



FOYLE
Health and Social Services Trust

Action Plan

Child Protection Inspection 2004

SOCIAL SERVICES INSPECTION REPORT (WHSSB/FOYLE H&SST)

STANDARD 1. - The Board/Trust has arrangements in place for the planning, commissioning, monitoring and management, and provision of child protection services which meet the assessed needs of children and families.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
1. The process of assessing the impact of New Beginnings through underpinning action research should be established as soon as possible. (Paragraph 2.1b) (There are 9 other recommendations concerning New Beginnings: - paragraph 2.2e, 3.1c, 4.3a, 4.4a, 5.2e, 5.8b, 8.1b, and 10.2a.	Independent Evaluation of New Beginnings.	Trust/WHSSB	Immediate (Completion date September '05)	The WHSSB/ Foyle Trust have commissioned an independent evaluation of New Beginnings, which will be facilitated by NUI Galway.
2. The Board and Foyle Trust should address the issue of staffing levels for child protection work. (Paragraph 2.1c).	(i) Compliance with 3.17 CtoSC requires nomination of designated doctor for child protection (WHSSB) <ul style="list-style-type: none"> ▪ Membership of ACPC. ▪ Advisor to the Board on planning and audit of physical/ sexual abuse. ▪ Ensure expert Health & advice 	WHSSB Dr Hutton has been appointed as trust named Paed. Discussions are underway with the Board re designated doctor. SMT have		Foyle Trust have arranged a meeting with the Trust Paediatrician Director of Health Care, PM for Health Care and Director of Social Care to review existing arrangements.

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<p>3. The Foyle Trust should carry out a review of Paediatric job plans to recognise the present child protection workload. (Paragraphs 2.1c, 2.5c and 2.1d).</p> <p>4. There is a need to continue with this activity recording on Child Protection Assessment to assess the impact of "New Beginnings" on referral rates. (Paragraph 2.1e).</p>	<p>on child protection available to other agencies, GPs and Health Professionals.</p> <ul style="list-style-type: none"> ▪ Liase with Trust named doctor and nurse advisor. ▪ Ensure training available for medical professionals. <p>(ii) The Trust need to comply with 3.18 CtoSC by appointing a named Paediatrician who will advise the CEO on child protection.</p> <p>The job plan is currently being reviewed within the Trust.</p> <p>The Community Paediatrician will provide 3 monthly activity reports which will be made available to the PM Health Care and PM Family & Child Care.</p>	<p>also been advised and are considering the proposal.</p> <p>Trust</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Job plans have been reviewed. August 2005</p> <p>Foyle Trust will begin addressing this issue on a cross programme of care basis and will also form part of the evaluation process of New Beginnings.</p>

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<p>5. The WACYPC should be further developed as a tool to target services/resources within the Trust. (Paragraph 2.1f)</p>	<p>Additional discussion required in order to review WACYPC role in targeting services/resources. This will also be reviewed within SCT1.</p>	<p>Trust (Sarah Grogan, PM Tom Cassidy, PM)</p>	<p>Ongoing</p>	<p>The Trust/ Board need to review the CSP planning process in order to identify any additional ways the WACYPC could be used to better target services.</p>
<p>6. Board and Trust managers should ensure that all communications depict the standard of service provision accurately so that appropriate action may be taken if service provision falls below acceptable standards. (Paragraph 2.2b).</p>	<p>A Working Group involving Trust & Board personnel needs to be convened to develop a child care risk register which will direct managers to deficits in service provision.</p>	<p>WHSSB (Dominic Burke, DSC)</p>	<p>Ongoing</p>	<p>The WHSSB/ Trust met on the 25/01/04 to begin developing a model or risk register that will ensure that information is accurate and timely and will highlight deficits in service provision and meeting delegated statutory functions Template available from sept. 05.</p>
<p>7. The Board should ensure systems are established to facilitate the monitoring of centralised decision- making and allocation of resources. (Paragraph 2.2c).</p>	<p>The NUI Galway evaluation will also develop tools to facilitate ongoing evaluation of the centralised decision making process.</p>	<p>WHSSB/ Trust</p>	<p>Ongoing (Completion date Sept '05)</p>	<p>The NUI Galway evaluation will commence in February 2005. Part of the brief requires the evaluation to</p>

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<p>8. Foyle Trust should take action of centralised decision making and allocation of resources to ensure other agencies, particularly police and education, are fully informed and consulted about the rationale behind New Beginnings and are appropriately consulted about further developments. (Paragraph 2.2e).</p>	<p>The TCPP will continue to address any developments within new Beginnings and progress reports on New Beginnings will be factored into Multi-disciplinary fora.</p>	<p>Trust/ WHSSB</p>	<p>Ongoing</p>	<p>develop additional evaluation tools that can be used to update the evaluation process. Money available to develop tools.</p> <p>Enhanced communication with other agencies needs to be developed. The TCPP addresses developments within New Beginnings at each quarterly meeting. TCPP restructured to address this issue.</p>
<p>9. Urgent action should be taken by the Board and Trust to ensure the threshold operated by Foyle Trust is compatible with the requirements of the Children Order. (Paragraph 2.3c) (There are 2 other recommendations about threshold:- 2.8d and 3.2d).</p>	<p>Regional Policy & Procedures will address threshold criteria, which will be applied consistently across the province.</p>	<p>Trust (Tom Cassidy, PM) (Single assessment tool being developed DHSSPS)</p>	<p>01.04.05</p>	<p>The Policy & Procedures have now been drafted by a Regional Group, been subject to professional scrutiny, legally proofed and will be implemented on the 01.04.05.</p>

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<p>10. The ACPC and CPP should ensure that those working at the 'coal-face' and not directly involved in the committees are aware of the role and remit of ACPC and CPP. (Paragraph 2.4b).</p>	<p>Communication Strategy -</p> <ul style="list-style-type: none"> ▪ ACPC Annual Conference ▪ ACPC make a contribution to the planning and running of the event with different Boards as chairs. ▪ Develop newsletter highlighting significant issues and information on a quarterly basis. 	<p>ACPC</p> <p>[Newsletter to be developed]</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> ▪ WHSSB represented on Regional Group developing the annual conference. ▪ Newsletter proposal requires discussion at ACPC. ▪ Regional com. Group ▪ Letter to G.P. group. com ed. Group
<p>11. The issue of child protection staffing levels should be reviewed to prevent waiting lists and other areas of unmet need occurring. (Paragraphs 2.1c and 2.1d).</p>	<p>Audit Paediatric staffing levels.</p> <p>(Capacity issues across the system remains problematic)</p>	<p>TCP ACPC</p>	<p>Ongoing</p>	<p>The Trust intends to appoint an additional Paediatrician in order to address the workload of the Paediatric Service.</p>
<p>12. Trusts should ensure that information provided depicts an accurate account of services. (Paragraph 2.7a).</p>	<p>Refer to recommendation 6.</p> <p>(Risk register)</p>	<p>Trust</p>	<p>Ongoing</p> <p>(SSW now appointed)</p>	<p>Refer to recommendation 6 (2.2.6 SSI Inspection Report).</p>

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<p>13. The process of developing a career grade for practitioners, beginning with the appointment of senior practitioners should be undertaken as a priority by Foyle Trust. (Paragraph 2.8a).</p>	<p>SSW Practitioner posts will be interviewed and appointed by late February 2005.</p>	<p>WHSSB/ Trust</p>	<p>Ongoing</p>	<p>The Trust appointed 2 SSW Practitioners to FIS (West Bank), 1 SSW Practitioner to FIS (East Bank) and 1 SSW Practitioner in the Duty & Assessment Team.</p>
<p>14. Foyle Trust should monitor the impact of the concentration of services at levels 3 and 4 for service users and the induction of new staff to child protection. (Paragraph 2.8d).</p>	<ul style="list-style-type: none"> ▪ Induction Programme for newly qualified/ appointed staff is now in place. ▪ New Beginnings has developed a caseload weighting system which is operational. SW however had to carry higher caseloads than planned for. The system will be reviewed in one year (Duty and assessment team work on level 2. Family support strategy Preventative Role essential to the service delivery). 	<p>Trust</p> <p>Trust</p>	<ul style="list-style-type: none"> ▪ Immediate ▪ Review March '06 	<p>Caseload weighing system is operational. However most staff across all teams carry higher caseloads than anticipated. The system will be reviewed in one year.</p>

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15. The conduct of induction and annual appraisal of staff should be included in the supervision policy. (Paragraph 2.8e).	Supervision policy requires additional discussion and debate across Programmes of care.	Trust	Ongoing	1. General induction 2. Poc/ office induction 3. Family and child care being developed.
16. A minimum of individual supervision should be conducted every 3 months for key community nursing staff, particularly health visitors. (Paragraph 2.8g).	The Health Care Director will review this recommendation within the Health Care Programme of Care	Phil Mahon Director of Health Care.	Completed	The Health Care Programme reviewed and have now actioned this recommendation.
17. Decisions made in supervision should be recorded in all social work case-files. (Paragraph 2.8h).	Recording system needs to be Developed.	Trust (Tom Cassidy, PM)	February '05	SW Managers are required to review individual cases and record discussions on case file. Supervision considered top priority within trust.
18. The Board in collaboration with WELB should develop further the consultation on training and agree a co-ordinated training strategy that enables education staff to access suitable multi-disciplinary/inter-agency training. (Paragraph 29.a).	<ul style="list-style-type: none"> ▪ Review Training Agenda ▪ Arrange meeting with Training Team, Education, Social Services and other professional groups within ACPC to address this recommendation. 	Board (Training Team - Westcare)	6-12 months	Address at ACPC meetings. (Training issue needs to be agreed at board level) Duty and assessment team contribute to WELB training

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<p>19. The Training Team should consider the barriers to participation in child protection training by Primary Care staff when planning multi-disciplinary or targeted events. (Paragraph 2.9 c).</p>	<p>Training Team to consider action(s) Required.</p>	<p>Training Team</p>	<p>Ongoing</p>	<p>Requires additional discussion within ACPC & TCPP meetings.</p>
<p>20. The Trust in collaboration with PSNI should ensure that crucial points relating to the policy and training issues are addressed by PSNI and Trust operational managers and trainers. (Paragraph 2.9e).</p>	<p>Joint training between PSNI & Social Services staff required. Additional Guidance for PSNI personnel will also be required particularly in relation to attendance at case conferences.</p>	<p>PSNI/ Trust</p>	<p>Ongoing</p>	<p>(Some of these issues are dealt with in the p and p chap 3,5,6,7 and protocol) In addition the ACPC and TCPP also highlight this area. D.I C.A.R.E. unit meeting D.S. on the 17/08/05</p>
<p>21. The effectiveness of central allocation should be monitored particularly in relation to the outcome of service provision to children and families. (Paragraph 2.10a).</p>	<p>This will be reviewed as part of the New Beginnings evaluation.</p>	<p>Trust</p>	<p>September '05</p>	<p>Evaluation will be available in Sept. 2005</p>

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<p>22. The ACPC and CPP should monitor quantitatively and qualitatively the development of case planning and family group conferencing as an alternative to involving families in the formal child protection process. (Paragraph 2.11b).</p>	<p>The development of Case Planning Family Group conferencing is an attempt to intervene earlier into families lives who require support and is not an alternative to the child protection process. All cases that require child protection are subject to Child Protection Policy & Procedures.</p>	<p>ACPC/ TCPP</p>	<p>Ongoing</p>	<p>The WHSSB/ Trust are developing additional monitoring arrangements that will be included in a Risk Register. Family group conferencing has also been reviewed.</p>
<p>23. Initiatives designed to increase the involvement of young people and parents in service provision should be viewed as a priority. (Paragraph 2.12c).</p>	<p>Family Group Conferencing is designed to be an inclusive process including young people and families.</p>	<p>Trust (Tom Cassidy, PM)</p>	<p>Ongoing</p>	<p>Family Group Conferencing has been reviewed. Additional work is required about how best to engage young people and families in service provision.</p>
<p>24. An audit of recent developments in service provision should be urgently undertaken. (Paragraph 2.13a).</p>	<p>NUI Galway has been contracted to Evaluate New Beginnings. (Audit sub committee being developed by ACPC)</p>	<p>Trust (Tom Cassidy, PM)</p>	<p>Ongoing</p>	<p>The evaluation will be completed by September 2005.</p>

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<p>25. Foyle Trust should construct a rolling strategy for communication with other agencies that capitalises on the availability of information technology within the Trust to inform and update partners, stakeholders and service users about ongoing developments. (Paragraph 3.1c).</p>	<p>ACPC/ TCPP newsletter will be developed and made available electronically. New Beginnings is already updated on the internet.</p>	<p>Trust (Avril McClay, BSO)</p>	<p>Ongoing</p>	<p>The ACPC/TCPP need to consider how this newsletter will be developed, publication dates and availability in order to keep staff fully informed. ACPC website updated.</p>
<p>26. Robust systems should be put in place to monitor the operation of the process that triggers the initiation of child protection procedures and to ensure that important role of Case Conference Chair is undertaken appropriately. (Paragraph 3.2a).</p>	<ul style="list-style-type: none"> ▪ New Beginnings evaluation ▪ Development of risk register ▪ Audit of Child Protection Systems ▪ Supervision of SW Managers and Service Managers ▪ Training for Case Conference chairs needs to be developed. The SM for FIS now chairs the initial CPCC 	<p>Trust (Tom Cassidy, PM)</p>	<p>Ongoing</p>	<p>The WHSSB/ Trust are developing a risk register that will highlight any significant patterns or changes. In addition the Trust has also moved from local office based services to a centralised approach to promote greater consistency across the</p>

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<p>27. Further consideration should be given to both the role and remit of the Quality Development Manager with a view to strengthening the audit and quality function of this position at Trust level. (Paragraph 3.2b).</p>	<p>Trust Service Managers will review the existing post of Quality Development Manager to highlight the role of audit more accurately. With associated plan of work developed.</p>	<p>Trust (Tom Cassidy, PM)</p>	<p>Ongoing</p>	<p>Trust. The independent chairs also meet with the Programme Manager to address key issues as they emerge.</p> <p>The Quality Development Manager reviews all case conference minutes. There are delays in the publication of minutes and the Trust have now appointed an additional independent Chair to address delay. The Trust have also agreed that abridged minutes with recommendations attached can be produced and circulated to ensure that work agreed is clear and executed accordingly.</p>

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<p>28. The skill mix, staffing and management structure of this service should be kept under constant review by the Trust and included in the service evaluation. (Paragraph 3.2d).</p>	<p>The evaluation of New Beginnings will address the current skill mix within the Duty & Assessment Team.</p>	<p>Trust</p>	<p>September '05</p>	<p>The role of SWA has been reviewed and now relate to a specific SW</p>
<p>29. Managers should ensure staff are provided with sufficient preparation, training and support to undertake this role and evaluation of the role is conducted to ensure adequate qualification and recompense for the responsibilities undertaken. (Paragraph 3.2d).</p>	<p>New Beginnings will evaluate the skills mix required which is also being addressed by the Trust.</p>	<p>Trust (Deirdre Mahon)</p>	<p>April '05</p>	<p>A workload analysis has already taken place within the Trust to determine skill mix, which will be discussed with the WHSSB.</p>
<p>30. The Board/Trust should ensure that quality and audit functions underpin decision-making taking account of the implications for children who do not meet the threshold as defined by Foyle Trust, as well as those that do. (Paragraph 3.2e).</p>	<p>The WHSSB & Trusts will both undertake Audits of children who have not met the Threshold criteria.</p>	<p>Trust/ WHSSB</p>	<p>September '05</p>	<p>Audit proposals will be discussed at both ACPC & TCPP. The ACPC are in the process of developing an audit sub committee.</p>

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31. Managers within Foyle Trust should revisit the audit reports with a view to examining the organisational issues identified as possibly effecting the participation of children and young people in decision-making. (Paragraph 3.4a).	The Trust will be required to audit the involvement of participation of young people.	Trust (Tom Cassidy, PM Eileen Webster, QA Manager)	April '05	The Trust have designed a format which was presented to the Trust Child Protection Panel on the 06/04/05.
32. Managers in Foyle Trust should reflect on this issue and consider how communication with parents can be included in the communication strategy already discussed.	Eileen Webster (Quality Assurance Manager) will review this aspect.	Trust (Eileen Webster QAM)	Ongoing	To be developed. Work is underway and a format will be made available within 8 weeks
33. All service users should be made aware of how to make a complaint about service received. (Paragraph 3.5a).	This has been highlighted in the Policy procedures.	Trust (Tom Cassidy< PM)	April '05	Policy & Procedures will be implemented on 01/04/05. Awareness Training for staff has been facilitated.
34. The Inspection Team found that the quality audit functions were usefully conducted at Board level in the past and recommend that ACPC should develop a system to monitor services commissioned.	Audit functions will be developed.	WHSSB in discussion with Trust (Martin Quinn, PSW)	September '05	Ongoing. (This will be progressed by January 2006)

STANDARD 3 - The Board/Trust promotes access to services by children and families and concerned members of the public where there are child protection concerns.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
35. The ACPC and CPP should continue to monitor the addition to and removal of children's names from the Child Protection Register paying particular attention to marked reductions and to categories of registration. (Paragraph 4.2c).	This will be reviewed at each WACPC and TCPP.	WHSSB/ Trust	Immediate	Discussed at relevant panel meetings The risk register will assist with this aspect.
36. Police and education services should be sufficiently informed/consulted about changes prior to their introduction. (Paragraph 4.3a).	The Trust will reflect on the experiences of other agencies and focus on greater involvement of stakeholders.	Trust	Ongoing	Ongoing. (Police and education involved in the p and p). The PSW WHSSB will meet the care unit on a quarterly basis.
37. The Board Primary Care Intranet could be used to access all GPs as an awareness raising exercise. (Paragraph 4.3a).	Requires discussion with FPSU.	WHSSB	April '05	(p and p distributed with information letter attached)
38. All referrals, particularly those from medical and education staff that are likely to contain a degree of urgency, should be acknowledged promptly in writing. (Paragraph 4.3b).	Policy & Procedures will address this issue.	WHSSB/ Trust	April '05	Time frames are prescribed within the P and P which are adhered to by the trust.

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Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
39. Social Services should ensure that the Framework for Assessment of Need is utilised thereby reducing the likelihood of duplication in the conduct of assessments. (Paragraph 4.3c).	The DHSSPS have taken a lead in developing a Single Assessment Tool.	DHSSPS	May '05	Addressed in Policy & Procedures. Working group established.
40. Foyle Trust in collaboration with representatives from across the education sector in the WELB should address the issue of referral-making to social services in order that teachers and other educational representatives understand and have confidence that expressions of concern will receive an appropriate response from social services. (Paragraph 4.3d).	Requires additional discussion with colleagues in education sector. (ACPC chair written to WELB re ed. Involvement)	Trust	April '05	Addressed under Article 46 C.O. and Policy & Procedures.
41. The Communication Strategy should take account of the difficulties confronting marginalised groups, including members of the Travelling Community, when requiring access to services. (Paragraph 4.5a).	This will be addressed in the communications strategy.	Trust	September '05	Ongoing (Travellers support group part of the preventative working group of the Family support strategy]

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<p>42. Foyle Trust should re-consider their interpretation of Article 46, Children (NI) Order 1995 and ensure that the responsibility for taking action to protect children does not fall between agencies. (Paragraph 4.6d).</p> <p>43. The sitting, presentation and accessibility of this referral system should be urgently reviewed from a service user perspective, in consultation with the Western Health and Social Services Council. (Paragraph 4.8a).</p>	<p>Article 46 needs to be discussed at ACPC for guidance. <i>(This has been flagged up to the WELB for a response)</i></p> <p>Foyle Trust will meet with the Western H.S.S. Council to discuss this issue.</p>	<p>ACPC</p> <p>Trust (Tom Cassidy, PM)</p>	<p>April '05</p> <p>June '05</p>	<p>Scheduled for discussion.</p> <p>Ongoing</p>

STANDARD 4 - The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.

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44. The Framework for Assessment of Need should be adopted as a standardised model of assessment by Trust staff and its use extended beyond the initial assessment. (Paragraph 5.2d).	A Single Assessment Tool is being developed on a regional basis.	DHSSPS	May '05	Ongoing
45. The evaluation of New Beginnings to be undertaken by the Trust should include an evaluation of the initial assessments undertaken by the Central Duty Team. (Paragraph 5.2e).	Evaluation ongoing.	Trust	September '05	Ongoing
46. The quality and audit function within the Trust and between the Trust and Board should be strengthened in order to challenge professional practice and decision-making of operational staff and more stringently monitor supervision and management arrangements. (Paragraph 5.2h).	The WHSSB and Foyle HSST are developing: - i) A Risk Register ii) Review sample minutes by WHSSB. iii) In addition the Quality Assurance Manager samples a range of minutes within the Trust.	WHSSB/ Trust	Ongoing	Ongoing. In addition the ACPC are developing an audit sub committee.

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Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
47. The Board and Trust should ensure that systems are in place to closely monitor decisions not to convene a child protection case conference in favour of case planning. (Paragraph 5.2i).	A system to track decisions not to convene child protection case conferences needs to be developed.	Trust (Eileen Webster, QA M)	Ongoing	Policy & procedures highlight this issue and the role of case planning which is implemented within the Trust.
48. All files should contain a chronology of significant events and an appropriately completed front/data sheet. (Paragraph 5.4a).	A recording subgroup will be developed to address this issue.	Trust (Eileen Webster, QAM)	Ongoing	Ongoing
49. A review of record-keeping should be undertaken paying particular attention to the matters based in Paragraph 5.4b).	A recording subgroup will also address this issue.	Trust (Eileen Webster, QAM)	Ongoing	A working group is addressing this within the Trust.
50. Care should be taken with the terminology employed to describe family circumstances. (Paragraph 5.4c).	The policy & procedures give direction on the use of language and analysis of information.	Trust	Ongoing	Policy & Procedures implemented 01/04/05. Rec. 48, 49 and 50 are all linked to evidence based work which has been highlighted within the Trust.

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51. Police records should contain a front sheet/data sheet containing essential family details and a chronology of significant events. (Paragraph 5.4d).	PSNI to update. (Not yet updated) D.I. C.A.R.E. to meet with D.S. on the 17/08/05 to explore either a local response or a regional response Tuesday, 16 August 2005	PSNI	Ongoing	Not yet fully addressed.
52. Staff should obtain appropriate information in individual cases through accessing all files including hospital notes. It is also recommended that Community Paediatric staff receive copies of minutes of each CPCC and implement a system for 'flagging' this up within the child's community medical records. (Paragraph 5.4e).	The Policy & Procedures will give direction on this matter. [Chapter 6]	Trust	April '05	Ongoing
53. There is a need for consistent Trust Policy on documentation in child protection medical assessments. (Paragraph 5.4f).	Chapter 8 of Policy & Procedures will address this issue.	Trust	April '05	Implementation of Policy & Procedures.

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54. Nursing and social services operational managers should ensure that case files are reviewed and signed and that case records contain a copy of supervision discussions about the case. (Paragraph 5.5a).	Supervision Policy is in place.	Trust	Ongoing	Supervision Policy developed which addresses this issue.
55. All staff should be aware of the importance of appropriately convening pre-birth CPMC and that a strategy is in place to ensure consistency. (Paragraph 5.6b).	The Trust have reviewed all existing cases to ensure that the Trust complies with this recommendation.	Trust	Immediate	Policy & Procedures also address the issue of pre-birth case conferences. (6.10)
56. Information shared in strategy discussion should be confirmed in writing within the time limits set out in Co-operating to Safeguard Children. (Paragraph 5.7a).	Additional guidance required with Policy & Procedures.	Trust	April '05	Policy & Procedures have addressed this issue. (Chapter 5)

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57. All threats and violent acts against members of staff should be reported to managers and appropriately reported to the Authorities. (Paragraph 5.8a).	The Trust will collate this information	Trust (Tom Cassidy, PM)	September '05	Development of Risk register being addressed and each team also highlights a team health check.
58. All assessments undertaken or commissioned by social services should have a clear focus on the child and succinctly record information on the matter that is under scrutiny. (Paragraph 5.8c).	The Trust have developed a referral assessment form. In addition the DHSSPS are developing a single assessment tool.	DHSSPS	May '05	Ongoing. The DHSSPS will produce the single assessment tool by September 2005.
59. The Trust in collaboration with Education Managers should monitor the workload and training implications associated with the use of the Assessment Framework. (Paragraph 5.8d).	(Article 46of C.O.) The WELB will be tasked to highlight the additional workload and training implications Foyle Trust will seek clarification from WELB. (raised at tcpp?)	Trust (Tom Cassidy, PM)	October '05	Ongoing

STANDARD 4 - The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
60. The Trust managers should seek advice, not direction from Legal Services. (Paragraph 5.9a).	Trust Senior Managers will address this issue with the relevant managers.	Trust (Tom Cassidy, PM)	April '05	PM has met with all SM and advised on this issue
61. The issues noted above (regarding the legal process) should be addressed at a local and regional level. (Paragraph 5.9b).	The WHSSB in close consultation with the Community Trusts have responded to the DHSSPS re: unallocated cases.	WHSSB/ Trust	Ongoing	Paper forwarded to DHSSPS.
62. All family placements should be assessed in line with Children Order requirements. (Paragraph 5.9c).	The Service Manager responsible foster care has reviewed the waiting list for family and friends assessments.	Trust (Pat Armstrong, SM)	Ongoing	This work has now been completed.
63. The Trust should ensure staffing levels and systems are in place to avoid the need for any future delay in the conduct of assessments and that all assessment are conducted within the time-frame established in Co-operating to Safeguard Children. (Paragraph, 5.10a).	The Trust will review both capacity and resource issues and will participate in the development of a Risk Register.	WHSSB/ Trust	Ongoing	Risk Register is being developed.

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Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
<p>64. The health visitor's contribution should be sought and included by social services as a vital contribution to the overall assessment as well as a member of the multi-disciplinary assessment team. (Paragraph 5.10b)</p>	<p>A Single Assessment Tool will focus on the contribution of the H.V. role and contribution to the assessment process.</p>	<p>DHSSPS</p>	<p>Ongoing</p>	<p>Ongoing</p>
<p>65. The Foyle Trust should ensure that systems are in place to monitor the timing of case conferences and that the time-scales set out in Co-operating to Safeguard Children are adhered to. (Paragraph 5.11a).</p>	<p>The Policy & Procedures have addressed the issue of timescales.</p>	<p>Trust</p>	<p>April '05</p>	<p>Ongoing</p>
<p>66. The Community Paediatrician should be routinely invited to all initial or review case conferences. (Paragraph 5.11b).</p>	<p>This is being addressed within the Trust.</p>	<p>Trust</p>	<p>April '05</p>	<p>Refer to Policy & Procedures (6.19)</p>

STANDARD 4 - The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
67. The Trust should explore other opportunities in order to ensure the inclusion of information from GPs to CPCC. (Paragraph 5.11c).	This needs to be addressed.	Trust	April '05	Refer to Policy & Procedures (6.19) A G.P. rep. now sits on the TCPP
68. The Inspection Team reiterates the recommendation contained in Co-operating to Safeguard Children that minutes of case conferences are issued within 14 days of the conference to all those invited to attend and the child's parents. (Paragraph 5.11d)	The Trust has reviewed the format of minutes in order to comply with the Policy & Procedures. This will also be kept under review.	Trust (Tom Cassidy, PM)	March '05	Ongoing. Capacity remains as an issue for the Trust, which is reviewed regularly within the trust.
69. The ACPC and CPP in the Trust should give further consideration as to how to facilitate the involvement of key staff (the issue applies to key agencies such as education, nursing, health and police) within the information-sharing and decision-making process at CPCC. (Paragraph 5.11e).	This recommendation requires debate within the ACPC and TCPP.	WHSSB/ Trust	April '05	Ongoing (Audit on participant involvement scheduled for sept 2005)

STANDARD 4 - The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
70. Child Protection Plans should conform to the criteria set out in Co-operating to Safeguard Children. (Paragraph 5.12b).	The Policy & Procedures address this recommendation. The Trust will also monitor compliance.	Trust	April '05	Ongoing
71. The issue of school exclusion and the impact on vulnerable children in need of child protection should be discussed both locally and regionally between social services and education managers. It is also recommended that strategies are devised to ensure that the benefits of school attendance are not lost when a child needs them most. (Paragraph 5.12c).	This recommendation needs to be raised with the CPP process.	Trust	September '05	Ongoing. The risk register will provide a focus on this issue.
72. Greater involvement of children and young people in child protection should become a priority. (Paragraph 5.13a)	Work is clearly underway within the Trust, but may require a more robust approach.	Trust (Eileen Webster, QAM)	Ongoing	Ongoing

STANDARD 5 - The Board/Trust, in co-operation with other providers and services, has effective arrangements in place for the protection of children in groups known to be vulnerable and in specific circumstances.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
73. The updated procedures should take account of all circumstances thus adhering to requirements in Co-operating to Safeguard Children. (Paragraph 6.3a).	The Policy & Procedures reflect the requirements of Co-operating to Safeguard Children.	WHSSB/ ACPC	April '05	Policy & Procedures have now been developed.
74. All professionals in contact with disabled children should be aware of the particular vulnerabilities of this group and receive appropriate training. (Paragraph 6.3b).	This issues addressed in Policy & Procedures under section (9.23).	Trust	April '05	Policy & Procedures have addressed this issue.
75. The Trust should consider introducing an independent element (possibly through the voluntary childcare sector) at an early stage for complaints from young people in order to support them through the stressful ordeal of the complaints process. (Paragraph 6.6c).	This recommendation will require further analysis as it raises very complex issues and could potentially prove a costly service.	Trust (Tom Cassidy, PM)	Ongoing	Ongoing

STANDARD 6 - Child Protection services respond to the needs of children and their families, operate to high standards, conform to regulations, guidance, policies and procedures and are monitored and audited by the Board/Trust, ACPC and CPP

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
76. Social Services as lead agency for child protection should encourage and value contributions from other agencies and other agencies should be proactive in making sure their contribution is recognised by social services. (Paragraph 7.2d).	The Programme Manager will raise this with independent chairs.	Trust (Tom Cassidy, PM)	April '05	Ongoing
77. The future appointment of a Principal for ACPC should ensure that monitoring of CPCS minutes is reinstated at Board level. (Paragraph 7.2e).	The WHSSB will arrange for samples of case conference minutes to be collated for review and make comment about the standards achieved.	WHSSB (Martin Quinn, PSW)	September '05	Ongoing (Not yet actioned)
78. Community Paediatricians should be available to undertake joint assessments with the FMO. (Paragraph 7.2f).	Community paediatricians and FMO undertake joint medical assessments.	Trust	April '05	Refer to chapter 8 of Policy & Procedures.
79. This arrangement should be reviewed by the Trust jointly with PSNI, FMO and Community Paediatricians. (Paragraph 7.2g).	This remains a regional issue.	Trust	Ongoing	Ongoing

STANDARD 7 - The Boards/Trusts exercise their respective lead responsibilities for the establishment and effective working of ACPCs and CPPS as detailed in Co-operating to Safeguard Children.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
80. The ACPC Chair, CPP Chair and members if the Board Training Team should collaborate in addressing the issue of induction, training and roles and responsibilities for ACPC, CPP members (Paragraph 7.7a)	Induction training has been arranged but will be reviewed by both ACPC & TCPP.	WHSSB/ Trust	Ongoing	Ongoing
81. ACPC membership should be reviewed to ensure the full range of representation. (Paragraph 8.1a).	Membership has been reviewed.	WHSSB/ ACPC	Ongoing	Completed
82. Social Services and educational representatives should collaborate in the design of a strategy aimed at ensuring two-way flow of information. (Paragraph 8.1b).	This requires some additional discussion.	Trust	Ongoing	Ongoing
83. Procedures should be updated in line with Co-operating to Safeguard Children. (Paragraph 8.3a).	Policy & Procedures have been updated.	Trust	April '05	Full implementation by April '05.
84. An element of the Communication Strategy referred to earlier should include a rolling programme to better	The ACPC produced a Safe Parenting handbook, which was distributed widely. It will also form part of the	ACPC	February '05	Ongoing The Com. Ed. sub group are in the process of addressing this issue.

STANDARD 7 - The Boards/Trusts exercise their respective lead responsibilities for the establishment and effective working of ACPCs and CPPS as detailed in Co-operating to Safeguard Children.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
<p>inform communities about the need to safeguard children. (Paragraph 8.6a).</p> <p>85. Information required for monitoring purposes under Article 75 should be recorded in case-files. (Paragraph 8.7a).</p> <p>86. The CPP should review its membership and give serious consideration to the inclusion of an AHP representative. (Paragraph 8.13a).</p>	<p>ongoing role of ACPC.</p> <p>This needs to be addressed within the Trust.</p> <p>Membership has been reviewed to include a AHP representative.</p>	<p>Trust (Tom Cassidy, PM)</p> <p>Trust (Tom Cassidy, PM)</p>	<p>September '05</p> <p>April '05</p>	<p>Ongoing</p> <p>Ongoing review of membership required.</p>

STANDARD 8 - The ACPC conducts Case Management Reviews under Co-operating to Safeguard Children Chapter 10 and ensures that outcomes effectively inform practice at all levels. Lessons are communicated clearly to all those who need to know and changes are implemented, audited and reviewed to maximise the safeguards provided to children.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
87. The lessons from the Case Management Review should be cross-referenced with recommendations contained in this report. (Paragraph 9.7b).	The DHSSPS have developed a C.M.R. Advisory Group. C.M.R. recommendations are highlighted within the ACPC in order to develop appropriate action plans.	ACPC	Ongoing	Ongoing

STANDARD 9 - The Board/Trust fulfils its statutory duties in respect of human rights and equality legislative requirements. Human rights and equality principles are integrated into practice within all aspects of child protection services.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
88. An Equality Impact Assessment of New Beginnings should be undertaken as soon as possible. (Paragraph 10.2a).	The evaluation of New Beginnings will address an equality impact assessment.	Trust	September '05	Ongoing
89. Foyle Trust should ensure placement choice for 'looked after' children is facilitated in order that the diversities arising from differing cultural and community identities are considered and respected. (Paragraph 10.4a).	This is also a regional issue but continue to be addressed at a local level. (Children matter and regional foster care strategy)	Trust	Ongoing	Ongoing
90. The wishes and feelings of children should be ascertained and considered in cases where child protection procedures are implemented. (Paragraph 10.6b).	The Quality Assurance Manager continues to address this issue.	Trust (Eileen Webster QAM)	Ongoing	This is now completed
91. Foyle Trust should monitor and manage services so that they are provided equitably across the Trust. (Paragraph 10.7a).	New Beginnings was designed to address this issue. The Trust however also acknowledges that there may be additional learning arising out of the evaluation process which will be acted upon.	Trust (Tom Cassidy, PM)	Ongoing	Ongoing

STANDARD 9 - The Board/Trust fulfils its statutory duties in respect of human rights and equality legislative requirements. Human rights and equality principles are integrated into practice within all aspects of child protection services.

Recommendation	Action Required	Lead Agency/Manager	When	Progress to Date
92. The gap in paediatric forensic assessment within the Limavady area issue should be addressed. (Paragraph 10.7b).	A regional group has been set up to address this issue.	Trust	Ongoing	Ongoing