



**Jersey Care
Commission**

INSPECTION REPORT

**National Society for the Prevention
of Cruelty to Children (Jersey) (NSPCC)**

**Social Work Service for Children and
Young People**

**The Gower Centre
42 -44 Stopford Road
St Helier
JE2 4LZ**

**Inspection Date
13 March 2025**

**Date Published
5 June 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of the National Society for the Prevention of Cruelty to Children (NSPCC) (Jersey). The NSPCC operates this social work service for Children and Young People, and a registered manager is in place.

Registration Details	Detail
Regulated Activity	Social Work Service for Children and Young People
Mandatory Conditions of Registration	
Type of care	Personal support
Category of care	Children and Young People (0-18)
Maximum number of care receivers	36
Age range of care receivers	0-18 years
Discretionary Conditions of Registration	
None.	
Additional information:	
On 23 August 2024, the Commission received a revised Statement of Purpose, which reflected the addition of a new programme of support called 'Turn the Page'.	

On the 7 March 2025 the Commission received confirmation that the Registered Manager had successfully completed their Level 5 Diploma in Leadership and Management for Children, Young People and Families in the Community. The Commission was satisfied that this discretionary condition was met and it was removed on 26 March 2025.

As part of the inspection process, the Regulation Officer evaluated this service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and a period of notice of the inspection visit was given to the Registered Manager. This was to ensure that the Registered Manager would be available during the visit and the pre-inspection information request could be facilitated.

Inspection information	Detail
Date and time of this inspection	13 March 2025 – 9am to 4.30pm
Number of areas for improvement from this inspection	None
Number of care receivers accessing this service on the day of inspection	19
Date of previous inspection: Areas for improvement noted in 2024 Inspection	14 March 2024 None
Link to the previous inspection report	IRNSPCC20240314Final.pdf

3.2 Focus for this inspection

This inspection focused on the following key lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The NSPCC (Jersey) service, encompassing the 'Letting The Future In' (LTFI) and the recently introduced 'Turn The Page' (TTP) programmes, was assessed by a Regulation Officer as safe, effective, responsive, caring, and well-led. The service offers evidence-based, child-centred therapeutic support for children and young people affected by sexual abuse and those displaying harmful sexual behaviour.

The Regulation Officer found that caseloads were managed within safe limits, safe recruitment practice was adhered to, and comprehensive safeguarding and whistleblowing policies were in place. The service demonstrated appropriate referral pathways, such as the Multi-Agency Safeguarding Hub (MASH), to safeguard children.

Therapeutic interventions are tailored to individual needs, are flexible and trauma-informed, and offer children and young people choice and ownership. The LTFI programme is typically delivered over 38 weeks, with scope for extensions, if necessary to avoid drift or delay.

The TTP programme offers professional consultations, as well as Assessment and Intervention, which includes 'Change for Good', 'Keep Safe' and 'Safe Home'. The programme is designed to assess, support, and guide young people displaying harmful sexual behaviour (HSB) towards positive change.

Staff wellbeing is prioritised through supervision, debriefing, and mental health support. Quality assurance systems are robust, incorporating audits, feedback, Key Performance Indicator (KPI) compliance, and access to external consultation from the wider organisation. The service has a clear Continuous Improvement Plan (CIP) and strong engagement with local and national safeguarding strategies.

The service fosters a supportive workplace culture with comprehensive training, policy frameworks, and structured inductions for new staff. The Regulation Officer praised the leadership, noting that staff feel respected, valued, and supported in their roles. The service's holistic, child-centred approach, underpinned by strong governance and ongoing development, was judged to effectively safeguard and support children, young people and their families on a positive journey of change.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Social Work for Children and Young People Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose and the pre-inspection information request.

The Regulation Officer gathered feedback from two care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

Records, including policies, care records, and service specifications, were examined during the inspection process.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and the Team Manager.

This report sets out our findings and includes any areas of good practice identified during the inspection.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Staffing capacity to meet need • Safeguarding policy and procedure • Recruitment policies, including safer recruitment policy and practice • Health and safety compliance/property maintenance • Review of infection prevention and control measures
Is the service effective and responsive	<ul style="list-style-type: none"> • Service guides for children, young people and their families • Review of feedback on the service and complaints, compliments and feedback policy • Consent, data protection and confidentiality policies and their implementation • Referral processes • Quality assurance measures • The environment where the care is delivered
Is the service caring	<ul style="list-style-type: none"> • Supervision policy, evidence of implementation, frequency and quality • Reviewing case records and intervention plans (care plans) • Feedback from care receivers and their families • Feedback from professional and staff • How the service manages risk • The ethos and principles of care delivery • Wellbeing measures for care receiver and staff

Is the service well-led	<ul style="list-style-type: none">• Review of the Statement of Purpose• Policies and Procedures• Induction policy, procedure and evidence of implementation• Staff training records• Management reporting and service development plan• Compliance with practice standards of the service• Collaborative working – feedback from professionals
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6. INSPECTION FINDINGS

Is the service safe?

Children and Young People are protected from abuse and avoidable harm.

The Statement of Purpose was updated in August 2024 to reflect the introduction of a new programme of support, TTP, which provides therapeutic support for individuals exhibiting harmful sexual behaviour. This complements the existing LTFI programme, which offers therapeutic support to children and young people affected by sexual abuse, along with their family members.

The Regulation Officer assessed the service capacity in relation to the current casework and was satisfied that the service was operating well within its maximum case allocation limits. Management reporting provides oversight of caseloads to ensure staff are not overloaded and can be appropriately matched with a care receiver or family member.

The Regulation Officer explored staff recruitment, including reviewing policies, procedures, and safer recruitment practices. These were evidenced to be comprehensive, and staff were recruited with appropriate safeguarding checks. The Regulation Officer also confirmed that appropriate criminal record checks were revisited regularly.

No complaints have been made directly to the service or to the Commission since the last inspection in March 2024. The Regulation Officer noted a comprehensive policy was in place, alongside guidance leaflets for parents/carers, children and young people on how to make a complaint, compliment, or provide feedback. There is also an appropriate whistleblowing policy in place for staff.

The Regulation Officer confirmed with the Registered Manager that no notifiable events needed to be reported to the Commission. The service has produced a flow chart to help staff identify reportable incidents for children and young people.

The service had made several referrals to the Multi-Agency Safeguarding Hub (MASH), where children were assessed to be at risk of harm. The Regulation Officer was provided with examples by the management team and staff working with multi-agency partners, such as schools, the Children's Social Care Service (CSCS) and the Child and Adolescent Mental Health Service (CAMHS). These actions focused on safety planning to mitigate potential harm and providing consultations to help partners develop more effective responses aimed at reducing risk and improving relationships for those accessing their services.

One staff member commented:

We create a safe space for children and young people where they can explore what has happened to them.

The Regulation Officer noted several policies, procedures, and guides regarding safeguarding children and young people. These detailed how to recognise child abuse and neglect, how to respond appropriately, whom to refer to, how to record what happened, and what actions were taken. The wider organisation also operates a helpline to report concerns about a child or young person's safety or wellbeing.

Health and Safety of care receivers and staff are a priority in this service. A comprehensive Health and Safety policy is in place, which includes the responsibilities of the management team, staff and the wider organisation. The Regulation Officer evidenced the following procedures and actions:

- A dedicated Health and Safety Manager is responsible for the site
- An appropriate health and safety log was in place
- A toy cleaning and disinfection policy with local quarterly actions
- A comprehensive property maintenance manual comprising maintenance schedules, associated contractor risk assessments and site rules
- A fire risk assessment is in place for the building. Fire alarms, emergency lighting, and fire safety equipment are serviced and maintained in accordance with recommendations from the States of Jersey Fire Service. The duty worker is designated as the fire marshal each day.

- Portable appliance testing has taken place since the last inspection in March 2024
- Water testing is conducted every six months, alongside regular temperature checks and service of the water tanks
- First aid kits were present, and there were dedicated first aiders.

Is the service effective and responsive?

Social work support and intervention for Children and Young People lead to positive outcomes, enhances their quality of life, and is informed by the best available evidence.

The Commission now regulates two programmes operated by the NSPCC (Jersey), which are the LTFI and the TTP programmes. These are both evidence-based, child-centred therapeutic interventions.

The LTFI programme, partly funded by the Government of Jersey, is typically delivered over a 38-week period. However, its duration is flexible and tailored to the individual, allowing extensions to accommodate specific needs, such as neurodiverse children and young people. The Registered Manager explained that when the programme is extended, a progress tracking meeting is held between the Practitioner, Team Manager and Registered Manager (in line with organisational guidance) to ensure that the therapeutic intervention remains child-centred and focused while avoiding any unnecessary delay or drift.

The Regulation Officer reviewed the new TTP programme implemented by the service. This programme focuses on addressing the social and emotional challenges experienced by young people. It aims to support them in changing harmful behaviour, improve their wellbeing, and reduce the likelihood of future harm. The staff team delivering this programme have completed extensive training and are equipped to provide training in this area.

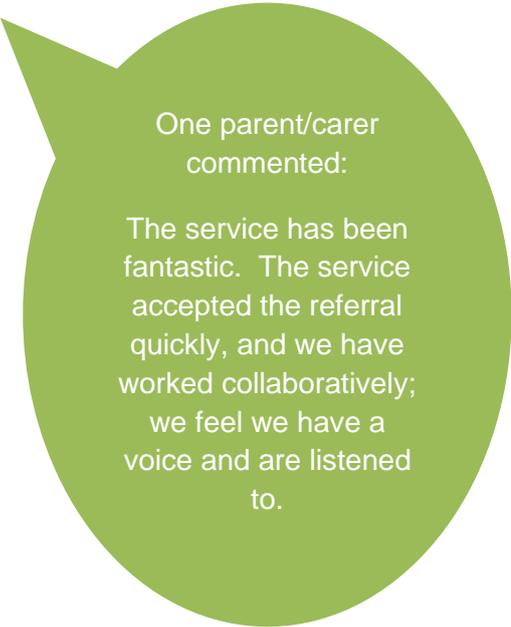
Various informative, local and child-friendly leaflets about the LTFI and TTP programmes are available for children, young people, parents/carers, and professionals.

These leaflets, also available in different languages, offer an overview of each programme, address frequently asked questions specific to each audience, and provide guidance on how to access the service. Additional information, including the research evidence base for both programmes, is available on the NSPCC Jersey website. The Registered Manager reported that they are in the process of promoting the TTP service to increase referrals.

The annual report for the LTFI programme indicated that ten different sources contributed to the referrals made to the service in 2024. These included multi-agency partners such as education, CAMHS, CSCS, and the Sexual Abuse Referral Centre, as well as self-referrals and several referrals from parents/carers.

The LTFI annual report includes detailed information on ten Key Performance Indicators (KPIs) and the service's compliance with them. Most of these KPIs were achieved, including those relating to the timely acceptance of referrals, the completion of need and risk assessments, and the prompt commencement of the programme.

The Regulation Officer reviewed the process following the service's acceptance of a referral. Once allocated to a Children's Service Practitioner (CSP), an initial introductory meeting is held with the child or young person and their parents/carers, during which more detailed information about the therapeutic programme is provided. In addition, participants are provided with information on their rights, such as access to their records, and importantly, signed consent is sought from both the child and their parents/carers.



One parent/carer commented:

The service has been fantastic. The service accepted the referral quickly, and we have worked collaboratively; we feel we have a voice and are listened to.

An initial assessment of the child's needs is conducted by the allocated CSP and completed within 28 days. This assessment helps build a comprehensive understanding of the child or young person's circumstances, ensuring that interventions are tailored to their specific needs and that potential risks of harm are effectively mitigated. It includes the following:

- what are we worried about, what is going well and what we need to know
- the views of those involved
- the desired outcomes of those involved
- how will this be achieved
- the resulting decisions and actions.

As part of the assessment process, all children and young people complete a trauma symptom checklist. This checklist is independently evaluated to assess both acute and chronic post-traumatic stress, helping to inform therapeutic needs and contributing to more effective risk management. It can also be revisited during and at the end of the intervention to identify positive changes in presentation and behaviour.

One parent/carer commented:

The key worker quickly built a positive relationship with our child, made her feel comfortable, and worked at their pace.

One professional commented:

The worker built a really positive relationship with the young person, providing them with warmth, empathy, unconditional positive regard, and compassion that came so naturally.

An AIM assessment is conducted for most children and young people accessing the TTP programme. This structured framework is specifically designed to assess young people who display harmful sexual behaviour (HSB), helping to identify levels of risk, underlying needs, and appropriate interventions.

The wider organisation has established three levels of practice standards aligned with the intensity of intervention required; for example, group work is categorised as level one, while LTFI and TTP programmes are classified as level three interventions. The Regulation Officer was satisfied that the service was operating in accordance with these practice standards, some of which are monitored and reported on through KPIs.

The Regulation Officer reviewed the feedback mechanisms in place for children, young people, and their parents or carers. The formats used were tailored to suit the age and developmental stages of the children, incorporating features such as emoji scales and free-text boxes. For adults, the feedback form used statement scaling alongside free-text boxes. Feedback received and reviewed by the Regulation Officer was overwhelmingly positive, with selected comments featured in the speech bubbles throughout this report. In addition, the Regulation Officer selected some of the comments made directly to the service from children, young people and their families.

From children and young people:

“Everyone is very friendly; I would like to live here if I could.”

“Having someone to talk to.”

“Being able to bring my pet and being listened to.”

From parents and carers:

“Understanding more about the impact of trauma on my child and finding out different ways to help my child become calm and relax.”

“Having a safe place to talk openly and share my honest feelings without fear of what others may think.”

“The practitioner was outstanding, kind and extremely knowledgeable.”

“It has helped my child become more confident; they have a voice now.”

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets children and young people's unique support needs.

The nature of interventions offered by this service to children, young people, and their families can be highly emotive. These situations often involve significant challenges, particularly as children and young people may struggle to engage with the process.

CSPs reported that they support engagement by offering choices, for example, allowing children and young people to select the room in which the work will take place and collaborating with them to arrange the space in a way that feels comfortable, such as including blankets, cushions, or preferred snacks and drinks. Where discomfort persists, relationship-building may instead take place in the community, through shared activities or in locations chosen by the child or young person. CSPs reflected that giving children and young people some ownership and choice helps build positive relationships and recognises their individuality.

One staff member commented:

Respecting a child or young person's gender identity is very important, to see them as they are and respect their pronouns. We are also open and honest with the children and young people we work with.

The initial stage of any intervention plan focuses on equipping the individual with tools and coping strategies to manage their emotional state, harnessing their strengths to establish a solid foundation for emotional grounding throughout their therapeutic journey. CSPs shared that social stories can be a valuable tool in supporting children and young people in this area. These stories provide accessible information for those young people who might have additional needs, and support therapeutic introductions, explaining what we do/what we will talk about/why and therapeutic endings.

Initial assessments for the LTFI programme are written directly to the individual and provided in two versions: one in a child or young person-friendly format and another tailored for parents or carers. The recipient signs each version, and it can be translated if necessary. The therapeutic intervention plan is clearly defined and reviewed at intervals of no more than 90 days. Each review includes a summary of the sessions delivered and an evaluation of the progress toward the previously identified desired outcomes.

Typically, the TTP AIM assessment will be completed within four sessions and includes input from parents, carers, and relevant professionals. The initial stage of assessment may also involve the use of a multi-agency pattern mapping tool to assess and better understand HSB exhibited by the child or young person. This approach enables professionals to explore how, when, where, and why such behaviours occur. It is particularly effective in identifying triggers, behavioural patterns, and contextual factors that contribute to the behaviour. In one case reviewed by the Regulation Officer, this tool provided a clear and practical understanding of the behaviour's function, which informed effective safety planning and contributed to a positive outcome for the child.

One staff member commented:

We are all on this journey together, the child or young person is helped to take responsibility for their actions.

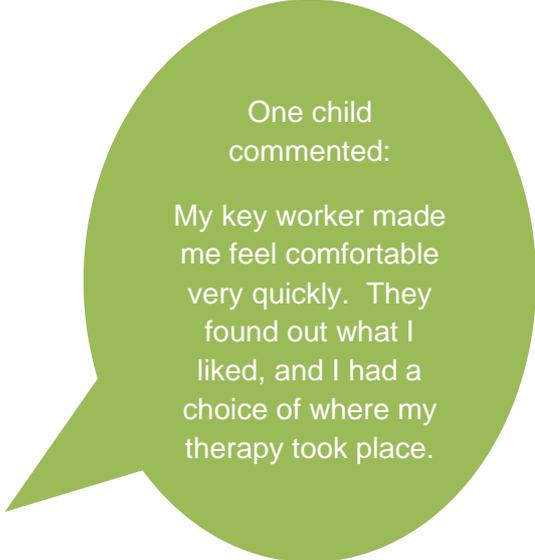
Intervention plans are also formulated to address and reduce risk, such as how trauma influences behaviour and daily living issues, who are safe adults, personal safety strategies, and safe internet access.

One child commented:

I feel more confident in myself, and I am better able to challenge situations where I did not before.

Therapeutic sessions are ended positively with a grounding activity and positive affirming language. However, CSPs may enact safety plans, for example, contacting parents/carers or other multi-agency partners if it is felt that there are elevated risks to the child, young person, or others. The Regulation Officer viewed a sample of sessional records, which recorded the initial aim, details of therapeutic intervention, an analysis and any resulting actions, which may include a revision of the risk assessment.

Endings are approached with care and celebration, recognising the child or young person's journey and progress. CSPs create a personalised story of the child or young person's therapeutic journey, incorporating their drawings, achievements, and the things that matter most to them. The Regulation Officer deemed this a powerful way to honour their efforts, build self-esteem, and support a positive transition beyond the intervention.



One child commented:

My key worker made me feel comfortable very quickly. They found out what I liked, and I had a choice of where my therapy took place.

Parents, carers, and siblings can also access support from this service, including individual sessions to help them understand the impact of trauma and how best to support their child throughout the therapeutic process. These sessions can also address areas such as:

- strengthening and rebuilding relationships
- helping parents deal with guilt and shame
- to understand and respond to behaviour
- supporting siblings and recognising the impact on them
- how to provide a safe home

Delivering these programmes can have a significant emotional impact on staff. The Regulation Officer consulted with several team members to explore the available support mechanisms and was assured that appropriate systems were in place, which included:

- A line manager or colleague is always available to offer an immediate debrief following an emotive session. This was described as a positive and affirming experience
- there is access to a wellbeing offer in the wider organisation
- there are mental health first aiders in the staff team
- informal, group and regular individual supervision is in place
- opportunities to discuss the delivery and personal impact with colleagues in the wider organisation delivering similar programmes

The Regulation Officer reviewed the supervision records and the organisation's supervision policy. Signed supervision agreements were in place for all staff, clearly outlining the expectations, roles, and responsibilities of both the supervisor and the supervisee. The frequency of supervision aligns with the policy's requirements and meets the Commission's Standards.



One staff member commented:

Supervision can often provide opportunities to discuss how to reach hard to engage individuals.

Is the service well-led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The Regulation Officer reviewed the service development plans, including the Continuous Improvement Plan (CIP), which incorporated learning identified at national and local levels, and the NSPCC's contribution to the Island's Child Sexual Abuse (CSA) strategy. The plans were considered comprehensive, subject to regular monitoring and review, and included stakeholder engagement where appropriate. The Registered Manager reported that a Development Lead for Jersey has been appointed and is due to start soon, with one of their primary focuses being participation to ensure that those accessing the service have a voice.



One professional commented: As an organisation, they are polite, professional, understanding and supportive.

The worker has been very approachable and easy to work with, which has enabled us to provide a supportive experience for my young person.

The Regulation Officer examined the Business Continuity Plan for this service and was assured that it outlines how the service will maintain or quickly resume critical operations during disruptions such as loss of premises, IT failures, and staff shortages. The plan also defined roles and responsibilities, essential contact lists, and evacuation plans.

The Regulation Officer reviewed the quality assurance measures in place to monitor and improve outcomes and identified this as a strong area of practice. These measures were evidenced to support a learning culture within both the service and the wider organisation.

There are significant measures in place, both internal and external, for example:

- Internal audits and reflective learning are conducted both by the local management team and the Quality and Practice Team based in the UK under a quality assurance framework on a bi-quarterly basis.
- Management and staff can consult and discuss the delivery of their programmes with other services in the UK.
- KPIs are regularly reviewed and analysed to identify areas of underperformance and drive improvement.
- Management and staff have access to a Consultant Social Worker from the Quality and Practice Team on a regular basis.

The service regularly seeks feedback from staff through surveys, which are shared with the management team to assess the overall health of the service, focusing on job satisfaction, workplace culture, and the quality of management support. Weekly team meetings are held to plan for the week ahead, discuss the logistics of delivering therapeutic interventions, identify potential risks, and agree on management strategies. In addition, wider monthly meetings are held with other staff groups, including fundraisers, to promote collaboration and shared understanding.



One professional commented:

The worker was friendly, professional, and highly supportive towards the young person and us as a team.



One staff member commented:

The work we do can be very emotive. We have a supportive environment, and we are inspired and motivated by what we do.

The Regulation Officer sought feedback from staff regarding the workplace culture within this service and was satisfied that they felt valued, respected, and included, with open communication and strong supportive leadership. A sample of some comments are throughout the body of this report.

The Regulation Officer examined a sample of policies and procedures and evidenced them to be comprehensive, accessible, regularly reviewed, and aligned with legislation, best practices, and service values.

The induction of new staff is office-based and includes familiarisation with policies and procedures, a health and safety briefing for the building, a review of the building's risk assessment, a hybrid working assessment (including display screen equipment), and the development of a Personal Emergency Evacuation Plan (PEEP) where required. This is supported by a structured onboarding process, which includes extensive training, regular check-ins and supervision to support a successful transition into the role and service.

The Regulation Officer reviewed the mandatory training requirements for all service staff and found them to be comprehensive. Training is delivered through a blend of e-learning, virtual classrooms, and face-to-face sessions. Staff delivering the LTFI and TTP programmes had received extensive classroom-based training. Opportunities for further learning and development are readily available, with the wider organisation providing a wealth of additional resources through its website. The Regulation Officer also examined the central training matrix on-site and was satisfied that all staff had met the mandatory training requirements.

7. IMPROVEMENT PLAN

No areas for improvement were identified during this inspection, so an improvement plan is not required.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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