



**GUERNSEY AND ALDERNEY**  
**CHILDREN AND YOUNG**  
**PEOPLE'S PLAN**

**2016-2022**







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# Introduction

## OUR CHILDREN

*There is a well-used phrase: our children are our future. Investing in our children today is not only the right thing to do, it is the sensible thing to do. If Guernsey<sup>1</sup> and Alderney are to have a vibrant future, our children need to thrive – now.*

As of 2015, children and young people aged under 18 make up approximately 20% of our population. For the large majority of children and young people, Guernsey and Alderney are fantastic places to grow up. Most children and young people achieve well academically; they live in loving families and have good networks of friends; they benefit from many aspects of Island life, including our exceptional physical environment. But this is not the story for all of Guernsey and Alderney's children and young people. As this Plan will reveal, some have had their lives blighted by neglect or abuse. Some children become parents themselves at far too early an age. Children with disabilities can find it difficult to access the services and facilities that



their counterparts can take for granted. Some children and young people self-harm and many say that it is difficult to be different here and to be accepted for who you are.

And there is a saying: “it takes a village to raise a child”. In this case, it takes an Island. If children are to thrive, different agencies – be it education, health, social services, voluntary and community organisations – need to ensure that they work together so that children develop their intellectual, social, emotional and physical attributes and skills and reach their fullest potential. And at some point, all parents and carers need advice and support - as being a parent has a habit of springing surprises on you.

That is why this Plan matters. It sets out how all agencies working with children and young people in Guernsey and Alderney will work together in order to support all children and young people to thrive; and it explains how we will support parents and carers to be the parents their children need them to be, as well as how we will support young people to grow towards adulthood.

<sup>1</sup>All references include Herm and Jethou



# PLAN ON A PAGE

## OUR SIX COMMITMENTS - HOW WE WILL ADD VALUE TO CHILDREN'S LIVES:

**1**

We will ensure that the voices of children and young people are at the heart of everything we do.

**2**

We will focus resources on early help and preventing problems getting worse for children, therefore reducing the numbers who then have high levels of need.

**3**

We will tackle inequality of help and support, including the impact of low income and high level of need that disadvantage some of our children and young people and their families.

**4**

We will get better at sharing information and working more closely in partnership with each other and with children and families.

**5**

We will improve our data collection and IT systems so that we have an evidence base about the nature and level of need, and can use our resources wisely.

**6**

We will improve communication to make the Plan more relevant - a living document – and resource it properly.

**THESE COMMITMENTS ARE SUPPORTED BY 9  
OVERARCHING ACTIONS, AND THEY PROVIDE THE  
FRAMEWORK FOR OUR FOUR PRIORITY OUTCOMES:**

**Included and Respected**

We want to ensure that all children and young people have help to overcome inequalities and are valued members of their communities. This means having a voice in decisions that affect them and being supported to play an active and responsible role in all aspects of their lives.

**Achieve individual and economic potential**

We want all children and young people to achieve their full potential and to be supported in the development of their skills, confidence and self-esteem to enable them to achieve as much independence and financial security as possible.

**Safe and Nurtured**

We want to ensure children and young people are protected from abuse, neglect or harm at home and in the community, have nurturing relationships that build their emotional resilience and to engage in safe behaviour.

**Healthy and Active**

We want children and young people to have the highest possible standards of physical and emotional health and to lead active lives that promote their long term health.

Together this will create one joined up system providing the right help at the right time with the right outcomes for all children and young people.

# SERVICE PLAN

The following pages outline the envisaged core components of a multi-agency and multi-disciplinary system that provides early help to children, and then meets their needs for care and protection should these escalate. It also engages with local communities so that emerging problems, and their possible solutions, can be identified as early as possible.

## ● EARLY HELP

- Community focussed networks around school and other provision where local needs are identified. Community focussed leisure, sports, arts, and emotional and physical well-being services are provided by States, voluntary sector, and local charities commissioned through community network panels or teams;
- The 1001 days project identifies vulnerable parents at the first maternity booking appointment and offers targeted help;
- Preschool education then provides social, behavioural and learning support. A range of evidence informed group and individual education and support is available for all parents;
- Emotional and Behavioural support co-ordinators and 52 week school nursing service in secondary schools. The HUB and Youth Commission provide early help for older children;
- Healthy Weight Strategy informs a range of school and community focussed projects, for example that involve children in growing food and being active;
- Free contraception for under 21's to reduce teenage pregnancy;
- Reduction in tooth decay focussing on preventative services.



## ● CHILDREN IN NEED

- MASH - core co-located team supported by multi-agency engagement and with professional and public access. All child concerns are routed through this team, which evaluates needs, gateposts to early help, provides initial assessment, and allocates a lead professional to every child who needs services from more than 2 professionals. All of those children have a child plan, with clear goals and outcomes. The plan is regularly reviewed through Team Around the Child meetings and outcomes are tracked by the MASH to inform strategic commissioning;
- Children who require compulsion or protection are allocated advocacy to support them;
- Children with disabilities have a range of short break options available to them, and lifelong planning informs the provision of on-island resources that seek to keep them within their island community wherever possible;
- Services are provided in schools and community settings including a Family Centre.

## ● CHILDREN IN NEED OF CARE AND PROTECTION

- Have a social worker as lead professional;
- Social work teams are organised in community teams, linking with schools and aligned with professionals to provide a range of case work and group and community work support to families;
- Services are integrated or co-located wherever possible to provide ease of access;
- Children in Care are monitored, and their needs are championed through a Corporate Parenting Board;
- There are specialist foster carers and small group home provision for all young people in care;
- The voluntary sector provides commissioned independence and life skills support;

- Children in Care have independent visitors;
- Children in Care have access to apprenticeship and mentoring to promote their life chances;
- The voluntary sector is commissioned to provide support and housing for those young people with enduring vulnerability.

## ● CHILDREN WITH VERY COMPLEX NEEDS

- Strengthening Families project offers intensive support to families living with long term entrenched problems;
- Children with challenging and enduring needs are considered by the Complex Needs Panel and offered a package of care to keep them on island in all but the most exceptional circumstances. Transition into adult services is supported with a multi-disciplinary plan;
- Children in custody access a flexible pathway through HAVEN Secure and the prison, with team around the child meetings and reviews to ensure that they are enabled to return to positive and contributing lives in their communities.



## Background to this Plan

*On 4th January 2010 the Children (Guernsey and Alderney) Law, 2008 (Children Law) came into force. The new law sought to create a child law for the 21st century, tailored to the unique character of the islands and to ensure compliance with the European Convention on Human Rights ('ECHR').*

It introduced the idea of a welfare based, integrated model for responding to children in need, including children at risk of significant harm.

Significantly this includes the involvement of the local community in making decisions about children's lives through the Child Youth and Community Tribunal system, based on the Scottish Children's Hearing system, where children's needs are considered rather than just the presenting symptom of those needs; for example criminal behaviour which usually has an underlying welfare cause.

The Children Law also put a duty on the Health and Social Services Department (HSSD) to prepare a Children and Young People's Plan every three years, in order to set out how services would seek to meet the needs of children and young people and their families.

The first Children and Young People's Plan was approved by the States on 24th November, 2010 (Billet d'État XXIII Vol 1, November 2010, pp1712 to 1771) and was extended by Resolution of the States on 11th December 2013 (Billet d'État XXIV, December 2013, pp2265 to 2285). It will expire on 31st December, 2016.

This is therefore the second Children and Young People's Plan to be produced since the introduction of the Children Law, and it reflects the views of professionals, parents, children and young people gained through widespread consultation and debate, as well as learning about what worked in the previous Plan, and what did not. One clear element of that learning has been that, whilst the Law specifies that it is the responsibility of HSSD to produce the Plan, the needs of children and young people can only be understood and met by a joined up approach across States Departments,



and with the help of the voluntary sector. The Plan has therefore been drawn together by the Children and Young People's Partnership Board, which carried out a range of consultation exercises across Guernsey and Alderney and commissioned the drafting of the Plan and the Policy Letter that will support its implementation. The membership of the Board is shown in Appendix 1. The intention is to refresh the governance structure to fit with the new government structure being implemented in May 2016 to ensure continued responsibility and focus for monitoring the effectiveness of this Plan, to embed the multi-agency approach, and to ensure that it continues to be relevant over the six years it aims to cover.

The Plan sits within the context of Public Service Reform, which seeks to ensure that public services are focused on customer needs; to demonstrate that public services represent value for money; and to improve the measurement and management of performance. The Plan also reflects a range of other strategies that have been developed to support service development in Guernsey and Alderney – notably, the Disability and Inclusion Strategy, the Domestic Abuse Strategy, the Drug and Alcohol Strategy, the Mental Health and Wellbeing Strategy, and the Sexual Health Strategy, which are themselves underpinned by action plans some of which relate specifically to children and young people. Where relevant these have been cross referenced to actions in this Plan.

## Why do we need a Plan?

*The Plan sets out the way in which the States of Guernsey intends to meet the requirements of the Children Law and, as such, provides a framework for all service providers and service users to understand the way in which help will be provided to Guernsey and Alderney's children and young people and their families over the next 6 years.*

However, unlike the previous Plan, this one does not set out the core business of the many professionals and services that currently operate across Guernsey and Alderney – there is much good work that goes on every day, making a difference to so many children and families. Instead, this Plan

focusses on **transformation and partnership**, which are the key themes identified through our consultation and which are key to success. The Plan will only work if it is truly a living document – one that is constantly reviewed and about which children, young people and their families are consistently consulted and engaged with so that we know where we need to make changes, what is working well, and what difference we are making.

The Plan seeks to identify the **added value** that can be made to children's lives through **effective joint working**, in partnership **across** agencies and **with** families and communities, to make a difference to the lives of children who may be in need of help and support because of stress or adversity in their lives that make them vulnerable to harm, either at home, or in the community.

The Children Law is based on a set of key principles which reflect this approach, and which have at their core the idea that **the welfare of the child is the paramount consideration** – that is, that the welfare of our children and young people must be central to everything that the States does in planning and delivering services to support them into adulthood. The Law also reflects the principle of providing integrated help and support at the earliest possible point for children and their families to prevent their problems from worsening and therefore seriously affecting the life chances of those children in the future – this is called early intervention and prevention, and is referred to as **early help** in this Plan.

This Plan sets out what States Departments, in partnership with the Islands' communities, will do to make these core principles a reality during the period from 2016 to 2022.

## Who is the Plan for?

*This is a Plan for all children and young people under the age of 18 living in Guernsey and Alderney, but also for those young people who require additional support beyond age 18 to ensure a smooth transition into adulthood; in particular, for care leavers and young people up to age 25 who have complex educational, health and social care needs.*

Whilst the Law focusses on “children in need”, children, young people, and families were clear in the consultation that the definition of need applied to date is too narrow and does not enable help to reach children early enough, or to support those with disabilities to reach their potential.

The States has “a duty to provide services to any child in need” (24.1, *the Children Law*) and the Plan is “a plan setting out a Strategy for the provision of services” (28.1 *The Children Law*). We are a small island economy, and we are operating in a context of huge economic pressures – reflecting a worldwide trend - that mean we must use our resources better. This means ensuring that money is spent wisely and that decisions about what will be provided by the state, and what will not, are based on real **evidence** both about the nature and degree of need, but also what **works** in meeting that need and delivering positive change for children and families.

Unfortunately we have been unable to collect enough reliable data about these issues and this must be a priority for the first year of the operation of this Plan, so that we have reliable baselines against which to measure the impact of services and interventions. The Plan therefore draws on the **emerging** evidence about what the level and nature of need is on the islands, and on what works if we are to use our resources wisely. This means applying the core principles of the Children Law and working more closely together, in an inclusive way, to tackle inequality so that all children have the best opportunity to grow into healthy, happy and contributing citizens, and where disability or disadvantage does not create a barrier to achievement or happiness.



# What do we know about children and young people living in Guernsey and Alderney?

*Those who responded to the consultation were clear that the Plan had to be for all children in Guernsey and Alderney.*

As of March 2014, there were **12,445 children under 18 years of age living in Guernsey, and 245 children in Alderney**. Of these, the vast majority will have all of their needs met by their own families, friends, and universal services<sup>2</sup>, and they will not need any additional help to live full and happy lives. However, based on UK comparators, around 20%<sup>3</sup> of our children will experience difficulties at some point in their lives that require additional help from professionals, either for a short or for an extended period of time, in order to thrive. This includes children who need additional support to access learning; those who are living with parental substance misuse; domestic abuse, and/or parental mental ill health; those who have complex emotional or physical needs or disabilities; and those who have emotional wellbeing needs because of things happening in their lives over which they have no control – for example the separation of their parents, death or loss of loved ones, or simply because they are or feel ‘different’ and are singled out by others for bullying or exclusion because of gender preference, sexuality, race or appearance.

For a smaller number, approximately 1%, this will result in them needing to be made subject to legal proceedings and to come into the care of the States<sup>4</sup>. There are also 21 young people who left care at age 18 in the last 3 years, and who have early childhood experiences of abuse or neglect, coupled with public care experiences that make them likely to be more vulnerable than their peers to problems like homelessness, unemployment, substance addiction, mental health problems, offending behaviour, exploitation, and early parenthood. It is because of these poor outcomes

<sup>2</sup> Health visiting, school nursing, education available to all children and free at the point of access

<sup>3</sup> Children in Need Census information DoE, UK, 2014

<sup>4</sup> Accommodated in States' accommodation or foster care

that the Children Law made children in care the responsibility of all States' Deputies and officers, who are their **'corporate parents'**. This means that their needs must be considered as a priority for help into adulthood. There were 72 children in care in 2015. This number has stayed fairly constant over the last 5 years, but is rising, and also represents a relatively high number for an Island with this population. We therefore need to be offering better support to families to enable them to care for their own children and to prevent those children from needing to come into States' care in the first place.

Whilst our own data about need is limited, there are good sources available in the UK and internationally. For example, in an average class of 30 x 15-year-old pupils<sup>5</sup>:

- **three** could have a mental disorder
- **ten** are likely to have witnessed their parents separate
- **one** could have experienced the death of a parent
- **seven** are likely to have been bullied
- **six** may be self-harming

Not all of these children will need help from professionals, as their relationships with family and friends, and positive self-esteem, will be enough to provide them with the coping skills – the **resilience** – to manage these difficulties. However, some will need professional help, and the earlier they can access it, the more likely they are to benefit.

These statistics are equally applicable here in Guernsey and Alderney, but due to the nature of island life, there are also some issues that children and young people face growing up that are very different, and in some cases, are much more complex than those in other jurisdictions.

- **Higher education opportunities** are more difficult to access as a result of limited opportunities on Guernsey and Alderney, and the additional cost of living overseas.
- The very **high cost of housing** means that it is difficult to enter the property market and live independently. Moreover, the high cost of

<sup>5</sup> 'Promoting children and young people's emotional health and wellbeing A whole school and college approach' Public Health England and the Children and Young People's Mental Health Coalition 2015

living also adds strain to young people's financial status, and puts strain on families bringing up young children.

- **Facilities are difficult to access** or sometimes unavailable to children, especially those living on Alderney.
- **Anonymity for vulnerable people**, due to the very small population, is hard to maintain. Children and young people tell us that it is also very difficult to be 'different' in Guernsey and Alderney without experiencing bullying or exclusion from peer groups.
- A combination of high rents in the private sector and **low incomes** in service and manual jobs leads to pressure on a range of families. Consultation tells us that low income families are further disadvantaged by the **costs of visiting their GP and of dental care** and this contributes to relative **poverty** for some families.
- Those children with very complex needs and difficulties may sometimes only have them met through **specialist placements 'off island'** which risks cutting them off from their family, friends and communities, meaning for some that they are unable to settle back into island life in adulthood. Many such children have very poor life outcomes, and such placements incur a very high cost to the public purse.

In addition, the Chief Officer of HSSD commissioned an independent review into the provision of children's social care in 2014-15<sup>6</sup> which highlighted a **lack of coordinated early help** for children, together with a **lack of joined up working across States Departments** and between professionals, which means that many children and families are not getting the help they need as quickly as they should. There are also a number of families where disadvantage over generations has resulted in their exclusion from the positive benefits of island life, and where there is an **intergenerational cycle of abuse and neglect** which seriously affects the life chances of those children and young people and compromises the economic wellbeing of the islands in the future. This is particularly problematic on the islands because of the lack of geographical and social mobility for this group of families.

<sup>6</sup> Children's Social Care Diagnostic Report February 2015, R Parry



# What is the Plan about – what are the States going to do?

*A combination of external review and consultation has identified the key actions for 2016 - 2022 outlined in this Plan.*

This included identifying four priority outcomes for all children and young people in Guernsey and Alderney, which we have adapted to reflect consultation feedback. These are:

- **Safe and nurtured:** We want to ensure all children and young people are protected from abuse, neglect or harm at home and in the community, have nurturing relationships that build their emotional resilience and to engage in safe behaviour
- **Healthy and active:** We want all children and young people to have the highest possible standards of physical and emotional health and to lead active lives that promote their long term health
- **Achieve individual and economic potential:** We want all children and young people to achieve their full potential and to be supported in the development of their skills, confidence and self-esteem to enable them to achieve as much independence and financial security as possible
- **Included and respected:** We want to ensure that all children and young people have help to overcome inequalities and are valued members of their communities. This means having a voice in decisions that affect them and being supported to play an active and responsible role in all aspects of their lives.

In order to deliver these outcomes we also consulted on some key structural changes which we believed were necessary to underpin the Plan if it was to be effective, and to deliver the intention of the Children Law.

The consultation provided some very clear messages in support of some of these, but also raised other issues about the **inequality of access and experience for some families** and the need for the Plan to begin to address these. This was particularly the case for children with disabilities, and for parents on lower incomes. The strongest message was that this needs to be **a plan for all children**, and that the focus on **‘vulnerable groups’** was confusing and unhelpful in grouping children under ‘problem’ headings which do not acknowledge the unique circumstances of children and families, not all of whom will need help simply because they have some vulnerability in their lives. Most importantly, there was agreement that the Plan needs to **get the message across in a simpler way** that families can understand.

The consultation also identified that families are worried about things that are beyond the ability of this Plan alone to deliver and that need broader political change – poverty and health debt that result from a health system where primary care is not free at the point of delivery, and a Private Law system where some parents have expressed that they are disadvantaged (as they are on low incomes which place them just outside the threshold for financial assistance) and others that the system does not really help conciliation between separating partners.<sup>7</sup>

The goal that this Plan represents is one of **whole system change** that enables all children and young people to access the help they need to be able to enjoy the advantages of island life. To achieve this will require not only a change in working practice, but also an investment of resources to support transformation, and to enable services to work more effectively and efficiently, to deliver better outcomes for children, young people and families.

The following pages therefore set out the key **achievable** changes identified in the consultation, including an acknowledgement that all children might be vulnerable at times because of their life circumstances,

<sup>7</sup> The latter issue is being explored in the Scrutiny Review of the Children Law. These wider issues will be the subject of further debate, and officers implementing this Plan will seek to collect further evidence of the impact on the lives of children to support the case for change in future. This is why the principle of better communication and engagement is so important.

and that professionals need to focus on addressing the things that create vulnerability and that build **resilience** for children and for our communities. The Plan then describes the actions we will take and how these will support the four priority outcomes we have identified and refined as a result of the consultation feedback.

The actions are interlinked and interdependent – we cannot deliver one aspect without also delivering the others as they represent a **transformation** of children and young people's services that will take time to achieve. This is why the Plan is a six year document that needs to be continuously reviewed and revised, and we are therefore building in an annual review and consultation process as well as the ongoing engagement we have committed to with children and young people.

Our actions also reflect the recognised good practice principles that we should be **evidence** informed, **engaged** with each other and with those we serve, and that we should aspire to **excellence** in what we do and in the outcomes that we achieve for children, young people, and their families.

The final section of the Plan outlines the **Key Performance Indicators** that we will use to tell us if the Plan is working. These are supported by more detailed implementation plans that officers will regularly present to the relevant Board to evidence progress.





# impact of consultation and engagement

*Consultation has been key to the development of the Plan and will be the core element of how it will develop in future. Consultation began in 2014, and continued through 2015.*

We learned a huge amount from the 334 responses to the CYPP stakeholder's survey, not least that we need to reflect on a better way in which to gather views and engagement! However, despite this, a great deal of rich data was drawn from the survey.

Written contributions were received from the lead officers for the Criminal Justice Strategy, Community Drug and Alcohol Team (CDAT), Wigwam, and the Guernsey Disability Alliance.

The **Crowdicity** website generated 61 ideas for the Plan and hosted an on-line discussion between 149 professionals who are working with children and young people – some of these are already being considered for action and they have influenced the actions outlined in this Plan.

The **Barnados** consultation with our most vulnerable children and their parents came up with 45 different 'quick wins' – ideas about how we could improve our approach to making sure that we provide the right help at the right time. Some of these are very hard hitting, and a few are reproduced in this report as they are important messages for everyone who works with children or who has influence on how services are developed.

**The Speak Up campaign** generated the views of 373 Primary School children, and 313 Secondary School children. This has created an appetite for engagement that we will build on in the coming months and years as the Plan takes shape and changes the way we behave. Speak Up is also a mechanism for government to continue to engage with young people on any issue affecting their lives as well as being a support for the future development of this Plan.

Finally, a stakeholder day was held on 10th July 2015 to share the consultation feedback and to work on the implications for the content of the Plan and the key actions to be included over the next 6 years.

It is important to note that the Plan cannot include and address every issue that was raised or it risks becoming unmanageable, and therefore undeliverable. Where there are already actions under way as part of other key States' strategies or policies, these have not been repeated here, but will be reflected in our approach to co-ordinating all of our actions and services in order to achieve the common goal of improving the lives of children and young people on the islands over the life of this Children and Young People's Plan. Our annual review will enable us to make sure that the Plan is relevant and includes the things that are important to children and their families as we move forward with transformational change and continuous engagement.

**Full copies of the consultation reports can be accessed at [gov.gg/cypp](http://gov.gg/cypp)**



# Common themes from the feedback to the consultation

There were a huge range of detailed comments and the selection outlined below highlight some of the common themes and issues raised.

## WHAT THE GROWN-UPS SAID:

“ Services for the Disabled child seriously need to become joined up, everything is so long winded and it is difficult, if not often impossible to get answers to questions asked. Especially with regard therapy and rights of the disabled child. ”

“ There is a school in Scotland (I believe) where the children walk/run a mile every day and not one child in Y1 is overweight. It would be good to see initiatives like this. ”

“ I think we must find better/ more effective methods of engaging with hard to reach families. It is a sad reflection that on a small Island a significant group in our community feel that they have no stake in the community. ”

“ ... we were disappointed that there isn't any emphasis in the CYPP on the importance of providing general information and guidance about support and services to parents and young people”. ”

“ We would welcome a new assessment model based on the social model of disability such as the education, health and care plan. The current 'determination of special needs education' system is of little value to families. We would also welcome assessment based on need to ensure families are getting the support they need at the right time rather than only families whose children are on the 'learning disability register' being offered support such as respite. ”

“ The level of effort to make a difference later on is much greater than impacting the very start of the Journey. ”

“ If the CYPP achieves one thing and one thing alone it would be to up skill stakeholders in their knowledge of difference. ”

“ The development of a ‘team around the family’ and a key worker is crucial to the success of this... ”

“ A common assessment framework and a one-stop shop to include assessment of need for education, health, social care, social security, employment and housing would be welcomed. ”

“ I was made to feel like a trouble maker. The best way to get a service was to smile and be polite to professionals. I never felt able to say how I felt as it was just ignored. ” *Mother*

“ Lack of a holistic picture in the delivery of services - services in my experience working in isolation with reluctance ... to take the lead on developing and implementing packages that will ensure long term gains for families and subsequently children. ”

“ We don’t need industrial scale catch all solutions here, we need very focused targeted interventions for those who need it. ”

“ The only way her voice is heard is through us, this is a heavy burden to carry and one I don’t enjoy carrying... I am aware of my limitations and believe she deserves to have others carry her best interests into the political arena. ” *Parent of 19 year old girl*



## WHAT THE CHILDREN AND YOUNG PEOPLE SAID:

Teacher's must do something to stop pupils saying 'it's so gay' like they do with swearing

My social worker has changed my life, I wouldn't have been able to get as far as I have without them.

Everyone is labelled – why can't everyone just be human  
11yr old boy

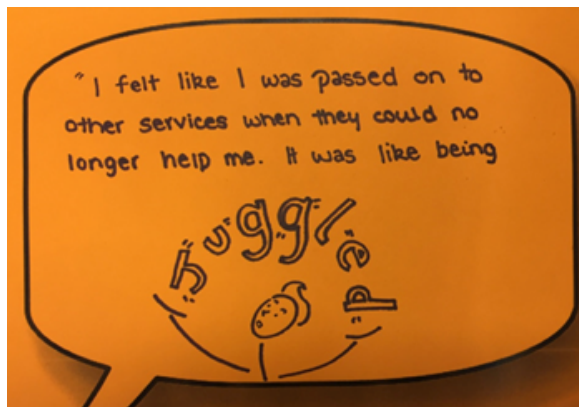
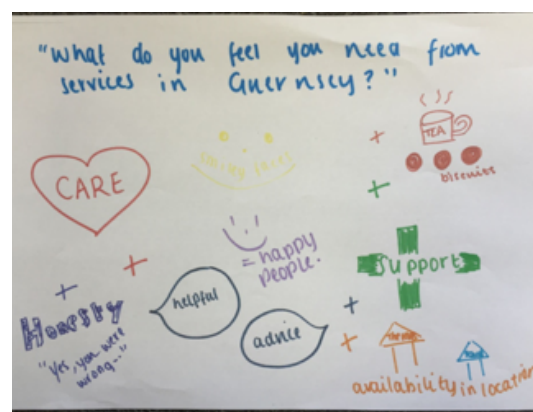
I would like school to do an assembly and explain to people why I am different  
14yr old boy with Asperger's

The hardest time is when you have to leave the Home. A week after I was 16 I got put into a flat and I didn't even know how to cook for myself. Once you are out you are just another person but the States don't realise that you have grown up without a mum or a dad you still need support.

There is a huge variety in how you are treated depending on the individual worker or officer. There should be a "secret shopper" type review to make sure that they know how to interact with young people. It's hard to get hold of someone when it's needed because they have so many young people to look after. Youth Justice is very good because they don't treat you like criminal they treat you like a kid. They help to create a base of trust so that you can talk to them

The teacher laughed at me being a 'trans' young person and doesn't refer to me by my name

When mum was arrested for the first time I felt scared and upset, I was left in the house with mums friends who were always in trouble with the police, .....and nobody found me till the next morning. 11 year old girl





## The Plan

## HOW CONSULTATION HAS SHAPED THE PLAN - OUR RESPONSE TO THIS FEEDBACK

We have reflected the consultation responses in every element of the Plan and have used this to refine our proposed key structural changes into **6 overarching commitments** which will inform the way in which all professionals will work with children young people and their families. These commitments are underpinned by **overarching actions**, which will influence everything that we do. Each of the **four priority outcomes** is also supported by key actions to be taken over the next 6 years of this Plan.

## Our Six Commitments: How we will add value to children's lives:

1. We will ensure that the voices of children and young people are at the heart of everything we do.
2. We will focus resources on early help and preventing problems getting worse for children, therefore reducing the numbers who then have high levels of need.
3. We will tackle inequality of help and support, including the impact of low income and high levels of need that disadvantage some of our children and young people and their families.
4. We will get better at sharing information and working more closely in partnership with each other and with children and families.
5. We will improve our data collection and IT systems so that we have an evidence base about the nature and level of need, and can use our resources wisely.
6. We will improve communication to make the Plan more relevant - a living document – and resource it properly.

The overarching Actions that underpin these commitments are listed below, and without them our objective of improving outcomes for children are unlikely to be met. They all therefore apply across the whole life of the Plan, that is, from 2016 – 2022.

Our success will be measured through the progress made against these, and in each of the **four outcomes** which are set out in the following sections, and the **Key Performance Indicators** (KPIs) identified for those outcomes.

However, we will also evaluate progress at each annual review of the Plan to ensure that we are on target to achieve our objectives, using ‘soft’ measures – that is, the changed experience of children, young people and families, reported by them, and by professionals, through consultation.

As the Plan starts to make a positive difference to children’s lives, we will use this aspect of the Plan to report on what people tell us is working well, what still needs to be improved, and how we will make this happen.

## Overarching Actions: 2016-2022

What we will do	How we will measure success
<b>1.</b> Work towards signing up to the United Nations Convention on the Rights of the Child, and reflecting these principles in everything we do.	The States has made a clear commitment that is evidenced at every level of policy, procedure and practice.
<b>2.</b> Invest in our work force and ensure that child focussed and partnership working are better embedded across all training and development offered to services that are in contact with children; for example, through lead professional training (see Safe and Nurtured).	All staff have accessed appropriate training; children and families report that they feel listened to and involved; all children have a child’s plan in place if they have additional needs involving 2 or more professionals.
<b>3.</b> Develop and share information for children, families and professionals about what help is available across the islands both on our website and in leaflets and information provided into schools, colleges, and other settings where children and families go.	Information is accessible and families and children confirm this.



<p><b>4.</b> Explore how we can use our schools and community centres to provide locally based services that are more accessible to children and families, such as one stop shops or advice 'clinics'.</p>	<p>There are community services which are accessible to children and families where they live; there is a reduction in numbers of children using social care or specialist mental health services.</p>
<p><b>5.</b> Improve our information systems and the way we share information to enable better joint working at the front line across all services so that parents and children only have to tell their story once, and can access the help that they need when they need it.</p>	<p>Children and families report improved access to help; they say they have only had to tell their story once.</p>
<p><b>6.</b> Improve our IT infrastructure to enable data collection so that we can establish a baseline in 2016 about children's needs and how we are meeting those, against which we can then measure improvement and success.</p>	<p>There is a clear evidence data base about child need; this has informed our plans to improve access to services.</p>
<p><b>7.</b> Routinely seek feedback on how our services are working, report on this, and ensure that we respond to what people say by changing what we do as a result – this will include ongoing consultation with children, young people and the communities we serve, as well as annual formal consultation on the progress and impact of this Plan.</p>	<p>All services report regularly on feedback from service users and how they have used this to develop; there are fewer complaints and more compliments; the Plan consultation reflects a greater public satisfaction with service provision.</p>
<p><b>8.</b> Consult and work across States Departments to identify and prioritise the resources we need to implement the Plan over the next 6 years.</p>	<p>The Plan is properly resourced over the 6 years of its operation; there is evidence of joint working to use budgets to meet need across services; and efficiencies are identified to fund future service development.</p>

# Our Four Priority Outcomes

## SAFE AND NURTURED

We want to ensure all children and young people are protected from abuse, neglect or harm at home and in the community, have nurturing relationships that build their emotional resilience and engage in safe behaviour

This outcome is closely linked to the work of the **Islands Child Protection Committee**, which has overall responsibility for ensuring that professionals are working together effectively to protect children within Guernsey and Alderney, and which will therefore both support and challenge the work being undertaken within this Plan. It also relates to the work of the **Drug and Alcohol Strategy**, the **Domestic Abuse Strategy**, the **Disability and Inclusion Strategy**, the **Mental Health and Wellbeing Strategy** and **draft Sexual Health Strategy**.

We know that whilst children and young people responding to the **Speak Up** consultation confirmed that the islands are very safe places to live, the main issues threatening the safety of children and young people are about living with **domestic abuse, substance and alcohol misuse** – both by parents and young people, and the **poor mental health** associated with this. This means that many children do not experience safe and nurturing care and may not therefore develop the coping skills they need to grow into healthy and happy adults. A worrying 42% of primary school children also said they had spoken to a stranger on line, and 17% said they had been offered alcohol.

Domestic abuse continues to be a worrying social issue within the islands with domestic assaults constituting 49% of all reported violent crime in 2013. **155 high risk victims and 201 children were supported through the Multi-Agency Risk Assessment (MARAC)** process in 2013; these are individuals who are considered to be at risk of serious harm or homicide. In the same period, 60% of children on the Child Protection Register (CPR) in 2013 had 'known violence' as a parenting factor, and in 2014, 82 of the 92 children on the CPR had this and/or **parental substance misuse** as a key

risk factor. In regard to the Community Drug and Alcohol team, there were 127 clients presenting with a clinical need in regard to drug/alcohol or both, of whom 99 had children.

During 2013 there were 1,599 referrals to the Social Work Child Protection Team – nearly 70% were for children already known to agencies. Physical and sexual abuse is still a significant issue and there were waiting lists for all children's social work services, particularly for parenting support and therapeutic post-abuse work for children. Social workers have high caseloads, with up to 400 children accessing services at any one time. 61% of referrals between September and December 2014 related to young people – many of whom were **misusing alcohol**, sending sexual pictures to others, or at risk of **sexual exploitation**.

The introduction of the **Multi-Agency Support Hub (MASH)**<sup>8</sup> in March 2015 is helping to reduce the wait for children to get the help they need by improving the way professionals share information, so that children and young people who are at risk are identified earlier and can be prioritised for social work and other help. However, there is still a lot to do for all professionals, and the public, to understand what the MASH is about and how to access it, but also to build the infrastructure to make it more successful: IT systems that support the collection and sharing of information and data; and co-ordinated early help to reduce waiting times for children who need some additional support, before they start to be at risk through unmet need, or fail to have the nurturing care they need to thrive. The MASH also needs to link more clearly into services for children with disabilities, and we will ensure that the roll out of the lead professional and Team Around the Child (TAC), extends to children with disabilities and links to short breaks and support to enable parents to continue to provide nurturing care for their children, as well as any siblings. The TAC approach will also ensure that transitions are managed more effectively for those children.

Finally, the children who are most at risk of sexual exploitation, longer term poor mental and physical health, and poor life chances, are those who are **in the public care, and leaving care**. Evidence from the UK and elsewhere demonstrates that these outcomes only improve where there is co-ordinated action to support such children, and for this reason the Children Law creates duties on the States and on individuals to work together to take appropriate action.

<sup>8</sup> See Appendix for an explanation of the MASH and its processes.

Safe and Nurtured		
What we will do	By When	Success criteria
<b>1.</b> Make the Multi-Agency Support Hub (MASH) a permanent feature and build the lead professional and team around the child process to support it, based on a common approach to assessment, and the development of one single child plan for all children who need a co-ordinated care package.	2017	Children get access to additional help quickly, there is one clear pathway to help that everyone understands, and there is a lead professional or key worker for every family when the plan for help involves more than 2 professionals.
<b>2.</b> Explore extending the single access principles of MASH out to locality and community based networks.	2018	As above.
<b>3.</b> Provide advocacy to children and young people who are subject to Child Protection processes or compulsory intervention – through the Child Youth and Community tribunals so that their views and wishes are understood and they are able to influence their child plan.	2016	Children and young people will have an effective voice in what happens to them and will be better able to understand the concerns that professionals have and to influence the outcome of decisions so that they feel safer, and are safer, as a result.
<b>4.</b> Develop and deliver parenting programmes - Strengthening Families, and 1001 days to identify these issues early and take preventative action (see Appendix for explanation of these).	2016-2020	Fewer families have repeated child protection interventions and fewer children are removed from their families due to child protection concerns.
<b>5.</b> Develop a plan to identify and prevent child sexual exploitation - including on-line grooming and targeting of vulnerable youngsters, and link to the work of the Island Child Protection Committee.	2016-2022	Children and young people are not being sexually exploited on the island, and those at risk are recognised and supported.

<b>6.</b> Create a Corporate Parenting Board so that the needs of children in care and those leaving care are understood and prioritised across States Departments and services.	2016	Children in care and leaving care say they are well cared for and are in education, employment or training on leaving school in line with their peers.
<b>7.</b> Extend the range of short break and outreach support to families where there is a child or children with disabilities in the family.	2016-2018	Children with disabilities, their siblings and carers say that they are well supported; the number of children placed off island reduces.

## BE HEALTHY AND ACTIVE

We want all children and young people to have the highest possible standards of physical and emotional health and to lead active lives that promote their long term health

**Speak Up** told us that health is the thing that children and young people are most worried about, and that secondary school children are most likely to seek help for their worries at school, so that school based support is important to them.

This outcome is also closely linked to the **Drug and Alcohol Strategy**, and the developing **Mental Health and Wellbeing Strategy**, as well as the draft **Sexual Health Strategy** and the **Healthy Weight Strategy**.

We know that obesity is an issue for our population and that this starts in childhood. In 2015 92% of children participated in the Guernsey childhood measurement programme (GCMP), and of these, **15% of year 1 school children were overweight or obese, whilst for year 5 this was 29%**. We therefore need to encourage our children and young people to lead more active lifestyles, and this must be linked to education, for example through the further roll out of the **Guernsey Healthy Schools Award**.



Only **3 of 28 local schools currently hold a valid Healthy Schools accreditation** and only one has the Enhanced Award. 2 are working towards it and a further 9 schools had held a valid accreditation prior to 2014. The National Healthy Schools Programme (NHSP) was a joint initiative between the Department for Children, Schools and Families (DCSF) and the Department of Health (DH) in England which aimed to promote a whole school/whole child approach to health. Locally the Education Department and Health Promotion Unit have developed the **Guernsey Healthy Schools Award**, referenced above, which is based on the UK system and is accredited by assessors from the Personal Social and Health Education (PSHE) Association. The programme focuses on four themes: PSHE, emotional health and wellbeing, healthy eating and physical activity (Source: Health Promotion Unit).

In 2014, **199 children accessed the Action for Children substance misuse service**, and an additional 93 their outreach service. Of the 199, 65 had current or recent history of drug misuse, 74 had a current or recent history of alcohol misuse, and 45 had both. A total of 16 young people accessed the 7 training flats for a period of time during 2014 due to homelessness. 7 out of the 16 young people had a current or recent history of substance misuse (drug or alcohol or both) (43%).

In 2013 and 2014 there were over 3,500 attendances per annum by children under the age of 18 years at the Accident and Emergency Department at the Princess Elizabeth Hospital. We need to understand the reasons for these attendances and to explore further how many of these were repeat attendances by the same children.

**Teenage pregnancy rates in Guernsey are more than double those of Jersey.** The rate of under 16 conceptions in Guernsey and Alderney (2010 – 2012) was 4.3 per 1,000 with 62% of these pregnancies ending in a termination. By comparison, the rate in Jersey was 1.7 per 1,000. The rate of under-18 conceptions in Guernsey and Alderney (2010 – 2012) was 27.8 per 1,000 with 43% of these conceptions ending in a termination. Over the same three-year period Jersey reported a rate of just 11.4 conceptions per 1,000 women — a rate less than half that of all the English regions and of Guernsey and Alderney (Health Profile for Guernsey and Alderney 2010 – 2012). We need to understand why this is the case and address it.

In 2014, the **Child and Adolescent Mental Health Service (CAMHS)** saw **353** young people for assessment, including **98 who were at high risk** or had a severe mental health problem. There has been a 55% increase in the overall numbers seen since 2010, and a 92% increase in high-risk cases. Of the 98 high-risk cases seen in 2014, 44 were admitted to hospital, of which 3 needed to be sent to off-island inpatient units. The most common reason for admission was deliberate self-harm (76%), and the next most common reason was eating disorder (13%) (CAMHS Audit 2014 and CAMHS Service Information).

Healthy and Active		
What we will do	By When	Success criteria
<b>1.</b> Make sure that children and young people can easily access emotional health and wellbeing services in schools and other youth settings of their choice, to promote their coping skills (resilience) for example through mental health and emotional well-being co-ordinators in secondary schools.	2020	Reduction in the number of children and young people presenting to CAMHS with high risk or severe mental disorders.
<b>2.</b> Tackle unintended teenage pregnancies and provide a prompt, integrated multi-agency response to sexual healthcare for all young people, including free contraception, linked into the Drug and Alcohol Strategy for young people, to tackle under-age drinking and the consequences of this. This should also be linked to the MASH and the 1001 days project.	2020	Full range of contraceptive services, free at the point of access, to all under 21's.  Reduction in unintended teenage pregnancies and increased detection and treatment of chlamydial infections.
<b>3.</b> Explore the reasons for A&E admissions relating to unintentional or preventable injury and develop a plan to address this.	2022	Reduction in hospital emergency admissions caused by unintentional and deliberate injuries in children and young people.

4. Support the introduction of the Healthy Weight Strategy to tackle childhood obesity.	2020	Reduction in childhood obesity.
5. Develop a Child Health Strategy which identifies an integrated and accessible physical health and wellbeing service, that addresses child development and makes best use of existing resources; this should include exploring access to primary healthcare and dental care, and the impact of charging policy on equality of access and children's health and wellbeing.  Agree a plan to implement this.	2020	Reduction in childhood obesity and tooth decay, as well as a strategy to protect children and young people against the consequences of vaccine-preventable diseases.  Improved uptake of primary health and dental care for children under 12 years

## ACHIEVE INDIVIDUAL AND ECONOMIC POTENTIAL

We want all children and young people to achieve their full potential and to be supported in the development of their skills, confidence and self-esteem to enable them to achieve as much independence and financial security as possible.

**Speak Up** told us that children want more access to early counselling at school. There is also a rising number of senior students who are expressing their fears and stress through self-harming behaviours, which is of concern and must be a priority. The Education Department is therefore developing an **Emotional Wellbeing and Mental Health in Schools Strategy**, which will build on the existing provision and will set out the way in which all students can access the help that they need in school, or out of it, to be able to make the most of the curriculum. This will be supported by the early years offer of free education so that children are more able and ready to cope in a school environment when they reach 5 years of age than is currently the case for some.

We know that there is a wide gap in attainment for those learners who have special educational needs or who have indicators of economic deprivation: for example, 23% of learners who were eligible for Uniform Allowance achieved 5 A\* - C GCSE against 63% of learners who were not eligible for Uniform Allowance. Only 24% of learners with special educational needs (SEN) achieved 5 A\* - C GCSE including English and Maths against 66% of non-SEN learners.

There were also **attainment gaps at the end of Key Stage 2** (Level 4+ in 2013-14) between learners who were eligible for Uniform Allowance and those who were not; in Reading 24%, Writing 36%, Maths 32%. These gaps are wider than we might expect when compared with Free School Meal (FSM) data in England which had attainment gaps of 13%, 16% and 13% respectively.

Children in Care (CIC) are particularly vulnerable to poor educational outcomes. In 2013-14, 0% of CIC achieved 5 A\* - C GCSE including English and Maths, and 71.4% of CIC achieved 1 A\* - G GCSE against 94.6% of all other young people. Whilst numbers are very small and can skew the statistics, this is a worrying outcome.

We know that children who are living in difficult home circumstances, who are 'different' because of sexuality, background or experience, or who have learning or physical disabilities, may need additional help to access the curriculum, and that we need to get better at providing those children and young people with the right help earlier, and with more support as they get older.

We also know from consultation that we need to acknowledge the different abilities and aspirations of children and young people. We need to review our curriculum to ensure that it meets the needs of all our learners so that they are able to choose different and appropriate pathways according to their own aspirations and potential. All successes from these different pathways need to be recognised and celebrated amongst the whole community. Parents also told us that we need to improve the access of children with disabilities to a wider and more varied curriculum – have higher aspirations for them and give them access to a better post-16

offer. Parents and professionals have also recommended the use of a co-ordinated plan to manage their education, health and social needs. This will be addressed by adopting the Child Plan across all services.

Children in **Speak Up** also told us that they feel pressured by homework and studying and would welcome the addition of life skills, plus someone to talk to about their worries in school.

They were also worried about **bullying**, and how **difficult it is to be different**, and said that teachers don't always deal with these issues well. They want more consistency in how they are treated and reassurance that bullying will not be tolerated. This is a particular worry for LGBT+ young people.

Young people are also concerned about learning real life skills, such as budgeting and independence skills, and whilst this will be far more challenging for many young people with disabilities, it needs to be further developed as part of the curriculum – possibly through PHSE - so that it is relevant and that parents are clear about how their children will be enabled to contribute and to develop independence skills to support them into adulthood.

Achieve individual and economic potential		
What we will do	By When	Success criteria
1. Improve the understanding and practice of inclusion in education by working with the voluntary sector, children and young people and their parents to agree a definition for schools and the wider community, and a pathway for additional help for those who need it. This should include inclusion for children with disabilities as well as those with other additional needs.	2016-2022	Children are more included in education and have a greater choice of curriculum and achievement. Children with disabilities are better supported into adulthood.



<b>2.</b> Develop and Implement an Emotional Wellbeing and Mental Health in Schools Strategy, as part of the States wide Mental Health and Wellbeing Strategy which is currently being developed.	2016-2022	Reduced referrals to CAMHS and reported anxiety through young people's survey. Increased levels of 'happiness' and achievement across KPI's.
<b>3.</b> Provide 15 hours a week free pre-school education for 3-4 year old children in the year prior to starting school, and develop a quality standards framework for all pre-school settings to ensure the highest quality offer and enhanced outcomes for all pre-school children in Guernsey and Alderney.	2016-2020	More children start school ready to learn – measured improvement in outcomes for children across a range of measures.
<b>4.</b> Further build on the work being undertaken in schools and in the community to engage children and young people in addressing 'bullying' and difference, and ensure this informs future consultation and ICPC data, and that the feedback from this consultation is shared with school staff.	2016	Fewer children say they are being bullied, and more say it has been tackled well in their school and in the community; difference is celebrated.
<b>5.</b> Provide effective delivery of information, advice and guidance to young people who are Not in Education, Employment or Training (NEET), with priority given to care leavers, 16-19 year olds and disabled young people or those with a learning difficulty aged 16 -24 years.	2017	A reduction in the numbers of young people who are NEET.
<b>6.</b> To narrow the attainment and progress gap between the most vulnerable learners and their peers.	2020	The gap will narrow across KPI's for all groups with identified vulnerabilities.

## INCLUDED AND RESPECTED

We want to ensure that all children and young people have help to overcome inequalities and are valued members of their communities. This means having a voice in decisions that affect them and being supported to play an active and responsible role in all aspects of their lives.

This outcome has the clearest links with the **Disability and Inclusion Strategy**, but also with the new **Emotional Wellbeing and Mental Health in Schools Strategy** which is being developed to address the barriers to inclusion for children and young people as they access education through their lives.

This is also the outcome which produced the most comments from parents with children with disabilities, as they so often feel, and are, excluded from the advantages of island life through the lack of understanding about difference, and clarity about what is available to help them to parent their children.

In addition there are currently **17 children who are in care and who are placed off island**, which undermines their local and familial ties and their ability to be included and to belong to their island community as they grow into adulthood. Whilst 'off-island' placements can be the right choice for some children with very complex health and emotional needs, for others this happens because of a lack of resources, rather than purely because of individual complex needs. These children can then become our most excluded children.

Consultation also highlighted the issues of exclusion for young people who are homeless and who are often 'hidden' from services as they are 'sofa surfing' with friends or family. We know that 16 such young people accessed the Action for Children training flats in 2014.

**Offending by young people is low and is reducing.** In 2013, 74% of youth offending in Guernsey and Alderney was dealt with in the Children Youth and Community Tribunal system (CYCT), and the number of young people reported to the Convenor for the alleged commission of an offence has

reduced by 35% since 2010. Very few young people commit serious crimes. Less than 10% of the offences committed by young people are considered by the Police to be serious offences. In 2013 only 8% of the reports made involved serious offences. The most common age group for youth offending is 15 to 17. In 2013 83% of the young people reported were in this age group. A third of the offences committed by young people are road traffic-related with the most commonly reported offence being speeding. The CYCT system identifies that many young offenders come from problematic family environments and have complex needs.

Her Majesty's Inspector of Prisons determined in 2014 that the arrangements for the detention of young people who have been sentenced to imprisonment are inadequate as children should never be held in an adult prison. In 2015 Guernsey Prison developed a separate children's wing, **Compass**, but HSSD are also now about to open a new, purpose-built Secure Unit on the Princess Elizabeth Hospital site. This is called **Haven**, and is next to the new CAMHS building. Plans are underway to train Prison and HSSD staff together so that wherever possible this new purpose-built unit can be used for our most challenging young people to have safe and secure care, rather than in the Prison itself. We are also committed to creating alternatives to custody, so that children are in custody only in the most exceptional circumstances.

Speak Up also identified that many children and young people struggle to find things to do out of school in the winter months, and that more needs to be developed to engage them in meaningful activities that divert them from alcohol and other harmful behaviours.

Included and Respected		
What we will do	By When	Success criteria
<b>1.</b> Work with young people to improve the access to and range of inclusive cultural, social and physical activities; particularly in the winter months. This will link to the Healthy and Active outcome, working with the Sports Commission, Arts Commission and Youth Commission amongst others, to identify additional opportunities and activities based around our schools.	2016-2018	Young people report that they have more places to go and things to do in the winter months.
<b>2.</b> Improve the access to and range of inclusive cultural, social and physical activities for children with disabilities and their siblings. As above, this will link to the Healthy and Active outcome, working with the Sports Commission, Arts Commission and Youth Commission amongst others, to identify additional opportunities and address the barriers to inclusion for this group of children and young people.	2016 - 2018	Children with disabilities have a range of activities with which they can engage; independence is promoted and parents and siblings state they feel supported.
<b>3.</b> Develop a forum for children and young people to challenge the States and give children and young people a formal voice.	2016	Children and young people have a clear voice.
<b>4.</b> Create a participation and engagement Charter with young people that sets out how we will work with them to ensure that they are included and respected.	2016	A Charter is in place and agreed by all Deputies.
<b>5.</b> Ensure that homeless young people are linked into services via the Multi-Agency Support Hub and are supported into stable accommodation.	2016	Vulnerable young people get help earlier: no young person is homeless.

<p><b>6.</b> Create on-island services for children with very complex and challenging needs to prevent them from going off-island.</p>	<p>2016-2017</p>	<p>Children stay on-island and are safer and included, resources are used more wisely.</p>
<p><b>7.</b> Ensure that there are alternatives to custody that are robust, credible, supportive and realistic, and that no young person is incarcerated in Guernsey Prison unless there are exceptional circumstances and there are no viable alternatives.</p>	<p>2017 -2020</p>	<p>Any child in prison is regularly reviewed and against the criteria for incarceration and options are explored and evidenced.</p>
<p><b>8.</b> As at action 1 for Achieve individual and economic potential, agree a Bailiwick definition of 'Inclusion' and roll-out of inclusivity training across relevant departments/agencies (including diversity training).</p>	<p>2016 - 2022</p>	<p>Parents, children and young people confirm in consultation and feedback that this has improved their ability to access the help they need and in the setting they require.</p>



## Our Key Performance Indicators – how we will measure progress and impact

As stated in the introduction, there are huge challenges for the States in terms of data collection. The following 36 indicators are mostly new, and the first year of the operation of the Plan will need to ensure that we are collecting the new data that is required to tell us first of all what our baseline is. We will then be able to measure in the following five years the trends that emerge in relation to each outcome, and how we are doing in terms of reducing inequalities and poor outcomes, and increasing the positive outcomes that we want to see for our children and young people. Our indicators therefore include both measurable data, as well as qualitative reporting – what children and young people and their parents tell us about how they are experiencing our services.

Priority Outcome	Safe and Nurtured	
	2014 outcome	2016 -17 Target
How we will measure success:		
Numbers of children on the Child Protection Register	92	<50
% of referrals to the MASH that result in a child protection plan	New indicator	
% of children identified through the MASH as being in need of protection who are allocated a social worker as their lead professional within 1 working day	New indicator	100%
% of children identified through the MASH as being in need of protection who access advocacy services	New indicator	100%
% of children on the Child Protection Register for the second time in 2 years	21%	<15%

% of children and young people who indicate that their needs were met as a result of their Child Plan	New indicator	100%
% of children and young people who are referred to the Convenor for the same reason within 12 months of the case being closed	New indicator	reduce by 10%
Number of children on the CPR as a result of the toxic trio of parental substance / alcohol misuse domestic abuse and mental illness	82	reduce by 20%
% of children surveyed who say they have been bullied in the last 12 months	28%	increase <sup>9</sup>
Number of children who say they were listened to as a result of having an advocate in the child protection or tribunal process	New indicator	100%

Priority Outcome	Healthy and Active	
How we will measure success:	2014 outcome	2016 -17 Target
Number of young people presenting to the Child and Adolescent Mental Health Service (CAMHS) with a high risk or severe mental health disorder	98 young people	tbc
Under 16 and under 18 conception rate per 1,000 population	(2010-12) were 27.8 per 1,000 women	50% reduction by 2020
Percentage of children classified as overweight or obese in year 1 and year 5	18.6% of Year 1 school children were overweight and obese and 31% of Year 5's were overweight and obese.	tbc
Proportion of children who are obese at 2 ½ years	New indicator	tbc

<sup>9</sup> This will increase initially as reporting improves confidence of children to speak out

Percentage of children who had evidence of active or treated tooth decay aged 5 years - In 2011 the average number of decayed, missing or filled teeth (dmft) per child was 0.60 (compared to the England average for 2011–2012 of 0.94). However, this masks the school-specific local variation which was in the range 0 to 1.41	0-1.41	Reduce
Population vaccination coverage and the local availability of an immunisation programme based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).	Pre-school immunisation coverage of 95% or above	Maintain current immunisation programmes and introduce new programmes in line with JCVI recommendations
Proportion of children aged 2-2½yrs who received an assessment as part of the Healthy Child Programme or an integrated review	95% of children successfully completed an assessment	Maintain
Chlamydia detection rates Estimation of the crude rate of chlamydia diagnoses detection per 100,000 young adults aged 15-24	Crude chlamydia rate is 1,400 per 100,000 population in Guernsey and Alderney	at least 2,300 per 100,000 (improved detection rate)
The number of A&E attendances as well as the number of emergency readmissions within 30 days of discharge from hospital and the number of emergency or unplanned admissions of children with Lower Respiratory Tract Infections, asthma, diabetes and epilepsy.	New indicator	Reduce
Reduction in number of children in care	72	<70
Reduction in number of children removed from their family		<by 1 per annum

Priority Outcome	Achieve Individual and economic potential	
How we will measure success:	2014 outcome	2016 -17 Target
Fewer children and young people are absent or excluded from learning settings: - Attendance of children who are vulnerable - Exclusions	Primary 96.1% Secondary 92.8% Special 92.1%	Attendance of all children will improve  Those who are identified as vulnerable will improve  Exclusions will decrease
There are not variations in performance or inconsistencies in standards within and between learning settings as measured against identified KPI's across all phases of education	New Indicator	There will be no more than a 5% difference between settings regarding the progress and attainment of learners identified as being vulnerable
The 'gap' in attainment and progress between groups of learners who are vulnerable and their peers is narrowed as measured against identified KPI's across all phases of education	Data is published online at <a href="http://gov.gg/cypp">gov.gg/cypp</a>	Gaps identified in 2014 will narrow across all identified groups
A broader range of opportunities to demonstrate the achievement and successful outcomes of all children and young people are reported alongside core education KPI's	New indicator	A set of new indicators will be identified which measures and share successes of children and young people across a range of different areas
Measurable positive impact of pre-school attendance for all 4 year-olds from Increased access to learning and employment for parents	New indicator	Enhanced outcomes for children across all key stages over time
A greater number of children and young people access and participate in a wider range of activities such as the arts, sports and other social experiences	New indicator	Rise in access and participation rates

Children and young people have a greater opportunity to have their emotional, mental health and wellbeing needs met within schools	New Indicator	Reduction in referrals to CAMHS Greater % of children and young people reporting 'happiness' and reduced anxiety through children and young people consultations
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Priority Outcome	Included and Respected	
How we will measure success:	2014 outcome	2016 -17 Target
Number/% of relevant States' strategies reviewed or implemented that have an effective impact on children and young people and their families identified through consultation with children and young people, families and agencies that work with them. (Particular focus on current strategies eg. Disability, Mental Health etc.)	To be further developed	
Number/% of strategies reviewed or introduced with the full involvement/engagement of children and young people.	New indicator	
Percentage of child's plans that include reference to the child or young person's views.	New indicator	
Number/% change for children and young people being supported to access extra-curricular activities (particular focus on CIN groups), eg, DoE, volunteering, accessing leisure and sporting activities.	New Indicator	
Revision and development of custody arrangements for children and young people during year (no. incarcerated in prison, alternative provision secured, scrutiny and monitoring of reasons behind particular decisions etc.)	New Indicator	
No of children who remain in the community when they have been convicted of/ or found to have committed an offence that is punishable by imprisonment.	New Indicator	



# Appendix 1: Explanation of terms used in this Plan

**The Children and Young People's Partnership Board** - The delivery of effective services and support for children and young people relies on a multi-agency approach and shared responsibility of several States' departments, voluntary organisations and the wider community. In this spirit, the development of this Plan has been overseen by a multi-agency board supported by a wider partnership and implementation group. The Partnership Board Members are:

- Deputy Michelle Le Clerc (Chair), HSSD
- Deputy Arrun Wilkie, Home Department
- Deputy Peter Sherbourne, Education Department
- Carol Tozer, Chief Officer, HSSD
- Jon Buckland, Chief Officer, Education Department
- Mark de Garis, Chief Officer, Home Department
- Jane St Pier, Youth Commission

**MASH** – This is the Multi-Agency Support Hub which is a daily meeting of professionals, with the voluntary sector, to share information about children where there are concerns about their welfare, and to agree how best to help. Any professional can refer a child and come to discuss them. In all but cases of child protection where telling the family might increase the risk to the child, the family should first be advised that this is happening and then be involved in discussing any plan that is then made to help.<sup>10</sup> The MASH will enable partner agencies to therefore collect and analyse information about child need, so that we can use this to identify trends to create new services to meet needs if these are required. This will help the States, with voluntary sector partners, to prioritise the use of resources so that they are used effectively against an evidenced need, rather than in the historical piecemeal fashion. The MASH is therefore key to moving forward and creating a more responsive system of child welfare on the Island.

<sup>10</sup> In child protection this should also be the case as soon as it is safe for the child to do so.

**Lead Professional:** This is a new approach where, when the MASH has agreed that a child needs help from more than one agency –such as school, health visiting, and Child and Adolescent Mental Health Service for example. One professional will become the lead person who will co-ordinate the child plan. This means that the child and family will have one person to talk to rather than several, and this one person will make sure that all of the meetings to make the child plan happen are properly organised and the plan is working.

**The Child Plan:** This is defined by the Children Law 2008 for use by the CYCT. We are now developing this so that there is one child plan format for all uses, so that children and families do not have to work with lots of differing documents. The single child plan should identify what the child needs, what outcomes everyone wants for them and how we are going to get there. It will provide the child and the family with a really clear and agreed way to make things happen, and will give professionals a clear expectation about what they will do to help, when, and how they will know that they have succeeded. The child plan will also be used by social care when a social worker is the Lead Professional, and where there are child protection concerns, or the child comes into care. Parents and children may be able to choose who they want to have as their Lead Professional.

The Child Plan will be used for all children who need a co-ordinated plan, including children with disabilities. It will be the core document to ensure that there is a smooth transition into adult services if these are needed. It will also be used to identify what the child's carers and siblings need and how this will happen, so that expectations are clear all round.

**Strengthening Families Project:** This is a new and intensive family support project, run by the voluntary sector, in partnership with the States, and it is based on well-researched evidence of what works in the UK and can be adapted to meet the Island's context. It is open to those families where there have been long term and complex difficulties that have resulted in children either being removed from their care, or being at risk of removal. There will be multiple risks in the family, and parents will need to engage with the project to turn their own lives around and to improve the lives of their children. This will therefore reduce the numbers of children in care, but also

improve all four outcomes for those children who are living with domestic abuse and other high risk parental needs and behaviour.

**1001 Days project:** There is a significant amount of evidence about the negative impact of parental stress on the neurological development of babies in the womb, and during the first months of life. Physiological development at this stage can influence a child's whole life outcomes. This project has several strands therefore aimed at identifying those parents to be and babies most at risk, and to target them with positive support to offset the negative impact of stressors during the first 1001 days from conception to age 2 years. This will result in improved life chances for those children and also in a reduction in the numbers of children removed from parental care, as well as in the numbers of children and young people presenting with severe mental health issues in the future. The project is therefore very closely linked to the Strengthening Families Project and to the MASH.

In order to succeed, the 1001 days project will focus on the maternity pathway for all babies to ensure that all parents are supported to provide the best possible start in life for their children, through a range of individual and group parenting support both at home, and in a children or family centre.







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