

Report to:	HCS Quality and Risk Committee
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INTRODUCTION

“Jersey’s society is currently in a state of fear and people are overwhelmed at the numbers increasing every day”. This quotation from a senior practitioner was a helpful reflection on Q4 which saw the worst of the second wave of the pandemic. It underlined the need for the multiple references to support and self-care that have been expressed by safeguarding colleagues, and the pre-eminence of mental health concerns in this time. The same colleague then went on to say that “a lot can be done remotely and we can form good professional relationships virtually. The closer the team is and the more you share the burden, the less burn out happens and you feel responsible for each other.”

Frontline practitioners, while effected by the feelings expressed above, continue to develop a growing familiarity with the consequences of the pandemic. Teams were split into two units to ensure continuity of service and the need for mutual aid and support became an everyday conversation piece.

Attendances at health settings were not reduced as dramatically as in the first lockdown. The effects of the pandemic on mental health remain significant, with the severity of impact on children and young people of particular concern. The severity of eating disorder presentations, and the difficulties of providing the best possible care for the more complex mental health cases received much attention in the latter part of the quarter.

Alcohol and mental health remain two major themes for the safeguarding community. The clinical argument for a substantial public health initiative about the consequences of alcohol consumption is clear. Discussions about what is needed will be reported in the next quarter.

Our presentation to the committee remains an active piece of development. Our *Live Document* is now the record for our meetings and we will report on its development in our next report. We continue to experiment with the best way to monitor the multiple issues across multiple safeguarding practices. We will keep the committee apprised of the changes.

The start of the vaccination program has lifted expectations for both colleagues and patients. Initial ideas about lessons learned are starting to appear in discussions.

CHILDREN

Foetal Alcohol Spectrum Disorder (FASD)

This is the title given to the various problems that can affect children if their mother drinks alcohol in pregnancy, became a talking point following earlier discussions about the prevalence of alcohol consumption by pregnant women in Jersey and amid concerns about the lack of any pathway for foetal alcohol syndrome. Against this background, there is a concern that the number of children diagnosed with the disorder may be less than might

otherwise be expected. Work to confirm the current prevalence, and any possible deviation from the expected, will be part of ongoing discussions with public health leadership.

Mental Health

Legislation in Jersey lacks the post discharge obligations provided in the mainland Mental Health Act 1983 (sec 117). The relevance to Jersey is that island children, when discharged from Tier 4 child and adolescent mental health services beds on the mainland, do not have the after-care arrangements that the UK treating team would plan for. When they come home, there is not the provision that would be expected. This runs the risk of putting island children at a significant disadvantage. The provision of matching arrangements is under discussion with government lawyers.

A CAMHS nurse started working in the Children and Family Hub in November, with very positive feedback. The aspiration is that all referrals to CAHMS will come through the FHUB in due course. However, some aspects of CAMHS provision have become harder to deliver over the pandemic, such as ADHD assessments and treatment, and increasing delays in Autism assessments. There has been a shift in the age demographic for anxiety, self-harm and eating disorders (amongst others) to a younger age group. These issues are the subject of a commissioning review: the safeguarding team will continue to support the “best possible health” agenda as part of the child safeguarding remit for all children.

The **Children and Family Hub** data shows that the top 3 reasons for accessing the web portal are:

1. Psychology & well-being
2. Behaviour & support
3. Housing & accommodation

Roughly 50 cases/week are being handled by the Hub. At triage, 34% have a safeguarding aspect, 56% need early help, and 10% are passed for other agency checks. There is a significant number of cases that end up as no further action, and there is a need for support to record data that is meaningful for this fraction. Having Early Help on Mosaic would make it easier to get the right help at the right time.

Hospital ED

The figures are about the same as last year, however the department is split in half, as a Covid protection measure. Some GP practices have been reluctant to see possible “hot” ie Covid risk patients so there has been an increase in children coming through ED. Only two GP surgeries could have their own (second) hot site. The upshot is a sense of increased, but manageable, business.

There is a plan to open the Paediatric Assessment Unit (PAU) in the next few weeks. It will be for referrals only. Patients will go to minor injuries in ED then go to PAU where they will be assessed and held for potentially 4 hours rather than being sent directly up to the ward.

Hospice

The biggest concern is staffing shortage – they are 50% reduced of a small team due to internal redeployment and an unfilled vacancy. A dedicated space for children and young people is being opened however. Covid continues to create challenges when people are isolating, making it difficult to offer respite sessions in homes.

FNHC

FNHC have recruited two health visitors who will be prioritising certain visits until they have greater capacity to work at usual levels e.g. Birth visits, targeted antenatal visits, 4-8 weeks follow ups, at least 1 antenatal visit for MESCH out of a usual 3, safeguarding clients e.g. children on CP plans, children looked after, Initial Child Protection Conferences. All staff need support including the leadership.

Ambulance

The service is looking at the 3 government questions:

1. How much are we doing e.g. total number of calls
2. How well are we doing it e.g. response times
3. What difference did it make e.g. clinical performance indicators

It is expected that this approach will provide outcomes that will match the health safeguarding outcomes framework that we are developing

Dental and Looked After Children (LAC)

Research by the dental team in King's College Hospital, London showed that 40% of children referred were already known to social services. One of the research recommendations was that children subject to child protection plans should have a dental assessment carried out. Dental caries in all 4 quadrants of the mouth is well known to indicate neglect. The LAC health team in Jersey struggle to make appointments for orthodontic treatment due to a long waiting time. A service review is expected. There are currently less children in care this quarter than is usual historically (c 75 compared to c 90). Pips Place, a bequest, is a new facility opposite the hospital which will be used for children and young people activities and for LAC clinics.

Education

School attendance was reported as well over 90% at the beginning of the quarter. All schools are notified when domestic abuse has happened but this does not apply to the private nursery settings. The education is looking at closing this gap as it comes down to information sharing problems. There have been a few challenging cases in secondary schools with violent outbursts and drug misuse.

Sexual Assault Referral Centre

Over the whole year to early December 49 forensic medicals were undertaken, with 18 in November. A SARC coordinator has been recruited to take over organisational responsibilities so the manager can focus on the Child House project. The service wants to develop a programme next year for non-abusing parents and will be launching a victim care unit and Victim Charter in January. A child friendly animation version of the charter is to be sent out to all victims and witnesses of crime. In addition, they are going to be launching a website with both a child and adult area, including an interactive courtroom and videos for children about the court process.

Drugs and Alcohol (Children and Adults)

The staff split into teams with alternate working times to prevent the whole service going down if one of the team gets Covid 19. A much-needed low-level substance use worker (LLSUW) is being recruited. During alcohol awareness week, 200 awareness packs were given to 11 different agencies. Another 50 were given to social security. A press release and TV interview heightened the awareness for alcohol and drug issues on the island. Half of the drug service and half of the alcohol service are merged into two separate teams. The service continues to receive a steady stream of referrals. A waiting list of 8 children has built up,

which has been spread amongst the team to avoid anybody waiting long. The lead for children and young people currently has a caseload of about 39. The LLSUW will help to reduce this.

GP (Children and Adults)

All staff and patients are wearing masks and waiting rooms have limited space. GPs are not receiving regular updates as they were in the summer because they are no longer contracted with health. **We will explore reversing this situation because sharing information builds team strength and safety.**

ADULTS

The roll out of the multi-agency policy and procedures will come into effect on 1st January 2021. Training for this will happen within services. One change (in line with the UK Care Act) is to change “safeguarding investigations” to “safeguarding enquiries”. There will also be promotion of Making Safeguarding Personal (MSP). A developer for MSP has been appointed.

Over the latter part of the quarter, the safeguarding team made themselves available to hospital ward staff to offer restorative supervision and support whilst they were short staffed and busy.

Isolation

There was a cohort of men who died alone at home during isolation earlier in the pandemic. Conversations have been started about reaching out to solitary elderly people using voluntary resources, the parish system, community police, and public engagement which will involve public education. Awareness raising messages have been published.

Mental Health

A trial of mental health law assessment by a doctor calling in remotely has started. This will ensure continuity of service if the doctor on call has to self-isolate. A legal provision has been made so that one doctor can carry out the function remotely as a last resort if one of the other doctors is self-isolating. A closer integration of mental health and social care is under consideration.

Independent Domestic Violence Advisors

They have formed A and B groups to sustain the team. The advisors have now started to attend the Emergency Department and the rest of the hospital to support staff with questions about domestic abuse, and to give victims an early opportunity to ask for help while they are away from abusive partners.

SAFEGUARDING TRAINING

This has re-started after a lull during the earlier part of the pandemic. It is entirely virtual and numbers are lower than usual. A lack of access to IT is being reversed by a programme to upgrade devices. The plan to put training on the E-roster is intended to improve take-up. While training groups are small, the feedback has been very encouraging.

SERIOUS CASE REVIEWS

OUTCOMES

Partners have invested in KAHOOTZ, an online support tool for young people, to access advice, discuss concerns and form friendship groups. **This has possibilities for health safeguarding and the team will investigate.**

FUTURE MEETINGS

The health safeguarding twice weekly meeting are useful and create opportunity to build and maintain working relationships. The format will be modified to meet the needs of the group and will include a wider invitation list and group supervision and case discussions from time to time.

1. Conclusion

The resilience of the safeguarding team has been tested by this quarter, but although strained at times, no services have fallen over. This partially due to the mutual support that has been on offer as a routine part of conversations the pandemic. Alcohol, drugs and mental illness remain important challenges to the welfare of both children and adults.

2. Recommendation

This report is offered for noting and feedback.

3. Appendices

Amalgamated Safeguarding Data Q4



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