



## **Children's Services Improvement Board**

### **'One year on'**

**The first annual report of progress against the priorities of the Children's Services Improvement Plan following publication of the Ofsted Inspection Report.**

# **Contents**

<b>1.</b>	<b>Introduction and Background</b>	<b>page 3</b>
<b>2.</b>	<b>Executive Summary</b>	<b>page 4</b>
<b>3.</b>	<b>Governance</b>	<b>page 8</b>
<b>4.</b>	<b>The Drivers of Success</b>	<b>page 11</b>
<b>5.</b>	<b>Stable and High Performing Workforce</b>	<b>page 12</b>
<b>6.</b>	<b>Improving the Child and Family Journey</b>	<b>page 14</b>
<b>7.</b>	<b>Early Help and Prevention</b>	<b>page 17</b>
<b>8.</b>	<b>Placements (Living arrangements)</b>	<b>page 18</b>
<b>9.</b>	<b>Performance, Quality and Risk</b>	<b>page 21</b>

## 1. Introduction and Background

*“Historically, there has been insufficient regard to the needs and rights of children at risk. There has been insufficient clarity about assessment or thresholds for intervention, with the result that some children may still come into care unnecessarily and others may remain in harmful environments. Admissions to care have often been arranged without consideration of the outcomes that the care period should achieve and, until recent times, how long it should last”* - The findings of the Independent Jersey Care Inquiry 2017 (paragraph 3.19).

*“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”* - findings of the Ofsted Inspection undertaken in June 2018

These ‘stinging’ quotations extracted from each report summarise succinctly and incisively the scale of task facing the social care workforce and their partners in their endeavour to effect sustainable and positive change in the quality of services that are offered to those children and their families who need them. Both reports highlight that major improvements are required across services if children and their families are to consistently achieve outcomes that demonstrably safeguard, protect and improve the quality of life for the children concerned.

To use a nautical metaphor, nobody at the time of the inspection was under any illusion that the tanker was headed in the right direction. It was also understood that before a different course could be charted, the errant vessel needed to be stopped and turned. The fundamental question to be answered centred on how a shared, partnership-wide and political understanding of the ultimate destination could be created.

It was by combining the recommendations of the Ofsted Inspection and the Care Commission with those of the Jersey Care Inquiry and adding the findings of significant internal analysis of service performance that the framework of the Improvement Plan was built. Its single purpose remains simple: *“To improve the lives of children and families who need help by providing timely high-quality services that both protect and safeguard”*.

It is an undeniable truth that this is a sentence that is easily said but much more complex to deliver. Nevertheless, it is the challenge that was laid before all those who work with children and endorsed by the Chief Minister who said on receipt of the report of the Care Commission following the Ofsted inspection that he accepted the findings and recommendations and was *“committed to taking any necessary further steps to take into account the recommendations for further improvement”*.

This inaugural annual report marks the first year that has passed since the Ofsted Inspection and sets out how much progress has been made in securing improvement and the challenges that still exist. It necessarily describes the governance arrangements that oversee all aspects of the improvement effort. It does so in the knowledge that Jersey has made several previous attempts to improve without success. All involved, but particularly the children and families of Jersey, are understandably impatient for the services that they require to be high quality.

It is important to set out early in this report that the following narrative captures the findings of the work undertaken in relation to the priorities set out in the Government of Jersey’s Improvement Plan for Children’s Services. It is not a summary report about the performance of children’s services as a whole.

## **2. Executive Summary**

At the beginning of the work to develop the Improvement Plan, neither the Government of Jersey nor its Children’s Service were sure that the ‘health’ of the services to children could be accurately described notwithstanding that the Jersey Care Inquiry, the Care Commission and the Ofsted Inspection Report had each given valuable and largely unequivocal insights. However, as is always the case when authorities and bodies find themselves facing long standing and severe problems from which they had been unable to extricate themselves, the full and detailed extent of the challenge only becomes clear as the improvement effort is developed and begins to gain traction. That is true in Jersey. Very quickly it became clear that many aspects of the service were, to use colloquial parlance, ‘broken’. Some children were quickly identified as being insufficiently protected and equally worrying was the fact that the service had no means of identifying the effectiveness of the work with children, nor indeed, could records accurately identify who was receiving a service.

Specifically, the development phase of improvement planning found:

- A critically unstable staff group that was adversely affected by multiple changes at senior and operational management levels, and among front line staff which undermined the sterling efforts of some who were working diligently to make a positive impact on services to children.
- A child's journey (through children's services) that was too often poorly defined and delivered, exacerbated by confused lines of responsibility and accountability and a lack of strategic direction.
- An early help service that has not made sufficiently rapid progress through its planning and development phases to the point where it was unable to take its place as an invaluable strand of the preventative offer to children and their families that avoided the necessity to invoke statutory social care services.
- A service for children who were looked after that was neither strategic nor integrated, but traditional with a resource base that was insufficient in quantity, diversity and quality to meet the needs of children who needed to secure permanence through family reunification, fostering, care with relatives or adoption
- Inadequate performance management and quality assurance systems which failed to support work with all children but specifically children in need, those requiring protection and/or at risk of sexual or criminal exploitation. Their voices were not heard and sometimes not sought. Supervision and management oversight was not bound by a managerial imperative which meant that practices were at best variable and sometimes absent.

This portrait identified a service that required comprehensive improvement against a backcloth of understanding that not all issues could be tackled simultaneously. Improvement planning acknowledges that where priorities are on a 'slower track', risks needed to be assessed and mitigated. This report describes a year in which the service, supported by its partners, has set its course to ensure that it knows the children it is serving, understands their needs, protects and safeguards them (through the provision of good quality care where necessary) and offers them the opportunity to achieve the level of security that they need to flourish as children and later as young people and young adults. In short, it has been a year in which the focus has inevitably been upon developing the basics of good practice while taking opportunities to revise strategic

direction and priorities, and improving the qualities of practice and management.

The report text sets out against each of the drivers of improvement the work it has undertaken, where progress has been made and conversely where it has not or not sufficiently, and the next steps that are planned. The following bullet points provide a synopsis of a breadth and depth of work that has attempted systematically to address the concerns that have been identified:

- The recruitment and workforce strategy is beginning to impact upon staff stability and is providing a platform on which good practice can develop and flourish. Training and development opportunities have been provided and will continue in conjunction with the service's Learning and Development Partner, SCIE, and Team Jersey which is working with the service to create the positive working environment and culture that is critical for staff engagement with positive change. There is also a major piece of work that is ongoing with staff to agree a children's service wide practice model which will define and frame the professional identity of the service.
- The work of the MASH has been closely scrutinised by the Strategic and Operations Improvement Boards and their recommendations have led to improved performance that is confidently expected to continue.
- A permanence strategy for looked after children has been introduced and will be accompanied by the creation of a dedicated team. That team will be responsible for ensuring that young people's time in care is not affected by drift and delay or a lack of direction. Although too early to be sure about the sustainability of progress, there are signs that give some encouragement.
- Additional focus is now being given to the education of looked after children, which is a cause of significant concern that children are being 'let down' by the system. This area of responsibility will shortly be scrutinised by the Improvement Operations Board.
- Work is continuing to improve the promotion of the health of looked after children which is critical to their long-term wellbeing. Although progress has been made with health assessments and reviews, the service wants to ensure that public health dimensions of care are given greater prominence.
- Efforts to develop a comprehensive early help service have not progressed as quickly as anticipated. Some significant early help work is

undertaken, but access to an important, integrated and preventative service is yet to be systematic.

- Looked after children's living arrangements have been the subject of much consideration and action. The Sufficiency Strategy is being implemented and more children now have access to a broader range of foster care that will soon be supplemented by an intensive fostering scheme. Smaller children's homes now offer a tailored personal service more akin to family life and the important contribution of the edge of care team has been successful in maintaining more children in their communities whenever it is possible and safe to do so. While sounding a note of cautious optimism, there is still much to do, and the service is well aware that some carers and service users have recently expressed concerns about the quality of service they have received during the course of an independent review charged with establishing their experience.
- Performance management and quality assurance have been strengthened and are yielding valuable insights which support managers and practitioners as they seek to continue to improve services. The development of the MOSAIC based child level, management system has been invaluable in this process. However, outstanding development work, needs to be resourced and completed.
- Child protection planning has been properly re-established, and work is now more effective in identifying and responding to the risk of significant harm. Significant work has been necessary to understand the child in need population and progress has been steady in securing plans for each child and a visiting frequency to ensure the delivery of good quality services. Work is now progressing to build on the successful implementation of services to children who go missing by extending the service to vulnerable children.
- Finally, hearing and responding to the child's voice has been an aspiration for a considerable period of time. Recent developments demonstrate that it is an issue that is now taken seriously and an improvement priority that is likely to gather additional momentum in the next phase.

In conclusion, it is arguable that the service has made steady progress against many of its priorities and is closing on the goal of achieving the targets set out in the Improvement Plan. Where challenges remain, managerial and performance related systems and processes are now in place and scrutiny remains at a high level of frequency. Although there is no complacency about

the size of the challenge still facing it, there can be satisfaction with aspects of progress that has been achieved.

Risks still exist and the need for a fully functioning early help service and the threat posed to performance management and oversight if the MOSAIC project cannot be completed, should not be understated.

The service now knows itself and increasingly its children, and has a clear understanding about what needs to change and has been effective in laying a foundation upon which increasingly sustainable and good quality services can be built. The landscape across children's services has changed over the last year and there is now some discernible optimism among managers and staff that a belief in continual progress has gained traction. This will provide a solid foundation for setting the agenda for the work of the permanent Senior Manager and Heads of Service who are shortly to be recruited. Finally, and on behalf of children, until the service can assure a consistently good or better standard of service to children, it is not possible to be confident that all children can be properly safeguarded and protected. This concluding comment is endorsed by the findings from audit and dip sampling which still continues to identify children who require urgent intervention to assure that they are properly safeguarded and protected. This is not unusual at this stage in a recovering organization but the service needs to see a reduction in audit escalated cases over the next year to be able to grow in confidence that interventions are consistently identifying risk.

### **3. Governance**

Experience in other jurisdictions re-enforces the critical importance of all improvement efforts to be supported, challenged and scrutinised by a body comprising individuals with commitment, seniority, experience and an understanding of what 'good or better' services look like. In addition, they need the knowledge and ability to support the transition of the improvement statement from its rhetorical intent to full and successful implementation. The leadership vehicle chosen by the Government of Jersey is a significantly revised version of the Improvement Board. In itself, this was not a radical decision and followed closely the conventional model chosen by failing authorities and supported by Governments in other jurisdictions. However, in 2014 an Improvement Board was introduced in Jersey but was described in the Ofsted

Inspection report as “not fit for purpose” and “ineffective in ensuring focus on the critical and widespread weaknesses”. Ofsted further stated that the Improvement Board was taking “far too long to progress” many actions in the improvement plan which “remain undelivered, despite several years of continuous attention”.

Therefore, the question to be answered was self-defining: What will be different about this new Board and how will it achieve its aims and objectives where its predecessors clearly did not? The answer is found in the descriptions of the membership and focus of the two Improvement Boards that are set out below.

A first principle of improvement is an acceptance of the findings of the (in this case) inspection report and the Jersey Care Inquiry. The critical evaluation of practice and aspects of management have been embraced. The fully multi-disciplinary Improvement Strategic Board has been constituted from a wide membership of largely senior managers (at Director General level) and jointly chaired by the Chief Minister and the Minister for Housing and Children. Meeting at three monthly intervals, but with capacity to meet more often if circumstances dictate, the Board has a strategic focus which is embodied in its Improvement Plan. This plan has been developed to respond to each of the recommendations of the Care Commission and Ofsted and those that are directly relevant from the Jersey Care Inquiry.

The Improvement Strategic Board is supported by an independently chaired Improvement Operations Board which, as its title implies, focuses attention at its monthly meetings on front line operational activity and management and specifically evaluates its impact upon children. Both Boards are clear that they are charged with holding to account those with responsibility for implementing the multiple elements of the Improvement Plan and securing progress towards good or better services for children.

It is always the case that an organisation in recovery cannot address the complexity, breadth and inter-dependence of all the individual elements of an Improvement Plan within the same timescale. Instead, conscious decisions about priorities need to be made, always taking into account the risk that any delay may pose to children. To best manage this complex process, a decision was taken to produce quarterly ‘phased’ extracts of the main Improvement Plan which would set out those improvement priorities that had actions to be completed within the three-month period of the phase. These ‘phased’ plans are the main, but not exclusive, focus of the monthly Operational Board

meetings and outcome data for each priority is scrutinised for impact, effectiveness and pace. Its other key function is to scrutinise all relevant information from the range of available performance sources such as management data, audit outcomes, complaints, and partner intelligence and to identify any concerns or trends which suggest that new or revised actions need to be prioritised.

In these circumstances, it is expected that the issues will be dealt with by a focused piece of work within the 'phased plan' in order to safeguard the children concerned. However, and as already noted above, the Strategic Improvement Board has the constitutional provision to convene an extraordinary meeting when necessary. Timescales are a priority. They are fair but testing, reflecting the needs of children and slippage in achieving improvement priorities is not acceptable except in unforeseen circumstances of unanticipated complexity.

Any improvement work is compromised without the support that is provided by the provision of reliable and comprehensive data. Neither the previous version of the Improvement Board nor the Children's Service benefited historically from sufficient and reliable, quality performance information. It was, therefore, the first priority to build on work that took place in advance of the inspection to establish the means and the capability to collate and analyse key performance data and to develop it further to make it available on a contemporary basis initially to all managers, including team managers and ultimately to all staff. This work was undertaken with pace and rigour, and rapid progress was made which led to the MOSAIC resource that is now proving itself to be invaluable in practice.

It has been important to set out the roles of the two strands of the Improvement Board (strategic and operational) and to describe the development of the performance management system which are both different but critical elements of the improvement journey, without which any change would be piecemeal and largely unmeasurable.

This report will now switch its focus to detailing the progress that has been made and the impacts that have been achieved, the challenges that still exist and the risks that are still present and could, if ignored, cause the service to lose its hard earned sense of direction.

#### **4. The Drivers of Success**

The main Improvement Plan and its complementary 'phased' counterparts set out five key drivers for success:

- A stable and high performing workforce
- Improving the child and family journey
- Early help and prevention
- Placements
- Performance, quality and risk.

Each of the drivers is integral to the success of the Improvement Plan and collectively they provide comprehensive coverage of the improvement task. Within most, there are areas of management and practice which require compliance with policy, statute and guidance. Inspectors noted that our commitment to compliance was poor and our early post inspection performance analysis and audit activity confirmed this picture. A well-researched 'given' is that good practice does not thrive in such environments and it is extremely difficult, if not impossible, to build services of sustainable quality without good compliance with statutory, policy and guidance requirements. Therefore, in parallel to the launch of the Improvement Plan, children's service leaders and managers embarked upon rigorous and concerted management programme to systematically drive up performance in relation to compliance. Weekly performance surgeries engage team managers in child level discussions about the impact of pressures upon compliance and service quality, and management and practice expertise are used to 'unlock' individual children's cases in which there has been no progress. More generally, the production of performance information is supporting managers to tackle key issues earlier and there is a clear relationship between easier access to relevant data and information and the development of a strengthening performance management culture.

Despite progress in some areas being stubbornly slow when compared to others, the trajectory of improvement is largely upwards. In some circumstances, for example care leavers, compliance with the requirement for all to have a pathway plan has recently been fully achieved for the first time. The work undertaken to achieve this level of progress has demonstrably and significantly impacted upon the quality of the young peoples' lives which will be supported further once the care leaver's 'offer' is implemented across the service.

## 5. Stable and High Performing Workforce

This driver recognizes the essential need to develop the existing workforce and to support the introduction of newly recruited staff through programmes of induction and training. Historically Jersey has had major difficulties in recruiting and retaining front line staff and managers, including senior managers. Reliance upon agency and interim staff has been excessive and this priority driver of improvement is targeting actions to reverse this unsustainable pattern.

The recently introduced Recruitment and Retention Strategy has a number of key strands and includes dedicated HR support which experience elsewhere shows to be essential for success.

Social worker recruitment: Jersey has not had a good track record of making use of the established annual programme of jobs fayres. This has changed and the service is now committed to attending each major event. The service runs stalls promoting the value of candidates seeing Jersey as a location that offers all of the positive attributes for a successful career in children's services supported by a comprehensive package which offers candidates active support in securing a move to the Island with help with housing, taxation advice, settlement of family members etc.

Two recruitment fayres have been attended so far in 2019 and two more are scheduled. Results have been encouraging with 341 enquiries being made. At the time of writing this report, 44 interviews have been held with a further 15 scheduled over the next four weeks. Jobs offers have been made to fill 17 positions comprising [REDACTED] [REDACTED] start dates have been confirmed with the remainder progressing through the professional checking systems. These appointments will make significant inroads to the current social care vacancy rate of 28 (out of 49 posts). Work is also continuing to maintain contact with those who have enquired but have not yet submitted an application, and to encourage applications from some of our agency staff who because of their demonstrable professional capability, the service would like to see become permanent Jersey employees.

Progress so far is encouraging and there remains an expectation that the long-standing recruitment challenges can be largely overcome by the full implementation of this multi-faceted strategy.

Training and development opportunities: Critical to efforts to secure a stable and highly skilled workforce is the capability of the organisation to train and develop its staff to the highest professional standard. Considerable investment has been made and will continue.

- By the end of March 2019, 1258 staff have been trained in the Jersey Children First initiative which is a standard practice framework adopted across agencies, services and settings in the public, community and voluntary sectors in Jersey. The framework sets out shared values, principles and qualities for all those working with children, young people and their families. It is particularly relevant for those working in the early help field.
- Following the publication of the Jersey Care Inquiry, a 'Back to Practice' training programme was launched to ensure that all staff had an opportunity to refresh their understanding of practice standards, policies and guidance.

Progress in achieving the aims of these two fundamental programmes has meant that the Children's Service has been able to shift the focus of its training and development intent towards initiatives designed to equip managers and staff with the more advanced skills, knowledge and experience required to secure a workforce of the highest calibre.

- An arrangement with Jersey's learning and development partner, SCIE (Social Care Institute of Excellence), is enabling the development of a children's service wide practice model that will define how we work with service users, workforce specific skills training for front line staff, and coaching and mentoring opportunities for managers. Now working in conjunction with Team Jersey, there is a clear aim to consolidate those skills within a positive workforce culture that recognises and develops talent in the workforce so that individuals and the organization can continually progress.
- A formal arrangement with the University of Sussex has led to the introduction of a Jersey based degree course in social work. A central part of Jersey's 'grow your own' (staff) initiative, the first course will begin in the new academic year offering twelve places to aspiring social workers. Jersey is also sponsoring three staff to complete social work degrees through distance learning (the Open University) or through 'blended' work-based degree programmes (through the Robert Gordon University in Aberdeen).

Further training and development opportunities have also been offered to residential staff, the details of which are set out in the section on 'Placements (Living Arrangements)' below.

## **6. Improving the Child and Family Journey**

Children and families have a right to expect that whatever their reason for entering into a relationship with children's services, they will be treated with respect and timely and high-quality services will be made available to help. The Jersey Care Inquiry and the Ofsted inspection report reminded the service very powerfully that it was too often failing in both respects. As a consequence, this driver of success was developed to address the fundamental issues that needed to be tackled in order to enable the children's service to be confident that it was achieving consistently good or better services.

It is a statement of the obvious to say that how people are received and dealt with when they first make contact with children's services is critical to their experience of services as they progress through the children's service 'system'. The emergence of sufficient child level data, a subject to which this report will return later, raised concerns about some aspects of MASH practice and management. In practice, this meant that too many children were subject of the MASH process and too many proceeded from MASH to statutory intervention. This was illustrated by the number of assessments that were closed with a decision that no further action was required from Children's Services and the number that were closed without the assessment needing to be completed, from which a conclusion could be drawn that children should have been offered services without the intrusion of a statutory service.

The outcomes of the 159 assessments that were generated by October 2018 contacts showed that:

- 24 were cancelled having been judged by managers not to need an assessment
- 68 were closed following assessment
- 10 stepped down to early help following assessment.

This means that 64% of the work referred from MASH episodes (102 cases) in that period were judged not to require a further statutory intervention.

Subsequent reviews by the Improvement Operations Board that were presented to the Strategic Improvement Board in April 2019 endorsed the conclusions and added further concerns about the veracity of the process for gathering informed consent from service users, and the disproportionate volumes of research

information that were routinely gathered from up to 18 partner agencies as part of the MASH process.

Responses to the recommendations of the Inspection Operations Board's report have led to steady improvement in the appropriateness of MASH responses and the data is now moving to be in line with expectations. This means that there has been a measurable improvement in the quality of response to contacts, including a reduction in the number of pieces of MASH research that are commissioned, an improvement in the quality of parental consents, with fewer children being subjected to unnecessary or excessive statutory intervention. There is more to do to reach the desired position, but progress is monitored closely.

Achieving permanence for children has been a clear priority since the launch of the Improvement Plan. Progress has been made with:

- developing a revised permanency strategy
- revised approaches to those legal processes that are critical to securing timely, permanent arrangements for children
- the creation of a dedicated team to oversee all aspects of work that will lead to children securing permanence.

The Permanence Team Manager has been appointed and interviews for team members will be completed by mid-June. Influenced by the Sufficiency Strategy which is described in more detail in the 'Placements (Living Arrangements)' section below, the practice has been improved by a range of developments such as increased numbers of foster carers which has reduced the need for residential care, the proposed creation of an intensive fostering scheme to offer family living experiences to some of the most complex children and young people, and a redesigned and reconfigured residential care service. These developments are important contributors to a more 'permanence aware' approach but there is still much to do, not least to ensure that those children who live 'off Island' receive equally good services and, where possible and when it is safe for the child, to seek to return them to Jersey.

A key facet of achieving the necessary rigour around permanence is the efficiency and effectiveness of the legal processes which directly impact upon children. Considerable work has taken place to build the infrastructure of a positive legal process which benefits children and gives courts confidence that the work is comprehensive and considered. Work with lawyers and the courts

has enabled the production of a draft public law practice direction and the process of revised thinking has led to improvements in the approach to pre-proceedings. Since January 2019 all pre-proceedings work relating to 8 cases, four which have been carried over from 2018, has been completed within the 12-16 week timescale which has positively impacted upon the timeliness of any resultant care proceedings. The Judiciary and the courts have noted improved work with children and on four occasions compliments have been received.

It is understood that progress needs to be maintained and a combination of management scrutiny of children likely to enter proceedings, effective tracking of proceedings before the courts and senior management involvement in all decisions affecting children's care status will be maintained.

All looked after children now have Personal Education Plans but the wider issue of progress, attainment, attendance and exclusion rates paint a depressing picture which has resulted in the Operations Improvement Board preparing an enquiry into how this area of work can be reconsidered so that children's life chances can be rapidly and sustainably improved.

The health of looked after children has been an area of increased priority in light of research evidence which shows that too many young people leave care with physical, mental and public health challenges that have not been successfully addressed. The service is now in a position where its dedicated nurse service has ensured that the large majority of children and young people have an up to date health assessment, the starting point for ensuring that they can have access to necessary clinical and public health services. Data shows that initial health assessments are routinely completed within 28 days following a child entering the care system. Although processes are established for ensuring that reviews of health assessments take place in timely ways, achieving success is proving a greater challenge. Delays occur when health colleagues are not notified of changes in children's living arrangements, which is a particular problem when children move to live 'off island' as liaison with the local health provider is inevitably adversely affected. Further delays occur when health reviews are not prioritised or reported by the 'host provider'.

Public health dimensions of the Looked After Children's Nurse's role are identified through the assessment and review processes and delivered by the nurse herself or through relevant other professionals in whom the child has confidence, for example the school nurse or a trusted residential worker.

Although the first priority of this aspect of the improvement plan has been progressed, specifically that all health assessments and reviews are carried out to time irrespective of where the child is placed, there is clarity that the focus of health support to children in care needs to be broadened in the next phase of the Improvement Plan. This will lead to active consideration and action to help young people move into young adulthood with clear advice and support for issues such as healthy living, drug and alcohol misuse, mental health concerns and relationships.

Further work has been undertaken to identify and respond to children who are privately fostered. Similar to the experiences of authorities in other jurisdictions, this is proving to be a hard task and a total of 7 children have been identified as being privately fostered and are receiving appropriate services. The Improvement Operations Board issued the definition of private fostering to help partner agencies identify children and there has been some work with education colleagues to raise awareness of children who may fall into this legal category. However, despite best efforts, the rate of identification of this priority group who may be victims of trafficking or modern slavery has not improved. Children's services have recognized the necessity to strengthen the partnership response and have recently identified a Head of Service who will take the lead on this area across the partnership.

## **7. Early Help and Prevention**

Progress on this priority area has been slow and the challenges to the development of Jersey's approach to early help mean that it is flagged on the Strategic Improvement Board's Risk Register.

A consequence of the delays in establishing the service has been a lack of understanding and confidence in statutory services about the availability and quality of an early help offer. For children and families this has meant that some have been avoidably escalated to statutory services and others have not received a service at all; a factor in some children being subsequently re-referred.

Nonetheless, work to improve and develop within the early help area has continued and is being guided by a senior leader in the Children, Young People, Education and Skills Department. Relatively recently, a 'step-down' panel has been created to plan work for children who are moving from statutory services

into early help. There has also been a slight increase in the number of children being referred for early help from the MASH. Although a small move in the right direction, the full impact of early help in preventing the challenges facing some families escalating to a level whereby it is necessary for full statutory service intervention, is unlikely to be realised until the service is firmly located on a sound strategic and operational footing and is implemented.

## 8. Placements (Living Arrangements for Children in Care)

It is well researched that good experiences of care, typified by secure, good quality living arrangements with carers that offer warm personal and practical help are highly important factors in children and young people achieving good outcomes. This report has already highlighted that the Children’s Services Sufficiency Strategy has targeted a transformation of how care is provided for looked after children and it has taken an important step forward by expanding beyond focusing services on the looked after population by introducing an Edge of Care Team.

The Edge of Care Team is charged with working with young people predominantly in their home communities who would otherwise be highly likely to enter or return to the care system. Currently working with 24 young people referred via the Children’s Services Placement Panel, the team is impacting by reducing the flow of children into the care system (see table below)

### Admissions of children into care

	Q3 2018	Q4 2018	Q1 2019	Q2 2019
Number of children	13	11	█	█

The reduction in the admission rate has undoubtedly contributed to Jersey’s comparatively low rate of children in care which recently generated an enquiry by the Improvement Operations Board which is to be refreshed in July 2019. Of the 19 young people who have been stepped down to children in need teams the edge of care work having been completed, none have entered care subsequently which is a significant and positive achievement.

The campaign to recruit foster carers and to diversify the range of placements they offer to meet the needs of children who need family care has had impact. The service currently has 36 fostering households potentially offering a maximum of 57 places split between short term (38) and long term (19) placements with a further 7 families in the assessment process. In addition, there are an additional 30 places for children who need respite care (27 places) and short break care (3 places).

The number of foster care placements is confidently expected to be expanded further following a successful fostering fortnight campaign that has led to significant and confirmed interest from 12 fostering families and 1 who are interested in adoption.

The Children's Service is seeking final approvals for its proposed Intensive Fostering Scheme. This important development reflects analysis undertaken as part of the work underpinning the Sufficiency Strategy. It demonstrated that at any one time the care population comprises a number of children who require full time, skilled and particular support to manage their diverse range of particularly complex needs. Initially targeting 10 sets of carers, this scheme will increasingly enable a group of the most complex children to benefit from family life. It will offer the capability to avoid the necessity for residential care thereby also potentially preventing some young people having to move 'off island'.

The work to prevent children entering the care system has created 'breathing space' to enable residential care to be transformed from a traditional children's home provision, with many of the characteristics of institutional care, to a range of small domestic dwellings offering a nurturing, personal care environment to small numbers of children. This change has enabled the establishments to revise their statements of purpose to reflect the service they are providing. The commitment to invest in training for all managers to obtain NCFE CACHE Level 5 Diploma in leadership and management, and all residential staff to achieve at least QCF Level 3 reflects the stated intent to improve the quality of residential care by offering professional development opportunities across the whole staff group.

These strategic and operational changes have stimulated a more integrated approach to working with children on the edge of, or in care. There is strengthening belief that the changes are beginning to gain traction derived from the success in maintaining children in their communities, providing a more diverse range of foster care opportunities and reducing the need for children to

be moved 'off island'. While this confidence is encouraging, caution needs to be exercised. For example, it is known from a recent independent report that some foster carers and children and young people remain dissatisfied with the support provided by the service. In addition, there should be persistent activity and oversight to ensure that the comparatively low numbers of younger children in the care system does not indicate the existence of a cohort of children living in the community who should be protected by care arrangements. The Improvement Operations Board's Looked After Children enquiry did not reveal evidence to suggest that this was so. However, to take this enquiry further, Improvement Operations Board and managers are:

- also closely monitoring and conducting audits on children who are subject to child protection plans for extended periods with no progress in reducing the levels of risk they experience. As part of this work, managers will actively consider whether children are being exposed to unacceptable levels of risk at a level that requires proceedings to be issued
- exercising more rigorous management oversight in all cases but particularly in Children in Need cases.

#### Current placement type

	0-1	2-5	6 -10	11 - 15	16+	All
Placed for adoption with Freeing Order, with current foster carer			■			■
Placed for adoption with Freeing Order, not with current foster carer	■	■	■			■
Greenfields					■	■
Residential – on island				■	■	9
Residential – off island			■	■	■	12
Placed with own parents/ other with parental responsibility			■	■	■	5
NHS/Health Trust or other providing medical or nursing care	■					■
Independent living (flat, lodgings, bedsit, B/B or with friends)					■	■
Young Offender Institution or prison						0

	0-1	2-5	6 -10	11 - 15	16+	All
Placement with other foster carer				█	█	█
Foster placement with relative or friend- not long term or FFA		█	█			5
Foster placement with relative or friend – long term foster	█		█	10	█	15
Placement with other foster carer- long term fostering			█	11	█	17
Placement with other foster carer who is also an approved adopter- FFA		█				█
Foster placement with relative/ friend who is also an approved adopter		█				█
Placement with other foster carer - not long term or FFA	█	█		5	█	13
<b>Total</b>	<b>7</b>	<b>8</b>	<b>15</b>	<b>40</b>	<b>19</b>	<b>89</b>
<b>Fostered – off island</b>			█	█		<b>10</b>

## 9. Performance, Quality and Risk

This report has already drawn attention to the volume of work that has been undertaken to build a platform from which the service can benefit from contemporary, child-level performance data that is accurate and available to all relevant professionals at the touch of a computer key. Starting from a very low base, rapid progress has been made to cleanse the large volumes of corrupted data that was held about children, and to recommission the content of the performance management data set to make it fit for purpose and able to offer comprehensive coverage of the outputs of the children’s service. This work recognised the crucial inter-relationship between performance information and improvement and has been at the heart of driving up front line staff and manager’s understanding about the value and use of data to prioritise their work.

The service now has access to:

- performance data covering most of the service areas (with plans in place to complete the task)

- a monthly performance dashboard which provides an essential health check on the direction of travel of our most critical indicators
- a monthly narrative report which details progress against improvement priorities.

While it is highly encouraging that the service can now be confident in the integrity of the data that is collated and analysed, further development of MOSAIC has been delayed pending the identification of sustainable funding.

This poses a significant risk to the Improvement Plan overall, and indirectly to children, and is particularly frustrating at a stage when the service is moving rapidly to a quality and compliance culture necessary for the next stage of the improvement effort to gain traction.

The Improvement Board has used data dynamically to stimulate three enquiries that have been reported upon and completed. Three further enquiries have been identified and approved and will be conducted over the next three months by multi-disciplinary 'teams' drawn from the membership of the Improvement Operations Board. The completed enquiries relating to MASH and Looked After Children have been described earlier in this report and both have had positive impact upon the services concerned. The third enquiry relates to Child Protection and its focus and significant impact will be described later in this section of the report. The three outstanding enquiries relate to:

- The education of children who are looked after, where the data suggests that much more needs to be done to support children in meeting their potential
- Assessments of children where the Board wishes to explore the extent to which children benefit from the contribution of all agencies who have knowledge or currently work with them so that the analysis which leads to the identification of the child's needs can be as effective as possible
- The work of the Edge of Care Team where the data suggests that good practice is occurring with some of Jersey's most vulnerable children. The Board wishes to explore how this is being achieved, understand the components of the management and practice and assess its applicability to other preventative and crisis intervention environments.

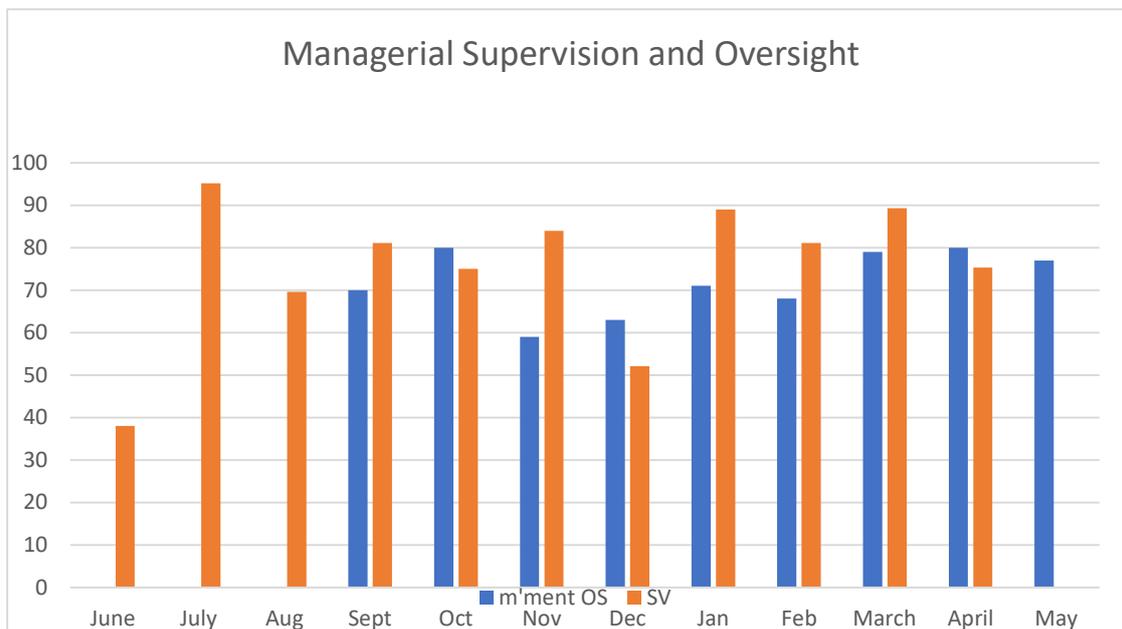
Although significant progress has been made on developing the service's performance data platform which gives valuable insight into progress against improvement objectives, qualitative analysis has not been lost from sight. A

monthly 'deep dive' audit is programmed in line with the service's revised Quality Assurance Framework. These are supplemented by a bespoke programme of dip samples which interrogate key aspects of practice or management. Reported monthly to the Improvement Operations Board, findings from audit activity are aggregated to form a quarterly report to the Inspection Strategic Board.

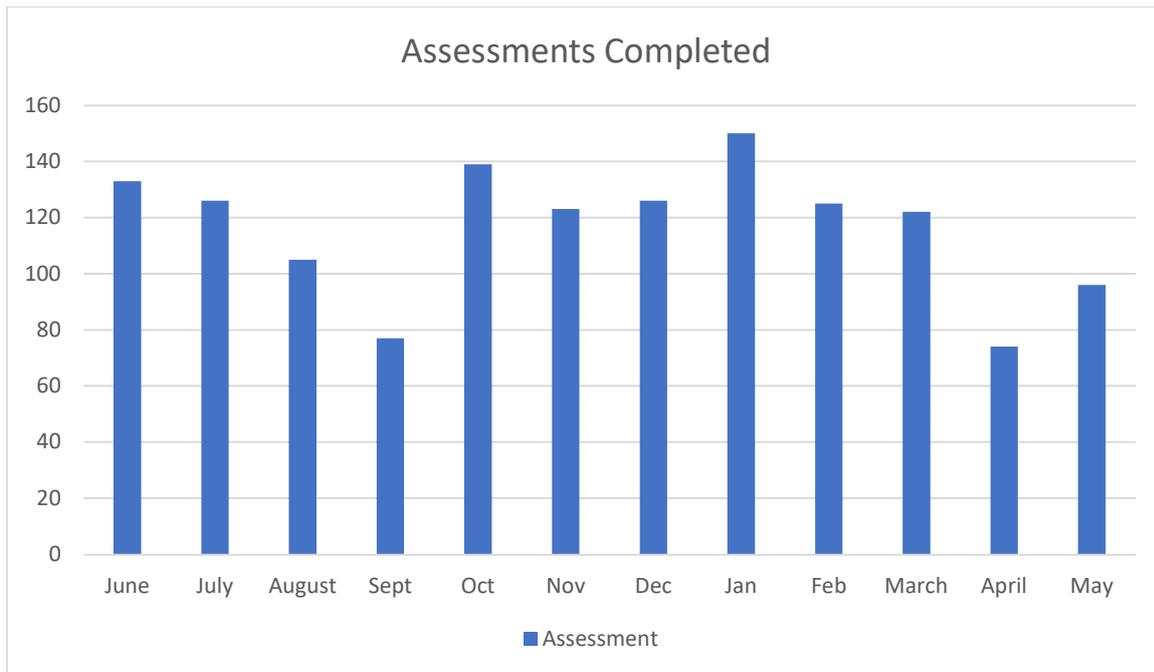
By their very nature, audits and dip samples are scrutinising different aspects of service. Consequently, month on month progress cannot be empirically measured. However, aggregation of findings against fields in the audit template enables analysis of the judgement scores which are a valid proxy measure for improvement. These data show progress from our starting point overall, moving from an average score of 2.86 to 2.71 where 1 is outstanding, between 1 and 2 is good and between 2 and 3 is not yet good and 3 is inadequate. In five fields (relating to the timeliness of assessments, co-ordination of agencies, permanence planning, suitability of placements, and working towards independence) there has been month on month improvement. No field is yet in the good category overall, but all have moved away from the score which would indicate inadequate practice and management. This progress has been supported by work over the last calendar year to introduce and establish two key features of the suite of improvement activity that complement our audit activity:

- Performance Surgeries. Held weekly and chaired by the Assistant Director or a Head of Service, these surgeries scrutinise achievement against performance expectations using the child level data sets. Identifying solutions to service delivery challenges, these surgeries have proven invaluable in re-establishing the accountability of all front-line staff and managers, setting team level priorities, identifying barriers and solutions for improvement. In addition, they have contributed to the general growth in data awareness across the service.
- Supervision and management oversight. Critical to staff development and case related understanding, these functions of team management have been re-established over the last year with monthly or more frequent supervision (depending on staff experience and performance) being required from June 2018 and management oversight recorded on cases on a monthly basis from September 2018. The data set out in the chart below, gives some encouragement that both functions are beginning to take hold, and although further improvement is required, there is

cautious optimism that progress will be made as the turnover of staff reduces as a result of the Recruitment and Retention Strategy.

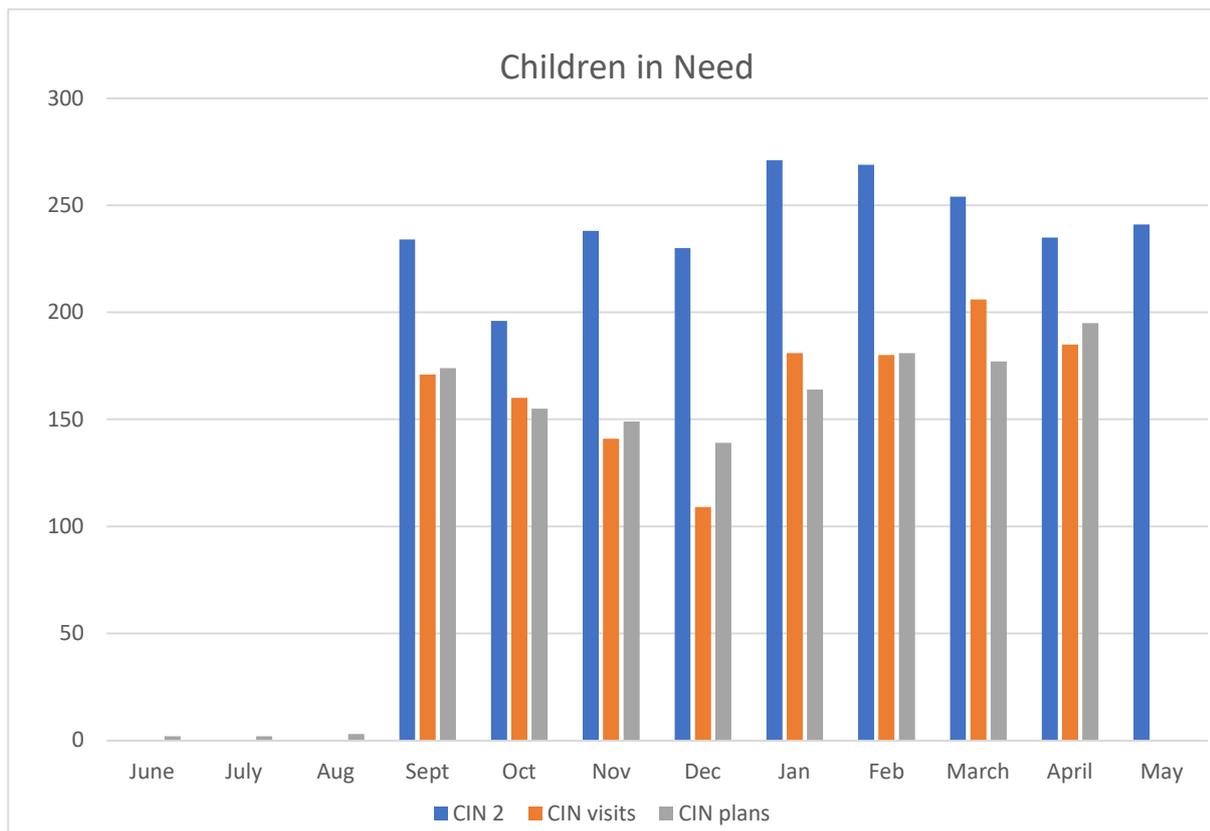


Good quality assessments are critical to the ability of the service to offer effective services for children. The Improvement Operations Board enquiry into MASH performance expressed concern that too many assessments were resulting in no further action (NFA) or were discontinued. The Board concluded that there were challenges with the decision-making process in the MASH coupled with the fact that there was little scope and limited confidence to refer to Early Help. Subsequently, tighter management oversight has reduced the number of assessments required over the last two months and a commensurate reduction in the number of assessments resulting in NFA or being discontinued. Performance in these areas will continue to be scrutinised closely but this recent progress is enabling the focus to shift more acutely to assessment quality (the subject of the aforementioned Improvement Operations Board enquiry). This is an important development in a circumstance where the amount of MASH research is reducing which, in turn, will require social work professionals to work more collaboratively with partner agencies involved with the child to achieve a high-quality child focused assessment based upon a professionally informed analysis of the level of need and risk to which the child is exposed.



Children in Need data has historically been unreliable. The complexity of the joint Children’s Service and Improvement Board data cleansing exercise that was started over a year ago was such that the two bodies could only confidently begin to collate data from September 2018. Progress is evident in the chart below. It shows that the discipline of planning for children in need and ensuring that an appropriate visiting frequency is beginning to be established for each child. Again, there is no complacency in understanding the challenge of securing further improvement and this is a priority area for scrutiny at every Performance Surgery. The data shows a much more detailed position that was the case when the Improvement Plan was launched, and the service is now confident that children in need are properly identified and their needs are increasingly identified and responded to. However, it is to be noted that most audit exercises identify case examples where the information known about the child is not

brought together to enable an acute judgement to be made about the safety and well-being of the child.



Both the Jersey Care inquiry and the Ofsted inspection report challenged the service to take urgent steps to ensure that children are properly safeguarded and protected. The basis of this challenge was endorsed by the findings of the first audit of the service that was presented to the Improvement Strategic Board in January 2019 which concluded that 51 of the 109 children in the sample could not be deemed to be safe. This finding, coupled to a serious concern that the number of children subject to child protection plans had fallen consistently to an unprecedentedly low figure of 34 children (from an average number in excess of 100 previously) caused the Improvement Strategic Board to commission an urgent enquiry to be carried out by the Improvement Operations Board. Very quickly this enquiry found poor leadership of the service and management practices that had no professional justification that had allowed this situation to develop apparently

unchallenged. The consequence was that there was a significant number of children who had been left unprotected by the service and others who immediately became the subject of proceedings. There was a specific relationship between the low numbers of child protection plans and the uncharacteristically high numbers of proceedings at this time.

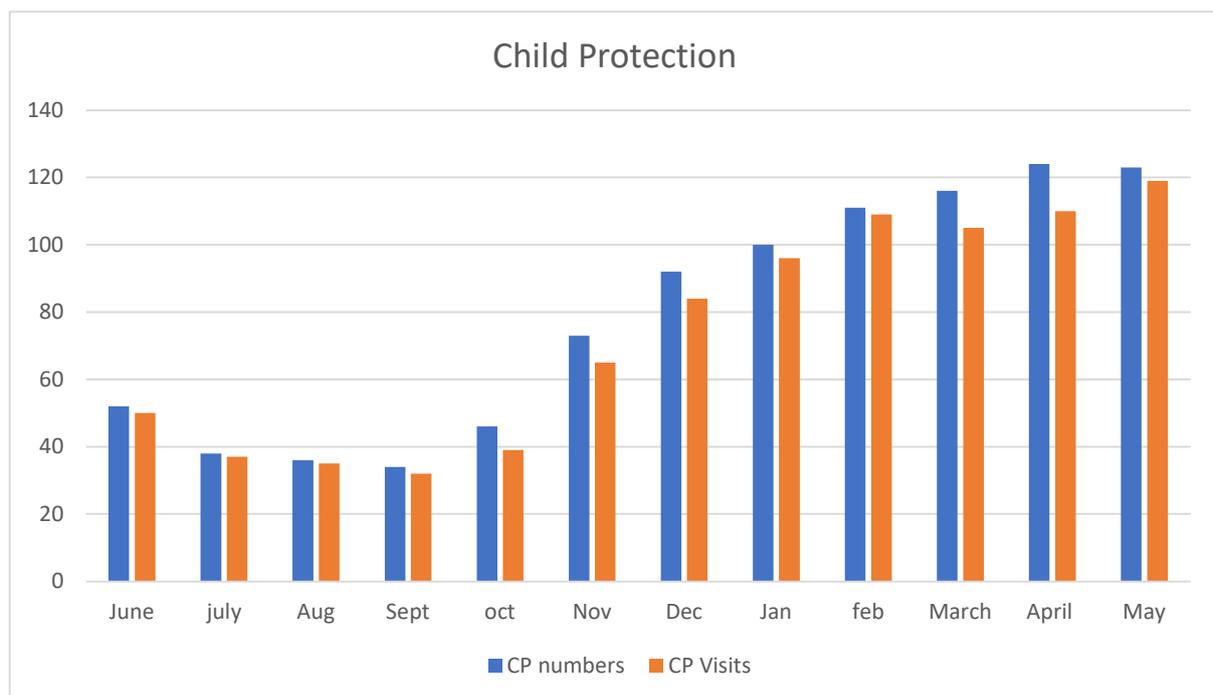
Rapid and effective action secured management changes and re-established working practices in line with Government and Safeguarding Partnership policy and guidance in other jurisdictions. These actions created an immediate response from the service and the chart below shows a steady increase in the number of child protection plans commensurate with the anticipated trend. The May 2019 figure of 122 plans is slightly above the anticipated number but is within normal expectation and not a cause of concern. Unsurprisingly, these developments have coincided with a reduction in the number of care proceedings, a situation that has also been impacted upon by the aforementioned positive work of the Edge of Care Team.

Performance in relation to initial child protection conference (ICPC) timescales dropped to a low of 68% on time in this period when child protection plan numbers were at their lowest (February 2019). This figure reflects the pressure on the service in trying to manage a very large increase in demand for ICPCs. Since then, timescales have consistently improved month on month and the most recent data shows 88% to be on time with the trend heading steadily towards the 100% target which has previously been consistently achieved. Performance in review child protection conferences has remained very good at between 96 and 100% on time.

Child protection visiting requirements have remained largely achieved although staffing instability has on occasions affected overall performance which in stable teams has remained at 100%. This is another area of work which is closely scrutinised at each performance surgery.

From a very difficult position, child protection work has significantly recovered, and performance is now largely in line with expectations. Indicators of stress in the child protection system for example, child protection plans being in place for excessive periods of time with little change having been achieved, children made subject to second or further plans, would suggest that managers and practitioners have much better oversight and control of their contributions to children who are benefiting from a more rigorous approach.

Having some security that the basic child protection provision is in place, has enabled the service to widen its scope. For example, following a multi-agency review to consider the needs of children who go missing, an effective and highly regarded new system was introduced to ensure that all agencies were made aware of the missing episode at the earliest opportunity. This enables return home interviews and associated work to be undertaken before the critical 72 hour window closes, after which time the value of the interview diminishes. This work is in the process of being extended to include the needs of children who are vulnerable to exploitation. Adaptations to the MOSAIC performance management system, the introduction of a process map and a single screening tool, and strengthened links between the Improvement Operations Board and the Safeguarding Partnership Board is already leading to more informed responses and it is anticipated that this approach will be an invaluable tool in disrupting exploitative behaviours and networks.



At the beginning of the improvement journey, capturing the child’s voice was a largely unrealised ambition. Progress has been made since, with an emphasis in all aspects of the service on developing ways to ensure that the child’s voice and those of their family were heard and acted upon. More recently, a dedicated app, Mind of My Own, (MoMo) has been launched to help children and young people communicate their views in a way that suits them. Young people create

their own account, which can be used on any device at any time. This means that young people can use the app to say how they are feeling, what support they need and tell their worker about things that are important to them. Staff have been trained in the use of the app.

The work of the Children's Rights Officer is also ensuring that children are encouraged to express their concerns and are actively supported in doing so. Similarly, the Children's Commissioner is having an impact on both individual cases and strategic thinking by maintaining an unrelenting focus on the voices and needs of children and bringing these to the attention of the service.

Children will also benefit from the development of the Participation and Advocacy Service which has identified Jersey Cares as the preferred provider. A co-produced remit for the service is in the final stages of approval. This development will build upon and extend the intelligence gained from evaluating the themes and the specific issues gained from evaluating complaints and compliments. Further contributions from children and young people will be forthcoming from the work of the recently established Corporate Parenting Board and as a result of the continuing implementation of the government's Pledge which aims to develop a closer and more mutual relationship with looked after children.

**Stephen Hart**

Independent Chair

Children's Services Operations Improvement Board

June 2019.