



SAFEGUARDING BOARD ISLE OF MAN

Annual Report 2020-2021



Contents

Foreword by the Chief Secretary.....	1
Independent Chair’s Introduction.....	2
The Safeguarding Board	3
Board Membership	5
Structure of the Safeguarding Board	5
Safeguarding Board Finance	6
Organisational Safeguarding Standards Audit.....	6
Independent Members’ update	7
The Safeguarding Forum 2020.....	7
Safeguarding in the Isle of Man	7
Health Safeguarding Services.....	7
Children and Families Support, Safeguarding, Protection and Care	8
Adult Safeguarding	9
The Isle of Man Constabulary	9
Home Affairs	10
Education, Sport and Culture.....	10
Public Health	12
The Work of the Safeguarding Board Sub-groups.....	13
The Action and Implementation Panel.....	13
The Serious Case Management Review Panel.....	14
The Children’s Quality Assurance Sub-Group and Data	16
The Adult’s Quality Assurance Sub-Group and Data	20
Training and Development Group – Children.....	23
Training and Development Group – Adults	23
Community Safeguarding Sub-Group.....	23
Summary of the Safeguarding Board’s Achievements 2020-2021	24
The Safeguarding Board’s Business Plan Priorities 2021-2023.....	25

Foreword by the Chief Secretary

I am, once again, pleased to endorse what is the second Annual Report of the joint Isle of Man Safeguarding Board, which outlines the important work the Board has undertaken to safeguard and protect children and adults in the Island.

During what is, and continues to be, an unprecedented time for the Island and throughout what has been an extremely demanding year, due to the COVID-19 pandemic, the Board has ensured the close working relationship established with all agencies, partners and stakeholders has been maintained, further developed, and strengthened.

Safeguarding is complex, and the delivery of the Board's statutory responsibilities requires, at its core, effective collaboration, and engagement to ensure that it remains *'Everybody's Business'*.

It is testament to the unfailing dedication of all those who are involved in safeguarding that progress has continued to be made to consolidate the role of the Board, despite the COVID-19 pandemic and the significant operational impact this has had.

This year brings to a close the tenure of the current Independent Chair, Glenys Johnston OBE and I wish to place on record my sincere thanks to Glenys for the significant contribution she had made over the last three years to the work of the Board and safeguarding on the Island. I know that we would not be where we are now had it not been for her tireless commitment to this role.

I look forward to working with the incoming Chair who I'm sure will build on the achievements to date and will further enhance the role of the Board.

W. Alton .



Mr Will Greenhow
Chief Secretary

Independent Chair's Introduction

The Annual Report of the Independent Chair of the Safeguarding Board is intended to provide an independent overview of the safeguarding of children and adults in the Isle of Man.

This report covers the work of the Safeguarding Board from 1st April 2020 until 31st March 2021.

The report outlines both the safeguarding activities of the Board and its partners, which has taken place during what was a very busy and challenging year due to the COVID-19 pandemic which had a significant impact on partners that delivering operational safeguarding. These had an impact on the Board's capacity to deliver its work and priorities.

I would like to thank all partner organisations, especially their front-line staff, for their hard work during a very difficult year. Inter-agency co-operation has been evident due to their commitment to jointly address challenges and the commitment of Board members has enabled meetings of the Board, and the statutory Action and Implementation Panel and the Serious Case Management Review Panel to be convened as planned.

Finally, I would like to thank all the members of the Safeguarding Board, Ministers, the Cabinet Office, the Third Sector, and the Safeguarding Board team for their unstinting commitment to the work of the Board and keeping children and adults in the Isle of Man safeguarded and protected.

I am being succeeded by Mrs Lesley Walker on 1st April 2021 and wish her every success in taking the Board forward.





Mrs Glenys Johnston OBE
Independent Chair, Safeguarding Board Isle of Man

The Isle of Man Context Relevant to Safeguarding

The Isle of Man is situated in the Irish Sea, between England and Northern Ireland, it covers an area of 572 km² (221 sq. miles) and, according to the census of 2016, it has a population of 83,314 of which; 19% are between 0-18 years of age; 58.7% are between 19-64 years of age and 15.2% are aged 65 and over.

Most of the population live in small towns, 52.2% of the population (43,432 people) and the remainder in more rural areas; transport is good, enabling people to access all parts of the Island.

The population is predominantly of White British racial origin 96%, with 49% being Manx born and a smaller number from South Africa, Australia, and America. In recent years, people from Eastern Europe have moved to the Island to work in hospitality and health care services. There is a significant East Asian population, with many care and nursing staff coming from this group, which is also strongly represented in E-Gaming. There is also a growing and active Chinese association, which has over 200 adult members. Additionally, there is a growing sub-Saharan African population, and an African society has been formed to cater for the approximately 100 people who have moved to the Isle of Man from this area. E-Gaming has been a key driver in this.

The established church is the Church of England, with residents also following other religious faiths including; Anglican, The Church of Jesus Christ of Latter-day Saints, Roman Catholic, Methodist, Baptist, United Reform, the Religious Society of Friends, Jehovah's Witnesses, Pentecostalism; Judaism, Muslim and; Hinduism, some people record that they have no religious faith.

The Safeguarding Board

The Safeguarding Board, which covers the safeguarding of both children and vulnerable adults, was established under the Safeguarding Act 2018. The Safeguarding Board (Qualifications and Procedures) Regulations 2018, govern its work and the statutory guidance, Safeguarding Together, covers multi-agency practice and some of the work of the Board.

The Safeguarding Act 2018 established:

- a statutory duty for those working with children and vulnerable adults to 'consciously consider the need to safeguard children and vulnerable adults' when carrying out their work; and
- a duty for partners to co-operate with each other when carrying out safeguarding functions.

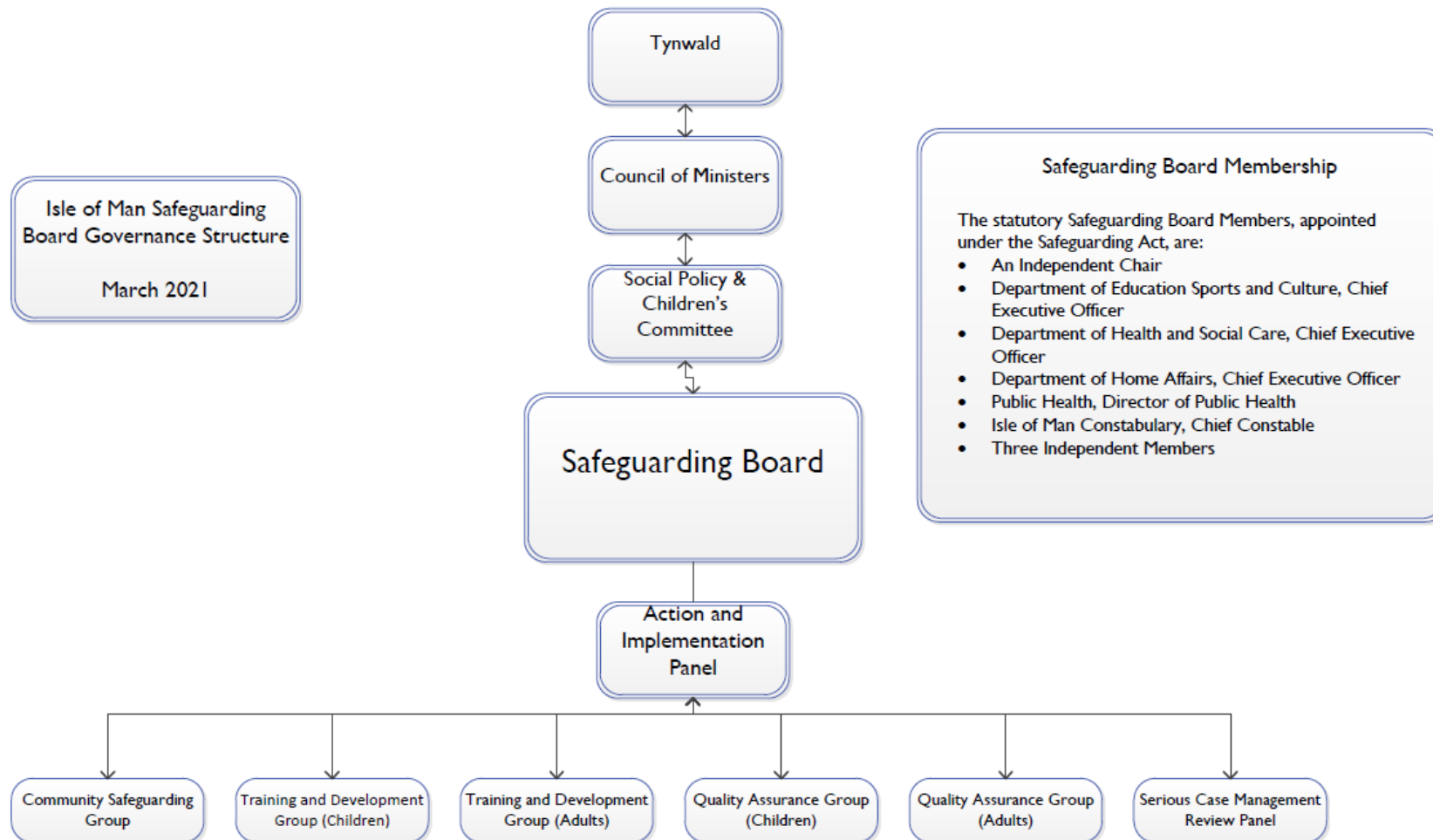
The overarching statutory objectives of the Safeguarding Board, which are clearly linked to the Programme for Government, are to:

- co-ordinate the work done by relevant bodies, for the purpose of safeguarding and promoting the welfare of children and safeguarding and protecting vulnerable adults; and
- ensure the effectiveness of work done by each of those bodies for those purposes.

The statutory members of the Safeguarding Board are an Independent Chair, the Chief Officers of Health and Social Care; Education, Sports and Culture; the Isle of Man Constabulary; Public Health, and Home Affairs and three Independent Members. The Board is resourced and supported by the Cabinet Office.

The work of the Board is supported and delivered by the statutory Action and Implementation Panel, the statutory Serious Case Management Panel and subgroups-see the following structure chart.

Structure of the Safeguarding Board



The Board meets quarterly, and attendance has continued to be good. In 2019/2020 there was 100% attendance by either a statutory board member or their representative, (marked as R in the table below) and the three Independent Members. This year there has only been one recorded absence which is a 97.7% attendance rate:

Attendance of Statutory Board members or their representative at Board Meeting 1st April 2020 to 31st March 2021									
	Chair	DESC	DHA	DHSC	Constabulary	Public Health	Member 1 *	Member 2 *	Member 3 *
May-20	√	√	√	√	√	√	√	√	√
Jul-20	√	√	√	√	R	√	√	√	√
Sep-20	√	R	√	√	R	√	√	√	√
Dec-20	√	√	√	√	√	√	√	√	
Mar-21	√	√	√	√	√	R	√	√	√
For information these three members are the Independent Members as appointed by the Chief Secretary									

Safeguarding Board Finance

In the financial year 2019/2020, the Safeguarding Board spent £290,932 of its allocated budget of £305,739. Staffing and Independent Chair costs comprised two thirds of the annual budget.

Expenditure on multi-agency training, the website, Serious Case Management Reviews, and a review of multi-agency safeguarding arrangements made up the remainder.

Serious Case Management Reviews are separately funded by the Treasury, in 2020 the individual costs were Mr H £10,141 and Child J £5,125 (to date as this review has not yet been concluded). At the end of the 2019-20 financial year, as the budget was underspent, these were paid for from the Board's budget.

Organisational Safeguarding Standards Audit

As part of its statutory assurance role, the Safeguarding Board has previously undertaken Organisational Safeguarding Standards Audits. Their purpose is to evaluate the safeguarding arrangements within statutory organisations, as set out in last year's Annual Report which reported that safeguarding practice in organisations was good and the improvements that needed to be made. These have continued to be addressed.

There was a commitment to repeat the audit in 2020, to include a wider range of agencies, including the Third Sector, and a staff survey to gather the views of managers and practitioners. Due to the unprecedented pressures on key agencies due to the COVID-19 pandemic and significant organisational changes in key agencies it was agreed there was no capacity within agencies to undertake this work, this decision will be reviewed in 2021.

Independent Members' update

The COVID-19 pandemic has highlighted the importance of safeguarding with new and unexpected pressures put on society and individuals through restrictions and lockdowns. Simultaneously safeguarding has become more difficult as stretched public services have been focused on operational issues many of which happen away from the public eye.

As lay members our role is to bring an external perspective to the Board, to challenge the accountable professionals across all sectors and ensure that the work of the Board relates to, and is easily understood by, the wider community. In turn this provides an independent perspective which validates the progress of safeguarding on the Island.

It has recently been agreed to enhance our role by involving us in the work of the Board's sub-groups panels which deliver the Board's work. This will give us a broader perspective on how well safeguarding operates.

Inevitably, several timescales have slipped due to the pandemic. We will continue to press the Board to advance its priorities work, particularly with the website, which is of vital importance in enhancing the understanding of professionals, service users and communities about safeguarding and how to assist people to access the help they need.

The Safeguarding Forum 2020

As part of its role in promoting the Safeguarding Board and raising awareness of safeguarding, the Board held its Annual Conference, known as the Safeguarding Forum, in June 2019. It was very well received, and the Board was keen to deliver a conference in April 2020 on the topic of 'The impact of addiction on safeguarding children and adults in the Isle of Man' however, although the conference was fully planned with excellent local speakers, it could not be held due to the pandemic and will be considered going forward.

Safeguarding in the Isle of Man

Within the following section are short reports that cover the contributions of partners to safeguarding children and adults.

Health Safeguarding Services

The Safeguarding Children Team for Health Services consists of strategic leads; a Designated Nurse, a Designated Doctor and the Named Nurse who functions at an operational level, and three Safeguarding Leads who are responsible for Mental Health, Community Health and Hospitals which incorporates all Health Services. The work of the team ensures that vulnerable children and their families receive timely assessments and support where required, their work is underpinned by the Safeguarding Board's Vision and Values for children and vulnerable adults: Respect, Caring, Listening, Professionalism, Fairness and Curiosity. The team supports and works alongside all professionals who work across Health Services.

All the professionals in the team have a wide portfolio which aims to meet the safeguarding requirements of all children, support the needs of staff, hence reducing the risks to children, staff, and the organisation. The means of service delivery includes; supervision; assessment; level two and three training; oversight of Health's safeguarding plans for children, children in care; children in need of protection; and children with complex needs; policy and pathway formation; audits; governance; risk assessment; self-assessment; research and delivering evidence based practice; peer supervision; revalidation; working in collaboration with multi-agency colleagues; and promoting integration to work seamlessly to improve outcomes for the Island's population. A model of visibility, accessibility, and a recognised presence across all areas within Health Services has been adopted; to date this has been evidenced as successful thorough audit, feedback, and the contribution to Serious Case Management Reviews.

The equivalent roles for Adult Safeguarding are in the process of being established under the commencement of Manx Care.

The future looks optimistic; the statutory Safeguarding Board provides Health Services with opportunities to embrace and replicate relevant good practice that is recognised as evidence based in other jurisdictions.

Adults with a Learning Disability

Following on from the information contained in last year's Annual Report, in November 2020, the Department of Health and Social Care, launched the third five-year strategy for adults with a learning disability. This sets out the Department's view of how adults with a learning disability should be included and supported in the community in which they live viz:

People with a learning disability should:

- be included and supported in the community in which they live;
- have improved access to health care on the Island;
- be afforded more opportunities to gain meaningful employment; and
- have more choice over where and with whom they live.

Children and Families Support, Safeguarding, Protection and Care

Children and Families Services continue to have good arrangements to support children in need of protection, support, need and care. Available data continues to evidence that the number of children on child protection plans has increased whilst those who are looked after, i.e., in care, has remained stable.

This year there has been a significant impact by the COVID-19 pandemic. During lockdown periods the service has operated critical functions only. This has had an impact on available support through early help services and there has been a reduced response to Children with Complex Needs. The service has also experienced challenges with difficulties recruiting either permanent or agency Social Workers whilst the borders are closed.

Recruitment of Foster Carers has commenced, and the service is transitioning into the use of the Mockingbird model. The Mockingbird model is an innovative method of delivering foster care using an extended family model which provides sleepovers and short breaks, peer support, regular joint planning and training, and social activities. The programme improves the stability of fostering placements and strengthens the relationships between carers, children, and young people, fostering services and birth families. More information can be found at: www.thefosteringnetwork.org.uk

The service has also been in transition from the Department of Health and Social Care into Manx Care which came into being from the 1st of April 2021. The next phase will see a move towards a new service structure with Adults and Children's services under the same Executive Director.

Adult Safeguarding

The Adult Safeguarding Team works alongside partner agencies to make inquiries into safeguarding concerns about vulnerable adults. In 2020-2021 the Interagency Referral Discussion Hub has expanded to include colleagues from the Ambulance service. This multi-agency Hub considers each referral, and together agree what actions are required.

The Adult Safeguarding Team has continued to complete a three-monthly review for service users whose safeguarding has been considered through the adult safeguarding process, to ensure that within three months of their case being closed, they remain safe. This allows the team to understand whether the protection planning has been effective, and safety has been achieved.

The Isle of Man Constabulary

The Isle of Man is a hugely safe place. Levels of recorded crime are significantly lower than found in the United Kingdom and the harm caused by crime is also greatly lower when assessed using established harm measurement tools. The Isle of Man Constabulary is intent on reducing and preventing crime, basing its approach on local, neighbourhood policing, which involves officers working in local communities, with a focus on identifying and supporting those people most at risk of harm. Partnerships in towns, parishes, and villages, such as those with schools or local authorities, are of key importance to this work and, at a national level, strong and effective collaborative working takes place with the mental health service, social services and various public and third sector bodies to keep the Island and its people safe from harm.

The COVID-19 pandemic has brought new demands and increasing pressures. Violence involving drink and drugs has increased; harm appears to have been caused to the mental health of many people; an increase has occurred in reports of domestic incidents of the type that may be a precursor to domestic abuse and, perhaps most worryingly, there has been a steep increase in the exploitation of young and otherwise vulnerable people by criminals involved in the supply of controlled drugs. Criminals see the Isle of Man as an attractive place to trade in drugs such as cocaine and cannabis. Increasingly young people have become involved in dealing these substances, either through a mistaken belief that drug dealing offers them a fast route to financial gain, or because they have been threatened or exploited. This exploitation is also increasingly leading to young people becoming involved in violent offences and in risky or harmful sexual behaviour. These are all serious issues and ones in which the Constabulary welcomes the oversight of the Safeguarding Board.

Home Affairs

The different agencies of the Department of Home Affairs contribute and lead in the safeguarding of vulnerable children and adults in several ways. The Isle of Man Constabulary works proactively with other partners to identify risk and keep vulnerable people safe. The joint mental health initiative with the Department of Health and Social Care is particularly effective at supporting early intervention for those with mental health issues.

The Department's new Domestic Abuse Act has received Royal Assent and the Department is producing the necessary enabling guidance and legislation required to bring the Act into Force. This legislation introduces an offence of Domestic Abuse for the first time and introduces a range of powers to support the Police in protecting victims/survivors of abuse. The Department has also developed a Domestic Abuse strategy which has been approved by the Safeguarding Board and an implementation plan is now being developed by a delivery group in the Department of Home Affairs, which includes third sector colleagues. The new Sexual Offences and Obscene Publications Bill is awaiting Royal Assent. Once received, the Department will produce enabling legislation to bring this legislation into force. This legislation provides a much-needed update to existing law and will introduce new protections for children and young people from online harms, including grooming and sexting. The Department continues to work with the Department of Health and Social Care on the development of a local Sexual Assault Referral Centre which will give an end to end, local service for adult and child victims of sexual assault and hopes the centre will be operational by the end of summer 2021.

The Prison and Probation service work to reduce risk with those who perpetrate crime against vulnerable people. The Department has invested in the development of two Victim Liaison Officers who support victims of serious crime and offer Independent Sexual Violence Advisor services to victims of sexual offences. The Prison and Probation service also work to support the most vulnerable people in the Justice system on their release from prison and in the community.

The Fire Safety team in the Fire and Rescue service continues to prioritise fire safety inspections for vulnerable people, particularly those who are identified as hoarders.

Education, Sport and Culture

The Department of Education, Sport and Culture adheres to and upholds the understanding that '*Safeguarding is Everybody's Business*'. Each of the 32 primary and five secondary schools have a 'designated safeguarding lead'. This is always a senior member of staff, and most usually the head teacher or deputy head teacher taking the lead responsibility for child protection and safeguarding issues within their own setting. Their tasks include:

- Ensuring child protection and safeguarding policies are up to date and that all staff know and understand the content of these.
- Ensuring all staff are aware of how to raise safeguarding concerns and their duty to do so.
- Ensuring all staff have up to date training safeguarding training relevant to their role, this includes awareness of the signs and indicators of child abuse.
- Making referrals to statutory services when appropriate.

- Monitoring and supporting children who are the subject of early help & support, child with complex needs, child protection care plans or those looked after.
- Maintaining accurate child protection records and ensuring they are kept securely.

All school staff are supported by colleagues at the centre of the department including the Child Protection and Safeguarding Officer, Directors, School Advisors, and Legal and Administration team.

The Child Protection and Safeguarding Officer provides both general and bespoke training to schools and five services within the Department a rolling biannual basis, and updates which all designated safeguarding officers attend. The Child Protection and Safeguarding Officer also offers supervision to individual colleagues, provides training for school governors, supports the designated school leads in their duties outlined above and has a front-facing role in a number of specific pieces of safeguarding work across the Island.

A termly safeguarding meeting is held to ensure all schools are up to date with key messages and to address any issues that schools have identified where they need further information or training. All schools are expected to send a representative and these meetings are very well attended.

The Department has a Safeguarding Action plan and tasks that have been completed include:

- Timetable of face-to-face training.
- Completed audits and inspection in relation to specific cases.
- Close monitoring of emerging trends and responses given to schools regarding these.
- Roll out of a safeguarding app, 'Safer Schools', offered to all schools and work with the provider to develop the Manx version of this.

Other pieces of work which are ongoing are:

- Developing an accessible complaints system with a need for child friendly information.
- Developing different methods of communication available to adults and children to ensure effective participation across service user groups.

The advisor appointed last year to undertake the duties normally associated with a 'Virtual Head teacher', is leading on the educational provision and outcomes for children who are looked after/in care. The provision of a Personal Education Plan for each looked after child is now under review, in consultation with colleagues in Children's and Families Division. This new system will enable better records and scrutiny of educational progress of children looked after, going forward.

As a result of the COVID-19 situation which developed at the end of the 2019-20 year, most schools closed on 23rd March 2020 and reopened on 22nd June 2020. Subsequent lockdowns were implemented from the 7th January-31st January 2021 and 3rd March-19th April 2021. Teaching for most pupils was transferred to online learning opportunities, but 'hub' schools remained open for the most vulnerable pupils, alongside those of key workers during the first two periods of lockdown. The third lockdown affected a number of children and school staff, so the 'hub' schools were unable to continue in an attempt to keep the public safe from the virus. 'Vulnerable' was defined as those children with a child protection plan, those in care and those with the most complex and severe learning difficulties. Over time there was an increase in the number of children who took up this

provision offer as the emergency measures continued. All children, but especially vulnerable children who did not attend school during the COVID-19 restrictions, were contacted regularly by school and other staff (for example, education welfare officers, educational psychologists). Where contact was not achieved with vulnerable children, this was referred to colleagues in Children and Families.

Colleagues in the Department of Education, Sports and Culture developed a range of guidance to help schools to support children throughout the emergency measures, for example to help children transition back into the school setting and to support children who were anxious about the virus. The return to school action plan recognised that more time will be needed with some children than others to readjust to the school setting. Additional emphasis has been placed on schools to prioritise emotional wellbeing issues. The Department is also conscious that safeguarding concerns 'decreased' during the lockdown periods when professionals did not have eyes on children, but it was recognised that not all children had a positive experience and schools are prepared for dealing with emerging issues when children return to school.

Public Health

Health outcome indicators currently available from the Directorate of Public Health show that the health and wellbeing of the Isle of Man population is similar to that found in England. The Isle of Man Public Health Outcome Framework can be accessed here: <https://www.gov.im/healthdata>.

The Director of Public Health publishes an annual report on the health and wellbeing of the population. The reports are available here:

<https://www.gov.im/about-the-government/departments/health-and-social-care/public-health-old-hidden/director-of-public-health-annual-report/>.

The Directorate leads the Joint Strategic Needs Assessment programme and many of the topics covered (for example drug and alcohol misuse, domestic abuse) have a safeguarding related element. Completed JSNAs are available here:

<https://www.gov.im/about-the-government/departments/health-and-social-care/public-health-old-hidden/needs-assessments-and-strategies/>.

On 1st April 2020, the Public Health Directorate transferred from the Department of Health and Social Care to the Cabinet Office. This move was recommended in Sir Jonathan Michael's review of health and care services and is intended to better enable Public Health to work across government, to address the wider determinants of health and wellbeing. The COVID-19 pandemic has inevitably been the major focus of Public Health work during 2020. However, opportunities to develop stronger cross government working have been pursued and have to an extent been facilitated by the need for a co-ordinated response to COVID-19.

The Child Death Overview Panel

The deaths of all children resident in the Isle of Man, both expected and unexpected, are currently reviewed by the Isle of Man Child Death Overview Panel to identify any learning. Island child death review arrangements have recently been reviewed in line with the revised arrangements published for England in October 2018. As a result, child death review arrangements are being placed on a statutory footing and a full child death review will be undertaken for each death on the Island, to ensure that local learning is identified, acted upon and safeguarding learning is reported to the Safeguarding Board. It is important to understand that the 'overview reviews' are not, and never have been, intended to be detailed individual case reviews.

The purpose of the overview is to identify mitigatable factors that can be addressed to reduce future risks of child death or (particularly where death was expected) improve services and support available to children and their families. From April 2019, the Isle of Man has been a member of the Merseyside and Isle of Man Child Death Overview Panel. This reflects the realisation that to understand trends and patterns in child mortality and drive improvements in services, a minimum of 60 deaths per year needs to be reviewed by a CDOP. Clearly, with only 4-5 deaths on average per year here, the Isle of Man does not have sufficient deaths to make overview analysis useful at Island level. In addition, a significant proportion of child deaths of Isle of Man resident children occur in Liverpool specialist settings (paediatrics or maternity services) and/or Liverpool services have been involved in their care. Isle of Man paediatric care pathways link into Liverpool.

Regulatory Functions hosted within the Public Health Directorate

Regulation of health and care research and development sits within Public Health with an agenda that includes progressing the statutory framework to ensure that research carried out on Island meets high standards of safety and quality; working with UK research agencies; supporting Manx Care and other organisations wishing to undertake research to develop the necessary expertise, capacity, and governance; and providing support to the Isle of Man Research Ethics Committee.

The Work of the Safeguarding Board Sub-groups

The Action and Implementation Panel

The role of the statutory Action and Implementation Panel, chaired by the Independent Chair of the Safeguarding Board and currently deputised by the Director of Children and Families, is to support and co-ordinate the business of the Safeguarding Board and implement the Board's decisions and actions. Since the last report it has:

- Continued to scrutinise the work of the sub-groups.
- Commissioned a multi-agency review of adult safeguarding adult arrangements and practice in the Isle of Man.
- Commissioned a Manx company to build a Safeguarding Board Website, which will be launched in 2021.

The Serious Case Management Review Panel

This statutory Panel of the Safeguarding Board is chaired by the Independent Chair of the Safeguarding Board, its purpose is to; consider whether cases notified to the Independent Chair meet the criteria for a Serious Case Management Review; make alternative arrangements to review cases which do not meet the criteria, but learning is likely; monitor the implementation of actions plans which are developed following all reviews; ensure that there is a strategic response to themes identified; and monitor the effectiveness of interventions.

The costs of reviews are included above in the Safeguard Board Finance section.

In May 2020, the Board completed the first Serious Case Management Review of the multi-agency support given to a vulnerable adult whose pseudonym in Mr H. The recommendations of the Independent Author, which follow, were fully accepted by the Safeguarding Board, and their delivery is, monitored by the Serious Case Management Review Panel.:

The Safeguarding Board should discuss with the Department of Infrastructure's Housing Division the introduction of new approaches to improving the relationships between local authority housing providers and their tenants. These should include:

- Safeguarding policies and practices that recognise and understand the approach to safeguarding, the implications for housing providers and the legal requirements for information sharing, including when a Serious Case Management Review is undertaken.
- Tenant profiling: needs and risk assessments should be carried out where vulnerability is identified. This may be due to a range of triggers. For example: domestic violence, poor mental health, and substance misuse.
- Multi-agency case conference to be held once a notice to quit is prepared.
- Identify training needs, scope a programme of training, and ensure that this is delivered to existing staff and forms an integral part of induction training for new staff. This should start no later than 1st September 2020 and needs to be refreshed on a regular basis.

The Safeguarding Board should consider identifying and agreeing senior responsible named officers for safeguarding within each partner agency and ensure that they are given the training, knowledge and support required to carry out their duties effectively and carry out quarterly audits of the number of safeguarding flags from each agency and a review of progress. These should be reported to the Safeguarding Board.

The Safeguarding Board should also support the following:

- Information sharing protocols need to be developed with the prison for offenders in receipt of short sentences (less than six months) on admission to the prison to secure a planned release that ensures that all offenders have a home to return to. Local authority housing providers should take a constructive approach to working with their offending tenants to minimise their risk of becoming homeless. This will contribute to reducing some of the risk factors known to contribute to reoffending. The development and implementation of the protocols should be agreed with the Information Commissioner.

- Continuing benefit payments towards housing costs for prisoners on short sentences should be considered. In considering this policy change Treasury should undertake an assessment of the average costs of eviction and homelessness if a prisoner's accommodation is lost due to arrears resulting from short periods in prison.
- Frequent hospital attenders: Nobles Hospital Emergency Department current work to develop procedures and practices for identifying people who regularly present following emergencies/ crises should be shared with all relevant agencies. This should include senior representatives from DHSC; the Police; mental health services; prison and probation services; Department of Infrastructure Housing and a voluntary sector representative. A multi-disciplinary approach to identifying needs and assessing risks should be developed and agreed. This must include advice from the Information Commissioner. This will ensure that new approaches are in line with the Island's legal framework for data protection.
- Voluntary sector agencies with skills and expertise in providing housing related support should be more closely involved when eviction action is being considered. This must go beyond simply including a leaflet and should include direct referrals. Other agencies, including the hospital and the prison, need to be made fully aware of the support that these voluntary agencies can provide and greater clarity on referral processes. This will place increased demands on the voluntary sector, and this should be reflected in any future grant settlements to support their work. Cross-agency funding should be considered as successful interventions will result in a reduction in pressure on budgets.

The Isle of Man Government

Homelessness: The Isle of Man Government should consider drafting a Homelessness Bill for debate and consideration. The lack of a legislative framework for housing advice, temporary housing and sources of support are resulting in residents relying on the voluntary sector as the only source of emergency accommodation, advice, and support. The main housing charities are experiencing increasing demand for their services and are struggling to meet demand in the current housing market. The lack of affordable housing is resulting in increasing numbers of people at risk of homelessness or homeless.

Private rented housing: The Isle of Man Government should consider expediting the introduction of regulation of the private rented sector. Poor standards in some privately rented housing, combined with far higher rents, are resulting in vulnerable people living in homes that are in poor repair and prejudicial to the health and wellbeing of the occupants. Many of the low-income tenants in this sector are claiming high levels of public subsidy through social security rent payments to private property owners. The introduction of a lettable standard for the private rented sector would have many benefits including ensuring that publicly funded housing subsidies through social security payments are not used to support poor quality accommodation.

Good progress has been made on delivering the above, particularly by the DOI, DHSC and local authorities. The recommendations have been contributed to the Housing/Homeless work of the Cabinet Office.

Early in 2020 the Board commissioned a Serious Case Management Review in respect of a child- the outcome will be reported in next year's Annual Report.

The Children's Quality Assurance Sub-Group and Data

Data collation for 2020/21 has been difficult this year as a direct consequence of the COVID-19 pandemic, therefore the information below is limited:

Referrals to Children and Families (Department of Health and Social Care)

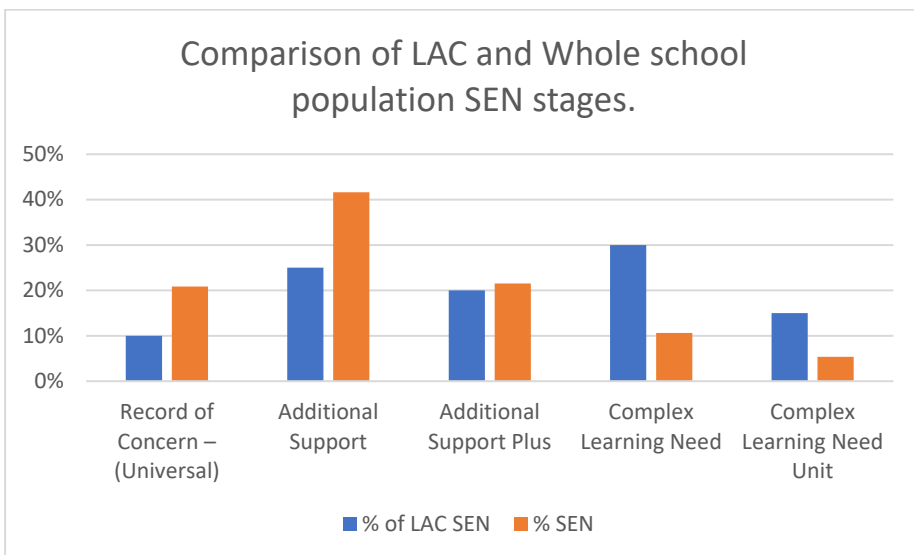
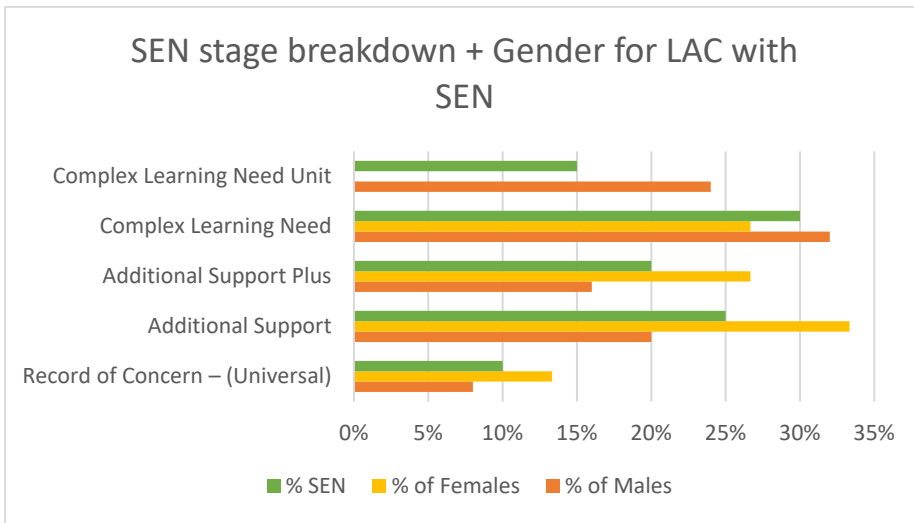
- As reported in last year's Annual Report the greatest number of referrals to Children and Families were by the Isle of Man Constabulary, parents made the second highest number, followed by Health.
- In Quarter 2 of 2020/21 referrals had increased to 345 as against 281 in the same quarter last year.
- It is anticipated that monthly referrals would average 78, however, during Quarter 2 monthly referrals had averaged 103 a month.
- Nearly all the referrals were related to abuse, neglect, family dysfunction and stress. In Quarter 1, most referrals were for concerns about abuse or neglect.
- Re-referrals steadily increased between Quarter 2 last year and Quarter 2 this year. There are two hypotheses for this, firstly the shared understanding of thresholds for involvement/action has diminished and will be rectified by resuming training on thresholds next year; secondly the expectations of referrers and the service about whether the criteria for involvement/action are not aligned.
- 32% of referrals progressed to assessment, which is lower than the target, but it is believed that performance against the target has been affected by the service prioritising critical functions during the COVID-19 pandemic,

Children in Care

In the following section, the terms children looked after (LAC) and children in care mean the same.

- Due to a decision not to remove any child from a child protection plan during the COVID-19 restrictions, the number of children on a plan has increased from 93 in Quarter 2 last year to 119 in Quarter 2 this year.
- The number of children looked after/in care has however, remained stable during this period and just under 75% of these were placed within a family placement be it fostering, friend, relative or adoption.
- The school attendance for primary aged children in care is broadly in line with the attendance rate of other primary aged children. The school attendance for secondary aged children in care is slightly below that of other secondary pupils by 4%, which is slightly better than last year when the difference was 6.6%.
- There has been a noticeable improvement regarding the suspension from school of secondary school looked after children, following the appointment of the Additional Needs Advisor (Virtual Head Teacher).
- It was noted in last year's Annual Report that children in care are more likely to have been identified as having a special educational need (SEN) than their peers. The Additional Needs Advisor has undertaken some research on this and has highlighted:
 - There were 56 school age looked after children made up of 30 males and 26 females.

- The whole school population was 10,534 pupils.
 - 20% of the whole school population had a special educational need.
 - 71% of looked after pupils had a special educational need.



- 15% of Looked After Children with special educational needs are placed within unit provision. This compares to 5% of the overall Island school population with special educational needs who are placed within unit provision.
- 30% of Looked After Children with special educational needs are at the Complex Learning needs stage (the greatest need). This compares with 11% of the overall Island population with Complex Learning Need.
- 83% of male students who are Looked After, have special educational needs.
- 57% of female students who are Looked After have special educational needs.

Attendance at the Emergency Department

In the period 1st April 2020-31st March 2021, 120 children/young people attended the Emergency Department at the hospital with safeguarding concerns, some children/young people may have been brought on more than one occasion. Of these:

- 15 children/ young people were subject to Child Protection Planning.
- 17 children/ young people were Looked After Children.

The 120 attendances were broken down as follows:

- Quarter 1
 - 17 attendances were categorised as attending for one of the following reasons:
 - Alcohol misuse
 - Substance misuse
 - Deliberate self-harm
- Quarter 2
 - 20 attendances were categorised as attending for one of the following reasons:
 - Mental health
 - Alcohol misuse
 - Substance misuse
 - Potential sexual abuse
 - Cutting
 - Suicidal ideation
 - Overdose
 - Self-harm
 - Smoke inhalation
- Quarter 3
 - 49 attendances were categorised as attending for one of the following reasons:
 - Alcohol misuse
 - Scalds and burns
 - Substance misuse
 - Intentional overdose
 - Accidental overdose
 - Self-harm
 - Cutting
 - Feeling low in mood
 - Suicide ideation
- Quarter 4
 - 34 attendances were categorised as attending for one of the following reasons:
 - Alcohol misuse
 - Substance misuse
 - Overdose
 - Self-harm
 - Suicide ideation
 - Mental health diagnosis
 - Alleged attack by another person

A working group has been established with representation from the Emergency Department, the Children's Ward, Children and Adolescents Mental Health Service (CAMHS), the Safeguarding Children's Team Health and input from Mental Health Services.

A Standard Operating Procedure/Pathway has been produced to effectively manage children/young people brought to the Emergency Department with overdose, self-harm, suicidal ideation, acutely disturbed, known mental health diagnosis, with or without intoxication. A flowchart provides an overarching framework to support healthcare professionals and to enable consistent practice and complement individual pathway guidelines.

The child/young person will be assessed within the Emergency Department - assessed fit for discharge or admitted to the Children's Ward with a referral to CAMHS/ Drugs and Alcohol Team, or, if deemed to be high risk a referral will be made to CAMHS or Rapid Assessment Service Mental Health (Out of Hours) for assessment in the Emergency Department.

The working group are currently devising a risk assessment tool for both the Emergency Department and the Children's Ward, which will involve ongoing assessment during the child/young person's admission and stay within hospital.

Children/ young people admitted to the Children's Ward who need mental health support are referred to CAMHS on admission and are seen within 24 hours. An assessment is undertaken by a CAMHS professional with the following outcomes - fit for discharge, no further input required, fit for discharge and further support with CAMHS, and/or remain on the Children's Ward with ongoing assessment.

Midwifery and Health Visiting Data

In the period 1st April 2020-31st March 2021, 232 new referrals were received for support by the Vulnerable Women's Pathway, referrals can be made at any point during pregnancy gestation.

31 pregnant women were highlighted as being at high – level risk which included mental health issues, involvement with other agencies, disclosure of current or historical domestic abuse, teenage pregnancy, sexual abuse.

Where a high level of concern is highlighted a Vulnerable Women's Referral will be made and forwarded to the Lead Midwife, GP, Named Nurse, and allocated Health Visitor. The Lead Midwife will offer an appointment to undertake an assessment and introduce their role. An ongoing dynamic risk assessment will be completed and if required, referral to Social Care from 16 weeks onwards. From 24 weeks, or before, the allocated Health Visitor will offer a home visit to complete an antenatal assessment. Ongoing support and referral to appropriate services will be offered throughout the pregnancy. If needs are identified, a referral to Perinatal Mental Health will be completed for ongoing support – this referral can be made up to 1 year in the postnatal period. If needs are identified, Midwifery Services will offer support to each pregnant woman until 28 days following delivery. For those women who need continued support and/or advice, this will be provided by Health Visiting Services during the antenatal and postnatal periods with referral to the GP, and or Perinatal Mental Health as their needs are assessed.

At 32 weeks of the pregnancy, or before, a birth plan involving all agencies will be devised with a clear plan for postnatal discharge.

Conclusions

On considering the above data the Safeguarding Board has asked that the Quality Assurance subgroup review and report back on the following issues:

- The Board it is not sufficiently sighted on children with profound and/or complex needs who are subject to a referral, open to other services or on a child protection plan.
- The data shows no onwards referrals from the Emergency Department into CAMHS, therefore the Board needs assurance as to why this is and whether the thresholds are appropriate and, if not, whether the thresholds ought to be reviewed. *Note this has now been addressed as set out above.*
- For Midwifery and Health Visiting, it was noted that mental health is evident in all aspects of the data submitted. Expectant mothers are referred to the Vulnerable Women's Pathway and the Board should seek assurance about what support is involved in this pathway and whether this is ongoing post-partum (after the birth of a baby). *Note this has now been addressed as set out above.*
- Some services were switched off because of the pandemic, therefore the Board needs to understand what the impact of the COVID-19 pandemic has had on safeguarding and front-line services.
- As no benchmarking is undertaken regarding the data, the Board needs to understand how the data can be benchmarked against similar jurisdictions.

The Adult's Quality Assurance Sub-Group and Data

In 2020, the Safeguarding Board completed a review of multi-agency safeguarding adult arrangements led by an independent consultant of considerable experience and knowledge. The summary conclusion, approved by the Safeguarding Board was:

"It was clear throughout the review that there has been good progress made in Adult Safeguarding, particularly in the last year. There were many examples of good practice along with areas that required development – some of these areas had already been recognised and work was underway to make improvement.

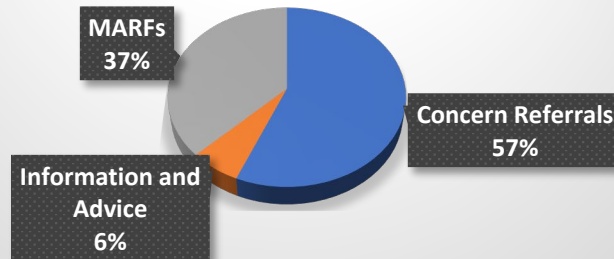
Front-line responses to Adult Safeguarding are constrained by the systems that surround it. There is a pressing need to strengthen the infrastructure that support operational practice. The radical changes brought about by the Isle of Man Transformation Programme provide an opportunity to refocus attention on adult safeguarding. "Recommendations are designed to build on progress made."

Adult safeguarding data

The following data was compiled is from Quarter 1 and Quarter 2 of 2020.

Referrals into the Adult Safeguarding Team are split into three different categories; Concern Referrals, Information and Advice and Multi-Agency Referral Forms (MARFs), used by the police.

Referral Reasons Quarter 1: 2020 - 2021



During Quarter 1 of reporting year 2020-2021, 113 referrals to the Adult Safeguarding Team were made, Concern Referrals made up 57% of these, the remainder being reported by the police using the MARF form. The Adult Safeguarding Team processed 62 Concern Referrals, 3 of which related to organisational concerns about organisational abuse against a care facility (examples of organisation failures or widespread abuse that causes harm to more than one resident), 41 MARFs and 7 referrals were raised in relation to the provision of information and/or advice. During Quarter 1, referrals came from a variety of sources. Most referrals, during the three-month period were from internal social work services.

The primary types/categories of abuse are:

- Neglect
- Financial
- Psychological
- Domestic Abuse
- Omission of Care
- Significant self-harm
- Sexual
- Institutional
- Physical

The most frequently reported concerns are about neglect and physical abuse.

In Quarter 2 more MARFs were received than the previous quarter, the number rising from 37% to 43%. The figure below shows the breakdown of referral reasons:

Referral Reasons Quarter 2: 2020 - 2021



Quarter 2 again saw wider sources of referrals which is highly positive as this indicates that adult safeguarding is at the forefront of practice for many practitioners and services working with vulnerable adults.

Making Safeguarding Personal

Some years ago, work commenced to evolve practices within the Adult Safeguarding Team and incorporate the ethos of making safeguarding personal (MSP). This has continued and is likely to continue a pathway of change and adaptation as practice improves and develops.

Making Safeguarding Personal is currently split into three stages:

- Stage 1 is completed at the point of referral. This seeks to establish the referred individual service user's perception of risk, as this often is different from the referrer. It also ensures that the individual who has been deemed to be at risk is aware of the referral as this does not always take place.
- Stage 2 is undertaken at the closure of a case. This again seeks to understand the perception of risk by the individual and ascertains whether the intervention, support and safeguarding has changed their perception of risk from their original view at Stage 1.
- Stage 3 is a voluntary recall visit offered to service users three months after their case was concluded and closed. This visit is to understand their perception of risk within their life (if any) and looks at whether their care and support has continued with the protection plan, in part or full.

The Adult Safeguarding Team undertake MSP Stage 1 for all individuals who have been referred via a Concern Referral form. This allows the practitioners an opportunity, very quickly after the referral to speak to the individual, ascertain their perception of risk and as much as possible, see the individual in their own home or another suitable place. Having an awareness of the individuals' perception of their risk level alongside the concern referral allows for a wider understanding of the situation and allows better decision making when cases are discussed at the Interagency Referral Discussion Hub.

During COVID-19 when practice was restricted, physical visits at this stage were not undertaken. During Quarter 1, all 32 records, which indicate no visit was undertaken, had the reason as 'detrimental to health and well-being'. Moving onto Quarter 2, only eight records show no physical visit took place, five of these indicate the same position as Quarter 1, although three have no indicated reason given for not undertaking the MSP visit.

The Board will seek clarification about the reasons for this practice and has also identified the need for the use of MARF forms, used by the police, rather than the Concern Referral form, used by other agencies, to be explored so the data for both can be captured as a total. The Board has also highlighted the need for Isle of Man data to be compared with statutorily reported data in England and that captured by other small jurisdictions.

Conclusion

Currently data is not available for Stages 2 and 3 of MSP, however, it is envisaged that this and all other data will continue to be collected and reported into the Safeguarding Board's Adult Quality Assurance sub-group and continue to be reported the Safeguarding Board on a half-yearly basis.

Training and Development Group – Children

The Training and Development Group is a long-standing sub-group of the Safeguarding Board. Its primary function is to deliver an annual programme of multi-agency training for people involved in safeguarding and child protection work.

Training is supported by a Safeguarding Board training co-ordinator, and delivered by off-Island specialists, and a pool of local professionals.

Towards the end of the previous year, access to the Webcertain training platform ended and was replaced by Its Learning which has ensured partner agencies can access available training.

During 2020/2021, training was disrupted due to the pandemic. Some essential training was moved online with external providers delivering some training virtually. This was the case with courses such as the Level 3 Safeguarding training and the Impact of Parental Substance Abuse training. Some local training was postponed, such as the Level 2 Safeguarding Awareness training and the Level 3 Understanding Brain Development and Trauma training, but these will be offered in the forthcoming year.

In summary, ten training courses have been delivered at Levels 1-3 to 175 people across public, private and third sectors, compared to twenty-five courses being delivered to 791 people in the previous year. Details of the courses on offer can be found at <https://isleofman-safeguarding.itslearning.com/>. Progress has been made on the mandatory Children's e-learning training and this should be complete early in 2021-2022.

Training and Development Group – Adults

Work on developing a training programme has been slow, due to key staff changes, and the affect that COVID-19 has had on capacity. This has meant that there has been no progress in compiling a pool of trainers to deliver training. The Safeguarding Board's mandatory e-learning Level 1 training is available to all members of the Isle of Man Government and anyone with a Safeguarding Board Its Learning account. As of 31st March 2021 3,083, people across government, third sector and private companies had undertaken the adult safeguarding e-learning course.

Community Safeguarding Sub-Group

Throughout 2019/2020 the Community Safeguarding Group, chaired by the Vice Chair of the Isle of Man Council of Voluntary Organisations, has continued its ongoing programme, focussing on, and promoting 'Safeguarding is Everybody's Business' In doing so it has advanced communication across all areas of society, raised the profile of safeguarding, developed appropriate campaigns, and built capacity and effectiveness across community-based organisations.

In building capacity and resilience within the Third Sector and communities for safeguarding, the sub-group continues to emphasise the need for high quality training and awareness in both children and adult services and for consistent best practice in application and delivery. A Compact (an agreement) between these elements and strategic partners is being prepared for submission to the Safeguarding Board. The sub-group is also working with other initiatives on keeping people safe within the community.

The forthcoming launch of the Safeguarding Website will enable the dissemination of information to, and engagement with, the voluntary and community groups and the wider public, incorporating guidance on what to do if potential safeguarding issues are suspected.

Work continues with strategic partners on reaching those with safeguarding issues with whom it is difficult to engage, and who, in some instances, do not wish to engage. The Safeguarding Board Forum, held in April 2020, showed this approach to be effective and timely.

The sub-group continues to develop the means of assessing the effectiveness and impact of the Safeguarding Board's policies and procedures across community groups, faith organisations, charities, sports and leisure organisations and the community at large. Evidence that this is being achieved is demonstrated by the open approach which all these areas now have to safeguarding and their responsibilities.

Summary of the Safeguarding Board's Achievements 2020-2021

At the beginning of 2020 it was decided to focus on a small number of key priorities to ensure the Board is delivering its statutory responsibilities. These were to:

- Update the multi-agency safeguarding procedures for children and adults, progress was affected by the COVID 19 pandemic so they are not in place, but they remain a Board priority and will be published on the Safeguarding Board website.
- Build and publish a new Safeguarding Board website. Work on this has been slow but a new website will be published in 2021/22.

In addition, the Board:

- Completed the first Serious Case Management Review in respect of an adult – see page 14 above.
- Completed an Independent Review of Multi-agency Safeguarding Adult Arrangements.
- Finalised implementation of the new training portal.
- Commissioned a review into the Safeguarding Board Business Team – the implementation of these recommendations will be completed in 2021.

Further work needs to be undertaken on the following:

- Multi-agency safeguarding procedures for children and adults.
- A framework for evaluating the Board's performance and effectiveness.
- Implementation of the recommendations from the completed Serious Case Management Reviews.

- Implementation of the recommendations from the Independent Review of Adult Multi-agency Safeguarding Arrangements.
- A revised information sharing protocol and practice guidance.
- A competency framework for adult safeguarding training.
- Communication and User Engagement strategies and plans.
- The website.
- An audit a group of vulnerable adults cases which were referred.

The Safeguarding Board's Business Plan Priorities 2021-2023

At the Board's business planning event in May 2021, it was agreed that the Board's priorities would be separated into Practice Priorities and Overarching Priorities. As there is a significant amount of work involved in completing these, it was agreed that the business plan and the priorities contained within would straddle the next two years 2021 and 2022. Progress will be reported in the Board's next Annual Report.

The Practice Priorities are:

1. Ensuring an effective multi-agency safeguarding response for vulnerable adults.
2. Working together to effectively safeguard vulnerable adolescents.

The Overarching Priorities are:

3. Strong leadership and effective, well-functioning structures that improve outcomes and have a measurable impact.
4. A workforce equipped and fit for purpose to deliver effective safeguarding practice: and
5. An effective communication and engagement strategy.

End of report