REVIEW OF HEALTH AND SOCIAL SERVICES IN THE CASE OF DAVID AND SAMUEL BRIGGS

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REVIEW OF HEALTH AND SOCIAL SERVICES IN THE CASE OF SAMUEL AND DAVID BRIGGS

1. INRODUCTION AND BACKGROUND TO THE INDEPENDENT REVIEW

1.1 The events leading to this review concern David and Samuel Filipache, Romanian twins (dob 28 August 1999) who were adopted in Romania by Mr and Mrs G.Briggs, a married couple from Craigavon. Mr and Mrs Briggs brought the twins to Northern Ireland on 19 July 2000. As adoptions made under Romanian law are not recognised in the United Kingdom, the intention was that, following one year of residency in Northern Ireland (required by law), the couple would adopt the children here. This would have fully secured the twins' legal status as adopted children. During the period prior to the events reported below, the Craigavon and Banbridge Health and Social Services Trust was responsible for monitoring the placement as a private fostering arrangement under the Children (NI) Order 1995 (the Children Order).

1.2 On 23 October 2000, David was brought by emergency ambulance to the Craigavon Area Hospital. The child was already dead on arrival at the hospital. On 5 November 2000, Mr and Mrs Briggs brought his brother Samuel to the Accident and Emergency Unit of the same hospital. Samuel was found to have a fractured skull and other injuries.

1.3 Mr Briggs was subsequently charged with inflicting grievous bodily harm on Samuel and sentenced to 12 months imprisonment. The coroner ordered the exhumation of David's body and is currently awaiting reports from the police and the Director of Public Prosecution before holding an inquest into David's death. With the agreement of the Romanian authorities and following a short placement in foster care, Samuel has been placed for adoption with another family.

The Case Management Review convened by Craigavon and Banbridge Health and Social Services Trust (the Case Management Review)

1.4 Under the Children Order guidance, a case management review is carried out when 'a case of confirmed or suspected child abuse involves the death of, or serious injury to a child, or a child protection issue arises which is likely to be of major public concern'. The review is usually a multi-agency and interdisciplinary evaluation of the way in which services to a child or family have been provided. The Trust in whose

area the events took place is generally responsible for instigating a case management review and must ensure that nothing is made public which is in contempt of court or in any way prejudicial to any civil or criminal proceedings. A case management review is therefore not normally made public, although the report is shared in full with the Department, the Board, the Trust and all other agencies and relevant individuals who were involved in the case.

1.5 In January 2001 Craigavon and Banbridge Health and Social Services Trust (the Trust) established a case management review to review the circumstances surrounding the death of David Briggs and the non-accidental injury of his twin brother, Samuel Briggs. The review considered the following: -

- Craigavon and Banbridge Trust's Family Placement and Child and Family Care Services;

- The Trust's Community Paediatric Health services and the Public Health Services of the Southern Health and Social Services Board (the Board);

- General Practitioner Services;
- Health Visiting Services;
- Craigavon Area Hospital Services;
- Police Services;
- State Pathology Services;
- The Department of Health, Social Services and Public Safety (the Department); and
- The Notification Arrangements within and between the above agencies.

1.6 The confidential report of the case management review team was presented to the Department of Health, Social Services and Public Safety, the Trust and the Southern Health and Social Services Board in April 2001. It provided an analysis of policies, procedures and professional practice in relation to each of the above and made some 55 recommendations aimed at improving adoption, family health and social care services and ensuring that the services of all other agencies safeguard children and promote their wellbeing. Key themes emerging from the review are outlined in section 3 of this report.

1.7 Having considered the Case Management Review report, the then Minister for Health, Social Services and Public Safety, Bairbre de Brun commissioned an independent review which commenced in January 2002.

2. TERMS OF REFERENCE FOR THE INDEPENDENT REVIEW

2.1

The Minister for Health, Social Services and Public Safety established the following terms of reference for the independent review:

2.1.1 The review will consider the family, child health and social care services in the Craigavon and Banbridge Community Health and Social Services Trust in relation to:

- The arrangements for the discharge of delegated statutory functions, including systems for monitoring and review;
- The management, organisation and structure of services, including current procedures, policies and standards;
- The communication and liaison arrangements within the Trust and between the Trust, the Southern Health and Social Services Board and the Department of Health, Social Services and Public Safety;
- Workforce planning, staffing levels, training, support and supervision of staff; and
- Commissioning arrangements between the Board and the Trust and the adequacy and use of available resources.

2.1.2 The review will also consider: -

- How the Trust applies intercountry adoption policies and procedures within its adoption arrangements; and
- The handling of the case of Samuel and David Briggs by Craigavon Hospital Trust, The Southern Health and Social Services Board and the Department.

2.1.3 The review will examine the clinical and social care governance arrangements in the Trust, taking account in particular of the handling of the case of Samuel and David Briggs.

2.2.

The Review Team

2.2.1 The members of the Independent Review Team were:

R.J. Lewis CBE
D Cole MSc RGN RMN HV
A Williamson CBE

2.2.2 R.J. Lewis

Former Director of Social Services,
Past President, Association of Directors of Social Services,
Former Hon. Secretary ADSS

A Williamson

Former Director of Social Services,
Former Hon. Secretary ADSS,
Former Chair, Devon Heath Authority,
Deputy Chair, S.W.England Strategic Health Authority.

Dorian Cole

Child Protection named nurse, South London & Maudsley NHS Trust

2.3 The statements and views expressed in this report, including its recommendations, are those of the independent review team.

2.4 In presenting this report to the Minister for Health, Social Services and Public Safety, we wish to acknowledge the great deal of co-operation we received from many staff, for which we are most grateful. When serious events take place that affect the lives of children, there is a significant professional and emotional impact on the staff involved and all those who are committed to the care and protection of children. It is our hope that the findings and recommendations of this report will help the further development of more effective child and family health and social care services for all children, but in particular, those children who - like David and Samuel Briggs - are brought from their country of origin to Northern Ireland to be part of a new adoptive family. The least they deserve is that we should be alert to their needs and respond in ways that are worthy of their trust.

3. THE CONTEXT OF THE INDEPENDENT REVIEW

3.1 In the preparation of this report we have drawn upon current literature which relates to intercountry adoption, and in particular the adoption of children from Romania. There is considerable evidence which suggests that many of the children who have been brought to this country from Romania will have experienced major traumas within their short lives prior to arrival in this country. Evidence of this general conclusion can be found in the following published research : Benoit et al 1996, Chisholm 1998, Rutter et al 1999/2000/2001, Ames 1999 Much of this research highlights the impact of early privation on these children, with consequential health problems and special needs being present in many of the children arriving in this country. Therefore, the research consistently suggests that children adopted from overseas should be treated as special, with additional support and supervision being provided during the early period once the children arrive in the United Kingdom. In making these comments what we wish to do from the onset is to emphasise that the 'risk' factors involved in bringing young children from a country such as Romania should be regarded as far higher than those associated with domestic adoption. This has implications for the training and support of all professionals who are responsible for adoption services. We would expect all those who are involved in the intercountry adoption process to have knowledge of the prevailing issues for children adopted from overseas. We concluded, however, that in a number of areas it was evident that there was a lack of awareness of 'risk' factors at both management and operational levels in the Trust.

3.2 The review team also gave full consideration to the findings of the case management review that was convened by Craigavon and Banbridge Trust into the death of David Briggs and the injury to his twin brother, Samuel. Following their own inquiries, the members of the review team endorsed fully the findings, conclusions and recommendations of the case management review. Its full conclusions are listed at Appendix 1. The case management review highlighted a number of areas of weak practice within the Trust and other agencies. However, the following key themes emerged from it and informed the work and focus of this independent review:

- Poor understanding of the needs of children adopted from overseas and lack of knowledge about their legal status.

- The need for clarity of roles and responsibilities of agencies and individuals in respect of child health and social care issues.

- The need for better monitoring, audit and quality assurance systems.

- The importance of reviewing current practice and updating polices, procedures and training to reflect new knowledge, research and lessons learned; and

- The need to establish more effective communication, liaison and notification arrangements within and between agencies.

3.3 These issues must be addressed to avoid similar tragic events in the future and to ensure that vulnerable children are safeguarded and their wellbeing is actively promoted. In writing our report, we have concentrated on broad areas of concern that have emerged during our examination of all the issues covered in the Terms of Reference and the findings of the Case Management Review. The report concentrates on process, professional governance, and risk management issues.

3.4 Finally, the review is set against the background of the 'Guide to Intercountry Adoption Practice and Procedures', issued by the Department in March 1999. The following statements reflect what should happen in the Intercountry adoption process:

- 'There can be no question of operating a two tier adoption service by applying a lower standard to overseas adoptions'.

- 'Intercountry adoption work requires experienced and skilled workers.'

- 'Experience shows that there are difficult and stressful issues associated with intercountry adoption work. Social Workers engaged in this work are particularly in need of support and supervision from management.'

We commend the guide and these statements to all professionals involved in the intercountry adoption process.

4. THE REVIEW

4.1

The arrangements for the discharge of delegated statutory functions, including systems for monitoring and review

4.1.1 The review considered the family, child health and social care services in the Craigavon and Banbridge Community Health and Social Services Trust in respect of the following: -

We have noted the statutory functions undertaken by the Trust and considered the delegation of responsibilities by the Board to the Trust. We have not examined in detail those areas of statutory functions not directly related to the Briggs' case, but have considered various reports prepared by the Department's Social Services Inspectorate. These include the 'Key Indicators of the Personal Social Services for Northern Ireland' publication, (DHSSPS, 2002) which provides quantitative information about levels of service activity in all Boards and Trusts and enables comparisons to be made between Trusts in relation to key service indicators; "Adopting Best Care" (DHSSPS, 2002), the report of the regional inspection of adoption services; and the SSI report of adoption services in the Southern Health and Social Services Board.

We have also considered management accountability within the Trust in relation to child protection and intercountry adoption as well as the accountability arrangements for key staff who are responsible for implementing legislation and Departmental guidance. We have looked how performance is managed, monitored by the Board and Trust and the monitoring and review processes which are needed to ensure that the needs are properly addressed.

We have further considered the primary legislation (The Adoption (NI) Order 1987 and the Health and Social Services (NI) Order 1994) and are aware that when fully implemented the Adoption (Intercountry Aspects) Act (NI) 2001 will provide a new context for intercountry adoption services. Firstly we acknowledge that at the time private or intercountry adoption processes were not covered in the same detailed way, in terms of legislative powers or guidance, as the adoption of children born in the United Kingdom. However, the key issue we feel is the overall statutory responsibility (covered by the Children's Order) for the general wellbeing of children living in the geographic area

covered by the Trust. We believe that there is some confusion on the part of key personnel in this respect. Our evidence for this was our conversations with senior managers in the Trust and in particular the views held by the Director of Social Services which manifested itself in directing staff to undertake intercountry adoption work outside their normal responsibilities of the Trust and undertaken outside normal working hours. Once the children arrived in Northern Ireland they should have been seen as 'children at risk' in the normal way. The question is whether or not they were. The second area of confusion which this review found was in respect of the differing responsibilities between the Board, as commissioner of services, and the Trust as provider. Who has statutory responsibility for the welfare and protection of children? We have not sought legal advice, but we believe that this confusion is in part justified since we believe the legislation itself was not clear. Two statutory bodies cannot both have responsibility for the same function. The terms of reference refer to 'delegated statutory functions' which leads us to believe that the Board has the primary statutory function. If that is the case we need to review the processes put in place by the Board to ensure that those delegated functions were being effectively implemented. However, the alternative view was expressed to us that the Trust is in itself a statutory body charged with carrying out certain duties in accordance with the legislation. Therefore, as an independent statutory body they had the ultimate accountability for those functions.

4.1.2 The relationship between the Southern Health and Social Services Board and the Trusts who directly provide services have elsewhere been described as good, and there is a well documented track record of effective working, not just between the Board and the Trust but with the other Trusts in the area. This is evidenced in various reports issued by the Department. Our conversations would however suggest that there were tensions between the two bodies and this is evidenced by the reaction of the Trust management when the Board suggested certain courses of action following concerns being raised about the care of David and Samuel Briggs.

4.1.3 We have not looked at all aspects of the arrangements for the delegation of statutory functions by the Board, but later do comment on the apparent confusion between the Board and Trust as to who had 'statutory' responsibility. We believe that there is confusion in the minds of some managers about this. However, specifically in relationship to child protection this is not surprising since, as we report later, both the Board management and the Trust believed that they had lead responsibility. This

clearly needs to be clarified so that management in both the Board and the Trust share the same interpretation of the legislation. Whilst the actual requirements in respect of child protection are absolutely clear, the outcome of the identified confusion has lead to uncertainty about the role of the Area Child Protection Committee, and most importantly the monitoring role of the Board in terms of performance of the Trust in respect of adoption and child protection, and the reporting relationship between the Trust and the Board (and this despite the early circulation by the Board of a definition of a 'serious' incident). The 1996 Children Order guidance relates in part to this issue, and new guidance when published will hopefully clarify the role and relationship between the Board, the Trust and the ACPC

The real issue is how that accountability manifests itself, and we report elsewhere that we came to the conclusion that:

- There are various mechanisms whereby the Board and the Department can make assessments about the wider range of services provided by Trusts, including their adequacy and the professional competence of staff. The Board receives regular monitoring information about most services provided by its Trusts, and the Department's Social Services Inspectorate inspects specific aspects of service delivery as part of a planned programme of inspections. The Board did not, however, have in place sufficient monitoring review processes in respect of Trust practice to enable it to satisfy itself that adequate services were being provided. Clearly there is a need to set standards which practice can be measured against in both in terms of quantity and quality;

- The Trust, whilst having complex procedures (but which were not in a format which could be easily referred to by operational staff so did not have the impact they should have had on practice) covering many aspects of service management did not have in place: -

  * Organisational structures to encourage joint working at a community level ie Health Visitor/Social Worker liaison and communication;

  * comprehensive monitoring of the actual performance of staff;

  * proper reporting mechanisms at both a local and Trust Board level.

4.1.4 The Trust has a very comprehensive range of guidance for staff – the staff stated that the quantity and quality of that guidance was such that it was overpowering – too complex to follow and it appeared to us therefore to be ignored. Whilst there was guidance on professional support and supervision, practice between social work and health visitor personnel varied widely and was not generally followed by either. The Board had not undertaken any specific audits of the Trust's performance which would have enabled it to make a judgment about the ability of the Trust to meet its statutory obligations, or the quality of the services delivered. The Board stated that they felt that they did not have the resources to do this and were dependent upon the Social Services Inspectorate's inspection reports on specific functions. The Board has not published its own assessment in detail of any Trust's performance, against its standard or those defined by legislation. In respect of intercountry adoptions in particular, much of the process does not include the Board, who would, as an example, be unlikely to be aware if the quality of home study reports were delayed or failed to meet the standards required. Such issues may however come to the attention of the Child Care Unit in the Department.

4.1.5 Part of the problem was that intercountry adoption was not seen as 'substantive' activity by the Trust. There is some justification for this since confusion about home study reports existed not just in Northern Ireland but in all areas of the UK. However, in recent years there was greater acceptance that the provision of home study reports formed part of the general social services functions, and the follow on support to adoptive parents and children should receive the same professional emphasis and commitment given to other children and families with special needs. This does not seem to exist in the Trust. In our view the Trust's view of the legal status of the children ignored the wider statutory responsibility given to the Trust to promote and protect the wellbeing of children in need and to treat them appropriately as 'privately fostered'. Initial 'home study reports' were required to be undertaken outside normal working hours, and this policy of seeing intercountry adoptions as 'an extra burden to be added on' continued even after, in this case, the children arrived in this country.

The Board does not have a function of monitoring the quality of services provided to individual children but it does have a responsibility to monitor (by a process of audit) the overall quality of services.

4.1.6 **Conclusions**

We are of the opinion that neither the Board nor the Trust monitored the intercountry adoption process diligently, but that the Trust further failed to properly monitor the wellbeing of those children once they arrived in this country. We believe that whilst the Department managed, and monitored the processes comprehensively the lack of resources within the Child Care Unit in respect of professional/workload issues causes additional pressure.

4.1.7

Recommendations

1. The Department reclarify the roles of the Board and the Trust, in terms of commissioning, managing and delivering the service.
2. The Board should establish processes to enable it to monitor the standard and quality of services delivered in addition to the financial/quantitive data it collects.
3. Trust staff should have help in making easy reference to practice guidance (ie easily read shortened versions of existing guidance and use of technology to facilitate this).
4. The Trust should ensure that the intercountry adoption service adheres to statutory requirements and Departmental guidance and should establish arrangements to monitor the standard of service provision.
5. The Department should review the resources it requires to effectively fulfill its responsibilities in relation to Intercountry adoption.

4.2

The management organisation and structure of services, including current procedures, policies and standards

4.2.1 Whilst any organisation structure will need to be reviewed periodically to reflect changing policy, operational methodologies and changing need, and demand for services, the structure of health and personal social services in Northern Ireland has in many ways been ahead of the times when compared with

England, Scotland and Wales. The concept of integrated management of health and social services is only now being translated into operation policies in those regions. The following comments therefore need to be placed in this context.

4.2.2 The clear split between the commissioners of services, the Board and the provider of services, the Trust, is helpful. Clearly the Board not only has responsibility for identifying the need for the service, for allocating the financial resources, based on the Trust's assessment of the cost of providing services, but also in monitoring whether objectives have been met, and services provided to a required standard. Regular monitoring meetings are held between the Board and the Trust, but in respect of intercountry adoption there would not appear to have been any formal process for monitoring performance. Since much of the communication relating to intercountry adoption flowed directly between the Department and the Trust, the Board would in the main be unaware of any specific issues relating to the quality of home study reports, the associated documentation required by the overseas authority and the lack of involvement by the Trust when prospective adopters receive the child's details from the overseas authority.

4.2.3 Our discussions with senior managers at the Board and Trust indicated that in terms of intercountry adoption the priority to be given to applications, and the monitoring of the wellbeing of recently arrived children varied significantly. Since this area of service receives no specific reference in any of the commissioning documents we have seen, we must assume that there was an assumption that services were being provided, despite the fact that, certainly from a health visitor perspective, resources to meet the requirements of the Adoption Order were not specifically identified.

4.2.4 Turning to the Trust, we concluded that whilst there was an abundance of very comprehensive guidance on policy and practice, its interpretation by managerial and operational staff differed considerably. On two counts we found that senior managers were not aware of the standard of practice, and practice issues, despite there being clear supervision policies for social workers which should have acted as a mechanism for drawing the attention of senior managers to deficits in practice. There appeared to be lack of effective communication between primary healthcare personnel and managers, and between social workers and managers. Furthermore there appeared to be no regular formal communications between health care and social care managers in respect of practice issues. We noted that managers

did not appear to have discussed issues either with the full Trust Board (there were no reports on issues to the Board), or to the Southern Health and Social Services Board, or the Department. Given that the only formal documents we have seen that discuss practice issues are those of the Social Services Inspectorate we would recommend to both the Board and the Trust that regular reports are received reviewing standards of practice on a planned basis. Clearly this will require new reporting/monitoring systems.

4.2.5 Our second area of concern related to what can be described as lateral communications. The Case Management Review noted that there was no multi-professional care plan for the family. The evidence we received showed that there was no multi-professional 'care plan' for the family. The GP, the health visitor, and the social worker, each had their own strategy or view on how the family should be supported, and there was no evidence that there had been an attempt to reconcile the differing views on how this should be done. Given the specific needs of both children and their new adoptive parents we also regard this as unacceptable. Sadly the culture of multi-professional working seemed to be lacking throughout the Trust. Our evidence for saying this was the fact that after the death of a child no clear lead was taken by any one Director of the Trust to co-ordinate the response to the death. Following David's death again the pattern of informing staff in the Trust and the Board seemed to lack any sense of corporate responsibility or coordination. This was evidenced by the fact that the Trust's Board received separate reports from the two key operational Directors. This division of reporting continued when the Case Management Review was published.

4.2.6 Statistics from the Department's PSS Indicators show that in the area of child protection the Trust's level of intervention was lower than in other Trusts. However this in itself is not evidence necessarily of good practice – as indicated in the Department's SSI Inspection of Adoption Services in the Southern Board. Lack of a proactive approach, as demonstrated in the Briggs case could also be the reason for the lower numbers

4.2.7 We have identified a lack of communication between the GP, Health Visitor and Social Worker in this case. However, there is evidence in the guidance issued to staff to suggest that the Trust would expect there to be a joint approach. We found no evidence that, where there might be concerns about the wellbeing of children, there was any confusion about who should, and when, this would be reported to the lead worker(s) in the Trust.

4.2.8 We have had sight of a number of published reports which include:

The ACPC Report
The Child Protection Report for Craigavon and Bainbridge Trust
The Adoption Panel Report
The Trust's Annual Report

We have no reason to question the conclusions they reach. We found no reason to believe that the shortcomings identified in the Case Management Review in respect of the Briggs Case more widely reflected the professional standards practiced elsewhere by Trust employees and yet from the responses of operational staff in the Trust we are left feeling uncertain about professional practice elsewhere in the Trust.

4.2.9 Specifically in respect of this particular case, we were given copies of a report independently commissioned by the Trust into the discharge of their statutory functions. The document failed to challenge a number of practice issues, and whilst we respect the commitment of those involved in writing the report, cannot accept the main findings of this report. Our review team found that there was: -

- a lack of direction in respect of preparation of reports, and support to prospective adopters prior to the children arriving in this country;
- a lack of teamwork at a local level to ensure that all personnel in the health and social care services share the same objectives based on shared information;
- a lack of support and supervision for operational staff;
- poor communication and team work at a senior level in the Trust;
- confusion in respect of responsibility for implementing Departmental policy and legislation.

4.2.10 **Conclusions**

We have concluded that there is a major issue in respect of monitoring Trust performance by the Southern Health and Social Services Board in a formal way. Whilst informal relationships, local knowledge, and general discussions are undoubtedly of great help, the lack of systems of formal monitoring of all

services is of concern. We acknowledge that some areas of services are monitored directly or through the groups established by the Board involving Trust personnel. However, in respect of intercountry adoption this does not appear to be the case. This was compounded in this case by the fact that the majority of the communications bypassed the Board until a problem occurred. Given the inevitably limited extent of our investigations, there remain many areas of services to children provided by the Trust which we have not been able to review. These services may be of the highest standard, but at this juncture it is not possible to give a reassurance that this is the case. We note that the Social Services Inspectorate will be undertaking a regional inspection of child protection services shortly and we recommend that this Trust is included in the list of Trusts covered by that review.

We acknowledge that the Trust has many guidance notes on a wide range of issues and policies. However, this is no alternative to effective management and verbal communication, and we believe that this was lacking in this case. When guidance and procedural documents are issued staff should receive training in their implementation.

We identified a lack of corporate working within the Trust both at management and operational level, and we believe that better practice may have enabled care issues to be identified earlier in the case of David and Samuel Briggs.

4.2.11

Recommendations

1. The Department should review the way issues that arise in intercountry adoption applications are communicated to Trusts to ensure that relevant managers in the Trust are aware of deficits in information or professional concerns relating to applications.

2. We urge the Board to review how it monitors contracts from both a quantitative and qualitative perspective and how it ensures that all delegated statutory functions are effectively implemented.

3. We recommend that the Trust reviews its guidance to staff in respect of multi-professional working.

4. We recommend that the Trust Directors review the reporting strategies currently in place to ensure that in

future all issues which require joint action are presented in a multi-professional format.

5. We endorse the Case Management Review's recommendations that the Department should direct Trusts with responsibility to establish and implement a Care Plan when any children are adopted overseas or brought to Northern Ireland for the purpose of adoption.

6. We recommend to both the Board and the Trust that they receive on a regular basis reports from operational managers reviewing standards of practice.

7. We recommend that the Department in its forthcoming inspection of child protection services should include the Craigavon and Banbridge Community HSS Trust.

4.3 The communication and liaison arrangements within the Craigavon and Banbridge Community HSS Trust, and between the Trust, the Southern Health & Social Services Board and the Department of Health, Social Services and Public Safety

4.3.1 Communication, via the extensive training and staff development programme can only be described as comprehensive and from the brief evidence we saw, of high professional standard. We have already expressed the view that despite the multi-professional nature of the Trust, communication both in policy and practice areas seems to be lacking, especially in respect of intercountry adoption, at a senior management level. This in turn is reflected in practice, as demonstrated in the case of the Briggs family. In the Trust, whilst there is a comprehensive supervision policy in place for social services, this is less well documented in respect of health visitors. However, staff senior to first line supervisors were unaware of issues raised in supervision sessions, and therefore it would appear issues or areas of concern were not systematically reported, either in general terms – pressure of work and delays, or more specifically co-ordination of professional approaches in respect of intercountry adoption.

4.3.2 Whilst there are monitoring meetings between the Board and the Trust, it was not clear how systematically the Board could be aware of service delivery issues, such as delays in the preparation of home study reports or changing/work load management. Intercountry adoption was a very small part of the overall responsibilities of the SHSS Board and the Trust.

We have no criticism whatsoever of the actual communications between the Department and the Trust. It was efficient, and in many respects would appear to be effective, ie home study reports were completed, and were ultimately of a required standard. However where there are major concerns about the quality of a home study report the Department should ensure that line managers are kept informed of these shortcomings.

4.3.3. What appears to us to be missing in terms of the Trust management is an absence, at least in this case, (and we were not furnished with any evidence that it exists elsewhere) of formal quality assurance processes. This is quite separate from supervision policies and it is our opinion that there should be, as part of senior and middle managements job descriptions a clear requirement to put in place, and implement comprehensive quality assurance systems so that the sorts of professional issues identified elsewhere in the report are identified as and when they arise, and not retrospectively.

4.3.4. However, the complaint of operational staff, if indeed it could be described in this way, was that there were too many communications. It was difficult to decide what constituted advice on good practice, what was a directive, and what was 'for information'. Neither the Board nor the Trust was able to describe in a systematic way what they did with many of the documents. A simple system of identification of reports would help.

4.3.5. The Department's written communications come from various sources within the Department. Some major reports, with significant policy and practice implications came from the Social Services Inspectorate. Because of the complex organisational structures, eg Panels, Area Child Protection Committee etc, the messages, which ultimately reach front line staff, became less clear. Managers have to identify therefore from these documents (of a high standard) where policy and practice changes are required and it is important for all concerned to acknowledge the complexity of the task and ensure that operational staff have an awareness of the issues. Induction training should be undertaken following all new policy and practice directives which affect them.

4.3.6. **<u>Conclusions</u>**

We concluded that too much emphasis was placed by the Trust on their written guidance, with the result that there were communication gaps, particularly from practitioners to managers.

Whilst acknowledging that there is a formal monitoring and communication structure between the SHSS Board and the Trust, we believe that there are shortcomings in the current system because of the lack of formal monitoring of specific services such as intercountry adoption, or post adoption support.

We feel that there is scope for the Department to improve its communications by establishing (or reviewing current practice) an agreed circulation procedure for both policy and practice advice documents with the status of documents clearly identified. e.g. regulatory or legislative, good practice guidance, information only. There is then an onus on Boards and Trusts to ensure that staff who need to know are aware of the contents of the documents and the implications of the contents of the documents.

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4.3.7

Recommendations

1. The Trust should review its written guidance for staff to ensure it is more 'staff friendly' and therefore more likely to be implemented and have check lists for action by staff.
2. The Trust should establish a policy on interdisciplinary working at a community level in family and child health and social services.
3. The Trust should establish systems to ensure that there is a multidisciplinary approach when implementing the Trust's policies and that this is evidenced in the practice of operational staff.
4. The Board and the Trust should review their formal communication strategies to ensure that the Board is kept aware of specific practice issues.
5. The Department should review the way it issues written guidance in respect to their circulation and designated purpose.
6. The Trust should introduce quality assurance processes which as part of the process would keep line managers informed of any major issues of concern held by operational staff.
7. The Department should establish a protocol which sets out agreed arrangements for the circulation of all Departmental documents and formal communications with Boards and Trusts.

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4.4

Workforce planning, staffing levels, training, support and supervision of staff

4.4.1 Our discussions at the Trust left us with some uncertainty about workforce planning. Staff in the child health section of the Directorate of Nursing informed us that there was an issue of shortage of staff, with money for implementation of the initial Children Order earmarked solely for social services (the Department stated that there were no specific conditions applied to the new money. The staff at the Trust said that the money they received from the Board had specific conditions applied). Initially we were told by the Director of Child and Family Care that resources were not an issue in the Briggs case, but subsequently we were told that the service was underfunded. The Department's Key Indicators of Personal Social Services 2002 (Table Ex 61) show that spending on children by the Trust is marginally higher than the other two Trusts within the area covered by the SHSSB. However, lack of appropriate supervision and record keeping, and delays in undertaking key areas of work cannot be blamed solely on lack of resources. Neither the Social Services Inspectorate's own inspection documents nor the evidence given to us by Trust management indicated that a lack of resources was a factor affecting the delivery of services. Of course there was a desire for more staff – predictably put to us by both social workers and nurse managers, who wished to have more staff but no one, as far as we can ascertain, has suggested that the Trust was better, or worse resourced than any other Trust and this is confirmed in the 2002 Key Indicators which shows that the Trust spent on children and families services per capita £151.9 compared with £128.5 and £126.8 by the other two trusts in the area covered by the SHSSB.

4.4.2 The Department developed one of the most extensive social work and social care development programmes of any country, and is nationally known for its commitment to ensuring staff are equipped with the skills to do the job. Because intercountry adoption was seen as 'non-statutory' and therefore of a lower priority, the same emphasis on achieving minimum standards appeared to be lacking.

4.4.3 Records of supervision in this instance were poor, and there is no written evidence of what the nature of the discussions in the Briggs case were. This is identified in the Case Management Review, which recommends a need to promote a culture of multi-disciplinary working in all social care settings. Despite this there was little evidence of joint working between health and social

care personnel within the Trust and with other health professionals in the community.

4.4.4 Whilst the Trust also has in place comprehensive guidance covering the supervision of social workers there was little evidence that the need for multi-disciplinary working was raised in supervision sessions in the Briggs case. Supervision policy was less clear in respect of heath visitors. Therefore it was difficult to tell how the messages about the need for multi-disciplinary working were communicated to operational staff providing community healthcare.

4.4.5 **Conclusions**

It is still unclear how especially the Board measured the workforce requirements for intercountry adoption. The Trust considers it was under resourced, but no evidence was provided in which specific mention was made to that effect in the formal monitoring meetings between the Board and the Trust. Training and Staff Development programmes are well developed in the SHSS Board's area. Maybe because the work was seen by the Trust's senior managers as 'additional' the link between training and professional standards in adoption were not applied in intercountry adoption work.

4.4.6

Recommendations

1. In its commissioning arrangements with the Trust, the SHSSB should ensure that these are able to take account of emerging pressures on the Trust in respect of service delivery, and to ensure that delays and deficits in service provision do not occur.

2. The Trust review its workforce planning policies, especially in respect of health visitor staffing and ensure that the SHSSB are aware of new demands in the delivery of services.

3. The Trust review its supervision policy, ensuring that policies mean that health and social care personnel have access to supervision applied across all services, and that appropriate records are maintained. A formal process for first line managers to report to more senior staff in the Trust on the general issues raised in supervision sessions should be introduced.

4. The SHSSB and the Trust should ensure that the staff development and training needs of staff involved in intercountry adoption work are addressed.

5. The Department should ensure that its forthcoming new guidance on intercountry adoption is underpinned by a comprehensive training programme in all Boards and Trusts.

4.5 Commissioning arrangements between the Southern Health and Social Services Board and Craigavon and Banbridge Community HSS Trust and the adequacy and use of available resources.

4.5.1 Because intercountry adoption forms such a small part of the overall workload of the Trust, it is not unreasonable that it is not specifically referred to in any of the commissioning documents issued by the Board, and which we had sight of. Once David and Samuel Briggs arrived in Northern Ireland they had a right to the services and protection afforded to any child, and which formed part of the services commissioned by the Board with the Trust. In our discussions with the Board senior managers and the Trust management we were told of the system for monitoring the contract, or contracts between the two. We were left unsure as to how the Board would know whether or not the Trust was meeting its commitment across all services. The key question therefore is how the Trust determines the need for children's services and how this is reflected back to the Board. It follows on then that the Board needs to be clear as to how it translates this information if accepted into its commissioning arrangements. Clearly financial performance was reported on in detail and monitored. Some statistical information was provided (although much of the statistical information was collected by the Department on a yearly basis). No information on intercountry adoption, delays etc were included in the formal monitoring processes. There needs to be clarity in respect of the 'core' activities covered by the Board's commissioning arrangements If intercountry adoption services had been part of the 'core' activity then the services provided to the Briggs children would clearly have formed part of the overall workload of the Trust with the inescapable commitment that brings, including meeting the community healthcare needs of the children. Child protection data was collected via the Area Child Protection Committee. Because of the relatively small geographical area covered by the SHSS Board, senior managers acquired a great deal of informal

qualitative information about services, especially through the various planning and service specific groups. Most importantly the Board did not have the workforce to itself monitor the standard of services provided by the Trust, and which were commissioned by the Board. During our discussions with managers reference was made to the non-statutory nature of the work leading to the home study report. We acknowledge that this is the case. However, whatever the legal status of the children as they enter the country, their rights under the legislation are specific from that point onwards and service levels and standards should form part of the overall commissioning and monitoring of services. The Intercountry Adoption Aspects (NI) Act 2001 clarifies these responsibilities.

4.5.2 **Conclusions**

We concluded that whilst the commissioning processes followed by the Board are both comprehensive and well managed, the monitoring of the actual contract is less specific, and lacks any real opportunity to evaluate the standard of services provided. Other inspection reports may inform the Board of the performance of a Trust in a specific area of service but these cannot properly inform the Board of all the issues and services covered by their commissioning arrangements. We are unable to comment on the adequacy of funding, merely to report on the comments made to us, nor on the allocation of resources since we are unaware of the need/demand for other services provided by the Trust. We do not believe that many of the issues raised in the Case Management Review can be related to any lack of resources.

4.5.3 Specifically in respect of priorities, clearly intercountry adoption was not given a high priority by Board management. This was not uncommon, and not challenged either by the Department or the Board. In respect of the 'child protection' aspects of the case, this was seen as 'high priority' by all three parties, but since the Board did not regard children coming from abroad as 'being at risk' generally, priority was not given to this case.

4.5.4

Recommendations

1. The Board should review its contracting policies, and how quality standards can be introduced to enable it to satisfy itself that policy is reflected in practice.

2.	The Department should review commissioning policies across all Boards and Trusts, and issue general guidance on how best issues of need (workload pressures), quality and effective management can best be objectively monitored as part of the commissioning/contracting process.

4.6

How the Craigavon and Banbridge Community HSS Trust applies Intercountry Adoption Policies and Procedures within its adoption arrangements

4.6.1 We have no reason to challenge the organisational arrangements in terms of individual responsibilities put in place by the Trust. As previously mentioned, whilst health visitor and social worker supervision practice varies, if the guidance contained with Trust documents were fully implemented consistently there would be no need to make any changes.

4.6.2 The areas where we found the Trust's management arrangements significantly lacking were: -

- A fundamentally confused understanding of the role of the Trust in respect of intercountry adoption by both staff and management
- A confusion between 'protected child' status and the Trust's wider responsibility towards all children with special needs
- A failure to pick up through management reporting structures delays in preparing home study reports and failure to visit/support the children
- Poor record keeping in this case
- Inaction once the full implications of David Briggs' death were known, both in terms of a co-ordinated approach to issues, and failure to secure the files so that a professional audit could take place
- Failure to appreciate, despite extensive media coverage of many of the issues, the special problems likely to be faced by children coming to this country from Romania.

4.6.3 **Conclusion**

We can only conclude that there was a lack of leadership in the Trust, leading to confusion on the part of operational staff of their role, their wider responsibilities and the need for a teamwork approach to supporting the children.

4.6.4

Recommendations

1. That the Trust review its corporate management arrangements with the objective of creating more integrated management styles to ensure that the potential for joint working exists in all community based services.

2. That the Trust consult the Board and the Department to ensure current and future practice reflects the best guidance available in respect of intercountry adoption

3. The Board review its policies in respect of 'serious incident' reporting and also to have a written policy in respect of a professional audit of practice and record keeping when such an incident is identified.

4.7

The handling of the case of Samuel and David Briggs by Craigavon Hospital Trust, the Southern Health and Social Services Board, and the Department.

4.7.1 We have already stated that we concur with the full findings of the Case Management Review (see Appendix 1), which made specific recommendations in respect of services at the Craigavon Area Hospital. We endorse the findings and analysis of the review and have no further recommendations to add.

4.7.2 With regard to the Board, we have already commented on issues relating to the monitoring of its contract/delegation of power to the Trust. In respect to the calling of the Case Management Review we acknowledge that the legislation could give rise to some confusion. However, the Board does have a contractual relationship with the Trust, and therefore should be empowered to call for detailed reports, and itself identify the terms of its contract if it deemed it necessary. With greater clarity for the Area Child Protection Committee in the future the Board can look to the Committee for guidance on professional issues through the reporting accountability, which will exist.

4.7.3 The Department handled the intercountry adoption process efficiently and effectively. It offers a very high standard of guidance on a wide range of professional issues through the Social Services Inspectorate. Whilst there is a need to review guidance periodically the fact that there was guidance in place went a long way in giving a sense of direction for all personnel undertaking intercountry adoptions. Perhaps that guidance and help in understanding issues should have been more available to the GP and health visitor.

4.7.4 Given the above scenario, however, we did feel that perhaps too much depended upon the professionalism and goodwill of the personnel involved. In particular we were concerned that one member of staff carried the majority of the day-to-day workload and that in his absence there could be delays in processing the paperwork involved in inter country adoptions. Whilst it may work well now we wonder if some strengthening of the processes adopted within the Child Care Unit would help both the officer concerned but also reduce the reliance on one member of staff. We acknowledge however that this area of work is one small aspect of the overall responsibilities of the Unit. Professional support was available from personnel in the Inspectorate.

4.7.5 We discussed with the GP and the Health Visitor the more general question of the children's healthcare. Whilst we do not necessarily agree with the GP's view that the family needed space and time to bond, we found no evidence that the initial examination of the children was inadequate. We comment elsewhere on the lack of joint planning in this case. In respect of the Health Visitor's role, again we comment elsewhere on the lack of an agreed care plan. We do have concerns that because of the lack of a proper disciplined approach the children's failure to thrive was neither identified by the Health Visitor, nor reported to the other professional colleagues when there was concern.

4.7.6 The actual organizational and management structures within the Trust should have enabled there to be joint working, but clearly this was not the case and management did not seem to be aware of the gulf between policy and practice. What was lacking was a more co-ordinated approach, proper monitoring of the performance of staff and an absence of a professional audit of actual practice.

4.7.7 **Conclusions**

We found no reason to suggest that the problems experienced with this one case were symptomatic of a general problem in

respect of intercountry adoption, or indeed made generally in respect of child protection. Personal interpretations of what was a 'serious incident' and how that should be reported may vary and need clarification. Whilst we acknowledge the small number of people who are involved, we do feel that there could be some value in reviewing processes to ensure the sustainability of these processes at all times.

4.7.8

Recommendations

1. We recommend that the Trust in conjunction with the Board and Department reviews its policies in respect of the provision of home study reports and the support and supervision of adopted young children recently brought into the country.

2. We recommend that the ACPC issue clear guidance on the procedure to be followed by all agencies following the reporting of a 'serious incident'. This should include the making secure of all records relating to children/families involved in the case.

3. We recommend the Trust Management reviews how it reports on both actual incidents and ongoing action plans to the Trust Board to ensure a multi-professional co-ordinated approach.

4. We recommend the Department reviews its support to the members of staff co-coordinating intercountry adoptions, both from an organisational perspective and also the professional support (medical, nursing and social work) available.

4.8 The Clinical and Social Care Governance arrangements in the Craigavon and Banbridge Community HSS Trust, taking account in particular of the handling of the Case of Samuel and David Briggs

4.8.1 We have already commented on the lack of a multi-professional approach. The GP stated to us that she believed the family needed space to 'bond' together. The health visitor and the social worker failed, as much due to lack of contact, to notice the signs of stress within the family leading to the abuse of the children. However, equally the Trust appears to operate very much within 'watertight' professional compartments at a senior level (as witnessed by the reporting arrangements to the Trust Board). Little wonder, therefore, that at an operational level, in the case,

there was no significant agreement on how best to support the families. There was no corporate risk assessment.

4.8.2 The Trust did have extensive written guidance on a wide range of issues, aimed at maintaining and improving the quality of health and social care provided by the Trust. It should be commended for this. However, such guidance is only of help if it is understood and followed at an operational level. This did not appear to us to be the case. The question it raises for us, however, is not why operational staff did not follow guidance, but more why managers did not pick this up, and why issues, such as delays, supervision, etc were not reported upwards through the organisation.

4.8.3 As previously mentioned we believe that there was a serious misunderstanding on the part of senior management of the status of the children, and this was highlighted in the Case Management Review. There was a lack of appreciation of the risk factors involved in bringing children identified with special care needs into the country, and into a family with no previous experience of caring for young children within a family setting.

4.8.4 **Conclusion**

We believe the Trust needs to review its practice in respect of intercountry adoption. At the risk of repeating too often, however, we should point out that in other areas of services to families and children the Trust has received positive comment both from the Board and the Inspectorate. We can only comment on the issues relating to this one case. The Trust has considered the recommendations of the Case Management Review, and if those recommendations are fully implemented there is no reason to believe that there could be a repetition of failings previously identified.

5. ISSUES ARISING FROM OUR REVIEW

We now have to move on to more general issues which emerged during the course of our own investigations

5.1

Inter-professional Working

5.1.1 During the course of this Review we have carefully examined the process involved in intercountry adoptions, both at the time of David and Samuel's adoption and with the changes outlined in both the 1999 Guidelines and the more recent 2002 Adoption Amendments.

5.1.2 It is important to connect the current loop from pre-adoption assessment, to decision making, to matching and proposed adoption support. In connecting this loop at both policy and practice level, the greatest opportunity seems to be to systematically enhance and secure more effective multi-agency and professional practice at all levels of the health and social care systems.

5.1.3 Clearly in order to do this, it will probably require the reallocation and/or an increase in current resources. Nevertheless it could be argued that there is little choice if the appropriate minimum standard of maintaining equal levels of practice for intercountry adoption as currently expected in domestic adoption are to be maintained.

5.1.4 The first point of contact that potential adopters have with adoption practitioners is at the point of their declaration of interest to adopt a child. As with domestic adoption practice, local Trusts provide information forums at this point. In regards to intercountry adoption, this is the first important opportunity for careful and accurate information giving on behalf of the local Trusts, the first opportunity for an inter-professional perspective, and the first opportunity to clarify some of the specific issues that adopters may have to face, including high level of needs of adoptive children, impact of deprivation, and the issues and thinking that will need to be undertaken in regards to cultural, racial, and language differences. At this point of information sharing, as well as throughout the intercountry adoption process, prospective parents should receive comprehensive and understandable verbal and written information both of possible children's needs as well as the whole adoptive process.

5.1.5 Following the adopters application to adopt a child from overseas and following the appropriate police and medical checks, a Home study report is undertaken by the local Trust, appropriately facilitated and led by a Senior Social Worker with adoption expertise. The Case Management Review has recommended that adoption assessment and practice should be conducted by a practitioner with specific expertise in intercountry adoption, and given the small numbers of intercountry adoptions, it has been recommended that a Social Worker with specific expertise in intercountry adoption is commissioned and employed across the Southern Health Board area. The multi agency practitioners that we have met in the course of our review have welcomed this development, as we do.

5.1.6 Even with the employment of an intercountry adoption expert, there will continue to be a need for all staff involved to be informed, and to keep themselves informed and up to date, of the issues around intercountry adoption. The competency and knowledge base of staff from all professions as well as social work will need to be measured through supervision and individual performance processes.

5.2 Home Study Report

5.2.1 Following the recent amendments to the Adoption (NI) Order 1987 we note that the preparation of home study reports is now required to be part of mainstream Trust activity. However it seems that this continues to not be the case. It has been suggested to us that this may be due to resource issues in the Family Placement Team, however we note that the continuation of home studies being conducted in social work own time, or even more worryingly with home studies being held on an ever increasing waiting list, means that the policies applied to intercountry adoption do not currently meet the same policies for domestic adoption processes.

5.2.2 Whilst it is wholly appropriate that the Social Worker is the lead and key professional in conducting home study reports, this part of the process again presents an opportunity for multi-professional input and perspective. It would make sense for the Health Visitor to be involved in preparation courses for perspective adopters as well as participating in the preparation of the home study report.

5.2.3 We support the view that following the home study report, and approval to adopt in the country of origin of the children, a post adoption support plan is agreed, involving all the health and

social care personnel who will have responsibility for supporting the child (children) and their new family.

5.2.4 Once the home studies are completed they are submitted to the Adoption Panel, which is responsible for making recommendations to the Child Care Unit in the Department of Health, Social Services & Public Safety.

5.2.5 Assuming the papers and evidence are in order the papers are to be passed to the Child Care Unit. We have mentioned earlier that this direct communication from the Trust to the Department of Health bypasses the Southern Health Board, who then are left unaware of possible issues, problems, or the extent of work involved in this particular case. We believe that in order to improve the management of intercountry adoption services the Trust should include current intercountry adoption data in Annual Reports to the Board, and the Department should inform the Director of Social Services at the Board, as well as the Trust, where home study reports are found to be incomplete.

5.2.6 Once the papers have gone to the overseas authority, there seems to be little opportunity for the local Trust, and appropriate personnel, to review the potential adoption, the competency of the potential adoptive parents, and the possible support that the family may need following the specific matching of a child. This we believe creates possible dilemmas in regards to unmet need, and the ability to plan and provide appropriate support in order to help the parents keep the adoptive children safe. We think there is a need for all the professional staff to be involved with the family at the stage when prospective adopters receive information from the sending country about the child.

5.2.7 We would like to suggest that a system is established to share this new information following the matching back into the operational care planning process. Until that is able to happen, it becomes even more important that the needs of the child and its adoptive parents are fully assessed as soon as they arrive in the Province. This is confirmed in the Case Management Review and Departmental Guidance.

5.2.8 Assuming the adoptive parents have been given the appropriate information they will be aware of their requirements to inform the local Trust within fourteen days of the child's arrival. This would then mean that the Adoption Plan formulated at the time of the home study report can be implemented and again the key personnel involved in providing services to implement this plan,

can be formally notified. This is confirmed in the draft Departmental Guidance.

5.3

Serious Incidents Definitions

5.3.1 The document which had been prepared by the Board some years ago commends attention. It is a brief, clear, well considered document. However, clearly not all those staff who were involved with the Briggs family were fully aware of the definitions being used, and this resulted in a lack of communication, in terms of informing the various partner organisations in a timely and appropriate way of the death of a child.

5.4

Referral Systems

5.4.1 Whilst there is a clear referral system to the various primary care agencies and individuals where a child is born into a family, in the case of intercountry adoptions there is no formal notification system which will ensure that all appropriate practitioners are aware of, and informed of, the existence of particular children. We believe that the systems should be changed to ensure there is a formal system of referral to all community health and social services personnel at the point at which the children enter this country, and are living with their adoptive parents.

5.4.2 We note that the Area Child Protection Committee has not recommended a comprehensive action plan to either the Board or Trust. We believe that is an important role for the Committee. We believe that the Area Child Protection Committee should be monitoring the action following the publication of the Case Review Report, and note that as yet this has not occurred.

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5.4.3

Recommendations

1. Multi-disciplinary working and training should be required when dealing with intercountry adoption.

2. The Board and Trust should ensure that the recommendation of the Case Management Review in relation to the need for a care plan for children adopted from overseas is implemented. The plan should be agreed by all parties, including the family, and should be regularly reviewed.

3. The role of the Board in approving the entry of children adopted abroad should be clarified and as a minimum they should be informed of decisions and any problems which

might arise during the process

4. The Board should review and re-issue its guidance on ‘serious incidents’

5. We recommend that the Trust should, in conjunction with the Department, review referral systems so that young children arriving from abroad are automatically referred to the health visitor and the family’s GP, so that the Care Plan can be initiated immediately.

6. Given the clearer role for the Area Child Protection Committees set out in new Departmental guidance, we recommend that the ACPC should require all agencies involved in major child protection events (serious incidents) to prepare an Action Plan, and report periodically on its implementation.

6. SUMMARY OF RECOMMENDATIONS

6.1

The arrangements for the discharge of delegated statutory functions, including systems for monitoring and review

6.1.1 Department reclarify the roles of the Board and the Trust, in terms of commissioning, managing and delivering the service.

6.1.2 Board should establish processes to enable it to monitor the standard and quality of services delivered in addition to the financial/quantitive data it collects.

6.1.3 Trust staff should have help in making easy reference to practice guidance (ie easily read shortened versions of existing guidance and use of technology to facilitate this).

6.1.4 The Trust should ensure that the intercountry adoption service adheres to statutory requirements and Departmental guidance and should establish arrangements to monitor the standard of service provision.

6.1.5 The Department should review the resources it requires to effectively fulfill its responsibilities in relation to Intercountry adoption.

6.2

The management organisation and structure of services, including current procedures, policies and standards

6.2.1 The Department should review the way issues that arise in intercountry adoption applications are communicated to Trusts to ensure that relevant managers in the Trust are aware of deficits in information or professional concerns relating to applications.

6.2.2 We urge the Board to review how it monitors contracts from both a quantitative and qualitative perspective and how it ensures that all delegated statutory functions are effectively implemented.

6.2.3 We recommend that the Trust reviews its guidance to staff in respect of multi-professional working.

6.2.4 We recommend that the Trust Directors review the reporting strategies currently in place to ensure that in future all issues which require joint action are presented in a multi-professional format.

6.2.5 We endorse the Case Management Review's recommendations that the Department should direct Trusts with responsibility to establish and implement a Care Plan when any children are adopted overseas or brought to Northern Ireland for the purpose of adoption.

6.2.6 We recommend to both the Board and the Trust that they receive on a regular basis reports from operational managers reviewing standards of practice.

6.2.7 We recommend that the Department in its forthcoming inspection of child protection services should include the Craigavon and Banbridge Community HSS Trust.

6.3

The communication and liaison arrangements within the Craigavon and Banbridge Community HSS Trust, and between the Trust, the Southern Health & Social Services Board and the Department of Health, Social Services and Public Safety

6.3.1 The Trust should review its written guidance for staff to ensure it is more 'staff friendly' and therefore more likely to be implemented and have check lists for action by staff.

6.3.2 The Trust should establish a policy on interdisciplinary working at a community level in family and child health and social services.

6.3.3 The Trust should establish systems to ensure that there is a multidisciplinary approach when implementing the Trust's policies and that this is evidenced in the practice of operational staff.

6.3.4 The Board and the Trust should review their formal communication strategies to ensure that the Board is kept aware of specific practice issues.

6.3.5 The Department should review the way it issues written guidance in respect to their circulation and designated purpose.

6.3.6 The Trust should introduce quality assurance processes which as part of the process would keep line managers informed of any major issues of concern held by operational staff.

6.3.7 The Department should establish a protocol which sets out agreed arrangements for the circulation of all Departmental documents and formal communications with Boards and Trusts.

6.4

Workforce planning, staffing levels, training, support and supervision of staff

6.4.1 In its commissioning arrangements with the Trust, the SHSSB should ensure that these are able to take account of emerging pressures on the Trust in respect of service delivery, and to ensure that delays and deficits in service provision do not occur.

6.4.2 The Trust reviews its workforce planning policies, especially in respect of health visitor staffing and ensure that the SHSSB are aware of new demands in the delivery of services.

6.4.3 The Trust reviews its supervision policy, ensuring that policies mean that health and social care personnel have access to supervision applied across all services, and that appropriate records are maintained. A formal process for first line managers to report to more senior staff in the Trust on the general issues raised in supervision sessions should be introduced.

6.4.4 The SHSSB and the Trust should ensure that the staff development and training needs of staff involved in intercountry adoption work are addressed.

6.4.5 The Department should ensure that its forthcoming new guidance on intercountry adoption is underpinned by a comprehensive training programme in all Boards and Trusts.

6.5

Commissioning arrangements between the Southern Health and Social Services Board and Craigavon and Banbridge Community HSS Trust and the adequacy and use of available resources.

6.5.1 The Board should review its contracting policies, and how quality standards can be introduced to enable it to satisfy itself that policy is reflected in practice.

6.5.2 The Department should review commissioning policies across all Boards and Trusts, and issue general guidance on how best issues of need (workload pressures), quality and effective management can best be objectively monitored as part of the commissioning/contracting process.

6.6

How the Craigavon and Banbridge Community HSS Trust applies Intercountry Adoption Policies and Procedures within its adoption arrangements.

6.6.1 That the Trust reviews its corporate management arrangements with the objective of creating more integrated management styles to ensure that the potential for joint working exists in all community based services.

6.6.2 That the Trust consults the Board and the Department to ensure current and future practice reflects the best guidance available in respect of intercountry adoption

6.6.3 The Board reviews its policies in respect of 'serious incident' reporting and also to have a written policy in respect of a professional audit of practice and record keeping when such an incident is identified.

6.7

The handling of the case of Samuel and David Briggs by Craigavon Hospital Trust, the Southern Health and Social Services Board, and the Department.

6.7.1 We recommend that the Trust in conjunction with the Board and Department reviews its policies in respect of the provision of home study reports and the support and supervision of adopted young children recently brought into the country.

6.7.2 We recommend that the ACPC issue clear guidance on the procedure to be followed by all agencies following the reporting of a 'serious incident'. This should include the making secure of all records relating to children/families involved in the case.

6.7.3 We recommend the Trust Management reviews how it reports on both actual incidents and ongoing action plans to the Trust Board to ensure a multi-professional co-ordinated approach.

6.7.4 We recommend the Department reviews its support to the members of staff co-coordinating intercountry adoptions, both from an organisational perspective and also the professional support (medical, nursing and social work) available

6.8

Issues arising from our Review

6.8.1 Multi-disciplinary working and training should be required when dealing with intercountry adoption.

6.8.2 The Board and Trust should ensure that the recommendation of the Case Management Review in relation to the need for a care plan for children adopted from overseas is implemented. The plan should be agreed by all parties, including the family, and should be regularly reviewed.

6.8.3 The role of the Board in approving the entry of children adopted abroad should be clarified and as a minimum they should be informed of decisions and any problems which might arise during the process

6.8.4 The Board should review and re-issue its guidance on 'serious incidents'

6.8.5 We recommend that the Trust should, in conjunction with the Department, review referral systems so that young children arriving from abroad are automatically referred to the health visitor and the family's GP, so that the Care Plan can be initiated immediately.

6.8.6 Given the clearer role for the Area Child Protection Committees set out in new Departmental guidance, we recommend that the ACPC should require all agencies involved in major child protection events (serious incidents) to prepare an Action Plan, and report periodically on its implementation.

7 APPENDIX 1 - SUMMARY OF CONCLUSIONS FROM CASE MANAGEMENT REVIEW

7.

Intercountry Adoption

7.1 The Review Team is aware that changes and developments are ongoing with regard to Intercountry Adoption and that following the enactment of the Adoption (Intercountry Aspects) Act 1999 for England and Wales, the 'Adoption of Children from Overseas Regulations 2001' have been circulated in draft form, as has a revised 'Guide to Intercountry Adoption Practice and Procedures'.

Northern Ireland is following these changes and developments in legislation regulations and guidance and the DHSS & PS has had the opportunity to comment on them to the Department of Health (London). The Chairman of the Review Team has brought the perceived shortcomings in the intercountry adoption process to the attention of the Social Services Inspector who is liaising with the DoH. These shortcomings have been acknowledged and the DoH has indicated that it intends to incorporate provisions in its regulations and guidance which will promote the maximum involvement of the adoption agency at the 'matching' and entry clearance stages.

The Review Team recommends that the DHSS & PS should give priority to introducing these provisions to Northern Ireland at the earliest possible date as they will provide for a continuous involvement by the Trusts pre and post placement of a child, and possibly beyond the making of an a adoption order, if considered necessary.

7.2 Until such times as these provisions are available, the Review Team recommends that the Trusts in the Southern Area make use of the draft Intercountry Policy and Procedures which are currently available. Any Social Worker and relevant Senior Social Worker (Team Leader), dealing with an intercountry adoption, should be trained in the implementation of these procedures.

7.3 The three Health and Social Services Trusts in the Southern Area with statutory responsibility for adoption services should consider providing an intercountry adoption service on a consortium basis by appointing a part time senior practitioner to operate across the Trusts.

7.4 The Review Team is aware that the Social Services Inspectorate undertook an inspection of the adoption services in the Southern Board's area during 2000, including intercountry adoption. While the report has not yet been issued officially, the feedback indicated some concerns about lack of expertise in intercountry adoption work. Given the Team's findings in this case it is recommended that the Trust initiate a review of the provision and management of its intercountry adoption service as a matter of urgency.

7.5 As soon as confirmation has been received, that the prospective adopters have been accepted by the country of their choice, as suitable to adopt a child, an 'adoption plan' should be drawn up by the Trust and agreed with the prospective adopters.

This should be an inter-agency and multi-disciplinary plan based on the needs of the child and the prospective adopters, and should include medical, nursing, in particular health visiting, and child care services as appropriate. The implementation of the plan should be reviewed on a regular basis and not less than quarterly. In the case of non-designated countries this plan should continue up until an adoption order is made in Northern Ireland and beyond, if considered necessary. In the case of designated countries, the plan should continue until at least three months have elapsed following the arrival of the children in Northern Ireland, and beyond, if considered necessary.

7.6 It should be an inherent part of the plan that a Consultant Community Paediatrician undertakes an assessment of the child, as soon after his arrival in Northern Ireland, as possible, and no later than four weeks from entry.

7.7 The DHSS & PS should review its role and responsibilities in relation to intercountry adoption, with a view to ensuring the maximum involvement of the Trusts at the 'matching and entry clearance stages.

7.8 In fulfilling its legal responsibilities the DHSS & PS should liaise closely with the relevant Trust and confirm any action taken in writing.

7.9 The DHSS & PS should give further consideration to the issue of 'parental responsibility' given the legal authority which might need to be exercised, with regard to a child in the period before an adoption order is made in Northern Ireland.

7.10 The Adoption Consortium of Trusts within the Southern Area should undertake a revision of the guidance in relation to adoption assessment, taking account of the model developed by the British

Agencies for Adoption and Fostering entitled 'Making Social Assessments (1999).

7.11 Training in the revised guidance for adoption assessment should be made available to all staff undertaking assessments, and their Senior Social Workers (Team Leaders).

7.12 The guidance available to Adoption Panel Members to assist them in their decision making should be revised to ensure that it is in accord with the revised adoption assessment guidance.

7.13 Every Adoption Panel Member should receive training in relation to this guidance.

Community Paediatric Health Services and Public Health Services

7.14 A review of the process for the notification of infectious disease and action taken within Trusts and the Southern HSS Board should be carried out to ensure: -

- Clarification of the roles and responsibilities of the medical, nursing, and clerical staff involved in infectious disease notification, contact tracing, follow up and treatment.
- Agreement of the timescales involved, to reflect the importance of a prompt response.
- That the Public Health Department will continue to be the single contact point for notifiable infectious disease. In addition that this department will put in place mechanisms to ensure confirmation that appropriate action has been taken.

7.15 There may be occasions, following a referral to the Paediatric Health Service, when it is not possible to carry out a full assessment. In this eventuality, it should be made explicit in the report provided and a full assessment carried out at the earliest opportunity.

General Practitioner Services

7.16 Where there is evidence of developmental delay or failure to thrive then a written action plan should be developed by the General Practitioner in conjunction with the Health Visitor, and should be reviewed on an ongoing basis. This action plan may include referral to a Consultant Paediatrician. In the case of intercountry adoption this would form part of the adoption plan.

7.17 Guidance should be developed by the General Practitioner Unit, SHSSB, as to the essential elements required in the action plan, in conjunction with senior nursing staff in the SHSSB and Trusts.

Health Visiting Services

7.18 There may be occasions when the Health Visitor is the first point of contact for a child who is developmentally delayed or is failing to thrive. In these circumstances, the Health Visitor should make a written referral to the General Practitioner.

7.19 An audit should be undertaken as a matter of urgency in relation to the use of Growth Centile Charts with a view to informing future training needs, equipment used, and the range of Centile Charts required.

7.20 In respect of home visits where the child is not seen, a further visit should be undertaken as soon as possible, and not later than five working days.

7.21 The trust should undertake an annual audit of the implementation of its supervision policy for Health Visitors.

7.22 The Trust should undertake an annual audit of the implementation of its caseload profiling and identification of families requiring additional Health Visiting support policy and procedures.

7.23 The Trust should ensure that the Child Health System is operational and accessible at all times.

7.24 The Trust should ensure that Health Visitors are aware that if recall appointments of four weeks or less are required, then these will have to be made by the Health Visitor.

7.25 The respective roles and responsibilities of the Child Protection Nurse Specialist and the Health Visiting Team Leader in relation to child protection issues, should be clarified.

7.26 The importance of the adherence to the Trusts guidelines on the Role of the Child Protection Nurse Specialist should be emphasised to all nursing and midwifery staff and team leaders, within the Trust.

Child and Family Care Services

7.27 All staff involved in child protection should ensure that they comply with the SACPC Policy and Procedures.

7.28 The Trust should take forward the recommendation, referenced within this Report, which came from the Social Services Inspectorate 'Planning to Care' Report: -

'Trusts should monitor the quality of the legal advice provided to them and assess to what extent professional social work decisions are influenced by their legal advisers'.

7.29 Case Conference minutes should be dated and signed by the Chairman, and Recipients of the minutes should ensure that these are date stamped.

7.30 The Trust Child Protection Panel should monitor the invitation lists for Case Conferences and report findings to the ACPC. Any areas of concern should be addressed.

7.31 Reports to Case Conference from within the Trust should be prepared by each individual Team who is in contact or has had contact with the family in question.

7.32 There is a clear requirement for attendees at Case Conference to ensure that their input is adequately reflected in the Case Conference minutes. The use of the 'tear-off slip' mentioned in ACPC procedures should be introduced across the Board's area.

7.33 The Trust should ensure that appropriate arrangements are in place where supervised contact is deemed necessary in child protection cases. In these instances, foster-carers should not be required to supervise the contact.

7.34 The Trust should take immediate action to discontinue the contact which Samuel has with Mr and Mrs Briggs.

7.35 Te DHSS & PS should review the Sussex Joint Agency Protocol for Unexplained Child Deaths, with a view to a similar protocol being implemented in Northern Ireland.

Craigavon Area Hospital Services

7.36 The current process in relation to quality assuring forensic X-rays should be reviewed as a matter of urgency and should not continue in its present unsatisfactory form.

7.37 When a child protection referral is made by the Hospital Social Work Team to the Child and Family Care Team, the Hospital Social Work Manager and Senior Social Worker (Child and Family Care Team) should agree and record roles and responsibilities.

Police Services

7.38 In the light of the findings and concerns outlined in this Report, the Police should re-examine the circumstances and possible cause of David's death.

State Pathology Services

7.39 An independent expert should be asked to analyse the autopsy findings. This expert should be asked to comment specifically on the likelihood of NAI as the cause of death in this case, based on the analysis of the multiple fractures, subaponeurotic haemorrhages, sub pleural haemorrhages and thymic haemorrhages.

7.40 Post mortem skeletal surveys should be read and reported on by a Paediatric Radiologist prior to the body being released for burial.

7.41 Only a qualified Paediatric Pathologist should conduct an autopsy in cases of unexplained neonatal, infant, and childhood deaths.

Notification Arrangements

7.42 Where there are issues relating to children with whom the Trust has an involvement that are likely to attract public interest or media attention, they should be notified immediately to Trust Headquarters. The Trust should notify the Board and Department as appropriate.

7.43 In relation to child protection issues, there should be adherence to the notification arrangements outlined in the SACPC Child Protection Procedures.

7.44 Notifications between Trusts, Boards, and Government Departments should be at Director or Chief Executive level

Liaison and Communication

7.45 All agencies should review their communication and liaison arrangements where shortcomings have been identified in this Report and take immediate action to address these deficiencies.

Records

7.46 All agencies should review their record keeping where shortcomings have been identified in this Report and take immediate action to address these deficiencies.

7.47 The Hospital Social Work Department should review the referral proformas used within the Department when they are notified of child care/child protection concerns. The appropriateness of using the ‘Child Care Referral Form’ in use with the Community Trust should be considered.

Training

7.48 The SACPC Multi-disciplinary Training Officer should review the training needs arising from this Review and in collaboration with the relevant agencies, develop an action plan to address these needs.

7.49 Child and Family Care Social Work staff should receive awareness training on all aspects of adoption work, including intercountry adoption.

Miscellaneous

7.50 Craigavon Area Hospital should be asked to identify a suitable representative to serve as a member of the Craigavon and Banbridge Child Protection Panel.

7.51 Craigavon and Banbridge Community HSS Trust should initiate the necessary action to obtain compensation for Samuel for the non-accidental injuries he has sustained.