often a key dissuasive factor for many people who may otherwise be tempted to seek help. These multiple benefits were borne out in the following exchange at one of the Sub-Panel's Public Hearings:

“Senator A Breckon: *Would you like to comment on the fact that that is accepted because it is the old St Mark’s School so therefore the community do not feel a stigma about going in there? Because a lot of people used to take their kids in to school so therefore the doors are open. Do you think that is a benefit?*

“Ms P Tumelty: *Absolutely. I have had this week alone probably – I think we keep a record now – 14 people have just dropped in to say ‘What am I going to do with little Johnny?’ or ‘What am I going to do with Mrs. X?’ So that is happening again and again. That was what the vision was when we set it up.*

“Mr M Lundy: *The other thing that has happened quite successfully, it is not just because it was St Mark’s School, it is because there are a broader range of people go to The Bridge than just those who may need help. So it is very mainstream as well. While vulnerable families are being supported in there, there are other people in there at salsa lessons. It is very mainstream in that respect so there is not a stigmatisation in that at all.*”¹¹⁹

7.56 Also, it was evident that family support centres like The Bridge and NSPCC Pathways were equally popular with the professionals, who felt that having all the resources available under one roof was of significant value. Ms Querns of FNHC said simply:

*“The family centres are very good, The Bridge and Pathways are good, lifesavers for us. We really use them well, we work with them and we have worked from the very start.”*¹²⁰

7.57 All of which begs the question: why are there not more family support centres of this kind? Which in turn prompts the underlying question of how centres of this kind are funded. We have seen in an earlier section of this chapter that NSPCC Pathways (which has an “open door” policy, focussing primarily on the under-fives) is struggling to generate the funds to allow for expansion, as it mainly relies on charitable contributions as opposed to States funding. The Bridge, whilst it started from a different point (essentially that of a States-funded service) is now also reliant upon charitable and other donations to operate effectively:

¹¹⁸ Transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

¹¹⁹ Transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

“The renovation of The Bridge was done through resources in Education, Sport and Culture, technically in the schools and colleges team. The leadership of The Bridge was a secondment from the schools and colleges team to The Bridge. This was about bringing together agencies so the agencies out there were already being resourced somewhere, so let us get those resources into the building. But of course The Bridge has built on that and now has developed programmes that they would wish to resource and most of those programmes now are dependent on charitable funding. The concern is, of course, that that may not be able to be sustained particularly at time of economic difficulty.”¹²¹

- 7.58 Housed within The Bridge, Brighter Futures also relies entirely on charitable donations to fund its ‘Journey Into well-Being’ programme of family support work, which helps vulnerable parents (who have often been referred by States services) to tackle their problems and improve the life chances of their children through an extensive array of therapeutic interventions. Wendy Hurford, founder of Brighter Futures, expressed concern about the charity’s future in her evidence to us:

“Lloyds TSB have given me funding for a member of staff for three years. I have an anonymous trust who has given me funding for two years. We did the Rotary Walk to raise £3,000 to run the crèche. I mean, we are just... we have to raise £150,000 a year to run the charity...”

“That is what it costs us, basically. We have done that and we will continue to do it for as long as we have to but, of course, every year it becomes more and more difficult because you are not new. When you are new you go to the first trust; they give you £45,000 but you cannot go back to them.”¹²²

- 7.59 Once again, the same equation applies: community-based centres that are undertaking invaluable work in the fields of family support and child protection (often with cases that have been directly referred to them by the Children’s Service and other States services) are having to rely exclusively (or, at the very least, heavily) on charitable donations in order to meet their running costs. This seems to us, as it no doubt would to any independent outsider, to be an unsatisfactory state of affairs.

¹²⁰ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

¹²¹ M Lundy, transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

¹²² Transcript of Public Hearing with Ms W Hurford of Brighter Futures

7.60 It is particularly unsatisfactory when we see that these centres urgently need to expand to meet increased demand but are unable to find the funds to do so. We have already cited Nola Hopkins of NSPCC Pathways telling us that: "*We cannot meet demand at all... we are a very small team and we cannot expand.*"¹²³. Patricia Tumelty had similar concerns about the Bridge:

*"So, parents are going to other parents and saying: 'How do I get in there? How can I get there?' In order for it to be fair and equitable the whole issue is, as I say, the sustainability of The Bridge and the plan for the future is crucial in the overall strategic plan."*¹²⁴

7.61 This need to create a fully developed "*plan for the future*" for Jersey's family support centres has now been picked up in the *Williamson Report: Implementation Plan*, which calls for a scoping project to be commissioned from the NSPCC to -

*"identify all relevant existing resources across the Island; and in conjunction with relevant States Departments, voluntary sector providers and other interested parties, design a framework to deliver a coordinated Island approach."*¹²⁵

7.62 However, it is important to recognise that this project would not be unprecedented: a similar scoping project has already been completed and was distributed across Departments, services and agencies in November 2008. The *Strong Foundations*¹²⁶ multi-agency parenting support strategy for Jersey was commissioned by the Department of Education, Sport and Culture via the Children's Executive, and work on implementing the strategy is ongoing.

7.63 One of the main pillars of the strategy is the provision of specific training for professionals who are dealing with parents and families, as distinct from training related to work with children (which is naturally a prerequisite of most professional positions within the services for vulnerable children). The strategy states the need for -

*"acknowledgement that professionals working with parents require skills, competencies, attitudes and dispositions that demand training."*¹²⁷

¹²³ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

¹²⁴ M Lundy, transcript of Public Hearing with the Minister for Education, Sport and Culture, Mr M Lundy, Ms J Forrest, Ms P Tumelty and Ms B Cochrane

¹²⁵ *Williamson Report: Implementation Plan*, Recommendation 6, p25

¹²⁶ Appendix V *Strong Foundations*

¹²⁷ Appendix V *Strong Foundations*

In a later section, a specific vocational qualification is mentioned (Working With Parents¹²⁸) and The Bridge is named as the accredited centre for the delivery of this qualification.

- 7.64 We are convinced that gaining this (or similar) qualification is a much-needed step on the road to voluntary, private and States-run services being able to integrate the kind of work that goes on at the Bridge into their own programmes. It would allow practitioners across all services to have the capacity to deliver essential family support services.

KEY FINDING 22: Existing family support centres and the voluntary sector are in need of more direct funding from the States in order to meet demand for high-value, community based services.

KEY FINDING 23: A vocational qualification in family support work would be of benefit to all providers of services for vulnerable children.

- 7.65 Geography is clearly a factor in the accessibility of family support and child protection work. Most resources tend to be concentrated in the statistically proven areas of need, as evidenced by the following information supplied by FNHC:

“Well, what we did is reconfigure our health visiting teams, so we only have 3 health visitors for all the rural parishes, so we have 11 full-time equivalent and we have 3 doing all the rural parishes and we have concentrated on the health visiting teams into St. Helier, St. Clement and St. Saviour, because obviously they are the areas of deprivation.”¹²⁹

- 7.66 However, the ‘patch-based’ work of family support centres can draw in a wider clientele than simply that of the immediate residential community. As with FNHC, the family support centres are geographically targeted to meet the needs of the ‘urban parishes’, where there is a higher concentration of social need. However, if the venue has a welcoming, non-stigmatising atmosphere, then service users are more likely to recommend the centre to others (as is apparent from the evidence supplied by Ms Tumelty and Ms Hopkins), which increases the value for money of the centre by drawing in users from all areas of the Island.
- 7.67 Similarly, a centre may also broaden its appeal by providing for users whose first language is not English. We have generally been very impressed by the level of Portuguese- and

¹²⁸ Appendix V *Strong Foundations*

¹²⁹ J Gafoor, transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

Polish-language accessibility in the centres and services we have come into contact with during the course of this review.

- 7.68 There are two remaining aspects of accessibility that we would like to mention in this chapter. The first is out of hours service provision. We would fully support the proposals put forward in the *Williamson Report: Implementation Plan*¹³⁰ to put in place an out of hours 'management rota'. However, it must be recognised that the current staff shortages in the Social Services frontline workforce must be properly addressed before any meaningful change can be made to the existing Emergency Duty system.

KEY FINDING 24: Staff shortages and retention will need to be addressed before any meaningful change can be made to the Emergency Duty system.

- 7.69 The second matter to which we would like to draw attention is the role of social workers in States-run secondary schools. Putting a full-time social worker in each of the four States-run secondary schools was an idea that was piloted under the Multi Agency Support Team (MAST), as outlined by Children's Executive Coordinator, Phil Dennett:

*"MAST was about creating support in the four States secondary schools. So, on top of the normal pastoral support in school, there is education welfare link, school psychological support. Now, what we wanted was the icing on the cake and that was to place a social worker in each of the four secondary schools. Now that has not come to fruition, but that has been about recruitment of social work in Jersey, which we know are some of the bigger issues. But where we were able to appoint a social worker in Le Rocquier School, the feedback was first class about the impact that had within the school and within the support of the young people. But we have still got that bigger issue about recruiting social workers."*¹³¹

- 7.70 Schools are a vital access point for vulnerable children and their families, and it is a significant loss that the MAST initiative to staff up the States secondary schools has not come to fruition. The reason for this, as Mr Dennett says, appears to be linked to the overall crisis in recruitment and retention of social workers that is afflicting all aspects of frontline work within the Children's Service. However, we would like to make public our findings concerning the hugely negative impact caused by the loss of the social worker at Le Rocquier. Jennie Milverton, Deputy Head Teacher at Le Rocquier, submitted the following evidence to us:

¹³⁰ *Williamson Report: Implementation Plan*, Recommendation 11, p44

¹³¹ Transcript of Public Hearing with Mr P Dennett and Mr G Blackwell

“Since the social worker left and has not been replaced the workload of the MAST team has increased considerably. The main workload is between the school counsellor, EWO¹³² and myself. Often the initial discussion with students, or staff if they have referred to me, plus all the paper work can take up to 15 hours. We now have to do all the paperwork for referrals, which included the initial referral form and our logging sheet. In the last year, we have made 25 referrals. We also make the initial calls to the duty officer and liaise with other agencies. If the referral goes on to become an ICPC¹³³ then someone from school has to attend the meeting (or other meetings such as strategy or child in need) and follow up meetings such as core group or review meetings. The meetings are generally held in one of the Social Services offices in town and this means that staff takes time to get into town, find a parking space, attend the meeting and then return to school. It is difficult to say how much time is taken up with referrals and meetings but the workload is huge and clearly took up one person’s job when the social worker was here. I spend several hours per week on child protection and issues related to work that the social worker used to do.”¹³⁴

- 7.71 It is clear, then, that there was a great deal of work to be done in the secondary schools – as Ms Milverton says, enough to take up one person’s job – and it is also plain from what we have been told that professionals considered school posts for social workers to be a valuable facet of early intervention work. As Ms Gafoor put it:

“When they had a social worker presence I think that was really good, because they were nipping lots of stuff in the bud and they knew the families, they were in the schools.”¹³⁵

- 7.72 It is our view that the Island’s services for vulnerable children are diminished by the absence of in-school social workers, and that this important access point should be properly staffed as soon as possible.

KEY FINDING 25: In-school social workers play an important role in the services that Jersey provides for its vulnerable children. The four States-run secondary schools require full-time social workers to take on the substantial workload involved in case referrals.

¹³² Education Welfare Officer

¹³³ Initial Child Protection Conference

¹³⁴ Submission from Ms J Milverton, Deputy head Teacher, Le Rocquier School

¹³⁵ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

7.73 As a final point on this subject, we would like to make a general observation concerning the public's access to and awareness of the work of the Children's Service and related health visiting and family support work. We mentioned in the introduction to this chapter that there is often a difficulty in finding a central source of information that can provide a clear overview of the island's child welfare and protection services. We believe this to be a general failure of communication. There is a need to establish a straightforward, universal communication strategy to increase the public's awareness of what it is that Jersey actually does to help its children in need. In the absence of such a strategy, it is probable that, as Ms Gafoor puts it,

*“the majority of people will not realise the breadth of the work that goes on when you have got a family in need – and that is our problem, that is our marketing problem”.*¹³⁶

7.74 It also worth noting that there is a need for a communication strategy of this kind to consolidate in the mind of the public not only the services offered by Departmental and States-funded agencies but also the excellent work undertaken by the many voluntary and charitable 'third sector' organisations, of which Milli's Child Contact Centre, Brook and Jersey Mencap are just a few examples.¹³⁷

KEY FINDING 26: Effective communication with the public concerning the child welfare and protection work undertaken by the States and the many other agencies involved would help to increase knowledge of and access to services.

¹³⁶ Transcript of Public Hearing with Ms. B. Bell, Ms. J. Gafoor, Ms. J. Querns

¹³⁷ For more information on these organisations, see Appendices V-IX.

8. CHILDREN AND THE LAW

8.1 For the purposes of this review, we have considered the matter of children and the Law under two discrete headings. First, children who are represented in court either as victims of crime or as innocent parties in both public and private proceedings. Second, children and young people who offend – a subject that has already been closely scrutinised by the Howard League for Penal Reform, whose report *Jersey Review* shall also be taken into account here. Finally, it is important to be aware of the revised Children (Jersey) Law 2002, which came into force in August 2005. A summary of this Law can be found in Appendix IV¹³⁸, and opinion as to its current effectiveness may also be found in the *Jersey & Guernsey Law Review*¹³⁹.

Children in court

8.2 Any child whose needs must be represented in court is, by definition, vulnerable. The outcomes of court proceedings can have serious long-term repercussions for a child, both on an emotional level and in terms of the child's social and financial circumstances. This is most conspicuously the case in matters of public law (which are generally instituted by the Minister for Health and Social Services, when serious concerns exist for the state of a child's welfare), but it also applies to private law cases (as with divorce proceedings), which can impact heavily on the life chances of a child.

8.3 A safeguarding measure for children in such circumstances is to appoint an independent guardian to take responsibility for the child's personal and financial wellbeing, as well as to instruct a lawyer to represent the child in court. In the majority of cases, guardians are senior social workers or other professionals with significant experience in child protection work and family law. In the United Kingdom guardians are appointed through the Children and Family Court Advisory and Support Service (CAFCASS), which is a non-departmental public body specifically designed to safeguard and promote the welfare of children involved in family court proceedings. The primary reason for establishing such an independent body is to avoid any conflict that may occur if the guardian is appointed from the pool of social workers who may already be working with or have knowledge of the child or children involved.

¹³⁸ Appendix X *Background and Overview of the Children (Jersey) Law 2002*, Supplied by the Jersey Family Law Association

¹³⁹ 'The Voice of the Jersey Child', Barbara Corbett, *Jersey & Guernsey Law Review*, June 2008

8.4 Jersey, however, currently has no such body in place.¹⁴⁰ Despite the fact that much of the Children (Jersey) Law 2002 was based on the UK's Children Act 1989, the sections of the Act that pertain to the provision of guardians in public law proceedings were not included. Chief Probation Officer, Brian Heath, outlined to us why this is becoming a problem in the child-related work of the Jersey Courts:

"As you know, there was a new Children's Law introduced in 2003¹⁴¹ I think it was, which is largely based on the England and Wales Children Act of 1989. One area of that legislation was not adopted locally which was around the representation of children in public law proceedings so, for example, when a child is being taken into care, where a secure accommodation order is being pursued, and so on. Now, that did not form part of our law. However, once the law was in force and a court started working with it they found that in order to satisfy the principles of the law, in fact, something very similar to that Article was needed in practice and so began courting guardians. In fact, there is now a court judgment to say that in these matters, a guardian should be appointed."¹⁴²

8.5 Currently, many of the guardians who are appointed to represent children in the Island are social workers employed by the Children's Service or the Probation Service. It is often the case that these guardians will have prior knowledge of their charge or of their charge's family, which will inevitably make it harder for them to take a dispassionate view of the situation. Mr Heath again:

"Now, as I understand it at the moment, there are around 39 cases before the court in public law matters - a sort of guesstimate if you like, an average, and there is no such thing as an average case but in terms of social work guardians - if you average it out, it works out at around 120 hours' work per case. So that is a significant resource implication. Children's Service obviously cannot do that because they are not independent. They are the ones who are saying the children should or should not be taken into care, admitted into secure accommodation; whatever the matter is."¹⁴³

8.6 When there is deemed to be a conflict of this kind, an independent guardian is appointed from an outside source, such as the National Society for the Prevention of Cruelty to Children (NSPCC), at considerable cost to the public purse (the funds are taken from the

¹⁴⁰ Children (Jersey) Law 2002, Articles 7 and 75

¹⁴¹ The Children (Jersey) Law 2002 came into force in August 2005

¹⁴² Transcript of Public Hearing with Mr B Heath

coffers of the Judicial Greffe¹⁴⁴). To give a precise example, around £105,000 was spent on external guardians in the period from the end of October 2008 and the end of April 2009.¹⁴⁵

- 8.7 This is not, in our view, an adequate long-term solution. Even the NSPCC, which is being paid for the provision of these services, concurs with this view:

“Do I think that the NSPCC is the answer to providing a guardian service on the islands? No, I do not think it is. I do not think it is needed. I think there should be a means to provide guardian services on the island yourselves.”¹⁴⁶

- 8.8 Another reason why it would be beneficial to the Island to provide its own guardian services is the increasingly pressing matter of court-related workloads. Currently, the work associated with preparing the necessary papers for these cases resides with officers from the Children’s Service and Probation Service. If an independent body were to be established, this work would be undertaken by them. At the moment, however, the situation appears to be that the workload is gradually increasing:

“The Children’s Service... are under increasing pressure as the result of the work which they are currently required to undertake for the Family Court system in terms of the preparation of reports, court attendance etc. The Probation Service is similarly stretched in terms of their resources.”¹⁴⁷

- 8.9 The implementation of a local equivalent to CAF/CASS would start the process of change in both the cost of guardian provision, the framing of a truly independent courts advisory service and the alleviation of workload among the officers in the Children’s and Probation Services. The idea of a Jersey Court Advisory Service (JCAS) has already been proposed, and was one of the recommendations in the Williamson Report. We endorse this recommendation as a matter of urgency. The establishment of JCAS would allow guardianship services to be provided by the Service’s proposed staff (three full-time social workers), who would also absorb the court-related work that is putting other States services under “*increasing pressure*”.

¹⁴³ Transcript of Public Hearing with Mr B Heath

¹⁴⁴ “*It is being paid for by the Judicial Greffe as I understand; it is coming out of court and case costs*”, Mr Heath, Transcript of Public Hearing with Mr B Heath

¹⁴⁵ Submission from the Jersey Family Law Association

¹⁴⁶ Peter Liver, transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

¹⁴⁷ Submission from the Jersey Family Law Association

8.10 The expected role of JCAS has been summarised in the following terms by the Jersey Family Law Association (JFLA)¹⁴⁸:

- to safeguard and promote the welfare of children;
- to give advice to the family courts;
- to make provision for children to be represented if ordered by the Court;
- to provide information, advice and support to children and their families.

8.11 Generally speaking, it is anticipated that the Jersey Courts would ask for JCAS's assistance in the following cases:

- when parents or carers are separating or divorcing and have not reached agreement about arrangements for their children;
- where the appointment of a guardian for a child is ordered by the Court;
- where children could be adopted.

8.12 It is also important to note that the services provided by JCAS have become increasingly necessary in recent years due to a sharp rise in the numbers of private family law cases coming before the Jersey Courts. We asked Judy O'Sullivan, the Deputy Registrar of the Family Division, if she was able to quantify this increase and give an opinion as to the reasons behind it:

"In 2004 to 2005 there were between 40 to 50 children case review hearings, rising in 2007 to 98 such hearings and in 2008, 91 children review hearings. Thus there has been an overall increase in children cases since the introduction of the Children (Jersey) Law 2002 in the summer of 2005..."

"Both the Registrar and I have noted not only an increase in numbers but also that generally cases are now more complex, often involving mental health issues, allegations of drug-taking, violence, alcoholism and emotional abuse and there may be cases where children are also on the At Risk register. Parents are now more aware of their right to make applications, and it may be that litigants are more willing to raise issues, such as domestic violence, than previously."¹⁴⁹

8.13 The manpower implications of this rise in caseload can be quantified in the following terms:

¹⁴⁸ Submission from the Jersey Family Law Association

“In private law proceedings, at least 44 welfare reports were ordered by the Court in 2008, each requiring an average of 37 man hours to complete. There were 91 case review hearings – with an officer in attendance – each one taking up approximately 5 hours of that officer’s time. In addition updated reports and ongoing contact with the parties was required in a number of cases. It is estimated that the current combined workload of the Probation Service and Children’s Service in supporting the Family Court (to include providing training, supervision and administration) is the equivalent of a workforce comprising one Manager, three practitioners and an administrator. This will increase due to increased workloads particularly in public law cases (see below) and because the Court Welfare Officer may be asked to supervise some contact.”¹⁵⁰

- 8.14 Similarly, the increase in public law workloads referred to above would represent a proportionate rise in officer time spent dealing with cases:

“The Royal Court dealt with a total of 20 Public Law cases in 2008, nearly all of which were contested. In many cases, a guardian was appointed for the child or children and a lawyer was separately appointed to represent the interests of the child in court. The parents were also legally represented, as was the Minister. The Royal Court deals with around 10 non-contentious adoptions each year. In an adoption the Children’s Service or the Probation Service act as the child’s guardian ad litem and are instructed to provide a report making recommendations on the part of the child. Each report takes approximately 15 hours to complete.”¹⁵¹

- 8.15 In summary, the evidence presented to us clearly indicates that the quality of representation of vulnerable children in Jersey Courts could be greatly improved by the founding of an independent body such as JCAS. It also indicates that the founding of such a body would alleviate the strain of court-related casework under which the Children’s and Probation Services currently find themselves.

KEY FINDING 27: The establishment of a Jersey Court Advisory Service (JCAS) would improve the representation of vulnerable children in Jersey’s courts and would alleviate the strain of court-related casework under which the Children’s and Probation Services currently find themselves.

¹⁴⁹ Email submission from Judy O’Sullivan, Deputy Registrar, 01.06.09

¹⁵⁰ Submission from the Jersey Family Law Association

¹⁵¹ Submission from the Jersey Family Law Association

8.16 Another mechanism for safeguarding children's interests in a legal context is mediation. Mediation is the process by which a solution between disputants can be brokered by an impartial party before that dispute reaches the courts. The Jersey Family Mediation Service (JFMS) was established ten years ago as a non-profit making organisation with this purpose in mind. At its inception, it had the financial backing of the States and sponsorship from UK relationship support charity Relate; its current funding derives from an ongoing grant from the States (in the region of £11,000-£12,000), as well as intermittent donations from Lloyds TSB Foundation and the Association of Jersey Charities¹⁵². Typically, cases that are dealt with by the JFMS involve disputes between divorcing parents of children, who are referred to the service by lawyers, the Citizen's Advice Bureau and or themselves. Consistent with the figures supplied by the Registrar's Office, the JFMS has also seen a rise in the number of cases it is dealing with: in 1999, it had an intake of 40 cases; by 2008, that figure had risen to 70¹⁵³. In its submission to us, the JFMS elaborated on these rising figures:

"The service is aware that there is a significant increase in personal applications to the court in relation to both child and financial issues.

"The Service would welcome the opportunity to work more closely with the Courts and the Court Advisory Service in order to ensure that mediation is more readily available and accessible to those who do not wish to, or cannot afford legal representation. This would in turn assist the Courts by reducing the time spent in relation to these cases."¹⁵⁴

8.17 However, the Service is hampered in its ability to expand due to budgetary constraints. Having outgrown the premises it has hitherto been sharing with Relate, the JFMS will need to increase its spend if it is to grow to meet the demands of the rise in private cases in the family sector. Advocate Marian Whittaker of the JFMS was able to tell us what the cost of expansion would be:

"The difficulty we have at the moment is as a service we have reached a stage where we have more or less outgrown the nest of Relate. We have been in discussions with Relate recently because their administrator is not really able to cope with the level of work that mediation has been injected with recently as well as the Relate work. Something has got to give... So we would have to look for our own

¹⁵² Information derived from written submission *States of Jersey Scrutiny – The Coordination of Services for Vulnerable Children Review, Jersey Family Mediation Service*

¹⁵³ Submission from Jersey Family Mediation Service

¹⁵⁴ Submission from Jersey Family Mediation Service

premises and, as explained in the paper, we think that the budget to run that, and this is on a non-profit basis, would be between £50,000 or £60,000 if we were having to operate our own premises and have our own part-time administrator.”¹⁵⁵

- 8.18 Part of this cost could be absorbed by a shared premises with JCAS, should that body in fact be established. The two bodies would sit naturally together as entities operating independently from the States in related areas. Nevertheless, further funding from the States would be required if the full costs of the JFMS were to be met.

KEY FINDING 28: More States funding is necessary if the Jersey Family Mediation Service is to expand in response to growing demand.

Children who offend

- 8.19 While offending behaviour in children and young people has no single cause, it is often argued that juveniles who offend are also vulnerable to a range of adverse social conditions. A study published in the international journal *Criminal Justice and Behavior* finds that:

“The developmental precursors of criminal behaviour can be systematically traced back to variation in an individual’s early rearing environment (e.g., Blumstein et al., 1986; Farrington, 1995; Loeber & Stouthamer-Loeber, 1987). For example, McCord (1979, 1996) traced adult criminality to the child-rearing environment, including such things as parental affection and supervision. Patterson and colleagues (Patterson et al., 1989, 1991, 1992) demonstrated that parents’ lack of family management skills and disrupted parenting practices provide direct training for the development of antisocial behaviour that leads to an early onset of delinquency.”¹⁵⁶

- 8.20 Putting this into a local context, the Howard League for Penal Reform made the following remark in its report Jersey Review:

“Children who get in trouble with the law, and children who have unmet welfare needs, which require welfare provision from the state, are broadly speaking, the

¹⁵⁵ Transcript of Public Hearing with Advocate M Whittaker, Advocate H Heath and Ms S Pierce

¹⁵⁶ *Criminal Justice and Behavior*, Journal of the International Association for Correctional and Forensic Psychology, Vol 28, pp733-734

same group of children. There is evidence that in the past, Jersey children have been badly treated in both systems.”¹⁵⁷

- 8.21 A similar point was put to us during a Public Hearing with Chief Probation Officer Brian Heath, who told us that this theme of underlying vulnerability continues to be a feature of many of the more serious juvenile cases that pass through Jersey’s criminal justice system:

“Certainly, it is rare in the criminal justice system to see persistent difficult young offenders who do not have substantial social problems. You know, their needs rather than deeds are generally the bigger problem, and yet we are expecting to deal with them primarily through the deeds; and that is the wrong emphasis, I think.”¹⁵⁸

- 8.22 Of course, any consideration of this area relies on a satisfactory answer to the question of when a child becomes an adult in the eyes of the law. While we lack the expertise, time and resources to attempt a full answer to that question ourselves, we consider it a matter worthy of thorough investigation, particularly in the light of the States’ recent agreement to seek extension of the United Kingdom’s ratification of the United Nations Convention on the Rights of the Child (UNCRC)¹⁵⁹.

- 8.23 Ratifying the UNCRN would mean that Jersey would need to address the fact that the United Nations’ (UN) remains -

“concerned that... the age of criminal responsibility is set at 8 years of age in Scotland and at 10 years for England, Wales and Northern Ireland”¹⁶⁰ -

and the fact that the UN continues to recommend that the aforementioned countries raise their ages of criminal responsibility¹⁶¹. However, the Convention itself does not recommend a minimum age (it states only that there should be -

“a minimum age below which children shall be presumed not to have the capacity to infringe the penal law”¹⁶²), -

¹⁵⁷ *Jersey Review*, Howard League for Penal Reform, p29

¹⁵⁸ Transcript of Public Hearing with Mr B Heath

¹⁵⁹ Minutes of the States of Jersey, 09.06.09, pp274-275

¹⁶⁰ UN Committee on the Rights of the Child, Forty-Ninth Session, Consideration of Reports Submitted by States Parties Under Article 44 of the Convention on the Rights of the Child, Concluding Observations UK and N Ireland, p18

¹⁶¹ UN Committee on the Rights of the Child, Forty-Ninth Session, Consideration of Reports Submitted by States Parties Under Article 44 of the Convention on the Rights of the Child, Concluding Observations UK and N Ireland, p19

¹⁶² United Nations Convention on the Rights of the Child, Article 40, 3 (a)

and there are considerable variances around the globe.

KEY FINDING 29: The implications of the United Nations Convention on the Rights of the Child need to be analysed by those with direct knowledge and experience, and then be ratified by the States of Jersey.

8.24 The subject of age has also surfaced in another context during the course of this review: namely, that of custodial sentencing and secure accommodation. The Howard League drew attention to this in the following passage extracted from its report *Jersey Review*:

“The Criminal Justice (Young Offenders) (Jersey) Law 1994 contains the following provisions which are particularly pertinent to our review:

- *It sets the age of criminal responsibility at 10 (Article 2) We shall discuss this further in para 2.14 below*
- *It stipulates that no person under the age of 15 may be sentenced to a youth detention order (Article 4 (1))*
- *It sets a custody threshold which must be satisfied before a court can pass a sentence of custody. The court must be satisfied either that the young person has persistently failed to respond to non-custodial penalties or the custodial sentence is necessary to protect the public or the offence is so serious that a non-custodial sentence cannot be justified.*
- *Article 5 deals with very serious offences. It stipulates that if a person under the age of 18 is convicted of murder or an offence for which the sentence is fixed by law as imprisonment for life, then the court shall sentence the person “to be detained during her Majesty’s pleasure”, that is potentially indefinitely. This option is available for a child as young as 10. However the provision is almost never used – perhaps once every 10 years.*

This law is also significant in what it omits to stipulate. In particular, there is no reference to:

- *The principle that welfare should be relevant in the youth court. Indeed welfare is not mentioned at all in the law*

- *Children's rights*¹⁶³

8.25 The options available to children serving custodial sentences in Jersey are, in our view, still too limited. This view is based partly on our visits to Greenfields Centre (which was at full capacity when we were there, in contrast to Andrew Williamson's experience of that facility) and to the Young Offenders Institute (YOI) at HMP La Moye, where we were able to conduct some private interviews with inmates. It is also based on evidence that has been presented to us by parties working within the Island's criminal justice system.

8.26 Mr Heath of the Probation and After Care Service highlighted the fact that the aforementioned lack of flexibility in the youth detention structure in Jersey will cause problems if the age of criminal responsibility is automatically raised as a result of ratification of the UNCRC:

*"I think the difficulty is you cannot just raise it; you have to have the mechanisms in place to deal with the behaviour by other routes. So, again, it is not a simple thing; you cannot just say: 'Right, we are going to raise the age of criminal responsibility.' I think you have to take a whole-system approach and look at the resource you are putting into young people and how you are going to respond to the problems they pose. I think when it comes to something like the Greenfields/YOI split, I think there is a consensus among senior managers that there needs to be some flexibility around age. On the one hand, you can have a very sophisticated 15 year-old and you can have a very naive and immature 17 year-old; both, you know, wrapped up in the system and placement should take account, I think, of individuals' needs."*¹⁶⁴

8.27 This shortage of secure accommodation for young offenders also has an impact in the short term – that is, from the moment that a child is taken into police custody following an offence or disturbance. Acting Deputy Chief Officer of the States of Jersey Police, Barry Taylor, submitted the following evidence:

"But I think what I have become aware of recently, since my time here, is that there does seem to be a shortage of secure accommodation on the Island and all concerned, all the agencies involved in this particular area of work are stretched rather when we do have issues involving a large number of children. This can go in peaks and troughs. To be honest, there has been a fair degree of activity over recent weeks where we have children in town or offending in town, whatever, and they have been dealt with promptly, and again it has been a multi-agency approach."

¹⁶³ Jersey Review, Howard League for Penal Reform, pp6-7

There is very good dialogue and action between the various authorities, but often it is difficult when we have to deal with children within the framework of the law, again looking after their welfare, whether they are offender or not, sometimes there are not opportunities to actually take that person into perhaps a secure accommodation. Again, fostering is an approach that is used quite often for those cases.”¹⁶⁵

- 8.28 This statement is particularly significant in the light of the increased activity in the States of Jersey Police’s Public Protection Unit (PPU). The following excerpt from the *States of Jersey Police Force’s Annual Performance Report 2008* provides some background and statistics on this increase in the referrals made to the PPU:

“This area of policing underwent significant reform in 2006 following the introduction of the new Children’s (Jersey) Law in the previous summer. New procedures and protocols were developed to help share information between agencies, notably the Police and the Children’s Service, and agree the appropriate handling of cases...

“In 2006 and 2007, the number of referrals to the PPU from other agencies was relatively stable but last year saw a 180% increase from 147 referrals from outside agencies in 2007 to 411 in 2008.

“Once again, these increases have placed considerable pressure on available resources but this has to be a priority given the potential consequences for individuals, families and the community as a whole.”¹⁶⁶

- 8.29 In addition, an Appendix of the same report from the States of Jersey Police lists the following crime statistics for 2008: Cruelty and Neglect of Children, 72 reported, 30 detected; Gross Indecency with Child, 13 reported, 5 detected.¹⁶⁷

KEY FINDING 30: Jersey needs more secure accommodation for children and young people, as well as a greater degree of flexibility in the ways in which this provision can be used.

- 8.30 It would also be useful at this point to refer to the preventative role played by the Youth Action Team (YAT), which was set up on the back of a recommendation in the Bull Report

¹⁶⁴ Transcript of Public Hearing with Mr B Heath

¹⁶⁵ Transcript of Public Hearing with the Minister for Home Affairs, the Deputy Minister for Home Affairs, the Acting Deputy Chief of Police and DS C Davison (SoJ Police Force Public Protection Unit)

¹⁶⁶ *States of Jersey Police Force’s Annual Performance Report 2008*, p5

¹⁶⁷ *States of Jersey Police Force’s Annual Performance Report 2008*, Appendix A, pp17-18

and became operational in September 2005. Specifically, the Bull Report recommended that:

“A multi-agency Youth Action Team should be established and based in the Community.

“It should be designed to deliver voluntary programmes as well as those associated with Parish Hall Enquiries and Court Orders.

“It will have a pivotal role in responding to SEBD¹⁶⁸ children assessed at risk.”¹⁶⁹

8.31 In its submission to us, YAT described the background to and essential remit of its work:

“The team is a multi-agency partnership between the States of Jersey Police, the Children’s Service, The Child and Adolescent Mental Health Service and the Probation and After Care Service.

The Team adopted the following statement as its main focus:

The Youth Action Team will work with young people, their families and the community to reduce offending and anti-social behaviour by enabling young people to lead responsible and productive lives.

The Team is located at The Bridge in Le Geyt Road and this provides a good base in the Community which YAT shares with other States agencies and voluntary organisations.

The staff group consists of a Manager, administrator, a senior social worker, one full and one part time social worker, two support workers, one police officer and a mental health nurse practitioner.

The Probation Service provides dedicated liaison officers and the Youth Service send a senior worker to the Youth Action Team meetings and is providing an increasing level of sessional staffing for activities.”¹⁷⁰

8.32 On a visit to YAT we found that staff had spent a considerable amount of time over a two-day period assisting with six females who had come to the attention of the criminal justice system for public disorder offences.

¹⁶⁸ Social, Emotional and Behavioural Difficulties

¹⁶⁹ Bull Report

8.33 YAT's work is based around attendance at Parish Hall Enquiries, Courts, Police Headquarters and providing bail support and reporting sessions as well as the provision of residential 'Motocross' sessions¹⁷¹. Voluntary involvement of young people as well as those bound over by the Courts is increasing after a slow start.

8.34 At the Sub-Panel Hearing, Youth Action Team Manager Grant Blackwell said:

*"Very importantly we are a multi-agency team and I think in Jersey that was new and a big sea change. So, for example, every Monday at the Bridge the team meet and we look at all the cases that are coming through to the Parish Hall and all those through to the Youth Court and the Royal Court. So, all the agencies are there and now the Youth Service have joined in, we have got the data protection of that sorted and we totally share all the information about the young person. So we look at them holistically and try to balance their justice and welfare needs. What this means is, hopefully, a more efficient use of resources, we are not contradicting each other, we are working together wherever possible and ultimately the outcome is better for the young person. So I think that has been a big help and I hope that has come through."*¹⁷²

8.34 Concentrating on the specifics of the areas of offending targeted by YAT, Mr Blackwell went on to explain:

*"For instance, we particularly targeted take and drive aways, 4 years ago there were a lot scooters and motor cycles being stolen, very inconvenient, expensive and dangerous. We set up the Motocross Project and those figures have dropped and we would know now who was stealing motorcycles and we would be very quickly on their case. So it is targeting particular things that we can make a difference... In any one month we would have up to 400 at least contacts with young people individually or in groups and they tell us things, particularly when we go around residential, we learn a lot about them. It is what their needs are and what helps to divert them from crime and antisocial behaviour. I think we need to listen more and respond accordingly. The big issue is activity is what I am hearing from both staff and young people, it seems to do."*¹⁷³

¹⁷⁰ Information for Health, Social Security and Housing Sub-Panel, Submitted by Youth Action Team, 06.05.09, p2

¹⁷¹ Targeting take and drive away crime

¹⁷² Transcript of Public Hearing with Mr P Dennett and Mr G Blackwell

¹⁷³ Transcript of Public Hearing with Mr P Dennett and Mr G Blackwell

KEY FINDING 31: YAT have done some excellent intervention and support work with young people in and outside the criminal justice system.

- 8.35 A more widely known mechanism to keep children and young people out of the courts is the Parish Hall Enquiry (PHE) system, which has its roots in Jersey's history of community organisation rather than in its formal judiciary. Attendance at a PHE is voluntary and the attendee can at any time request that the case be heard before a Magistrate, however if the matter remains within the purview of the *Centenier* who is presiding over the PHE, then there are a number of options as to how the attendee might best be dealt with. Of these options, Voluntary Service Orders give the facility to refer the person in question to drug and alcohol education, victim awareness, restorative justice initiatives, employment and training support, bereavement counselling, and a programme of intervention designed to prevent further offending.
- 8.36 Information submitted to us from the Alcohol and Drugs Service show that the majority of referrals came to the Service via the PHE system, with a total in 2008 of 48 cases referred for drugs and 27 referred for alcohol. Other sources of referral were schools, the Children's Service, CAMHS and the individuals themselves (the youngest of whom was 14).¹⁷⁴

¹⁷⁴ Statistics submitted by the Alcohol and Drugs Service, June 2009.

9. THE WILLIAMSON REPORT

9.1 We welcome this opportunity to acknowledge the work of Andrew Williamson and Peter Smallridge¹⁷⁵, which culminated in the report *An Inquiry into Child Protection in Jersey*. As stated in previous chapters of this report, we neither believe it to be necessary nor do we consider ourselves to be qualified to second-guess the Williamson Report. That said, we have conducted our own review and are bound to make public any findings based on the evidence and submissions that have been put before us. These findings will assist those charged with the task of implementing Mr Williamson's recommendations to identify any areas of the Island's child protection services that require further investigation and consideration.

9.2 In this report, we have drawn attention to various submissions, statistics and findings that collectively point to what are best termed 'areas of concern'. Of these areas of concern, perhaps the most acute is the problems associated with retaining field social workers, combined with the lack of monetary and staffing resources in other crucial 'frontline' areas of child protection work (in the public, private and voluntary sectors). We do not think that this area of concern has been adequately addressed to date and it is our view that more investigation must be carried out into the current operational status of the Children's Service. Does it have sufficient staff and, if not, why not and what can be done about it? While Williamson touched on this matter in his report, which in turn has produced recommendations concerning recruitment of social workers, there is scope for more extensive research into this matter than that which was undertaken by Williamson and Smallridge.

9.3 In his *Review of the Williamson Report*, which was commissioned by this Sub-Panel in May 2009, Professor Ian Sinclair¹⁷⁶ made the following observation:

"In my view none of the reports¹⁷⁷ provide a general consideration of child abuse on the Island or a rounded view of what should be done about it.

"This limitation is most surprising and also most explicit in the Williamson report. The author was specifically asked to look at child abuse and at the procedures and policies surrounding it. Despite this, the report contains almost no discussion of field social work, child protection registers, child protection conferences, serious case

¹⁷⁵ Peter Smallridge CBE, Director of Social Services for Kent County Council, assisted Andrew Williamson in his Inquiry

¹⁷⁶ Professor Emeritus, Social Policy Unit, University of York

*reviews, the roles of doctors, Accident and Emergency Departments or Health Visitors in responding to abuse, or the adequacy or otherwise of services for the under fives (e.g. 'child minding', day care or family/children's centres)."*¹⁷⁸

9.4 As will be evident from earlier chapters of this report, an area that concerns us is the recruitment and retention of field social workers in Jersey. We believe this matter deserves a level of rigorous scrutiny which we have neither had the time nor expertise to undertake, and which was not, as highlighted in the above quotation, achieved in the Williamson Report. Similarly, we have heard compelling submissions on other areas of concern that were omitted from the Williamson Report. A Private Hearing with a General Practitioner affiliated to the Children's Service gave us cause to believe that there is an immediate need for close and independent examination of the ways in which doctors assess and respond to child abuse and other issues involving vulnerable children and their families. Also, the subject of day care is one that Williamson did not cover and yet it contributes to the debate on Jersey's services for vulnerable children. A recent Unicef report, for example, found that "*concerns about the child care transition have been voiced by child psychologists and child rights activists in many countries.*"¹⁷⁹

9.5 Another area of concern is that not enough has been done, in our view, to examine the cultures of the relevant child protection services and the good practice of individuals within those services. The Williamson Report was limited in its coverage of these subjects, although its Terms of Reference suggested that individual performances would be evaluated:

"To investigate and report on:

"the appropriateness of the policies, advice and procedures produced by the Jersey Child Protection Committee and the Health and Social Services, Education and Home Affairs Departments;

"the manner in which such policies, advice and procedures are followed by the departments;

*"the standards, experience and qualifications of staff as [at] all levels and within all relevant departments."*¹⁸⁰

¹⁷⁷ Professor Sinclair also referred to the Bull and Howard League Reports in his paper

¹⁷⁸ Appendix II A Review of the Williamson Report

¹⁷⁹ Unicef Innocenti Research Centre, Report Card 8, *The Child Care Transition*, p19

¹⁸⁰ Terms of Reference, Williamson Report, p3

9.6 Instead, the Report focussed on issues of management and funding. This concerns us because there are certain problems that can be said to be universal, such as those pertaining to recruitment, retention and management of staff, and there are others that are specific to individual jurisdictions, Departments and, in some cases, personnel. These are the subjects that a targeted report must look at closely if it is to delve beyond catch-all solutions in its recommendations. One only has to look, for example, at the recent report from the Care Quality Commission¹⁸¹ inquiring into the involvement and action of health bodies in the case of ‘Baby P’ to understand that problems of communication, coordination and staffing are inherent in all Children’s Services. What is of even specific interest to Jersey is whether the Island’s services, whose cultures and staff are unique, can be improved upon. To know the answer to this, we must first ascertain what, in precise terms, the cultures and personnel of those services are like.

9.7 In the words of Professor Sinclair:

“I have not identified in these three reports any example where the authors pinpoint personal bad practice, a noxious culture, or a person who is not up to the job. The nearest that the reports come to this is the recognition in the Williamson report that morale is, in some places, poor and the references to staff conflict and disunity in the Howard League report on Greenfields. In the main, however, the focus is on changes in policy and organisation.”¹⁸²

9.8 And yet professional opinions imparted to us during the course of this review suggest that these types of shortcomings do exist in the current system. A professional source, quoted earlier in this report, also told us:

“I was gutted when that report came out. I thought it was a very poor report but I think perhaps it was done because – rumour has it – he was worried about the whole Department collapsing and children really being at risk.”¹⁸³

9.9 It is therefore important to recognise that any proposed reforms and improvements to Jersey’s child protection services cannot be based on the findings and recommendations of the Williamson Report alone. There are, as we have illustrated, several areas of concern that have not been adequately (if at all) addressed by Mr Williamson. Instead, it is our view

¹⁸¹ Review of the involvement and action taken by health bodies in relation to the case of Baby P, Care Quality Commission, May 2009

¹⁸² Appendix II A Review of the Williamson Report

¹⁸³ Written submission from an anonymised professional, June 2009

that the Williamson Report should be viewed simply as a step in the right direction. As Professor Sinclair remarks in the conclusion to his paper:

*“The Williamson report provides a very plausible analysis of key changes that Jersey may need to make in its children’s services. It does not give, or even pretend to give, a full analysis of all aspects of child protection. In particular, it has little to say about services for the under fives, or key aspects of child protection such as the child protection register. Its focus is also on organization rather than on the people who may or may not make the organization work.”*¹⁸⁴

KEY FINDING 32: While the document *Williamson Report: Implementation Plan* provides a baseline for improvements to the Island’s services for vulnerable children, it does not address all the salient issues because Andrew Williamson’s *An Inquiry into Child Protection in Jersey*, on which the Implementation Plan is based, does not constitute an exhaustive investigation of Jersey’s child protection services.

¹⁸⁴ Appendix II A Review of the Williamson Report

APPENDIX I:

Evidence gathering

Review Hearings

The Sub-Panel held the following Hearings:

Public Hearings

Wednesday 22nd April 2009

Senator J.L. Perchard (The Minister for Health and Social Services)

Mr. T. Le Sueur (Service Manager for Children's Services)

Ms. M. Baudains (Directorate Manager of Social Services)

Wednesday 22nd April 2009

Senator B.I. Le Marquand (The Minister for Home Affairs)

Deputy J.A. Hilton of St. Helier

Mr. B. Taylor (Acting Deputy Chief of Police)

Ms. C. Davison (Public Protection Unit)

Wednesday 22nd April 2009

Mr. J. Byrne (Jersey Care Leavers Association)

Ms. C. Cooper (Jersey Care Leavers Association)

Ms. E. Le Poidevin (Chair, Jersey Care Leavers Association)

Friday 1st May 2009

Deputy J.G. Reed of St. Ouen (The Minister for Education, Sport and Culture)

Mr. M. Lundy (Director of Education, Sport and Culture)

Ms. J. Forrest (Principal Educational Psychologist)

Ms. P. Tumelty (Parenting Programme Manager)

Ms. B. Cochrane (Senior Education Welfare Officer)

Tuesday 5th May 2009

Professor J. Thoburn (Chairperson of the Jersey Child Protection Committee)

Tuesday 5th May 2009

Mr. A. Williamson

Wednesday 6th May 2009

Mr. P. Dennett (Children's Executive Co-ordinator)

Mr. G. Blackwell (Youth Action Team Manager)

Wednesday 6th May 2009

Mr. B. Heath (Chief Probation Officer, (Probation and After-Care Service)

Friday 15th May 2009

Ms. J. Gafoor (Lead, Child and Family Services, Family Nursing and Home Care)

Ms. J. Querns (Health Visitor)

Ms. B. Bell (Divisional Manager of Governance, Family Nursing and Home Care)

Friday 15th May 2009

Ms. W. Hurford (Brighter Futures)

Monday 18th May 2009

Advocate Marian Whittaker

Advocate Heidi Heath
Mrs Sarah Pierce (Jersey Family Mediation Service)

Monday 18th May 2009

Dr. B. Williams (Consultant Clinical Psychologist, Child & Adolescent Mental Health Services)
Mr. J. Gordon (Senior Nurse, Child and Adolescent Mental Health Services)

Monday 18th May 2009

Ms. N. Hopkins (Manager, NSPCC Project Pathways, St Clement)
Mr. P. Liver (Director, NSPCC UK)

Private Hearings

Friday 15th May 2009

Witness 1

Monday 18th May 2009

Witnesses 2 & 3

Written submissions

The Sub-panel received the following written submissions:

- *Services for Vulnerable Children* (Department of Education, Sport & Culture)
- *Submissions of the Jersey Family Law Association to the Scrutiny Panel in Relation to its Review of the Coordination of Services for Vulnerable Children* (Jersey Family Law Association)
- *States of Jersey Scrutiny – The Coordination of Services for Vulnerable Children Review* (Jersey Family Mediation Service)
- *The Distinctive of Contribution of Health Visiting to Public Health and Wellbeing* (Family Nursing & Home Care)
- *Further Information for Health, Social Security & Housing (Children's Services) Sub-Panel* (Fostering & Adoption Jersey)
- *Quality Awards 2008 A New Fostering & Adoption Service for Jersey* (Fostering & Adoption Jersey)
- *Looking after our Vulnerable Young People – what is already in place or available that the Housing Department is in involved in?* (Housing Department)
- Email submission from Judy O'Sullivan, Deputy Registrar
- *Submission by the Jersey Child Care Trust to the Coordination of Services for Vulnerable Children* (Jersey Child Care Trust)
- *Request from Scrutiny of Case Studies Exemplifying the Work of Brighter Futures* (Brighter Futures)
- *Statistics Jan 2005-April 2009* (Brig-Y-Don Children's Home)
- *Information for Health, Social Security and Housing Sub-Panel* (Youth Action Team)
- *Submission from Milli's Child Contact Centre* (Milli's)
- *Brook in Jersey* (Brook)

Sub-Panel visits

The Sub-Panel made the following evidence-gathering visits:

Monday 20th April

Greenfields Centre

La Preference Children's Home

Brig-Y-Don Children's Home

Young Offenders Institute, HMP La Moye

Monday 11th May

Fostering & Adoption Jersey, La Chasse Centre

Friday 22nd May

Jersey Association of Youth and Friendship

National Society for the Prevention of Cruelty to Children (NSPCC) Pathways Centre

The Bridge Centre

St Mark's Adolescent Centre

Youth Enquiry Service

Wednesday 27th May 2009

Heathfield Children's Home

APPENDIX II:

A Review of the Williamson Report

Introduction

This paper provides a “written review of Andrew Williamson’s report ‘*An Inquiry into Child Protection in Jersey*’”. I have been asked to write this by the States of Jersey Health, Social Security and Housing Scrutiny Panel. In responding to this request I have kept in mind the terms of reference for this panel and in particular the requirement that they also take account of two reports, one by Dr Kathy Bull (the ‘Bull report’) and the other by the Howard League.

My paper is a desk exercise based on reading these three reports. I have never been to Jersey. I know very little about the structure, history and traditions of its services. I have not interviewed professionals on the island or talked to the children who receive its services. In this situation I have to review a report which is quite short, given its subject matter, and which does not rely on an analysis of statistics or the presentation of detailed evidence. Mr. Williamson is a very experienced and distinguished man who has clearly spent a substantial amount of time interviewing the relevant people. Unless I repeat his work, I can have few grounds for disagreeing with his conclusions.

Despite these disadvantages I am able to provide some appraisal of the report. It is possible to see how far the recommendations seem to fit with common sense and good practice, and how far they cover the report’s brief. It is also possible to look at how far the three reports I have been given are consistent with each other and at the strength of the evidence each produces. In the light of these considerations I try in this paper to:

- Identify the issues covered by the report
- Assess how far this coverage provides a complete and reliable response to the report’s brief
- Give some general overall conclusions.

As will be seen, this procedure led me to conclude that there are good reasons for endorsing all or almost all the report’s recommendations. Of itself, however, the report does not provide a full analysis or assessment of the Jersey Child Protection System. This limitation is a reason for planning further work but not a reason for putting off decisions on what Mr. Williamson has recommended.

Themes in the Williamson Report

Mr. Williamson was essentially asked to review the Jersey Child Protection System. In doing so, he was asked to look particularly at the relevant ‘policies advice and procedures’, the way in which they were followed on the ground, and the degree to which the staff had appropriate qualifications. In responding to this brief he drew on three sources of evidence:

- Interviews with members of the public responding to an advertisement asking for personal experiences of children’s services in general and children’s homes in particular
- Visits to individual establishments, attendance at meetings ‘across a range of State Departments’ and interviews with relevant professionals and other concerned individuals
- Reports, reviews and documentation of policies and procedures specifically related to Jersey, along with UK Government reports on Secure Care Homes, ‘Child Protection Services and Safeguarding Boards’.

In doing this he seems to me to have had two main aims.

First, he was trying to satisfy himself that current practice, particularly in residential care, was not flagrantly and systematically bad. If it was, it appears to me that he would have found this out through his interviews with the public or his visits to the residential establishments. This part of his work did identify some concerns (e.g. about the use of La Moye and about the 'out of hours service'). However, he did not feel that there was a current 'culture of abuse', of the kind, for example, that has been identified in the past in some children's establishments in England, Wales and Northern Ireland. He was obviously aware of the concerns about past abuse, but for legal or other reasons, he dealt with this as outside his brief. He was also aware that the Howard League report would focus on these issues in more detail.

Mr. Williamson's second aim was, as I see it, to give a coherent analysis of the organizational problems facing Children's Services on the island and of the steps that should be taken to put these right. In the end he produced a limited but far reaching set of 11 recommendations. These are presented as unrelated bullet points but seem to be connected. Both they and his analysis of his evidence focus on five main issues:

- 'Joined up working' between agencies
- The need for clear lines of accountability
- Service redesign
- Staffing
- Quality Assurance

In short, Mr. Williamson sought to achieve a situation where appropriate and properly staffed and assured services work well together without a loss of accountability. These are clearly laudable and coherent aims and I deal with each briefly below.

The need for 'joined up working' is the leitmotiv for reports on child protection. It is picked up in the title of the UK document 'Working Together' and is reiterated in report after report on the tragedies of child abuse. Williamson provides examples of good practice in this respect, including the CAMHS service 'which links well with other agencies', the Le Rocquier school which delivers 'a seamless service', a club that meets on the Greenfields site which is 'an innovative multi-agency approach' and the 'impressive' work of the Jersey Youth Service. However, his interviews with the public and professionals also picked up a concern that services did not work well together. He felt that one reason for this and was a lack of a 'clear strategic direction'. For this reason he recommends:

- A biannual Children's Plan that should cover certain specified areas
- A reformed Children's Services Executive Committee at chief officer or deputy level that would be responsible for producing the plan and ensuring that it is implemented and reviewed

The need to emphasise 'joined up working' was disappointing, since this had been the central plank of the earlier Bull report. Mr. Williamson sees this as a laudable objective. In practice, however, he is critical of the Children's Executive, which was Dr Bull's way of achieving this end. He says that this Executive has created an additional tier of management within the Children's Service of the Health and Social Services Department without a 'clear line of accountability or delegation'. It thus muddies the management of looked after and vulnerable children without offering genuine joint working or the ability to ensure action across departments. He bases these views on his reading of minutes, the uncertainties about accountability found in the 'corporate parenting group' and his observation of meetings.

In response to this problem Mr. Williamson emphasizes clear accountability. He proposes that there should be:

Coordination of Services for Vulnerable Children Review

- A minister, either for all children or for vulnerable children, who would give a clear signal that Jersey is determined to be a centre of excellence in this area as well as 'clear lines of accountability'
- A 'new management structure' to ensue that all agencies (Including Children's Social Services, CAMHS, Probation, YAT, Youth Service and Schools) contribute to the well-being of children
- Refined approaches to contracting with voluntary agencies which would no doubt be expected to give them a defined place in implementing the plan

Service redesign within the Children's Social Services division of the Department of Health and Social Services is the third plank in these proposals. The need for this follows partly from the wish for these services (which have the designated lead role in safeguarding vulnerable children) to facilitate a multi-agency approach, partly from particular concerns about residential care and the treatment of young offenders, and partly from the concern expressed in his interviews with the public about the out of hours service. So Mr. Williamson wants good 'seamless' practice such as that shown by Le Rocquier school to be taken up more widely. He also seems implicitly concerned about an apparent reliance on residential care, which is high by U.K. standards, the use of a Youth Offender Institution and some past practice in residential care. He recommends:

- A review of the use of residential care (clearly he expects that this will result in greater use of fostering and adoption along with no use of custody for children under 16 and much less use of it for children aged 16-18, but the explicit reference is to the redesign of the Greenfields site to accommodate a 'range of services')
- Links between secure accommodation, the YOI and the JCPC to ensure appropriate safeguarding
- A revised out of hours service which uses 24 hour health and social services availability
- The increased use of video-conferencing to present children's evidence in court (an important issue but one aside from the main thrust of the report).

These changes will not 'work out' unless there is adequate and appropriate staffing. On this, Mr. Williamson is generally reassuring. This is the fourth plank in his approach. He reports generally adequate levels of staffing and says that most staff have appropriate qualifications. He says that sometimes there are problems because of vacancies or sickness but that generally there is a proactive approach to recruitment and training. His main concerns are that staff can feel that they are inadequately supported and 'on their own' and also that there is not a 'personalized approach to training'. He thinks that the establishment of a CAF/CASS type service should be considered in order to improve the service to divorcing parents in conflict about arrangements for their children and at the same time diminish the pressure they put on staff. He argues that it is essential that staff have on-going training that enables them to meet the requirements of their registration, and that there should be individual development plans for all staff. He also (see below) wants a more developed 'whistle-blowing policy', something which should reduce anxiety among staff concerned about possible bad practice.

Finally, Mr. Williamson is concerned about the need for 'External Independent Scrutiny' or, more generally, what I would call quality assurance. He argues that there is a particular need for this in an island community. The public need to be assured that bad practice is not being condoned or covered up by 'old boy networks' and there may be a perceived need to guard against complacency and a resistance to new ideas. For these reasons he suggests:

- The appointment of an agency to review the service on a bi-annual basis
- The use of an agency or individual to provide an independent reviewing officer who is not resident on the island
- A revised 'whistle-blowing' policy (something which staff should also find supportive)
- The establishment of a group to represent the users of a 're-modeled children's service'.

Taken together these are far-reaching, logical and coherent proposals. In what follows I will assess them in a slightly more critical light. I should stress here that my concerns are basically about what Mr. Williamson does not say rather than about what he does. As will be seen at the end, I endorse almost all that Mr. Williamson has said.

Is the Report an Adequate Response to the Brief

The Scrutiny Panel has been specifically asked to bear in mind three reports. Of these, one, the Williamson report, was written in the context of particular concerns about residential care. One, the Bull report, took a wide view of its remit but was commissioned to look at children with emotional and behavioural difficulties and one, the Howard League review, was asked to consider the proper approach to juvenile offenders. In my view none of the reports provide a general consideration of child abuse on the Island or a rounded view of what should be done about it.

This limitation is most surprising and also most explicit in the Williamson report. The author was specifically asked to look at child abuse and at the procedures and policies surrounding it. Despite this, the report contains almost no discussion of field social work, child protection registers, child protection conferences, serious case reviews, the roles of doctors, Accident and Emergency Departments or Health Visitors in responding to abuse, or the adequacy or otherwise of services for the under fives (e.g. 'child minding', day care or family/children's centres). All these issues would be covered in a full treatment of what appeared to be Mr. Williamson's brief.

Mr. Williamson is clearly conscious of this limitation and deals with it by pointing out that Professor Thoburn has been considering this matter and that he has left these things to her. He is certainly right in saying that Professor Thoburn is a distinguished and experienced person. However, the Scrutiny Committee must bear in mind that her report, which I have not been asked to consider, must be included in any wider look at child abuse. It is also possible that her remit did not allow her to look at all the issues that need to be covered.

A second limitation on all these reports is that they have rather little to say about the culture of the department or the practice of individuals within it. Their focus is on organisation. Sometimes they recommend good practice. The Howard League report, for example, does commend the work of prison officers at La Moye and their ability to form relationships with their charges. The reports are also concerned with bad practice that is embedded in policy and procedures, a possible example being the Grand Prix system. I have not identified in these three reports any example where the authors pinpoint personal bad practice, a noxious culture, or a person who is not up to the job. The nearest that the reports come to this is the recognition in the Williamson report that morale is, in some places, poor and the references to staff conflict and disunity in the Howard League report on Greenfields. In the main, however, the focus is on changes in policy and organisation.

As I see it, this limitation is not the fault of the reports' authors. To pillory individuals would be potentially unfair, invite resistance or even legal action, lower morale and detract from the messages the authors want to get across. That said, individuals, particularly those in key positions, do matter. The scrutiny panel will have to make up their minds on how far any failings in the past have been to do with individuals and how far any changes they wish to see will depend on some changes in personnel. This is an important point to which I return later.

A third and final limitation concerns the comprehensiveness of the reports' recommendations. As I pointed out, the Williamson report is driven by a small number of key concerns (e.g. about quality assurance) which in turn drive a larger number of recommendations (e.g. for an Independent IRO, an external inspection agency, and a committee of users). These particular recommendations almost always seem to me sensible. However, they do not necessarily cover all that is needed. For example, it would be possible to accept all the Williamson recommendations on quality assurance and user representation but also see a need for the Independent Child Advocacy Service and better complaints procedures advocated in the Howard League report.

These comments have been about what the report does not say. I would also like to make some comments on what it does say. I do these under the headings I gave earlier.

First, I think that the Williamson report does provide reassurance that, at the time he was conducting his inquiries, there was no systematic institutional abuse of the kind represented in England by the 'Pindown' scandal. If there was, I would have expected this to be picked up from the interviews with the public or the unannounced visits or both. This does not, however, mean that bad practice may not exist or that there is not serious abuse of other kinds. Bullying, sexual grooming, or even a dysfunctional regime are not easy to detect. It is noticeable that the Howard League report gave a much more pessimistic account of Greenfields than that reported by Mr. Williamson. It is difficult to know whether the former account is more accurate or whether the authors just happened to come to the establishment on a bad day. The difference does, however, illustrate the difficulty of building an accurate picture of a residential establishment in one or two visits.

Second, the Bull, Williamson and Howard League reports all call, in one way or another, for 'more joined up' working. A biannual Children's Plan would clearly help to provide strategic direction for such work. Mr. Williamson is, to my eyes, slightly too prescriptive over the areas a plan would cover (why, for example, is there a mention of alcohol but not the abuse of drugs?) but a plan is, as I see it, a sensible idea. So, too, is the suggestion that management changes would make joint working more likely and that appropriate contracting with voluntary agencies would enable them to play a part in it. The only caveats I would make is that the key to joint working lies in the wish of individuals to work together and the incentives for them to do so. There are many reasons why it is difficult for schools, social services, police and doctors to collaborate systematically and closely. Genuine collaboration may grow over time. In my view, the changes proposed may be necessary for this to happen but will not bring it about on their own.

Third, there is no reason to doubt Williamson's concerns about the lack of clear direction for the Children's Executive or his analysis that this stems from a lack of clear lines of accountability. This analysis does support his call for a Children's Minister and his emphasis on the need for political commitment and direction. The only caveat I would make on this is that there is really no way of ensuring that all aspects of children's welfare are brought together under one minister. Children are affected by, among other things, the economy, housing policy, the environment, the overall welfare of their families and policies on immigration. Police investigating crime are often not sure at the start whether the perpetrator is an adult or a juvenile. Schools can face conflicts between their concern for the welfare of individual vulnerable children and their need to promote the education of all. And so any way of bringing services or policies together is likely to create anomalies and a need for collaboration across whatever lines are drawn. What can be said is that the Williamson report has proposed a way forward that is reasonable and, arguably, timely.

Fourth there is no reason to question the Williamson report's proposals on service reorganization. As already pointed out, these are limited. There is very little, for example, about services for the under fives. Nevertheless, his arguments for reducing the use of La Moye for children under 18 are in the same direction as those of the Howard League. The two reports share a similar view on the use of video recording in courts. In commending the increased use of adoption and foster care, he is in line with English practice, although perhaps not with practice in other parts of Europe. So there are good arguments for changes along these lines.

My only caveat relates to the likely effect of a reduction in residential care on residential care itself. If the use of this falls drastically, it will be restricted, as in most of England to children who cannot be contained in foster care. In practice, these children have very diverse problems and stay for varying lengths of time. The net effect can be that it can be very hard to have homes with a clear purpose and a coherent culture. For these reasons, it may be necessary to consider making more use of places on the mainland and for costing in arrangements to ensure contact with families where appropriate.

Personally, I find Mr. Williamson's discussion of staffing the least convincing part of his report. There are no statistics on the numbers of staff employed and there is no discussion of what qualifications they need. It may well be that he is right and there are enough social workers, health

visitors and so on and that most of them have the appropriate qualifications. However, I feel that this part of his report is far too scanty and broad brush to provide reassurance on these points.

The final plank, as I see it, in the Williamson report's argument concerns "External Independent Scrutiny". Both his report and the Howard League report emphasise the particular need for this and for similar reasons. The Bull report sets out to counteract the reluctance to change implicit in the phrase, 'That's Jersey for you'. Whether or not there is, as the Howard League says, a danger of 'cronyism' in islands such as Jersey, there is clearly a danger that others may see such a culture. For this reason, even if for no other, there is a strong reason for following the Williamson recommendations on this point.

At the same time, it is important for the Scrutiny Panel to determine whether the issues of 'cronyism' and 'conservatism' are real or only feared. The fear of them is indeed a strong argument for transparency, independent scrutiny and so on. In this situation, the Williamson proposals should be adequate. If, however, the dangers have come to pass and there is such a culture, I think it highly unlikely that the changes mentioned by Mr. Williamson will, on their own, bring about the improvement in outcomes he wants. In this case there will, in my view, need to be changes in personnel, not necessarily because those in charge are incompetent, but simply because it is going to be extraordinarily difficult for an 'insider' to bring about the necessary improvement. So this is an issue on which it is very important for the Panel to make up its mind.

My only further caveats on this point are again about what is not said rather than what is.

First, I personally would like more emphasis on assessing the quality of foster and residential care. There is research evidence that the quality of both varies widely and depends heavily on the individuals involved. For a Home to do well, the head of Home has to have 'good' policies over behaviour and education and be agreed with the staff on how these are put into effect. Foster families do well with their charges if the main carer is warm, clear about what s/he expects from the foster children, willing to listen, and committed to them. These crucial qualities seem largely independent of the organizational setting in which they are shown. They are, however, known to those who are involved with the Home or family. It is very important that children are placed with foster carers or Homes of this kind and not in families or establishments which can be equally costly but which previous experience has shown to be unsatisfactory. Exit interviews, feedback from social workers, inspections informed by experienced users, statistics on allegations, offences and breakdowns can all provide relevant, if imperfect, evidence on the quality of a Home or foster family. In my view this kind of evidence should be used more than it is.

Second, I can see a strong case for using the inspection agencies from Scotland or England. Both agencies are used to similar patterns of services and law and they work in English. I do, however, wonder whether Jersey should sometimes invite experts from the mainland of Europe to inspect particular aspects of its service. The main biannual inspections could still rely on English or Scottish agencies. However, Jersey is a nation and neither England nor Scotland has a monopoly on practice wisdom. If Jersey is to strive for international excellence, it could at least explore whether there is gain in drawing on a wider pool of expertise than England and Scotland can provide.

Conclusion

The Williamson report provides a very plausible analysis of key changes that Jersey may need to make in its children's services. It does not give, or even pretend to give, a full analysis of all aspects of child protection. In particular, it has little to say about services for the under fives, or key aspects of child protection such as the child protection register. Its focus is also on organization rather than on the people who may or may not make the organization work.

In my view, the limitations I refer to above are not a reason for dismissing the Williamson recommendations. I cannot see that, if these recommendations were implemented in full, they would make other changes that may be necessary more difficult. If anything, they should make

them easier and would reduce the organizational uncertainty that I assume exists. The immediate tasks, as I see them, are therefore to:

- Make a speedy decision on these recommendations
- Identify the areas which are not covered by them (e.g. some of those covered in the 'Laming report') and determine which of these need urgent action
- Come to a decision on whether changes in organisation will be sufficient or whether changes in culture and some changes in personnel are needed
- Sketch out a longer term programme of analysis and development which will lead in time to a world class child protection system.

APPENDIX II:

Should Jersey become 'Laming Compliant'?

Introduction

I have been asked to comment on whether Jersey should become 'Laming compliant'. For reasons given in this note my comments on this will be brief.

Qualifications for Task

I am an Emeritus Professor of Social Work at the University of York. Previously I was Director of Research at the National Institute for Social Work, Professor of Social Work at York and then director of the Social Work Research and Development Unit at the same university. Since 1994 my main research has been on residential care, foster care, and the way the English Care System works. I have various 'marks of recognition' and can give details of these and of my publications if asked.

As can be seen, I have not recently done research on child protection and I would not be considered an expert on this by others. In the distant past I have worked with families where there were children at risk, more recently I have done a small amount of research on 'child protection panels', and I have seen the consequences of abuse in the care system. I have recently been involved in research on the recording system currently used in this field and this was one of the issues considered by Lord Laming. None of this, however, makes me an expert on all the fields covered by Lord Laming.

For these reasons I have only made comments that I feel can be made by someone who has only a limited amount of knowledge of Safeguarding in general and the Safeguarding system in Jersey in particular..

Approach to Task

In approaching this task I have been able to use:

- The Laming report
- Some of the evidence given to the Scrutiny Panel¹⁸⁵
- Some of the written submissions to the panel¹⁸⁶

This has given me a limited understanding of how far the way Jersey deals with vulnerable children is like that found in England and of the issues that the Scrutiny Panel has to confront. My suggestions come from this understanding and from my assessment of the limitations of both the Laming report and the evidence available to the committee.

What should the Panel do about Laming?

My main conclusion is that the committee is not in a position to make up its mind on full 'Laming Compliance'. I have a number of reasons for saying this.

¹⁸⁵ This was given by Professor June Thoburn; Mr A. Williamson; Messrs P. Dennet and G. Blackwell; Mr B. Heath; Senator J. Perchard, J. Le Sueur, and Ms. M. Baudain; Senator J Perchard, Deputy J Martin and Mr R. Jouault (The names are listed in the order in which they gave evidence, with semi-colons marking off the witnesses involved in particular sessions).

¹⁸⁶ These comprised 'Overview of proposed Developments Foster and Adoption Services', 'Develop Home Finding Team and Support Services.: Business Case'; 'Develop an Appropriate Range of Fostering Allowances. Fostering Allowances: Business Case', 'Fostering Allowances 2006'; 'Develop Professional Foster Carers: Business Case'.

First, I think that the Laming report does not provide an adequate 'blueprint' for a full child safeguarding system. A colleague and I wrote in 2005 that the original Laming report into the death of Victoria Climbié was flawed and would not reduce the probability of future tragedies¹⁸⁷. Despite having a high personal regard for Lord Laming, I feel that he should not have been asked to repeat the exercise as he was more or less bound to feel that his original recommendations were right but had not been adequately followed. He has now done this. I still feel that the original analysis was flawed and that the current report repeats many of the same mistakes.

Essentially, Lord Laming thinks that it is possible to eliminate risk to a much greater extent than I do. There is always a chance that an exasperated parent will fling their child on the bed and accidentally cause much greater injury than they meant. So all children are 'at risk', even if in many cases the risk is very small. Some situations are, of course, more risky than others, but an attempt to identify high risks in advance will 'net' many children who are not going to be abused. If these children are taken into care, this may endanger the human rights of their parents, cost a great deal of money, and possibly harm some of the children as well. Some of Laming's recommendations – for example, that no child should be discharged from hospital while there is any concern about her or his safety run the risk of slowing the system to a damaging extent.

It is for these reasons that the 'villains' of the piece in the cases of baby P and Victoria Climbié are arguably lawyers (who are concerned about the need for evidence before seeking a care order) or managers who close cases or over-rule junior staff on the need to take a child into care. Despite this evidence, Lord Laming relies on a very 'top-down' system of management with much emphasis on central guidance, computerized systems, performance indicators and holding top managers to account. As far as I am aware, the evidence on the effect of these systems on social work is minimal. There is, however, some evidence of their effect on practice in the care system. Here it appears that such devices can influence the decisions workers take but that it is much more difficult to influence the quality of practice. It seems likely therefore that it is possible to influence the amount of risk that social workers will tolerate but much harder to affect their ability to make good assessments.

Given this concern with management, Lord Laming might have done well to address the legal and financial problems that lead managers to endorse more risky practice. I do not think he does this. His key concerns are that children should not be left at risk – something which will greatly increase the demands on the care system – and that there should also be earlier intervention, something which is undoubtedly a 'good idea' but which will initially increase the demands on the system as children are identified who need expensive intervention. He thus recommends increased expenditure on both the care and 'preventive' system without any analysis of the cost or legal implications.

This difficulty does not mean that there is nothing in the Laming report from which Jersey could learn. There is, it is true, much reliance on guidance that others will create in time, or the performance of bodies such as Ofsted which Jersey does not have. In time, however, the guidance will come and some of it will be very useful. In addition, Lord Laming is undoubtedly right in some respects. For example, it is helpful, as I see it, to emphasise the need for the good supervision of social workers and the need for good communication between adult services and those concerned with child protection. These lessons may or may not be needed in Jersey but they are surely in the right direction for England.

More relevantly, perhaps, I am concerned that the committee may not be in a position to come to a decision on the relevance of the Laming report to Jersey. The recommendation that Jersey should be 'Laming compliant' seems to have been bolted on to an enquiry that began with concerns about residential care. Neither the Williamson nor Bull reports were basically concerned with child

¹⁸⁷ Sinclair, I., and Corden, J. (2005) A Management Solution to Keeping Children Safe: Can Agencies on their own achieve what Lord Laming wants? Joseph Rowntree Foundation, York, <http://www.jrf.org.uk/bookshop/eBooks/1859353940.pdf>

protection in its widest sense. For example, they do not raise many issues about health visiting, daily minders, GPs, paediatricians, hospital accident and emergency departments, social workers in hospitals or other issues that feature strongly in the Laming reports. As a result, the committee lacks evidence on the way child protection is working in Jersey and the pattern of services relevant to it. Instead, concerns about Laming seem to have become focused on the numbers of social workers.

This particular issue is more complicated than it seems. In general, it is almost certainly a 'good thing' to have more social workers. It may even, in some circumstances, save money. For example, there is some evidence that teams with fewer social workers are less likely to undertake time-consuming work such as that involved in adoption. This in turn may cost money. There is, however, no evidence known to me on the optimum number of social workers or the way in which this varies with the characteristics of the population, the roles of other professionals or the way they are used. Jersey, for example, would like to use social workers in schools and Mr Williamson suggests in his evidence that some should be placed with G.P.s. One might expect that such placements would change the pattern of demand and hence the numbers of social workers needed in particular teams. I do not, however, know of any evidence as to what the precise implications might be.

So, in my view, the committee has in Lord Laming's report something which may provide some helpful guidance on child protection but is far from a blueprint. The committee also lacks the evidence on which it could base recommendations on compliance. In the circumstances, I would recommend just two things:

1. Jersey should begin by trying to fill the social work vacancies that it has. This is what Professor Thoburn recommends and is surely the first step in any attempt to increase their numbers yet further.
2. It should not wait for a child care scandal but should pro-actively set out to assess its safeguarding procedures over a wide front. This attempt should include a more thorough analysis of the Laming report than I have been able to provide but also include a wider assessment of the research evidence and the situation in Jersey itself.

In recommending step 2, I am not assuming that practice on Jersey is poor. As Professor Thoburn points out, it is in some ways ahead of the United Kingdom. It is, however, highly unlikely that it is perfect.

Ian Sinclair 27.5.2009

APPENDIX II:

Comments on the Shape of the Jersey Care System

Introduction

I have been asked to comment on the implications for Jersey of the Williamson and Laming reports and the proposals to increase the use of foster care in Jersey. This note gives my views on the use of foster care in Jersey and on the balance to be struck between residential and foster care.

Qualifications for Task

I am an Emeritus Professor of Social Work at the University of York. Previously I was Director of Research at the National Institute for Social Work, Professor of Social Work at York and then director of the Social Work Research and Development Unit at the same university. Since 1994 my main research has been on residential care, foster care, and the way the English Care System works. I have various 'marks of recognition' and can give details of these and of my publications if asked.

Approach to Task

In approaching this task I have:

- Compared such statistics on the Jersey Care System as I have been able to acquire with statistics from England
- Read some of the evidence given to the Scrutiny Panel¹⁸⁸
- Read various written submissions to the Panel¹⁸⁹

This has given me some understanding of how far the Jersey Care System is like that found in England and of the issues that the Scrutiny Panel has to confront. My suggestions come from this understanding and from my assessment of the general evidence on foster and residential care. I have not discussed the details of the relevant research. Much of what I say is a matter of judgement. I have tried to remind the reader of this (e.g. by saying 'In my opinion') while giving reasons for and against my views.

Limitations

In carrying out this task I have had to face a number of major limitations:

- On a number of crucial issues (e.g. on the effects on outcomes of residential care and foster care) there is simply no conclusive evidence.
- I have been unable to find some relevant statistical evidence (e.g. on the characteristics of children in the Jersey care system and the length of time for which they stay). This may be because of shortage of time, contacts and skill on my part or simply because it does not exist.

¹⁸⁸ This was given by Professor June Thoburn,; Mr A. Williamson; Messrs P. Dennet and G. Blackwell; Mr B. Heath; Senator J. Perchard, J. Le Sueur, and Ms. M. Baudain; Senator J Perchard, Deputy J Martin and Mr R. Jouault (The names are listed in the order in which they gave evidence, with semi-colons marking off the witnesses involved in particular sessions).

¹⁸⁹ These comprised 'Overview of proposed Developments Foster and Adoption Services', 'Develop Home Finding Team and Support Services,; Business Case'; 'Develop an Appropriate Range of Fostering Allowances. Fostering Allowances: Business Case', Fostering Allowances 2006'; 'Develop Professional Foster Carers: Business Case'.

- I have a very poor knowledge of Jersey and the particular circumstances that may make one course more sensible than another.

The lack of relevant evidence means that it is often rational to take a variety of positions on a given issue. It is nevertheless necessary to take a position and see it through so that it works. The committee has had the advice of a number of experienced 'outsiders' (notably Professor Thoburn and Mr Williamson) who have come to know Jersey well. I am really in no position to 'double-guess' what they say. Nor would I wish to double-guess the approach of key managers who are yet to be appointed. As far as I can see, my suggestions are in keeping with those of Professor Thoburn and Mr Williamson and I hope that future managers will find them relevant, if far from infallible.

Issues in the Care System

Despite some differences, the general thrust of the Committee's witnesses and the supporting papers seemed to me to be reasonably clear:

- There should be fewer children (particularly young children) in residential care
- The size and probably number of residential homes should be reduced and at least some of those that remain should be 'therapeutic'
- The 'slack' should be taken up by an increase in the number of foster carers and an increase in adoption
- The conditions of foster carers and the support available to them should be improved, thus decreasing turnover and increasing recruitment
- Specialist foster carers should be recruited in order to undertake certain functions (emergency placements, remand, and therapeutic support)
- There should be enhanced scrutiny of the care system through a combination of inspection, the policy on whistle-blowing and improved arrangements for advocacy, and visiting residential homes.

The intention of these changes is that there should be a more specialized and professional service which both gives greater weight to the voice of the child and allows for more of them to be brought up in a family environment.

I am uncertain how far some of these developments have already taken place (the plans for foster care seem to have been formulated three years ago). There are, however, a number of anxieties about the overall feasibility of this approach.

- There is treasury resistance to the cost of the proposals and anxiety that they may not be feasible without the money that was originally thought to be necessary
- It may well be difficult to recruit and retain foster carers in the numbers required
- Some of the provision which will probably disappear under the plans is seen as working well, either in general or for some children and young people (e.g. Brig-Y-Don, or La Moye)
- There are issues of logistics, with small institutions being at the mercy of sudden surges or falls in demand, and a difficulty in providing an even flow of cases to specialist provision which is only suitable for a minority of cases.

These difficulties probably underlie the request that I comment on the overall 'pro-fostering' approach in general and its feasibility in Jersey in particular.

The 'Balance of Care'

Underlying many of these questions is the issue of the 'balance of care'. How much residential as against foster provision does Jersey currently have and what should the balance be in future?

In order to get some sense of this issue, I have looked at some statistics on the Jersey care system for the past three years (2007, 2008 and first part of 2009) and compared them with the latest English statistics that were available to me. This led me to three conclusions:

- The number of children in care in Jersey is proportionately lower than that in England but probably comparable to other relatively affluent districts¹⁹⁰
- The proportion of children in care who are teenagers is higher in Jersey than it is in England as a whole. Again, however, it does not have a higher proportion than a possibly comparable 'bundle' of authorities¹⁹¹
- Jersey does have a much higher proportion of 'looked after' children in residential care than is the case either in England as a whole or in the particular authorities I selected for comparison (in Jersey there are just over three children in foster care for every two in residential care, in England it is twelve to two, while in my 'bundle' of authorities it was twenty to two)

England, of course, is not the only country with whom it is possible to make comparisons. Continental countries, including 'Nordic' ones such as Germany, Latin ones such as Spain, and the former Eastern bloc, have much higher proportions of their children in care in residential care. Some of these countries – notoriously Rumania – have a very poor record with their residential care, but in others, such as Denmark, residential care has a good reputation.

There is, in my opinion, no research which definitively says that residential care is better or worse than foster care, either in general or for particular children or particular purposes. Even with younger children, there is anecdotal evidence that children could be happy in the former 'orphanages' and look back to their time in one as a golden time in their life¹⁹².

Personally, I think that long-term residential care for young children should now be avoided. I also think that the conditions that may have made some of it work no longer exist. Most professionals in England would agree with me and for this reason I will treat the debate as about the placement of teenagers. Here there is not agreement about how big the residential sector should be. It is, however, possible to list the dangers and advantages of both a large and a small residential sector.

In favour of residential care it can be argued that:

- Some teenagers prefer residential care to foster care, feeling that they have had enough of families, that they will always be an outsider in them or that they already have their own family and that it would be disloyal to commit to another
- Some teenagers are too difficult to foster or have to be kept in 'secure accommodation' either because of their crimes or because they would otherwise run away
- Teenagers are sensitive to group pressure and residential care offers a unique chance to use this pressure to good ends
- In England no authority has been able to do without any residential care. So some is needed.
- Given that some is needed it is likely that residential care is more difficult to run in a system where there is very little of it. In such a system homes may have to manage small number

¹⁹⁰ In England the figure is approximately 55 per 10,000. I estimate the figure for Jersey to be around 42/43 per 10,000. Jersey, however, is not Birmingham, Haringey or Leeds. I therefore compared it with an arbitrary 'bundle' of authorities that felt more 'like Jersey' to me (ideally I would have had a statistical basis for this but I could not find one ready made and had no time to create one). My authorities were Cornwall, Dorset, Isle of Wight and South Gloucestershire. Their 'in care' rates per 10,000 vary from 60 to 35 per 10,000 but their average is around 43. In this respect therefore Jersey appears to be 'middle of the road'.

¹⁹¹ I used the authorities listed in footnote 3

¹⁹² These accounts typically refer to a time when small residential homes were run by husband and wife teams and approximated to a very large foster family with outside help. Other models of residential care include the 'villages' found in some third world countries and India and may also have advantages for some young children. These models, however, are not practicable in situations where staff require limited hours and reasonable conditions. Such pressures are likely to lead to the 'multiple caretaking' which is generally thought to be bad for young children.

of teenagers who are expected to stay for differing lengths of time and whose only common characteristic is that they are very difficult. Homes of this kind can be run successfully but the evidence suggests that it is very hard to do so.

In the past or in other countries there have been other arguments in favour of residential care. These have included the need to make use of scarce resources (e.g. teachers in widely scattered rural communities or specialist provision for autistic children) and the need to inculcate a particular group ethos (this was, probably, the reason that the Russian communists used boarding schools, Israel developed the kibbutzim and the English had public schools). It seems to me unlikely that these arguments apply in Jersey, although there may be a need for some specialist provision outside the country for children with rare combinations of difficulties.

The problems and dangers of residential care are also well rehearsed. They include:

- Cost – the average cost of residential care in Jersey is apparently around £48,000 per year per place. This is much lower than in England, where about five years ago the average cost was around £64,000 per year per place¹⁹³, but nevertheless much higher than the cost of foster care. This has increased the tendency to treat residential care as a placement of 'last resort'. The use of this form of care as a 'dumping ground' for very difficult children has made it hard to run residential homes successfully.
- Scandal and disorder – residential care is notoriously liable to generate scandals around sexual abuse and the staff maltreatment of children. Less well-known is the liability of residential units to become places where children bully or sexually abuse each other or lead each other astray¹⁹⁴.
- Changes in residential care have led to a situation where there is a lack of confidence in the values that could underpin it or the theory that should inform it. In particular the main potential strength of residential care – the group of residents within an establishment – is now often viewed as a threat rather than a potential advantage.
- Difficulty in transferring the benefits of residential care to the children's lives after they have left. Residential care certainly affects children strongly while they are there, whether for good or ill, and there are thus major differences between residential units in the way the children behave and feel. The evidence that the environment can have such a major effect carries with it the corollary that the environment to which the children move will be equally powerful. Unfortunately the evidence suggests that the potentially bad effects of care (e.g. the acquisition of criminal skills or a drug habit) persist more often than the good effects (e.g. decisions to abstain from crime)¹⁹⁵.

What particular considerations apply to the Jersey 'Balance of Care'?

Given these conflicting considerations, are there any reasons for thinking that some of them may have more or less weight in Jersey than elsewhere? In particular are there reasons for thinking

¹⁹³ The care system accounts for just under two thirds of the cost of children's services and of this around half goes on the 12 per cent of children who are in residential care at any one time. A tiny minority of children therefore account for a very high proportion of the costs of services. This fact makes it very difficult to propose a simultaneous extension of residential care and greater concentration on prevention. Details of all this can be found in Hicks L., Gibbs I., Weatherly H., and Byford S., 2007, *Managing Children's Homes: Developing effective Leadership in small Organisations*, London: Jessica Kingsley; and Beecham J. and Sinclair I., 2007 *Costs and Outcomes in Children's Social Care: Messages from Research*, London: Jessica Kingsley.

¹⁹⁴ A study carried out by a colleague and myself found that nearly half of the children in a sample of homes complained of being bullied since arrival and just over one in eight complained of significant sexual harassment (the ratio was higher among girls). These problems were much more prevalent in some homes than others and were strongly associated with a measure of the children's unhappiness. Some homes were also clearly 'criminogenic' and four in ten of those who did not have a previous conviction acquired one within six months of arrival at the home. Sinclair I., and Gibbs I. (1998) *Children's Homes: a Study in Variety*, Chichester, Wiley

¹⁹⁵ For a fuller discussion of the 'pros and cons' of residential care, see Sinclair I. (2006) 'Residential Care in the UK' in McCauley C., Pecora P., and Rose W. eds *Enhancing the Well-being of children and families through Effective Interventions: International Evidence for Practice* London: Jessica Kingsley pp 203-216.

that Jersey should, for example, move more towards the Danish model with a heavier reliance on residential care, stay with its current balance or move yet further towards the English model where residential care is a 'residual service'?

I have some difficulty in providing guidance on this as I do not know other 'high residential use' models (e.g. the Danish, German, or Spanish) other than by vaguest repute. My own strong personal view, however, is that Jersey should, as it currently plans, continue to reduce its reliance on residential care. In doing so, it should seek to avoid the problems which this course has produced in England. It should also keep an open mind on whether it will need to increase the amount of residential care in the future. To be more specific on the last point, it may have to make occasional use of residential placements outside Jersey with all the high costs and other disadvantages these may bring. If it finds that it has to make regular use of these 'out of country' placements, it may decide that it needs more of its own.

My reasons for thinking this are as follows:

- Jersey speaks English, draws on English law, attracts British professionals, uses English models of service and will probably be inspected by Scottish inspectors. All of this will tend to lead to expectations of a UK model of service (e.g. an Inspector will find it strange if residential care is used for young children, as may a head of service appointed from the UK)
- The high use of residential care in continental countries is often built on the involvement of the Church or the previous policy of the communist party. This has until recently provided enough staff and buildings to run the provision. It is not obvious that this will be easy in more secular societies where possible buildings have already been put to other uses and there may be local resistance to residential homes.
- Current English attempts to improve residential care rely on creating a highly respected service with staff trained on the Danish model of 'Social Pedagogy'. The aims are admirable but it remains to be seen if this experiment will be adequately funded and will work¹⁹⁶. I think that these problems will be even more acute in Jersey, where the base is much smaller, so that unless Jersey proves able to attract trained Danish residential social workers or to develop its own 'in house' training, rather than the degree level training of full social pedagogues, it may not be able to use this proposed solution.
- Residential care needs different models for different units. For example, it is hard to provide a home for long-staying children in a unit which is also giving short-stay shelter to children on remand or undergoing assessment. It is easier to provide this variety in a system which can be geographically scattered (something which probably explains the perceived higher quality of the independent sector in England), since scattered units can draw on a wider catchment area and hence be more specialized. Similar considerations apply to authorities which have large numbers of children in care. Jersey is comparatively small and has very few children in care. It therefore has logistic difficulties in providing a highly specialized system of residential care.

If, for these or other reasons, the Jersey decides to reduce, albeit not by much, its reliance on residential care, what kind of system might it seek to provide? I make some suggestions below.

¹⁹⁶ There have been around 50 enquiries into residential care which suggest that the problem is lack of training and the solution is more training and the use of residential care as a 'positive choice'. In practice the only studies which have looked at the impact of training on outcomes in English residential care have found that neither the proportion of trained staff nor the existence of trained heads has any discernible effects. One problem may be the lack of appropriate training and another the fact that trained staff feel out of sympathy with the regimes they join and in our study tended to have lower morale than untrained staff. A major enquiry into residential care published in 1988 was specifically entitled 'A Positive Choice' but has nevertheless failed to arrest its steady decline. There is now evidence, in the children's field at least, that this decline has reached its bottom. The problem may be one of how to run a good service with highly respected staff at this level and in these conditions rather than one of returning to the very different conditions of an earlier age.

What Shape might Jersey's Care System have?

In what follows I give suggestions rather than recommendations. I am clear in my own mind that you should consider these suggestions seriously. I am willing to come and discuss them with you and most of them (along with fuller reasoning) I have made elsewhere. For this reason, I am also forwarding a set of recommendations I made to the English body, NICE, which set out the reasoning in more detail and which also refer to publications which give still fuller reasoning and evidence. All that said, it is perfectly possible that they do not suit Jersey and you need to consider them with that in mind.

As I see it, then, what might be the future shape of residential care on Jersey? I discuss this under three sub-headings: residential care, foster care/adoption and quality assurance.

Residential Care

Jersey will, as I see it, need some secure accommodation. There are some children who repeatedly run away or who are such a danger to themselves or others that they cannot be kept in open conditions. Curiously, some also prefer the security that comes with being kept in closed conditions.

Secure provision also faces problems. Those in it are likely to vary in age, sex, the nature of their problems, and the length of time for which they need to be in a secure unit. This diversity may increase if it is decided that no one under the age of 18 can go to a prison. So secure provision can enable the male or the strong or the criminal to corrupt, bully, sexually abuse or corrupt, the female, young and less streetwise. In addition, the demand on a secure unit is likely to be highly variable leading sometimes to high levels of occupancy and sometimes to costly levels of under-occupancy. In my view this suggests a need to:

- Reduce the variety by using La Moye, while it works and for appropriate young people (albeit with continual review of the arrangements and acceptance that it may be necessary to phase them out, one suicide that caught press attention might be all that was needed), and developing enhanced foster care on the Scottish model described by Walker and her colleagues¹⁹⁷
- Ensure that the physical provision reduces the opportunities for bullying (e.g. that the children have separate rooms of their own) and that it is adequately staffed to prevent the opportunities for such abuse
- Ensure that concentration on these issues does not obscure the need for good practice (e.g. for high class education and assessment)
- Accept that all of this is likely to be very expensive, and may appear yet more expensive if efforts to keep stays as short as possible (something that is in itself financially desirable) lead to a high 'vacancy rate'
- Create a positive culture in the secure unit, something that will depend on the quality of the head/manager, and the way he or she gets on with the staff.

The last point is particularly important and applies to all forms of residential care, at least insofar as they consist of small units. The key is that the unit is run by someone whose basic approach to residential care is right and who is able to get the staff behind them. As far as I can see, such people can come from a variety of backgrounds (e.g. social work, police, prisons, residential social work itself). It is possible to spell out the kind of qualities they will need (e.g. an ability to exercise positive leadership and a kind but firm approach to the young people) but it is very difficult to be sure in advance that they are going to be able to do the job. It is thus very important that they have good supervision, and that there is excellent monitoring of how the unit is running (see below). Personally I think that the heads should have an agreed probationary period, perhaps on

¹⁹⁷ Walker M., Hill J., and Triseliotis J., 2002, *Testing the Limits of Foster Care: Fostering as an Alternative to Secure Accommodation*, British Association of Adoption and Fostering: London

secondment. If they show they can do the job, everything should be done to keep them. If they cannot do it, they must move on with honour, as far as possible, intact.

A second form of residential care that Jersey might consider would be a kind of 'extended foster care'. The aim of this would be to cater for those young people who need to be in care but do not want to be fostered. The longer these young people are likely to be looked after, the stronger is the case for trying to meet their wishes. One possibility is to provide a large 'ordinary' house which can accommodate a married or similar couple. The aim would be to build up a group of young people in the house who were compatible and wanted this kind of accommodation. It is important that the young people feel happy with these 'quasi-siblings'. As more young people join the household, it becomes important to provide practical support (e.g. with cooking and housekeeping). However, it is also important to keep costs down. If this is not done, there is increased pressure to move the young people on, something which works against the security that this provision is supposed to give.

I know that this kind of provision has existed in England and been said to work well. However, it has not been subject to research and it is not certain that there would be sufficient demand for it on Jersey. One possibility would be to recruit one or more professional carers with the understanding that they would build up such a provision. If this did not 'work', it would be possible to continue to employ them as professional carers but with fewer young people.

A third possibility would be to explore the use of one or more residential centres to support foster care, young people living independently, and perhaps even young people living at home. Essentially the idea would be that the centre builds up a relationship with children and young people who are accommodated briefly within it for assessment, to provide their carers with a break, or to contain a crisis. This relationship allows the centre to provide support on a 24/7 basis to foster carers or others who are experiencing difficulties. Centre workers are likely to know the child involved and have skill in calming down upset children and young people. They may also be able to provide group events to children and young people (e.g. camping) which would be enjoyable and also provide their carers with a break.

This general idea has, I believe, been tried in Germany. I have, however, no direct experience of it. Clearly there could be dangers. For example, the group activities run from the centre could become a source of corruption or the staff might find it difficult to divide their loyalties between clients outside the building and residents within it. The idea has, however, attractions, particularly if the centre was well run. I think that this model might have provided a way forward for Brig-Y-Don, and perhaps for some of the campus provision at Greenfields. (I understand that Brig-Y-Don is likely to close but feel some sympathy for the staff's reluctance to work with an older clientele that they do not want. Personally, I think that it is only possible to work well with teenagers, if one likes them, does not fear them, and enjoys their energy.)

Lastly, Jersey might be interested in a 'therapeutic model' of residential care. Your witnesses propose that there is a need for "smaller therapeutically-based units that are designed to meet the specific needs of specific groups of children, so that there are a number of differentiated smaller units for these children for whom family placement either is not appropriate or is not possible". The units would be highly staffed on the grounds that "16 staff with 3 or 4 children could do a hell of a lot more than they can do with 10 or 12 children". I am doubtful about this proposal for various reasons:

- I am not sure that Jersey will be able to provide enough children with the specific needs that are envisaged on a regular basis (although, to be fair, I am not sure what these specific needs are).
- Research does not suggest that a high staffing ratio leads of itself to better outcomes. My colleagues and I found that there were some advantages to a small size (other studies have not found this) but that at any given size, the higher the staffing levels the worse the outcomes as we measured them.

- This model of residential care lacks, to my mind, an adequate theoretical rationale and adequate evaluation. This does not mean that evidence in favour of it may not be forthcoming, but there is not, as far as I know, any evidence for or against it at present.
- There is, as pointed out below, rather better evidence in favour of therapeutic foster care.

For these reasons, I would regard investment in a therapeutic model of residential care as risky. It would be less risky, as I see it, to invest in therapeutic foster care in Jersey and use therapeutic residential facilities in the UK when necessary. There are also enough of these units in the UK to try to select ones which are working well. If experience suggests that a model of this kind is needed in Jersey, it would then be possible to try to replicate one. On the other hand, if there are one or more therapeutic units on Jersey, there will be pressure to use them even if they are not working well.

An argument against this approach is that it will lose some of the residential expertise that is available on Jersey. If this argument prevails, it might still be wise to proceed cautiously, building up specialist foster care while attempting to run current provision more therapeutically in order to assess results. The rationale in both cases would be to reduce the risks of what must be something of a leap in the dark.

Foster Care

My comments on the proposals for fostering in Jersey reflect the rather partial picture that I have been able to gather from the written and verbal evidence. Much of it seems to me impressive and certainly in keeping with what is believed to be best practice in England. Within this context I was surprised by some features of the evidence:

First, I would have expected more reference to fostering by relatives. The research evidence suggests that *on average* it is at least as effective as fostering by strangers and when used, as it generally is, for long-term care it lasts on average longer than stranger care and is often seen by the children as more natural and in keeping with their loyalty to their families. That said, it is not a 'free lunch' and has disadvantages. On average it is seen as being of poorer quality than fostering by strangers, even though it lasts longer and has good results. In individual cases it can be unacceptably bad. The kin carers themselves seem to be poorer and less well-educated than stranger carers and often need particular support.

I have no evidence that these things are not very well handled in Jersey. Indeed Jersey seems to be in advance of most English authorities in the proportion of fostered children who are with kin. What I would have expected is more reference to this form of care and to the steps that are taken to support it. This is particularly so since it provides many of Jersey's foster carers and I would have expected some discussion of whether it could provide more. English evidence suggests that the proportion of these carers can be safely increased up to the current level in Jersey. This may or may not be true at higher levels. In Spain, for example, kin carers provide almost all the foster care. In parts of Australia and some US cities the levels are also very high.

Second, I would have expected more discussion of adoption, close alternatives to adoption (in England these are known as residence orders and special guardianship) and long-term fostering by strangers. The evidence available to me on adoption in Jersey seems somewhat equivocal. At one point, a very large number of children were clearly adopted. There is, however, some suggestion that much of this adoption was with current carers. So I would be interested to know:

- How many adoptions with strangers Jersey makes per year other than with current carers
- Whether there is any perceived need to increase this number
- Whether there are other legal arrangements such as residence orders and special guardianship which could meet similar needs for older children
- Whether there is a category of permanent fostering which would allow, for example, young people to remain with their carers after the age of 18.

I am certainly not suggesting that Jersey is not an exemplar of good practice in any of these respects. It is, however, an area of long-term care where there is a need for well-supported alternatives. I would have liked more information on this than I had.

Third, I would strongly support the case for professional carers but would have liked more discussion of the way they would be used.

- I am not sure that the case for emergency carers (as opposed to short-term carers prepared on occasion to take an emergency placement for appropriate reward) is adequately made. How many emergency placements does Jersey need in unsocial hours over the course of a year? How are these needs dealt with at the moment? What alternatives were considered?
- I am similarly uncertain about how many 'remands' would need specialist remand fostering. I suspect that some could be adequately dealt with by 'ordinary foster carers' with enhanced support, while others might do best in secure provision. I have suggested above that there is a need for fostering that can cope with some of those in secure provision and perhaps these carers would be able to provide remand fostering as well.
- I would have liked some explicit discussion of the 'Oregon model' of therapeutic foster care. This is aimed at young people with behavioural difficulties, employs methods based on learning theory and has some evidence of effectiveness. Its particular attraction to me is that the methods used to help young people control their behaviour are also taught to the parents or others to whom the young people move on. In this way, it tries to deal with the key problem of all care settings, to wit, that they are able to produce change within the setting but that this often does not last beyond it.

The Oregon model is very expensive and in its full form requires therapists, social workers and skills workers as well as team directors and so on. To my mind there is no evidence that all this is needed. What I do believe is needed is adequate psychological support (e.g. through clinical psychologists) to ordinary foster carers coping with difficult adolescents and very careful thought as to how the benefits of foster care are to be maintained after the young people have left it.

Fourth, I am surprised by some of the discussion of support for carers. There seems to be some consensus that Jersey is not a good place to recruit them. This may be true, but at one time the Island seems to have had many more of them than it has now. Moreover, it is not obvious that Jersey has done as much as it might have done to recruit and retain carers. Although it is one of the richest countries in the world with a GDP per capita that rivals that of Luxembourg, it does not appear to provide support or allowances on the scale that has been found necessary on the mainland. Even with the current recession, I am not convinced that it could not do more to attract stranger and kin carers and support them properly so that they stay. England has a good understanding of how to do this, even if it often lacks the political will to put this understanding into effect. If there is any doubt in the Island over what is necessary, I would have thought that they could ask the UK Fostering Network to look at their support arrangements for foster carers and see if there is anything more that can be done. Fostering Network should certainly know about practice on insurance and similar issues that are problematic in the UK as in Jersey.

Finally, I think it possible that the Island takes too pessimistic a view of the strengths of some of its current carers. There seems to be an assumption that they cannot be expected to be 'therapeutic'. It is certainly true that the problems they face are likely to be difficult. For example, it is known that attachment problems are very difficult to change. However, many of the crucial skills or qualities are probably those possessed by some extra-ordinary 'ordinary people' (e.g. kindness, natural understanding, an ability to listen, to encourage and to be firm). These attributes need to be backed by more sophisticated psychological insights but these can perhaps be provided by appropriate support, training and supervision.

Quality Control

Some residential units and some foster carers are very much better than others. It is essential that services know which ones are good and which are not. They should then avoid using the 'bad ones', at least until there is solid evidence of improvement.

In the past there has been a tendency to rely on inspection to identify good and bad care. My own view is that faith in this form of quality control is misplaced. Inspection is a political necessity. However, inspectors have not proved themselves good at picking out 'good' or 'bad' residential units. Appalling residential regimes have survived over long periods in England, while in other countries whole systems have been shown to be seriously flawed, as most recently in Ireland. The inspection of fostering is also problematic. There are far too many individual foster homes for the inspectors to visit more than a handful and the difficulty of judging whether a foster placement is going well is great. As a result, English inspections of foster care have often concentrated on organizational issues of no proven relevance to what matters to the children.

For these reasons, I would strongly support all the evidence on the importance of improved advocacy, a greater voice for the child, a policy on 'whistle-blowing' and good arrangements for visiting homes. The detail of these arrangements may be questioned. For example, I seem to have read on the internet that visitors in Jersey will have to report concerns to the head of a home, something that seems to me likely to discourage children from confiding in them. However, the general thrust of the proposals is, as I see it, right.

That said, thought might be given to bringing together different sources of evidence on a placement. Exit interviews with children, 'satisfaction ratings' by children in care, ratings of the placement by children's social workers, inspection reports, reports of visits by outside visitors, records of complaints, and annual appraisals can all provide valuable information. So too can statistics (e.g. on fostering breakdowns, allegations, rates of involvement in criminality or absconding in children's homes). A systematic attempt to use a variety of sources is likely to provide a more robust measure of the quality of a placement than a simple inspection report on its own.

Conclusion

There is no conclusive evidence on the 'right balance' between foster and residential care. This note has argued that, in Jersey, Williamson is likely to be right. The current size of the residential sector is too large. It needs to become smaller and more specialized. By contrast, there needs to be more foster care provided by strangers and relatives. Fostering also needs to become more specialized and there may be a need for outside expertise on the conditions of service needed to attract more carers. Whatever the system, there will be dangers, and steps need to be taken to reduce these and to ensure that the whole is rigorously monitored and assured.

Ian Sinclair 27.5.2009

APPENDIX II:

How can family support services contribute to the delivery of high quality services for vulnerable children?

“The government intends to put supporting parents and carers at the heart of its approach to improving children’s lives...All children deserve the chance to grow up in a loving secure family.”
(DfES, 2004)

In the wake of Lord Laming’s review of safeguarding, we hope the important contribution made by universal and preventative services to keeping children safe will be reaffirmed....we are convinced that better early intervention is vital to reducing the likelihood of child misery and ensuring children’s wellbeing.
(House of Commons Select Committee on Children, Schools & Families. 2009.London.TSO)

Introduction

This paper provides an overview of the current knowledge base around early intervention services for vulnerable children, relevant to the delivery of services in the UK, (and although I have very limited knowledge of service configuration and design in Jersey, almost certainly of potential use to those tasked to plan the island’s future provision).

It complements some of the content and conclusions of the Williamson Report, and the themes from that report identified by Ian Sinclair in his ‘Williamson critique’:

- ‘Joined up working’ between agencies
- The need for clear lines of accountability
- Service redesign
- Staffing
- Quality Assurance

It is increasingly accepted that early intervention into any problem, will reduce the severity/impact of consequences – in other words a public health- evolved concept of **prevention**, which has now been widely embraced across most aspects of social care provision. (Hardiker et al ; Olds 2006 ; Barnes & Morris 2008 ¹⁹⁸)

So on this basis, the development of children in Jersey should, in the first instance, be considered within the context of their family unit, rather than as only ‘freestanding agents’. There is no arbitrary age limit, beyond which family support will cease to be relevant across the childhood years, even in some cases where a looked after child may benefit from maintaining contact/links with her/his birth family. The need to address family functioning /parenting capacity; in respect of a range of improved life chances are therefore questions which pertain *across the life course of a child or young person*, defined in most social policy provision as up to 18.

Understanding the outcomes of family support services

Current UK policy emphasises the centrality of *outcomes* and there has been a strong emphasis in recent years on summative (‘what works’) research. The Children Act 2004 and the accompanying guidance (*Every Child Matters* DFES, 2007) require that children’s services be organized to improve the well-being of all children living in their area. They define five child well-being outcomes

¹⁹⁸Hardiker , P , Exton, K, Barker, M (1991) *Policies and Practices in Preventative Child Care* , Aldershot, Ashgate.; Barnes M, Morris, K (2008) ‘Strategies for the prevention of social exclusion: an analysis of the Children’s Fund. *Journal of Social Policy*. vol 35, no 2,pp251-70; Olds , D (2006) ‘The nurse-family partnership: an evidence based preventive intervention’ in *Infant Mental Health Journal*, vol 27, no1, pp5-25

that need to be achieved in order to stimulate long-term improvement in children's health and well-being. The five outcomes are considered key to securing well-being in childhood and in later life:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

However, these are too broad to be used by researchers as outcome dimensions for the more complex needs of children within the formal child protection and out-of-home care systems and instead they tend to use the seven dimensions of child wellbeing developed initially as a research tool and now incorporated into the assessment framework for all child welfare work (Parker et al, 1991)

A range of outcome *measures* are deployed across a range of studies, which also vary in terms of "whose outcome?", ie: parent; child; neighbours; agency; politicians (Parker 1998; Tunstill 2003)¹⁹⁹

Outcomes reported in family support service evaluations include:

- poverty reduced by claiming benefits;
- educational /employment potential achieved;
- physical and psychological well-being;
- esteem (cultural and ethnic identity);
- improved adult /child partner relationships;
- improvement in parenting competence.

The specific impact of family support on the specific health of children is more limited –areas explored typically include the value of family support in helping families to deal with mental health problems – both in parents and children where parental stress has been shown to be linked to their child's behaviour and/or mental health problems. Interventions aimed at reducing the parents' stress as well as working with the child and reduction in parental stress were positively associated with improvement in the child's behaviour.(Kurtz & James)²⁰⁰

Finally it is important to avoid the pitfall of equating the recorded outcomes of the more straightforward interventions, such as parenting programmes, with outcomes *per se*. The temptation to only evaluate less complex programmes because they are amenable to 'scientific methodologies' may provide a false picture of *what works* and fail families who need a more complex and or flexible package of services.

What is family support ?

Describing the range and identity of activity undertaken under the heading *family support*, is a misleadingly straightforward task. The intention here is to focus on those services whose activity is concentrated on the parents, rather than the child. However, in reality this focus must be a relative rather than absolute one.

The exercise is complicated by a range of factors of which the breadth of the definition of family support, provided by primary legislation and statutory guidance, is only the most obvious. As is also acknowledged in the introduction, other factors include the inter-relationship between 'child' and 'family'; the range of professional and other groups engaged in the delivery of services; the boundary between 'need' and 'risk' (often synonymous with voluntary or involuntary use of

¹⁹⁹ Parker, R (1998) Reflections on the assessment of outcomes in child care. *Children and Society* 12, (3) pp192-201; Tunstill, J (2003) 'Evaluating Family Support: Political and Technical Issues', in Katz, I& Pinkerton, J, (eds) *Evaluating Family Support; thinking internationally, thinking critically*. Chichester.Wiley Pp25-43

²⁰⁰ Kurtz Z, James C. (2005) Creative practice and innovation in child and adolescent mental health services, pp 534-544 In: Williams R, Kerfoot M (eds). *Strategic Approaches to Planning & Delivering Child & Adolescent Mental Health Services*. Oxford: Oxford Medical Publications.

services by parents or carers); and the mixed economy of the workforce involved - which includes volunteer as well as paid workers.

One further consideration is the way in which the *family support activities* will reflect both the actual 'role identity' of the people carrying out the tasks, in particular the specific professional and/or agency identity i.e. social care, health or education, but also the current workforce trends in that profession.

A major crisis in recruitment and retention issues in social work and health visiting is having a current impact on the rationing of services in the UK (Cowley 2009; Tunstill et al 2008) ²⁰¹ Jersey appears to be in a similar situation.

There are challenges involved in defining the **family support role**, and strategic definitions, have, and still do, err on the side of breadth, as did the Audit Commission in 1994:

“any activity or facility provided either by statutory agencies or by community groups or individuals, aimed to provide advice and support to parents to help them in bringing up their children.” (Audit Commission, 1994)²⁰²

As Gardner cautions, *“Family support can mean very different things, depending on where the service is focussed – the child, the child with parent(s) or the whole family within a particular community – and depending on the value base of the observer”* (Gardner, 1998; p1)²⁰³.

Quinton,(2004) ²⁰⁴ reviews the findings and implications of fourteen studies in the Supporting Parents research initiative. He categorises the key sources of family support, along the dimensions of *informal- semi-formal – formal.*, and of the main kinds of family support as *emotional, advice, practical, providing resources, and specialist services.* In the context of most UK provision, the types of intervention reflect the three levels of prevention : primary; secondary; tertiary.

Levels of intervention

Primary prevention services are directed at the whole population and have the aim of supporting positive developmental outcomes, for every child, and include in services such as GPs, health visitors and education, as well as awareness campaigns around issues such as reducing alcohol use.

Secondary prevention interventions are those which are offered to populations that may have one or more risk factors associated with poor child outcomes, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. These services aim both to address the risk factors for maltreatment (for example poor parenting skills) and to promote resilience in the face of risks, so that the risk factors do not themselves translate into maltreatment, or if they do, so that the damage caused by the maltreatment is minimised.

Services may be directed towards individuals, or to communities or neighbourhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- Parenting education
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes;

²⁰¹ Cowley, S & Caan, W (2009) Too little for early interventions? examining the policy- practice gap in English health visiting services and organisation.; see also Memorandum by Professor Cowley to House of Commons Health Committee. Health Inequalities. Written evidence session 2007-8, vol 11, pp256-261.

²⁰² Audit Commission (1994) Seen But Not Heard: Co-ordinating Community Child Health and Social Services for Children in Need. London HMSO

²⁰³ Gardner , R (1990) *Family Support. a handbook.* Birmingham. Venture Press

²⁰⁴ Quinton, D. (2004) *Supporting Parents :Messages from Research.* London DfES;

- Parent support that helps parents deal with their everyday stresses and meet the challenges and responsibilities of parenting;
- Family centres offering support, information and referral services

Tertiary prevention interventions focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These interventions may include services such as:

- Mental health services for children and families affected by maltreatment
- Intensive social work support
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviours and attitudes
- Removing parental responsibility and taking children out of the home
- The Family Intervention Service (FIP) -currently being evaluated.

Distinctions between primary, secondary, and tertiary prevention, while perhaps useful for some purposes, do not necessarily reflect the way prevention-related services are actually organized and provided on the ground. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as a continuum. Moreover, not all interventions can be neatly classified into distinct categories and in reality span the three levels. For example parenting skills programmes are available as primary, secondary and tertiary interventions, and all three categories of parents might be present in a single group. The classification essential depends on the target group, and not always necessarily on the nature of the intervention itself. Moreover, some interventions can be viewed as crossing the tiers even with the same target group. Thus, for example, therapeutic interventions for maltreated children can be considered tertiary interventions (as maltreatment has already occurred) and also secondary interventions (aiming to reduce the likelihood of that these children will go on to maltreat others).

In the UK, the 'prevention typology' is reflected in the explicit organization of agency services within the operational concept of 'the Tier'.

'Tier 1' services are universal services (whether free at the point of delivery or publicly subsidised) provided to all citizens who chose to use them (eg GP services, public libraries) or available to all in a particular age group (eg schools for those of compulsory school age) or in a particular need group, eg midwifery services for expectant mothers, job-centres for those seeking employment.

'Tier 2' services are targeted at groups or communities where research indicates that there is an additional level of need or vulnerability, but where the choice to use the service remains with the family. For example Sure Start projects were originally sited in areas of known deprivation, but most services were based on the principle of 'open access' to local families, without the requirement to establish 'need'. They did, however, provide some 'Tier 1' and 'Tier 3' services. With the establishment of Sure Start Children's Centres in most areas, these have become 'tier 1' services also providing some 'Tier2' and 'Tier 3' services. Other examples are open access community based services for refugee families, or families with disabled children.

'Tier 3' services (sometimes referred to as 'targeted' or 'referral based') services are 'targeted' at identified families known to be vulnerable, who may refer themselves or be referred by a worker within a universal service such as a teacher or GP, for a more specialist service. There is usually a needs 'threshold' (legally or administratively established) for access to these services They aim to prevent identified problems from causing harm to parents or children, but may involve therapy for established difficulties. They are mainly provided within the family home or neighbourhood, but could include, for example, support foster care for disabled children.

'Tier 4' services are 'remedial' or 'rehabilitative' 'heavy end' support and/or therapy services for referred families, and sometimes involve court orders or an element of coercion (such as a child protection inquiry; a young person convicted of an offence being placed in a treatment foster family; a health service placement in an addiction treatment unit, or a residential unit for a family evicted as a consequence of anti-social behaviour).

What do we know about ‘what works’ in family support at each level ?

As the above sections imply, disentangling the specific organisation of services from the apparent outcomes generated, is complicated by the current patterns of access to services, In the UK this is driven by worker ratings of need and risk, via the Common Assessment Framework and the child protection system. In other words there is an interlocking system of thresholds to services, whereby a family with lower and/or less complex needs ‘ may not be offered services at all, and if so it will be the expectation that universal services alone will suffice to maximise the developmental needs of the child in the family. This access, ie earlier or later in the trajectory of a problem will have inevitable consequences for outcomes.

The overall picture which emerges across the knowledge base is, as Statham (2004)²⁰⁵ concludes, that ***a range of services is needed to support families with different levels of need, with clear referral routes between them.*** Less intensive services offering advice and support at an early stage, before problems become severe, need to be part of a strategic approach, and although some short-term interventions may help, some families are likely to need longer term support from a variety of agencies. These ideas increasingly underpin the overall tenor of recent policy initiatives in the UK, including the continued roll out of Sure Start children’s centres, and the Healthy Child Programme ²⁰⁶.

What do we know about tier 1 interventions?

The main universal (open access) services to support children and families in England are provided by GPs, health visitors and other members of the primary health care team, Children’s Centres, schools and community and faith groups, or self-referral advice services such as the CAB or ParentlinePlus. The open-ended nature of these services makes them less amenable to experimental design research since families can not be randomly allocated to a service which is available as of right. The evidence base tends to come from studies about what parents and children find helpful about these services, and high on the list is always the quality of the relationship with the person/s providing the service (whether formal support provided by professionals or trained volunteers or members of the community or faith groups)

What do we know about tier 2 interventions?

Some of these also target vulnerable groups (tier 2) as when health visitors, or extended schools, Sure Start Children’s centres or community centres provide additional services to families under stress. Some ‘referred’ families receive an enhanced service and have a ‘lead professional’ allocated to them to coordinate the ‘team around the child and family’, or child development centres for disabled children and their families. The National Evaluation of Sure Start found that the facilitation of access played a big part in the successful engagement of the families, on which the subsequent achievement of outcomes depended. (Garbers et al). ²⁰⁷ High quality services may well be delivered on a universal basis from a centre but will only reach an additional target population with a range of flexible outreach strategies. (Tunstill & Blewett 2009) ²⁰⁸

The on-going expansion of the successful Family Nurse Partnership Programme, also based on targeted outreach provides intensive support from highly trained nurses for the most vulnerable first-time mothers and reflects promising findings in respect of supporting vulnerable mothers

²⁰⁵ Statham, J (2004) Supporting Families. Research and Practice Briefing.. Research in Practice /Making Research Count. London DfES

²⁰⁶ The Child Health Strategy : Healthy lives, brighter futures. The strategy for children and young people’s health,DH DCSF. (2009)

²⁰⁷ Garbers, C., Allnock, D., Akhurst, S. & Tunstill, J. (2005). ‘Facilitating Access to Services for Children & Families: Lessons from Sure Start Local Programmes.’ Child & Family Social Work,Vol 11, No 4 Nov 2006;pp287-296.Oxford Blackwell.

²⁰⁸ Tunstill , J & Blewett , J (2009) *The Delivery of Targetted Family Support in a Universal Setting*. London. Action for Children

(Barnes et al 2008)²⁰⁹. It will be expanded from 30 to 70 sites by 2011, with a view to rolling out this support for the most vulnerable mothers across England over the next decade.

In recent years routinely available universal services have been complemented by more specialist short term programmes, such as the parenting education programmes such as the USA devised *Incredible Years* (Webster Stratton) and the PPP programmes devised in Australia (Sanders 1999)²¹⁰. (These are described at greater length in Helen Roberts. 'paper) When these programmes are manualised, they can be evaluated using RCT research designs. There is evidence that they lead to more positive outcomes for a majority of those who take up and complete the programmes (mostly those at the level 1 or 2 in terms of service needs and problem development)

These programmes are one of a wide range of support services provided by neighbourhood family centres. These have a high service level approval rate, and some evidence of improved child and parent outcomes as demonstrated by process and longitudinal studies (Gardner, Tunstill et al ²¹¹). A range of home visiting services is available at this level, some having been evaluated as more effective than other (Mc Cauley et al 2004 ;Barlow, 2006; Utting et al 2007 ²¹²).

These studies raise questions about a number of '*moral*' and methodological issues. Quinton frames this in terms of the tension between *effectiveness* and *entitlement* (Quinton op cit p.177), and cautions 'we do not need a demonstration that these behaviours promote better parenting in order to change our approach to service delivery....parents ought to be able to expect such responses even if there are not any demonstrable 'effects ' on them. '.

There are related issues about the respective weight to be attached to what parents and children find helpful; and the balance to be struck between services provided by trained volunteers and professionals.

What do we know about what works at levels 3 and 4

As the above sections have shown, current patterns of service organisation complicate the task of disentangling these specific organisational traits from the apparent outcomes generated. In the UK access is largely driven by professional assessments of need and risk, via the Common Assessment Framework and the child protection system.. There is an interlocking system of thresholds to services, whereby a child may be assessed as 'in need' of the additional services available through Children's Services Departments (Children Act 1989, Section 17) but these may not be provided because the child is not assessed as being in sufficiently high need (often equated with being at sufficiently high risk of maltreatment. It will be the expectation that universal services alone will suffice to maximise the developmental needs of the child in the family, This access to appropriate services, ie earlier or later in the trajectory of a problem (or not at all) will have an impact on long term child and family welfare outcomes.

The recent series of articles in the Lancet,²¹³ especially that on interventions by *MacMillan et al* (concluded that parenting education programmes (including the 'manualized' programmes developed and evaluated in the USA (Webster Stratton) or Australia (PPP) –see above- have been demonstrated to be effective at the 'tier 2' level of need, but not in cases where problems

²⁰⁹ Barnes, J, Ball, M, Meadows, P, McLeish,M, Belsky, J (2008) *Nurse-family Partnership Programme:First Year Pilot Sites Implementation in England ; pregnancy and the post-partum period*. London.DCSF

²¹⁰ Sanders ,M.R.(1999) Triple P-Positive Parenting Program: towards an empirically validated multi-level parenting and support strategy for the prevention of behaviour and emotional problems in children. *Clinical Child and Family Psychology Review* 2 (2) pp 71-90

²¹¹ Gardner , R (2003) *Supporting Families: Child Protection in the Community*. Wiley ; Tunstill , J., Aldgate., J, Hughes, M. (2007) *Improving Children's Services Networks :lessons from family centres*. London. JKP

²¹² Mc Cauley , C , Knapp, M Beecham, J, Mc Curry, N, Slead, (2004) *Young Families under Stress :Outcomes and Costs of Home Start Support*. York.JRF; Barlow, J (2006) 'Home Visiting for parents of pre-school children in the UK' in McCauley, C, Pecora, P Rose, W (2006) *Enhancing the Well-being of Children and Families through Effective Interventions* London.JKP; Utting, D, Monteiro, H, Ghate, D (2007) *Interventions for children at risk of developing anti-social personality disorder*. London Cabinet Office

²¹³ *Lancet Child Maltreatment Series, Dec 2008*

have become more entrenched or are more acute. There is as yet no evidence that these programmes are effective in preventing further harm once children have been maltreated or neglected. *Utting et al* (op cit p84) point to some of the reasons why this may be the case, and particularly highlight that few studies included in systematic reviews report on 'non-starters' and 'non-completers'. "Even the most effective and evidenced programmes do not work for all people under all conditions.....What little evidence exists suggests that within a 'treated' population it is generally the most needy, most challenging families and young people who are least helped by these programmes'

More intensive programmes developed in the USA and evaluated as either 'effective' or 'promising' with specific groups are being piloted in the UK and other countries in Europe. Multi-systemic therapy (MST), found to be a promising intervention in the USA with teenagers with challenging behaviour or involved in the criminal justice system and their families, have not been evaluated with families with a wider range of problems. When introduced to countries with a 'family welfare'/ needs based approach, there is growing evidence of a tension between the programme originators' requirement for 'programme fidelity', and the service providers' wish to make adaptations to suit local populations and legislative and service delivery arrangements. An experimental (random control) evaluation in Sweden reported no difference in outcomes (at 7 and 24 months after treatment) between the MST families and the service as usual families. One hypothesis is that this less positive result than that achieved in other trials is a consequence, not so much from any deficit in the MST service, but rather from the higher quality 'service as usual' provided in Sweden (at a lower cost than the MST project) than the 'service as usual' available to the control group in the USA Sundell et al, 2009)²¹⁴

Evidence from a range of UK longitudinal and mixed methods research studies (Quinton,2004 op cit) shows that around half of families referred for an assessment of need to local authority social care services are not referred specifically for a child protection service, but have a *range of needs*. If not appropriately met, these will lead to a deterioration in the health and wellbeing of the children in the family. The majority will need a short term (though possibly high intensity) service after which time the universal services will be able to meet the ongoing needs. A proportion, (around 40% of all those referred for an 'in need' or 'child protection' service (Thoburn et al, 2000)²¹⁵, and around 40% of actual or likely significant harm is identified (Brandon &Thoburn ; Cleaver and Freeman²¹⁶) have long standing and multiple problems, and will need long term monitoring and 'episodic' social casework and family support services which are readily accessible at times of increased stress. Brandon and Thoburn found that two thirds had had a long term service, and 38% were continuously or intermittently open cases in the eighth year after the identification of significant harm. Tunstill et al (2007) note a particular advantage of neighbourhood family centres is that families can enter and leave the service as stresses in the family are manageable or escalate, and that the value of *episodic access* to services is viewed by parents as very helpful in their parenting tasks.

Implications for the future design of services.

- The current organisational system in the UK is built around a series of thresholds which can act as either *gateways* or *barriers* to services, including family support services. The assessment process itself is potentially wasteful of resources which might be redirected towards more accessible provision at the 'lower slopes of need '. These 'threshold-problems' will be aggravated in the context of a *risk averse environment*, such as the

²¹⁴ Sundell, K et al (2009) *Interventions and Costs: Multisystemic therapy (MST) and treatment as usual (TAU)* Stockholm The Institute for Evidence-based Social Work Practice Full text as yet only available in Swedish.

²¹⁵ Thoburn J, Wilding, J Watson, J (2000) *Family Support in Cases of Emotional Maltreatment and Neglect*. London TSO

²¹⁶ Brandon, M. and J. Thoburn (2008). "Safeguarding children in the UK: A longitudinal study of services to children suffering or likely to suffer significant harm." *Child and Family Social Work* 13: 365-377.;

Cleaver, H & Freeman P (1995) *Parental Perspectives in Cases of Suspected Child Abuse*.London TSO

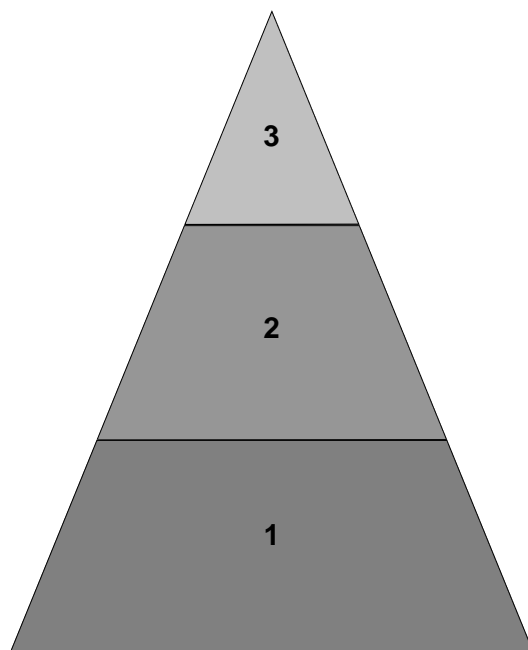
current approaches to family support /child protection in the wake of Baby P. or indeed other child abuse tragedies.

- When a child crosses the 'in need' threshold and is assessed as needing a 'tier 3 or 4' service, an approach to understanding 'what works' has to take account of a situation in which multiple services are provided by a range of professionals and agencies over extended periods of time. Manualised programmes will be only **one** part (and often of short duration) of these services. It may be that the quality of the professional relationship with the health visitor, the GP, the school nurse, the team at the family centre, is the aspect of the service that is making a difference, rather than any particular method or technique.
- *Mode of delivery* can include both centre based and outreach strategies, but for many targeted populations, who are ambivalent about using services, flexible and imaginative outreach is absolutely crucial to family engagement. Major efforts need to be deployed to maximise service access and enable all children to benefit from universal services.
- To deliver optimum outcomes for children, the family support workforce must be a complex one. It will ideally, comprise a range of workers, including health visitors, social workers; early years workers; and trained/supported volunteers. The development of a 'common working language' across disciplines, is a pre-requisite for building collaborative partnerships based on a holistic view of need, and a commitment to meet it.

Jane Tunstill
May 2009

APPENDIX III:

Levels of intervention



- 1 Primary prevention services are directed at the whole population and have the aim of supporting positive developmental outcomes, for every child, and include in services such as GPs, health visitors and education, as well as awareness campaigns around issues such as reducing alcohol use.
- 2 Secondary prevention interventions are those which are offered to populations that may have one or more risk factors associated with poor child outcomes, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. These services aim both to address the risk factors for maltreatment (for example poor parenting skills) and to promote resilience in the face of risks, so that the risk factors do not themselves translate into maltreatment, or if they do, so that the damage caused by the maltreatment is minimised.

Services may be directed towards individuals, or to communities or neighbourhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- Parenting education
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes;
- Parent support that helps parents deal with their everyday stresses and meet the challenges and responsibilities of parenting;
- Family centres offering support, information and referral services

- 3 Tertiary prevention interventions focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These interventions may include services such as:
 - Mental health services for children and families affected by maltreatment
 - Intensive social work support

Coordination of Services for Vulnerable Children Review

- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviours and attitudes
- Removing parental responsibility and taking children out of the home

APPENDIX IV:

Submission on the work of the Leaving Care Team, from Steve Mcvay, Team Manager of the Child Care Team

The team is based at Social Services La Chasse and currently consists of
1 Acting Team Manager who currently has dual responsibilities for the Child Care Team.
1 Senior Social Worker (part time).
2 Social Work Assistants.
Policy & procedures

A member of the Leaving Care Team is invited to attend the LAC Review for Looked After Children prior to the young person's sixteenth birthday whereby the case would be identified for transferred from the Child Care Team to Leaving Care.

Aims & objectives

For the Leaving Care worker to support the young person from point of transfer through to twenty one years if applicable and dependent on their individual circumstance and needs. If the YP: is subject to Article 24 of the Children's (Jersey) Law (i.e. formal care order) or in our voluntary care, six monthly LAC Reviews and three monthly Statutory Visits are required until they attain the age of eighteen years at which point the Care Order will cease in accordance with the Law, and Children's Service policy & procedures.

The Leaving Care worker will complete a Pathway Plan with the young person, which will include input from family members if applicable, other professionals, residential child care officers (key workers), teachers and tutors.

The aim is for the YP: to have a clear plan for their future, and to assist the young person through to independence with the support of the worker or outreach worker.

The worker will encourage family and sibling contact if appropriate to do so.

The level of support provided will be dependent upon the young person and their assessed needs.

Education

The young person is supported through the last academic term or year of their formal education as the worker will liaise with teachers (if YP: is in Year 11 GCSE: year), or with tutors if the YP: is attending College).

Employment

At sixteen years we encourage our care leavers to look for part time or holiday employment which gives them the experience of working in the open employment market, helps to build their self confidence, plus they are earning money in their own right.

If the YP: has completed their formal education and is not wishing to attend further education at College preferring to gain employment the worker or outreach worker will accompany the YP: to the Job Centre, Workwise or JET (Jersey Employment Trust) encourage the YP: to look on line at Jersey Insight for employment vacancies.

Accommodation

When the young person is due to leave the residential centres at La Preference or Heathfield usually from sixteen to eighteen years they can be accommodated at the following - this also applies to young people leaving foster care placements should this be the agreed/desired plan.

St Marks Adolescent Centre

Where the staff will continue to support the young person until they attain eighteen years with budgeting, shopping, cooking, accompany the YP: to appointments at the Job Centre and Social Security. Assist with completing Income Support forms and job applications.

Encourage the YP: to attend their GP; Dentist or Optician as required. Attend Youth Court or PHE: (Parish Hall Enquiry) if applicable.

The plan is for St Marks to remain open throughout the day to accommodate the needs of the young people who reside there but it could be argued that this is likely to require additional staffing resources.

Jersey Youth and Friendship Hostels

If the young person is wishing to live independently and has the necessary skills a referral is sent to the manager of JAYF: which is run by a local charity. JAYF: accommodation consists of a studio room with light cooking facilities; some are ensuite with laundry facilities on site.

Social Services La Chasse Flats

We currently have two self-contained flats at La Chasse Centre, which are offered to care leavers on a short-term basis until they are of an age to live independently.

Social Services Jumel Flats

We currently have two flats at Jumel, which are occupied by care leavers.

The Supported Housing Group (Jersey Housing Department)

At eighteen years, a referral can be sent to the SHG: via the representative from the Leaving Care Team who attends the monthly meetings. The SHG: will accommodate care leavers in studio type accommodation for a period of two years during this period three reviews will take place. It has a clear criteria and is aimed at those who are in care and about to leave care.

Finances

If the young person is subject to Article 24 the Children's Service have a legal duty within the statute as a corporate parent to financially support the individual until they attain the age of eighteen. At which time if they are unemployed they are entitled to Income Support in their own right.

If no formal care order exists the YP: is entitled to income support at the age of sixteen or when they have completed their formal education as of the 1st July each year, whereby they receive £90.00 per week, plus rent of £60.00 which will be paid by IS: to St Marks, JAYF: or Housing.

Leisure

We encourage our clients to attend the Youth Service and the Yes Project. If the YP: remains unemployed we encourage them to attend the Princes Trust to gain valuable experience in team and character building, plus giving them the opportunity to go off island with the youth workers. If they complete the course, this will be entered on their CV: to help gain successful employment. This is something that the YP has to agree to and be committed to.

Deficits

Unlike the UK: no Leaving Care Act exists within Jersey legislation.

Unlike the UK: and Guernsey Jersey has insufficient accommodation to offer Care Leavers often resulting in delay due to there being a long waiting list.

APPENDIX V:

Strong Foundations

Strong Foundations; A Multi-Agency Parenting Support Strategy for Jersey 2008

The development of a Parenting Strategy for Jersey is an important piece of the puzzle in providing efficient and effective services to meet parents' needs across the Island. It came into being as a result of the Review of Parenting Services 2007.

Being a parent is one of the most difficult roles any individual will face, and is an intensely personal experience. Parents can be effective in very different ways. There is a growing appetite from parents for discussion, information and advice. There is also a growing understanding, evidenced from research, about the characteristics of effective parenting.

Parents and the home environment they create, are the single most important fact in shaping their children's well-being, achievements and prospects. Parenting has a more significant impact on children's achievement than social class or level of education (Cooper K.(2006). All parents want the very best for their children but for some this is a hugely challenging experience.

We know that the majority say that they expect to need advice or help at some time. Social Policy Framework May 2007 stated that it would be counter productive to exhort people to be better parents if access to basic family support is fragmented and inequitable.

As an island it is important that we ensure that a wide range of services for parents to access as and when they need to is supported. At the same time, parents need to be empowered to influence and shape these services.

The strength of this Strategy is the range of agencies and individuals from both the statutory and voluntary sector, who have been involved in the development of this document.

The success of this Strategy will depend on the level of buy in from Senior Management because a successful multi-agency approach to any issue is the key ingredient which will create real change and will help to meet the needs of the Island.

This Strategy supports and sits along side other strategic developments occurring in Jersey, especially in the development of services for children, families and young people, the literacy strategy , early years and child care strategy and New Directions.

P. Tumelty
Head of Centre
The Bridge

APPENDIX VI:

Background and context to the work of the National Society for the Prevention of Cruelty to Children (NSPCC)

Mr. P. Liver (Director, NSPCC UK):

“Yes, Chairman. Well, I will start with the more strategic view of the NPSCC and Nola can give you a little bit more detail about the work that she does. Then there is a little bit in between because we have assisted in Jersey and a number of other areas over the last 18 months really. The NSPCC is a national organisation. Its primary focus, obviously, is child protection of vulnerable children. It is a very historic organisation over 120 years old. It works across the UK. We have services in Wales, Northern Ireland and recently started to develop services in Scotland. It is fair to say that the NSPCC, particularly over the last 10 years, has really transformed itself quite significantly. It has grown significantly now. As an organisation its annual expenditure budget will be something around about £140 million. We employ around about 3,000 people. Since 2000 it has really trebled in size. It has focused heavily in the last 10 years on, if you like, promoting what has become known as the ‘Full Stop’ campaign; the idea that we should try and stop abuse happening is the focus of the NSPCC. I think in effect it has three distinct components to it as an organisation which does set it aside from some of the other charitable organisations that work particularly with vulnerable children. We deliver services so we work directly with children, but we also work quite hard to campaign on behalf of children as well so we have a campaigning side to our organisation and we do a lot of policy work, so the NSPCC, rightly or wrongly, has a significant input at a national level, particularly with Westminster in terms of helping to, if you like, inform the direction that the Government takes in terms of working to protect children. What do we do with children? Well, it has become quite a broad church. I think historically the NSPCC was seen as an organisation that tended to work at the sharp end, as we call it, at the hard end of child protection, children that were already identified often known to the system, as it were. Over the last certainly 10 years, as I have said, we have become a broader church, I think recognising that the organisation needs to make a contribution more across what, I guess, we call the spectrum of vulnerable children. So, we do work still with the hard end, we do investigative and inquiry and assessment work, particularly on behalf of local authorities where there are, what we would call, more complex cases where there are cases perhaps the local authority has been involved with for many years, families get quite stuck and they will often ask us to be involved in doing, I guess what you might call, a more independent assessment work with that type of family. We are involved still in doing work around what we call complex abuse and we have had some recent involvement with Jersey directly in the investigations that have taken place around the care system in Jersey. We do a lot of work around sexual abuse, so we, on behalf of a number of probation

services in the UK, provide services to adult sex offenders, so group work programmes to help in essence manage the behaviour of identified sex offenders, so those that have often been convicted either been in prison or are serving some community order. With the UK there are a number of what are called accredited programmes which we deliver on behalf of a probation service. We do quite a lot of work with young people who pose a risk to other young people of sexual abuse. Across the UK probably the NSPCC is the biggest provider of those services now. Then we move down, I guess, to you will be aware the NSPCC historically has had a 24-hour helpline. That has generally been a helpline where adults could ring to report concerns about children - that continues - but most recently, some three years ago, the NSPCC has now taken on what you will know as the Childline service, the Esther Rantzen service. Childline became a part of the NSPCC some three years ago so it is the NSPCC now; it is a service within our organisation, and again, there will be children on the island that make contact with Childline. Then we start to move down, I guess, towards what we tend to do more of and have done more of in Jersey which is what we would talk about as at the preventative end, the idea of working with families where there are elements of concern but that it is not escalated to the full blown child protection concerns. We provide a range of support services to families in various local authorities in order to try and prevent children coming into the system being recognised needing child protection services. The backdrop to most of our services is it is done in partnership. We tend to have partnerships locally and that will dictate to a degree what we provide locally. Many of those partnerships are funded partnerships. That really is a snapshot of the NSPCC.”²¹⁷

²¹⁷ Transcript of Public Hearing with Peter Liver and Nola Hopkins of the NSPCC

APPENDIX VII:

Submission from Milli's Child Contact Centre

Milli's Child Contact Centre

Centre No 319/5
15 Clos St Andre
St Helier
JE2 3JH
Telephone Number 0800-7351012
Fax Number 01534-876727
Mobile Number 07797-780188

For The Attention of
Senator A. Breckon
Chairman
Health, Social Security and Housing (Children's Services) Sub-Panel
Scrutiny Office
States Greffe
Morier House
St Helier
JE1 1DD



21st May 2009

Dear Senator Breckon,

Thank you for the opportunity to respond, I must point out that whilst I could talk for hours regarding the lack of input to children in this island I must for now concentrate on Milli's, just one very small but important piece of the jigsaw. Whilst we can say that Milli's maintains contact between parents and children it is also a very big part of our work to ensure that the contact is right and meaningful. Children get caught up in parent's issues and used as pawns, that at Milli's will not be tolerated and we will always fight within the system for what is right and needed for each child. Each case is individual just as each child is and therefore each case is unique.

Whilst the work at Milli's is extremely rewarding it must also be appreciated that we can be working in a volatile situation so you must be aware and alert and not shy away from confrontation. Milli's deals with an awful lot of difficult situations where parents cannot come into contact with the other parent so whilst we try to provide a play group atmosphere for the children we are always aware of our surroundings.

Many thanks

Yours sincerely

Denise Carroll
Co-Ordinator

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Milli's Child Contact Centre

Support Through Divorce was formed in 1998 to help support adults through divorce/separation but the committee soon realised a great need for a facility to hand over children for access in the early states. After much searching the National Association of Child Contact Centres was found and contacted for further information.

Support Through Divorce decided that it would form Milli's Child Contact Centre for the children. A questionnaire was sent out to legal practices asking whether they saw a need and sue for such a centre and the response was encouraging. Volunteers were found and trainers from the UK came over to undertake the training.

On the 26th march 2000 Milli's Child Contact Centre was launched. The first year was hard with a very slow take up but now nine years on we sometimes have to hold back cases because we are so busy.

Because of work commitments and none of us being superwoman, we decided to wind down Support Through Divorce and concentrate on Milli's C.C.C. In July 2009 with a constitution in place the committee of Milli's C.C.C. was appointed and an application to the Association of Jersey Charities was submitted, in November 2008 we were approved and became a member of the organisation. This will hopefully enable us to raise future funds more easily as we naturally have to follow a code of conduct.

Milli's Child Contact Centre plays a vital role here in Jersey offering a facility for parents and children suffering the trauma of divorce and separation to stay in contact.

When parents divorce or separate, it is often difficult for their child(ren) to keep in touch with both mum and dad or other family members. It is especially hard for them to spend time with the parent with whom they no longer live.

Parents can be feeling very hurt and angry and may find it hard to accept the need of their child(ren) to see the other parent, particularly if their home is involved. A child contact centre aims to help in this sort of situation.

Children can take on board a whole host of issues if they have been naughty, they wonder if it was their fault, did they have an argument with the parent who has left, is it their fault the parent has left. Children may also have to encounter leaving the family home, changing schools, making new

friends whilst dealing with the emotional trauma brought about by the breakdown of the family unit. Maintaining contact is vital to children and their future wellbeing.

Parents go through the legal process whilst juggling home and work and whilst many parents successfully negotiate access from some their may be door-step confrontation, or an injunction in place preventing parents coming into contact thus making access difficult. There is a whole host of reasons that can prevent access-taking place and this is where Milli's Child Contact Centre can help.

Milli's Child Contact Centre is a safe, friendly and neutral place where children of separated families can spend time with the non-resident parent and/or other family members. We provide a child-centred environment that provides toys, games and facilities that reflect the diverse needs of children affected by family breakdown.

Milli's C.C.C. offers two levels of contact; pick up and drop off which is used when parents simply cannot come into contact but there is no concern with access. Supported contact is when there maybe concern or a long period of time has elapsed in contact. The not resident parent and child(ren) stay with us at the centre. We can then offer support in re-establishing contact and maintaining contact whilst the appropriate agency, legal profession or court is dealing with concerns.

Milli's Child Contact Centre is part of the National Association of Child Contact Centres; there are currently more than 280 child contact centres throughout England, Wales and Northern Ireland. Trained volunteers run the majority of these centres and it is estimated that 12,000 children use them every year. All staff and volunteers are checked by the Criminal Records Bureau prior to starting work at the centre and training is carried out by NACCC trainers who visit us here in Jersey.

Funds to maintain the running of the centre are always of concern, as we receive no funding or grant from the UK or our local Government. WE rely on the generosity of locally based businesses and corporations to keep this very important facility going.

Lastly whilst we have a wonderful group of volunteers who give their free time we are desperately looking for additional help. This involves giving one Sunday morning every three to four weeks. Obviously when we have our trainers over we would like all our volunteers to attend to keep up to date. It would be nice to have a few more gentlemen on our team as the majority of our clients are fathers and most probably feel a little outnumbered at present. Volunteers experience range from

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having experienced family breakdown, nursery assistants, school assistants, retired teacher, retired nurse, parents and grandparents. We also have people who have trained in domestic violence and one lady who has recently taken her sign language course.

Whilst our work is hard dealing with volatile situations it is also hugely rewarding, anybody wishing to know more should contact Denise on 0800-7351012

The complete report from Milli's can be found on the Scrutiny Website or a hard copy can be obtained from the States Bookshop, Morier House.

APPENDIX VIII:

Background and Overview of Jersey Mencap

What Does Jersey Mencap Do?

Jersey Mencap does not want to be seen as a charity that “ does things for” children and adults with learning disabilities or their parents/carers, we help to support the choices made by them.

Things we Support - Les Amis

Buying properties to be used by Les Amis, also furnishing and buying vehicles to be used by the houses in some cases. Jersey Mencap own 5 of these houses. Training & equipment, costs of external validations.

Affiliated to Jersey Mencap, set up 30 years ago to provide a home for clients with learning disabilities. Les Amis now have 22 homes in the community with approx. 90 residents. Les Amis staff and manage the homes.

Les Amis also offer the only adult respite service in the island for people with learning disabilities and there is currently a desperate need for a home for emergency respite care until one becomes available from Housing. We have agreed to meet the cost of renting a property.

Artzone – helping to meet the costs of this new Les Amis project.

Self Advocacy

Employ 2 self-advocacy workers. Was funded for the first 3 years by Lloyds TSB foundation but we now have to meet the costs ourselves. Currently running at £45,000.

Have an office in town in L' Empriere Street.

Mont A L'abbe School

Computers Arts & garden project

Sports & Leisure

Mont a l' Abbe Gym Club through the JSAD

Duke of Edinburgh Hot Shots

Employ 2 support workers who accompany small groups of young adults with learning disabilities out in the evenings. For some attending, this is the only time they enjoy a social evening out without their parents, the groups decide where they want to go.

Meet the cost of a support worker at Maufant Youth Club, this enables young people with a learning disability to enjoy all the sports and leisure opportunities within the Jersey Youth Service. We hold 2 or 3 discos a year, which are run at a no profit cost, usually attended by about 90.

We have supported some individuals with holiday costs; this can be prohibitive to some as the cost of any carers also has to be met.

Children's Respite Care

Equipment for Aviemore & Oakwell.

Maison Allo – opened last year. Survey showed many parents wanted and needed respite care.

Now have 25 families using Maison Allo.

It is managed and staffed by Les Amis.

Running costs - £140,000 per annum states funding this year £130,000.

Employment & Training

The workforce (formally Lewis Street), bought them a new colour photocopier.

Finance for Interwork scheme at Le Geyt, (£32000) improving training and employment opportunities and preparing adults with learning disabilities to get into the workplace.

Joint Secretariat

Have a representative on Joint Secretariat, which is currently going through changes. Will have representation on the partnership boards and the Executive Committee. Joint

Secretariat set up to provide a more coordinated approach to all areas involved in the support of children & adults with learning disabilities.

Mencap Shop

In the grounds of Acorn Enterprises in Trinity. Now open mornings for goods and cards suitable for all occasions, especially at Christmas. This is run by volunteers.

The Future

Need for more houses for Les Amis.

Growing need for respite care. Careful eye on the new Employment law and how it may affect people with a learning disability. Lobbying behind the scenes in all policy areas, currently the biggest issue is employment and training. Growth in the area of social activities. Ever increasing threat of funding from the States being decreased, this has now been cut by 1.6%.

We need £90,000 a year income to continue funding all our projects and to meet day to day requests we have for one off items for groups and individuals. We can continue to do this so long as we continue to fund raise through flag days, our shop etc. and receive legacies, donations – any size is welcome. Demands on resources are currently growing faster than income.

APPENDIX IX:

Background and Overview of Brook

Brook Advisory Centres - commonly known just as Brook - is the only national voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25. Brook is a registered charity, and has 40 years' experience of providing professional advice through specially trained doctors, nurses, counsellors, and outreach and information workers to over 200,000 young people each year.

Brook is the trading name of Brook Advisory Centres. Limited Company Registered in England and Wales Number 813847. Registered Charity Number 239966.

Sexual health since 1964

Brook is the leading UK provider of sexual health advice and contraception to young people and has played a major role since 1964 in pioneering services for under 25s. Here are some of the key events in sexual health during that period.

Voices of Brook

Staff and volunteers, past and present from across the organisation, talk about their motivation for their involvement with Brook, and their experience of the organisation.

Helen Brook

When Helen Brook started working as a volunteer in family planning clinics in the Fifties, it was illegal to provide contraception to unmarried couples. Aware of the suffering this caused through unwanted pregnancies, and unafraid of controversy, Helen became committed to improving access to contraception for the young and vulnerable. Later, as director of the Marie Stopes clinic in London, Helen opened a special session for unmarried women that became so popular, young women travelled from all over the UK to attend. Its success persuaded Helen that a separate charity was needed to cope with demand.

Supported by a donation from a banker, John Trusted, Helen founded the Brook Advisory Centres as a charity dedicated to providing contraception and practical advice to young, unmarried women. The first clinic opened in July 1964 and over 500 young women visited in its first year. Over the next forty years, with funding from the public and private sectors and from charitable trusts, new Brook Advisory Centres opened across the UK. Helen Brook was involved with the charity she founded until well into her eighties and was awarded a CBE in 1995, two years before her death aged 89. Brook now has 17 Centres as far apart as Inverness and

Jersey and runs sessions in over 40 locations. Since it was founded in 1964, over 1.4 million young people have visited Brook for advice or contraception and with almost 100,000 young people visiting Brook Centres every year, Helen Brook's legacy continues.

Top Ten Facts about Brook

Since 1964, the number of young people visiting Brook has increased year on year from 564 to 100,000

The first birth control cinema advert was launched by Brook in 1973 In 1972, only 80 young men visited Brook Centres, 0.5% of all clients In 2003, 22% of new Brook clients were male

In the last ten years, the proportion of Brook clients aged under 16 has more than doubled, from 9% to 21% of all clients

Over the last 20 years the number of Brook clients choosing to go on the pill has dropped from 85% to 30%

The number of Brook clients using condoms in the last ten years has increased by over 40%

18,000 under 25s contact the Brook Young People's Information Service each year

A confidential online enquiry service, Ask Brook, was introduced in 2000, which now receives 6,000 online messages each year

The Brook website receives 35,000 visitors each month

APPENDIX X:

Background and Overview of the Children (Jersey) Law 2002, Submitted by the Jersey Family Law Association (JFLA)

The main piece of legislation dealing with children matters within the Family Court system is the Children (Jersey) Law 2002 and accompanying rules. The Children (Jersey) Law 2002 (“the Law”) was passed by the States of Jersey in 2002. It did not come into force until 1st August 2005. It was designed to replace the Children (Jersey) Law 1969 and in so doing the Law imported from the United Kingdom on to Jersey’s statute books much of the Children Act 1989. The Law sought to encompass new provisions dealing with all aspects of the care of and society’s responsibilities towards, children.

The Law represented a huge development in family law generally and, in some areas, a big departure from what had gone before. **Parts 1 and 2** of the Law govern “private law” matters. Out went the concepts of custody, care and control and access. In their place came the concepts of parental responsibility, residence and contact. Furthermore, a “no order” principle was enshrined in the Law. The Law gave both parents of legitimate children parental responsibility, whereas previously only fathers had automatic custody of their children. Unmarried fathers were given new rights in respect of their children and could now acquire parental responsibility whether by agreement or Court order. Private law applications in respect of children can now be made in a far wider range of circumstances than was previously possible and by many more people e.g. residence orders, which carry with them parental responsibility for the period during which they are in force, can now be granted to anyone; in this way the Law recognises the need for greater flexibility in arrangements to do with the care for and upbringing of a child. The Law establishes the principle that the welfare of the child is the Court’s paramount consideration when determining any aspect to do with the child’s upbringing. The Law also provides comprehensive provisions with regard to financial provision for children.

Parts 3 and 4 of the Law are concerned with “public law” aspects of child care, that is to say the duties of the Health and Social Services Minister in providing support for families and children including care, supervision and accommodation for children who have no one to look after them or who require protection.

Part 5 focuses on the protection of children and provides the Court with the power to make a child assessment order to assess the risk to a child, and for the Bailiff to make an emergency protection order in respect of a child who is at risk of significant harm. This section also contains certain powers for a child to be taken into police protection and has provisions regarding child abduction.

The former provisions contained within the 1969 Law with regard to the employment of children have been substantially reproduced in **Part 6** of the Law although the power to make Orders in respect of the employment of children has been extended to all children, and not just those below the age of 16 as was previously the case.

The existing provisions regarding Voluntary Homes and private fostering arrangements were reproduced in **parts 7 and 8** of the Law with little amendment.

Finally **part 9** sets out various miscellaneous provisions including the power of the Court to order DNA testing where the parentage of a child is in issue, powers to order that a child receive independent representation in proceedings and/or be befriended by a specified person in certain proceedings and a facility for the reciprocal application of orders made with the British Isles.

The Scrutiny Panel will appreciate from the above overview that the Children (Jersey) Law 2002 deals with a variety of matters, which may or may not lead to contested litigation.

Public Law issues are, perhaps, more visible to the States of Jersey when considering the services provided to vulnerable children in the Island. Private Law proceedings do however have a fundamental impact on children and their development. These issues may arise in the course of divorce or within a family where the parents have never been married.

Another legal issue relevant to vulnerable children is that of adoption. This is governed in Jersey by the Adoption (Jersey) Law 1961. There are concerns that this piece of legislation is not Human Rights compliant in that it restricts adoption to married couples or to single people – this has particular implications for same-sex couples and co-habitees.