



# **SOCIAL SERVICES INSPECTORATE**

## **An Inspection of Child Protection in Craigavon & Banbridge**

### **Health and Social Services Trust**

### **Southern Health and Social Services Board**

### **Southern Area Child Protection Committee**

FIELDWORK DATES

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## **An Inspection of Child Protection in Craigavon and Banbridge Health and Social Services Trust**

**December 2005**

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## **Glossary of Abbreviated References**

ACPC	Area Child Protection Committee
AHP	Allied Health Professionals
CAMHS	Child and Adolescent Mental Health Services
CARE	Child Abuse and Rape Enquiry
CPCC	Child Protection Case Conference
CPNS	Child Protection Nurse Specialist
CPP	Child Protection Panel
CPR	Child Protection Register
CTSC	Co-operating to Safeguard Children
DE	Department of Education
DHSSPS	Department of Health, Social Services and Public Safety
FMO	Forensic Medical Officer
NMAG	Nursing and Midwifery Advisory Group
PSNI	Police Service of Northern Ireland
SCTs	Strategic Commissioning Teams

# 1 INTRODUCTION

## Legislative and Policy Background

- 1.1 The Children (NI) Order 1995 places a statutory duty on social services to investigate where there is reasonable cause to suspect that a child who lives in, or is found in the authority's area is suffering or likely to suffer significant harm. Article 66<sup>1</sup>, which authorises state intervention in the private sphere of family life, is, however, only one aspect of a complex legislative framework that underpins the provision of services by the state to children and families 'in need' as defined by Article 17<sup>2</sup>.
- 1.2 In Northern Ireland statutory functions are delegated by Health and Social Services Boards to Health and Social Services Trusts established under the Health and Social Services (NI) Order 1991. The delegation of statutory functions does not relieve Boards of responsibility for the provision of services. The Lewis Report identified the need for the precise nature of the residual responsibility to be clarified<sup>3</sup>. The Department of Health, Social Services and Public Safety (DHSSPS) is currently re-clarifying the roles and responsibilities of Boards in respect of the discharge of their statutory functions and will be issuing further guidance in the near future.
- 1.3 Although social services is by statute the lead agency in the conduct of child protection investigation and derogation of statutory authority by the Courts, the help of other agencies may be requested by social services to carry out

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<sup>1</sup> 66(1) Where an authority-

- (a) Is informed that a child lives, or is found, in the authority's area –
  - (i) Is the subject of an emergency protection order; or
  - (ii) Is in police protection ;or

- (b) Has reasonable case to suspect that a child who lives, or is found, in the authority's area is suffering, or is likely to suffer, significant harm,

The authority shall make, or cause to be made, such inquiries, as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child's welfare.

<sup>2</sup> 17. For the purposes of this Part a child shall be taken to be in need if-

- (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by an authority under this Part;
- (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services ; or
- (c) He is disabled, (Children (NI) Order 1995).

<sup>3</sup> Lewis Report into the death of David Briggs (2003) unpublished.

duties under Part 1V of the Children Order<sup>4</sup>. However, it has been argued that each authority identified under this Article may make its own decision whether the request to assist social services prejudices the discharge of its functions<sup>5</sup>. There will be further discussion with reference to this point and the relationship between Craigavon & Banbridge Health and Social Services Trust (the Trust) and other agencies later in this report.

- 1.4 Guidance from DHSSPS relating to the principles and procedure of child protection for public and voluntary agencies is contained in *Co-operating to Safeguard Children* (May 2003)<sup>6</sup>. The guidance sets out how all agencies and professionals have a role to play in the safeguarding of children and sets out how they should co-operate to promote children's welfare and protect them from abuse and/or neglect. *Co-operating to Safeguard Children* has been informed by messages drawn from research and experience, all of which have implications for policy, development and professional practice.
- 1.5 The death of Victoria Climbié and the subsequent Inquiry led by Lord Laming resulted in 108 recommendations and a requirement that agencies conduct an audit of their services against parameters drawn from the Inquiry Report and an audit on these has recently been conducted by the DHSSPS in Northern Ireland. Lessons have also accumulated from Case Management Reviews in Northern Ireland concerning multi-disciplinary practice in cases resulting in the death or injury of a child.
- 1.6 A statutory duty of quality was imposed on Board, Trusts and Agencies as a result of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Controls Assurance has been implemented through Clinical and Social Care Governance and Risk Management that have implications for the monitoring and audit of child protection services.

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<sup>4</sup> Article 46, Children (NI) Order 1995.

<sup>5</sup> Cretney, S., Masson, J.M., Bailey-Harris, R., (2002) Principles of Family Law, Thomson, Sweet and Maxwell.

<sup>6</sup> DHSSPS (2003) Co-Operating to Safeguard Children

- 1.7 Article 149 of the Children (NI) Order 1995 details and authorises the supervisory functions and responsibilities of the DHSSPS and legislatively underpins the inspection of child protection conducted by the Social Services Inspectorate.
- 1.8 Thus lies the legislative and policy background to the first inspection of child protection in NI. One Trust in each Board area was selected for inspection against a set of standards constructed following extensive consultation with representatives from the DHSSPS, HSS Boards, Trusts, Police Service Northern Ireland, Education and Training Inspectorate and the voluntary child care sector.
- 1.9 Craigavon and Banbridge Trust was the first site visited by the Inspection Team and was chosen as a result of direction from the Minister at the time. The inspection followed closely on the outcome of an Inquiry into the death of a child within the Trust area. There were changes to the Senior Management Team prior to and immediately following the inspection.
- 1.10 The Inspection Team was mindful of the Inquiry as they carried out the process of inspection and remained sensitive to the experiences that staff had been through in the preceding period. The focus of the inspection was against a set of standards, with a range of criteria in each and the Trust had contributed to the development of these as part of the Reference Group.
- 1.11 During the inspection process, Inspectors found clear evidence of the staff's commitment to examine and consider practice. Inspectors commend the staff's willingness and co-operation to the debate and discussion and overall commitment to learning and improvement.
- 1.12 The report reflects the process the Inspection Team entered into with staff groups and individuals. It provides detailed recommendations against the criteria and highlights areas for further improvement. It includes Inspectors' observations and judgements, and provides recommendations about specific elements of practice linked to criteria within each standard. The

recommendations are made to the Board, Trust, ACPC, CPP, Education and Police for use in a productive and planned way to improve practice and services delivered to children and their families. The report also highlights elements of good practice worthy of transfer to other aspects of practice and service development.

### **Inspection Methodology**

- 1.13 The purpose of the inspection of child protection services was to obtain information about the nature, range and quality of child protection services commissioned and provided by Boards and Trusts on a direct and partnership basis. It was also to consider the strategic and operational functioning of Area Child Protection Committees (ACPCs) and Child Protection Panels (CPPs).
- 1.14 This first inspection of Child Protection Services, led by the Social Services Inspectorate in Northern Ireland, was undertaken by a multi-disciplinary inter-agency Inspection Team with representation drawn from Nursing, Midwifery Advisory Group (NMAG), Allied Health Professionals (AHPs); Police Service Northern Ireland (PSNI) and the Education and Training Inspectorate (ETI). The report contains a reflection of general and specific findings. The different disciplines in the Inspection Team ensured that their investigative methodology reflected the sensitive nature of child protection and each discipline/agency's relationship with children, members of the public and other professionals. The investigations undertaken by education and police Inspectors concentrated on issues rather than cases.
- 1.15 The inspection methods included:
- the collation of pre-inspection data relevant to child protection from all Trusts in the region;
  - the collation of more specific data from the Trust in addition to the pre-inspection data collected from all Trusts in the region;
  - an examination of relevant Board/Trust/ACPC/ CPP documentation;

- an examination of 52 social services case records which included referral, assessment, case planning information and case files in respect of a census period (31st March 2001-30th June 2003) and an examination of a sample of health and nursing case records;
- an examination of a sample of police records;
- a written survey of service users, service providers and staff;
- interviews and focus groups with service users, service providers and staff involved in child protection work from statutory (acute/community) and voluntary organisations; Trust CPP, Trust Board members, and the ACPC Board members; and
- observation of a child protection case conference.

### **Pre Inspection Data and Information:**

#### **Southern Health and Social Services Board (the Board) and the Trust**

- 1.16 On-site data collection was supplemented by a raft of documentation that was requested prior to the inspection of services. The documentation which included *Annual Reports of the Board and the Trust, Children's Services Plan 2002-5, Area Child Protection Committee and Child Protection Panel Reports and minutes, Evaluation and Audit Reports, Southern Area Child Protection Committee, Child Protection Policy and Procedures (1998), Complaint procedure, Equality Scheme and a range of information Leaflets* indicated a high level of activity aimed at protecting vulnerable children and families by staff in the Board and Trust. This information was supplemented by pre-inspection presentations from Board and Trust managers, and Trust Child Health professionals.
- 1.17 The Board serves a population of more than 319,000 and includes 94,243 children and young people under 19 years of age and 35,315 of these reside in the Trust area. The Board spent £19 Million in 2003-4 commissioning services from 3 local Trusts (Craigavon & Banbridge, Armagh & Dungannon and Newry & Mourne), regional services and the independent sector. The management arrangements for the Board and Trust were outlined at each presentation.

- 1.18 Throughout the interviews and focus group meetings the standard interview schedule developed by the Inspection Team was used. In addition there was the option of individuals completing a questionnaire and returning it to the Inspection Team. There were a total of 33 questionnaires returned from staff from various disciplines.

### **SHSSB**

- 1.19 Members of the Inspection Team met with Board members and senior officers on an individual and focus group basis. Individual interviews were held with The Director of Social Services, Chief Nurse, Commissioner for Allied Health Professionals, Chair of ACPC, Policy Officer of ACPC, ADSS (Training) and the Multi-Disciplinary Training Officer. A focus group was held with Board members including the Chief Executive and representatives from ACPC.

### **Craigavon and Banbridge HSST**

- 1.20 Members of the Inspection Team met with a range of professionals and disciplines within the Trust on a focus group and individual basis. This included specific focus groups and interviews with Social Workers, Social Work Team Leaders; CPP, which included representatives from disciplines across the Trust and other statutory and voluntary agencies, Child Protection Nurse Specialist and Health Visitor Team Leaders, Health Visitors and School Nurse Team Leader, Allied Health Professionals; Trust Board which included the Chair, Chief Executive and Executive and non-Executive board members.
- 1.21 Individual interviews were conducted with Child care Manager, Looked after Children Manager, two Assistant Directors Child care, Director of Social Work who is also chair of CPP, Youth Project Manager, Child Protection Nurse Specialist, Director of Primary and Elderly Care, Social Workers, Social Work Team Leader, Health Visitor, and Paediatricians from both the Community and Hospital settings.

### **Education**

- 1.22 Members of the Inspection Team met with Senior Officers in the Southern Education and Library Board (SELB), Designated Officer for Council Catholic Maintained Schools (CCMS), a focus group of Education Welfare Officers, designated teachers and principals from a nursery school, a special school, an alternative education setting, two-primary schools and two post primary schools.

### **Police Service Northern Ireland**

- 1.23 A focus group for PSNI staff was held which included officers from the CARE Unit, Domestic Violence Officers and Officers from Community Involvement. Individual interviews were held with managers and officers from each of the units.

### **Parents**

- 1.24 Individual interviews were held with five parents.

### **Young People**

- 1.25 Six young people were invited to talk with the Inspection Team and two availed of the opportunity.

### **Inspection Standards**

- 1.26 The inspection findings are discussed in the following chapters with reference to the standards for Child Protection Services. There are 9 key standards, each supported by a number of criteria statements. These criteria statements are the components that the Inspection Team will consider when determining the extent to which services comply with the expectations contained in the standards. To assist in the development of the standards the Social Services Inspectorate established a reference group with representation from the wide range of disciplines and agencies across Northern Ireland who have a role in and responsibilities for the safeguarding of children. The following terms of reference were agreed:

- to provide advice and guidance regarding standards development ensuring that the focus remains on the protective needs of children;
- to act as the conduits for dissemination and consultation on standards development and provide feedback from ACPCs, CPPs, Boards and Trusts, professional groups and agencies involved in child protection work;
- to act as a point of reference for the Inspection Team;
- to contribute to the development of the methodology for conducting the Inspection; and
- to consider the draft findings and recommendations from the inspection.

In addition the standards have been influenced by:

- a review of existing child protection in Northern Ireland and the United Kingdom;
- a review of the literature and research on child protection;
- the recommendations of *The Victoria Climbié Inquiry* (2003) relating to the governance, planning, management and delivery of child protection services;
- *Co-operating to Safeguard Children* (DHSSPS) May 2003;
- the learning from case management reviews particularly those undertaken in Northern Ireland; and
- consultations with the full range of stakeholders in child protection work, including HSS Boards/Trusts, PSNI, ETI, ACPCs, CPPs, the voluntary sector and young people who have experienced child protection services. Individual agencies also made a contribution.

## **2. Planning, Commissioning, Monitoring and Management and Provision of Services**

### **STANDARD 1**

**The Board/Trust has arrangements in place for the planning, commissioning, monitoring and management, and provision of child protection services across relevant agencies and disciplines required to meet the assessed needs of children and families involved in the child protection process. These take account of Board/Trust resources, and those available from other sources including education, service options, client choice and value for money.**

#### **2.1 The Board/Trust have established arrangements across the range of appropriate disciplines and agencies for resourcing and planning its child protection services.**

2.1a The Board, during its presentation to the Inspection Team, gave a comprehensive overview of the arrangements it has in place for planning, commissioning and monitoring child protection services in its area and provided an excellent chart highlighting the mechanisms in place.

2.1b During interviews with senior members of the Board the finer detail of the strategy was explained. The Director of Social Services outlined a three strand approach to commissioning, monitoring and improving social services and this was verified further by the Policy Officer and Chair of ACPC. Similarly the Chief Nurse outlined the way that this was carried out for nursing. The Inspection Team commend the Board for the clarity with which it conveyed the information and for the mechanisms in place to plan and monitor services. (para 2.5d, 8.10a)

2.1c At the meeting held with the Board Directors of Social Work, the issue of the need to review the structural arrangements for delivering children's services was raised. This issue was also raised in the focus group meetings with staff who felt children's services were provided in "silos" with little evidence of a seamless service. Various disciplines expressed a view that an overall reconfiguration

could provide a more seamless service for children and families as well as assist communication processes and understanding between disciplines and external agencies. The Inspectors were advised that the Trust has now established, as a result of the Lewis Review, a Child Protection Co-ordination Group. This comprises a range of Professionals from health, medicine and social work and looks at practice and interface issues in relation to child protection. However, Inspectors were left with a view that while there are some efforts taking place in regard to reshaping services within individual disciplines a whole system approach had not been fully considered. (para 2.3f)

**RECOMMENDATION - *the Trust should fully consider how services can be best managed and delivered and professional responsibilities fulfilled within an integrated and whole systems approach and result in a more seamless service.***

- 2.1d The requirement for more formal/additional medical input to child protection was recognised in *Co-operating to Safeguard Children* (CTSC). The Board and Trust have in place, the named Designated Doctor for child protection as recommended. While the Inspection Team recognised that the Hospital Paediatrician is involved in service planning for child protection there is a need to ensure that medical staff who carry out child protection assessments have this clearly defined in job plans and receive appropriate training.

**RECOMMENDATION - *the Board and Trust should review and continue to address the issue of medical staffing levels and training for child protection work.***

- 2.2 Child Protection services take account of Board/Trust resources, and those available from other sources including education, service options, client choice and value for money.**

- 2.2a The Board and Trust presentations to the Inspection Team indicated the range of developments and activities both are involved in to provide child protection services highlighting the money made available to implement the

recommendations from CTSC. The Board has added another Principal Social Worker post to assist with child care matters. The developments in the Trust e.g. Looked After Children's Team, Reviewing Officer, Professional Development and Support Post and Senior Practitioner grade all appear to be having a good effect on services. One particularly notable development is the Young Person's Project, a service for young people aged 11-17 years of age. It includes specific services for young males and females, their partners and parents and focuses on a range of issues. These include, adolescent development, managing behaviour, communication, skill development for young people and adults, personal development, criminal activity and responses required, alcohol, drugs and solvent abuse, school issues etc. There are a range of partner agencies which include PSNI, Department of Education, Local Council, Probation and the project clearly demonstrated the elements of choice, value for money and strong connections with the wider community network. Inspectors commend these initiatives.

**2.3 The Trust with their partner agencies have agreed joint protocols, policies, procedures and guidance which address all aspects and stages of the child protection process**

2.3a The Trust presentation highlighted the partnership arrangements in place with voluntary sector colleagues and other statutory agencies and demonstrated how the 3 Trusts within the Board area work together on particular aspects with the aim of utilising resources effectively. This was further verified through discussion with agencies outside the Trust. Evidence of good levels of co-operation at casework level was found in police investigation case files and from the interviews with individual officers and in the focus group.

2.3b Police officers interviewed, however, did express their view that child protection work was not given a high enough priority within the Police Service, that they were supported only by direct line managers and questioned whether their work was really valued within the organisation as a whole. Some, particularly CARE detectives felt that their role was only investigative

and all reported that police did not attempt to monitor the outcomes of their work for children. (paras 2.3g, 2.8l)

**RECOMMENDATION - *the PSNI should review the role of the police in child protection investigation cases and ensure that priority is given to supporting and training staff in child protection and measuring outcomes for children. .***

- 2.3c All staff in Craigavon and Banbridge Trust are expected to work within the procedural framework put in place by the ACPC. The ACPC policy and procedures address all stages of the child protection process and identify the disciplines that different aspects apply to. There have also been additional procedures added to the handbook. It was reported that while some of the aspects mentioned in Standard 5 are not included this will be addressed when the regional ACPC procedures are completed later this year. (paras 5.1a, 5.3a, 5.3b, 6.1b)
- 2.3d Whilst there was a general view that the procedures worked reasonably well when implemented and did support and guide the process not all disciplines in the Trust were clear that they had a particular responsibility in regard to child protection.
- 2.3e The Trust has an ongoing commitment to the Child Protection Multi-Disciplinary/Agency training and all disciplines including AHPs are invited to attend specific training facilitated by the Professional Support and Development Officer and ACPC Multi-Disciplinary Trainer. Inspectors were concerned as a result of discussions with AHP Managers about their lack of understanding of their contribution to and responsibilities in regard to child protection.

**RECOMMENDATION - *the Trust Senior AHP Managers should ensure that AHPs avail of the training opportunities provided by the Trust in order to be clear about their responsibilities in regard to child protection.***

- 2.3f During the inspection concerns were raised with Inspectors in a number of Focus groups regarding the child care structural arrangements. Currently three Directorates hold responsibility for Children’s issues which some staff regard as unhelpful, creates the potential for poor communication, misunderstandings, fractured links and a lack of ownership with colleagues in child care.  
(para 2.1c)
- 2.3g Key agencies e.g. Education and PSNI also have clear responsibilities in regard to safeguarding children and make a significant contribution to the protection of children in the Trust area. Police officers from Portadown CARE Unit provide an investigative response service within both the Board and Trust and are expected to follow the ACPC policy and procedures alongside additional policies produced by their own agencies, e.g. ‘The Protocol for Joint Investigation of Alleged and Suspected Child Abuse’. However there was evidence during the inspection that only a few police officers had any knowledge of the ACPC and Trust CPP policies and procedures and training had not been provided. All sets of guidance are complementary and are based on common principles, it is however in working these out in practice and identifying roles and responsibilities within and across agencies that difficulties can arise particularly if they have not had multi-disciplinary and inter-agency training. This similar theme came up in discussions with education staff. (paras 2.3b, 2.81)
- 2.3h There was no evidence to demonstrate that the arrangements were being subjected to a regular review process. Inspectors were aware of the differing perspectives and understanding within each agency and were concerned that this lack of clarity was affecting the way professionals work effectively together to safeguard children. It is the CPP responsibility to “monitor and evaluate how well local services work together to protect children” (CTSC). Evidence from a variety of sources, during the Focus groups with representation from HPSS, Police and Education, indicates that there is room for improvement in this area. (para 2.13e)

**RECOMMENDATION - *the ACPC/ CPP should examine and strengthen their multi-disciplinary and inter-agency fora/dialogues within localities to ensure there are clearer understandings about roles and responsibilities and the processes in child protection and monitor and evaluate how well local services work together to protect children.***

- 2.3i There are clear systems within social services in regard to role, responsibility, functions and accountability and this appears to work satisfactorily for case management and decision making in regard to individual cases. Inspectors were informed of how these processes were carried out from staff at various levels in the organisation. Team leaders highlighted the changing nature of this role particularly in the light of changing working practices and the additional members of staff requiring support and supervision. However Inspectors were concerned about the team leader responsibility for reviews and the chairing of case planning meetings. The Children Order Guidance and Regulation, Volume 4 Residential Care, para 10.11 states that “A review should be chaired by a member of staff above senior social worker level.” (paras 2.5f, 2.10g)

**RECOMMENDATION – *the Trust should ensure that all reviews are chaired by a member of staff above Senior Social Worker level.***

**2.4 The ACPC business plan is available to staff and agencies who contribute to the delivery of the plan and to those who may need to use services**

- 2.4a During the Board presentation it was highlighted that the ACPC business plan is widely distributed to other agencies and this is extremely important given the nature of the ACPC’s work and responsibilities. Evidence provided to Inspectors however indicated that knowledge of the plans existence is limited (paras 8.2a-c). Managers involved in the CPP clearly understood how they contributed to the overall working of ACPC and its business plan but those managers not directly involved were less clear. Comments from some senior managers centered on the ACPC “sending down lots of procedures and organising training events”. Other groups of staff within the Trust knew about the ACPC and the CPP and recognised they had been involved in developing a

range of procedures but there was not a view that they made any real contribution to how things operated or what was decided at each of these levels. Frontline staff were aware of managers' involvement in the CPP but had little knowledge as to what this actually meant. (para 8.2a)

- 2.4b Staff interviewed during the inspection within the PSNI and Education had little understanding of ACPC and CPP. While some individuals knew that there was an agency representative on each of these bodies there was little knowledge of what this entailed or how they as individuals could make any impact on this process.

***RECOMMENDATION - members of the ACPC/ CPP should ensure that information about the ACPC and CPP activity is disseminated to staff and that staff views about child protection needs in the area are canvassed on a regular basis.***

- 2.5 The Board/Trust in conjunction with the ACPC have assessed and quantified the level of need for children and their families involved in the child protection process and agreed the range of services to be provided**

- 2.5a There are regular meetings between the Director of Social Services, Assistant Director Social Services Child Care and the Director of Child and Family Care and Assistant Directors Child and Family Care. The Trust is represented on the ACPC (para 8.1a) and Inspectors were informed that the ACPC mechanism is also used to bring needs and issues to the attention of the Board. The Board in its presentation outlined a number of ways this is carried out and this was verified further in the individual interviews and focus groups.

- 2.5b The Board's/Trust's presentations to the Inspection Team demonstrated how they assessed need. Individual interviews also confirmed the processes and fora used for Board and Trust officers to agree their strategies.

- 2.5c Similarly the presentations outlined how unmet need was brought to the attention of both providers of services and commissioners.

**Established a process for Board and Trust members to monitor and scrutinise audits**

- 2.5d Inspectors commend the way the Board is informing itself of the issues surrounding child protection. This was highlighted during the Board presentation and evidenced further in individual interviews and focus group discussions. In addition, the Board has convened specific workshops to inform itself of and discuss the complexity of the issues and is provided with ongoing presentations from the Director of Social Services and the Chair of ACPC. In this way members are kept aware of the extent of the work in the area and the differences of approaches used to support and protect children. Whilst Inspectors commend this approach discussion with the Chief Nurse highlighted that given the extent of his responsibilities both within and external to the Board he may not be in attendance for the full meeting and for these types of presentations. Inspectors considered that there was the potential for the Nursing view not to be fully explored or addressed when resource and health issues in regard to child protection were being discussed. (paras 2.1d, 8.10a)

***RECOMMENDATION - the Board should consider the extent and responsibilities of the Chief Nurse post so that he can be in full attendance at Board meetings when child protection issues are being discussed and considered.***

***RECOMMENDATION – the Board should develop a mechanism which ensures that those not in full attendance at meetings or involved in discussions when child protection issues are focused upon are kept fully informed.***

- 2.5e The Trust Board also has taken steps to inform themselves of the activity in Child Protection given their responsibility to deliver on statutory responsibilities and monitor and scrutinise work in this area. The Trust Board

in discussion with Inspectors emphasised the importance they place on this activity.

2.5f The ACPC has carried out audits and commissioned others particularly in regard to thresholds for entry to child protection processes and are to be commended for this. Annual Reports of 2001/02/03 refer to the ongoing nature of this work. The National Society for the Prevention of Cruelty to Children (NSPCC) report of September 2001 made several observations that the threshold applied for entry to child protection services in the Trust was high and that high risk cases were more likely to be managed through case planning. This report questioned if this was the appropriate system to use in high risk cases and commented that “inappropriate decisions around the employment of case planning ... were significantly more present” in the Trust. Minutes of the ACPC also highlighted the Committee’s concern about threshold levels and this was a focus of the Inspection Team’s discussions in various interviews and focus groups with senior staff from the Board and Trust. The Trust advised that a number of innovative developments have been initiated following the NSPCC report including the Professional Development and Support post (PDSP), which has facilitated uni-area multi-agency training on the use of thresholds, case planning audit led by SACPC, development of the multi-agency guide for services to children, and the assessment model. It was, however, noted that police officers and the ACPC and CPP representatives from PSNI interviewed were not aware of any monitoring or audit in relation to child protection having been conducted in either the Board or Trust area. (paras 4.7a, 8.4a)

**RECOMMENDATION - *the Board/Trust/ACPC/ CPP should:***

- *ensure that appropriate inter-agency monitoring and audit arrangements are introduced as a priority; and*
- *examine how thresholds for entry to child protection are applied to specific cases; and the way cases enter or fail to enter the child protection system, particularly focusing on those cases managed*

*through case planning.*

**2.6 The Board/Trust has an explicit process for commissioning, monitoring and auditing services:**

2.6a There is a clear means of commissioning and appropriate structures are in place as evidenced in the presentation and verified in discussions. However Inspectors consider that monitoring and auditing arrangements were less clear. (paras 2.1a, 2.5f, 2.8v)

**2.7 The Board/Trust ensures that, where services are provided on a partnership or commissioned basis, the service level agreements clearly state the required and agreed expectations in regard to the level and quality of the service provided.**

2.7a There are clear service level agreements and arrangements in place which set out the agreed expectations and this was also demonstrated in the Board presentations and discussions. Inspectors commend the Board and Trust for the clarity of these arrangements. The Board and Trust are required to deliver child protection services within specific policies and procedures for child protection. In addition, the Departmental Circular CC3/02 details the Roles and Responsibilities of Directors for the Care and Protection of Children. This was referred to on several occasions in terms of the commissioning and monitoring arrangements. Inspectors have commented in paras 2.1a, 2.5f, 2.6a, 2.8v on the need to ensure that arrangements for auditing and monitoring are in place.

**2.8 The Board/Trust has a clear workforce strategy in place**

2.8a During discussions with Inspectors it was evident that the Trust follows appropriate recruitment processes, and that senior staff remain acutely aware of the need to attract and retain good calibre staff to the Trust. It was clear that there is also an appropriate career development pathway for social workers. Inspectors were given an example of recruitment initiatives to secure new

appointments. This was supported by frontline staff in their description about how they became employed in the Trust. Senior staff reported that there are only four social work posts vacant but several of these were in one team. Social Workers from other child care teams in the Trust have been assisting but a strategy is now in place to ensure that the situation is resolved in the near future. (para 5.2(a))

- 2.8b Vacant Posts in nursing were also in evidence due to maternity and sick leave as well as permanent long-term vacancies. This was commented on by staff in focus group discussions, through questionnaires and in interviews with senior nurses and the Director of Primary Care and Elderly Services. It was apparent that senior staff are aware of the problem and attention is being given to different ways of working. It was not clear however how the new ways of working described during the Trust presentation would address the stressors or pressures for frontline staff within health visiting.

**RECOMMENDATION - *the management of vacant posts in both social work and nursing should be resolved as a priority given the potential to overburden staff and create further stressors for them.***

### **Career Grade in Social Services**

- 2.8c The Board is keen to progress career grades and recognised the need to have a range of skills within the social services structure. The Board has made funding available for the upgrading of a basic grade social worker to senior social work practitioner grade in the three Trusts to assist with the reduction of pressures on staff. Staff made positive comments to Inspectors about the benefit of these posts particularly in regard to court work. Similarly the Board recognised the need for and value of each Trust having at least one senior social work post (Professional Development and Support Post) so that social work staff could avail of additional support and professional development apart from that available through direct line management and training. Frontline staff interviewed during the inspection confirmed the high value placed on these initiatives.

2.8d Recent restructuring of social work teams has created a Looked After Children Team in the Trust. Assistant Directors and Senior Managers areas of responsibilities have been re-assigned. One manager has been promoted and is carrying a dual responsibility on a temporary basis i.e. the responsibilities of the Professional Development and Support Post. Inspectors were advised of the additional value of this post from social work staff and other disciplines and agencies and did state their concern to senior managers that the value and expertise available to staff may be reduced or eroded. Inspectors were assured that the situation was temporary in nature and the original post would be reappointed at a similar level as before.

**RECOMMENDATION – *the Professional Development and Support Post should be advertised and filled as a matter of urgency.***

#### **Induction**

2.8e The Trust has an induction programme in place for all new staff. Social Workers taking up employment in child care in the Trust participate in an additional induction specific to child care. Inspectors were not aware that staff from PSNI or Education contributed to the child care induction programme but considered that it is a necessary component given the need for multi-disciplinary and inter-agency working.

**RECOMMENDATION – *the Trust should ensure that there is a contribution from PSNI and Education to the child care induction programme.***

#### **Social Work Supervision**

2.8f There is a written policy on supervision for social work staff. Each manager in discussions with Inspectors commented on the importance of supervision. Staff at other levels commented positively on the supervision arrangements within social services and clearly stated the high value they place on it. Questionnaires returned to Inspectors by staff emphasised the importance of supervision and consultation, which was also stated to be at a good level.

Social work staff commented positively on the way they could access advice and guidance at different levels in the Trust and felt that they could directly contact a more senior manager if their line manager was not available.

- 2.8g There was written evidence on some casework files of decision making and guidance taking place in supervision. This practice is to be commended and Trust managers should take action to ensure this becomes consistent practice throughout the Trust.

**RECOMMENDATION – *the Trust should ensure that records of decisions taken during professional supervision and consultation are entered on files, dated and signed by the senior officer.***

### **Nursing Supervision**

- 2.8h There is a written policy on child protection supervision for all community nursing staff and in addition each nursing discipline has a supervision policy. There is however no specific child protection guidance for school nurses. School nurses interviewed during the Inspection did not feel empowered to deal with Child Protection issues for school-aged children. Inspectors considered that the supervision policy should also encompass school nursing given the school nurse's crucial role and direct contact with children and that school nurses should be invited to case conferences and case planning meetings held in regard to school-aged children and young people. Supervision from team leaders and the Child Protection Nurse Specialist (CPNS) was valued highly by health visiting staff. However, Inspectors did note that the CPNS post already had quite an extensive remit and this would need to be examined if the remit expands to take account of school nursing. Peer group mentoring has also been introduced as a means of support to health visiting teams and Inspectors commend this approach. There was evidence that supervision discussions were recorded in some files but these were not always dated and signed by a senior officer.

**RECOMMENDATION – *the Trust's nursing policy on supervision should be revisited to ensure that all school nurses within the Trust are aware of***

*their responsibilities in relation to child protection work with school age children.*

**RECOMMENDATION – *school nurses should be routinely invited to participate in Case Conferences or Case Planning.***

**RECOMMENDATION - *the CPNS remit should be re-examined and adjustments made as required.***

### **Staff training and development**

- 2.8i There is an extensive range of child care training courses available to staff through both the In Service Training and the Multi-Disciplinary Child Protection Training Programmes and this is commendable. The SELB commits significant resources to the uni-disciplinary training of designated teachers which is also to be commended. Social work staff have access to a number of regional courses which enable staff to continue their professional development. Discussions with staff across disciplines highlighted their satisfaction with the availability of training events, although some did feel that on occasions making space to attend can create extra pressure when they are dealing with an already pressurised caseload. However staff did appreciate the importance of training, not only for the development of new and additional skills and knowledge but as a means of reflection on practice, the creation of support networks and the value placed on them as a professional. Inspectors were impressed by the extent of the courses available and noted the emphasis on specific aspects of the child protection process e.g. assessment links with adult mental health etc. Discussions with the Head of Training and the Multi-Disciplinary/Inter-Agency Training Officer did highlight that there are occasions when participants booked on courses do not turn up and there is no explanation for this. In regard to freeing staff to attend courses, Inspectors considered that managers in the Trust should actively assist staff to participate in training specifically identified in individual training and development plans.

**RECOMMENDATION – *Trust Managers should actively assist staff to participate in training specifically identified in individual training and development plans.***

**RECOMMENDATION – *Where staff booked on courses fail to attend, the Training Officer should contact the line manager and obtain an explanation so that the ACPC can properly monitor attendance and uptake of training.***

- 2.8j Inspectors however did note an important omission in terms of specific training for “managers” from all disciplines and agencies given the complexities of managing children’s work, pressures for staff and the different understandings involved in managing and supervising child protection across disciplines and agencies. (para 2.9b)
- 2.8k The ACPC is organising specific training for Trainee General Practitioners and this is commendable. Inspectors have already commented elsewhere in this report on the irregular attendance of GPs at case conferences and the importance of the medical input to planning for children and families. This is an ongoing agenda item for the CPP and Inspectors commend their attention to this important aspect of the work.
- 2.8l Whilst Inspectors did not have the opportunity to observe a training event, discussions with the Head of Training and the Training Officer highlighted that there can be some difficulties in attendance and the uptake of places from different disciplines and agencies. As commented on at paragraphs 2.9b, 5.2m, 5.2n, 5.11c, there is a limited uptake of multi-disciplinary training by education and police. Discussions in the police focus group and in individual interviews highlighted that only the CARE Officers had access to the ACPC ‘Recognising and Responding to Child Abuse and Neglect’ child protection training yet two other police groupings i.e. Domestic Violence and Youth Diversion Officers also require this training to ensure there is clarity and implementation of policy and procedures. Only a few police officers had any knowledge of the ACPC policies and procedures yet they are responding to

situations where some of the most significant risks to and needs of children are in evidence.

**RECOMMENDATION - *the ACPC should identify the barriers to the involvement of education and police staff in basic multi-disciplinary child protection courses and request the relevant representatives to bring the issue to the attention of their agencies for resolution.***

### **Organisational structure**

- 2.8m There is an agreed organisational structure within the Board and Trust with defined areas of responsibility and reporting arrangements. The Trust however has recently redefined the senior child care managers' areas of responsibility within social services so that developments in regard to the management of Looked After Children can become more focused and streamlined. Inspectors commend the focus on Looked After Children. The team structure has been re-organised and some social work staff have taken up new positions which has had an effect on staffing within other teams. (paras 2.8a, 2.8d) Although staff recognise the inherent pressures in creating a new team and systems, there appeared to be an agreed view that ultimately managing Looked After Children in this way has more advantages than disadvantages. Social work staff were clear about individual responsibilities and accountability and clearly knew who needed to take decisions at different levels. Inspectors were advised that there are to be new initiatives in the development of different nursing posts. (para 2.8b)
- 2.8n Inspectors however were unaware of any arrangement to evaluate the new team structure and systems in regard to outcomes and improvements in service delivery, client satisfaction, staff morale and retention. This is considered to be an important and crucial activity and recommend that an evaluation framework and timeframe be established urgently to achieve this. Inspectors have also commented that the Trust should consider fully how best services can be delivered taking a whole systems approach. (paras 2.1d, 2.3f, 3.2a)

**RECOMMENDATION** - *arrangements should be put in place urgently to conduct an evaluation of the new team structure and systems for social work and nursing in regard to outcomes and improvements in service delivery, communication, client satisfaction, staff morale and staff retention.*

**Arrangements for staff development and post qualifying training**

- 2.8o As described earlier there are various arrangements in place for staff to avail of opportunities for individual development and post qualifying training as indicated in The In-Service Training Programme and Multi-Disciplinary Child Protection Training Programme. (paras 2.8i-2.8l)

**How the effectiveness of training is evaluated**

- 2.8p The effectiveness of training and the impact on practice formed part of the discussion with frontline staff, team leaders, senior managers from across disciplines and the Head of Training. Supervision and the management of cases are the means used to incorporate learning from these events for social workers and nursing. There was a multi-disciplinary evaluation carried out internally in 2001/02 and there is an evaluation form completed at each training event. However Inspectors found that there is no ongoing formal evaluation of the effectiveness of uni-disciplinary or multi-disciplinary training and events in regard to how learning has been incorporated into practice so that courses attended fit with individual training plans and needs. (para 2.9b)

**RECOMMENDATION** – *there should be ongoing evaluation of the effectiveness of both uni-disciplinary and multi-disciplinary training and the Trust and ACPC should monitor how learning from this is incorporated into practice.*

**Staff appraisal and performance system**

- 2.8q The Trust has a staff development and performance review scheme which had been implemented across all grades of staff. Inspectors were advised that the Trust has completed a competency profile for first line managers and above which reflects the key competencies required to undertake their role. They are

also provided with details of training programmes where competencies can be acquired.

### **Caseload management and monitoring systems**

- 2.8r All child care referrals are assessed and monitored by the relevant Team Leader in the first instance who takes account of the presenting problem, risk and need factors in line with guidance outlined in Children in Need, Volume 1 and CTSC. Inspectors were informed that all referrals of child protection are allocated immediately to a social worker who carries out an initial assessment and, dependant on the outcome a second stage assessment in line with CTSC. While this is the process, as outlined in the guidance, Inspectors did not find evidence to confirm that the Trust had any more specific written instruction for staff. Inspectors did note that in the CPP annual report of April 2002-March 2003 there was an inclusion from the Board and 3 Trusts' Submission to the Northern Ireland Assembly Inquiry into Child Protection Services in Northern Ireland. This commented, that the Trust did recognise the need for workload measurement systems to be in place although Inspectors are not aware that the Trust has taken steps to introduce a formal written policy on caseload management. The Director of Child and Family Care monitors child protection activity and this occurs through the scrutiny of minutes. The Trust advised that all case planning activity is monitored by the Assistant Directors thus providing objective scrutiny by the Senior Management Team. In addition, the Trust has undertaken audit on workloads and while a formal system for caseload activity is not in operation it remains a key responsibility of Team Managers to monitor workloads.

Child protection activity is also monitored through the quarterly and annual statistical returns to the Board and the CPP on statutory functions.

### **Quality, timescales and standard of responses expected in regard to child protection services**

- 2.8s Parents interviewed provided a range of views about the quality and standard of responses they received in respect of service provided. These ranged from Social Workers being very supportive, dependable and helpful through to

criticisms about the failure to have their family's needs met quickly, not being able to make contact with the social worker or have telephone calls returned. Education and police provided similar evidence to Inspectors particularly in regard to the exchange of information and responses after referrals had been accepted by social services, commenting that this can be slow or in some instances does not occur at all. (paras 2.5f, 4.6a, 4.7a, 4.8(a), 5.2d-j)

**RECOMMENDATION – *the Trust should monitor and audit the quality, timescale and standard of responses to individuals when making contact with child protection and child care services and include parents and other agencies in this process.***

**Quality and standard of recording practices**

- 2.8t The quality and standard of recording practices in the files viewed by Inspectors was variable. They ranged from those that were difficult to read because of the hand writing, to those that were difficult to follow because of the poor structure to the record. Some files viewed had basic information missing, dates and signatures were difficult to find, some files contained initials rather than full signatures. Those that were clearly written, provided continuity in the narrative and had clear written objectives for a visit, an analysis of the issues discussed, stated outcomes and a plan of action and are commended by the Inspectors as examples of good practice. (para 5.4c)
- 2.8u Inspectors raised concerns regarding record keeping with different levels of staff across the professional groups and there was a consensus of view that record keeping could be improved with frontline staff expressing a clear view that they were less than satisfied with the quality of records maintained. They also highlighted concerns regarding the volume of recording required and this was reinforced in other discussions with managers.
- 2.8v On several occasions, Inspectors were informed that the volume of report writing and repetitive completion of information mitigated against reflective and analytical recording. Whilst there may be a variety of opinion from all disciplines on this particular issue what was evident to Inspectors was that

over burdening staff with extensive recording does not produce high quality evidence for difficult decision-making.

### **Recording Case Planning**

2.8w There was a high use of case planning within social services and a belief from some but not all staff in social services that this assisted working in partnership with parents. Whilst Inspectors' views in regard to this have been expressed in paras 2.10c-2.10g, it is important to highlight that the decisions and outcomes from case planning meetings were not consistently recorded. Inspectors were advised by various disciplines that participants in these meetings seldom received minutes. Areas for improvement were raised during the inspection with senior managers, Trust Board and with ACPC members. The Trust report that there is a structured process for the review of case planning, which includes quality assurance, monitoring and evaluating safeguards for children, families and staff. With the introduction of the new Board Assessment Model (July 2003), risk is addressed and recorded. Forms FAM 3 and 4 are used to record decisions and outcomes. However, due to the inconsistencies in recording practice there is a need for the Trust to urgently review and streamline case record keeping practices and provide mandatory training for all staff groups at all levels. With the introduction of the new Assessment Model in July 2003 risk is addressed and recorded. (paras 5.4a – 5.6b)

**RECOMMENDATION - *the Trust should review, streamline and improve the standard of recording practice and put in place appropriate training and monitoring of this by senior managers.***

**RECOMMENDATION - *the Board, through the auspices of the ACPC, and in conjunction with the Trust CPP, should carry out periodic audits to ensure that they are properly fulfilling their responsibilities as outlined in Co-operating to Safeguard Children.***

**The requirements of the Protection of Children and Vulnerable Adults (NI) Order 2003 when selecting, recruiting, managing and retaining staff and volunteers who have access to children.**

- 2.8x The Trust has a clear and comprehensive policy on the selection, recruitment, management and use of volunteers and this was made available to Inspectors.

**Reviewing how it complies with social care governance, including codes of conduct for employers as part of their corporate responsibility**

- 2.8y The Trust has created a Social Care Governance post to take account of governance within the child care programme. The post holder at the time of the inspection was only newly into post. As stated at para 1.6 controls assurance has been implemented through Clinical and Social Care Governance and Risk Management. These have been given priority by the Trust Board, and the specific committee established to oversee this work report directly to the Trust Board as a means of ensuring that these are kept under constant review.

**2.9 All managers and staff within Boards and Trusts and relevant professionals in partner organisations have knowledge of child protection policy and procedures and of services available for the protection and support of children and families and can demonstrate that they have received training in child protection.**

- 2.9a The Board recognised their need to have workshops from the Director of Social Services, ACPC Chair so that they better understand Child Protection Services. Similarly the Trust Board has also taken steps to inform itself of the issues surrounding Child Protection.

- 2.9b Specific training for managers was not a feature of the child protection multi-disciplinary training programme and Inspectors considered that this was an important omission given the complexities involved in managing and supervising staff in this work and the need for cross-discipline and inter-agency working. This issue was raised with the Head of Training and the

Multi-disciplinary Training Officer. Inspectors also noted however that managers did have access to all the practice elements of the training programme and were informed that the uptake by managers is good. Discussion surrounding Case Management Reviews (CMR) highlighted the demands these are making on all disciplines and agencies participating in these and indicated that there is a need for specially tailored multi-disciplinary/inter-agency training. (paras 2.8j, and 9.3)

**RECOMMENDATION - *the ACPC should give consideration to developing a multi-disciplinary/inter-agency training programme:***

- *for managers from all disciplines dealing with the complexities in managing and reviewing the effectiveness of all aspects of child protection service;*
- *on the requirements for participating in and contributing to Case Management Reviews.*

**2.10 Child protection provision is located within a continuum of services to children in need and their families and includes a range of interventions for the prevention and treatment of significant harm.**

2.10a There is a continuum of services operating on a statutory, voluntary, community and partnership basis available to assist staff in their work with children and families. In addition to social work and health services, these include the Professional Development and Support Post in social work and the CPNS in nursing, the Looked After Children service developments as well as particular projects. Some examples are, the Child and Family Clinic, Barnardos, Family Group Conferencing, Springwell Centre, NSPCC, Young Person's Project, Women's Aid, and individual therapeutic services.

2.10b Whilst there is an appropriate range of services for child protection it became evident to Inspectors that some localities in the Trust are better served than others. Staff reported that the Banbridge locality has fewer local resources

available which necessitates families traveling to other parts of the Trust for particular interventions. Inspectors did commend the Trust for ensuring that there are outreach services from these projects but wish to highlight the importance of providing home and locality-based services for the Trust population. (para 10.7a)

**RECOMMENDATION - *the Trust should consider how services can become more localised particularly within the Banbridge locality.***

### **Case Conferences/Case Planning**

2.10c Inspectors noted from the trawl of case files that the Trust is dealing with a wide variation in cases some of which are complex and long standing. Some of the significant features for children are neglect, physical, sexual and emotional abuse, behavioural and psychological problems, often combined with, mental health difficulties in a parent, domestic violence or the involvement of those convicted of a Schedule 1 offence. It is with this as a background that cases are being managed in the Trust. Some social work staff indicated their discomfort with the use of the child protection case conference highlighting their concern for the impact on parents of attending large meetings with a range of individuals who are unknown to them. Others however commented that they often had to persuade or make a convincing argument to senior managers to have a case brought to case conference. Whilst Inspectors acknowledged workers consideration for parents it is crucial that the risks to, and needs of, the child remains the primary focus.

**RECOMMENDATION - *in cases where the initial concern has been one of child protection or where a staff member in managing a case has evidence which indicates the need for the case to be considered under child protection arrangements, managers should state in writing their agreement for proceeding or reasons for not proceeding to case conference and ensure that this is placed on the child's file.***

2.10d Staff members from more than one discipline highlighted the difficulties in dealing with the level of risk when working with some cases within case

planning and the concern that this creates for them. The current system does not have the rigour, structure, or contribution from the multi-disciplinary and inter-agency network to provide staff, the Trust and the Board with the confidence to manage and monitor every case with the greatest level of safety available to them.

- 2.10e Having examined a range of case records, Inspectors were of the view that some cases that were being managed through case planning could have entered the child protection process much faster than they did given the issues for children. Other cases which were not significantly different in regard to risks and needs were being managed within child protection arrangements. Inspectors were concerned about the use of discretion and the lack of consistency and appropriate decision making for calling a case conference in some of these cases. It is the Inspectors' view that this has the potential to limit the inclusion of important information and analysis often only obtained during the child protection case conference.

**RECOMMENDATION – *Trust Managers should ensure that all cases being managed within case planning are appropriately placed there and that where there is a need for moving to a child protection case conference that this is instigated quickly.***

- 2.10f A detailed minute of case planning meetings was not always evident in files and Inspectors had concerns about the limited range of disciplines involved. In many cases there was only social work and health visiting in attendance when it was obvious that that there would have been a case for other professionals and agency representation. Health Visitors expressed their concern in regard to the lack of formality of these meetings and the lack of consistency of parental input. Paediatricians also expressed concern that the present arrangements for convening case planning meetings did not facilitate their attendance and that the lack of medical input may have resulted in plans being constructed that did not fully encompass the risks to and needs of the child. (para 5.11d)

**RECOMMENDATION** – *where evidence suggests that it is appropriate to convene a case planning meeting, the meeting should as far as possible facilitate the attendance of medical and other relevant personnel.*

2.10g Case planning meetings were in the main chaired by a senior social worker. It was unclear how the Trust ensured and monitored these arrangements and the suitability of this responsibility being placed at senior social worker level, given the myriad of tasks this first line of management carries out was questioned. (paras 2.3i, 2.5f)

**RECOMMENDATION** – *the Board, Trust and ACPC as a matter of urgency should examine and monitor case planning and ensure it has the rigour, structure, support, management, chairing, reporting arrangements and record keeping necessary for monitoring effective and safe practice.*

**2.11 The Board/Trust has effective mechanisms in place for the ACPC and CPP to inform respectively the Board/Trust about child protection issues and developments or deficits in the area:**

2.11a The Board and Trust presentations and subsequent discussion with senior staff demonstrated how this has been achieved. (paras 2.1a, 2.1c) The Inspection Team was informed of the ACPC activity in this regard. The ACPC reports contain quantitative information about the operation of the child protection process. However the use of case planning to manage cases highlights the need for the ACPC to monitor this activity closely in order to gain a more complete picture of child protection in the area. (para 2.10g)

**2.12 Managers assess needs, practice and acknowledge good performance and to evidence that they value staff. Staff to be helped to build into their work ways of measuring outcomes for children and families.**

2.12a Inspectors were made aware of the staff's views of the value they place on particular posts for support and feedback, and mainly quoted supervision as being the means for managers to assess their practice and acknowledge performance (paras 2.2a, 2.3i, 2.8f-h, 2.8p, 3.7a). All social work staff mentioned the value they place on support, direction and guidance from their line managers. Staff reported that the recent inquiry (Lewis) created a difficult time for everyone in the Trust but more particularly for the specific localities involved. It was described as a most distressing and uncertain period given the overall circumstances and that it had a detrimental effect on staff morale. The Trust report that they would make appropriate referrals to occupational health care team and they have a contract from "Staff Care" to provide independent counselling for staff. However, staff expressed both positive and negative views about how they were helped to cope with the experience.

***RECOMMENDATION - the Trust should ensure that staff are aware and assisted in accessing the independent support which is available for staff so that any residual or negative issues arising from the Inquiry can be resolved and taken forward in a positive way.***

2.12b The Trust report that it employs a number of outcome measures in its work with children and families, which include quarterly data on Child Protection Register, comprehensive assessment and Child Protection Plans. However, from reading case files it was not always clear that Social Workers were measuring the effectiveness of their work with families. Measuring outcomes was an under-developed activity although there were good examples of this in some case records. Staff within focus groups were clearly of a view that an outcome focus is crucial, particularly when they needed to defend actions taken in court or to progress a case into child protection from case planning. Inspectors were of the opinion that Trust senior managers should harness the enthusiasm and commitment of staff in this regard and ensure that evidence from research and learning from training is applied.

**RECOMMENDATION – *Trust Managers should examine how staff can be assisted to progress further towards the measurement of outcomes in their work with families.***

**RECOMMENDATION - *the ACPC/CPD should audit case files in regard to the measurement of outcomes.***

**2.13 The Board/Trust regularly monitor and review complaints, representations, case management reviews and audits of practice**

2.13a Interviews with parents highlighted that they were listened to in meetings and were clear that they were able to reach agreements about decisions in regard to their family needs and support, even where they had been in contention with the Trust at the outset. All staff agreed that the views of parents are essential to ensure that the outcome of intervention is a positive one. Most staff reported that they felt children, parents and their own views were taken on board and particularly identified that this mostly occurred through the management of individual cases. What was evident however, in interviews with parents, was that they had not been given any written material on how to make a complaint (para 3.4a, 3.5a). Examples cited by staff in regard to how they raised wider issues were through the professional support and development system and team leader. They had an expectation that their opinions and practice experience were used to inform service planning. Inspectors have already identified that the auditing and monitoring of practice at Board/Trust requires improvement. (paras 2.5f, 2.8p)

2.13b The Trust has a clear system and process for the management and review of complaints. The Report for 2002/2003 was made available to the Inspection Team who noted that this process is managed as an integral part of the Trust's risk management and governance strategies. The Trust Board emphasised that they take their responsibilities in this regard particularly seriously. Interviews with parents highlighted however that they had not received written material on the use of the complaints process. (paras 2.13a, 3.4a, 3.5a)

### **Case Management Reviews (CMRs)**

- 2.13c There was a distinct view expressed by the Trust Board, staff at various levels and within different disciplines that they have learned from the recent Inquiry experience and that they are at a stage when these experiences can be dealt with in a mature way. Many staff however also expressed the view in focus groups and individual interviews that there is a need to continually reflect and learn and to examine the systems used to assist them carry out their responsibilities for the safeguarding of children. CMRs are discussed in more detail under Standard 9.

### **Share and disseminate knowledge gained across disciplines and agencies and as appropriate throughout the region**

- 2.13d There was evidence of sharing and dissemination of knowledge gained across disciplines and agencies and as appropriate throughout the region. This was demonstrated through seminars provided on the implementation of the recommendations following the Lewis report, the action plan detailed in *Sharing the Learning* December 2003 and the training initiative for the introduction of *Co-operating to Safeguard Children*.

### **Inform the planning of services and allocation of resources, workforce planning, improve joint working arrangements and provide better focus on work with children and families**

- 2.13e There are a variety of mechanisms used to ensure that the planning of services take account of needs and how resources are allocated. These were outlined in both the Board and Trust presentations to the Inspection Team and reaffirmed in discussions with senior managers. Inspectors were advised of the activities of Children Services Planning as one of the vehicles used to facilitate improved planning mechanisms on a cross agency basis and to assist in improving focus on children and families needs. However there is a need for the ACPC and CPP to examine the consistency of multi-disciplinary/inter-agency child protection working arrangements as a means of enhancing joint working in each locality in the Trust. (paras 2.3g-h, 2.4b, 2.8j, 2.8l)

**Consider the input of different professionals to CPCC and review processes**

- 2.13f The Trust report that the CPP has been proactive in addressing the issue of the attendance of professionals at case conferences and has undertaken audits of GP attendance and written contributions and an audit of Community Paediatrician's attendance, which is commendable. Inspectors noted that when relevant professionals and agencies were in attendance at case conferences, the discussion and decisions taken focused clearly on all aspects of the issues for the particular child and family. However, it was evident in some of the cases examined that not all the appropriate professionals were in attendance particularly at initial case conferences, which may have had a detrimental effect on the decisions that needed to be taken at an early point in the case. The main issues which seemed to affect input by a range of disciplines, and frequently raised with Inspectors, were in regard to the timing of case conferences, late notification of initial case conferences and frequent changes to dates agreed for reviews. Inspectors have noted that the attendance is monitored throughout information supplied by the CPP to the ACPC on a regular basis.

***RECOMMENDATION - the ACPC/CPCC should continue to examine and monitor the uptake of invitations to and attendance at case conferences in order to improve and facilitate appropriate attendance and representation.***

**Consider the attendance of children and parents at CPCC and reviews**

- 2.13g The Trust actively encourages the participation of parents at case conferences. Inspectors note that the uptake is increasing and parents interviewed were in the main reasonably positive about the experience even when they were initially in disagreement about the decision taken in respect of their family situation. Fewer children and young people however have taken up the option although the examples shared with the Inspection Team from the Young Person's Project indicate that young people contribute fully when in discussions and meetings. (paras 2.2a, 3.1a, 3.4a, 3.6a, 7.4a, 10.3a)

**RECOMMENDATION – *the Trust should examine how children and young people can be more fully engaged in attendance at case conferences and discussions about plans for their care and safety.***

**Consider the qualities of communication across staff/teams/offices/  
professionals**

2.13h There were a variety of views expressed about the quality of communications between professionals within the Trust. The importance of facilitating access to one another was one of the central points made by different disciplines and agencies. It was most evident that where staff worked in close proximity to one another then they felt communication was easier. Where there was face-to-face communication outside of formal meetings then this too appeared to improve the quality and regularity of communications. The housing of a range of disciplines or agencies in one building would not in itself solve difficulties or improve communication. There is however a need for the Trust to explore and provide specific opportunities for improved communication. (paras 2.1c, 2.2a, 2.3f, 2.8n, 3.6a, 4.1b, 4.3a, 5.2i, 8.5a)

### 3. The Purpose of Services

#### STANDARD 2

**The Board/Trust has a written statement of purpose about its child protection services, including its statutory basis, availability, user entitlement and expected standards informed by the DHSSPS guidance “*Co-operating to Safeguard Children*” (May 2003).**

**3.1 The Board/Trust has written statements about the range of child protection services in its area. These set out the nature and purpose of the services provided based on statutory functions and responsibilities and informed by the guidance contained in “*Co-operating to Safeguard Children*”.**

3.1a Information initially made available to Inspectors was not consistently user-friendly and required updating (para 4.1a). There was limited information available for those who may need to use services and for those who may need to make a referral to the Trust. Inspectors are of the view that there is a need to customise and simplify information for all groups of service users. Inspectors did have access to a range of ACPC material, and a selection of material from the Young Person’s Project and these were of good quality, easily understood and were presented in an attractive and colourful style. However only two of the police officers (CARE detectives) interviewed and who participated in the focus group reported having seen any written statement produced by the Board/Trust about child protection services in the area. (paras 2.13h, 8.5a)

**RECOMMENDATION - *the Trust and ACPC should review the range of information available and the way it is accessed by the public and other agencies. Young people, parents and appropriate professionals and other agencies should be involved in the production of information.***

**3.2 The Board/Trust has established clear priorities for its child protection services and the standards of service expected of staff.**

3.2a There was clear evidence in the Board and Trust presentations to the Inspection Team that the protection of children is central to both the Board and Trust's priorities and that there is a strategy in place to achieve this. Having examined a number of cases it was evident to Inspectors that a range of services were in place and available to families and they were encouraged to access appropriate services. Subsequent interviews with families supported this view and Inspectors commend the Trust ethos of supporting families and the wish to work in partnership with them in resolving the issues for children and families. The NSPCC Report on thresholds at paragraph 2.5f however highlighted concern about handling cases within a case planning system, that does not address the risks for and needs of children in the way that the child protection system does. Whilst it is crucial to gain parental co-operation to assist the appropriate management of the case it is of equal importance that, this is not pursued at the expense of dealing with the child's immediate and ongoing developmental needs, and does not mask the true nature of the risks for the child. (paras 2.5f, 5.2d)

**3.3 The Board/Trust staff are clear about their roles and responsibilities and are aware of statutory functions, DHSSPS guidance "*Co-operating to Safeguard Children*" and related policies and procedures.**

3.3a Inspectors were satisfied that those interviewed were aware of statutory functions. However senior staff did highlight the need for clarification of the "residual" responsibilities of the Board (para 1.2). Discussions revealed that staff at all levels were clear about their role and responsibilities, and were aware of the guidance that when the child protection process was activated there was evidence of some good practice. Inspectors have noted their concern that there are elements where practice could be improved and evidence from external sources support this view.

**3.4 The Board/Trust can demonstrate that they have been pro-active in making children and parents aware of how they can express their views about services.**

3.4a The Trust report that parents and children can make a complaint about services via the Trust Community Complaints Procedure, Children Order Representative Procedure and children and young people can avail of “contact cards”. Health Visitors provide clients with written information about their service on first contact including how to make comments and complaints. However, there was no evidence in written records that the Board/Trust have been pro-active in assisting on ensuring that children and parents are aware of how they can express views about services. Interviews with users of the services supported the view that this needs to be revisited by the Board/Trust. A user survey conducted as part of an audit of health visiting in 2002 indicates that families appreciate the service but that the professional role is not always fully understood by families. There is some evidence through Children’s Services Planning (CSP) that parents and children are becoming more involved. Inspectors also noted that young people who use the Young Person’s Project do make a contribution to developments in the service and to plans for their care and support. (paras 2.13g, 3.2a, 3.6a, 7.4, 10.3a)

***RECOMMENDATION – the Board/Trust in conjunction with ACPC and CPP should continue to explore ways for assisting parents and children to express their views regarding making a complaint.***

**3.5 Children and parents are aware of how they can express satisfaction with, or complain about, the response made to their needs and the reliability and quality of the services they receive.**

3.5a There are inconsistencies in parents’ understanding of how they can make their views known about the services received or not received and at least 50% of those surveyed did not know how to make a complaint. Parents were however positive about the support they gained from social services and were also aware of the pressures on social workers. One parent said that “I felt

caught in the middle” when describing the relationship between the Social Worker and the Guardian during a court case, and stated that “there appears to be a conflict over who is boss, social services say they have the last word and the Guardian ad Litem says they have”. Some parents said they knew there was a process for making complaints but did not know the detail and others clearly were not so well informed. One parent commented that although she had never been given a copy of the complaints procedure she was asked if she wanted to lodge a complaint when she expressed dissatisfaction with a worker. Inspectors did not see written evidence that parents or young people were consistently made aware of how they could complain about the reliability and quality of the services and responses to their family’s needs. (paras 2.13a-b, 7.4a)

**RECOMMENDATION - *all parents and children should be made aware of how to make a complaint about service received and there should be a written record made of the information shared and placed on the child’s file.***

**3.6 Children and parents are aware of how they can make constructive suggestions and recommendations for the improvement of and development of child protection services.**

3.6a There was no evidence of a comments system for parents and young people. However the ongoing work through CPP and ACPC should begin to make an impact on this. It was evident that the ACPC are making valiant attempts to tackle this challenging area of work. The Trust make a contribution to these initiatives and should utilise the opportunity to make improvements in their direct work with families. Inspectors considered and senior managers agreed that this was an area of work that the Trust needed to make improvements in. Inspectors noted that the regional approach to the development of ACPC information will go some way to bring consistency and the combined communication strategy should make a greater impact but will require evaluation of its success. (paras 2.13g, 3.1a, 3.4a, 7.4a, 10.3a)

**RECOMMENDATION – *the ACPC should build in a formal evaluation process as it implements its communication strategy and the Trust should take steps to develop their method of including parents and young people in providing suggestions about improving child protection services.***

**3.7 The Board/Trust monitors the outcomes of services provided to ensure that their purpose is fulfilled and that adjustments are made where necessary.**

3.7a The Young Person’s Project was a good example of how a service was monitored, adjusted and the purpose fulfilled and was quoted to Inspectors from various sources within the Trust, the Board and external agencies. The Professional Development and Support Post is commendable as is the instigation of Senior Practitioner Posts, clearly established to deal with some of the difficulties of progressing contentious cases through the court. The outcomes from these are good and they appear to be utilised to good effect. Similarly, Inspectors were informed of the success of the School Liaison Pilot which has had a positive internal evaluation, and the Multi-Disciplinary Assessment Model and Training. Some thoughtful, helpful and relevant initiatives have been put in place. However, full implementation of successful initiatives and follow up does not seem to occur with the regularity and consistency required to maintain standards. An important development, the ACPC Risk Analysis Model for analysing risk and needs, has not been fully used as a multi-disciplinary/inter-agency tool as intended, despite indications from various disciplines in regard to its usefulness. It remains an added on element of a social worker’s report to a case conference rather than one of the central tools to assist decision-making and identify risks and needs in a structured and considered way for all participants.

**RECOMMENDATION - *the Board and Trust should monitor and audit more closely the purpose of and outcomes from important initiatives and ensure that these are progressed in an effective manner.***

#### 4. Access to Services

##### **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.**

**4.1 The Board/Trust provides written information to actual and potential users of its services about the range of family support services available, including child protection services.**

4.1a The leaflet on Trust services, made available to Inspectors, requires updating, and needs to be presented in a more meaningful and less complicated manner (para 3.1a). There were some specific examples of good information made available and Inspectors commend the examples shared by the Young Person's Project. These were easily understood, attractive, descriptive and user friendly and were developed with the assistance of young people and families. The Trust also utilises the ACPC material in its work with families where there are child protection concerns.

4.1b The ACPC and the 3 other ACPCs in Northern Ireland are taking a regional approach to developing and improving communication (paras 8.5a-b). Inspectors commend this approach and look forward to the upcoming initiatives. Members of the ACPC have had specific training to enable them to communicate the issues to the public through a range of media.

**4.2 The Board/Trust establishes criteria for entitlement to these services and identifies the priorities and service standards**

4.2a The criteria for entitlement to child protection services is when the threshold outlined at Chapter 4 of ACPC Policy and Procedures 1998 has been met and a child protection plan has been put in place. This has been supplemented by the recently produced model "Multi-Agency Guidance for Services to

Children” which outlines four levels whereby children and families can have their assessed needs met. The model states “its aim is to assist in determining the appropriate level of service for children and that the appropriate level is determined by assessed need **not** resources or availability of service. Services can be accessed at any level and may change (not necessarily a sequential progression from one level to another) in accordance with the child’s needs.” The model defines, the factors which determine the appropriate level of intervention, highlights that professional judgement, based on knowledge and experience, will play a significant role when deciding the appropriate level of service. It also includes children and parents views and comments that decisions regarding the provision of services are at the discretion of the agency. There was clear evidence that all referrals are assessed according to the policy of 1 June 2003 Multi-Disciplinary Assessment of the Needs of Children and their Families which identifies response times in accordance with CTSC.

**4.3 The Board/Trust in conjunction with ACPC and CPP work effectively to encourage appropriate referrals from children and families, members of the public and others who work with children where there are child protection concerns.**

4.3a The Board/Trust and the ACPC and CPP work together to meet this criteria. Inspectors have indicated that there are some improvements required. (paras 2.13h, 8.4a, 8.6a)

**4.4 The Trust responds quickly and avoids undue delay in finding alternative placements where necessary for children in need of protection and provides choice to ensure individual needs can be met.**

4.4a Inspectors were informed that while the LAC developments are improving this part of the service, real placement choice was not a realistic option for children living in the Trust. Inspectors have recommended at paragraph 2.8n that there should be an evaluation of the changes in service delivery.

**4.5 The Board/Trust has communication strategies in place to ensure that marginalised groups are provided with information on how they can access services.**

4.5a There are a range of actions taken to ensure that marginalised groups are provided with information on how they can access services and this is demonstrated and evidenced in the Trust Delivery Plan. An example highlighted included the development of a Multi Cultural Handbook in consultation with local ethnic minority communities. Inspectors commend the actions taken but have also highlighted that there is a need to continually keep this under review. (paras 10.3a, 10.5a)

**RECOMMENDATION – *the ACPC/CPD should put in place a specific communication strategy to address child protection issues for marginalised groups and evaluate the effectiveness of this.***

**4.6 Those who make referrals and enquiries about safeguarding children are responded to in a way which ensures an appropriate response to the concerns raised.**

4.6a Inspectors heard a range of views, from different disciplines, which expressed some dissatisfaction and evidenced inconsistencies across the Trust area and between offices. Whilst there was a range of opinion on the reasons for this, e.g. staff turnover, Inspectors felt that the guidance in chapter 5 CTSC sections 5.11 and 5.14 should be followed. (paras 5.2e, 5.2j)

**4.7 Children and their families receive responses and services which engage as partners in problem solving and avoid family breakdown wherever possible, prevent harm and promote children's life chances.**

4.7a There is a strong ethos in the Trust for working co-operatively with parents and engaging them early in the process and Inspectors did note that there was some good work taking place with children and families. However Inspectors

have highlighted concerns about the risks in the systems and have recommended that the ACPC and the Trust should review the use of case planning as a means of managing some high risk and needy cases. (paras 2.5f, 2.8w)

**4.8 Public access, reception and duty arrangements, including out of hours or emergency arrangements, enable appropriate access to services and support.**

4.8a Inspectors were advised during the inspection that those employed outside the Trust did experience some difficulties in making contact with the relevant Trust person due to changes in workers and staff turnover. Another issue raised and one which seemed to cause frustration was not having telephone calls returned. Parents also highlighted that making contact with the social worker and having telephone calls returned from some offices could be problematic. (paras 2.8s, 5.5c)

***RECOMMENDATION - the Trust should take action to improve communication and contact arrangements so that parents and children and external agencies can access the relevant services and support more easily.***

## 5. Assessment, Case Planning, Case Management and Record Keeping

### **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.

#### **5.1 The Trust gives clear guidance to its staff in the form of written policies and procedures and has established agreed multi-agency guidelines.**

5.1a There is a clear set of ACPC policy and procedures for child protection which have been added to since their initial production, following the introduction of the Children (NI) Order. Feedback from all disciplines through questionnaire, discussions and individual interviews indicates that these do support and guide the work. Inspectors noted that within case files, where the child protection system is used the process is visible and cases and decision-making can usually be tracked through the record.

#### **5.2 Staff have available to them referral, assessment and case planning guidance and criteria to assist them reach professional judgements about recourse to the child protection process which is demonstrable in their practice.**

5.2a There is guidance and a clear process within teams for the allocation of referrals, for carrying out assessments and case planning. Assessment is discussed at paras 2.8w, 2.10c, 5.4g-o, 5.8a-b, 5.9a, 5.10a-b, 5.11b-e, 7.2a, and case planning at paras 2.5f, 2.8h, r, w, 2.10c-g, 2.11a, 3.2a, 4.7a, 5.6b, 5.8b, and 8.4a. Social work managers do take into account the level of competence of staff and Inspectors have commended the way the Trust has dealt with the shortfall of experienced social work practitioners in particular teams (paras 2.8a, 2.8d).

During the inspection staff had been relocated to support a particular team in crisis and while this was only on a temporary basis Inspectors encouraged senior managers to ensure that there was not the potential to weaken one part of the child care system to compensate for the shortfalls in another and that this should be kept under review. (para 2.8a)

- 5.2b While the Trust have established a Multi-disciplinary Child Protection Practice Co-ordination Group there are however concerns expressed by a range of disciplines within the Trust, and agencies external to the Trust, regarding the common understanding of what constitutes a child protection referral and how these are accepted by social services. Alongside this there is an issue about the written acknowledgement of referrals and the outcome and follow up required when these are accepted into social services.

**RECOMMENDATION – *the Trust should develop a forum to facilitate the multi-disciplinary/agency network and develop a common understanding of what is accepted as a child protection referral which reflects the importance of harnessing differing expertise and support from a range of disciplines and agencies at an early point of referral and initial assessment.***

- 5.2c There was evidence that education staff are becoming more confident in their knowledge and understanding of what constitutes abuse and their responsibility to make a referral. However the use of pre-referral consultation with social services and the Designated Officer in SELB, prior to making a referral indicates that designated teachers and other staff in education continue to need support and advice to make an appropriate decision about referring a child/young person to social services. (para 3.2a)

**RECOMMENDATION – *Managers within the Education system should ensure that staff in education are supported and assisted appropriately when making a decision to refer a child to social services.***

- 5.2d A view was expressed that the threshold for concern for teachers was somewhat lower than that of other professions working in the area of child protection. This is not borne out by the percentage of referrals coming from education staff. The NSPCC Report (para 2.5f) commented that the threshold in the Trust seemed to be too high and Inspectors concur. Staff have been provided with referral and assessment guidance the (SACPC Multi-disciplinary Assessment of Needs of Children and their Families). Some education staff however have raised concerns about a lack of consistency across the Trust and between Trusts in the Board in regard to “thresholds” applied by social services to child protection referrals. (para 2.5f)
- 5.2e Health visiting and police raised similar concerns and discussions with individuals and focus groups held with health professionals, education, and police highlighted to Inspectors that there is not a clear and consistent mechanism for dealing with the inconsistencies and the misunderstandings and different perspectives. (paras 2.5f, 5.2h)
- 5.2f It was reported by the CARE detectives that although referrals were made by telephone to the Trust by police officers and from the Trust to police there was often some significant delay in either parties producing written confirmation or acknowledgement. Inspection of case files evidenced this and in some cases indicated that the relevant PJI forms had not been forwarded at all. (paras 4.6a, 5.4q)

**RECOMMENDATION - *the Trust and PSNI should ensure that written confirmation of referrals are made within the timeframe laid out in CTSC chapter 5 sections 5.11 and 5.14 and that relevant PJI forms are completed, forwarded and placed on the appropriate child’s record.***

### **Medical**

- 5.2g Where physical injury or sexual abuse is suspected referrals to a medical practitioner are made at an early stage of the investigation. Paediatricians however report that they do not carry out many medical examinations at the request of social services where other kinds of abuse to a child is suspected

e.g. neglect/faltering growth. Most referrals by social services to the paediatric service are to specialist clinics for example Attention Deficit Disorder. Several children referred as having attention problems alongside other difficulties are considered by paediatricians to have been referred very late in the child protection process.

- 5.2h It was the view of medical staff interviewed during the inspection that social services may consider medicals ‘traumatic’ for a child and therefore social services may not always refer or consider medicals necessary. Concern was expressed generally about the child protection threshold levels in the Trust but especially with regard to faltering growth/neglect and emotional abuse. (para 2.5f)

**RECOMMENDATION - *social services should, in a timely way, refer to the paediatric service in the Trust, all children where there are concerns about neglect, faltering growth and development.***

- 5.2i Inspectors noted that in one particular case it would have been helpful to the young person and the family to have had the reassurance of at least a discussion with a medical person, if not a medical examination, so that all were satisfied that the young person’s trauma had been acknowledged and dealt with appropriately, especially as this young person had a learning difficulty. Medical and social services notes did not record any explicit discussion with the young person or the family about this issue.

**RECOMMENDATION - *in all cases where there has been a traumatic child protection incident, social services should offer the young person the opportunity to have at least a consultation with a medical practitioner specialising in child abuse and any resultant medical examination and discussion should be recorded on the young person’s files.***

- 5.2j Clearly some localities have better relationships between disciplines and agencies therefore difficulties which arise can be dealt with and resolved. Where staff groups are accommodated together or have easy access to one

another then relationships and understanding appeared to be clearer and stronger. (para 2.13h)

5.2k The School Liaison Pilot Project, initiated by the Trust, indicated the benefits of multi-agency working. This example was quoted on various occasions as being an important and useful means of assisting the work, fostering appropriate understanding and strengthening relationships. Participation in this project enabled staff from various professions to get to know one another better and to have a shared understanding of the varying roles and responsibilities of the different disciplines. There was a view that at both strategic and operational levels, more needs to be done to enable education and social services professionals to know and better understand what each other can contribute to child protection.

5.2l Following the Pilot, the School Liaison Project was implemented within targeted schools across the Trusts and this is to be commended. (para 3.7a)

### **Education**

5.2m Schools are dealing with an increasingly complex range of issues regarding the care and welfare of pupils and it is often in schools that evidence of child protection concerns come to the fore. As already stated in paras 4.6a and 4.8a, some schools expressed concern about not knowing who to contact within social services and what response they could expect; others particularly commented on the usefulness of the liaison project or having a named person to contact. Staff in schools have been trained in the implementation of child protection policies and procedures, mainly through uni-disciplinary training. The SELB has put substantial resources into uni-disciplinary child protection training.

5.2n Those teachers who had participated in multi-disciplinary training commented very positively and highlighted the additional value of training with other professionals. It is a matter of concern however that few teachers are taking part in multi-disciplinary training organised by ACPC particularly as the

multi-disciplinary training post is partly funded through education. (paras 5.5c, 5.11c)

**RECOMMENDATION – *the SELB, in collaboration with the ACPC, should examine the reasons for the limited uptake by education staff of multi-disciplinary child protection training.***

**5.3 The Board/Trust, through the ACPC, ensure that procedures and guidance are reviewed and revised in the light of new developments and research in child protection, changes in legislation, regulation, policy and/or guidance and learning emerging from case management reviews and audit.**

5.3a The Trust report that there is a clear process for the implementation and circulation of addendum to the ACPC Child Protection Policies and Procedures 1998. Information services and associated training accompanied the changes to Child Protection Procedures. The ACPC reviewed and amended the policy and procedural guidance produced in April 1998, and there are additional sections/booklets available to staff and this ongoing work is commendable. Whilst Inspectors acknowledge the need to update, review, and add to policy and procedures, the Inspection Team was concerned about how these are brought to the attention of all staff and how the ACPC could be assured that relevant staff had access to them and understood what was contained in the new procedures. (para 2.3c)

**RECOMMENDATION - *the ACPC and the Trust should ensure that all staff are informed of the range of additional booklets which have been added to the current ACPC policy and procedural guidance and undertake training on the procedures. The ACPC and Trust need to audit and monitor the circulation of any new information.***

5.3b The ACPC in conjunction with the other ACPCs in the region is currently producing a regional set of policy and procedures. Whilst Inspectors commend the Trust and ACPC for adding to their procedures, it is important

that these are contained in one manual in as simple a format as possible.

(para 8.2d)

**RECOMMENDATION – *The ACPC and Trust Senior Managers should ensure that all new information is contained within the ACPC policy and procedures manual.***

### **Record Keeping**

**5.4 There is a Trust Policy and guidance which details how individual case records are to be formatted and maintained from referral through to closure of the case.**

5.4a The Trust has guidance on file structure and record keeping for social services and health visiting staff. The document made available to the Inspection Team is not dated but does outline how files should be sectioned and the range of recording forms to be used. Inspectors have made recommendations on some elements of recording and the way that information is stored on files.

(paras 2.8t-w)

**RECOMMENDATION - *the Trust should ensure that guidance issued to staff is dated.***

### **Social Work**

5.4b Files had a common structure, were sectioned as stated in the guidance but information was not always stored appropriately. Inspectors found that in some files information was difficult to access and the standard of recording was variable. Referral sheets did not always provide basic information, where there were several referrals at different points in the life of the case record, these were peppered throughout the section. (para 2.8t)

**RECOMMENDATION - *the Trust should have a separate section in social work files for referral forms and these should be filed in chronological order.***

- 5.4c Later records were improved but although there had clearly been a lot of hard work carried out in re-designing referral forms, these were not always completed satisfactorily. Information required under Section 75 of the Northern Ireland Act was not always available in the file.
- 5.4d Where the file related to a child whose name was or had been on the child protection register, then minutes and reports gave a good account of the issues for individual children and the adults in the family.
- 5.4e There was evidence in some files of the child protection process being followed at a good level. Inspectors did see some well-structured files and in these, information was easily tracked. In one particular file the social worker in the case record narrative gave a really good account of the work with the family, stated objectives for visits, analysed the interactions and commented on how objectives were met. (para 2.8t)
- 5.4f There was evidence that Managers made entries in the file and some evidence that social work files were signed periodically by a team leader and Inspectors commend this practice but this was not consistent in all the files examined. Case summaries and specific events very often featured in the narrative. A front sheet highlighting these events would be helpful to the reader and for subsequent staff taking over the case.

**RECOMMENDATION – *there should be a case summary sheet at the front of every child’s social work file as a minimum standard which should be updated on a regular basis. This should become consistent practice across the Trust.***

### **Health Visiting**

- 5.4g While there were examples of comprehensive documentation in some records and good evidence of developmental assessment and appropriate centile recording in many others, health visiting records in the main were often difficult to follow. There was little structure to some records and information

was not easily extracted. Where there were school-age children known to social services there was not corresponding and relevant information within the school health file.

- 5.4h There are some simple steps which could greatly enhance the record, for example, the completion of the family needs assessment being fully completed and retained as a front sheet on each file. Alongside this, the adoption of the Chronology of Significant Events which has been initiated by the Trust will add to the understanding of the issues in the case.
- 5.4i Whilst there is a general acknowledgement that there is an inherent problem with the record, and Inspectors are aware that there are regional and Trust developments taking place, it is their view that more cognisance should be taken to ensure that information is recorded succinctly and appropriately to enable greater understanding of the issues for the child and family.

**RECOMMENDATION - *the chronology of significant events should be used in all health files; information should be structured and recorded succinctly and appropriately to enable greater understanding of the issues for the child and family.***

#### **Paediatrics**

- 5.4j Child protection reports made available to social services by the Forensic Medical Officer (FMO) and the Hospital Paediatrician mainly discussed the injury to the child and the analysis of this. However in some instances there was no comment about the impact of the trauma on the emotional, developmental and behavioural presentation of the child or young person.  
(para 5.2 .h)

**RECOMMENDATION – *medical reports should comment on emotional, developmental and behavioural presentation when making an assessment of the risks to and the needs of the child or young person.***

- 5.4k The records inspected did not indicate if the GP had been informed of the FMO's findings.

**RECOMMENDATION - *where a child has had a medical examination in regard to suspected abuse the child's GP should always be informed and be provided with a written report from the FMO.***

- 5.4m It is noted that the typed reports held on community paediatric files were of a high standard, indicating structured assessment with analysis of the condition, decisions taken, follow-up and notification of others. A number of handwritten reports/notes retained on file however did not meet some of the basic parameters such as the name of the child, correct spelling of the name, date, or signature.

**RECOMMENDATION – *any information retained in any child's paediatric file should contain at least three pieces of identifying information e.g. name, D.O.B. and personal identification number.***

- 5.4n Hospital records use personal identification numbers for each child. These records were also categorised and in date order making information easily accessible and the history of the child easily ascertained. However the amount of information in these charts can make accessing information a slower process.

### **Police**

- 5.4o Police records are kept in the form of an Investigation Case File. Whilst this case file contains all relevant documents and records in relation to an individual investigation, they do not easily correspond with records held by other agencies.
- 5.4p In some of the cases reviewed, no record of referral of the strategy discussions leading to a course of action could be found. As the police investigation case files do not contain a front sheet it is difficult to find specific pieces of

information such as contacts from other agencies, records of events significant to a child or of decisions affecting the child or family having been made.

**RECOMMENDATION – *the PSNI should consider developing a front sheet and chronology of events for child abuse investigation case files.***

- 5.4q Where PJI forms were found within investigation case files and according to the reports from individual officers and the focus group, strategy discussions are held in accordance with the guidance in both the ‘Protocol for Joint Investigation’ and in “*Co-operating to Safeguard Children*”. Due to the manner in which investigation case files are constructed it was difficult to recover details or minutes of strategy discussion with the result that important information can be missed or is often missing from the file. (para 5.2f)

**RECOMMENDATION – *the PSNI should ensure that police files contain a consecutive and comprehensive record of each stage in an investigation so that important information is not excluded from the file and that information is easily accessed.***

- 5.5 There is evidence within each child’s case file that records are reviewed, signed and dated by a senior management.**

- 5.5a The case files sampled during the inspection indicated that there was inconsistent practice with regard to this criterion. The police files indicated that this criterion was fulfilled and this finding is to be commended. However in both social work and nursing files there was not consistent practice and improvement is required.

**RECOMMENDATION - *social work and nursing operational managers should ensure that case files are reviewed, dated and signed.***

- 5.5b There is evidence in some social services files that information is exchanged between professionals and agencies but often this is case specific, dependant on individual relationships and proximity of disciplines and is often as a result

of actions required by a child protection plan. Where this occurs there is evidence of good practice happening between the disciplines and agencies and seems to work very much in the child and families interests. While the Trust report that it is a requirement that there is Multi-disciplinary communication as per Child Protection Procedures, Inspectors however were advised that this is not consistent practice across the Trust and evidence in case files would support this view.

**RECOMMENDATION - *the Trust should ensure that the exchange of information between disciplines and agencies is consistent across the Trust.***

- 5.5c Some education staff however reported that they did not always receive adequate information and feedback from social services about the investigation and progress of individual cases. In these circumstances education staff continue to be anxious about the continuing risks to the child/young person and, consequently, are not in the best position to support the children/young people. (para 4.8a)
- 5.5d The Trust report that “Education staff are invited to Case Conferences and Child Protection Case Conferences and minutes of these are circulated widely. Education are also part of the Core Group and as such have a responsibility to safeguard children as per Child Protection Procedures”. In a few cases, education staff were concerned that important information which social services held about particular children had not been shared with designated teachers. In a minority of cases, the lack of knowledge on the part of the school led to difficulties in making suitable educational provision for the child. It is increasingly important given the demands on all staff groups that education staff have a good understanding of their responsibilities, the legal parameters within which social services operate and the options available to them in ensuring the safety and welfare of the children and young people. (paras 4.6a, 5.2c, 5.2m-n, 6.5b)

**RECOMMENDATION - *the Trust in collaboration with Education should examine and improve the current arrangements for sharing information***

*between social services and education so that children and young people can be appropriately supported.*

- 5.5e During the inspection of files, Inspectors found that not all agencies had appropriate or similar information on children. Dates of birth, spelling of names and addresses and, in some, family information was different. In others the issues under consideration were not the same.

**RECOMMENDATION - *all disciplines and agencies should cross-check basic information to ensure they hold up-to-date and correct information about children and their family circumstances.***

**5.6 Child Protection procedures are applied consistently and effectively so that practice conforms with guidance, policy and procedures.**

- 5.6a The examination of files provided evidence of the complex and contentious nature of child protection work and of the difficult circumstances existing in families requiring child protection services. The Inspection Team noted cases where alcohol and drug abuse by parents exposed children to high levels of risk. Domestic violence, poverty, material deprivation and housing and poor health were also apparent. The challenge for practitioners and managers cannot be over-estimated when applying child protection procedures while also ensuring a balance with the right of the family to autonomy.

- 5.6b Once the child protection procedures are applied in a given case practice conforms with guidance, policy and procedures and the Inspection Team considered there was evidence of good practice in many cases. However there are situations where Inspectors have been concerned that a case has not been processed in this way but is managed through case planning. In one particular case Inspectors noted that a complex neglect/physical injury situation was managed through case planning. It involved a high level of supervision from the Social Worker and Health Visitor, and included GP examinations of the child on a weekly basis because of unexplained marks. There was an engagement with the mother and partner who were quite willing for social

services to be involved. The case demonstrated that the threshold was met and illustrated the dilemma for frontline staff i.e., the Social Worker and Health Visitor balancing and managing risks for the child with the strengths of a partnership with parents. Services offered were at a good level. The case did eventually go to case conference. However it was not clear whether the case had been discussed with the GP, or that there was a clear understanding of the implications for the child of the weekly medicals which had been set up to monitor progress. The case also demonstrated the difficulties for the Social Worker and Health Visitor when dealing with high levels of risk. Inspectors considered that had the case gone quickly to case conference then there would have been more clarity and an agreed plan with appropriate multi-disciplinary inputs.

Another example illustrates the importance of securing proper and complete information from earlier interventions, even where this may have taken place in a different Trust and the importance of introducing a chronology to highlight the pattern of concern in neglect cases, particularly around parenting ability and the effects on children's development.

***RECOMMENDATION - the ACPC/CP should on an on-going basis monitor a sample of cases managed within case planning to ensure that Child Protection procedures are applied consistently and effectively so that practice conforms with guidance, policy and procedures.***

- 5.6c The Trust report that it is the usual practice to keep a case open following de-registration and to review it within 3 months from date of de-registration. However, Inspectors noted that there were individual high-risk cases where children's names had been removed from the child protection register very quickly and services to families ceased immediately following this. The Inspection Team is aware that the ACPC reviews the monitoring returns quarterly and minutes provided evidence to substantiate the work. (paras 5.11j, 8.9a)

**RECOMMENDATION – *the ACPC should continue to review the operation of the child protection register and ensure that follow up support services are assessed and put in place for children and families when a child’s name is removed from the register.***

**5.7 Strategy discussions are held in accordance with guidance in “Co-operating to Safeguard Children” (paras 5.16 – 5.19) and decisions and actions taken and the outcome of these inform the progression of the case and are reflected in the writing of the case record.**

5.7a While there is evidence that strategy discussions have taken place, some issues were raised by both social services and PSNI about the timing of these and the exchange of written information. All of the police officers interviewed agreed that the strategy discussion was key to the whole process of joint working and investigation. While files do indicate that records of discussion are maintained, there are concerns about the speed with which these are conveyed between the two agencies, the lack of medical involvement and not always progressing interviews on a joint police and social services basis. The Trust report that “at a Joint Protocol Strategy discussion it is a mandatory requirement to consider whether a medical examination is required and who is best placed to undertake this i.e. Community Paediatricians or CMO”. There was little evidence of appropriate discussion with paediatric staff yet very often children needed the reassurance that they have not been “damaged”. The hospital paediatrician has had specific appropriate training in the examination of children where sexual abuse is alleged and the colposcope is sited at the hospital. (paras 4.6a, 5.5b, 6,5b)

**RECOMMENDATION – *Trust Senior Managers and the PSNI should ensure that written information on children is conveyed to the other agency immediately following the strategy discussion.***

**RECOMMENDATION - *discussions with medical/paediatric personnel should form part of the strategy discussion so that when required the appropriate medical input can be obtained quickly for the child.***

**5.8 Assessments are carried out on a single and multi-disciplinary basis and are consistent with the Children Order and “Co-operating to Safeguard Children” and Draft Standards. These contain an analysis of the needs of the child, parenting capacity and family and environmental circumstances and indicate a clear direction for future work.**

5.8a Staff in the Trust have been provided with referral and assessment guidance. Social workers use the Assessment Framework developed by social work, Nurses use the Family Health Needs Assessment developed by nurses, both of which allow for a more focused approach to assessment. Some files examined however did not contain a model of assessment although Inspectors accept that the assessment model had not been implemented until July 2003. In some cases it was difficult to track exactly what needs and risks had been identified and how work was planned to support and assist the family to meet the child’s needs. Inspectors did note that in some more recent files that there was an increased use of an assessment model and needs and risks were more easily identified and the work plan to meet these was much more apparent. Inspectors are aware that there are regional developments in regard to multi-disciplinary assessment but in the interim would wish to see more consistent use of the SACPC models now available to staff.

**RECOMMENDATION – *the SACPC Assessment models now available to staff should be used consistently across the Trust and should be monitored and evaluated by the ACPC.***

**RECOMMENDATION - *the current work by the DHSSPS on the development of a regional assessment model should be progressed as a priority.***

5.8b Paediatricians use standardised tools in their assessment of children and young people and this was evident in the medical records examined. Discussions between the community paediatricians and Inspectors highlighted, however, that while children were referred for general paediatric assessment their specialist expertise in child protection/case planning was not being utilised by

social services to its full potential. Within the health focus group, Inspectors were informed that some children known to social services are often referred to their GP for assessment of injuries or faltering growth. The Trust report that the GPs are always asked to provide the Trust with written reports of their findings which are placed on the child's record. However, Inspectors did not find any written reports from GPs in the medical and social services files inspected.

**RECOMMENDATION – *Trust social services staff should make more use of the specialist expertise of paediatric staff when assessing the needs and risks for children and young people.***

**RECOMMENDATION -*Trust social services staff should obtain written reports from GPs where they have been requested to carry out an assessment of injuries or faltering growth and the report should be placed on the child's file.***

- 5.8c Discussion with Community Paediatricians revealed that the service has never been requested to facilitate joint medicals with FMOs, even for very young children. Inspectors were of the view that a joint approach would be helpful to children and would prevent situations where a Hospital Paediatrician's opinion was sought by the FMO some time after the examination of the child. Subsequently the Paediatrician was unable to give an opinion due to the poor quality of the photographs and the absence of photographs of all the injuries recorded.

**RECOMMENDATION - *the system for joint medicals between Community/Hospital Paediatricians and FMOs should be reviewed and continued so that crucial evidence to support evidence of children's injuries is obtained appropriately.***

## 5.9 Initial and Second Stage Assessments

5.9a A number of the records examined did not provide a clear indication that different stages in assessment did take place. Improvement was noted however in subsequent records and with the introduction of the new referral forms further progress was in evidence. Records indicate that assessments are being carried out on a single and on a two-disciplinary basis i.e. social work and health visiting. Some of these were of a good standard and had very clear plans, actions and identified outcomes for the child and family. There were a few situations where several disciplines and agencies were engaged in assessment and again this seemed to be productive. Inspectors however had some queries about how far the wider range of disciplines and other agencies were included in assessment on a consistent basis. Inspectors observed a case conference which only had health visiting and social work in attendance, yet the case was complex and demonstrated the need for engaging a range of disciplines early in and throughout the assessment process and subsequent work plans. This was a case which included issues of neglect, mental health, alcohol, sexual assault and fabrication of illness, among other concerns. The Trust had taken appropriate actions to secure the child's safety and had obtained a court order and Inspectors commend this action. Education was not represented at the conference but had supplied a report from the school, which mainly commented on the child's improved attendance, yet the child clearly had significant development needs. The report from the Social Worker states "this is a very complex family situation with intervention only at the very early stages and progress hindered by Ms x lack of engagement. There is a clear need for a full assessment of Ms x mental health and misuse of alcohol" indicating the necessity for the inclusion of a much greater range of professionals in the assessment and the continuation of the case. It had been agreed at the initial case conference that the child required assessment by a Paediatrician and an Educational Psychologist. The briefing to the Community Paediatric Service following the case conference became confused and the assessments important for the child's care and development had not been carried out. Inspectors have noted that the safety issues had been clearly addressed however were concerned that the issues surrounding the

child's needs and development had not been progressed with the same urgency. Inspectors considered that the inclusion of relevant disciplines in early assessment would have been important and appropriate.

**RECOMMENDATION - *the relevant disciplines, agencies and chairs of case conferences should give urgent consideration to improving the attendance of relevant disciplines at initial case conferences and engaging the appropriate professionals in the assessment of children and their family and in interventions required to meet the child's developmental and care needs.***

**5.10 Assessments bring together all aspects of the case at each stage of the process.**

5.10a Assessments did, in some cases, bring together the different aspects of the case. The ACPC has developed a multi-disciplinary risk analysis model which is mainly used by social work. Discussion with senior officers at both the Board and Trust indicates that the intention behind this was that it would be used on a multi-disciplinary basis. Inspectors saw little evidence of this happening but did gain evidence from education and health visiting that the model was even more useful if it was used from different perspectives and could provide a more comprehensive assessment and understanding of the risks and needs of the child and family. Inspectors commended the availability of the risk assessment model however the actual use of this was limited given that it is mainly used by social work and often viewed as an add-on rather than being used as a core tool in the process. The risk analysis model can assist in identifying the actions to be taken but in some situations the relevant professionals are not engaged in the process from the outset (para 5.9a). Inspectors noted that the CPP report for April 2001-March 2002, stated as one of its objectives, "review the effectiveness of the Board's Risk Analysis Model to inform decision-making at case conferences." This objective does not appear to have been met although it had been highlighted as an objective in the April 2002-2003 year.

**RECOMMENDATION - *the CPP should ensure that the objective on reviewing the effectiveness of the Board's Risk Analysis Model is progressed as a matter of priority.***

5.10b None of the police interviewed reported having received any local guidance on the referral or assessment arrangements that existed within the Board or Trust. Some of the CARE detectives knew that Trust staff used an instrument for conducting assessments including risk analysis; they did not however have any knowledge of what this was or of how it worked. Education staff have highlighted their appreciation of the model's use in assisting understanding and recognition of risks.

**RECOMMENDATION – *the ACPC/ CPP should ensure that the risk analysis model is utilised on a multi-disciplinary and inter-agency basis and should regularly audit the effectiveness of the risk analysis model's use in assisting decision- making at case conferences.***

**5.11 Initial and Review Child Protection Case Conferences are held in respect of children who have suffered significant harm or where there is a likelihood that this has or is likely to occur.**

5.11a Child protection case conferences are chaired by a senior manager and follow the guidance outlined in CTSC. Case records and some minutes of case conferences indicate evidence that there are occasions when relevant and appropriate professionals are not in attendance at case conferences. The example quoted at 5.9a verifies this further. It was difficult to confirm from records if all relevant disciplines had been invited. Reasons given to Inspectors for non-attendance mainly surround the timing of case conferences and issues about not being given adequate notification of case conferences taking place. Inspectors have been told that even where the particular professional can make a key contribution they are not always accommodated in regard to timing. Health Visitors did express the view that, where they attended case conferences for a school aged child, they were not the most appropriate nurse representative for school age children and often did not

always feel able to challenge registration decisions. There was little evidence of Allied Health Professionals or School Nurses being invited or attending case conferences. One conference observed by Inspectors highlighted that an input from AHP could have brought an additional range of skills and knowledge and added considerably to an assessment and therapy for a particular child. Inspectors felt that this raises issues in regard to appropriate and timely decision making. (para 2.10f)

**RECOMMENDATION – *Trust Senior Managers should ensure that relevant and key professionals are facilitated to attend case conferences so that those with appropriate knowledge and skills can contribute to decisions taken and follow up assessments as required.***

- 5.11b All police officers interviewed and who took part in the focus group discussions reported having had experience of attendance at child protection case conferences. Some had attended a considerable number of case conferences (50+). All agreed that case conferences were appropriately used to address the various issues relating to individual cases and that the process enabled the making of appropriate decisions. All the police officers reported positively on their experience of case conferences. However there were negative comments on not being given adequate notice of the date and time for holding a case conference and that the notification letter sometimes arrived after the conference had taken place.
- 5.11c In the main, teachers felt that it was important for them to attend case conferences and that their contributions were valued by the other professionals. Making an appropriate contribution to case conferences can however be difficult for those designated teachers who have limited experience in the role. There was a view expressed in various discussions that designated teachers need to be better informed about the requirement on them to contribute at a case conference and about the conditions under which they are asked to give an opinion about the most suitable arrangement to safeguard the child. Inspectors are of the view that involving teachers in multi-disciplinary training focusing on these aspects of case conferences would be

beneficial for them and the overall process of case conferences and this needs to be explored. (paras 5.2m-n, 5.5c)

**RECOMMENDATION - *the ACPC should in collaboration with the Department of Education representative on the committee consider how designated teachers can participate in multi-disciplinary training to assist them to further develop their knowledge and skills when contributing to case conferences.***

5.11d General and specific paediatric assessments provide important and valuable information in child protection planning therefore it is crucial that this source of information is utilised appropriately. Both hospital and community paediatric consultants confirm receipt of requests to attend some case conferences, particularly if the child is known to them. They recognise that attendance is important but acknowledge that their attendance at case conferences is poor as obtaining cover for clinics can be difficult. All medical professionals expressed concern that the setting of, and change in, dates of case conferences does not always consider constraints on others' time, even where the paediatrician has a significant level of contact with a child and the family.

**RECOMMENDATION - *the appropriate professionals should be invited to case conferences and those with key contributions should, where possible, be accommodated in terms of timing and venue.***

5.11e Parents are involved in case conferences and senior managers have explained and demonstrated the way this is done. One parent's comment about the experience was "only difficult part is the jargon-you go to them meetings, you are that distraught it does not go in-really getting people to understand why the child is on the list-what you need to do to get out of it."

5.11f Written reports are available from those in attendance at the case conference, and in some situations from those who provide an apology. Inspectors were concerned that the content of these reports should relate to the issues under

discussion. Inspectors observed one example of a school report, which focused on attendance, made minor mention of the child's development and ability when this was a major concern, the need for medical assessment appeared to have been misunderstood and need for cognitive assessment was not considered. (paras 5.9a, 5.11a)

### **Case Conference**

5.11g From the review of records and observation of a child protection case conference there was evidence that the process is structured and methodical, is in line with CTSC guidance and the minutes summarise and reflect the process. The use of the risk analysis model by all professionals attending would enhance the process further and could help parents understand the professional concerns more fully (para 5.10a). Inspectors also noted the extensive report provided at the conference they attended, a report which had clearly demanded a lot of work for the Social Worker. While this gave an important overview of the circumstances surrounding the case, the detail and important historical facts were difficult to absorb quickly and could have been easily missed. Inspectors considered that a shorter more succinct report, focusing on important events, incorporating the risk and needs assessment model and identifying progress on outcomes for the child and family, would add significantly to the case conference process.

**RECOMMENDATION – *Trust Senior Managers should consider how reports supplied by Social Workers and other professionals for case conferences can be more succinct, utilise the risk and assessment models available and become more outcome focused.***

### **Child Protection Plan**

5.11h There was evidence that child protection plans are drawn up but in some cases the membership of core group was limited to social work and health visiting and needs to be re-examined. In some situations it was evident that the membership was adjusted to meet the different needs arising in the case.

- 5.11i Inspectors could see the efforts made by workers to involve families and to adhere to the strong partnership ethos that exists within the Trust. Inspectors' interviews with families revealed a positive view even when professionals and families held different views about what was required at the beginning of their contact.

### **Register**

- 5.11j Where a child's name is on the register there is a named worker. The Trust has made temporary arrangement for Social Workers to cover cases where the child's name was on the child protection register when some teams have been short staffed. Inspectors noted that in some instances de-registration occurred within a very short space of time although in one particular case the issue which resulted in registration did not appear to have been fully resolved.  
(para 5.6c, 8.9a)

**RECOMMENDATION - *the ACPC/CPD as part of their auditing programme should examine a sample of cases of children whose names have been removed from the child protection register under one-year duration and ensure appropriate assessment and supportive services are in place.***

### **Minute Taking**

- 5.11k A minute taker is in attendance for all case conferences. Inspectors noted that this is an extremely demanding task in terms of capturing the content of discussion and subsequent actions as well as the impact of hearing and processing disturbing and challenging information. Inspectors consider that it is crucial that staff fulfilling these posts are supported and offered specialist training.

**RECOMMENDATION – *Trust Senior Managers should ensure there is support and appropriate supervision for minute takers and the ACPC should ensure that those who take minutes at child protection case conferences receive appropriate training.***

## 6. Protecting Vulnerable Children in Specific Circumstances

### **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.**

#### **6.1 The ACPC policies state that child protection procedures apply to all settings where children live or meet.**

6.1a The Inspection Team was informed that the Trust has joined with other Trusts in the region to update ACPC Child Protection Procedures in line with CTSC. The 4 ACPCs in Northern Ireland are producing an agreed regional set of procedures.

6.1b The current SACPC policy and Procedures have additions which cover some but not all the elements mentioned. The regional ACPC policy and procedures however take a more integrated and holistic view of the child and consider a range of settings where children meet and live and these are to be made available early in 2005. (paras 2.3c, 5.1a, 5.3a, 5.3b)

#### **6.2 There is operational guidance for all staff in respect of children who have been subject to: Sexual abuse; Physical abuse; Emotional abuse; and Neglect including failure to thrive.**

6.2a The ACPC policy and procedures apply to all staff in respect of children subject to these categories of abuse.

6.2b The interviews and focus group evidenced that all the police officers were well acquainted with the various categories of abuse and the actions required to address and investigate them. There was less evidence from police, however, of their understanding of how the investigation process fitted with an overall child protection strategy.

**6.3 The guidance takes account of specific conditions or circumstance, such as: Children Living Away From Home<sup>7</sup>; Disabled children; Risks to the unborn child; Children where a parent/carer is misusing drugs /alcohol; Child prostitution; Induced or feigned illness; Children who abuse others; Bullying; Ethnic minorities; Domestic violence; Parents with a mental illness; Parents with a disability; and Under age parenthood.**

6.3a The procedures currently in use take account of most but not all of the specific conditions or circumstances listed however Inspectors were informed that these will be contained in the regional procedures. (paras 2.3c, 5.1a, 5.3a, 5.3b)

**6.4 Staff from all disciplines/programmes of care within the Trust and related agencies demonstrate an understanding and awareness of child protection guidance in their practice.**

6.4a Education staff are becoming more confident in their use of the child protection process although they have indicated that they require support and guidance (paras 5.2c, 5.2d, 5.5c). Inspectors have commented on the need for AHP to better understand their contribution to child protection and for social services to understand the contribution AHP can make. (paras 2.3e, 5.11a) Inspectors were satisfied that in the majority of cases sampled social work and health visiting staff demonstrated an understanding and awareness of child protection guidance in their practice. The interviews and focus group conducted with police officers demonstrated a knowledge that children in groups known to be particularly vulnerable needed added protection. The officers were not, however, clear about how these particular needs were addressed, what their role was in the process, or whether any strategy existed to ensure their protection.

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<sup>7</sup> Children “looked after” in care, either foster care or children’s home for respite, short term or long term; children staying with host families on exchanges/holidays; children in residential or boarding schools; and children in youth justice custody settings.

**RECOMMENDATION – *the ACPC in collaboration with PSNI should encourage police to undertake training on the specific needs and risks for children in groups known to be vulnerable.***

**6.5 Where there is a concern about child abuse, actions required are clearly defined.**

6.5a The actions which should take place are clearly defined in the procedures and are recorded on case files. Once instigated processes are applied consistently, irrespective of the setting;

6.5b There are mechanisms in place for providing feedback to the relevant disciplines involved however as Inspectors have commented earlier not all disciplines and agencies report that this occurs with the speed and regularity required. (paras 4.6a, 5.5d, 5.7a)

**6.6 The Trust treats seriously any complaints or allegations of abuse to a child. DHSSPS guidance and the ACPC child protection procedures in dealing with such allegations.**

6.6a The Trust established a Representations and Complaints Procedure as one of the responsibilities under the Children (NI) Order 1995. The procedure provides arrangements for the investigation of complaints made by:

- any child looked after by the Trust;
- any child not looked after by the Trust but who is in need;
- a parent of a child;
- any person with responsibility for a child;
- any Trust foster parent; and
- any other person that the Trust considers has sufficient interest in the child's welfare to warrant his/her representations being considered by the Trust.

The procedures apply to the range of services provided by the Trust under the Children Order.

- 6.6b Inspectors viewed the Annual Trust Complaints Report for 2002/2003. The report states that “the Trust views complaints positively and welcomes comments and suggestions from users of its services”. “Staff throughout the Trust are encouraged to resolve issues immediately they arise ... We use the knowledge gained to enhance the quality of services for all our users”. The report comments “that the response times to complaints has improved and that the majority of complaints received were about community care waiting lists”. Out of a total of 82 complaints none came directly from children, 19 were, however, about children and 11 of these were about extended time on the waiting list, for example, for speech and language therapy. One complaint was dealt with under the Children Order Representations and Complaint Procedure and was in respect of a mother’s unhappiness about how social workers had responded to child protection allegations and issues regarding the ongoing care of her children who reside with her estranged husband. The complaint was dealt with under local resolution without the need to establish an independent panel but was not responded to within the 28 day time limit (63 days) and remains ongoing with the involvement from the Ombudsman’s Office. Two of the 19 were classified as “other than Children Order”. One was in respect of a mother’s view that the Social Worker had broken confidences by informing the father of ongoing care arrangements and a dispute about access arrangements, the other was in regard to staff attitude; 5 contact cards were received from children but were resolved through discussion with senior child care staff. The Trust has planned improvements for the system and these are documented in the Trust report and include revision of information leaflets, information for ethnic groups, review its internal complaint management processes. Inspectors have commented that there is a need to improve the means for service users to express their views. (para 3.4a, 3.5a)

**RECOMMENDATION – *the Trust should ensure that planned improvements to the complaints system are actioned.***

6.6c The Trust applies DHSSPS guidance and child protection procedures where there are concerns or allegations of abuse by staff, a professional, or volunteer.

**6.7 All investigations of child abuse are conducted according to the ACPC child protection procedures.**

6.7a As stated, once the procedures are instigated investigations are carried out in a structured way and according to ACPC procedures. Inspectors have noted however that there was no evidence of joint-investigations involving both the police and social services having been quality assured by managers and consider that this omission requires to be addressed.

***RECOMMENDATION – Trust Senior Managers and PSNI should jointly quality assure how joint investigations between social workers and police have been carried out and the ACPC should put in place a system for auditing and monitoring these.***

**6.8 There are systems in place for centralising information and collating concerns about children and families arising at different times and in different places.**

6.8a The information system utilised by the Trust in common with other Trusts in Northern Ireland is SOS CARE. The Inspection Team had appropriate information made available to them from this system and commend the Trust for the speed with which this was made available. The Child Protection Register holds information about children where there are concerns.

## 7. Quality Assurance and Managing Performance of Service

### **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.**

**7.1 The Board/Trust ensures there is leadership and responsibility for the management and co-ordination of child protection services within its overall children's services strategy.**

7.1a The Director of Social Services undertakes lead responsibility for the management and co-ordination of child protection services at Board level. Within the Trust, lead responsibility rests with the Director of Child and Family Care. The presentations from the Board and Trust, the organisational charts from both, shared with the Inspection Team and interviews with senior managers in the Board and Trust responsible for commissioning and providing child protection services confirmed this. Subsequent interviews with a range of managers confirmed the management responsibilities and the way in which services are co-ordinated within the overall children's services strategy in the Trust.

**7.2 The Board/Trust ensures that, where services are provided on a partnership or commissioned basis, there is a mechanism in place so that Services are managed, audited and monitored to ensure that they are of good quality and responsive to need. The Trust ensures that children and families eligible for child protection services receive a skilled multi-disciplinary assessment, which looks holistically at the child's circumstances and includes health and development, education and social needs and the wider family and environmental context.**

7.2a No evidence could be found to show that any evaluation or assessment was conducted to address quality assurance of joint investigations or of joint-

investigative interviews with children and young people, when child protection issues are being investigated. Inspectors recommend that the ACPC consider how best social services and police can quality assure the methods employed during joint investigations of children and young people.

**RECOMMENDATION - *the ACPC as the lead strategic body should consider how best social services and PSNI can quality assure joint investigations of children and young people.***

**7.3 The Board/Trust ensures that those receiving and those seeking a service at all times are treated sensitively and with respect and employers and employees adhere to professional codes of conduct and practice.**

7.3a The Trust actively encourages users of services to complain when they feel services are not what they considered they ought to be. However at para 3.4a Inspectors have identified that 50% did not know how to make a complaint. These complaints are managed within the Trusts overall risk management and governance strategies as well as being linked to the management of litigation, professional audit, health and safety and quality. Staff are also assisted to deal with the effects of complaints through a range of support services. All staff are expected to adhere to professional codes of conduct and during the inspection staff were courteous, sensitive in their explanations about cases and respectful in their dealings with the Inspection Team.

**7.4 There are effective systems in place so that service users know whom they can contact about queries, comments or complaints, advice and advocacy services and these are audited and monitored.**

7.4a Inspectors have commented on the Trust's need to ensure that children and families are provided with written information on complaints and this is discussed more fully at paras 2.13g, 3.1a, 3.4a, 3.5a, 6.6b. Discussions with parents highlighted that the Trust needs to have a clearer system in place so that users of services can raise queries more easily. Inspectors as stated did have access to the monitoring report on complaints however Inspectors have

recommended that the overall auditing and monitoring activity in regard to child protection services requires improvement.

**7.5 Management information is collated and monitored and responded to in ways which improve services to children and families.**

7.5a The ACPC collects management information on child protection on a quarterly basis and this is used to consider the activity in the area. An issue which has concerned the ACPC is the low numbers of children's names on the child protection register, this however did appear to increase immediately following the NSPCC Report on thresholds. Inspectors have noted this as well as concern that case planning may be used to manage some high risk cases (paras 2.5f, 2.10c-g, 4.2a). Inspectors have recommended that the ACPC/Board/Trust need to improve their auditing and monitoring arrangements.

7.5b Inspectors have commended the range of initiatives put in place to improve services for children and families (paras 2.2a, 2.8a, 2.8c, 3.6a, 3.7a, 8.12a), but have also highlighted that there have been successful initiatives which have ceased despite a positive internal evaluation and set as an objective for 2002/2003 "progress the recommendations of the School Liaison Pilot Project Evaluation Report" in the CPP Annual Report of 2001/2002.

***RECOMMENDATION - the Board/Trust should ensure that the recommendations of evaluations are progressed and that objectives outlined in Annual Reports are met.***

**7.6 The Board/Trust in conjunction with the ACPC and CPP ensures that they have in place a means for staff to provide feedback on the usefulness of guidance and procedures and a means for those who use services to provide feedback on the standard of service received.**

7.6a It was clear from the interviews and focus group that police officers were generally unaware of the ACPC/Trust CPP policies and guidance. No

evidence was found to demonstrate that police have ever been asked to provide feedback on the usefulness of ACPC/Trust CPP guidance and procedures. None of the officers interviewed knew of any monitoring or audit in relation to child protection having been conducted in either the Board or Trust areas.

- 7.6b Inspectors' interviews with parents and children highlighted that there is not a formal means for users of services to provide feedback to the ACPC and CPP, they did not know what these bodies were or what they were responsible for. One parent did point out that the Senior Social Worker had helpfully listened to her when she expressed dissatisfaction with a Social Worker's support to the family. Another father commented that trying to make one's views known during meetings can be difficult particularly if the parent and professionals are in disagreement about what needs to happen in regard to children and an estranged partner. (para 3.6a)
- 7.6c Most staff reported that their knowledge of the CPP is limited and were not aware of any means to express a view about the usefulness of or dissatisfaction with guidance or procedures. (paras 2.3h, 8.1d)

***RECOMMENDATION- the ACPC/ CPP should ensure that members fulfill their responsibility to inform their agency and peers of the work of ACPC/ CPP and seek ways to obtain the views of staff on the usefulness of or dissatisfaction with guidance or procedures.***

- 7.7 The Board/Trust ensures that staff and carers working to safeguard children are supported appropriately through proper induction training and ongoing supervision, and have available to them adequate support services and resources.**

- 7.7a Paras 2.8e and 10.1b comment on staff participation in induction training and paras 2.8f-1, 2.12a and 5.11k detail the supervision and training opportunities available and those that are required. There are a range of support services

and resources which staff can draw on to support them in their work with children and families and this is detailed more fully at paras 2.3a and 2.10a.

**8. The Establishment and Operation of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP)**

**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”.**

**8.1 The ACPC is constituted as required by “Co-operating to Safeguard Children” and has appropriate representation from relevant agencies, at an appropriate level of authority.**

8.1a The ACPC has a varied and relevant membership in terms of disciplines and agencies in line with CTSC. Inspectors were concerned however that the Director of Child and Family Care was not a member of the ACPC yet acted as the chair of the Trust panel. The Director of Nursing and Primary Care acts as the Trust’s representative and it was her view that this did not pose a difficulty but utilised resources appropriately. In line with statutory responsibilities as defined in Circular CC3/02 Inspectors consider that the Director of Child and Family Care should be a member of the ACPC given the responsibilities that this post incurs and the issues that child protection raises for the staff group managed. Inspectors also considered that it is important that the Chief Nurse and the commissioner for AHPs at the Board are provided with a definitive means of influencing the ACPC strategy and business plan. Discussions with both did highlight that there are omissions in their knowledge of the work of the ACPC.

**RECOMMENDATION - *the Board ACPC should ensure that the Trust Director of Child and Family Care is a member of ACPC; and the Chief Nurse and Commissioner for AHPs should have a direct means for influencing the ACPC strategy and business plan.***

- 8.1b Links are maintained between ACPC and SELB through the circulation of minutes of meetings to Senior Officers by the SELB representative and informally through contact with members of ACPC. Inspectors noted that some education representatives, however, on the ACPC and CPP were not always able to attend meetings due to other work priorities. Inspectors are of the view that the contribution from education to the ACPC and CPP needs to be reviewed to ensure it is in line with “*Co-operating to Safeguard Children*” 2003, given the importance of the evidence provided by education staff in resolving the issues for children and young people.

**RECOMMENDATION - *the ACPC/ CPP should consult with their partners in SELB and CCMS to clarify the position of their representatives on these bodies.***

- 8.1c Police are represented on the ACPC at D/Inspector level and on the CPP at D/Sergeant level. However, those interviewed considered that their representatives’ input was not as significant as that of professionals from social work, nursing, medicine, health or education. The general view of police was that the ACPC and the CPP were social work bodies to which police had only a minor contribution to make. The PSNI focus group representatives queried if the police representatives on the ACPC and CPP were of a senior enough level. (paras 2.4b, 8.2b)

**RECOMMENDATION - *the PSNI should review and clarify the role, functions and responsibility of their representatives on the ACPC and CPP.***

- 8.1d In their discussions with PSNI personnel it was evident that police were not aware of any ACPC or CPP monitoring, auditing of Trust activity in regard to child protection investigations or outcomes from these. They were also unaware of the level of police involvement in child protection. (paras 2.3h, 7.6c)

- 8.2 The ACPC has a strategy for child protection in its area, a business and action plan and terms of reference, which are agreed and fully owned by all disciplines and agencies involved in the safeguarding of children.**

**The (ACPC) business plan**

- 8.2a During the Board presentation it was highlighted that the ACPC business plan is widely distributed to other agencies and this is extremely important given the nature of the Committee's work and responsibilities. Evidence provided to Inspectors however indicates that knowledge of the plan is not as widespread as it may need to be. (para 2.4a)
- 8.2b In group discussions and individual interviews there was a clear view expressed from those employed in other agencies outside the Board and Trust that they make little or no real contribution to the development of the ACPC plan but tend to go along with what is produced. Police participating in individual interviews and in the focus group had little if any knowledge of the ACPC's purpose and work. Only one officer (the D/Inspector who represents PSNI on the ACPC) reported having had sight of the ACPC business plan. Most of the police officers were of the view that the ACPC was a social services body to which police had only a minor input. (para 8.1c)

***RECOMMENDATION – the ACPC should ensure that all the relevant disciplines and Agencies contribute to the Business Planning Process.***

- 8.2c Inspectors commend the ACPC on the production of the plan the method used for developing the plan and the strategy contained in it. Inspectors however, considered that the plan was not particularly suitable for use by those who may need to use services and that there was need for the ACPC to consider how it can better include and inform users of services and those who work with children in various settings of its work plan in regard to child protection in the Board area.

**RECOMMENDATION - *the ACPC should consider producing an abbreviated form of its business plan focusing on actions that will be taken to inform the public about Child Protection in the area.***

- 8.2d As commented on previously, the ACPC has added to the policy and procedural guidance, and there are additional booklets available to staff. Whilst Inspectors acknowledge the need to update, review, and add to policy and procedures the Inspection Team was concerned about how these are brought to the attention of all staff and how the ACPC could be assured that relevant staff had access to them and were aware of their existence. (para 5.3b)

**RECOMMENDATION – *the ACPC should put in place a means to audit the dissemination of additional information.***

**8.3 The ACPC sets objectives and performance indicators for safeguarding children and has established guidance which takes account of the multi-disciplinary/inter-agency contribution.**

- 8.3a The ACPC annual report and business plan reports on the activities the Committee has undertaken to meet the objectives agreed at the start of the year and sets out the work plan for the incoming year. The plan includes contributions from the agencies involved including a section for Trust CPP. Inspectors were informed by the Chair and the Policy Officer that the Committee will establish performance indicators and will indicate these more clearly in the plan for 2005. Inspectors commend the ACPC on the range of activities it has engaged in. However, it is important that the recommendations from audits are fully implemented and monitored and the ACPC should as part of its responsibilities for safeguarding children ensure that this is carried out.

**RECOMMENDATION - *the ACPC should in its business plan and strategy for the 2004/2005 year alongside stating objectives state the indicators for measuring the success of each initiative and how the committee will measure its overall performance for safeguarding children.***

8.3b The ACPC in conjunction with the other ACPCs in the region is currently producing a regional set of policy and procedures. Whilst Inspectors commend the Trust and ACPC for adding to their procedures it is important that these are contained in one manual in as simplified a format as possible.

**8.4 The ACPC continually monitors and reviews child protection activity in its area, identifies how professional services and agencies work together and bring learning points and needs to the attention of CPP and agencies involved.**

8.4a Child protection statistics from each of the Trusts are brought to the ACPC on a regular basis and are considered by the committee who have expressed concern about the low numbers of registered cases. Inspectors have already stated their concern about the use of discretion and case planning to manage work with children and families. The ACPC should consider as part of their auditing and monitoring processes how cases enter, or are excluded from the child protection process and examine the decision making processes at the early point following referral. No evidence was found to suggest that police officers interviewed were conscious of ACPC or Trust CPP having monitored or reviewed child protection investigations or police activity in child protection. In taking forward this issue it will be important for all agencies represented on both the ACPC and CPP to consider ways in which child protection can become more integral to their work. (para 2.5f)

**8.5 The ACPC, in conjunction with the CPP, actively engages and informs the community of the need to safeguard children, and has in place a strategy to ascertain views and explain how the community can contribute.**

8.5a The ACPC has actively promoted the development of mechanisms to inform the community of the need to safeguard children and Inspectors were informed of some innovative ways this has been carried out. One interesting example was the Carrier Bag initiative. The ACPC has also produced a range of good

quality leaflets for parents and for those attending case conferences. Inspectors particularly commend the Community Sector Training initiative and were impressed by the strategy whereby trainers from the community deliver the training. One other element within this initiative worthy of note is the Parents Programme with its focus on keeping children safe away from home, bullying and the internet and its risks. Inspectors fully commend this approach. However, of the police officers interviewed few had any knowledge of the ACPC/Board/Trust having communication strategies in place. (para 4.1)

- 8.5b Currently the ACPC is engaging with other ACPCs in the region to develop a regional communication strategy. Inspectors commend this approach as a crucial and important aspect of ACPC business.

**RECOMMENDATION - *the ACPC should ensure that all constituent members and particularly the PSNI are aware of the regional approach to communication and should engage them in this activity.***

- 8.6 The ACPC actively addresses issues of diversity and equality and actions are taken where necessary to ensure these are addressed.**

- 8.6a The ACPC in the production of policy and procedures pays attention to the various requirements of particular groups to ensure that issues of diversity and equality are met and recognise that it is an activity that has to be constantly kept under review

- 8.7 The ACPC undertakes Case Management Reviews and a regular programme of auditing in accordance with guidance in “Co-operating to Safeguard Children”.**

- 8.7a Several Case Management Reviews (CMR) are taking place within the Board area and the outcome of these will be made available once the process is complete. Various discussions demonstrated the demands made on staff as a result of the CMR process. Whilst the responsibility for managing and commissioning the process rests with the chair of ACPC, inputs are required

by individual agencies and independent experts. Inspectors heard about the time and resource demands this process made but accept that this is a reality at this time. However, Inspectors also were informed that the recent DHSSPS guidance “*Co-operating to Safeguard Children*” was helpful in establishing where responsibilities are placed. Several senior managers involved in CMRs spoke of the process as a positive one and of the importance of learning from the findings. (para 9.2a)

**8.8 The ACPC has in place and implemented a strategy for multi-disciplinary/agency training based on the child protection process, and the identified needs of all levels of staff involved in child protection work.**

8.8a The ACPC has a comprehensive multi-disciplinary training programme in place. Uptake in the main is satisfactory and there are a good range of disciplines participating. Discussions with the Head of Training and the Training Officer revealed areas which could be developed further (paras 2.9b, 5.2m-n, 5.11c and 9.3b). Inspectors were informed of the commissioning arrangements for multi-disciplinary training and commend the ACPC for ensuring that they engage a range of experts in child protection to further staff knowledge and skill. Delivery however raised some concern in that it was not clear that the training was being delivered by a multi-disciplinary team. Inspectors considered that it is important that multi-disciplinary and inter-agency training delivery should as far as possible model the process of multi-disciplinary working in keeping with the ACPC’s method of working. This should be carried out at the awareness and recognising and responding to child abuse stages as well as when staff are being introduced to new procedures and ways of working.

***RECOMMENDATION - the ACPC should ensure that training is delivered by a multi-disciplinary team so that the model of multi-disciplinary and inter-agency working is introduced to staff at an early point and is reinforced at each stage in the programme.***

**8.9 The ACPC has policy and procedures for access to and use of information entered on the child protection register and can demonstrate the effectiveness of the stated arrangements.**

8.9a The ACPC has clear guidance on information held on the register and information contained in CPP and ACPC reports indicates that the arrangements for accessing the register are satisfactory. There is however an issue in regard to follow up services once a child's name has been removed from the register. (para 5.6c, 5.11j)

**8.10 There are effective mechanisms in place for the ACPC to ensure that the Board/Trust complies with their governance and corporate responsibilities for safeguarding children and the CPP informs the Board/Trust about child protection issues and developments in its area.**

8.10a The Chair and Policy Advisor of ACPC regularly report to the Board and are involved in a range of Board fora when the issues of safeguarding children are considered and discussed. Similarly the Director of Child and Family Care who acts as Chair of the CPP is fully involved in governance and management arrangements within the Trust and when developments and child protection issues are on the agenda. (paras 2.1b, 2.5d)

**8.11 The ACPC gains feedback from staff at all levels within agencies, including comments from children and families.**

8.11a The Inspection Team were made aware of the initiatives the ACPC have put in place to provide staff, parents and children with information and training and these are to be commended. Inspectors have noted that there is a need for the ACPC to be more proactive in seeking feedback from staff at all levels and for gaining comments from children and families. The positive development of the Young Person's Project, whilst not specifically dealing with Child Protection, demonstrates how effectively this can be achieved. (paras 3.1a, 3.4a, 3.7a, 4.1a)

**RECOMMENDATION - *the ACPC should put in place a formal means for gaining feedback from staff at all levels in all agencies and from children and parents utilising the skills available through the Young Person's Project.***

**Trust Child Protection Panel (CPP)**

**8.12 The Trust CPP membership reflects the range of professionals and agencies involved in safeguarding children in its area.**

8.12a Inspectors noted from the CPP Annual Report that the wide range of professionals and agencies membership on the CPP is representative of the agencies involved in safeguarding children in the area. However, Inspectors consider that the representation could be further improved through the involvement of at least one social work practitioner given the issues raised at para 2.4a in regard to the lack of knowledge of the Panel's work. The CPP could be further enhanced through the inclusion of a representative from AHPs given the issues raised at paras 2.3e and 5.11a.

**RECOMMENDATION – *the Trust should ensure that a social work practitioner and AHP is represented on the CPP.***

**8.13 The Trust CPP has developed terms of reference and carries out its activities within the framework provided by the ACPC business plan.**

8.13a CPP works within the framework of the ACPC business plan and members are involved in many of the ACPC activities.

**8.14 The Trust CPP in partnership with the ACPC actively monitor and address how services in its area work together to safeguard children.**

8.14a Inspectors have highlighted the importance of the Trust CPP working in partnership with the ACPC to actively monitor and audit child protection services. (paras 2.5f, 2.3h)

### **How objectives set to improve outcomes for children are progressed**

- 8.14b The CPP contributes to and works within the plan constructed by the ACPC and sets its objectives accordingly. Inspectors have noted that the CPP had a set of objectives for 2003/2004 which did include “reviewing the effectiveness of the SHSSB Risk Analysis Model to inform multi-disciplinary decision-making at case conferences” and that this also appeared as an objective in the 2001/2002 Report. Inspectors were informed that this work is ongoing. “Implement the outstanding recommendations of the NSPPC External Review of Thresholds on Decision-Making across the Board is also an objective stated in the 2001/2002 Report” but does not appear to have been carried through. (paras 2.5f, 2.10c, 3.2a, 5.2d, 5.9a, 5.10a)

**RECOMMENDATION - *the ACPC should ensure that the 2 objectives stated in both the 2001/2002 and the 2003/2004 CPP Annual Reports are carried out as a priority and should monitor the implementation and progress of these.***

### **The implementation of child protection policies and procedures**

- 8.14c The CPP in conjunction with ACPC has made training on CTSC available to all staff members and has held several workshops as a means of assisting staff to understand changes in emphasis. The regional ACPC policy and procedures due to be launched later this year will necessitate further training for staff as they are implemented. The CPP has stated that one of its objectives is to co-ordinate the implementation of CTSC and this has been achieved. Inspectors at paras 5.6c, 8.9a have highlighted their concern about the continuation of services for children and families in some instances once a child’s name has been removed from the child protection register.

### **8.15 The Trust CPP in partnership with the ACPC actively informs the public of the need to safeguard children and provides information about the range of services which are available.**

- 8.15a There has been commendable activity carried out in regard to taking a regional approach to providing information and this should assist in providing a greater

level of consistency across the region. Inspectors have also noted that there is a need for the ACPC to consider how it can better include and inform users of services and those who work with children in various settings of its work plan in regard to child protection in the Board area. (para 8.2c) Inspectors have also commented on the quality of written material about services available and have recommended that the information is revised and presented in a more attractive and simplified manner. (paras 2.13g, 3.1a, 3.4a, 7.4a)

## 9. Case Management Reviews

### 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.

#### 9.1 The ACPC has a policy and procedures for undertaking Case Management Reviews.

9.1a The ACPC currently follows the guidance set out in Co-operating to Safeguard Children. The Inspection Team was informed that the regional ACPC policy and procedures presently being developed will include this section of the guidance in full when they are produced in 2005. However this particular part of the guidance has been in operation since June 2003.

#### 9.2 The ACPC ensures that the preparation and process for Case Management Reviews (CMRs) is carried out in accordance with “Co-operating to Safeguard Children” and any policies and procedures developed are in line with the policy guidance.

9.2a Feedback from representatives involved in current CMRs indicates that the revised guidance in CTSC is clearer, although is making greater demands on those involved. There are several cases in the Board area being processed under this guidance. (para 8.7a)

#### 9.3 The ACPC ensures that the Case Management Review Panel is made up of individuals who are independent of HSS Trusts and other agencies concerned with the case under examination and includes the range of relevant disciplines and agencies required to carry out the review to achieve impartiality, openness and independence.

9.3a As stated, several CMRs are underway and although there are some issues emerging in regard to the demands on personnel involved there is a view that the process is more effective and less problematic than the earlier CMR process

9.3b Whilst it was evident that detectives from the CARE Unit were aware of guidance concerning CMRs, there was little evidence that they had any clear understanding of the purpose of such reviews or of the PSNI input to them. Some officers commented on a need for training for the new guidance particularly for those involved in conducting individual agency reviews and acting as the police representative on case management reviews. (para 2.9b, 8.8a)

**9.4 The ACPC ensures that the Case Management Review Panel has terms of reference and that a plan for progressing the work is drawn together, which meets the guidance in “Co-operating to Safeguard Children” and addresses the specific issues in the case.**

9.4a Inspectors were provided with evidence that Terms of Reference and a review plan are in place and these demonstrated that they are in line with CTSC guidance.

**9.5 The ACPC ensures that the Case Management Review is completed within the timescales established by “Co-operating to Safeguard Children”.**

9.5a Discussions with the ACPC Chairperson revealed that there is a difficulty in releasing personnel, meeting the timeframes, and the requirements of CTSC in respect of CMRs. This has been compounded by the number of CMRs being carried out by the ACPC at this time.

**RECOMMENDATION - *the ACPC Chairperson should keep under review the difficulties in progressing CMRs in the required timeframe and bring this to the attention of the DHSSPS Child Care Policy Directorate.***

**9.6 The ACPC ensures that the Case Management Review Report addresses relevant issues and is presented in the format prescribed by “Co-operating to Safeguard Children”; there is a plan constructed for the dissemination of lessons emerging from the Case Management Review Report which includes all relevant agencies and professionals at all levels within relevant organisations; the plan includes a process for reviewing and auditing how changes implemented have improved outcomes for children and how this will be disseminated; and the Case Management Review Report and plan is shared with DHSSPS within the timescale established by “Co-operating to Safeguard Children”.**

9.6a The ACPC was undertaking two CMRs during the period the Inspection Team were on site and both of these were at an early stage in the process. The Inspection Team was satisfied that the planned structure for the carrying out of the CMR and production of the report outlined by the Chair of ACPC would address the relevant issues and that the ACPC would put in place a plan to disseminate the lessons gained from the CMRs.

9.6b The ACPC is engaged in reviewing the implementation of recommendations from the Lewis Report (para 2.13d). There is a need to improve auditing arrangements and ensure that recommendations have been fully implemented. (paras 2.5f, 2.6a, 2.8r, w, 5.10b, 5.11j, 6.7a, 8.2d, 8.4a)

9.6c The Inspection Team was informed by the Chair of ACPC that there is a difficulty in producing the report in the timeframe outlined in CTSC. (para 9.5a)

**9.7 The ACPC has a system in place to follow up recommendations contained in the Case Management Review Report to ensure that its recommendations have been acted upon and progress has been achieved.**

9.7a The Board/Trust have constructed a plan for implementing the recommendations of the Lewis Report. The other CMRs in progress were at too early a stage for this process to be in place.

**RECOMMENDATION - *the ACPC should on completion of any CMR ensure that an action plan is put in place which is then fully implemented and monitored.***

## **10. Equality and Human Rights**

### **STANDARD 9**

The Board/Trust fulfills 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. The rights of children under the UN Convention on the Rights of the Child and the Human Rights Act are respected, valued and promoted. All relevant policies have been subject to appropriate screening and consultation in accordance with Section 75 of the Northern Ireland Act.

#### **10.1 The rights of children under the UN Convention on the Rights of the Child and the Human Rights Act are respected, valued and promoted.**

10.1a The Inspection Team viewed this standard on Equality and Human Rights as underpinning standards 1-8 and conducted the inspection of services against standards with the requirements of the Human Rights Act and the provisions of the United Nations Convention on the Rights of the Child in mind.

10.1b The Inspection Team was informed that all staff receive training on the Human Rights Act 1998 via induction training, and specific workshops. Senior Managers have had training on Anti-Racism and Equality and this training is to be cascaded throughout the staff groups. There has also been training on Religious Diversity and a Multi-Cultural Handbook is being developed in consultation with local ethnic minority communities. All policies and decisions are screened against the Human Rights Act to ensure compliance.

#### **10.2 All relevant policies have been subject to appropriate screening and consultation in accordance with Section 75 of the NI Act.**

10.2a The Trust Equality and Human Rights Steering group progresses the Human Rights agenda and the Trust Equality Scheme was made available to the Inspection Team. The Trust has ensured that all existing and new policies have

been screened for Equality and a declaration to this effect is attached to each policy.

**10.3 The age and stage of development of children, their disability, religious belief, gender, sexual orientation, political opinion and racial group are recognised and respected when consulting with children and in the planning and delivery of service.**

10.3a In keeping with the Trust Equality Scheme, there was evidence that arrangements are put in place to enable full and effective consultation, including children of various ages, stage of development, disability, religious belief, gender sexual orientation, political opinion and racial group. The Trust Delivery Plan 2003/04 provides some good examples as to how this has been achieved. However, as noted earlier in this report greater attention needs to be given to consultation with and involvement of children and young people in need of protection. (paras 2.13g, 3.1a, 3.4a, 3.6a, 3.6a, 7.4a)

**10.4 There is consideration and respect for the diversities arising from differing cultural and community identities and there is consideration of these in the provision of services to children.**

10.4a The team was informed of examples of practice evidencing this criterion and these include:

- “looked after children” placements that take account of religious and cultural backgrounds;
- these arrangements ensure that the children’s needs , in this respect are recognised and supported; and
- the inclusion of young people from children’s residential units in planning the developments of a new facility.

**10.5 Appropriate assistance is provided during interviews, assessments and meetings which include access to interpreting services to enable the views of children, parents, family members and other carers to be communicated fully, where English is not their first language.**

10.5a When examining referrals into the child protection system, the Inspection Team commented that information on first language spoken was not routinely collected. However the team were informed that arrangements were in place to provide assistance if required for individuals whose first language was not English.

***RECOMMENDATION - the Trust should ensure that information on first language spoken is routinely collected and recorded on each referral.***

10.5b The team was informed that the Trust could, and did access the Regional Interpreting Service to provide interpretation for planned appointments, consultation etc.

**10.6 Child protection services demonstrate that the wishes and feelings of children are ascertained and considered in actions taken on their behalf.**

10.6a The direct work with children undertaken by Trust staff was evident in case files and was noted by the Inspection Team. There was evidence that children who attended case conferences were consulted. However one young person's view did raise the issue that preparation was required and that it can be difficult to take in what is being said at such meetings. Inspectors were made aware of how the Young Person's Project ensures that this occurs and considered this to be good practice. (paras 2.2a, 2.13g)

***RECOMMENDATION - the Trust should consider how the practice within the Young Person's Project can be replicated across the Trust when children and young people are involved in child protection matters.***

**10.7 Services are delivered equitably across Board and Trust areas.**

10.7a Inspectors noted and have commented that the Trust should give consideration to having more locally based services in the Banbridge vicinity. (para 2.10b)

## 11. **RECOMMENDATIONS**

### **Planning, Commissioning, Monitoring and Management and Provision of Services – Chapter 2**

1. The Trust should fully consider how services can be best managed and delivered and professional responsibilities fulfilled within an integrated and whole systems approach and result in a more seamless service. (para 2.1c)
2. The Board and Trust should review and continue to address the issue of medical staffing levels and training for child protection work. (para 2.1d)
3. The PSNI should review the role of the police in child protection investigation cases and ensure that priority is given to supporting and training staff in child protection and measuring outcomes for children. (para 2.3b).
4. The Trust Senior AHP Managers should ensure that AHPs avail of the training opportunities provided by the Trust in order to be clear about their responsibilities in regard to child protection. (para 2.3e)
5. The ACPC/ CPP should examine and strengthen their multi-disciplinary and inter-agency fora/dialogues within localities to ensure there are clearer understandings about roles and responsibilities and the processes in child protection and monitor and evaluate how well local services work together to protect children. (para 2.3h)
6. The Trust should ensure that all reviews are chaired by a member of staff above senior social worker level. (para 2.3i)
7. Members of the ACPC/ CPP should ensure that information about the ACPC and CPP activity is disseminated to staff and that staff views about child protection needs in the area are canvassed on a regular basis. (para 2.4b)

8. The Board should consider the extent and responsibilities of the Chief Nurse post so that he can be in full attendance at Board meetings when child protection issues are being discussed and considered. (para 2.5d)
9. The Board should develop a mechanism which ensures that those not in full attendance at meetings or involved in discussions when child protection issues are focused upon are kept fully informed. (para 2.5d)
10. The Board/Trust/ACPC/ CPP should:
  - ensure that appropriate inter-agency monitoring and audit arrangements are introduced as a priority; and
  - examine how thresholds for entry to child protection are applied to specific cases; and the way cases enter or fail to enter the child protection system, particularly focusing on those cases managed through case planning. (para 2.5f)
11. The management of vacant posts in both social work and nursing should be resolved as a priority given the potential to overburden staff and create further stressors for them. (para 2.8b)
12. The Professional Development and Support Post should be advertised and filled as a matter of urgency. (para 2.8d)
13. The Trust should ensure that there is a contribution from PSNI and Education to the child care induction programme. (para 2.8e)
14. The Trust should ensure that records of decisions taken during professional supervision and consultation are entered on files, dated and signed by the senior officer. (para 2.8g)

15. The Trust's nursing policy on supervision should be revisited to ensure that all school nurses within the Trust are aware of their responsibilities in relation to child protection work with school age children. (para 2.8h)
16. School nurses should be routinely invited to participate in Case Conferences or Case Planning. (para 2.8h)
17. The CPNS remit should be re-examined and adjustments made as required. (para 2.8h)
18. Trust Managers should actively assist staff to participate in training specifically identified in individual training and development plans. (para 2.8i)
19. Where staff booked on courses fail to attend, the Training Officer should contact the line manager and obtain an explanation so that the ACPC can properly monitor attendance and uptake of training. (para 2.8i)
20. The ACPC should identify the barriers to the involvement of education and police staff in basic multi-disciplinary child protection courses and request the relevant representatives to bring the issue to the attention of their agencies for resolution. (para 2.8l)
21. Arrangements should be put in place urgently to conduct an evaluation of the new team structure and systems for social work and nursing in regard to outcomes and improvements in service delivery, communication, client satisfaction, staff morale and staff retention. (para 2.8n)
22. There should be ongoing evaluation of the effectiveness of both uni-disciplinary and multi-disciplinary training and the Trust and ACPC should monitor how learning from this is incorporated into practice. (para 2.8p)

23. The Trust should monitor and audit the quality, timescale and standard of responses to individuals when making contact with child protection and child care services and include parents and other agencies in this process.  
(para 2.8s)
24. The Trust should review, streamline and improve the standard of recording practice and put in place appropriate training and monitoring of this by senior managers. (para 2.8w)
25. The Board, through the auspices of the ACPC, and in conjunction with the Trust CPP, should carry out periodic audits to ensure that they are properly fulfilling their responsibilities as outlined in Co-operating to Safeguard Children. (para 2.8w)
26. The ACPC should give consideration to developing a multi-disciplinary/inter-agency training programme:
  - for managers from all disciplines dealing with the complexities in managing and reviewing the effectiveness of all aspects of child protection service;
  - on the requirements for participating in and contributing to Case Management Reviews. (para 2.9b)
27. The Trust should consider how services can become more localised particularly within the Banbridge locality. (para 2.10b)
28. In cases where the initial concern has been one of child protection or where a staff member in managing a case has evidence which indicates the need for the case to be considered under child protection arrangements, managers should state in writing their agreement for proceeding or reasons for not proceeding to case conference and ensure that this is placed on the child's file.  
(para 2.10c)

29. Trust Managers should ensure that all cases being managed within case planning are appropriately placed there and that where there is a need for moving to a child protection case conference that this is instigated quickly. (para 2.10e)
30. Where evidence suggests that it is appropriate to convene a case planning meeting, the meeting should as far as possible facilitate the attendance of medical and other relevant personnel. (para 2.10f)
31. The Board, Trust and ACPC as a matter of urgency should examine and monitor case planning and ensure it has the rigour, structure, support, management, chairing, reporting arrangements and record keeping necessary for monitoring effective and safe practice. (para 2.10g)
32. The Trust should ensure that staff are aware and assisted in accessing the independent support which is available for staff so that any residual or negative issues arising from the Inquiry can be resolved and taken forward in a positive way. (para 2.12a)
33. Trust Managers should examine how staff can be assisted to progress further towards the measurement of outcomes in their work with families. (para 2.12b)
34. The ACPC/ CPP should audit case files in regard to the measurement of outcomes. (para 2.12b)
35. The ACPC/ CPP should continue to examine and monitor the uptake of invitations to and attendance at case conferences in order to improve and facilitate appropriate attendance and representation. (para 2.13f)
36. The Trust should examine how children and young people can be more fully engaged in attendance at case conferences and discussions about plans for their care and safety. (para 2.13g)

### **The Purpose of Services – Chapter 3**

37. The Trust and ACPC should review the range of information available and the way it is accessed by the public and other agencies. Young people, parents and appropriate professionals and other agencies should be involved in the production of information. (para 3.1a)
38. The Board/Trust in conjunction with ACPC and CPP should continue to explore ways for assisting parents and children to express their views regarding making a complaint. (para 3.4a)
39. All parents and children should be made aware of how to make a complaint about service received and there should be a written record made of the information shared and placed on the child's file. (para 3.5a)
40. The ACPC should build in a formal evaluation process as it implements its communication strategy and the Trust should take steps to develop their method of including parents and young people in providing suggestions about improving child protection services. (para 3.6a)
41. The Board and Trust should monitor and audit more closely the purpose of and outcomes from important initiatives and ensure that these are progressed in an effective manner. (para 3.7a)

### **Access to Services – Chapter 4**

42. The ACPC/ CPP should put in place a specific communication strategy to address child protection issues for marginalised groups and evaluate the effectiveness of this. (para 4.5a)
43. The Trust should take action to improve communication and contact arrangements so that parents and children and external agencies can access the relevant services and support more easily. (para 4.8a)

## **Assessment, Case Planning, Case Management and Record Keeping – Chapter 5**

44. The Trust should develop a forum to facilitate the multi-disciplinary/agency network and develop a common understanding of what is accepted as a child protection referral which reflects the importance of harnessing differing expertise and support from a range of disciplines and agencies at an early point of referral and initial assessment. (para 5.2b)
45. Managers within the Education system should ensure that staff in education are supported and assisted appropriately when making a decision to refer a child to social services. (para 5.2c)
46. The Trust and PSNI should ensure that written confirmation of referrals are made within the timeframe laid out in CTSC chapter 5 sections 5.11 and 5.14 and that relevant PJI forms are completed, forwarded and placed on the appropriate child's record. (para 5.2f)
47. Social services should, in a timely way, refer to the paediatric service in the Trust, all children where there are concerns about neglect, faltering growth and development. (para 5.2h)
48. In all cases where there has been a traumatic child protection incident social services should offer the young person the opportunity to have at least a consultation with a medical practitioner specialising in child abuse and any resultant medical examination and discussion should be recorded on the young person's files. (para 5.2i)
49. The SELB, in collaboration with the ACPC, should examine the reasons for the limited uptake by education staff of multi-disciplinary child protection training. (para 5.2n)
50. The ACPC and the Trust should ensure that all staff are informed of the range of additional booklets which have been added to the current ACPC policy and procedural guidance and undertake training on the procedures. The ACPC

and Trust need to audit and monitor the circulation of any new information.  
(para 5.3a)

51. The ACPC and Trust Senior Managers should ensure that all new information is contained within the ACPC policy and procedures manual. (para 5.3b)
52. The Trust should ensure that guidance issued to staff is dated. (para 5.4a)
53. The Trust should have a separate section in social work files for referral forms and these should be filed in chronological order. (para 5.4b)
54. There should be a case summary sheet at the front of every child's social work file as a minimum standard which should be updated on a regular basis. This should become consistent practice across the Trust. (para 5.4f)
55. The chronology of significant events should be used in all health files; information should be structured and recorded succinctly and appropriately to enable greater understanding of the issues for the child and family. (para 5.4i)
56. Medical reports should comment on emotional, developmental and behavioural presentation when making an assessment of the risks to and the needs of the child or young person. (para 5.4j)
57. Where a child has had a medical examination in regard to suspected abuse the child's General Practitioner should always be informed and be provided with a written report from the FMO. (para 5.4k)
58. Any information retained in any child's paediatric file should contain at least three pieces of identifying information e.g. name, D.O.B. and personal identification number. (para 5.4m)
59. The PSNI should consider developing a front sheet and chronology of events for child abuse investigation case files. (para 5.4p)

60. The PSNI should ensure that police files contain a consecutive and comprehensive record of each stage in an investigation so that important information is not excluded from the file and that information is easily accessed. (para 5.4q)
61. Social work and nursing operational managers should ensure that case files are reviewed, dated and signed. (para 5.5a)
62. The Trust should ensure that the exchange of information between disciplines and agencies is consistent across the Trust. (para 5.5b)
63. The Trust in collaboration with Education should examine and improve the current arrangements for sharing information between social services and education so that children and young people can be appropriately supported. (para 5.5d)
64. All disciplines and agencies should cross-check basic information to ensure they hold up-to-date and correct information about children and their family circumstances. (para 5.5e)
65. The ACPC/ CPP should on an on-going basis monitor a sample of cases managed within case planning to ensure that Child Protection procedures are applied consistently and effectively so that practice conforms with guidance, policy and procedures. (para 5.6b)
66. The ACPC should continue to review the operation of the child protection register and ensure that follow up support services are assessed and put in place for children and families when a child's name is removed from the register. (para 5.6c)
67. Trust Senior Managers and the PSNI should ensure that written information on children is conveyed to the other agency immediately following the strategy discussion. (para 5.7a)

68. Discussions with medical/paediatric personnel should form part of the strategy discussion so that when required the appropriate medical input can be obtained quickly for the child. (para 5.7a)
69. The SACPC Assessment models now available to staff should be used consistently across the Trust and should be monitored and evaluated by the ACPC. (para 5.8a)
70. The current work by the DHSSPS on the development of a regional assessment model should be progressed as a priority. (para 5.8a)
71. Trust social services staff should make more use of the specialist expertise of paediatric staff when assessing the needs and risks for children and young people. (para 5.8b)
72. Trust social services staff should obtain written reports from General Practitioners where they have been requested to carry out an assessment of injuries or faltering growth and the report should be placed on the child's file. (para 5.8b)
73. The system for joint medicals between Community/Hospital Paediatricians and Forensic Medical Officers should be reviewed and continued so that crucial evidence to support evidence of children's injuries is obtained appropriately. (para 5.8c)
74. The relevant disciplines, agencies and chairs of case conferences should give urgent consideration to improving the attendance of relevant disciplines at initial case conferences and engaging the appropriate professionals in the assessment of children and their family and in interventions required to meet the child's developmental and care needs. (5.9a)
75. The CPP should ensure that the objective on reviewing the effectiveness of the Board's Risk Analysis Model is progressed as a matter of priority. (para 5.10a)

76. The ACPC/ CPP should ensure that the risk analysis model is utilised on a multi-disciplinary and inter-agency basis and should regularly audit the effectiveness of the risk analysis model's use in assisting decision making at case conferences. (para 5.10b)
77. Trust Senior Managers should ensure that relevant and key professionals are facilitated to attend case conferences so that those with appropriate knowledge and skills can contribute to decisions taken and follow up assessments as required. (para 5.11a)
78. The ACPC should in collaboration with the Department of Education representative on the committee consider how designated teachers can participate in multi-disciplinary training to assist them to further develop their knowledge and skills when contributing to case conferences. (para 5.11c)
79. The appropriate professionals should be invited to case conferences and those with key contributions should, where possible, be accommodated in terms of timing and venue. (para 5.11d)
80. Trust Senior Managers should consider how reports supplied by Social Workers and other professionals for case conferences can be more succinct, utilise the risk and assessment models available and become more outcome focused. (para 5.11g)
81. The ACPC/ CPP as part of their auditing programme should examine a sample of cases of children whose names have been removed from the child protection register under one-year duration and ensure appropriate assessment and supportive services are in place. (para 5.11j)
82. Trust Senior Managers should ensure there is support and appropriate supervision for minute takers and the ACPC should ensure that those who take minutes at child protection case conferences receive appropriate training. (para 5.11k)

## **Protecting Vulnerable Children in Specific Circumstances – Chapter 6**

83. The ACPC in collaboration with PSNI should encourage police to undertake training on the specific needs and risks for children in groups known to be vulnerable. (para 6.4a)
84. The Trust should ensure that planned improvements to the complaints system are actioned. (para 6.6b)
85. Trust Senior Managers and PSNI should jointly quality assure how joint investigations between social workers and police have been carried out and the ACPC should put in place a system for auditing and monitoring these. (para 6.7a)

## **Quality Assurance and Managing Performance of Service – Chapter 7**

86. The ACPC as the lead strategic body should consider how best Social Services and PSNI can quality assure joint-investigations of children and young people. (para 7.2a)
87. The Board/Trust should ensure that the recommendations of evaluations are progressed and that objectives outlined in Annual Reports are met. (para 7.5b)
88. The ACPC/ CPP should ensure that members fulfill their responsibility to inform their agency and peers of the work of ACPC/ CPP and seek ways to obtain the views of staff on the usefulness of or dissatisfaction with guidance or procedures. (para 7.6c)

## **The Establishment and Operation of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP) – Chapter 8**

89. The Board ACPC should ensure that the Trust Director of Child and Family Care is a member of ACPC; and the Chief Nurse and Commissioner for AHPs should have a direct means for influencing the ACPC strategy and business plan. (para 8.1a)

90. The ACPC/ CPP should consult with their partners in SELB and CCMS to clarify the position of their representatives on these bodies. (para 8.1b)
91. The PSNI should review and clarify the role, functions and responsibility of their representatives on the ACPC and CPP. (para 8.1c)
92. The ACPC should ensure that all the relevant disciplines and Agencies contribute to the Business Planning Process. (para 8.2b)
93. The ACPC should consider producing an abbreviated form of its business plan focusing on actions that will be taken to inform the public about Child Protection in the area. (para 8.2c)
94. The ACPC should put in place a means to audit the dissemination of additional information. (para 8.2d)
95. The ACPC should in its business plan and strategy for the 2004/2005 year alongside stating objectives state the indicators for measuring the success of each initiative and how the committee will measure its overall performance for safeguarding children. (para 8.3a)
96. The ACPC should ensure that all constituent members and particularly the PSNI are aware of the regional approach to communication and should engage them in this activity. (para 8.5b)
97. The ACPC should ensure that training is delivered by a multi-disciplinary team so that the model of multi-disciplinary and inter-agency working is introduced to staff at an early point and is reinforced at each stage in the programme. (para 8.8a)
98. The ACPC should put in place a formal means for gaining feedback from staff at all levels in all agencies and from children and parents utilising the skills available through the Young Person's Project. (para 8.11a)

99. The Trust should ensure that a social work practitioner and AHP is represented on the CPP. (para 8.12a)
100. The ACPC should ensure that the 2 objectives stated in both the 2001/2002 and the 2003/2004 CPP Annual Reports are carried out as a priority and should monitor the implementation and progress of these. (para 8.14b)

### **Case Management Reviews – Chapter 9**

101. The ACPC Chairperson should keep under review the difficulties in progressing CMRs in the required time-frame and bring this to the attention of the DHSSPS Child Care Policy Directorate. (para 9.5a)
102. The ACPC should on completion of any CMR ensure that an action plan is put in place which is then fully implemented and monitored. (para 9.7a)

### **Equality and Human Rights – Chapter 10**

103. The Trust should ensure that information on first language spoken is routinely collected and recorded on each referral. (para 10.5a)
104. The Trust should consider how the practice within the Young Person's Project can be replicated across the Trust when children and young people are involved in child protection matters. (para 10.6a)

## **Appendix A**

### **Draft Standards for the Inspection of Child Protection Services**

**DRAFT STANDARDS FOR THE  
INSPECTION OF CHILD PROTECTION  
SERVICES**

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## **DRAFT STANDARDS FOR THE INSPECTION OF CHILD PROTECTION SERVICES**

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## **Introduction**

The draft standards for the inspection of child protection services have been developed to assist the process of inspection and will enable the members of the multi-disciplinary inspection team to consider child protection services for children in a consistent and systematic way. It is anticipated that they will provide the foundation for informing best practice and assist in developing the planning, delivery and ongoing monitoring of services.

There are 9 key standards; each supported by a number of criteria statements. These criteria statements are the components that the inspection team will consider when determining the extent to which services comply with the expectations contained in the standards.

To assist in the development of the standards a reference group was established by Social Services Inspectorate, with representation from the wide range of disciplines and agencies from across Northern Ireland who have a role in and responsibilities for the safeguarding of children, with the following terms of reference;

- to provide advice and guidance regarding standards development ensuring that the focus remains on the protective needs of children;
- to act as the conduits for dissemination and consultation on standards development and provide feedback from Area Child Protection Committees (ACPCs); Child Protection Panels (CPP); Boards and Trusts; Professional groups and Agencies involved in child protection work;
- to act as a point of reference for the inspection team taking forward the inspection of child protection services;
- to contribute to the development of the methodology for conducting the Inspection;
- to consider the draft findings and recommendations from the inspection.

The standards and criteria have been developed in consultation with the reference group, Board and Trusts, voluntary organisations and the views of young people who have experienced child protection services. In addition the standards have been influenced by:

- a review of existing standards in the area of child protection;
- a review of a wide body of literature and research on child protection;
- the recommendations contained in The Victoria Climbié Inquiry (2003); this report made many far-reaching and challenging recommendations for all engaged in the governance, planning, management and delivery of child protection services;
- Co-operating to Safeguard Children (DHSSPS) May 2003. The standards work has had a direct influence on the final shape of the policy guidance;
- the learning from case management reviews within Northern Ireland;
- a series of workshops which were held to facilitate wide consultation with the full range of stakeholders in child protection work and included HSS Boards/Trusts, ACPCs, CPPs, the voluntary sector and young people. Individual agencies have also made a contribution.

### **Legislation Underpinning the Standards**

The basis for the draft standards and criteria is derived from the following main areas of legislation, which impose certain statutory duties on Boards and Trusts:

- Children (NI) Order (1995)\*;
- Education (NI) Order (2003);
- Human Rights Act (1998);
- Protection of Children and Vulnerable Adults Order 2003;
- Chronically Sick and Disabled Persons (NI) Act 1978;
- Mental Health (NI) Order (1986);
- Disability Discrimination Act (1995); and
- Northern Ireland Act, (1998), specifically section 75 requirements;
- Criminal Evidence Order(1998)

\*The above legislation is referenced in an abbreviated form e.g. ‘The Children Order’.

## Values and Principles

A number of important themes have emerged from legislation, relevant literature and the consultation process which are reflected in the following **values** and **principles** statements.

1. Safeguarding and promoting the welfare of children at risk of abuse or neglect is a **priority** when decisions are made about access to and eligibility for services:
2. **Listening** to and engaging children and their families is crucial to ensure their full **participation** when decisions are being made that affect them:
3. Children and their families receive responses and services which engage them as **partners** in problem solving, avoiding where possible family breakdown, **preventing** harm and **promoting** children's development and life chances:
4. Some children are particularly **vulnerable** due to their **circumstances** and the design and delivery of services promotes and **safeguards** their well-being:
5. Child Protection Services promote the inclusion and **citizenship** of children, are provided within an ethos that maximises, **protection**, access to appropriate education, life chances, **opportunities and independence** and accommodates religious, linguistic, ethnic, social and cultural backgrounds, individual circumstances and children and families rights to **privacy**:
6. Services are planned and delivered in a way which **empowers** children requiring to be safeguarded, respects their dignity and assists them to lead **as full** a life as possible:
7. Children and their **families** are involved in the assessments of their **needs** and in the **co-ordinated** approaches designed to meeting these.
8. Children have a **right to equality** of access to services, which are developed/tailored to best meet their assessed **need**:

## 1. Planning, Commissioning, Monitoring and Management, and Provision of Services

### **STANDARD 1**

**The Board/Trust has arrangements in place for the planning, commissioning, monitoring and management, and provision of child protection services across relevant agencies and disciplines required to meet the assessed needs of children and families involved in the child protection process. These take account of Board/Trust resources, and those available from other sources including education, service options, client choice and value for money.**

### **Criteria**

1.1 The Board/Trust has established arrangements across the range of appropriate disciplines and agencies for resourcing and planning its child protection services that meet:

- statutory planning requirements within the context of its Children's Services Plan (CSP);
- departmental guidance in respect of child protection services;
- and ensure their lead role for child protection is fulfilled and statutory obligations are met.

1.2 The Trust with their partner agencies have :

- agreed joint protocols, guidance and procedures for delivering and monitoring child protection services in its area;
- policies, procedures and guidance which address all aspects and stages of the child protection process; and
- systems which make explicit the role, responsibility, functions and accountability of those involved in case management and decision making.; and
- arrangements which ensure the regular review of inter-agency working

1.3 The (ACPC) business plan is available to staff and agencies who contribute to the delivery of the plan and to those who may need to use services.

1.4 The Board/Trust in conjunction with the ACPC have:

- assessed and quantified the level of need for children and their families involved in the child protection process;

- agreed the range of services to be provided;
- based these services on an adherence to statutory duties and responsibilities;
- stated how the range of needs and demands will be met within available resources;
- established a system for identifying and quantifying unmet needs; and
- established a process for Board and Trust members to monitor and scrutinize audits of the performance of the child protection service in its area.

1.5 The Board/Trust has an explicit process for commissioning services, which takes into consideration:

- assessed local need;
- best practice;
- equity;
- service options and client choice;
- budgetary constraints; and
- value for money.

1.6 The Board/Trust ensures that, where services are provided on a partnership or commissioned basis, the service level agreements clearly state the required and agreed expectations in regard to the level and quality of the service provided.

1.7 The Board/Trust has a clear workforce strategy in place, which demonstrates that it has signed up to and conforms to codes of conduct and practice for employers and employees and defines:

- recruitment processes;
- skills, knowledge and experience required by staff working with children who need to be safeguarded;
- induction requirements for staff;
- agreed organisational structure and clarity of role and function of staff;
- level of responsibilities and accountability delegated to each level within the organisation;
- supervision requirements, including its quality, regularity and the recording of same;
- arrangements for staff development and post qualifying training;
- how the effectiveness of training is evaluated;
- staff appraisal and performance systems;

- caseload management and monitoring systems;
- quality, timescales and standard of responses expected in regard to child protection services;
- quality and standard of recording practices; and
- the requirements of the Protection of Children and Vulnerable Adults (NI) Order 2003 when selecting, recruiting, managing and retaining staff and volunteers who have access to children.

1.8 All managers and staff within Boards and Trusts and relevant professionals in partner organizations have knowledge of child protection policy and procedures and of services available for the protection and support of children and families and can demonstrate that they have received training in child protection.

1.9 Child protection provision is located within a continuum of services to children in need and their families and include a range of interventions for the prevention and treatment of significant harm.

1.10 The Board/Trust has effective mechanisms in place for:

- reviewing how it complies with social care governance, including codes of conduct for employers as part of their corporate responsibility;
- the ACPC and CPP to inform respectively the Board/Trust about child protection issues and developments or deficits in the area;
- managers to assess practice and acknowledge good performance and to evidence that they value staff;
- staff to be helped to build into their work ways of measuring outcomes for children and families; and
- gaining feedback from staff, children and families to inform service planning, resource allocation and service delivery.

1.11 The Board/Trust regularly monitor and review complaints, representations, case management reviews and audits of practice to:

- ensure satisfactory outcomes;
- learn from both positive and negative experiences;
- share and disseminate knowledge gained across disciplines and agencies and as appropriate throughout the region;
- identify and take account of unmet need;

- inform the planning of services and allocation of resources, workforce planning, improve joint working arrangements and provide better focus on work with children and families;
- consider the input of different professionals to CPCC and review processes;
- consider the attendance of children and parents at CPCC and reviews; and
- consider the qualities of communication across staff/teams/offices/professionals.

## 2. The Purpose of Services

### **STANDARD 2**

**The Board/Trust has a written statement of purpose about its child protection services, including its statutory basis, availability, user entitlement and expected standards informed by the DHSSPS guidance “Co-operating to Safeguard Children”. (May 2003)**

#### **Criteria**

- 2.1 The Board/Trust has written statements about the range of child protection services in its area. These set out the nature and purpose of the services provided based on statutory functions and responsibilities and informed by the guidance contained in “Co-operating to Safeguard Children”.
- 2.2 The Board/Trust has established clear priorities for its child protection services and the standards of service expected of staff.
- 2.3 The Board/Trust staff are clear about their roles and responsibilities and are aware of statutory functions, DHSSPS guidance “Co-operating to Safeguard Children” and related policies and procedures.
- 2.4 The Board/Trust can demonstrate that they have been pro-active in making children and parents aware of how they can express their views about services.
- 2.5 Children and parents are aware of how they can express satisfaction with, or complain about, the response made to their needs and the reliability and quality of the services they receive.
- 2.6 Children and parents are aware of how they can make constructive suggestions and recommendations for the improvement of and development of child protection services (ref 7.6).
- 2.7 The Board/Trust monitors the outcomes of services provided to ensure that their purpose is fulfilled and that adjustments are made where necessary.

### 3. Access to Services

#### **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.**

#### **Criteria**

- 3.1 The Board/Trust provides written information to actual and potential users of its services about the range of family support services available, including child protection services.
- 3.2 The Board/Trust establishes criteria for entitlement to these services and identifies the priorities and service standards (ref 2.2).
- 3.3 The Board/Trust in conjunction with ACPC and CPP work effectively to encourage appropriate referrals from children and families, members of the public and others who work with children where there are child protection concerns.
- 3.4 The Trust responds quickly and avoids undue delay in finding alternative placements where necessary for children in need of protection and provides choice to ensure individual needs can be met.
- 3.5 The Board/Trust has communication strategies in place to ensure that marginalised groups are provided with information on how they can access services.
- 3.6 Those who make referrals and enquiries about safeguarding children are responded to in a way which ensures:
  - an appropriate response to the concerns raised; and
  - written acknowledgement of the referral within 24 hours of it being received.
- 3.7 Children and their families receive responses and services which engage them as partners in problem solving and avoid family breakdown wherever possible, prevent harm and promote children's life chances.
- 3.8 Public access, reception and duty arrangements, including out of hours or emergency arrangements, enable appropriate access to services and support.

#### 4. Assessment, Case Planning, Case Management and Record Keeping

##### **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.**

##### **Criteria**

4.1 The Trust gives clear guidance to its staff in the form of written policies and procedures and has established agreed multi-agency guidelines which take account of:

- statutory responsibilities, DHSSPS guidance, ACPC's policies and procedures, and evidence available from research and best practice;
- the need for timescales and systems for:
  - the response to an initial referral/known case expressing concern about significant harm/welfare of a child which is prompt, thorough and proportionate;
  - responding to referrals on the basis of the urgency and complexity of the case;
  - the matching/allocation of referrals and work to the competence of staff and their current workload;
  - the tracking and reviewing of actions taken in response to the referral; and
  - the screening of referrals, written response to referrals and subsequent actions by the line manager.
- all aspects and stages of the child protection process and the obligation to provide a professional service;
- the role, responsibility, function and accountability for those involved in individual case management and decision making; and
- planning and managing investigations under Article 66 of the Children Order, according to the ACPC written policies and procedures.

4.2 Staff have available to them referral, assessment and case planning guidance and criteria to assist them reach professional judgements about recourse to the child protection process which is demonstrable in their practice.

4.3 The Board/Trust, through the ACPC, ensure that procedures and guidance are reviewed and revised in the light of new developments and research in child protection, changes in legislation, regulation, policy and/or guidance and learning emerging from case management reviews and audit.

## **Record Keeping**

4.4 There is Trust guidance in place which details:

- how records are to be formatted and maintained from referral through to closure of the case;
- how individual case files are to be structured;
- what individual children's case files must contain including the need for:
  - accurate and comprehensive records which are maintained by staff at all levels;
  - referral information, initial and multi-disciplinary assessments, initial and review case conference minutes, case plan; and
  - evidence of Professional opinions, action and decisions which are carefully detailed and properly endorsed at each stage of the child protection process.

4.5 There is evidence within the child's case file that records:

- are regularly agreed and signed by the line manager;
- are reviewed, signed and dated by senior management; and
- demonstrate that information is exchanged both verbally and in writing between disciplines; and relevant agencies as appropriate and in a timely manner.

4.6 Child protection procedures are applied consistently and effectively so that practice conforms with regulations, guidance, policy and procedures.

## **Strategy Discussion**

4.7 Strategy discussions are held in accordance with Guidance in Co-operating to Safeguard Children (paragraphs 5.16-5.19) and decisions and actions taken and the outcome of these inform the progression of the case and are reflected in writing in the case record.

## **Initial/Second Stage and Multi-Disciplinary Assessment**

- 4.8 Assessments are carried out on a single agency and multi-disciplinary basis and are consistent with the principles of the Children Order and Co-operating to Safeguard Children and Draft Standards. These contain an analysis of the needs of the child, parenting capacity and family and environmental circumstances and indicate a clear direction for current and future work.
- 4.9 Assessments bring together all aspects of the case at each stage of the process and are based on:
- established and relevant research;
  - current professional practice;
  - clear information from the child and family;
  - a partnership with children and parents;
  - identified needs and risks for the child;
  - identified strengths and capacity of the parents;
  - professional knowledge and expertise of other relevant disciplines and other agencies communication and sharing of information;
- 4.10 Initial/second stage and multi-disciplinary assessments are carried out within the time frame established in Co-operating to Safeguard Children and the written document shows:
- how identified issues in the case are being dealt with;
  - how a work programme is being developed and who is responsible for carrying out each element of it;
  - what are the intended outcomes and by whom;
  - remaining risks/and actions taken to manage it;
  - what services are being provided alongside the assessment process;  
and
  - next steps and actions required.

## **Initial and Review Child Protection Case Conferences**

- 4.11 Initial and review Child Protection Case Conferences are held in respect of children who have suffered significant harm or where there is a likelihood that this has or is likely to occur:

- Child Protection Case Conferences should:
  - be chaired by a senior manager who should fulfil the responsibilities detailed in (Section 5.47 and 5.56) “Co-operating to Safeguard Children”;
  - be held within 15 working days of the first strategy discussion;
  - have relevant professionals/agencies invited in attendance;
  - involve the child and family;
  - have written reports invited and have the range of information available to enable appropriate decisions to be taken;
  - complete the tasks identified at Section 5.59 “Co-operating to Safeguard Children”; and
  - be conducted according to Co-operating to Safeguard Children and ACPC procedures.
  
- Child Protection Case Conferences have in attendance a person trained to take minutes of the meeting and these should include:
  - a record of invitees, those who attended, or sent apologies, or those who did not attend;
  - a list of all reports considered by the case conference;
  - a summary of the essential facts of the case;
  - a summary of views expressed and analysis of information;
  - a record of all decisions reached including any dissenting views;
  - actions to be taken, by whom and timescales for each action; and
  - minutes and or summary of decisions taken should be circulated within 14 days of the conference being held.

## **Child Protection Plans**

- 4.12 Child protection plans are drawn up as defined by Co-operating to Safeguard Children and the ACPC written procedures, agreed with those involved, and copies are provided to the workers involved, to parents/carers and children as appropriate.
- 4.13 Children and families are advised of, and helped to understand, the purpose and outcome of assessment, care planning, case conferences, review processes and receive a copy of the completed assessments and child protection plan. They are actively encouraged to participate in the process and experience it as increasing their understanding of the child’s/family’s needs.

4.14 The Trust ensures that:

- each child whose name is on the child protection register has a named social worker allocated;
- the allocated social worker duties include co-ordinating the contributions of other disciplines and agencies to achieve the completion of tasks identified in the child protection plan; and
- there are mechanisms for resolving difficulties when tasks are not carried out as defined by the agreed child protection plan.

## 5. Protecting Vulnerable Children in Specific Circumstances

### **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.**

#### **Criteria**

- 5.1 The ACPC policies state that child protection procedures apply to all settings where children live or meet.
- 5.2 There is operational guidance for all staff in respect of children who have been subject to:
- sexual abuse;
  - physical abuse;
  - emotional abuse; and
  - neglect including failure to thrive.

the guidance takes account of specific conditions or circumstance, such as:

- children living away from home <sup>1</sup>;
  - disabled children;
  - risks to the unborn child;
  - children where a parent/carer is misusing drugs /alcohol;
  - child prostitution;
  - induced or feigned illness;
  - children who abuse others;
  - bullying;
  - ethnic minorities;
  - domestic violence;
  - parents with a mental illness;
  - parents with a disability; and
  - under age parenthood.
- 5.3 Staff from all disciplines/programmes of care within the Trust and related agencies demonstrate an understanding and awareness of child protection guidance in their practice.

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<sup>1</sup> Children “looked after” in care, either foster care or children’s home for respite, short term or long term; children staying with host families on exchanges/holidays; children in residential or boarding schools; and children in youth justice custody settings.

5.4 Where there is a concern about child abuse:

- actions required are clearly defined;
- processes are applied consistently, irrespective of setting;
- there are mechanisms in place for providing feedback to the relevant disciplines involved.

5.5 The Trust treats seriously any complaints or allegations of abuse to a child by a professional, staff member, carer or volunteer/or child and adheres to DHSSPS guidance and the ACPC child protection procedures in dealing with such allegations.

5.6 All investigations of child abuse are conducted according to the ACPC child protection procedures.

5.7 There are systems in place for centralizing information and collating concerns about children and families arising at different times and in different places.

## 6. Quality Assurance and Managing Performance of Service

### **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.**

#### **Criteria**

- 6.1 The Board/Trust ensures there is leadership and responsibility for the management and co-ordination of child protection services within its overall children's services strategy.
- 6.2 The Board/Trust ensures that, where services are provided on a partnership or commissioned basis, there is a mechanism in place so that:
  - children and families eligible for child protection services receive a skilled multi-disciplinary assessment, which looks holistically at the child's circumstances and includes health and development, education and social needs and the wider family and environmental context; and
  - services are managed, audited and monitored to ensure that they are of good quality and responsive to need.
- 6.3 The Board/Trust ensures that those receiving and those seeking a service at all times are treated sensitively and with respect and employers and employees adhere to professional codes of conduct and practice.
- 6.4 There are effective systems in place so that service users know whom they can contact about queries, comments or complaints, advice and advocacy services and these are audited and monitored.
- 6.5 Management information is collated and monitored and responded to in ways which improve services to children and families.
- 6.6 The Board/Trust in conjunction with the ACPC and CPP ensures that they have in place
  - a means for staff to provide feedback on the usefulness of guidance and procedures;
  - a means for those who use services to provide feedback on the standard of service received

6.7 The Board/Trust ensures that staff and carers working to safeguard children are supported appropriately through proper induction training and ongoing supervision, and have available to them adequate support services and resources.

## **7. The Establishment and Operation of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP)**

### **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.**

#### **Criteria**

- 7.1 The ACPC is constituted as required by “Co-operating to Safeguard Children” and has appropriate representation from relevant agencies, at an appropriate level of authority.
- 7.2 The ACPC has a strategy for child protection in its area, a business and action plan and terms of reference, which are agreed and fully owned by all disciplines and agencies involved in the safeguarding of children.
- 7.3 The ACPC has developed and implemented policies, procedures and information, agreed by agencies for inter-agency/disciplinary work, within the framework provided by “Co-operating to Safeguard Children”.
- 7.4 The ACPC sets objectives and performance indicators for safeguarding children and has established guidance which takes account of the multi-disciplinary/inter-agency contribution.
- 7.5 The ACPC continually monitors and reviews child protection activity in its area, identifies how professional services and agencies work together and bring learning points and needs to the attention of CPP and agencies involved.
- 7.6 The ACPC, in conjunction with the CPP, actively engages and informs the community of the need to safeguard children, and has in place a strategy to ascertain views and explain how the community can contribute (Ref 2.5).
- 7.7 The ACPC actively addresses issues of diversity and equality and actions are taken where necessary to ensure these are addressed.
- 7.8 The ACPC undertakes Case Management Reviews and a regular programme of auditing in accordance with guidance in “Co-operating to Safeguard Children”.

- 7.9 The ACPC has in place and implemented a strategy for multi-disciplinary/agency training based on the child protection process, and the identified needs of all levels of staff involved in child protection work.
- 7.10 The ACPC has policy and procedures for access to and use of information entered on the child protection register and can demonstrate the effectiveness of the stated arrangements.
- 7.11 There are effective mechanisms in place for the ACPC to ensure that:
- the Board/Trust complies with their governance and corporate responsibilities for safeguarding children;
  - the CPP informs the Board/Trust about child protection issues and developments in its area;
  - staff are assisted to build into their work, ways of measuring outcomes for children and families; and
  - the ACPC gains feedback from staff at all levels within agencies, including comments from children and families;

### **Trust Child Protection Panel (CPP)**

- 7.12 The Trust CPP membership reflects the range of professionals and agencies involved in safeguarding children in its area.
- 7.13 The Trust CPP has developed terms of reference and carries out its activities within the framework provided by the ACPC business plan.
- 7.14 The Trust CPP in partnership with the ACPC actively monitor and address:
- how services in its area work together to safeguard children;
  - how objectives set to improve outcomes for children are progressed;
  - the implementation of child protection policies and procedures;
  - the resources needed in its area;
  - the use of, and access to the child protection register; and
  - training and development needs of those working to safeguard children, and design and deliver training which meets identified need.
- 7.15 The Trust CPP in partnership with the ACPC actively informs the public of the need to safeguard children and provides information about the range of services which are available.

## 8. Case Management Reviews

### **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.**

#### **Criteria**

- 8.1 The ACPC has a policy and procedures for undertaking Case Management Reviews.
- 8.2 The ACPC ensures that the preparation and process for Case Management Reviews is carried out in accordance with “Co-operating to Safeguard Children” and any policies and procedures developed are in line with the policy guidance. (Ref 7.8).
- 8.3 The ACPC ensures that the Case Management Review Panel is made up of individuals who are independent of HSS Trusts and other agencies concerned with the case under examination and includes the range of relevant disciplines and agencies required to carry out the review to achieve impartiality, openness and independence.
- 8.4 The ACPC ensures that the Case Management Review Panel has terms of reference and that a plan for progressing the work is drawn together, which meets the guidance in “Co-operating to Safeguard Children” and addresses the specific issues in the case.
- 8.5 The ACPC ensures that the Case Management Review is completed within the timescales established by “Co-operating to Safeguard Children”.
- 8.6 The ACPC ensures that:
  - the Case Management Review Report addresses relevant issues and is presented in the format prescribed by “Co-operating to Safeguard Children”;
  - there is a plan constructed for the dissemination of lessons emerging from the Case Management Review Report which includes all relevant agencies and professionals at all levels within relevant organisations;

- the plan includes a process for reviewing and auditing how changes implemented have improved outcomes for children and how this will be disseminated; and
- the Case Management Review Report and plan is shared with DHSSPS within the timescale established by “Co-operating to Safeguard Children”.

8.7 The ACPC has a system in place to follow up recommendations contained in the Case Management Review Report to ensure that its recommendations have been acted upon and progress has been achieved.

## 9. Equality and Human Rights

### **STANDARD 9**

**The Board/Trust fulfills 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**

#### **Criteria**

- 9.1 The rights of children under the UN Convention on the Rights of the Child and the Human Rights Act are respected, valued and promoted.
- 9.2 All relevant policies have been subject to appropriate screening and consultation in accordance with Section 75 of the Northern Ireland Act.
- 9.3 The age and stage of development of children, their disability, religious belief, gender, sexual orientation, political opinion and racial group are recognised and respected when consulting with children and in the planning and delivery of service.
- 9.4 There is consideration and respect for the diversities arising from differing cultural and community identities and there is consideration of these in the provision of services to children.
- 9.5 Appropriate assistance is provided during interviews, assessments and meetings which include access to interpreting services to enable the views of children, parents, family members and other carers to be communicated fully, where English is not their first language.
- 9.6 Child protection services demonstrate that the wishes and feelings of children are ascertained and considered in actions taken on their behalf.
- 9.7 Services are delivered equitably across Board and Trust areas.

## **Appendix B**

### **Inspection Brief**

**INSPECTION BRIEF**

**1. INTRODUCTION**

**Background**

- 1.1 The Children (Northern Ireland) Order 1995 places a duty on HSS Boards/Trusts to promote and safeguard the welfare of children in need in their areas. Article 66 of the Children Order requires a Trust to investigate, if it has reason to suspect that a child in its area is suffering or likely to suffer significant harm, so it can decide what action is required to safeguard and promote the child's welfare. The help of other agencies is essential if this is to be done effectively and the Children Order places a duty on key agencies to assist (Article 46), where this is consistent with the discharge of their own statutory duties.
- 1.2 "Co-operating to Safeguard Children" (May 2003) is Departmental guidance relating to the management of child protection. The guidance sets out how all agencies and professionals have a role to play in the safeguarding of children and sets out how they should co-operate to promote children's welfare and protect them from abuse and/or neglect.
- 1.3 The Department of Health (DOH) published "Child Protection: Messages from Research" in 1995, which summarised the key findings from 20 research studies. The University of East Anglia's 1999 report "Learning How to Make Children Safer" suggested that child protection services should:
- focus on outcomes for the child;
  - place child protection in context, by enabling access to a range of services for children in need and their families;
  - encourage working in partnership with children and families;
  - recognise and facilitate work across professional and organisational boundaries; and
  - provide skilled assessment for children and families.
- 1.4 More recently, Lord Laming in "The Victoria Climbié Inquiry" (Feb 2003) highlighted a series of professional and managerial weaknesses, which culminated in the death of Victoria. Laming made a series of highly focused recommendations to ensure children are protected more effectively by child protection systems. Following on the Green Paper 'Every Child Matters' also begins to challenge established systems and the role professionals play within these.

1.5 In Northern Ireland, the increase in the number of case management reviews and the learning emerging from these influenced the development of “Co-operating to Safeguard Children”. Learning from local practice and experience creates the potential to ensure more appropriate solutions are developed to inform practice in Northern Ireland.

## **2. PURPOSE OF THE INSPECTION OF CHILD PROTECTION SERVICES**

2.1 The purpose of this inspection is to examine:-

- a. the nature, range and quality of, child protection arrangements, services commissioned and/or provided by Boards/Trusts on a direct and/or partnership basis; and
- b. consider the strategic and operational functioning of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP).

## **3 OBJECTIVES OF THE INSPECTION**

3.1 To examine how Boards/Trusts:-

- discharge their responsibilities in regard to those children and families who are dealt with through the child protection process;
- work with other agencies to promote and safeguard the welfare of these children in their areas.

3.2 To examine how the Board/Trust in conjunction with the ACPC/ CPP develop a strategic approach and deliver child protection services in their area.

3.3 To examine and evaluate the ACPC and Trust policies/ procedures, and the practice and decision making processes in respect of child protection with specific reference to:

- the management of individual cases at all stages of the child protection process;
- the protection of vulnerable children in specific circumstances;
- the involvement of children and families;
- information provided to staff, professions, the public and users of services;
- the provision, uptake and relevance of training for those involved in child protection work; and
- the quality of professional practice and management of services.

- 3.4 To examine how Case Management Reviews are conducted and how lessons learned from these are disseminated and used to inform policies and practice within and across Trusts.
- 3.5 To examine the effectiveness of multi agency/disciplinary working at both strategic and operational levels.

#### **4 SCOPE OF INSPECTION AND LOCATIONS TO BE INSPECTED**

- 4.1 The inspection will take place in one Trust in each Board's area and will focus on those arrangements established to safeguard and promote the welfare children who are in need of protection. The inspection will consider the work undertaken by ACPCs and CPPs to enhance the protection of children.
- 4.2 Inspectors will examine cases relating to children who require protection and will consider the work undertaken at each stage of their involvement with social services from initial referral through to closure.
- 4.3 The Trusts to be inspected with proposed timescales are:
- Craigavon and Banbridge Health and Social Services Trust (23 April-11 May 2004)
  - Foyle Health and Social Services Trust (28 –14 June 2004);
  - Causeway Health and Social Services Trust (17 May – 31 May 2005); and
  - South and East Belfast Health and Social Services Trust (19 September – 29 September 2005).

#### **5 TIMESCALE FOR OVERALL INSPECTION**

- 5.1 The following timescales have been established:
- formal consultation on draft standards with Boards/Trusts and other organisations, June/July 2003;
  - development of the methodology and initial planning for the inspection, June-March 2004;
  - fieldwork/analysis of findings in each Trust selected for inspection, April 2004-October 2005;
  - collation of overview inspection report on the 4 sites and launch of the report, February 2006; and
  - dissemination of findings, February 2006.

## **6 INSPECTION TEAM**

- 6.1 In keeping with the inter disciplinary/agency nature of child protection work a multi disciplinary team has been established to take forward the inspection comprising representatives from Social Services Inspectorate, Medical and Nursing Branches within DHSSPS, the Education and Training Inspectorate and Police Service Northern Ireland.

Inspection Manager	Maire McMahon (Assistant Chief Inspector)
Lead Inspector	Ken Wilson
Inspector	Dr Theresa Donaldson
Nursing Representative	Marian Robertson
Allied Health Representative	Heather Crawford
Education & Training Inspector	Betty Robinson
Medical Representative	Dr Erin Knowles
Police Representative	Chief Inspector William McAuley
Statistician	Kieran Taggart, SSAB
Lay Assessor	Raymond Gordon

## **7 OFFICE FOR INSPECTION TEAM**

- 7.1 To facilitate the inspection, an office will be required in each Board/Trust's area to be the base for the inspection. Inspectors will also require access to a desk, lockable filing cabinet, telephone and a meeting room.

## **8 COORDINATOR IN EACH TRUST/BOARD**

- 8.1 The Board/Trust are asked to identify a person for the inspection to co-ordinate and facilitate the collation of statistical data and completion of pre-inspection questionnaires, organise visits to other locations within the Board's/Trust's area, the temporary transfer of case files and to enable access to relevant staff, service users and partner agencies.
- 8.2 The Lead Inspector will work with the co-ordinator to, draw up a programme for the inspection, outline the methodology for the fieldwork and to ensure that sampling is representative of patterns of work throughout the Trust.

## **9 DRAFT CHILD PROTECTION STANDARDS**

- 9.1 The inspection will consider practice against the agreed draft standards in relation to the following:
- planning, commissioning, management and monitoring, and provision of services;
  - the purpose of services;
  - access to services;
  - assessment, case planning, case management and record keeping;
  - protecting vulnerable children in specific circumstances;
  - quality assurance and managing performance of service;
  - the establishment and operation of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP);
  - case management reviews; and
  - equality and human rights issues.

## 10 **METHODOLOGY**

- 10.1 Inspection methods will include:
- the collation of pre-inspection data relevant to child protection from all Health and Social Services Trusts;
  - the collation of specific data from each of the four Trust's selected for inspection;
  - an examination of relevant Board/Trust/ACPC/ CPP documentation. [Samples to be requested prior to the inspection fieldwork.];
  - an examination of a sample of records to specifically include referral, assessment, case planning information and case files in respect of a census period (1st June 2001-30th September 2003);
  - a written survey of service users, service providers and staff from across disciplines and agencies selected from the sample of cases referred for child protection reasons;
  - interviews and focus groups with service users, service providers from statutory and voluntary sectors and staff involved in child protection work from acute/community Trusts in respect of specific cases;
  - where possible observation of child protection case conferences, Child Protection Panels and Area Child Protection Committees

- a written survey of and interviews with chairpersons and members of ACPC and CPP.

#### 10.2 Fieldwork will include:

- an examination of a random sample of 40-60 childcare referrals;
- an examination of 15-20 child protection case files deemed child protection at referral and referred to child protection case conference (stratified and random sample within this);
- an examination of 15-20 cases not deemed child protection but received a service (stratified and random sample) within this;
- a detailed study of 10-12 case files in each Trust looking at the process from referral through to closure/current situation.

This examination of cases will also include interviews with:

- the staff involved, children/families/carers;
- the Board's/Trust's senior managerial staff; and
- key personnel from other involved disciplines/agencies.

Samples chosen will seek to take account of:

- 1) how cases were managed in respect of children in the following age bands: 0–1 Yrs; 1–5 Yrs; 5–11 Yrs; 11–17 Yrs;
- 2) Trust size and population.

11 At the completion of the fieldwork, verbal and written headline feedback will be presented to Senior managers within the Trust. A draft report will be issued to the Trust for a factual accuracy check at the completion of the inspection in keeping with Circular No HSS (EC)1/94. At the completion of the fieldwork in all four sites an overview report will be prepared and its findings widely disseminated.

## 12 **FINDINGS OF THE INSPECTION**

12.1 The findings of the inspection will be used to;

- improve protection for children and assist the public to have a greater understanding of the issues;
- contribute to enhancing professional practice, management and monitoring arrangements;

- inform policy development.

## **Appendix C**

### **Trust's Response to the Inspection Report**

RGH/ew

21 November 2005

Mr Paul Martin  
Chief Inspector  
Social Services Inspectorate  
Department of Health, Social Services  
& Public Safety  
Castle Buildings  
Upper Newtownards Road  
BELFAST BT4 3RA

Dear Mr Martin

**CRAIGAVON AND BANBRIDGE COMMUNITY HEALTH & SOCIAL  
SERVICES TRUST**

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The Social Services Inspection of Child Protection Services in this Trust was a necessary and appropriate follow up to the publication in 2003 of the report of the investigation into the death of David Briggs and the serious injury of his brother Samuel (The Lewis Report). David and Samuel Briggs were born in Romania and were both subject of an inter-country adoption.

The Lewis Report contained 39 recommendations which focused mainly on organisational, management and governance matters and it is fitting that the Social Services Inspectorate has completed follow up inspections of both Inter-country Adoption and Child Protection Services in this locality.

Craigavon and Banbridge Trust was the first of four trusts in Northern Ireland to be inspected with regard to Child Protection Services. The Trust welcomed the inspection and co-operated fully with the inspectors.

The outcome is this comprehensive report, which provides a thorough analysis of Child Protection services in Craigavon and Banbridge Community Trust, highlighting areas where the Inspection Team recommended that improvements should be made.

The fieldwork was conducted during the Spring of 2004. The Trust received verbal feedback from the Inspectors in May 2004, but unfortunately, and due to unforeseen circumstances, the first draft report was not completed until April 2005. Following the Trust's response in May 2005, we received the second draft report on 13 October 2005. The Trust is pleased that this report has now been completed, taking account of the Trust's responses to the factual accuracy checking.

The protection of children and young people from harm is one of the most important devolved statutory functions undertaken by any Health and Social Services Trust. It is fitting therefore that the systems and procedures for the protection of children and young people be laid open to scrutiny by the appropriate authority.

The Trust welcomes the publication of this report and has set in train a series of actions and initiatives to take forward the recommendations. A detailed Progress Report and Action Plan, to that effect, has already been approved by the Trust Board and has been shared with the Social Services Inspectorate. The Trust's Child Protection Panel (TCPP) continues to work in partnership with the Southern Area Child Protection Committee (SACPC) and with the Police Service of Northern Ireland (PSNI) to make sure that those recommendations that have particular relevance to more than one agency, are being addressed collectively.

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*21 November 2005*

*Mr Houston to Mr Martin*

The Trust has set in place internal mechanisms to make sure that each of the recommendations that have a multi-disciplinary application are addressed on a whole systems basis, across each of the operational directorates, as appropriate. Responsibility for taking these recommendations forward is vested in a Children's Services Strategy Group, which was established for this purpose.

Membership of this group includes appropriate representation from each of the three Directorates that has responsibility for services to children, including the Child and Family Care, Elderly and Primary Care and Mental Health and Disability directorates. Membership also includes the Trust's Executive Director of Nursing and Executive Director of Social Work (Acting), with input from the Trust's Medical Director as and when required.

As Chief Executive, I would wish to acknowledge the commitment of staff at all levels in making sure that children are, as far as is possible, protected from harm. The Trust will make sure that the recommendations set out in this report are addressed in a systematic and comprehensive manner so that the people who use our services can be assured that we continue to do everything we can to safeguard the interests of our children.

Yours sincerely

**GLENN HOUSTON**  
**CHIEF EXECUTIVE**