Making a Difference; Driving Improvement

An Inspection of The States of Jersey Children’s Social Work Service

September 2018
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Foreword from the Chair of the Jersey Care Commission

The Jersey Care Commission was established under the Regulation of Care (Jersey) Law 2014 to regulate health and social care in the States of Jersey. The Commission is independent of the Chief Minister and the States Assembly.

In July 2017 the report of the Jersey Care Inquiry, chaired by Frances Oldham QC, identified that children may still be at risk in Jersey and children in the care system are not always receiving the kind or quality of support they need. The Care Commission felt strongly that these concerns needed further and more detailed investigation.

Following appropriate and timely representations to the Chief Minister, the Care Commission was tasked to provide the States of Jersey with a report by an external independent agency to address the concerns expressed by the Care Inquiry. (Appendix 1)

The Care Commission engaged The Office for Standards in Education, Children’s Services and Skills (Ofsted), to undertake an inspection of children’s social work services, in accordance with terms of reference drawn up by the Commission. (Appendix 2).

This report is essentially in four parts. Section one summarises the inspection findings and what needs to improve. Section 2 outlines Ofsted’s detailed findings in respect of children’s social work services at the point of inspection. Section 3 sets out the recommendations drawn up by the Care Commission taking account of Ofsted’s findings and section 4 proposes an approach for future independent inspection.

This is the first independent inspection of children's social work services undertaken by an established independent regulatory authority, Ofsted, in partnership with the Jersey Care Commission.

Glenn Houston
Chair, Jersey Care Commission
SECTION 1

Executive Summary

Summary of the inspection’s findings

1. An inspection of the Jersey children’s social work service by inspectors from Ofsted took place between the 4th and 16th June 2018 using Ofsted’s framework for inspecting local authority services for children in need of help and protection children in care and care leavers in England\(^1\). The detailed findings of the inspection are at Section 2 of this report.

2. In summary, Ofsted found that:

- “Vulnerable children have not been a priority for the States of Jersey. A lack of political and corporate support and poor infrastructure over many years have left children’s services struggling in isolation. This systemic failure means that social workers and managers have not been provided with the right conditions to carry out their work. Consequently, there has been a legacy of widespread failures in the services provided to children.

- Social workers and managers are committed to improving children’s outcomes. Many know the children they work with well and practice is often child-centred. Children more recently coming to the attention of the service are beginning to get better quality support, albeit from a very low base. However, progress is limited, and made in spite of the wider system, rather than because it is a shared endeavour.

- There is clearly some way to go before all children receive effective and timely support. While this inspection did not identify any children at risk of immediate harm, there are some children for whom work needs to be better co-ordinated in order that risk is responded to effectively, and to prevent needs escalating.

- Without substantial development to infrastructure and corporate support, improving services for children will be very difficult, if not impossible, to achieve. Making no change is not an option, as it would mean that children would...
continue to receive an inconsistent and sometimes poor response to their needs.

- Whole-system change is required, so that Jersey becomes a place in which social workers choose to come because they know they will have the right conditions to carry out their work and the political and corporate support to do this.”

What needs to improve

3. Ofsted identified the need for improvement in the following areas:

- “the States’ commitment and investment in the infrastructure and corporate support that should enable children’s services to deliver good-quality social work to vulnerable children

- the States fulfilling its duty to look after the children in its care, ensuring their rights and entitlements are realised

- staff recruitment and retention so that children experience fewer social workers and less change

- the consistency and quality of management oversight and supervision

- the scrutiny of front line practice and the impact of service delivery through more robust performance management, quality assurance and audit

- for staff to be clear of the expectations surrounding their work, through access to a clear framework of procedures and practice guidance

- while practice needs to improve for all children, there are three particular areas in which practice needs to improve with more pace:
  - meeting the needs of care leavers
  - responding to children and young people who experience neglect
  - responding to the needs of children at risk of sexual exploitation”
Conclusions and recommendations

4. The inspection findings are consistent with the conclusions reached by Frances Oldham QC that children in the care system in Jersey are not always receiving the kind or quality of support they need.

5. The Care Commission agrees with Ofsted that whole system change is required. All those with corporate responsibility for meeting the needs of children and young people in Jersey must now address the key challenges summarised above; ‘What needs to improve’.

6. Unless and until these core issues are satisfactorily resolved, the service will continue to struggle to deliver safe and effective interventions and support for children and their families.

7. The Care Commission’s recommendations which are set out in Section 3 have been quality assured and confirmed with Ofsted.

8. The recommendations are grouped under four themes that emerged from the inspection:
   - Corporate Leadership
   - Children and Young People’s Experiences
   - Infrastructure and Governance
   - Operational Delivery

9. Whilst these themes are not mutually exclusive, they are helpful in grouping the actions required for those with responsibility for making change happen.

10. The recommendations identify the necessary improvements that will bring children’s services in Jersey up to the required standard. Success will depend on concerted action from all quarters, including from the States of Jersey and from senior leadership, management and front line staff in the children’s social work department.

11. Some recommendations will only be realised through effective collaboration with other departments including the courts service, police, health and education. Others will require a commitment to invest in the service at an appropriate level. The overall endeavour will require support and intervention at a political level.
12. Whilst the inspection highlights significant deficits, inspectors reported a desire from those with corporate and collective responsibility to deliver the necessary changes that would place social work for children in Jersey on a comparable base to the best performing local authorities in the UK.

13. The Care Commission will seek assurances from the Chief Minister and from those in charge of delivering care and support to children and young people that all of the recommendations will be accepted and taken forward with the necessary pace and commitment.

14. The Care Commission will ask for regular reports of progress in meeting each of the stated recommendations.

Acknowledgements

15. The Care Commission would like to acknowledge the contribution of the Ofsted team in making this inspection possible, in particular the assistance of Lisa Pascoe, Ofsted’s Deputy Director of Social Care Policy, and the skill and expertise of the Ofsted inspectors, Donna Marriott and Matthew Reed.

16. The Care Commission appreciates and acknowledges the help and co-operation provided to the inspectors by all those who engaged directly with them during the fieldwork stage. Their co-operation has enabled the inspectors to provide a comprehensive assessment of what needs to improve and by doing so they are supporting the drive to deliver the necessary improvements for children and young people in Jersey.
SECTION 2

The Ofsted inspection report

The impact of leaders on social work practice with children and families

17. Children’s services have not been a priority for the States of Jersey. A lack of political or corporate support has left the service struggling in isolation to carry out its critical role in helping and protecting children. Leaders and managers have tried to tackle widespread weaknesses in the service without sufficient corporate and political support. Progress has been made, but this is limited, and due to the determination of individuals, rather than a system-wide endeavour to strengthen services for vulnerable children.

18. There are green shoots. The newly appointed chief executive of the States of Jersey is clear about the change needed to improve services. He has already begun to take decisive action to develop corporate services that will support children’s services to carry out their role. The managing director demonstrates a sound understanding of the extent of the challenge in seeking to improve services, having provided an accurate self-evaluation for the inspection. The extent of the challenge cannot be underestimated. Without whole-system change, including substantially strengthened infrastructure and corporate support, any improvements will be extremely difficult to maintain.

19. The leadership team has responded to some of the serious and widespread weaknesses in the service, taking action to review children’s plans and tackle drift and delay. Nevertheless, the service continues to deal with a legacy of poor practice, where children previously did not receive timely and effective help. The impact of this is evident for those children whose longer-term outcomes have been adversely affected.

20. The improvement board introduced in 2014 has not been fit for purpose. Attendance at the improvement board has predominantly been from health and social care staff and professionals and the board has not been effective in ensuring focus on the critical and widespread weaknesses. Many actions on the improvement plan have taken far too long to progress and many remain undelivered, despite several years of continuous attention.
21. The absence of a children’s plan has meant that the work of the strategic partnership lacks vision, governance and structure. The safeguarding partnership board (children) has filled some of the shortfalls, providing a framework for partnership working. This has been limited in its reach and influence, particularly in providing the oversight and challenge needed in its audit and scrutiny role.

22. There is no framework for corporate parenting. A corporate parenting plan has been drafted, but awaits ministerial approval. It is a corporate failure that those children looked after by the States, their rights and entitlements and, most importantly, the responsibility of the States as these children’s corporate parent, are not as clear as they need to be.

23. The chief executive has taken urgent action to increase leadership capacity, moving the managing director across to assume full-time responsibility for the service as the new group director. Additional interim leadership capacity is now in place, strengthened through medium-term contracts to try to increase stability. However, the continued instability in leadership arrangements is a concern given the already fragile system. Partners and staff talk about the impact that the constant high staff turnover and instability has on partnership working. The instability has inevitably led to starting again and drift in progressing plans.

24. Progress has been too slow, and there has been a slow response to the fundamental changes needed to be made to performance management, quality assurance and procedures. Although the service has invested in a new children’s recording system and there are now some basic performance management processes in place, there is still a long way to go before this provides an accurate and effective mechanism for overseeing the service. Performance management requires a more rigorous and systematic focus from the leadership team to ensure effective scrutiny and oversight of practice.

25. Inconsistencies in recording practice by social workers and front line managers means that performance information is not reliable. Senior managers have not been consistent in addressing these shortfalls, or demonstrating the managerial grip needed to ensure that performance improves. The impact of this is that performance information is inaccurate and that vital information is missing. This means that leaders do not have an accurate line of sight to practice, and important information is missing from children’s files.
26. The lack of a quality assurance framework or systematic approach to auditing social work practice is serious. Some quality assurance and some dip sampling has taken place over the last year, but this lacks structure or governance. There is no collation of findings, which means that there is no analysis of key themes or areas for development. There are examples of action in relation to some individuals but the overall lack of a systematic approach hampers the capacity to improve. The improvement board has failed to challenge this serious weakness in ensuring an understanding of practice through case audit and scrutiny.

27. One of the greatest challenges for the service is the need to embed consistency of practice. The lack of procedures, practice guidance, team and service level plans means that staff are not clear about expectations. There has more recently been efforts to develop and refresh procedures and to strengthen staff understanding of basic practice standards, including practice workshops, but progress has been too slow and hampered by complex and overly bureaucratic sign-off processes.

28. A significant barrier to strengthening the quality of practice and embedding consistency is the difficulties that the service experiences in recruiting and retaining a stable, permanent workforce. Until relatively recently, children’s services work had been significantly under-resourced. Substantial financial investment in 2017 has had a positive impact, resulting in a significant increase in the numbers of social work posts. Importantly, this means that social workers are now more able to help and support children, and they have more manageable caseloads.

29. Considerable work has taken place to strengthen recruitment and retention, including re-grading some social work posts and targeted recruitment campaigns. Turnover remains high, and there is a need for greater political and corporate support in responding to this challenge given the complexity of Jersey’s social and population policies, which restrict access to accommodation and services.

30. The impact of continuing workforce instability is evident in the feedback from children, who repeatedly say that they have had too many changes of social worker. Children rightly express concern about having to keep retelling their story. It makes it difficult for social workers to develop an accurate understanding of children’s experiences, particularly when there is an absence of up-to-date assessment and chronology, which is often the case. This leads to a culture of sequential planning and starting again and means that some children’s situations do not improve at the pace needed.
31. Real pressures remain. Progress is hampered by a lack of consistent management oversight or supervision. Social workers report that managers are available and are a good source of support. Nevertheless, supervision is not consistently evident in children’s case files, and where it is, it does not provide the reflection, analysis or management oversight needed to drive children’s plans.

The experiences and progress of children who need help and protection

32. The majority of children are now getting more timely support when they are first referred to children’s services. Most social workers visit children regularly, and direct work, when it takes place, is sensitive and thoughtful.

33. An increasing number of children access early help services, though this provision remains underdeveloped. There has been an increased reach in the number of families supported through early help plans, but multi-agency coordination is not yet demonstrating impact on consistently preventing children’s needs from escalating. There is further work to do to ensure consistency in the application of thresholds and processes for step-up and step-down between early help and statutory intervention that in turn ensures that children receive help at the right level.

34. The multi-agency safeguarding hub (MASH) provides an appropriate and timely threshold decision for the majority of children referred to children’s services. Following a recent change in practice, parental consent is sought for all contacts, but is not always clearly recorded. The two stage system for processing enquiries in the MASH is over-complicated and can result in duplication. Agency enquiries, although extensive, can lead to delays in a minority of cases, while waiting for the return of information. All enquiries are subject to the same requests of agencies regardless of the level of risk or need.

35. A local requirement to progress enquiries of concern within a four-hour timescale can lead to decisions to progress to strategy discussion without the full information. This practice is likely to be a factor in the high volume of Article 42\(^2\) enquiries that do not progress to an initial child protection conference.

36. When children need protecting, this leads to timely and authoritative action for most. However, there is confusion about the strategy discussion process and inconsistent

\(^2\) of the Children (Jersey) Law 2002
recording of this process. This has the potential to dilute effective risk management, particularly in setting out the child's interim plan. The managing director took appropriate action during the inspection to respond to this weakness, reviewing practice guidance and setting out expectations for staff.

37. Leaders and managers have made progress in ensuring compliance with 'the basics', for instance ensuring that assessments, plans and other key documents are in place when children are involved in the service. Assessments often lack sufficient detail and analysis. They are not consistently updated in response to children’s changing needs. There is insufficient consideration of children’s culture or of diversity in assessments, which means that, for some children, planning may not always respond to their individual needs.

38. Child in need and child protection plans are in place. Most are subject to regular review and are updated in response to changing circumstances. The quality of plans requires improvement, with a need for clearer actions and firmer timescales, supported by clear contingencies. More attention is required of the child’s individual needs in order to ensure focus on the issues that will have the greatest impact.

39. The response to neglect is not consistently effective. Needs and risks are not well articulated and updated assessments and chronologies are not always in place. This can lead to practice by social workers, managers and professionals that is over-optimistic and fails to consider the history and the cumulative impact of neglect. Consequently, this can lead to a culture of starting again, and to children having to wait too long for their circumstances to improve.

40. Pre-proceedings are used in response to increasing concern regarding children’s welfare, with seven children subject to this process at the time of the inspection. This is beginning to strengthen early planning, ensuring that important assessments and actions are carried out before proceedings when needed. Letters before proceedings ensure that parents are clear about what they need to do differently when concerns increase about children’s welfare, but the expectations grid that accompany these letters are sometimes overly prescriptive.

41. The response to child sexual exploitation is not always sufficiently proactive. Inspectors identified concerns regarding the effectiveness of multi-agency risk management in case planning, but also in respect of the decision making regarding thresholds for risk by the multi-agency sexual exploitation panel (MASE).
managing director took immediate action to respond to these concerns while inspectors were on site, reviewing all children subject to risk assessment by the MASE panel and implementing a system for the heads of service to chair MASE panels in the future.

42. The youth service carries out return home interviews in response to children who go missing from home or care. The service provides extensive support to young people. Nonetheless, engagement in return home interviews by some young people is low, hampered by the practice of requiring young people to provide written consent to engage in return home interviews. Return home interviews are not always of sufficient quality, or available on the child’s file, which means that intelligence does not consistently inform subsequent planning.

43. A recent initiative to provide extensive support to a group of young people who have repeatedly come to the attention of various agencies is an example of tenacious and joined-up multi-agency working. This project is beginning to show some signs of early impact, with a reduction in crime and missing incidents, as well as improved school attendance for some.

44. The response to children privately fostered requires considerable improvement. There is a lack of framework and procedures to support social workers carrying out this work. The impact of this means that there is no mechanism for monitoring children’s circumstances in these arrangements or for recording the child’s information separate from the carer. Strategic work needs to take place to raise awareness of private fostering across communities and with professionals and to ensure a more robust approach to monitoring the extent of private fostering on the island.

The experiences and progress of children in care and care leavers

45. Decisions to look after children are mostly appropriate. The legacy of historical drift and delay and weaknesses in planning mean that some children come into care in a crisis rather than as part of a planned intervention.

46. Edge of care services offer good support to many families. Parents spoke positively about the quality of support provided by the specialist intensive support team, but this does not yet have sufficient reach to demonstrate impact in consistently preventing children’s needs from escalating. A more targeted multi-agency
response is required to prevent children’s needs escalating and to facilitate the reunification of children to their parents’ care when this is their plan.

47. Social workers visit most children in care regularly, but visits are not consistently recorded. Records of visits do not always make it clear enough how children’s views influence care planning. There has been progress in gaining children’s views since the previous inspection of children’s services in 2011. Investment in a new advocacy service and the introduction of the Mind of My Own app (MOMO) is beginning to provide insight into children’s views. Children are starting to provide direct feedback about the service they receive, which is beginning to provide some understanding of children’s views. There is some way to go before all children’s views have an influence on their care planning.

48. The turnover of staff in many teams inhibits children building trusting relationships with social workers. Some children in care have experienced too many changes in social worker. This can lead to drift and delay in progressing children’s plans. For some children, the independent reviewing officer (IRO) has been the most consistent person for them during their time in care.

49. While there is an increasing awareness of the need for timely permanence planning, permanence is not always considered at the earliest stage. Planning can be sequential, which can mean that children can wait some time to achieve legal permanence. The service has had some success in placing children for adoption, although the data on this is not reliable. Social workers provide good support to adopters, ensuring that they have the appropriate information about children to enable effective matching. Post-adoption support plans are in place and adopters are able to access this support at any time. The service has not had any adoption disruptions for the previous two years, demonstrating success in providing a permanent alternative home for some children.

50. Family court proceedings can be lengthy, taking an average of 43 weeks to conclude. Applications by children’s services for legal orders are not always successful, which leads to some difficulties in achieving suitable interim solutions for children. This is made challenging in those circumstances where children’s services have a plan to place the child outside of the island jurisdiction, which raises

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3 Inspection of looked after children carried out by the Scottish Care Inspectorate in 2010/11
concerns about the impact of this on the child’s education and parental contact. Inspectors were unable to review the quality and effectiveness of this planning\(^4\).

51. There is a shortfall of available placements, with around a quarter of children in care residing off-island. A shortage of foster carers and on island specialist placements means that a significant proportion of children are placed at a distance from their families, communities and schools. This creates challenges to social work capacity, when a visit to a child can take some considerable time, but also creates challenges in maintaining children’s contact with important family members. Children with more complex needs benefit from a range of specialist residential provision off-island, which is having a positive impact for some.

52. Secure provision is utilised on both welfare and remand grounds, and for some children it was evident that this had provided them with an environment in which they could stabilise their situation and make positive steps forward. When remand is considered prior to a court appearance, there is a need for a more coordinated approach to ensure that the decision is child-centred and based on the child’s best interests.

53. A recently developed sufficiency strategy sets out a credible plan to address the shortfall in available placements. The appointment of a fostering recruitment officer has had a positive impact, and assessments are ongoing on a larger number of potential carers than the service has managed for several years. Timescales have now been adopted for the completion of foster carers’ assessments in a bid to provide a more timely response than has historically been the case.

54. Foster carers spoken to during the inspection were positive about the support that they receive from the fostering service and their link workers. They were less positive about the communication with children’s social workers, often feeling uninformed of the progress of plans for the children for whom they are providing care.

55. Supervising social workers support extended family to care for children as connected carers after approval of their assessment. This ensures that the carers receive the right support to enable them to care for children and minimises the risk of further breakdown and another move for the child.

\(^4\) Legal documentation was not reviewed as part of the inspection due to unresolved issues about access at the time of the inspection.
56. Children’s care plans are not of a consistent quality. They are often too general and are not focused on the child’s specific needs. Although they are updated regularly, there needs to be greater attention to child’s specific needs to enable focus on the issues that will have greatest impact on a child’s outcomes. The large majority of children’s care plans are reviewed within the set timescales. All IROs are now permanent members of staff, which brings consistency to the review process. IROs raise formal disputes when they are concerned about aspects of planning for the child, but the monitoring of these is not always effective to ensure timely resolution, and evidence of the impact is limited.

57. Children in care in Jersey remain significantly behind their peers in their education at all key stages. Meetings to consider personal education plans (PEPs) take place, but the resultant plans require further development to ensure that they are sufficiently clear about the actions needed to improve children’s educational outcomes. PEPs cannot always be located on the child’s electronic record, which further limits the targeting of resources to a child’s specific educational needs.

58. Social workers focus on children’s health needs when they come into care. The health of children in care is monitored by a looked after nurse and a medical adviser. Most children in care have had a health assessment completed within the last 12 months. Health assessments are not yet routinely stored on the child’s electronic file and there is limited evidence to demonstrate how health assessments inform the child’s plan. There are challenges to the timely completion of initial health assessments for children placed at a distance off island.

59. Corporate parenting has no statutory basis in Jersey. The wide-ranging recommendations of the independent Jersey care inquiry seek to address this deficit. Leaders have begun to respond to the recommendations of the inquiry, resulting in a policy position paper, which is due for consideration by the corporate strategic board in June 2018, and subsequently by the Council of Ministers. Therefore, at the time of the inspection, corporate parenting still has no place in statute. There is no policy framework or arrangements for overseeing the corporate parenting function.

60. There is no specific legislative framework in Jersey setting out how a duty to support and assist young people leaving care should be discharged so that the needs of care leavers are met. To their credit, children’s services have been providing support to care leavers despite this lack of recognition or investment. The
specialist care leavers’ team transferred into generic children’s teams in 2017 as part of a service-wide restructure. In recognition of the potential dilution of skills in the transfer to a generic social work service, the service has run good practice sessions on working with care leavers. Social workers report that these have been useful in helping them to understand what they need to do to support this group of young people.

61. Social workers are regularly in touch with a high proportion of care leavers. Although some care leavers receive effective help, work is not always tenacious enough. There is more to do to ensure that social workers and managers are sufficiently ambitious for young people.

62. Supported by their managers, social workers apply discretion in supporting care leavers financially to enable them to live independently. Care leavers receive support to access suitable accommodation, but the transition process is not consistently well managed, or proactive enough, to ensure that all young people have the best chance of making a successful move to independence. Inspectors saw examples where young people transferred to independent living, too rapidly, without adequate preparation.

63. There is some way to go to ensure that pathway plans are meaningful documents that reflect young people’s views and drive planning.
SECTION 3

The Jersey Care Commission’s Recommendations

Corporate Leadership

R1. The States of Jersey should develop and implement a statutory framework for corporate parenting, clearly setting out its responsibilities for looked after children. The States should take urgent steps to implement the existing corporate parenting plan and establish a system for monitoring and reporting on the effectiveness of its role as corporate parent for vulnerable children; (paragraphs 22, 59)

R2. The States of Jersey should implement a statutory duty for care leavers, ensuring the States consistently provides the necessary support to adequately prepare young people for a successful transition into independent living; (60, 61, 62)

R3. The States of Jersey must ensure sufficient investment in corporate infrastructure and support to enable children services to deliver effective leadership and oversight of performance management, quality assurance and casework audit; (paragraph 18)

Children and Young People's Experiences

R4. All social work contacts with looked after children must be recorded appropriately and care records must demonstrate how children’s views have influenced key decisions in respect of their on-going care needs; (paragraph 47, 56, 63)

R5. All looked after children must have regularly updated personal education plans that reflect their aspirations and describe the actions needed to effectively support their educational outcomes; health assessments must be used to inform the child's care plan, ensuring that information in respect of both education and health care needs are consistently recorded in the child's electronic care record; (paragraphs 57, 58)

R6. Children who go missing must be actively and consistently engaged in return home interviews. Information must be recorded and used appropriately to reduce individual risk and to inform subsequent care planning; (paragraph 42)
R7. When a child is remanded to secure accommodation there should be a multi-agency response to ensure a coordinated, child centred approach to care planning, based on the child's best interests; (paragraph 52)

Infrastructure and Governance

R8. The remit and membership of the Children's Services Improvement Board should be reviewed to ensure that it is focused on driving improvements, eliminating critical weaknesses and providing rigorous challenge, so that all levels of management receive the necessary support and are held to account for their collective responsibilities to deliver effective outcomes for children and their families; (paragraphs 20, 26)

R9. Children's services should take immediate action to stabilise the workforce and reduce vacancies and turnover, resulting in children and their families experiencing fewer changes in social worker. This will require effective intervention by the States of Jersey in reviewing aspects of existing social and population policies, to make it easier to attract and retain social workers; (paragraphs 28, 29, 30, 48)

R10. Management must establish an effective system to gather, analyse and review performance information to support effective scrutiny, challenge poor practice and drive improvements; (paragraphs 24, 25, 26)

R11. The current sufficiency strategy should be monitored and evaluated to make sure it is effective in meeting the need to expand 'on island' capacity for both 'out of family' and 'connected' placements to reduce the number of looked after children placed 'off island'; (paragraphs 51, 53)

Operational Delivery

R12. Social workers should have access to effective managerial support and regular supervision to include analysis of caseloads, application of thresholds for intervention, reviewing risks, care planning, and appropriate recording of contacts with children. Social workers should have personal development plans which include evidence of personal reflection, identify stated learning needs and actions to address these needs; (paragraph 31)
R13. All social workers should be clear about the standard of practice expected from them by developing, and embedding service wide guidance and procedures that support consistent and effective social work practice; (paragraph 27)

R14. Thresholds for early help and statutory intervention should be clearly defined with improved multi-agency coordination, to ensure that children consistently receive help and support at the right level and to prevent children’s needs from escalating; (paragraph 33)

R15. The system for processing and responding to enquires and referrals to the multi-agency safeguarding hub (MASH) should be simplified to ensure an effective and timely process for assessing and managing risk; (paragraphs 34, 35, 36)

R16. Care plans for both looked after children and children in need should include reference to issues that have the greatest impact on the child and include clear actions, contingencies and timescales; (paragraph 37, 38, 56)

R17. Children at risk of neglect should have on-going and up to date risk assessments and chronologies recorded in their care records to enable consistent, timely and effective responses. Risk assessments should be regularly updated to take account of changing needs and escalation of risk where this is evident; (paragraph 39)

R18. Social work practice and management oversight for children at risk of sexual exploitation should be strengthened to incorporate effective risk management, decision making and planned intervention, including, where necessary, a coordinated response through the multi-agency sexual exploitation panel (MASE); (paragraph 41)

R19. Children in private foster care placements should be monitored appropriately and information about the child should be recorded separately from that of the foster carer; (paragraph 44)

R20. Children in need, including those in need of protection, should benefit from a targeted and effective multiagency response to prevent escalation of unmet needs, including, where appropriate, effective support for a safe return to their parents’ care when this is in their best interests. (paragraph 46)
SECTION 4

Looking ahead

64. The findings of this inspection indicate that the children’s social work service in Jersey needs to make significant improvements before the States of Jersey can be confident that the care of children and young people is of an acceptable standard.

65. This inspection provides an overview and reference point for the service at a point in time. It is critical that it is not seen as a ‘one off’ event. Arrangements for ongoing monitoring must ensure that the necessary improvements are made and sustained.

66. It is important not to lose sight of the conclusions of the Jersey Care Inquiry that the States should commit to introducing an independent inspection regime that is not reliant on an invitation from those responsible for delivering the service. Furthermore, the Inquiry emphasised an urgent need to establish a statutory basis for an independent inspection regime.

67. With this in mind, the Jersey Care Commission will recommend to the Chief Minister that:

- The Jersey Care Commission is tasked to arrange, and report on follow up visits and further inspections of the children’s social work service to determine if sustained improvements are being made.

- The States of Jersey, as a matter of priority, bring forward Regulations under the Regulation of Care (Jersey) Law 2014 so that independent inspection of children’s social work services is placed on a statutory footing.
APPENDIX 1
Ministerial Decision

Chief Minister’s Office
Ministerial Decision
Decision Summary

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<thead>
<tr>
<th>Ministerial decision</th>
<th>MD-C-2017-0115</th>
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<tr>
<td>Decision summary title</td>
<td>Independent Inspection of Children’s Services – Article 38 Regulation of Care (Jersey) Law 2014</td>
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<tr>
<td>Decision summary author</td>
<td>Director, Children’s Policy</td>
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<td>Report title</td>
<td>Independent Inspection of Children Services – Article 38 Regulation of Care (Jersey) Law 2014</td>
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<td>Report author or name of person giving report</td>
<td>Director, Children’s Policy</td>
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<td>Is the report public or exempt?</td>
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**Decision and reason for the decision**

The Chief Minister requested, in accordance with Article 38 of the Regulation of Care (Jersey) Law 2014, a report on Children’s Services that offers an updated assessment, by an external independent agency, and which addresses the concerns expressed by the Independent Jersey Care Inquiry.

The Independent Jersey Care Inquiry recommended independent inspection arrangements of children’s services that will have the confidence of children, staff and the wider public. In order to provide independent oversight, the Chief Minister has requested the Jersey Care Commission, which is itself an arms-length body, to lead on commissioning independent inspectors to undertake the necessary work. This will include the Care Commission determining relevant matters, including scope, timeframe and schedule for inspections, as well as the external inspection agency to be used. This report will be in addition to current considerations by the Care Commission regarding the wider schedule of inspections relating to children, which currently include Children’s Homes.

**Resource implications**

There will be additional resources required during 2018 to enable the Care Commission to contract independent external inspectors to complete the required inspections, which will be requested once the scope has been determined by the Commission.

**Action required**

Chief Minister to write to the Care Commission to request the required report.

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<td>[Signature]</td>
<td>Senator I J Gorst</td>
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INDEPENDENT INSPECTION OF CHILDREN SERVICES – ARTICLE 38 REGULATION OF CARE (JERSEY) LAW 2014

1. Purpose of Report

To enable the Chief Minister to address the Independent Jersey Care Inquiry (IJCI) recommendation regarding independent external inspection of children services.

2. Background

The final report of the Independent Jersey Care Inquiry into the abuse of children in the Island’s care system over many years was published on Monday 4th July 2017. The Inquiry’s final report identified individual and systemic failings and made eight main recommendations, one of which was specifically regarding Inspection arrangements of children services.

_We recommend that Jersey establish a truly independent inspection arrangement for its children’s services, which will have the confidence of children, staff and the wider public. We believe that it is vital that, within 12 months of our Report, a statutory basis for inspection is established._ (Independent Jersey Care Inquiry 2017 p58).

The Jersey Care Commission was established at the beginning of 2017 under the Regulation of Care (Jersey) Law 2014 (“the Law”). The Law includes provision for the establishment of a Health and Social Care Commission, independent of the Minister for Health and Social Services, the Chief Minister and the States. The appointment of a Jersey Care Commissioner has already been made (MD-C-2017-0051). The Care Commission will become fully operational once the enabling Regulations come into force in early 2018.

The Jersey Care Commission has a number of statutory functions including, inter alia, responsibility for the regulation of children’s services, including independent inspection of residential care services for children and young people in Jersey. Its independence is protected by Law, which disqualifies any person who is or has worked for the Health and Social Services Department as either a contractor or employee and any person who has or has had any other interest in the provision of health and social care in the Island, to hold the position of a Commissioner.

The Chief Minister has received support from the Care Commissioner to make additional arrangements for the independent inspection of children services, as announced on 24th July 2017¹. The inspection will be undertaken in accordance with Law and commissioned under article 38 (1) and (2) of the Law, which enables the Chief Minister ask the Commission to prepare and report upon an aspect of health and social care. Inspectors will be appointed in-line with article 24 of the Law. Any information obtained in the course of the inspection will be subject to the provisions of Part 6 of the Law.

3. Recommendation

That the Chief Minister requests, in accordance with Article 38 of the Regulation of Care (Jersey) Law 2014, a report on children's services that offers an updated assessment, by an external independent agency, and which addresses the concerns expressed by the Jersey Care Inquiry.

This would be in addition to the Care Commissions current work plan which currently includes establishing a schedule of external independent inspection of Children Homes.

Director, Children's Policy
24th August 2017
APPENDIX 2
Inspection Scope and Terms of Reference

1. For the purpose of the inspection, children’s services means the children’s social work service provided by the States of Jersey.

2. The scope of the inspection included:
   - children and young people referred to the States of Jersey social work service, including those for whom urgent action has been taken to protect them
   - children who become the subject of a multi-agency child protection plan, including those on the child protection register
   - children and young people who have been assessed as no longer needing a child protection plan, but who may have continuing needs for help and support
   - children and young people who are receiving social work services where there are significant levels of concern about the child's safety or welfare, but these have not reached the significant harm threshold, or the threshold to become "looked after"
   - children and young people who are "looked after" and assessed as requiring a residential care home or foster care placement
   - children and young people aged between 16 and 17 who are preparing to leave care, those aged 16 - 17 who have left care and are receiving on-going support whilst undergoing further education, including young people living in homes of multiple occupation/hostels.

9. The inspection focused on the impact and quality of social work practice on the progress and experience of children and young people. The methodology used to carry out the inspection is based on Ofsted’s framework for inspecting local authority services for children in need of help and protection, children in care and care leavers in England\(^5\).

10. The terms of reference for the inspection asked inspectors to:

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• assess the extent to which children’s social work services, including the Multi-agency Safeguarding Hub, family support teams, child protection and safeguarding services identify and respond to the needs of children and young people in Jersey

• evaluate the extent to which leaders and managers know and understand the strengths and areas for development of the services and the quality and impact of work with children and families and use this information to improve social work practice

• evaluate the extent to which the staff working in children’s social work services have access to systemic support and supervision to critically reflect on, develop and improve their knowledge, practice and skills

• evaluate the progress and experiences of children and young people and, in particular, evaluate the quality of the work to ensure that any risk of harm to children and young people who are looked after, and those on the child protection register, is minimised

• evaluate the experiences and progress of children and young people who are transferring from the care system to independent living. In particular, assess how well the leaving and after care service engages with young people in providing support for longer term health and relationships, accommodation, further and higher education, employment opportunities and readiness for adult life

• assess the extent to which children and young people are engaged directly in taking important decisions impacting on their future health and well-being

• assess whether capacity and capability at both strategic leadership level and at social work team level is sufficient to provide the necessary assurance that children in need, and those at risk, are receiving timely interventions, resulting in appropriate care and support, including support for families

11. The inspection did not include any review of residential care provision for children in Jersey. The inspection framework for these services is currently in development by the Jersey Care Commission and due to be implemented in 2019.
The Jersey Care Commission is established under Part 7 of the Regulation of Care (Jersey) Law 2014.

It is a statutory body, independent of the Minister for Health and Social Services, the Chief Minister and the States of Jersey. The Commission is established to regulate and inspect health and social care services in Jersey by providing independent assurance, promoting best practice and improving health and social care outcomes for the people of Jersey.

The Commission was established in shadow form in early 2017, with the appointment of a Chair and four other Commissioners to prepare for the implementation the 2014 Law and will become fully operational once the enabling Regulations come into force in early 2019.

The Office for Standards in Education, Children’s Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children’s social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children’s services, and inspects services for children looked after, safeguarding and child protection.