
STATES OF JERSEY



CARE INSPECTORATE: INSPECTION OF SERVICES FOR LOOKED-AFTER CHILDREN

**Presented to the States on 7th February 2012
by the Minister for Health and Social Services**

STATES GREFFE



States of Jersey Inspection of services for looked after children

A report for the Children's Policy Group, States of Jersey

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Acknowledgement

The Social Work Inspection Agency (SWIA) was commissioned by the Children's Policy Group of the States of Jersey to provide an independent inspection of its services for looked after children. The work of SWIA was taken over by the Care Inspectorate in April 2011 and its Board agreed to honour this commitment. Care Inspectorate staff were seconded to the States of Jersey and undertook this inspection under Jersey legislation.

The Care Inspectorate¹ is the independent scrutiny and improvement body for care, social work and child protection services in Scotland set up by legislation in April 2011. It is an independent organisation, accountable to Scottish Ministers, with its own board responsible for governance. The contents of this report are solely the independent and professional view of the Care Inspectorate.

We wish to thank those who assisted us during the inspection. We received a very warm welcome from everyone we met in Jersey. We are grateful to all the people who took the time to complete and return our questionnaires and participate during our fieldwork, and also to the staff at the Minster's office for their assistance and hospitality. In particular we would like to thank the inspection co-ordinator who provided valuable support and guidance to the team throughout the inspection.

This inspection is unique, in that States of Jersey approached the Social Work Inspection Agency (now the Care Inspectorate) to carry out an independent inspection. Scottish ministers agreed that inspection staff be seconded to Jersey to enable them to carry out this work.

We appreciated the openness and enthusiasm of all staff in embracing the inspection. Staff were justifiably proud that their service had invited external

¹ It comprises those 3 scrutiny/regulatory bodies that were responsible for inspecting and regulating social work, social care and child protection services in Scotland- the Social Work Inspection Agency, the Care Commission and HM Inspectorate of Education Services for Children.

scrutiny. We found a commendable commitment on their part to getting the best outcome from the process and ensuring it led to service improvement.

We were impressed by how seriously senior managers took the need to ensure our inspection was informed by the experience and views of looked after children and young people. The way they embraced both the role of the Youth Ambassadors² in the inspection, and their wider role in consultation and capacity building with Jersey's care leavers was impressive.

We want to acknowledge that we found some examples of exceptionally good practice. However, we were unable to describe them in this report as individuals could be identified in such a small community.

² Young people, recruited by Move On – a Scottish voluntary organisation, commissioned by SCSWIS to provide young inspectors, suitably knowledgeable and experienced, to join the inspection team on Jersey.

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The Care Inspectorate

The Care Inspectorate used a six-point scale in this inspection of services for looked after children. In this report, the inspection team has provided an evaluation in relation to each of the 10 areas for evaluation of the Jersey performance inspection model (PIM) as set out in appendix 1.

The evaluation scale

Level	Definition	Description
Level 6	Excellent	Excellent or outstanding
Level 5	Very Good	Major strengths
Level 4	Good	Important strengths with some areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

The report uses the following words to describe numbers and proportions when we quote findings from our surveys or from our file reading exercise:

almost all	90% or more
most	75% to 89%
majority	50% to 74%
less than half	35% to 49%
some	15% to 34%
a few	14% or less

CHAPTER 1

Summary, evaluations and recommendations

Summary

The States of Jersey asked us to carry out this inspection to fulfil one of the recommendations of the Williamson Report³. This inspection is unique, in that States of Jersey approached the Social Work Inspection Agency (now part of the Care Inspectorate) to carry out an independent inspection. Scottish ministers agreed that inspection staff be seconded to Jersey to enable them to carry out this work.

We undertook the inspection during a period of structural change. The Chief Executive for Health and Social Services had worked hard to raise the profile of social services within her wider department. The Managing Director of the newly created Community and Social Services was in the process of establishing a service division for 'Children' that would ensure an appropriate range of services to focus on looked after children and young people leaving care. Senior managers were committed to using this first independent inspection as a baseline, against which they could measure future progress.

We found an experienced, committed and skilled staff group working with looked after children and young people in Jersey. Front line staff worked well together across agencies and shared high aspirations for children and young people. They were effectively undertaking the key social work processes of assessment and care management. However staff and foster carers were uncertain about the changes to their service and the majority were not confident that they were valued by their managers or politicians. They showed little awareness of an overall vision for looked after children and young people. Despite the efforts of senior managers to inform

³ <http://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=340> An inquiry into child protection in Jersey Andrew Williamson assisted by Peter Smallridge, former Director of Social Services, Kent County Council June 2008

and consult with employees, generally they did not feel involved, consulted or listened to.

There was evidence of good outcomes for some looked after children and young people, as a result of good, flexible, personalised care. Children and young people in foster care and some of the specialist units had very positive experiences. On the other hand children and young people in the other residential units considered their views were not heard and their complaints not treated seriously. Like the staff, they did not feel involved, consulted or listened to.

Jersey had only a small number of performance measures in place and no systematic performance management. There was the beginning of a growing emphasis on quality assurance. The lack of planning capacity in children's services meant that policy and procedure did not always reflect or promote strategic objectives. A more strategic approach to children's services planning was being introduced.

The Chief Executive was determined to drive forward radical change in health and social services to meet the future needs of the people of Jersey. A green paper outlining the potential redesign of Health and Social Services was out for consultation. This has the potential to put States of Jersey in a good position to move quickly to a fully modernised social services organisation.

Evaluation

1. Key outcomes	Adequate
2. Impact on people who use our services	Weak
3. Impact on employees and foster carers	Weak
4. Impact on the community	Good
5. Delivery of key processes	Adequate
6. Policy and service development, planning and performance management	Weak
7. Management and support of employees and foster carers	Weak
8. Resources and capacity building	Weak
9. Leadership and direction	Adequate
10. Capacity for improvement	Good

Recommendations

Recommendation 1

Community and Social Services should review all the outstanding recommendations from previous reports, and, together with our recommendations, draw up one action plan which includes them all. This should involve rationalising some, grouping others, deleting those which no longer apply, and deciding on priorities. This action plan should include clear and realistic timescales and lead responsibilities.

Key outcomes

Recommendation 2

Community and Social Services should develop and implement a comprehensive means to define and measure the outcomes for looked after children and young people.

Impact on people who use our services

Recommendation 3

The views of young people who are looked after should be systematically and meaningfully gathered and acted upon where appropriate. Processes should be put in place to develop ways of allowing them more say regarding their care.

Impact on employees and foster carers

Recommendation 4

As part of the overall change programme underway within Community and Social Services, senior managers should develop and implement a staff communications and engagement strategy.

Delivery of key processes

Recommendation 5

The senior management team should conclude the work on the out of hours service and establish the new system as a matter of priority.

Recommendation 6

All looked after children and young people must be provided with information about how to make a formal complaint. The independent reviewing officer should establish formal links with the Health and Social Services complaints officer.

Policy and service development, planning and performance management

Recommendation 7

Community and Social Services should produce comprehensive operational procedures for children and families staff.

Recommendation 8

Children’s services should develop a systematic and comprehensive approach to service planning. Building upon the proposed Children and Young People’s Plan, service and operational (team/unit) plans must both reflect and take forward agreed strategic objectives.

Management and support of employees and foster carers

Recommendation 9

Community and Social Services should conduct an urgent review of residential child care looking at the number of people in acting up or in temporary posts and the wider impact of the campus model on the quality of care.

Recommendation 10

Community and Social Services should urgently review the training and support of residential staff to remove any barriers to providing bank staff with basic training, particularly, in therapeutic crisis intervention (TCI), child protection and first aid.

Resources and capacity building

Recommendation 11

Community and Social Services must improve their collection of accurate performance information. A performance management system should be set up and used to develop and improve services.

Recommendation 12

Community and Social Services should develop a comprehensive commissioning strategy for children's services.

Leadership and direction

Recommendation 13

Community and Social Services should plan a range of induction activities for States members in key areas of their functions, especially in corporate parenting and child protection, to be implemented following the next election. It would be helpful if this was given a high priority in any planned induction at corporate level within the States.

Recommendation 14

A statement of purpose and rationale for the new structure, with clearly articulated roles and responsibilities, should be urgently produced. Realistic timescales should be set with clearly stated accountability.

CHAPTER 2

Context

Introduction

It is important to put our inspection into context – that is, as one of a series of reports and investigations specific to the island⁴. This train of events goes back to 2002, when an independent inquiry was undertaken by Dr. Kathie Bull⁵. Her findings⁶ set out a need for radical change in the way in which services intended to meet the needs of children with severe emotional and behavioural difficulties were configured and delivered. In all, the original report highlighted 50 specific recommendations – 29 of these relating to social work or social care.

Despite a total £1.6m of ‘growth funding’ required for full implementation of all these recommendations less than half (£800k) was actually provided. A number of significant developments emerged from this process, including:

- The establishment of a Children’s Executive and corresponding Corporate Parenting role, involving Ministers and senior managers
- A new secure facility (designed, planned and built within a separate ‘capital’ budget allocation)
- The development of multi-agency support teams (MAST) within all four of the maintained sector secondary schools, supported by social worker appointments in two of the schools
- The establishment of the youth action team, bringing together in one team professionals from police, probation, child and adolescent mental health service (CAMHS) and social work

⁴ Not including other significant inquiries and reports originating in England –for example, reports by Lord Laming.

⁵ Seconded from the Office of Standards in Education (Ofsted) for this purpose.

⁶ Review of the Principles, Practices and Provision for Children and Young People with Emotional and Behavioural Difficulties and Disorders in the Island of Jersey, July 2003

In August 2007, following the emergence of serious concerns about practice in the secure children's home on Jersey, the Minister responsible asked the Howard League for Penal Reform to conduct a review of the island's youth justice system. In doing so, the Howard League considered a number of issues that impacted on the care of looked after children. The 27 recommendations contained in the report⁷ touched upon areas such as:

- The need for a lead Minister for children's services
- Independent inspection of children's homes, based on a set of care standards
- Introduction of a 'whistle blowing' policy for staff
- Introduction of a complaints system for children and young people both in custody and the care system

Also in 2007, the Council of Ministers set up an inquiry into child protection on the island, following a number of serious allegations of malpractice – particularly within the children's service – made by a former Minister for Health and Social Services and other complainants. The report that emerged from this inquiry, written by Andrew Williamson⁸, focussed on child protection services on Jersey. The changes made or embarked upon in response to the report have provided a central theme to our inspection.

Mr Williamson made 11 recommendations, affecting both political and organisational structures. These included:

- The establishment of a Minister for Children
- The appointment of an external reviewing officer
- Improved contracting with external agencies
- Changes to management structures and planning

⁷ Jersey Review. A review of the Jersey youth justice system. Howard League. November 2008.

⁸ <http://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=340> An inquiry into child protection in Jersey Andrew Williamson assisted by Peter Smallridge, former Director of Social Services, Kent County Council June 2008

- The introduction of a whistle-blowing policy for staff
- Improvements to the out of hours service for vulnerable children and families
- The introduction of external inspection of children's services

A number of important themes run through each of these inquiries, notably:

- The need for effective political oversight and scrutiny
- Improvements in partnership working
- More effective ways of dealing with complaints from children and young people, and the concerns of staff
- The introduction of external scrutiny

Moreover, these themes and recommendations have formed an important platform for our inspection.

The inspection of social services for looked after children and young people in Jersey took place between January and May 2011. Our inspection team consisted of four Care Inspectorate senior inspectors, two Youth Ambassadors and the Chief Social Work Adviser to the Scottish Government.

During the inspection we read a wide selection of material about the States of Jersey and the social services they either delivered or procured from voluntary providers. We analysed questionnaires received from staff, foster carers and stakeholders in February and March 2011. Together with three States of Jersey social services staff we spent seven days examining case files. The inspection team then spent ten days carrying out fieldwork in Jersey (see appendix 3 for more details).

During inspection fieldwork we spoke to children and young people, their families and carers. We met a range of professionals involved in care planning for looked after children and young people. We met representatives from a range of organisations and groups as well as States members and other stakeholders. We met front line staff and managers, visited offices and the children's residential

services. As a result, we collected an extensive range of evidence that informed the content, evaluation and recommendations contained in this report.

We were acutely aware of the number of previous reviews, reports and investigations (mentioned above) which had resulted in a stream of recommendations over the past eight years. We have also made a number of recommendations and have deliberately kept this to a minimum.

Recommendation 1

Community and Social Services should review all the outstanding recommendations from previous reports, and, together with our recommendations, draw up one action plan which includes them all. This should involve rationalising some, grouping others, deleting those which no longer apply, and deciding on priorities. The action plan should include clear and realistic timescales and lead responsibilities.

Jersey profile

Jersey sits in the bay of St. Malo – just 19 miles from the French coast and 85 miles south of the English coast. Jersey is 5 miles long and 9 miles wide. Jersey is the biggest of the Channel Islands.

Jersey is a British Crown Dependency and is defended and internationally represented by the UK government. The island is self-governing and has its own financial and legal systems and its own courts of law. Administratively Jersey is made up of 12 parishes. The States Assembly is made up of 53 elected members. A ministerial system of government had been introduced in Jersey from December 2005. In what was the most important change in the island's government for many years, the old committee system was abolished and replaced by a new Council of Ministers (the Executive) working alongside Scrutiny Panels. The Executive makes decisions about, and on behalf of, Jersey. Scrutiny works to ensure better accountability and the rigorous questioning of options.

There are 53 elected States members as follows:

- 12 senators elected for six years
- 12 constables, one from each parish, elected for three years
- 29 deputies elected for three years

The States Assembly is the island's highest decision-making authority and its decision making powers include the approval of all new laws and major policy changes.

The resident population of Jersey, at the end of 2009, was estimated at 92,500. The population density of Jersey is approximately double that of England and almost a quarter less than Guernsey. In 2010 almost half (47%) of the resident population were born in Jersey and another two-fifths (41%) were born elsewhere in the British Isles. English is the main language spoken in Jersey. Other languages include Portuguese, Polish and Jèrriais (the Jersey language).

The Jersey Annual Social Survey 2010 included a question on self-defined ethnicity. This found almost half (47%) of Jersey's resident adults considered themselves as 'Jersey' whilst another two-fifths (39%) considered themselves to be British. Around 4% identified themselves as Portuguese or Madeiran, 3% as Irish and 1% as Polish.

Organisation of social services

Social Services in Jersey sit within a Health and Social Services Department which includes the island's general hospital. The Health and Social Services Department has been restructuring over the last twelve months. A range of community services were brought together to strengthen individual and community support arrangements to vulnerable children and adults, their families and carers. The Managing Director of Community and Social Services reports to the Chief Executive for the Health and Social Services Department. Once appointed three directors will report to the Managing Director of Community and Social Services; a director of services for adults, a director of services for older people and a director of services for children. At the time of the inspection

fieldwork in May 2011, within children's services it was intended that there would be three heads of service; one for 'Safeguarding and Community Support', one for 'Looked After Children and Leaving Care' and one for 'Residential and Support Services'. This structure had been expected to be in place by 1 April 2011 but, to date, it has not yet been fully implemented. Many key posts remain vacant or continue to involve 'acting up' arrangements.

Inspection methodology and process

The structure of this report is based on the Jersey performance inspection model (PIM) which asks six key questions about the performance of services for looked after children and young people.

1. What key outcomes have we achieved?
2. What impact have we had on people who use our services and other stakeholders?
3. How good is our delivery of key processes?
4. How good is our management?
5. How good is our leadership?
6. What is our capacity for improvement?

The following chapters address each of these questions in turn.

A more detailed description of the inspection methodology and the way in which we carried out our inspection are included in Appendices 2 and 3.

CHAPTER 3

Key outcomes

Outcomes for children and young people

We define outcomes as the direct benefits in people’s lives from the social work services they receive.

Overall, we judged the performance in this area to be adequate with strengths just outweighing weaknesses.

There was evidence of good outcomes for some of the looked after children and young people; with good, flexible, personalised care being put in place. Outcomes for young people leaving care were poorer. The performance data that was available also indicated a trend towards more family placements, less use of residential care and few repeated placement moves. However there was no comprehensive process to capture the wide range of data that was available to ensure that outcomes for looked after children and young people were continually improving. The corporate information systems to support data gathering were not in place (we say more about this in chapter 6).

Defining and measuring outcomes was not common practice in the States of Jersey. Performance measures and targets are therefore sometimes used as proxy outcome measures in this chapter.

Staff who responded to our survey were generally positive about the difference they were making to the lives of looked after children. Almost all respondents agreed that their team did everything possible to keep children and young people safe, with the majority strongly agreeing.

The majority of staff who responded to our survey also agreed that in general the service that their team provided was successful in helping children and young people live law abiding lives and in helping them to develop their skills and abilities to the full.

Foster carers were also positive about the outcomes for looked after children and young people.

Looked after children and young people

There was evidence of improved outcomes for children and young people in most (86%) of the files that we read. This was particularly so for currently looked after children and young people where it was almost all (94%) of the files.

In the majority (65%) of the files that we read there had been improvements in the child or young person's circumstances which either completely or mostly matched those that could be reasonably expected. This figure was much higher for those files that related only to those children and young people who were currently looked after at 83%.

Many of the young people we met during the fieldwork were benefiting from social work support. This was particularly evident in the way they described how they felt about themselves, the care that they received and their improved ability to manage their behaviour. Many were also positive about the support they received from their schools, and said they were doing reasonably well there.

Young people leaving care

Outcomes for young people who had left care had improved in 71% of the files that we read. In less than half (38%) of these files there had been improvements in the child or young person's circumstances which either completely or mostly matched those that would be reasonably expected.

Young people who were no longer looked after appreciated the good support and care that they received from the leaving care team.

There was little evidence of planned, effective preparation for young people moving on from care. We heard this from young people themselves and partner agencies. It was also apparent from the files we read. Just over half (53%) of staff who responded to our survey agreed that in general terms their team was successful in helping young people to move towards independence; one in five disagreed.

There was also little evidence of planned work once the young person had left care. This was reflected in the much poorer outcomes for these young people as outlined above. On the other hand there was anecdotal evidence that a number of young people who had left care had gone on to higher education in the UK.

There was no comprehensive approach to identifying and measuring performance against targets for looked after children.

Unlike the UK, which has a national reporting framework, there is no equivalent in Jersey. However, senior managers had introduced a number of targets based on those used in England. These indicators related only to social services. In choosing future indicators thought should be given to the range of data that could be used to track the impact of wider service provision on improving outcomes for looked after children; for instance in relation to health or education.

The figures that were available indicated some positive trends, demonstrating good progress. There were areas where this progress could be enhanced by more challenging targets and quicker progress.

The number of young people who were looked after was steadily declining, from an average of 130 in 2003, to 77 in 2010. They had successfully placed 30 looked after children and young people for adoption over the last 5 years, 10 of these placements were in 2010.

In terms of how stable young people's placements were, the percentage of children looked after as of the 31st December 2010 with three or more placements had averaged 6.52% over the previous seven years. The department had set a target of having no more than 10% of their young people experience more than 3 placement moves. This had easily and consistently been met every year in the period noted, except one.

Jersey had been steadily increasing the percentage of children looked after in family placements over the last few years; in 2007 it was 44.92% and by December 2010 it was 60.67%. They had stopped placing younger children in residential care and now managed to provide foster placements for them. They had also increased the numbers of children and young people in kinship care, bringing in more formal procedures in line with UK practice.

Jersey had not met their target of achieving a percentage of 80% in family placements by 2010. However the significant increase in numbers of children and young people successfully placed for adoption over the past five years meant there was a consequent dip in the number of looked after children in family placements. These figures should be monitored closely over the next two years to ensure the numbers of children looked after in family placements continues to increase.

Recommendation 2

Community and Social Services should develop and implement a comprehensive means to define and measure the outcomes for looked after children and young people.

The Health and Social Services department recognised the need to develop a more comprehensive performance measurement approach, which we would support as a priority.

There were some plans already in place:

- The referral and assessment team had developed some performance measures and were hoping to establish a baseline from which to track progress. This information was not available at the time of our inspection
- The independent reviewing team had also started to put in place performance measures that would enable them to monitor outcomes for young people
- A newly appointed nurse and the medical adviser for looked after children will be expected to develop performance and outcome information from a health perspective

CHAPTER 4

Impact on people who use our services and other stakeholders

This chapter looks at three areas for evaluation:

- **Impact on people who use services**
- **Impact on employees and foster carers**
- **Impact on the community**

We define impact as the direct experience of people who use or deliver social services or benefit from them directly.

Impact on people who use our services

Overall we judged the performance in this area to be weak – there were important weaknesses.

The majority of looked after children and young people lived with foster carers and their experience was very positive. The children and young people living in some of the specialist units also had positive experiences. However children and young people in other residential units considered their views were ignored and their complaints were not treated seriously. The information provided to children and young people in residential care emphasised rules rather than the positive aspects of care.

Experience of children and young people using our services

Children and young people expressed very mixed views about their experience of being looked after. These generally tended to differ between those in the main residential units, those in foster care, and those in the specialist residential units.

Foster care

Generally, children and young people who were in foster care were happy with their care. They thought that their foster carers were there for them and worked hard to support them.

We were also very struck from our file reading and from some of the young people that we met with how some foster carers had continued their commitment to the young people in their care beyond their 18th birthday. This was also evident in some flexible packages of care that were provided by foster carers.

Specialist residential services

The young people who had experience of the specialist units were positive about the care and support that they received. There were clear boundaries in place from the staff, with consistent expectations.

Staff and some of the partner agencies, also considered the care offered by these units provided a very positive experience for those children and young people. This was all anecdotal information and Community and Social Services should develop processes to evaluate and measure the impact of such an approach. This information could then be used to inform the future development of residential child care in Jersey.

We found that the consistent management, protected staff group and the high quality training that had been put into the staff in the therapeutic units enabled the young people to feel safe and well cared for.

In the secure unit, young people stated that although they did not want to be there, the care was good; staff were interested in them, supportive, respectful and provided good opportunities for them to do things.

Other residential care

Young people in mainstream residential care, that we met with, in a number of different settings, were very unhappy about many aspects of the care they received in the residential units.

They felt that staff cared for them and that there was a basic level of support. However their criticisms were consistent and were supported by other evidence. The overwhelming message was one that young people felt frustrated and disappointed that they were not listened to by residential workers or by the line managers and management above them. When they made suggestions for changes, they either happened very slowly or not at all.

Children and young people had little say or control over the way things were run within the homes and complaints about their care were not taken seriously. The complaints officer had never had a formal complaint made by any child or young person. We read some information leaflets for children and young people about the different children's units. The only references to how to complain was through an internal social work line management structure. There were no references to the complaints officer.

This provided young people with little opportunity to seek external support with issues they might need help with. It also meant senior managers had no formal means of monitoring the concerns and complaints of young people in their care.

The other opportunity that young people now had to raise concerns was through the independent board of visitors. This was a positive development over the previous year. However we were concerned about the effectiveness of the board when we learned that they had not received responses from senior managers when they

raised issues of concern. Although officially the board of visitors reported to the Children's Policy Group they had still to meet with them at the time of our inspection in May 2011.

There was also no advocacy service in Jersey for children and young people. Despite being a recommendation from the Williamson Report, the proposal to set up independent advocacy was not taken forward when insufficient funding meant hard choices had to be made. This left young people in care with few options to seek external support with any concerns they had.

The young people we met described the residential units as 'like places of work' rather than homes. They reported staff spent too much time in the offices and little time engaging directly with them in a positive way. Some residential staff confirmed this view, and agreed there were differences in whether or not children and young people were helped to participate in a wide range of activities.

The young people were concerned about the inconsistency in the way that they were treated by different staff. This was echoed by the staff who told us of their concerns about staff being moved between units and the high level of bank staff routinely used. In addition, without consistent, permanent line management in place in any of the main units we found the young people's concerns to be an inevitable result.

On the other hand the numbers of young people living in residential care had fallen over the previous years. Staff, managers and partner agencies considered that this gave them more time to do direct work with children and young people. They had a sense that they were involved in less crisis management and more positive activities.

Staff and young people talked of recent changes leading to more opportunities to develop skills in planning, budgeting, shopping and preparing food on an individual basis. However, generally, the young people did not think that they had a real say over planning and developing menus for the whole unit. We found there was little flexibility about mealtimes, and that the kitchen was locked at other times.

Young people also told us that they experienced a negative culture within the residential units. We found this culture reflected in the information leaflets available to young people about the resources. These were very orientated around providing information on rules and restrictions. Despite the efforts of individual staff we spoke to there was little by way of positive ethos and encouragement.

Community and Social Services had recognised the need to find a positive way to engage with young people through the work on developing services for vulnerable 16 – 25 year olds. The intention to improve this approach was also evident from the absolute commitment given to the inspection process to encourage and enable looked after children and young people to have their say. A creative approach was taken to this by social services in partnership with the youth service, and there was a determination to continue this positive start. Community and Social Services are to be commended for taking these important steps to listening to looked after children and young people.

Recommendation 3

The views of young people who are looked after should be systematically and meaningfully gathered and acted upon where appropriate. Processes should be put in place to develop ways of allowing them more say regarding their care.

We were concerned that the residential units regularly received donations of produce and food from a local supermarket. Although we applaud the principle of re-cycling and putting this food to good use, careful consideration should have been given to the message this conveyed to children and young people in public care.

The file reading raised issues for us about the use of the adolescent centre for homeless young people. During field work we became increasingly aware of its

significance as a resource for those leaving care and many concerns, with which we agreed, about its appropriateness.

We visited this hostel and found it in need of a radical overhaul to make it fit for purpose. Its general presentation was poor, with a neglected feel to the decoration and furniture. There were restrictions on the use of the kitchen, computer, living room and laundry which provided an institutional feel. Damage had been done to the property that had not been repaired. When we visited, three of the residents had previously been in residential care. We noted it had been used as a planned resource for one young person from one of the specialist residential units to support them in leaving care.

Vulnerable young people moving towards an independent life need to be supported to learn and develop the skills to do this, to have respect for themselves and others around them. From what we saw of this hostel, this was not being offered through such an environment for previously, or currently looked after, young people.

Impact on employees and foster carers

Overall we found performance in this area to be weak - there were important weaknesses.

Fieldwork staff were highly motivated to providing a quality service to looked after children and young people. Foster carers were committed to and enjoyed their work. However staff and foster carers did not feel valued by their managers or politicians. They showed little awareness of an overall vision for looked after children and young people. They did not feel involved, consulted or listened to.

Motivation and satisfaction of employees and foster carers

During fieldwork we met many of the front line staff delivering services to looked after children and young people. They were an experienced and committed group of staff who spoke enthusiastically about their work. Many were highly motivated to improve the service they were offering suggesting that Jersey had the potential to 'be the best' and even to become 'a centre of excellence'. However many expressed frustration and raised a number of issues which affected their morale. These included:

- Front line residential and fieldwork staff and their managers were uncertain about the changes to their service. Information gained through briefings was partial and in particular timescales kept shifting. They described one implementation plan being unfinished yet they were moving on to another one
- Staff generally did not feel they had been included in or consulted about the changes proposed
- Residential staff, generally, were uncertain about the direction of their service.
- Specialist teams considered they were not always able to concentrate on the service they had been employed to deliver
- Too many managers were 'acting up' appointments. This made it hard to plan ahead. There was a sense of drift and delay and concern that remits would change again
- Recommendations from previous investigations, reviews and reports were not always implemented

Our staff survey, completed in February and March 2011, asked about the outcomes and impact of services, working conditions, working relationships with partners and experience of operational management and strategic leadership (see appendix 3).

Staff responded positively to many of the questions. Generally they agreed their service was successful in helping children and young people achieve good outcomes (we say more about this in chapter 3).

Most staff responding to our survey agreed they enjoyed their work. However other responses suggest a level of dissatisfaction.

Less than half of those responding to our survey:

- Agreed that the quality of the service offered by their team had improved over the last year
- Agreed they felt valued by their managers in carrying out their day to day jobs.
- Agreed staff morale had been good for at least the last 6 months

Staff survey responses to the questions on strategic leadership suggested they perceived this as poor:

- Less than half agreed that services for looked after children and young people were highly valued by elected members
- Some agreed there was a clear vision for services for looked after children and young people
- A majority disagreed that senior managers communicated well with staff. This issue was raised consistently in contact with staff and others during the inspection
- Few agreed there was effective leadership of change in social services

The States of Jersey carried out a staff survey 'have your say' in 2008. Although this was 3 years ago the staff responses were very similar to ours. Staff were generally positive about their work, team working and line management. They were generally negative about communication, working across boundaries, leadership and change, particularly political leadership. They were also negative about their expectations of action as a result of the last survey and any action they expected as a result of the 2008 survey. Given the similarity in the responses to our survey this does suggest there has not been significant change in the areas identified by staff as problematic.

Almost all foster carers responding to our survey agreed that in general, social services in Jersey did everything possible to keep children and young people safe. Almost all agreed they enjoyed their work. Responses regarding the experience of being a foster carer were mostly positive with most agreeing they received regular support from social services and enough training to carry out their role. This was evident in the sample of foster carer files. The majority felt valued and supported as foster carers. However most disagreed that there were enough foster carers in Jersey, to care for all those children and young people who need foster care. Most agreed that the foster care service could be improved and half felt they had the ability to improve foster care. Significantly fewer felt that improvements would be realised in the next 12 months. Despite the foster carer's optimism that they could improve foster care in Jersey they were pessimistic about how soon this would happen.

During fieldwork we met staff and foster carers. Employees and foster carers did not feel valued by their politicians or their communities. Partner agencies agreed it was 'a hard place to work' and that the States agencies generally 'got a bad press'. This was not surprising given the last few difficult years, where social services in Jersey were criticised publically. Senior social services staff had been subject to severe criticism in the press and from their own Minister in the recent past. Although ministerial support for social services was now much in evidence and senior managers worked hard to get positive press coverage, front line staff still felt insecure.

The States of Jersey (2009-2014) business plan acknowledged the 'traumatic period which had affected staff morale.' In their self evaluation, completed as part of this inspection, the service noted that they have experienced a range of investigations and reviews over the past few years. This had resulted in an almost continuous flow of recommendations for service change and improvement.

Fifty one of the 86 staff completing the survey provided written comments on how they thought the service could be improved. These largely constructive suggestions,

some quite lengthy, gave us a better understanding of staff motivation and morale. Frontline residential and fieldwork staff wanted to deliver better services through improved policy and procedures, better staffing and more administrative support. Residential staff were looking for more training, better staffing and improved leadership.

Employee and foster carers ownership of vision, policy and strategy

The Williamson Report referred to the uncertainty and lack of decision making which inevitably followed a long period of review, stating that it was now imperative that a clear focussed strategic direction for the children's service was established. This had not yet been effectively communicated to staff.

Less than half of the staff responding to our survey agreed that States of Jersey had a clear set of local social services priorities. In response to the foster carer survey seven carers agreed that there was a clear vision for services for looked after children and young people, six disagreed while nine neither agreed nor disagreed.

The Strategic Framework for Children and Young People defined the vision for all children and young people in Jersey as:

'We want all children and young people to grow up in a safe, supportive island community in which they achieve their full potential and lead happy, healthy lives.'

Though clearly all children and young people are included in this vision we would expect social services to have a more specific statement about looked after children and young people. It was therefore hard to establish what the vision was for looked after children and young people.

Staff found it hard to articulate a vision apart from a general awareness of intent to reduce the number of looked after children and shift the balance from residential to

foster care. Less than half of the staff responding to our survey agreed there was a clear vision for services for looked after children and young people. However a large number of staff were neutral with staff neither agreeing nor disagreeing (39%). The self evaluation (SEQ) action plan set out an intention to develop a vision statement for looked after children and young people by June 2011.

Staff and managers in residential child care described the plan to move towards 'smaller' units. They saw this as an overarching principle rather than a vision. Residential staff were poorly informed about changes to their service and as a result many were worried about the future. Staff working in units which were due to close were confused about the timescales which kept changing.

Staff in the specialist residential units were enthusiastic and committed to new ways of working but even they were uncertain about the future. Staff in specialist teams in the community, for example the multi-agency support team (MAST) and the youth action team (YAT) were committed to their targeted remits. In practice they spent much of their time on long term child care work and less time developing their respective roles.

Residential and fieldwork managers considered their influence did not extend beyond their own teams. Staff did not feel consulted about the changes or well informed. Although they talked of regular briefings they also talked of slipping timescales which led to their confusion about what was happening when. Less than half of the staff responding to our survey agreed managers communicated well with staff. Only a few agreed there was effective leadership of change in social services.

The thorough, systematic approach to keep staff informed and involved in our inspection was a notable exception to this. There was a comprehensive communication strategy involving regular written and face to face briefings. The strategy fully recognised the need to keep giving information to staff throughout the process to ensure they were kept up to date. As a result staff were well prepared

and took a full part in the inspection. This model should be used more widely to communicate with staff.

Recommendation 4

As part of the overall change programme underway within Community and Social Services, senior managers should develop and implement a staff communications and engagement strategy.

Impact on the community

We found performance in this area to be good, with important strengths and some areas for improvement.

Staff worked hard at improving the community perception of social services but there was still some way to go. Partners and stakeholders provided a range of complementary support to looked after children and young people. However they were not always fully involved in development of new community services. Community capacity was good but there was potential for further development.

Community capacity, perception, understanding and involvement

Community capacity

The fostering and adoption team had led a number of high profile campaigns over recent years in order to attract more people to care for looked after young people. A range of approaches had been used through advertising, radio interviews and articles and poster campaigns. The focus had been on encouraging a wide range and type of carer to apply, to widen the pool from which recruitment could happen.

The team had also led successful recruitment campaigns for the adoption and fostering of particular children and young people. It is of particular note how the team had been successful in placing so many children for adoption on the island itself, preserving the child's sense of identity and cultural belonging.

One of the children's homes had worked hard at involving the business community. This resulted in employees of a local company decorating their independence unit and fundraising to furnish it. Residential services staff made presentations to businesses, informing them about children's residential care. They considered this had led to some much needed positive press attention.

The relatively recent advert for volunteers to form the board of visitors had also had a good response from the community. However it was of note that many of those recruited were from a similar professional middle class background. It would be beneficial for Health and Social Services to consider how this pool of volunteers might be more representative of the wider Jersey community.

The Motorcross project was supported by the Jersey Light Car and Motorcycle Club who gave access to their off-road facilities. The motorcycle community welcomed young people on to the project and provided help by donating time, equipment and encouragement.

Autism Jersey was founded in 2005 by a group of parents of children with autism. They run a range of services including informal drop in sessions for anyone affected by autism or working with someone with autism. They had 100 volunteers and provided befriending to 60 families.

Community perception

The impact of the historic abuse investigations cannot be underestimated in terms of community perception of social work services. Despite the length of time that had passed from the events themselves, the negative legacy remained. The

investigations and how they were managed, continued to impact on staff collectively and individually.

Community and Social Services acknowledged in their self evaluation questionnaire (SEQ) the significant public relations work that was required in order to change community perceptions. What was less clear was how this was to be achieved.

During fieldwork staff and partners talked about their attempts to challenge the levels of tolerance there were on the island to young people and their behaviour. Minor misdemeanours were frequently reported in the press as major incidents. Young people in residential care were generally perceived as being “troublemakers” rather than young people in need. A couple of young people told us about avoiding using the address of their residential unit in making job applications.

Community involvement

The States of Jersey were in the process of developing their first Children and Young People’s Plan. A wide range of partner agencies and community bodies had participated in shaping the plan and offering comments through the consultation.

In addition a conference had recently been held to consider the needs of 16 – 25 year old vulnerable young people within the island. This had been very well attended and received. Many of the partner agencies we spoke with during the fieldwork commented positively on this piece of work, and had high expectations of its impact.

The self evaluation questionnaire reported a number of activities that linked social services into community provision. At the secure unit, the special gym group made regular use of the recreational facilities. A local member of the community provided a philanthropic donation of £1000 to every care leaver to help them set up home independently. We heard of creative and flexible ways in which this had been used.

The Advance to Work scheme had a really positive response from a wide range of employers within Jersey to offering work placements for young people, including those looked after.

Of particular note was the services that were on offer through youth services. We were consistently told by social work staff, by stakeholders and by the young people themselves of the positive contribution that youth services made to their care. This provided an excellent link for young people into mainstream community resources. Also of note was the excellent support and encouragement the service offered to the looked after young people who participated in this inspection, to help them to have their say.

Most of the staff who responded to our survey agreed that their team's provision of service was successful in helping children and young people to be included in the community. The majority of foster carers also agreed that in general social services were successful in doing this.

Impact on other stakeholders

There were a range of services that provided complementary support to children and young people who were looked after:

- The model of the independent board of visitors offers the opportunity to develop links and identify potential service improvements
- The Youth Enquiry Service provided counselling and a range of practical advice to older young people, and looked after children were frequently referred to them
- The positive impact of the CAMHS team was evident from our file reading, the staff and foster carers we spoke to and from some of the networks of support we met with. The team clearly offered a flexible and responsive service to

help meet a wide range of psychological needs of looked after children and young people

- Young people told us of the good support they got in mainstream school and also from the Alternative Curriculum
- The Motorcross project educated young people in the responsible and safe use of motorised two wheel transport and involved them in the off-road motorcycle community. Many young people in care attended this project
- The Advance to Work scheme offered good opportunities to support young people into employment

However we also heard from some stakeholders how it was difficult to continue to commit the time to developing improved services for vulnerable children. They reported a frustration that despite many really positive consultations and opportunities for dialogue, they rarely saw evidence of action being taken or completed.

CHAPTER 5

Delivery of key processes

We found performance in this area was adequate, with strengths just outweighing weaknesses.

Care plans were in place for looked after children and young people but pathway planning for care leavers had only just been introduced. The use of chronologies was well embedded though further work and training were required to make more effective use of them. There was a good focus on involving children and young people in their reviews and the development of the independent reviewing service and proposed independent advocacy service should further strengthen this work. Although we found some good examples of risk assessment and risk management, significant improvement was needed.

There were well established links between the police protection unit (PPU) and the social work duty system. Improvements needed to be made to the out of hours service to support staff and foster carers and become more easily accessible to the public.

States of Jersey had not yet developed an equalities ethos across services.

Access to services

Public information

Children's services had produced a range of leaflets on services for children and their families; these varied in quality and scope. There were some good examples of

leaflets on specific services, for example fostering and adoption, and a particularly helpful one for parents on the role of assessment.

The information on residential services for children and young people was not user friendly in tone or content (as previously mentioned in chapter 4). This should be updated with the involvement of young people, and convey a more participative tone. Young people were involved in preparing a leaflet to promote the work of the leaving care team to be used in looked after children's reviews. Children and young people should be routinely involved in developing leaflets and other materials for their peers.

Children's services should also adopt a consistent house style and a document control system for keeping information up to date.

A parental consent form and some leaflets had been translated into Portuguese. Less than half staff who responded to our survey thought there was easy access to information on help available from social services.

Access to offices & units

Social work services for children and their families were provided in public offices in St. Helier. States of Jersey has no disability access legislation requiring barrier free access to the public, and only some facilities are wheelchair accessible.

Referral

Referrals for children's services were centralised and came through the duty system, either by telephone or in writing using the referral or multi-agency referral form: this was forwarded to the children's services duty worker either in electronic or hard copy. The children's duty system which is part of the referral and assessment team had a dedicated referral co-ordinator who was supported by the duty social worker.

Although the policy was that the referral and assessment team transferred work to the long term child care team within 3 months, in practice referral and assessment team workers held on to some work for much longer. For example, during fieldwork

we saw an example of a looked after child who had been receiving a service from the referral and assessment team for a year, and which should have been transferred to the child care team. Some managers were optimistic that the new structure would address this and we consider this should be closely monitored.

There were close links with the police protection unit (PPU) and the duty senior met daily with PPU colleagues. We observed positive joint working and decision making by police and social work during their case discussions. The meetings allowed both agencies to pool knowledge and thereby have better informed assessment of risk. It also encouraged joint ownership of the process and allowed for helpful discussion of risk management in the community.

Partner agencies and foster carers had some difficulties contacting social workers during office hours. Other evidence suggested a recent improvement in duty responses following the recommendations from the Serious Case Review⁹ last year.

Out of Hours

The out of hours service was provided on a rota basis throughout the year by 30 children's services social workers and senior practitioners. Senior managers were contacted for advice on an 'as available' basis. The service was accessed by the public either through contact with police HQ which offers some filtering of calls, or through the general hospital which simply routed calls to the duty officer via a 'bleep' system. Foster carers requiring help out of hours had to use the public service and this often did not provide the specialist advice they required.

The Williamson Report proposed a number of improvements to the out of hours system, including the establishment of an on call rota of senior managers to support the on call system. Implementation of these changes had been delayed due to a States-wide moratorium on enhancements to on call and/or out of hours services while the comprehensive spending review was taking place. We were pleased to learn that the full system would go live in January 2012.

⁹ Jersey child protection committee 'The independent review of inter-agency support and protection services provided to a child (referred to as BA) and his family' James Blewett February 2010.

Recommendation 5

The senior management team should conclude the work on the out of hours service and establish the new system as a matter of priority.

Allocation

All looked after children, and those subject to child protection concerns had an allocated social worker. Within the referral and assessment team there were 15 children awaiting allocation and a further 150 which were being managed through the duty system. Although this work was being regularly reviewed by senior practitioners there was no sign of the numbers reducing. Given the relatively small size of the service this is a very large number of children and families being dealt with through duty. Clear plans must be put in place to ensure these children and families are offered appropriate services through social services or their partners.

There was a waiting list within the fostering and adoption service for those people wanting access to their records following the historic abuse investigation. Many of these records were with the Law Officers Department for scrutiny and children's services were not yet in a position to provide responses.

Assessment and care planning

Assessment of need

We read 84 files in Jersey, 47 looked after children/ young person files, 23 receiving aftercare services files and 13 threshold files (see appendix 3).

We found that:

- The majority of files read contained an assessment - most or almost all looked after children and threshold case files had one, but only some of the aftercare files did
- in most of these cases, the timing was in keeping with the needs of the child / young person - this was the case for most or almost all looked after children and threshold case files
- the quality of the most recent assessment was rated as at least good in the majority of files read

The use of chronologies was well embedded in social work practice. Almost all of files read contained one and a majority were of an acceptable standard. Those regarded as not acceptable referred only to social work activity or contained so much detail clarity they were simply a repetition of case notes. Guidance should be provided to help staff make more effective use of chronologies.

Children's services staff used the Department of Health (England) Assessment Framework and we saw evidence of its extensive use in files. This was well supported by relevant looked after children procedures which included details of expected and minimum standards for children and young people who came into the 'looked after' system.

There was a single placement and resource panel, which had been reformed a year ago, to streamline previous arrangements. It comprised senior managers from across children's services who considered and prioritised all applications for placements or resources, apart from remands which were determined by the Youth Court, and permanence placements which went to the permanence panel.

A key aim of the panel was for the service to own and support care decisions and reassert the important role of social work. Its role was recognised by the Royal Courts with the panel minutes being used in care proceedings. We observed the

panel during fieldwork and found it to be effective, challenging staff constructively where appropriate. The role of the panel would be enhanced by members from other disciplines. Although professionals were invited to discuss particular children and young people, the panel itself was not multi-agency.

Care plans

All the looked after children's files contained a care plan. Most of the threshold files also contained a care plan but less than half of the aftercare files contained one.

The lack of pathway plans for young people leaving care was being addressed by the appointment of a social worker to the leaving care team who was piloting a Jersey version of the pathway plan for care leavers.

Most care plans were up to date, and had addressed needs and risks 'mostly' or 'completely'. Most care plans were subject to regular review and in all looked after children and threshold files the care and / or supervision of the child or young person was subject to regular review. The majority of care plans set out the desired outcomes, but only 30% were SMART¹⁰. Typically, the plans lacked detail of work to be undertaken or timescales.

In almost all of the relevant files, the child or young person's views were actively sought and taken into account at the assessment, care plan, and review stages. In most files, relevant feedback was given. Education colleagues confirmed that children and young people's views were actively sought in reviews and their perspective was valued. However the looked after young people and care leavers we met did not experience their care plan as active documents that supported their pathway through care.

During fieldwork we met professionals forming impressive networks of support around some of the children and young people whose files we read. A high standard

¹⁰ SMART-Specific, Measurable, Attainable, Relevant, Timely

of assessment and care planning was evident in the work they were doing with these children and young people.

Almost all foster carers agreed that there were care plans in place for the children and young people placed with them, and most agreed that the care plans were regularly reviewed.

A group of younger children told us that they were all happy with their reviews. They all had care plans though they were not always clear what they were. All liked their social workers and all apart from one felt listened to. Only one felt they saw their social worker often enough. All knew how to contact their social worker.

Risk management and accountability

The majority of social work staff who responded to our staff survey agreed that they had clear guidelines to follow when dealing with risk to and from people who used services. This suggests staff are not all entirely confident about risk management procedures.

On the other hand almost all staff agreed their team did everything possible to keep children and young people safe. Also most foster carers who responded to our survey agreed they had clear guidelines to follow when dealing with risk to and from the young children they care for.

The majority of partners and stakeholders who responded to our survey agreed that multi-agency procedures for protecting children worked well. States of Jersey launched their new inter- agency child protection procedures during the inspection fieldwork. We found them comprehensive, helpfully detailing agency roles and responsibilities.

There was no single risk assessment framework in place. Staff used what they were already familiar with, or borrowed models from other staff who came from the UK. Evidence from the file reading showed that the majority of files where we would expect a risk assessment contained one, and that most of them had an up to date risk management plan. Significantly none of those receiving after care services had a risk management plan in place.

During fieldwork we observed some examples of positive risk management. For example:

- During a case conference the independent reviewing officer involved parents very sensitively, acknowledging the progress but also ensuring that the ongoing risk concerns were addressed
- During one meeting it was evident that the continuous process of assessment and re-assessment of risk led to very tight and effective care management. Good joint working between professionals had supported parents in keeping their young person at home

Risk management and accountability would be improved by the introduction of a single risk assessment framework. This should ensure all staff are aware of the guidelines in place and confident in their use.

Child centred approaches

Advocacy

There was no independent advocacy service for children and young people in Jersey despite this being recommended by both the Williamson Report and the earlier report in 2008 by the Howard League for Penal Reform into Youth Justice (we mention this in chapter 4). Independent advocacy is critically important in giving a voice to children and young people whose life experiences have often left them

disempowered, and ensuring that their voice is at the heart of service design. The proposed establishment of an advocacy service next year is welcome.

Independent reviewing service

The independent reviewing officer post was established following a recommendation of the Williamson Report, and the current post holder, together with part time senior chairs looked after children reviews and child protection case conferences. Looked after children reviews are now held where the child is living, where this is suitable and in line with their wishes. The reviewing officer meets with them before reviews to ensure they have been well prepared and know what their choices are, with the result that they are participating more. We noted earlier the very positive findings from the file reading regarding the active involvement of most children and young people in their care plans and reviews.

Verbal feedback from families had been positive and formal feedback forms were being developed for this service. The reviewing officer sometimes received complaints from children and young people, reluctant to use the formal route, and passed them to the team manager. The independent reviewing officer was not logging these complaints but is considering this for the future.

Flexible responses

We were struck during file reading by some very flexible responses which had been specifically designed to meet the individual needs of children and young people. During fieldwork we heard from staff and from partners that the lower numbers in residential care had allowed staff to move from managing behaviour to a more individualised caring approach with looked after children and young people.

This was not always possible in the larger homes where there was a greater use of bank staff. Some young people in the larger homes considered the use of bank staff led to inconsistencies in practice, with different staff responses between and within shifts. Some young people also suggested that staff attention was generally diverted towards younger children and if you were an older teenager you got less attention.

The police were often called out to the children's homes for minor issues. Many of the young people who were frequent offenders had built up criminal records while they were living in a children's home. We were pleased to note this matter was being discussed by children's services and the police during their regular meetings. They should continue to review the frequency and appropriateness of police involvement in the residential homes.

Inclusion, equality & fairness in service delivery

States of Jersey propose to become a signatory to the UN Convention on the Rights of the Child in 2012; this will provide important underpinning principles to the work of children's services.

Most staff who responded to our survey thought that their team's provision of service was successful in helping children and young people be included in the community. Youth services worked well with looked after children and young people encouraging their involvement in community activities. Young people living in residential units attended local youth centres.

Some of the information leaflets and LAC leaflets had been translated into Portuguese. The self evaluation questionnaire noted that there were workers from the Portuguese community in field work and residential provision. There were two Portuguese parents involved in the focus group invited to comment on the children and young people's strategic framework

The children and young people in the residential and secure provisions had monthly visits, alternating with announced and unannounced visits, from the independent board of visitors. Their function was to have a general oversight of the establishment and be available to hear complaints and concerns from children and young people. At the time of the inspection, they were shortly to produce their first annual report.

We were impressed by the commitment shown by the members we met but thought that the Children's Policy Group to whom the board was accountable should have more frequent links with the board. As with the independent reviewing service, formal links should be established between the board and the complaints officer, and in due course this should include the independent advocacy service. This would provide a network for ensuring an effective voice for children and young people.

Recommendation 6

All looked after children and young people must be provided with information about how to make a formal complaint. The independent reviewing officer should establish formal links with the Health and Social Services complaints officer.

Staff carried out culturally sensitive work with children and young people from ethnic minorities. During file reading we saw evidence of real efforts on the part of staff to support children and young people's cultural identity. On the other hand we noted review reports were sometimes tabled immediately before meetings. As well as being inappropriate practice, this can be particularly difficult for parents who speak but do not read English. Children's services should ensure reports are circulated in advance of meetings.

Multi disciplinary working

Most staff who responded to our survey agreed that their team had good working relationships with the education service and with other social services teams. The majority agreed that their team had good working relationships with health services and a smaller majority with the housing service. Most of the social work case files we read provided evidence of effective multi-agency working, with clearly stated roles and responsibilities.

The majority of stakeholders who responded to our survey agreed that other parts of the States worked well with social services to deliver good care to looked after children, their families and carers. Most agreed that other agencies, professionals and service providers carried out their responsibilities in helping social services to manage individual support.

There was effective multi-disciplinary working between social services and schools. Looked after children and young people were well supported to achieve at school and we saw many examples of education staff providing individualised help. Where possible looked after children and young people attended mainstream school. The 'Alternative Curriculum' was available to young people experiencing difficulties in sustaining their place in school. Attendance at this specialist resource was usually time limited with a planned return to school.

The strong commitment to the education of looked after children and young people was part of a wider culture of achievement in Jersey. Some looked after children went on to higher education in the UK.

There were particularly strong and effective relationships between child and adolescent mental health services (CAMHS) and both field work and residential staff. CAMHS staff engaged in direct work with children and young people and also provided consultation and training for staff and foster carers. CAMHS had extra staff, appointed through the Williamson funding, to work with looked after children and young people. In practice this opened up access to CAMHS for any looked after children and young people who had a psychological need. They did not need to have a mental disorder to receive a service.

Some third sector workers described a lack of clarity amongst fieldwork staff about what information could and could not be shared, for example not informing when child's name was placed on the child protection register. We met advocacy workers for adult services who described similar difficulties. There needs to be much greater clarity about information sharing.

CHAPTER 6

Management

This chapter looks at three areas for evaluation:

- Policy and service development, planning and performance management
- Management and support of staff
- Resources and capacity building

Policy and service development, planning and performance management

We found performance in this area to be weak – there were important weaknesses.

A shortfall in both range and detail of policy and procedure was a recurring theme in this inspection. The lack of strategic planning in children's services meant that policy and procedure did not always reflect or promote strategic objectives. Whilst some policies and procedures relating to looked after children and young people had been developed, there were notable gaps. Significant efforts were underway to introduce a more strategic approach to children's services planning.

There was a need to strengthen some strategic partnerships - particularly those with the voluntary sector. A general lack of performance management information undermined efforts to gauge improvement, although there were some early signs of growth in service self-evaluation. There were some encouraging developments in involving looked after children and young people, although these were either recent, or at an early stage.

Development of policy and procedures

At the corporate level, there was a protocol for information exchange between States departments, designed ‘to safeguard the welfare of children or vulnerable adults.’

At a more operational level, some policy and procedures that we read were detailed, coherent and effectively applied – such as the policy for the reporting and handling of incident reports. We were also provided with a draft protocol entitled ‘Education for children in care’, which aimed to extend corporate parenting by means of promoting inter-agency links, creating common purpose and understanding, and improving educational outcomes for looked after children and young people. In this latter example, the concept of the needs of the child being of paramount importance was much to the fore.

There was little evidence of systematic review of policy. We read a report from the Health, Social Security and Housing Scrutiny Panel into the co-ordination of services for vulnerable children, dated July 2009. This report appeared to have little impact, despite containing some interesting expert advice¹¹ which should have assisted policy making and review in the aftermath of previous reports and inquiries.

Managers we spoke to tended to emphasise the work already completed or planned; practitioners, on the other hand, placed more emphasis on a lack of procedure in some areas. Managers stated that, at the time of our fieldwork, consideration was being given to procuring external assistance with updating procedures in key areas.

Added to this concern, there was no overriding system of document control – i.e. ensuring that policy and procedure were regularly updated – although there were examples, such as guidance for staff in handling complaints.

¹¹ The panel appointed Professor Ian Sinclair, University of York, and Professor Jane Tunstill, Kings College London, as expert advisers.

Recommendation 7

Community and Social Services should produce comprehensive operational procedures for children and families staff.

Implementation of new policy was mixed. On the one hand, there were a number of positive examples of major policy initiatives including the formation of the Children's Policy Group and the development of the Jersey Child Protection Committee (JCPC). We were pleased to note the development of the independent reviewing officer. We considered the planning and implementation evident here – one of the Williamson recommendations – to be good practice. In particular, issues relating to the introduction of such a service to a small island community were handled particularly well. On the other hand, we came across numerous examples of delay in development or improvement of other services – for example, the out of hours service (we say more about this in chapter 5), structured payment for foster carers ('payment for skills'), and developments in information and communication technologies (we say more about this later in this chapter).

We also had some concerns about the introduction of non-violent resistance¹² (NVR) into the island's children's homes and foster care service. Whilst colleagues from child and adolescent mental health services (CAMHS) were working with foster carers and residential care colleagues to introduce this, there was no evidence of children's services managers having due influence or control in this matter, and no assessment or ownership of the potential risks to the service. For example, the introduction of NVR did not feature in any of the plans we saw relating to children's residential services. We strongly urge senior managers in children's services to address these issues, in dialogue with colleagues from child and adolescent mental health services, foster carers and front line residential staff.

¹² An approach developed as a psychological intervention for aggression and self-destructive behaviour in young people. For example, see <http://www.communitycare.co.uk/Articles/2011/02/18/116307/Non-violent-resistance-to-help-aggression-in-young-people.htm>

Operational and service planning

The self-evaluation questionnaire (SEQ) contained a reference to an existing residential strategy (dating back to 2008), which had been ‘absorbed’ into the Williamson Implementation Plan.

There was a children’s services business plan for 2010 (covering January to December), briefly setting out vision and aims for children’s services, before going on to set out key objectives, risks and some information regarding costs. Whilst actions arising from the Williamson recommendations were identified in the plan (in an apparent step towards integrating Williamson into mainstream planning processes), there was no clear link between vision, aims and objectives. The plan contained a reasonable amount of information relating to timescales and performance measures, but there was no evidence that the plan had been systematically reviewed. Moreover, by the time of our fieldwork (May 2011), the plan for 2011 had not been developed. This fact underlined the opinion of many managers that, in the absence of any dedicated planning officers, children’s services lacked the necessary infrastructure to achieve effective service planning. In addition, we considered that efforts to take forward the strategic framework (we say more about this in the section on strategic planning below) had taken up much of the time available for planning in recent months.

According to our staff survey, less than half of respondents agreed that their team had a plan that provided them with clear direction. We found little evidence of plans at unit or team level, and correspondingly no evidence of them linking coherently with service and strategic plans.

Service planning in Jersey was faced by a plethora of recommendations emerging from a succession of inquiries and other external contributions:

- The Kathie Bull report¹³ (2003; 29 recommendations (not including those relating to education))
- The Howard League¹⁴ (2007; 27 recommendations)
- The Williamson Report¹⁵ (2008; 11 recommendations)
- Health, Social Security and Housing Scrutiny Panel into the co-ordination of services for vulnerable children, (2009; 38 recommendations)

Whilst significant improvement had resulted from this activity, we found some confusion regarding the status of some of the recommendations made in the past, and a sense of demoralisation on the part of some long-standing members of staff, in face of what was perceived as persistent criticism – both from within and outwith the island. We therefore considered that children’s services needed to take the initiative in forward planning.

Recommendation 8

Children’s services should develop a systematic and comprehensive approach to service planning. Building upon the proposed Children and Young People’s Plan, service and operational (team / unit) plans must both reflect and take forward agreed strategic objectives.

Reports need to consolidate recommendations and decide what they are and are not doing.

There was a lack of information regarding unmet need across children’s services. Although the resource panel kept a record of any unmet need encountered when considering the needs of children, this information had not, to date, been used to

¹³ Review of the principles, practices and provision for children and young people with emotional and behavioural difficulties and disorders in the island of Jersey, 2003

¹⁴ A review of the Jersey youth justice system, 2007

¹⁵ An inquiry into child protection in Jersey, 2008

inform the planning process in a systematic way. We considered this to be both a missed opportunity, and a deficit easily rectified.

Strategic planning including partnership planning

Planning in Jersey over recent years had, understandably, been overtaken by a need to respond to a succession of inquiries. The challenge for children's services at the time of our inspection was to move away from a reactive approach, to one based upon self-evaluation, performance management and outcomes for children. The States had taken an important step towards achieving this by initiating consultation on a strategic framework for all children's services, including health and education.

The strategic framework document was distributed for consultation between December 2010 and March 2011. It was said to be for all the island's children and young people, regardless of their needs and circumstances. It applied to all services for children and young people either delivered by the States or funded and supported by the States but delivered by external agencies.

The consultation document contained a vision statement, along with a set of underlying principles and a set of seven key outcomes (wanting children to be healthy, safe, achieving etc.), with a strong emphasis on the responsibility and participation of all agencies (education, health, social services, voluntary sector etc.)

The need for such an initiative was apparent from a number of sources. Less than half of staff surveyed felt that there was a clear vision for services for looked after children and young people (we also talk about this in chapter 4). This was underlined by comments we received in focus groups of managers, frontline staff and foster carers.

However, despite this attempt at involving stakeholders, we encountered a number of criticisms – mainly regarding the consultation process. Although the Children's Policy Group (i.e. the group of States members and senior managers taking this forward) had sought to consult widely (including a large consultation event in St Helier), some groups we spoke to complained of being overlooked. The consultation document was also criticised for lacking detailed plans – criticism which, given the purpose and nature of the document (i.e. consultation about a proposed planning framework), we considered to be misplaced. However, of more concern was the criticism that the framework was not based on any data analysis to inform decisions on priorities.

In June 2011, we were advised that the framework had subsequently been approved by the corporate management board (chief executive officers of the different States departments). The Children's Policy Group intend to ask the Council of Ministers to adopt the framework. An updated draft of the revised framework was also passed to us. This showed some modification in light of comments received, and a commitment to establish a governance, monitoring and delivery structure during the summer and autumn of 2011. This was a significant development – important in providing the necessary foundations for effective and proactive service planning on Jersey. It is important that effective leadership of this process, coupled with sufficient resources, combine in order to sustain the necessary momentum and interest in achieving better outcomes for the island's children and young people.

Running in parallel with these developments work was being carried out by KPMG on behalf of the States. Commencing in November 2010 as part of the island's comprehensive spending review, this set out to 'identify the island's future health, community and social care needs.' A Green Paper¹⁶, published on 31 May 2011, set out options for the future of Health and Social Services, including proposals for a 'new and sustainable health and social care system.' This new system was characterised by greater integration, closer joint working and greater use of non-institutional social care. Out for public consultation at the time of writing, we

¹⁶ <http://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=591>

regarded this process as having the potential to reinforce and sustain current developments in children's services and the direction set by the draft strategic framework.

Children's services' ability and willingness to work in partnership at a strategic level attracted mixed comment. This was reflected in our survey of stakeholders, where responses were equally divided between those who felt there were effective planning structures and those who disagreed. One senior States manager offered a view that corporately, they were good at developing strategies – less so at following them through. Reasons for this included uncertainties surrounding political structures (frequent change of office-holders, lack of party organisation and discipline) and lack of political will.

Again, the number of external inquiries into the operation of children's services had, in the view of some partners, led to a defensive attitude on the part of some senior managers, which had got in the way of partnership working. Some voluntary organisations we heard from were particularly critical of a lack of partnership with children's services - either in a strategic or operational sense.

Unfortunately, this had further developed into some scepticism regarding the invitation to participate in the development of the strategic framework – the importance and potential of which we have already commented upon.

Involvement of children, young people, families, carers and other stakeholders

Attempts to involve looked after children and young people and their families in planning had, up to the current year, been generally infrequent and ad hoc. An attempt had been made to involve children and young people in the development of the strategic framework. However, the timescales, and some of the methods employed to achieve this had attracted criticism – both from young people and those supporting them. For example the questionnaire to gather young people's views was very long and did not hold their attention.

The strategic framework included a list of consultation events held, including a development day with representatives from schools, voluntary organisations and States departments; consultation with over 800 children in a range of settings, from schools and youth projects to children's homes and youth justice services; and four public consultation events. Despite these efforts, we met a number of organisations, groups and individuals, keen to be involved, who had been overlooked.

There was general dissatisfaction regarding the involvement of children and families in service planning and development. For example, only four out of 17 respondents in the stakeholder survey agreed that they were properly involved (seven expressing no view). None of the stakeholders surveyed agreed that children and young people, their families and carers, had a say in how services are run (4 disagreed; 14 expressed no opinion). Staff in children's services were more positive: the majority of respondents agreed that the collective experience of children, young people, their carers and families is taken into account in planning services. Results from foster carers closely reflected this with the majority responding positively to a similar question.

Children and young people due to move to the newly refurbished Brig-y-Don unit had not been involved in any of the plans. Although they were due to move there shortly after our fieldwork they had not, at that point, even visited the building. Their only involvement in any planning was to choose the décor for their own rooms.

On the other hand there was evidence of significant commitment to make changes in this area. Children's services, interested in developing a better understanding of some of the challenges that young people leaving care on the island faced, asked the Youth Ambassadors to spend some time, in a structured and informal way with Jersey care leavers, youth workers and support staff, considering a number of areas, including understanding how young people might want to be involved in improving services.

This was a positive start in building involvement of young people into service planning, given the commitment to establish a children and young people's forum as part of the strategic framework.

Quality assurance and continuous improvement

There was no evidence of systematic quality assurance, nor a culture of continuous improvement on Jersey. It was put to us that one aspect of the legacy left by the account of historic abuse had been a tendency to focus on the negative aspects of any subsequent report. One group of staff we met referred to the Serious Case Review published in February 2010. It was considered that the Serious Case Review was presented by the media as another example of failure, rather than an opportunity to learn.

The majority of staff we surveyed agreed that they were aware of the standards that they and their team were expected to follow. There were some recent examples of good self-evaluation – for example, an audit of child protection case conferences, first carried out in 2006; repeated in 2007 and 2010. Whilst the audit had been thorough, and had led to a number of recommendations, it was less clear what progress had been made subsequently. This tended to underline the point made earlier in this section, that there was a great deal of advice regarding improvement, but a lack of clarity regarding the follow through on these recommendations.

We saw significant potential in making some quick gains in quality assurance and performance management. The system for handling incident reports from all Health and Social Services establishments was one example. An aggregated report that indicated an upward trend in incidents of challenging behaviour across social services had recently been passed on to the Managing Director. Administratively, the activity of the complaints officer formed another good basis for further analysis of complaints received (despite a general lack of promotion and awareness of the complaints procedure amongst looked after children and young people and their families).

We saw the beginnings of a growing emphasis on quality assurance. Supervision of front line staff is key to ensuring quality in service delivery. Front line fieldwork staff were receiving regular supervision, though this was not always the case for residential staff. There was evidence of first line manager scrutiny in 43% of the files we read. Managers were audited whether or not supervision was taking place.

A case file audit, introduced as part of the response to the Serious Case Review, was now in place. However, there was little performance data available to managers. One senior manager confirmed to us that suitable ICT systems were not yet in place to support performance management, although a small number of key performance indicators were collected (we say more about this later in this chapter).

Management and support of employees and foster carers

Overall we found performance in this area to be weak, there were important weaknesses.

The service had introduced a successful ‘grow your own’ programme to address some of their recruitment challenges. They had used creative methods to recruit more foster carers. The Williamson Report led to significant investment in children’s services posts. However there was no workforce plan in place to ensure there were enough staff in the right places. There were many staff in ‘acting up’ positions, particularly in the residential service. Although most fieldwork staff received regular supervision and had access to a range of learning and development opportunities there was not yet any social services training plan. Some residential staff had not had child protection, first aid or therapeutic crisis intervention training.

Recruitment and retention

Jersey had some unique challenges in recruiting staff. Limitations were placed on 'head count' in terms of employees coming to work in Jersey and 'housing qualifications' set limitations on rental/purchase entitlements and choice of accommodation. These limitations were in place to protect, or positively discriminate in favour of the local island population. In practice the restriction on the 'head count' did not have much impact on social services recruitment.

In common with other small island communities Jersey does not have readily available a pool of suitably experienced and qualified staff. Mainland authorities are able to more easily recruit across wide geographical areas. Despite these difficulties recruitment of social services staff had been steadily improving over the last few years both from Jersey and further afield. This was largely due to senior staff travelling across the UK in a determined effort to encourage applications to social services posts. Plans to 'grow their own' were well established and trainee social worker posts had attracted high numbers of applications. Although some social workers come and do not stay very long, there are many other very experienced social workers committed to working in front line services in Jersey.

Recruitment can be significantly delayed by the length of time police checks take. There was also some uncertainty around the 'vetting and barring' system in England due to its potential impact on Jersey.

However residential child care in Jersey relied heavily on bank staff. The plan to reconfigure the residential service meant a greater reliance on bank staff in the transitional period. This may have influenced our staff survey where less than half agreed that Jersey was able to recruit sufficient staff in their area of social services.

There was an annual recruitment campaign for foster carers. Creative attempts to raise the profile of foster care included a photographic exhibition with photos from carers about what it is like to foster. The States wide recruitment strategy had also

included some specific children. They used newspapers and radio and had social workers and foster carers giving interviews. They also held open evenings. However there had been no progress in the development of professional foster care.

The Williamson Report led to significant investment in new posts in children's services. Managers considered that additional posts, for example the Jersey Family Court Advisory Service (JFCAS) and the multi-agency support team (MAST) increased overall capacity and shifted some of the caseload away from core services. However there was no comprehensive workforce strategy in place, though there were plans to take this forward over the next three years.

There was a comprehensive range of corporate HR policies and procedures in place for States of Jersey including a managing attendance policy. However social services relied on the corporate HR information system for monitoring staff attendance and they were concerned it was not always accurate. They were not able to provide us with any data on trends but during fieldwork we heard of increasing sickness absence among residential care staff. This was also mentioned in comments in the staff survey. The service must ensure they are able to accurately monitor staff attendance.

Employee deployment and teamwork

There was no workforce plan in place to ensure there were sufficient numbers of qualified and experienced staff to deliver services to looked after children. However the SEQ action plan included an action point to:

'Develop a workforce plan for children's services within Community and Social Services.'

This was to be completed by September 2011.

The current restructure aimed to have the right staff in the right place. During fieldwork we heard differing opinions on whether or not the new structure was based on a careful analysis of current workloads. There was some concern that it was not and some managers did not consider there was clarity about having the right people in the right places. Some managers were concerned that the current workload had not been analysed in enough depth and therefore may not manage to deliver better outcomes.

Another concern was that some current specialist teams were not managing to adhere to their remits. Although flexibility is important, and particularly useful when there are limited resources, if specialist teams like the multi-agency support team (MAST) and the youth action team (YAT) are carrying longer term work this limits their ability to provide preventative and early intervention services. The MAST was set up to provide targeted preventative work but staff in the team had caseloads including long term neglect cases, children protection and looked after children. The remit of the YAT team was under discussion at the time of our inspection.

In our staff survey less than half agreed there was an adequate level of administrative support available to frontline workers in their team. The SEQ action plan included an intention to review all areas of administration support within children's services by July 2011.

The progress in modernising Jersey's residential child care provision was slower than originally intended. One consequence of this was a series of 'acting up' management arrangements with some units dependent on off site management. Residential staff experienced difficulties getting hold of managers when they needed them to make decisions.

Residential staff were employed across the campus and so they could be moved from one unit to another. This created flexibility in the workforce but some staff considered this made it harder to maintain good relationships with children and

young people. Children and young people confirmed this. We suggest the wider impact of this model on children and young people must be properly considered.

An important part of the strategy to redesign services for looked after children and young people was the establishment of an effective and sustainable intensive support team (IST). The IST was intended to provide a seven day a week daytime and evening service to children, young people and families in times of crisis and prevent children and young people becoming looked after unnecessarily. The team would also provide support to children, young people and foster carers to prevent foster placement breakdown. We were concerned to learn that current budget pressures within residential care had prevented recruitment to this team.

Recommendation 9

Community and Social Services should conduct an urgent review of residential child care looking at the number of people in acting up or in temporary posts and the wider impact of the campus model on the quality of care.

Development of employees and foster carers

All social workers were required to have current registration with the General Social Care Council (GSCC). There was a procedure in place for checking this before appointment and annually thereafter.

The self evaluation questionnaire (SEQ) noted there was no corporate training plan and social services were developing their own training and development process to link business plans to team plans, to individual performance review and appraisal (PRA) and supervision. The Williamson Implementation Plan included a proposal for each staff member to have an individual training plan.

The advance information suggested Jersey provided a good range of training to staff. States of Jersey corporate training included induction and a modern manager programme. Social services provided a range of in house core training and purchased specialist training. The fostering and adoption team ran a professional development programme with some sessions targeted at staff and foster carers and other courses specifically for foster carers.

However there was no training needs analysis for the service. We were aware that the service intention was to link up individual training plans, team plans and service plans but we did not see evidence of this in practice. Individual training needs were identified in supervision. This was a source of some frustration to some residential staff who were not receiving regular supervision and, as a result, were not able to access training. It also meant the residential service sometimes relied on staff who had not received the necessary training.

The residential child care service relied heavily on bank staff who did not always receive supervision. Certain training courses were mandatory for all residential staff, for example child protection, first aid and therapeutic crisis intervention (TCI), but not all bank staff had completed these courses. We heard two different explanations for this:

1. This was only true of bank staff who had just started work and they simply had not received the training yet.
2. It is costly to train bank staff who may not be used very much

We were concerned that staff were working in residential units who did not have even the most basic training necessary to safely care for children and young people. For TCI to be effective all staff must be trained as soon as possible.

Child protection training was offered through the Jersey Child Protection Committee (JCPC). The foundation module for child protection should be delivered through identified agency trainers. However the pressures on residential child care meant

those managers who should deliver child protection training did not have the time to do so. As a result there were staff working regularly in residential children's units who had no training in child protection. This should be addressed as soon as possible.

This may explain why only 50% of staff responding to our staff survey agreed they had received adequate training to fulfil the responsibilities of their job. Residential staff were also completing NVQ training. However during fieldwork, residential staff and managers told us they had little confidence in the current NVQ process which previously had been viewed as worthwhile. They considered the time to complete the NVQ had now become far too short.

Recommendation 10

Community and Social Services should urgently review the training and support of residential staff to remove any barriers to providing bank staff with basic training, particularly, in therapeutic crisis intervention (TCI), child protection and first aid.

The Performance Review and Appraisal (PRA) process was a States wide civil service system. Staff stated that this system did not meet their needs as social services workers. During fieldwork we found some frustration among staff about a process through which identified learning needs were not progressed from year to year. In response to our staff survey less than half agreed that their annual appraisal system helped them improve the way they did their job.

We read a sample of foster carer files and found evidence of regular reviews. Twenty – one out of the 22 foster carers who responded to our survey agreed they had regular reviews.

The service had recognised that they needed to make improvements to the PRA process. The SEQ action plan included an intention to develop an appropriate appraisal framework to better meet the needs of social work practice and professional development by September 2011.

Comprehensive supervision procedures in line with good practice were in place. They had been reviewed and updated in 2010. The procedures are explicit about the different roles and functions of supervision. During file reading the impact of worker supervision was evident in most fieldwork files (88%).

During fieldwork community based staff were largely positive about supervision. Residential staff were less positive but we found some agreement that it was improving. In particular bank staff did not receive regular supervision. We read a sample of foster carer files and found evidence of them receiving regular supervision. We saw some evidence of an audit of supervision but this simply noted whether it had taken place and did not look at quality.

Resources and capacity building

We found performance in this area to be weak, there were important weaknesses.

Financial management was not assisted by good management information to inform value for money and service development.

Management information systems required further development. Strategic Partnerships were at an early stage and lacked formal agreements. There was no strategic commissioning though there were plans in place to develop this.

Financial management

The States of Jersey Treasury Department had a clear set of financial regulations outlining policy and procedures for States departments to manage and be accountable for public spending.

Within social services there were budget holders for each business unit and managers were responsible for administering their own spend and managing their budget. There was a scheme of delegation for financial control in place with decision making moving up to the next management level, depending on the levels of expenditure. Financial information went to the financial management accountant and there was a clear timetable for monthly monitoring of budgets. Service managers were responsible for breaking even with their allocated budget and provided with additional support and guidance where necessary. The majority of staff responding to our survey agreed they were aware of their responsibilities in relation to financial matters.

Services had a great deal of flexibility in allocating resources and administering their budgets. Ultimately service managers made these decisions not finance managers. There was a process in place to request additional resources – ‘the in year resource allocation process and mechanism.’ Although cash limits were generally set there were examples of exceptions.

Although there was no statutory duty of best value¹⁷ on Jersey, there was a strong emphasis on ensuring value for money – emphasised at the time of our inspection by the activity surrounding the comprehensive spending review. Despite this, we found at least one example of decision making that appeared contrary to any value for money or best value approach – i.e. the decision to invest £600,000 in order to refurbish a children’s home, owned by a voluntary organisation, considered by a number of staff we spoke to as being in the wrong location to meet the needs of

¹⁷ Best value is continuous improvement in the performance of the organisation’s functions. In securing best value, a public body must maintain an appropriate balance between quality and cost

looked after children and young people. Whilst this investment would allow children's services to close an existing home in St. Helier, we questioned such a large amount of money being spent in this way – particularly on property not owned by the States.

There was a monthly executive report on finance performance and a quarterly report to the Council of Ministers. Ministers expected to be well briefed on the details of financial performance.

The report from the Health and Social Services comprehensive spending review (CSR) steering group to the political board identified that savings needed to be seen in the context of a comprehensive redesign of services. To this end KPMG were engaged to work with Ministers and officers of the States and particularly with the Health and Social Services Department, with staff and stakeholders across health and social care and provide options for the redesign of health and social care in Jersey.

In the context of their review KPMG carried out some work on spend and activity. They identified efficiencies but also demonstrated that Jersey was comparable with other good and efficient providers. However they also highlighted a lack of performance information with which to assess value for money and service development requirements. We found little routine performance management process in place and as a result a significant gap in the information required to properly link finance with service planning.

Resource management

Social Services were not able to provide us with either a Corporate Asset Management plan or any details of a cycle of asset management reviews. Property Holdings¹⁸ hold responsibility for the property management of all the States of Jersey

¹⁸ Property Holdings acts as landlord for all States owned property.

property. The particular difficulty of acquiring accommodation in Jersey has led to difficulties in progressing particular care plans timeously for particular looked after children.

Asset registers are held at the residential units and at the fieldwork offices. Managers have a facilities management role and ensure that health and safety issues, such as risk assessments and Datix¹⁹ reports are brought to the attention of the Social Services Health and Safety Committee.

Incident reports were screened by the health and safety manager and health and social services risk manager. Anything of note was passed to the Director of Governance. Recommendations and follow up are made in terms of training and additional measures which should be put in place. A recent upward trend in incidents of challenging behaviour in social work services was noted by the health and safety manager and passed to the Managing Director.

Operational and risk monitoring and rating took place weekly in the children's services operational managers' group meeting where managers assessed risk within each of their areas of responsibility. The highest rating risks were forwarded to senior managers and where appropriate entered in the social services risk register. High level risk monitoring and reporting took place weekly at the senior management team meeting, with review of the risk taking place on a monthly basis.

A sample of social services senior management team (SMT) minutes read as part of the advance information confirmed this arrangement.

There were comprehensive corporate health and safety procedures. The lone working policy was explicitly linked with other policies including violence at work, serious and untoward incidents, physical interventions and therapeutic crisis intervention.

¹⁹ Datix is the intranet based electronic recording and reporting system used in Health and Social Services for the recording of all incidents, to assist in the management of key health and safety issues across all service areas.

Information systems

The majority of social services staff have password protected access to networked computers and the Health and Social Services Intranet, both in fieldwork offices and in the residential and secure units. Policies, procedures and practice guidance are stored on the intranet.

A range of electronic systems are in place:

- JD Edwards is the States finance and accounting system accessed via passwords by budget holders
- The Human Resource Integrated System (HRIS) primarily logs sickness and absences
- Datix is a password protected Health and Social Services Department incident recording and reporting facility

The main electronic record keeping system for social work fieldworkers is 'Softbox'. The special needs service uses a combined assessment and recording tool called FACE and the youth action team record using DAISY for criminal justice work. Different systems, then, are in operation within social services. Health staff use different systems and currently they have difficulty sharing databases with each other and are not able to link with social services systems. For example looked after children and children whose names are on the child protection register have to be looked up on manual records by A & E staff.

Fieldwork social workers use 'Softbox' for electronic case records. During file reading we noted use of Softbox did not extend to reports, assessments or care plans. In practice all relevant electronic records are required to be printed out and filed in the paper casework files alongside other hard copy documents. Softbox is not used in the residential units where record keeping is all in hardcopy.

During fieldwork we asked front line staff, managers and partners about information systems. Staff at all levels were frustrated about the length of time it was taking to develop and upgrade their IT system. The IT project to deliver a better system across Health and Social Services was taking much longer than expected and costing more than anticipated.

Most staff responding to our survey agreed that they made the best use of information technology in undertaking their day to day job. However during fieldwork we concluded that better use could be made of Softbox with the addition of extra modules and functions. There was also an issue about limits on the number of people who could access Softbox at the same time. Changes and additions were not made to Softbox in anticipation of having a whole new system across the Health and Social Services Department. While senior managers continued to pursue this longer term aim they are exploring upgrading and improving what Softbox can offer.

The lack of a strong, networked IT system across health and social services has prevented the development of a good performance management system. There were only a small number of performance indicators in place but at a much more basic level there was very little data gathering. The systems in place were not used to gather aggregate information. Softbox, in its current form, did not allow for the collation or aggregation of anything other than individual case information.

While it is clear there is an urgent need to solve the IT problems and develop a better system for recording and collating data it is equally important to decide on key performance indicators. Good management information should form the basis of key decisions on service development over the next few years.

Recommendation 11

Community and Social Services must improve their collection of accurate performance information. A performance management system should be set up and used to develop and improve services.

Partnership arrangements

Children's Policy Group

The Children's Policy Group (CPG), which was set up in 2009 to provide political leadership across all issues affecting children and young people, has a key role in shaping partnership in children's services. The CPG will do this through, in particular, their introduction of the Children and Young People's Strategic Framework:

It will set out what we must do to ensure all children and young people, including those who face disadvantage or disability, reach their full potential to lead happy, healthy lives.

The Framework, which is not yet finalised, was produced following consultation with children, young people, parents, teachers, social workers, health and voluntary sector professionals. Once the Framework has been debated by the States Assembly and governance and commissioning structure is set up it will be implemented.

During fieldwork we found mixed views on the strategic framework. While it was generally welcomed by staff and stakeholders many did not feel fully included in the process.

Police

The self evaluation questionnaire noted there were quarterly liaison meetings between the police and the senior management of social services. The aim of these meetings was to create a shared understanding of each department's policy and response to given situations. The meetings also identified the need for development of joint working practices leading to strategic changes. During fieldwork we observed the daily and weekly meetings between social work and the police protection unit (PPU) and noted both sharing on individual cases and wider practice issues.

Practice and procedural guidelines were in place for children missing from care. In practice some staff were confused about the difference between an 'unauthorised absence' and a child or young person being treated as 'missing'. The procedures were quite clear that the decision to inform the police should be based on assessed risk and not just how long the child or young person had been absent. Residential staff were concerned that the police did not always respond appropriately when they referred a child or young person who was missing. Some police staff suggested residential staff often referred young people to them as missing far too early. They considered this to be a result of the 'risk averse' culture within residential child care. Senior managers in children's services and the police must ensure greater clarity in their responses to children and young people missing from care.

Jersey Child Protection Committee (JCPC)

The JCPC is a multi-disciplinary body charged with advising the States of Jersey on child protection issues with particular respect to inter-agency and inter-professional roles. It ensures that robust arrangements are in place for services and professionals to work together effectively to provide accessible, seamless services and prompt appropriate response to child maltreatment.

The JCPC is currently reviewing its membership to make sure that they are all in a position to make strategic decisions in relation to safeguarding and promoting the welfare of children within their organisations. Multi-agency child protection procedures were published in May 2011.

Voluntary sector

There are a number of voluntary sector providers in Jersey delivering services for children and families including looked after children and care leavers. We met with staff from voluntary organisations during fieldwork in focus groups as well as sessions about individual children. We found voluntary sector organisations generally did not feel treated as full partners by States of Jersey. There was no information sharing protocol between the States and the voluntary sector. Their views on unmet need in the community were not sought and they were not involved

in any discussions about outcomes. In responding to our partner and stakeholder survey five people agreed that there were effective planning structures and processes for social services that engaged all major stakeholders, six disagreed with this and four neither agreed nor disagreed.

Commissioning arrangements

There are particular challenges in Jersey in providing the right range of services to meet the needs of their looked after children. Having the right services available at the right time, in the right quantity can be hard to achieve in a small island community with little opportunity for economies of scale and sometimes difficulties recruiting the right staff.

There was a range of independent, largely voluntary sector providers of children's services. There was an umbrella body the 'Jersey Association for Voluntary Organisations'. However they did not appear to be involved as an organisation in discussing the future shape of purchased services. Indeed providers generally did not have a sense that community and social services purchased their services on the basis they were deemed necessary to meet identified needs.

Some providers had service level agreements but other did not. Some voluntary sector providers told us they were 'grant funded'. Service level agreements had recently been introduced for services receiving more than £50,000 funding. This had been introduced due to concern about the '*lack of formality*' in financial arrangements.

Providers we spoke to had not experienced any tendering for delivery of services. Tendering was part of the financial regulations for the States but in practice was exceptional in social services. Service level agreements in place were basic. They contained no service specification, no monitoring arrangement and did not specify desired outcomes. We met providers who were keen to become involved in

discussion with the States about how they could best develop their services in line with need and were frustrated that there was no obvious forum for this to happen.

Health and Social Services did not carry out strategic commissioning and there was no development of a market. However the Chief Executive of Health and Social Services Department confirmed that the plan was to appoint a Director of Commissioning. She saw it as a priority to develop strategic commissioning and was aware she needed to get the corporate structures in place to support commissioning. There will be challenges ahead in developing a transparent commissioning process. The culture will also need to shift among politicians, officers and providers. Historically many of the providers have delivered services largely based on relationships and trust.

Recommendation 12

Community and Social Services should develop a comprehensive commissioning strategy for children's services.

CHAPTER 7

Leadership and direction

We evaluated the leadership of children’s social services as adequate.

There were clear leadership strengths in individuals at political level, though politicians in general in the States needed to show greater support for social services. The Health and Social Services Chief Executive conveyed a powerful sense of purpose and drive to deliver change and the recently appointed Managing Director of Community and Social Services had gone some way to restoring the confidence of frontline staff in leadership of the service.

Change was at an early stage, however, and there remained much to do to ensure the planned improvements to the service were achieved with full staff support and engagement. Senior managers needed to be more consistent in their articulation of the vision for looked after children, and significantly improve communication with staff and partners. They needed to set realistic timescales for change and meet them.

In this chapter we consider the quality of leadership provided by States’ members, social services senior managers and corporate senior staff, as it affected the quality of care and support provided to looked after children on the island.

As previously discussed, social services in the States of Jersey had been the focus of a great deal of scrutiny and media attention since the emergence of the historic abuse allegations some four years ago. Almost without exception everyone we spoke to in the course of the inspection commented on the detrimental effect this had had on the reputation of the service, the service itself and the staff.

In particular, the leadership of social services had been under sustained pressure, and individual managers had been the subject of personalised external comment, particularly on the internet. In parallel, there had been several independent reports commissioned and published, which had highlighted weaknesses in the overall approach to caring for looked after children. Some of these weaknesses were attributed, amongst other things, to lack of quality leadership across the social services system.

In this context, the challenges for senior managers and politicians in effectively leading people and leading change were considerable.

Vision, values and aims

Elected members

The Minister for Health and Social Services and her Assistant Minister were knowledgeable, dedicated and energetic in pursuit of their political oversight of social services. They were clear about the needs of looked after children and the gaps in current provision.

Other States' members we met displayed a variable, and mostly limited, understanding of their responsibilities for looked after children. Some were unable to clearly articulate their role in governance or corporate parenting. Some were quite open about their lack of knowledge, and expressed a view that their own background did not equip them well to understand the circumstances of these children.

Whilst several members were unclear about their role as decision-makers, many made the point that for social work services to be consistently given the priority they needed, legislation would have to be passed making specific aspects of services a legal requirement. For example there was no statutory duty to provide aftercare to care leavers. We discussed earlier the lack of services for looked after young people moving on to independence.

The role of the Corporate Parent was 'delegated' to three States members: Health & Social Services, Home Affairs, and Education, Sport & Culture. We were not convinced there was a consensus among wider members of the States duty towards looked after children and, importantly, the reasons why children and young people might need support and protection.

The perception of a range of partners, providers, foster carers and staff was of a political body largely unsympathetic to the needs of looked after children, within which there were clear notions of those who were 'deserving' and 'undeserving'.

Many considered the prevailing attitude to be punitive, even to those children who were in need of care and protection. Some of the members themselves confirmed that that was the attitude of a minority of their colleagues within the Assembly.

In contrast, the States Assembly had voted significant financial resource to deliver the majority (though critically not all) of the recommendations of the Williamson Report. In addition the political commitment within the Children's Policy Group was evident in their support for the JCPC and the Children and Young People's Plan.

There were also many concerns expressed about the level of political support for social services staff during the difficult time of the historic abuse and other high profile issues. All were clear that at that time the service and staff had been 'abandoned' by the political system, with one or two notable exceptions, although it was acknowledged that the current Minister and Assistant Minister would act differently.

Whilst there is no doubt that public accountability for social services must be maintained through the political system, confidence of staff and public is not helped if the social work function itself does not appear to be highly valued.

Recommendation 13

Community and Social Services should plan a range of induction activities for States members in key areas of their functions, especially in corporate parenting and child protection, to be implemented following the next election. It would be helpful if this was given a high priority in any planned induction at corporate level within the States.

Senior managers

At the time of the inspection the Chief Executive of Health and Social Services had been in post for nearly a year. She communicated a clear and unambiguous view of what needed to be done to improve children's services, and the Health and Social Services Department as a whole. She confirmed she had inherited a very traditional organisation with little strategic direction, which lacked the basics of modern service delivery, such as formal performance management processes, good management information systems and a comprehensive commissioning structure.

She stated that one of the first goals she had achieved was to rebalance the profile of social services within her department and her management team, to ensure it had much more recognition as an important function.

The Managing Director of Community and Social Services had been in post for eight months at the time of the inspection. His vision for the children's service was articulated within the context of his recently created Community and Social Services department, and within the new structure for children's services, which he believed would deliver the necessary improvements.

Leadership of People

There was a close and effective working relationship between the Minister and senior managers, which set a good example to the service.

The Minister and Assistant Minister aimed to make themselves visible to the workforce through visits to offices, residential units and centres. The Managing Director was given much credit by staff for his energetic approach to engaging with them and listening to their concerns. Nevertheless, there remained a sense of the organisation overall having a 'blame' culture rather than a learning culture.

Some concerns were expressed, however, that senior managers did not consistently communicate a clear vision about key principles, professional standards, aims and objectives (and inspectors also found some variation in approach). This did not help people to retain their focus on delivering the required improvements.

A priority area for improvement within the leadership of children's services is the quality of communication from senior managers to staff. Much of the good work to achieve change and improvement was being undermined by the lack of a systematic approach to communication at the senior level which would make staff feel they were included in the process and that their opinion was valued.

In response to our staff survey:

- Less than half agreed that senior managers communicated well with staff. This issue was raised consistently in contact with staff and others during the inspection
- Less than half agreed there was a clear vision for services for looked after children and young people

Their anxiety was mainly related to the strong uncertainty they were experiencing about where the service was going, and what their individual role in it would be.

Residential staff were particularly concerned about the future direction of their service (we make a recommendation about this in chapter 4).

Professional leadership

Senior managers recognised the importance of professional leadership of social services, and had taken this into account in making senior appointments. Had the present Managing Director not been a professionally qualified social worker, the Chief Executive would have created a separate professional lead. The Managing Director was also clear about the need to ensure an appropriate balance of professional qualifications amongst his own senior team.

The Managing Director had also become directly involved in judging the quality of professional social work by reviewing individual case files of looked after children on a weekly basis.

The good quality of individual work with children which we observed within the inspection was not fully recognised by some partner agencies and other relevant interests. More needed to be done by those in leadership positions to improve the reputation of the social work service, and recognition of social workers' professional expertise, needed to be better.

Leadership of Change and Improvement

There were effective arrangements in place for elected members to scrutinise performance of social services, promoting effective governance.

Nearly everyone we met agreed there was a clear focus within the States on improving children's services. There was no doubt of the commitment of staff at all levels, and of the Minister and Assistant, to this objective. How this was to be

achieved and the capacity of the organisation to deliver change, effectively provoked more negative responses.

Many staff, including managers, stated they had had no input to the proposed 'high-level' changes, and therefore had no sense of 'ownership'. In contrast, some also said they had the scope to introduce change in their particular operational area without hindrance, and found this exciting. In terms of change and improvement, this was a positive statement about the attitude of managers in encouraging improvement and individual initiative. The service had a considerable strength in its frontline practitioners and managers who wanted changes to happen, but senior managers were not making the most of this advantage. We considered that there needed to be professional expertise in all operational roles managing services for looked after children.

There was a strong sense from staff and partners of senior managers not being 'completer-finishers'. There was certainly evidence of a succession of commissioned reports being accepted and partially acted upon. This may have been for good reason in some instances but without better communication it had the effect of reducing confidence in the ability of their managers to finish what they had started.

In response to this question within the staff survey, only a few respondents agreed that there was effective leadership of change in social services, with many sceptical comments made by staff across the organisation about the delivery of the current changes. In part this may be attributed to the frustrations experienced by staff at the delays in implementing the new structure and uncertainty over their individual work circumstances.

Recommendation 14

A statement of purpose and rationale for the new structure, with clearly articulated roles and responsibilities, should be urgently produced. Realistic timescales should be set with clearly stated accountability.

CHAPTER 8

Capacity for improvement

On balance we found capacity for improvement to be good, with important strengths and some areas for improvement.

We have based our evaluation of capacity for improvement on three key factors:

- Improved outcomes for people who use services.
- Effective leadership and management.
- Quality improvement and performance management.

There was evidence of good outcomes for some looked after children and young people. Looked after children were benefiting from more family placements, less use of residential care and few repeated placement moves. Considerable progress was needed to identify and systematically measure outcomes for looked after children and young people.

The Chief Executive of Health and Social Services and the Managing Director of Community and Social Services recognised the scale of the improvement challenges they had inherited. They had taken steps to strengthen senior management structures. There was a close and effective working relationship between the Minister and senior managers. However service planning required development and resource management required substantial improvement.

There was a clear commitment to quality improvement at all levels in the organisation. This was evident in the way this inspection was welcomed and many changes put in place during the process. Although there was a growing emphasis on quality assurance performance management was at a very early stage.

Outcomes

The Chief Executive of Health and Social Services and the Managing Director of Community and Social Services were committed to developing a performance framework which was clear about the expected outcomes. The new structure brought together a range of community services to strengthen individual and community support arrangements for vulnerable children and adults, their families and carers.

Staff were positive about the difference they were making to the lives of looked after children and young people. Anecdotal evidence suggested some looked after children and young people were benefiting from social work support in particular; feeling better about themselves, managing their behaviour better and achieving at school.

There were a limited number of performance targets, taken from the UK, in place for looked after children and young people. Figures available indicated some positive trends, indicating good progress. There was no comprehensive approach to identifying and measuring performance against targets but there was wide recognition among staff at all levels of the need to develop this. Senior managers were committed to putting this in place.

Effective leadership and management

The leadership of social services had been under sustained pressure for a number of years. As mentioned earlier in the report they had been the focus of a great deal of scrutiny and media attention.

The Minister for Health and Social Services and her Assistant Minister were committed to bringing informed political oversight to social services. They were clear

about the needs of looked after children and keen to improve what services offered them.

The Chief Executive for Health and Social Services was determined to rebalance the profile of social services within her wider department. In her first year in post she had gone some way to ensuring social services was given more recognition as an important function.

The Managing Director of the newly created Community and Social Services was in the process of establishing a service division focused on looked after children and young people and those leaving care. The Children's Directorate will ultimately include a wide range of family support, therapeutic, community and residential services which are important to meet the needs of looked after children and young people. The aim is to enable and support joined up approaches across different staff disciplines.

The Managing Director was keen to use this first independent inspection to provide a baseline of performance against which they could measure future change and progress. Managers and staff, without exception, talked positively about having their first inspection. They fully recognised the challenges they faced but were prepared to embrace the process with a view to learning, making changes and improving their service to looked after children and young people.

This included a commitment to listening to looked after children and young people and hearing directly from them how they experienced their services. Managers and staff recognised this had not been done in the past. This commitment was clearly demonstrated in the way the service embraced both the role of the Youth Ambassadors²⁰ in the inspection, and their wider role in consultation and capacity building with Jersey's care leavers.

²⁰ Young people, recruited by Move On – a Scottish voluntary organisation, commissioned by SCSWIS to provide young inspectors, suitably knowledgeable and experienced, to join the inspection team on Jersey.

Quality improvement and performance management

There were only a small number of performance indicators in place and no systematic performance management. There was the beginning of a growing emphasis on quality assurance. The Managing Director of Community and Social Services was clear he needed to build an improvement framework and acknowledged the attitudinal shift he was nurturing among staff. Staff saw him as approachable and involved. His personal involvement in auditing case files alongside practitioners had gone some way to creating a climate of quality assurance.

Front line staff delivering services to looked after children and young people were experienced and committed to their work. They were highly motivated to improve the services they offered and saw the potential in Jersey to deliver excellent services. This represents a solid base on which to take forward improvement.

The self evaluation questionnaire (SEQ) (see appendix 3), completed in February 2011 as part of this inspection, demonstrated that the service recognised their key areas of weakness. Completed with the involvement of a range of social services staff, it identified many areas for improvement. It is commendable that an action plan was immediately put into place to address many of the identified shortcomings. We have been aware of many changes taking place during the course of the inspection process. As a result we are aware that some of the recommendations in this report may have been met prior to publication. We consider this to represent good capacity for improvement.

The Chief Executive acknowledged Health and Social Services had historically not been good at finishing what they started. She was determined to change this and after just one year in post was overseeing the KPMG 'road map' which outlined the potential redesign of Health and Social Services. This was out for consultation as a green paper shortly after we completed our fieldwork.

Like many other jurisdictions States of Jersey are carrying out a comprehensive spending review. In this context the work of KPMG to identify new and sustainable models of service, alongside their commitment to this, their first, external inspection, puts States of Jersey in a good position to move quickly to a fully modernised social services organisation.

Jersey Performance Inspection Model

<i>What key outcomes have we achieved?</i>	<i>What impact have we had on people who use our services and other stakeholders?</i>	<i>How good is our delivery of key processes?</i>	<i>How good is our management?</i>	<i>How good is our leadership?</i>	<i>What is our capacity for improvement?</i>
<p>1. Key Outcomes</p> <p>Outcomes for children and young people</p> <p>Performance against targets</p>	<p>2. Impact on people who use our services</p> <p>Experience of children and young people using our service</p> <p>3. Impact on employees and foster carers</p> <p>Motivation and satisfaction of employees and foster carers</p> <p>Employees' and foster carers' ownership of vision, policy and strategy</p> <p>4. Impact on the community</p> <p>Community perception, understanding and involvement</p> <p>Impact on other stakeholders</p> <p>Community capacity</p>	<p>5. Delivery of key processes</p> <p>Access to services</p> <p>Assessment and care planning</p> <p>Risk management and accountability</p> <p>Child-centred approaches</p> <p>Inclusion, equality and fairness in service delivery</p> <p>Multi-disciplinary working</p>	<p>6. Policy and service development, planning and performance management</p> <p>Development of policy and procedures</p> <p>Operational and service planning</p> <p>Strategic planning including partnership planning</p> <p>Involvement of children, young people, families, carers and other stakeholders</p> <p>Quality assurance and continuous improvement</p> <p>7. Management and support of employees and foster carers</p> <p>Recruitment and retention</p> <p>Employee deployment and teamwork</p> <p>Development of employees and foster carers</p> <p>8. Resources and capacity building</p> <p>Financial management</p> <p>Resource management</p> <p>Information systems</p> <p>Partnership arrangements</p> <p>Commissioning arrangements</p>	<p>9. Leadership and direction</p> <p>Vision, values and aims</p> <p>Leadership of people</p> <p>Leadership of change and improvement</p>	<p>10. Capacity for improvement</p> <p>Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction</p>

APPENDIX 2

Performance inspection methodology

The inspection of services for looked after children and young people in Jersey was based on the performance inspection model (PIM) specially adapted for this purpose (see Appendix 1). Senior social services managers in Jersey were asked to consider the following six key questions and develop a self-evaluation of their performance. The same six key questions were used to structure the fieldwork in Jersey. This report reflects the PIM, with a chapter reflecting each of these questions.

1. What key outcomes have we achieved?

Here the inspection team gathered evidence on the actual difference that social work services had made, or were making, to the lives of looked after children and young people. We define outcomes as the improvements in people's lives directly resulting from the services they received.

2. What impact have we had on people who use our services and other stakeholders?

The inspection team looked at the direct experience and perceptions of the children receiving services as well as those of employees and other stakeholders.

3. How good is our delivery of key processes?

Here the inspection team looked at the management and delivery of services from initial contact with the child or young person using the service through assessment and care planning.

4. How good is our management?

This involved examining managers' and employees' understanding and implementation of plans and objectives, their dissemination, monitoring and review of organisational strategy, along with performance management, integrated working, staffing and financial responsibilities.

5. How good is our leadership?

Here the inspection team looked at corporate vision, values and aims, the ability to work in partnership, organisational culture and the leadership and management of change at all levels.

6. What is our capacity for improvement?

Here the inspection team brought together all the evidence and reached an overall evaluation about the capacity for improvement, taking into account both strengths and areas for improvement.

APPENDIX 3

Performance inspection process

We began the inspection process by asking senior social services managers in Jersey to complete a self-evaluation questionnaire about how well they were meeting the six key questions of the performance inspection model (see appendix 1).

We also asked for a range of background information including strategies, policies, guidance, procedures, commissioning arrangements and information relating to performance, finance and quality assurance.

We sent out questionnaires to staff, foster carers and stakeholders.

Groups	Sent	Returned	Response rate
Staff	137	86	64%
Foster carers	33	22	66%
Partners and stakeholders	52	18	35%

Together with 3 members of social services staff in Jersey, we spent 7 days reading a total of 84 case files. The files were categorised as follows:

- 47 looked after child/young person
- 24 receiving aftercare services
- 13 'threshold' cases (defined as cases where there had been a decision making meeting which considered whether the child or young person should become looked after).

We then spent ten days in Jersey examining aspects of services for looked after children and young people. We used a range of methods:

- Tracking in more detail the journey taken by 8 of the looked after children/young people, whose case files we had read. This included meeting all the key professionals involved in supporting their care plan.
- Interviewing staff at all levels of the organisation, both individually and in focus groups.
- Meeting with looked after children and young people, parents and foster carers.
- Meeting with elected members.
- Meeting with partner agencies, independent and voluntary sector providers.
- Observing relevant meetings and visiting services.

We carried out, in total, 68 sessions.