





**An Inspection of Child  
Protection in Sperrin Lakeland  
Health & Social Care Trust and  
WHSSB**

**Implementation Plan**

**09/10/06**

## Key

### Timeframe

Immediate/Achieved	
0-6 Months	
6-12 Months	
12-18 Months	

**SOCIAL SERVICES INSPECTION REPORT RECOMMENDATIONS**

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>Planning, Commissioning, Monitoring and Management and Provision of Child Protection Services – Chapter 2</p> <p>1. The Board should ensure that there is clear leadership for child protection and that they are satisfied that:</p> <ul style="list-style-type: none"> <li>- the responsibilities outlined in the Departmental Letter HPSS/PPRD5/5/94 are carried out; and</li> <li>- there is a separate person designated to take forward the statutory functions and responsibilities associated with the Board's Director of Social Services. (para 2.1b)</li> </ul>	<p>Responsibility of leadership and Child Protection rests with the WHSSB Director Social Care. The WHSSB now has an ADSS (Child Care) in place, who is delegated to take forward all tasks related to the delegation of statutory functions.</p> <p>SLT is progressing a review of its clinical social care governance and risk arrangements, including those for Child Protection, in accordance with the requirements of the Risk Governance Review.</p> <p>Risk and Governance Review Action Plan has been submitted by SLT.</p> <p>An SLT Director of Social Work was appointed in April 2006, whose role includes the progress of actions associated with statutory functions.</p> <p>Appointment of PM in SLT for Family and Childcare Services was made in July 2006.</p> <p>The DSW (SLT) co-ordinated a workshop entitled "Planning a Better Life for Children" on 26<sup>th</sup> May 2006. Its purpose was to initiate a new process of holistic strategic planning for Children's Services Sperrin Lakeland Trust.</p> <p>This event lead to a further workshop on 19<sup>th</sup> June 2006 that informed the details of the project management structure and work packages to be brought forward through the Children's services Project Plan.</p>	<p>DSC (WHSSB) DSW (SLT)</p>	<p>Arrangements will be made by the WHSSB to appoint at Director level a post with responsibility for statutory functions in Child Care who will be a member of the SMT</p> <p>SLT will review completion of "Planning a Better Life for Children" work packages Completion 6 – 12 months</p> <p>The Children's Services Project in SLT will be considered in the design and planning of Children's Services in the new Western Trust</p> <p>The Project Management approach to the implementation of the SSI recommendations will be led by the Western Trust</p>
<p>2. The Board should ensure that a Designated Doctor for child protection is appointed as required by CtSC. (para 2.1c)</p>	<p>WHSSB has funded FHSST for an additional Paediatric Post to address the "Designated Doctor" role. The Trust has been unable to recruit at this point.</p>	<p>ADSS (Child Care) WHSSB Director Social Care (FHSST)</p>	<p>FHSST will pursue recruitment of Paediatrician. Completion 6 – 12 months</p>

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<p>3. The Trust should demonstrate the multi-disciplinary and integrated approach to child protection through the inclusion of the range of relevant disciplines when making presentations or representations about its childcare strategy and services. (para 2.1d)</p>	<p>A range of disciplines has been working on quality improvements to redress issues identified by the SSI report. Initially, this was co-ordinated via the Director of Social Work.</p> <p>A multi-disciplinary Trust Quality Improvement Group has been established to ensure the fullest possible co-ordination of efforts to achieve the improvements recommended by the SSI report.</p> <p>Eight multi-disciplinary, inter-agency workshops, entitled, <i>Learning the Lessons of the SSI Inspection Report</i>, were held July-September 2006.</p> <p>Mid-year review of multi-disciplinary, inter-agency training priorities</p> <p>Trust Child Protection Panel, in partnership with FCPP and WACPC, will undertake a performance review in January 2007</p> <p>Multi-disciplinary Trust Quality Improvement Group to meet on 26<sup>th</sup> September 2006 under the leadership of the PM.</p> <p>A multi-disciplinary Leadership Training Programme is being planned with a view to enhancing the quality of middle management and promoting integrated management and practice</p>	<p>DSW (SLT) PSW (Quality Assurance) (SLT) PM (SLT)</p>	<p>Training Review (October 2006)</p> <p>ACPC/CPD Review (January 2007)</p> <p>Leadership Training (March 2007)</p> <p>Children's Directorate (31<sup>st</sup> December 2006)</p>
<p>4. The Trust Board should ensure there is an explicit Action Plan to address concerns in relation to the Trust's capacity to meet its statutory responsibilities and monitor progress. (para. 2.1g)</p>	<p>WHSSB/ SLT and FHSST have worked together to produce a co-ordinated action plan. This is complemented by a series of Trust initiatives that together will address the issues identified by the SSI report.</p> <p>WHSSB/ SLT and FHSST have produced a draft plan that sets out the chronological order in which issues raised by the SSI report are to be addressed. The post of Project Manager has been advertised and it has been agreed that the above plan will be reviewed and refined following that appointment. A number of actions requiring immediate response have already been carried out. The Project Manager will ensure the fullest possible co-ordination between WHSSB/ Trusts, and compliance with SSI recommendations.</p> <p>WHSSB has given a commitment to ensure that improved resource allocation will be made available to SLT to address historical deficits and meet new requirements.</p>	<p>DSC (WHSSB) DSW (SLT)</p>	<p>Action plan will be implemented on a phased basis, ie</p> <p>April 2006 – September 2006</p> <p>September 2006 – March 2007</p> <p>March 2007 – September 2007</p> <p>September 2007 – March 2008</p>

A Corporate Parenting Report (CC03/02), dated 31 March 06, was presented to Trust Board in April 2006. This report was on time, more comprehensive and delivered to a higher standard than was previously the case. It specifically addressed the issue of the Trust's compliance with Statutory Functions.

The now retired, former SSI lead-inspector delivered a presentation on the inspection to Trust Board in September 2006. This ensured that the issues raised by the SSI report are an integral aspect of Trust Board planning.

The Trust Delegated Statutory Functions Report 2005/06 was based on a regionally agreed template aimed at improving the quality and uniformity of reporting. SLT participated in the preparation of this template.

Project Plans have been produced and are being implemented in relation to the "Safeguarding Children in Acute Hospitals" and "Planning a Better Life for Children" initiatives. The latter project is focused on improving services through integrated service delivery.

A Workforce Plan to enhance staffing and management levels are being implemented. Additional social workers have been appointed. Further appointments will be made in relation to Fostering, Family Group Conferencing and Gateway teams.

The appointment of a Director of Social Work, PM and Principal Social Worker (Quality Assurance) has provided clear leadership and accountability for planning.

RQIA/ WHSSB and SLT have worked together to complete the implementation of the Quality Improvement Plan in relation to a children's home in the area.

Similarly, a plan to ensure effective management of organised sexual abuse has been enacted. Training on this theme was delivered in March 2006 and this will be repeated before December 2006.

Key performance indicators are reviewed at planned meetings of WHSSB/ SLT to analyse the Monthly Risk Monitoring Report.

WHSSB is also undertaking a file review of Looked After Children in SLT who have been residents in a children's home in the area.

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<p>5. The Board should require evidence that the Trust Board has taken appropriate corrective actions to ensure it is on course to meet its statutory responsibilities. (para 2.1g)</p>	<p>Key actions/ improvements in relation to statutory responsibilities are being delivered by the Trust in collaboration with WHSSB through;</p> <p>(1) The project managed implementation of the SSI Recommendations</p> <p>(2) Reporting by the Trust on the discharge of statutory functions (annual statutory functions report, CC302)</p> <p>(3) Risk Monitoring and Audit arrangements put in place by WHSSB and WACPC</p> <p>The Trust Risk Monitoring Report is reviewed monthly. Further work is required to complete the SLT Risk Monitoring Information.</p> <p>SLT have</p> <p>(a) Appointed a new (temporary) Director of Social Work with responsibility for statutory responsibilities in Child Care.</p> <p>(b) Appointed a new post of Child Care Programme Manager, with overall responsibility for the discharge of all statutory child care functions.</p> <p>(c) Appointed a new post of PSW Quality Assurance.</p> <p>(d) Undertaken a review of the structure for the delivery of Child Care Services in the Trust.</p> <p>(e) Regular accountability meetings are held with the Trust CEO.</p> <p>(f) WHSSB held a review of Trust progress on 22<sup>nd</sup> September 2006.</p> <p>(g) SLT has met with RQIA on two occasions to ensure compliance with its inspection report recommendations.</p>	<p>DSC (WHSSB) SL Trust Board</p>	<p>(a) An SLT Delegated Statutory Functions Reporting Group will meet in October 2006 to monitor and improve the quality of reports. Completion – March 2007</p> <p>(b) Completion of Risk Monitoring Information Completion December 2006</p> <p>(c) A SLT Corporate Parenting Reporting Group will meet in October 2006 to monitor and improve the quality of the Report. Completion – March 2007</p> <p>(d) A LAC Quality Improvement Group will begin meeting in October 2006 to consider how best to achieve better outcomes for children in care. Completion – March 2007</p> <p>(e) An independent advisor has been commissioned to promote best practice in Leaving and Aftercare and Fostering Services. This developmental initiative will include providing training, mentoring and direction to managers and staff. This work begins in early October 2006 and is specifically targeted at achieving significant quality improvement in this essential area of work. Completion – March 2007</p> <p>(f) Completion of proposals for re-structuring of Child Care pressures. Completion - December 2006</p> <p>(g) SLT to formally report to WHSSB on corrective action and re-structuring. Completion - December 2006</p>
<p>6. The Trust Board should ensure that the accountability arrangements for meeting statutory responsibilities and managing children's services is vested in one Director and that this Director has leadership responsibility for child protection. (para 2.1h)</p>	<p>Achieved</p> <p>An Director of Social Work was appointed in April 2006 and she is responsible for leadership and management of Child Protection within the Trust.</p>	<p>CEO (SLT) SLTrust Board</p>	<p><b>Achieved</b></p>

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7. The Trust should appoint a Named Nurse for Child Protection as required by CtSC. (para 2.1i)	<p>Achieved</p> <p>The Trust has appointed two designated Child Protection Nurse Advisors in post who are professionally accountable to the Director of Nursing.</p>	CEO/ SL Trust Board	<p>The designated appointment of a named nurse for Child Protection will be further progressed by the Director of Nursing. Completion - ?</p>
8. The Trust Board should ensure that the management and accountability arrangements within the Senior Management Team in the Trust are resolved and stability provided. (para 2.1j)	<p>Achieved</p> <p>Appointment of Director of Social Work (April 06) and PM (July 2006) has clarified management and accountability arrangements within the Trust.</p>	SL Trust Board.	<p>Achieved</p>
9. The Board should ensure that the Trust's proposed arrangements are appropriate for the discharge of statutory functions and monitor their ongoing effectiveness. (para 2.1j)	<p>(a) SLT has made a number of key changes to its management structure, in order to establish a clear line of accountability relating to the discharge of statutory child care functions.</p> <p>(b) The Board requires monthly Risk Monitoring reports relating to the discharge of statutory functions.</p> <p>(c) An Audit Committee has been established (under the Auspices of the WACPC).</p> <p>The Board has provided resources (non-recurrent) to support the implementation of the ACPC audit programme.</p>	<p>ADSS (CC), WHSSB</p> <p>ADSS (CC), WHSSB</p> <p>Director of Social Work, SLT</p> <p>Chair WACPC Audit Sub-committee</p>	<p>1. WHSSB to consider SLT Trust proposals for further management restructuring. December 2006</p> <p>2. WHSSB will monitor and review activity relating to the discharge of statutory functions via the annual review of statutory functions, CC302 Reports, risk monitoring reports and audit programme. <i>On going</i></p> <p>3. SLT need to comply fully with the information requirements of the Risk Monitoring Report. <i>December 2006</i></p> <p>4. A programme of audit is currently being progressed with Trusts and PSNI in response to the SS. Work will be taken forward under six themes:</p> <ul style="list-style-type: none"> <li>(i) Professional Supervision</li> <li>(ii) Multi Disciplinary Interfaces</li> <li>(iii) Referrals</li> <li>(iv) Documentation</li> <li>(v) Training</li> <li>(vi) Professional Accountability</li> </ul> <p>On going (Review progress Dec. 2006)</p>
10. The Trust's Senior Management Team should explore how the expertise of Health Promotion and AHP services could be utilised in child protection work. (para 2.2b)	<p>The Trust is both making use of existing structures e.g. CPP to promote inclusion and inter-disciplinary working. It has also launched a new initiative to explore how best to promote more integrated working.</p> <p>The "Planning a Better Life for Children" initiative has been initiated and is being implemented using a project-managed approach. Its purpose is to explore how all disciplines involved in childcare services can develop a more integrated approach to childcare services, including child protection work.</p> <p>All childcare disciplines are fully</p>	SL Trust SMT	<p>Completed April 06 – March 07.</p>

	<p>engaged in this process.</p> <p>The Trust is represented on the Western Area Health Improvement Action Plan which is responsible for identifying priorities for health promotion for children.</p> <p>The forthcoming review of the SL Child Protection Panel will consider how best to achieve further improvement in this area.</p>		
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>11. The Trust's Senior Management Team should urgently ensure that:</p> <ul style="list-style-type: none"> <li>- staff in all programmes are aware of and are implementing the Regional Child Protection Policy and Procedures and that all additional guidance is consistent with these and with CtSC;</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>- the use of child protection policy and procedures is audited and monitored on an ongoing basis. (para 2.3a)</li> </ul>	<p>Line management structures and training/ information events have been used to impress upon staff and managers the need for compliance.</p> <p>Better use is now being made of existing audit systems.</p> <p>The Trust has commissioned new audits.</p> <p>Funding for an additional member of administrative staff had been secured to improve the information gathering capacity of the Trust.</p> <p>The CEO; DSW, PM and PSW (Q/A) have variously addressed team meetings, training events etc. to emphasise the need for compliance with the procedures in question.</p> <p>This will also inform of the mid-year training review.</p> <p>The "<i>Learning the Lessons of the SSI Inspection Report</i>" seminars specifically re-enforced this message.</p> <p>The importance of audit has been evidenced by the appointment of a dedicated PSW (Q/A).</p> <p>The Trust has re-engaged with its interdisciplinary CSCG Committee and with the WACPC Audit Committee.</p> <p>An audit of child protection awareness is being implemented in acute hospitals replicating similar work undertaken by Altnagelvin Hospital.</p> <p>An audit of Supervision in social work will begin in November 2006 and will be completed by March 2007.</p> <p>Preliminary work is ongoing in relation to the commissioning of an audit in relation to standards within record keeping but this is contingent on a forthcoming review of recording policy.</p> <p>Discussion has taken place with WHSSB about the funding of a professional management- training</p>	SL Trust Board SMT	<p>Child Protection Documentation Audit to be completed (December 2006)</p> <p>Training Review (October 2006)</p> <p>Supervision Audit (March 2007)</p>

	<p>programme for middle managers. This will emphasise the fact that audit is a core management function as well as equipping managers with the necessary knowledge and skills to undertake audits themselves.</p> <p>WHSSB has agreed to consider funding administrative support to enhance the Trust's information collation processes. This additional capacity will improve the Trust's audit capacity.</p> <p>Multi-disciplinary audit to ensure staff have access to key documentation .</p>		
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12. The DE and DHSSPS should work together to ensure consistency in the guidance offered to Education and to Social Services. (para 2.3b)	<p>WACPC and SLCPP have considered this issue.</p> <p>WACPC is writing to DHSSPS following discussion at its September meeting about the need for Inter-Departmental agreement on the use of the UNOCINI assessment documentation.</p> <p>WACPC and SLCPP will consider how best to promote more consistent practice across all disciplines and agencies during forthcoming meetings and, in particular, at the joint review in January 2007.</p>	DHSSPS DE WACPC SLCPP	To be discussed at the Joint WACPC/Trust CPP at their development day (January 2007)
13. The Trust should establish and facilitate regular liaison meetings between Social Services, Community Nursing, Education and PSNI, and ensure that the philosophy of New Beginnings and what this means for services has been appropriately shared with all relevant agencies within the Trust area. (para 2.3c)	<p><i>New Beginnings</i> was a time-limited initiative that is now ended. It has been superseded by the "<i>Planning a Better Life for Children</i>" project.</p> <p>Whilst its purpose is to promote more integrated working, this is only the means by which to achieve better outcomes for children. To that end, both projects share a common aim.</p> <p>All disciplines are already engaged in the "<i>Planning a Better Life for Children</i>" project. All agencies will be more closely involved in the completion of its work at the earliest opportunity</p> <p>A two-day developmental course has been organised for 23<sup>rd</sup> and 24<sup>th</sup> November 2006 to establish an Integrated Children's Services Management Team for the SLT Children's Directorate.</p>	SMT (SLT)	<p>Planning a Better Life for Children to be reviewed (January 2007)</p> <p>Work undertaken in SLT in the Planning a Better life for Children Project will be considered in the design of the Childrens Directorate in the Western Trust.</p> <p>Lessons from the evaluation of New Beginnings Project in FHSST will be considered in the design of the Children's Directorate in the Western Trust</p>

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<p>14. The Board/ACPC, Trust/ CPP should monitor and audit the impact of New Beginnings and ensure that the outstanding recommendations in regard to the Foyle Child Protection Inspection informs this process and that the threshold for entry to the child protection system is appropriate. (para 2.3c)</p>	<p>New Beginnings aimed to make family support the preferred method of intervention in child care cases and, critically, to ensure that children in need of protection were kept safe.</p>	<p>DSW (SLT) / DSC (FHSST)</p>	<p>(a) The New Beginnings evaluation will be considered by both FHSST and SLT, and appropriate recommendations incorporated into the design of services in the new RPA Trust. Completion – September 2007</p>
	<p>The final version of NUI (Galway) evaluation of New Beginnings become available in September 2006, and its recommendations will be addressed.</p>	<p>DSW (SLT / DSC (FHSST)</p>	<p>(b) Training / Awareness Raising events will be commissioned in order to ensure staff awareness of the SSI Recommendations of 2004 and 2006 Completion – September 2007</p>
	<p>The recommendations of the Foyle Child Protection Inspection have been shared with management staff in SLT.</p>	<p>PM SLT</p>	<p>(c) SLT has established an audit programme for implementation across a range of service areas. Completion – ongoing</p>
		<p>DSW (SLT)</p>	<p>(d) The SLT Risk Monitoring Report is the subject of monthly review Completion – ongoing</p>
		<p>DSW (SLT)</p>	<p>(e) Forthcoming WACPC and Trust CPP reports will be analysed to identify trends and gaps etc. upon their publication Completion – ongoing</p>
		<p>PM (SLT)</p>	<p>(f) The CPP audit sub-group led an audit on the adherence to baseline standards by the Duty &amp; Assessment Team - report completed and approved by CPP Completion - October 06.</p>
		<p>DSW (SLT) / Chair ACPC Audit Sub Committee</p>	<p>(g) Outcomes for a children / families who have been assessed as not meeting Trust thresholds for intervention will be audited (ACPC Audit SC) Completion – March 2007</p>
		<p>ADSS (CC WHSSB)</p>	<p>(h) WHSSB/WACYPC need to further develop strategy for development of a range of Level 2 Services (including governance requirements) Completion – ongoing</p>

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<p>15. The ACPC should consider:</p> <ul style="list-style-type: none"> <li>- producing an abridged version of its report and business plan for those who may need to use services; and</li> <li>- how the plan is disseminated to staff in member agencies so that they can become more aware of the ACPC's responsibilities and work plan. (para 2.4a)</li> </ul>		ACPC Co-ordinator	<p>The ACPC will design and produce a summary version of its annual report, and disseminate to members of agencies with a view to raising awareness of its role and function Completion – March 2007</p>
<p>16. The Board should ensure that they are satisfied that the information contained within CC3/02 Reports accurately reflects the situation in the Trust and take all steps to verify and validate information provided. (para 2.5a)</p>	<p>(a) The Board has reviewed the format/structure of the CC3/02 report, with a view to improving its accuracy and relevance.</p> <p>(b) Two additional processes have been developed between the WHSSB and Trusts</p> <ul style="list-style-type: none"> <li>• Development of a Risk Monitoring report discussed at monthly meetings between WHSSB and Trusts. This process is also used to verify information in the CC302 Reports, and to supplement the presentation of the CC302 Reports to the Boards Social Care Committee.</li> <li>• Key themes from Risk Monitoring reports are shared with the WACPC at each meeting by CCP Chairs, on the expectation that the WACPC will refer pressures to constituent organizations at Chief Executive level.</li> </ul>	<p>ADSS (CC), WHSSB</p> <p>Information Dept, WHSSB</p>	<p>The Board will critically review CC3/02 following each meeting of its Social Care Committee and take forward improvements.</p> <p>The Board will integrate Risk Monitoring information into Performance Review meetings with Trusts</p> <p>Completion - Ongoing (review Jun 2007)</p>
<p>17. The Board should ensure that the Trust's recurrent allocation is sufficient for the discharge of statutory functions to children in need and at risk. (para 2.5a)</p>	<ul style="list-style-type: none"> <li>• The Board is monitoring the ability of Trust to deliver on the discharge of statutory functions via its governance arrangements</li> <li>• The Trust CEO has met with the DSC at WHSSB to review this matter.</li> <li>• The Trust is working in collaboration with the WHSSB to identify deficits in service provision, unmet need and additional resourcing where there are gaps in provision.</li> <li>• Areas for funding investment have been identified and funding proposals developed, notably in relation to Gateway Teams and Foster Care.</li> </ul>	DSC (WHSSB) CEO (SLT)	<p>The WHSSB will review the current allocation in respect of the discharge of statutory functions at the end of 06/07 to ensure that it is sufficient. Completed by March 2007</p>

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<p>18. The Trust should ensure that they are satisfied that the information contained within CC3/02 Reports accurately reflects the situation in the Trust and take all steps to verify and validate information provided to it. (para 2.5b)</p>	<p>Improvement in the quality and comprehensiveness of reporting is evident and significantly greater improvement is planned.</p> <p>A robust approach to information collation has been adopted by the Trust.</p> <p>Agreement by WHSSB to seek to fund/appoint a dedicated Grade 5 Information Officer will assist in improving method, validity and timely reporting of data across all service areas.</p> <p>Training for Trust Board members on their corporate parenting responsibilities will be organised. This will enable Board members to adopt a more informed approach to reports provided to them.</p> <p>The recent presentation on the SSI report has provided the Trust Board with an independent overview of childcare services. This, too, will help to ensure that CC03/)" reports address key governance issues.</p>	<p>CEO (SLT) DSW</p>	<p>Completed by April 2006</p> <p>Reviewed March 2007</p>
<p>19. The Board/ACPC should ensure that the programme of monitoring and auditing in regard to Children's Services is taken forward as a priority and that the outcome and learning from each audit is shared with the Board and disseminated appropriately. (para 2.6a)</p>	<p>The Risk Monitoring Report is fully active in respect of data from FHSST. Further work needs to be undertaken in SLT.</p> <p>ACPC Audit SC has</p> <ul style="list-style-type: none"> <li>(a) Reviewed current audit activity</li> <li>(b) Drawn up audit programme</li> <li>(c) Identified (non-recurrent) funding</li> </ul>	<p>DSW (SLT)</p> <p>Chair ACPC Audit Sub Committee</p> <p>DSW (SLT)</p>	<p>(a) Completion of Risk Monitoring Report for SLT. Completion - December 2006</p> <p>(b) Audit Programme as set out by ACPC to be implemented. Completion - ongoing (reviewed by ACPC in Mar 2006)</p> <p>(c) SLT has initiated a number of audits given its commitment to taking immediate action to address issues identified in the SSI report. Completion - ?</p> <p>Ongoing</p>
<p>20. The Trust/ CPP should ensure that a detailed programme of monitoring and auditing in regard to Children's Services is established as a priority and that the outcome of each audit is shared with the Trust board and disseminated appropriately. (para. 2.6a)</p>	<p>The Trust CSCG group; two independent advisors; WACPC audit committee; SLCPP Audit Group and WHSSB are variously involved in audit and quality improvement activity within SLT; notwithstanding the efforts of line management staff to promote best practice through the above mentioned audits.</p> <p>Audit sub-group of CPP undertook an audit of baseline standards within Duty &amp; Assessment Team – Report May 06.</p> <p>Report shared with Trust Board in September 2006.</p> <p>A mid-year training review will consider how Social Services Training Team can best assist in the continuing dissemination of learning from SSI; CMR and audit activity.</p>	<p>CPP DSW (SLT)</p>	<p>Initial series of audits to be completed by March 2007</p>

	Social Services Training Team is also involved in a regional review of the future direction of Children Order training and has endorsed the view that the dissemination of learning must be a core activity in any new approach to this training.		
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21. The Board should ensure that it receives written reports on the ACPC's monitoring activity and that the outcomes/ recommendations are raised by the Board with the relevant Trust so that the required corrective action can be taken. (para 2.6a)	Key trends identified in the Risk Monitoring return are now reported by Trust CPP Chairs to the ACPC. ACPC Chair has reported significant pressures to WHSSB Chief Executive. The following action will be taken.	DSC (WHSSB)  ADSS (CC), WHSSB	1. Risk Monitoring Returns to be formally incorporated into Trust Performance Review Meetings. Completion – December 2006  2. ACPC will formally communicate issues requiring corrective action to the WHSSB CE. Completion – ongoing (currently in place)
22. The Trust should ensure that there is a consistent approach to the development, content 'signing off' and review, of Service Level Agreements with other agencies and that the section referring to Child Protection is consistent in all of these. (para 2.7a)	A formal review of each SLA by the Department of Planning and Commissioning has been established and each review addresses the consistency in sections referring to Child Protection	CE (SLT) (Director of Planning and Commissioning and Information PM.	Achieved
23. The Trust should secure recurrent funding for core services in line with the Trust Grant Aid Policy. (para 2.7a)	The formal review of each SLA will include the issues of volume, quality and funding.  Additional funding will be sought where services exceed contract specifications.	SL Trust Director of Planning and Commissioning and Information and PM - F&CC.	To be completed by March 2007
24. The Trust should ensure that, where a greater level of service than originally contracted for is required, then this should be formally reviewed and the outcome included in the identification of unmet need and subsequent future planning. (para 2.7a)	(See 23)	Sperrin Lakeland Trust Department of Planning, Commissioning and Information and PM – F&CC	To be referred to the SMT(SLT) Meeting 12 October 2006
25. The Trust should give priority to the development and implementation of a comprehensive workforce strategy to enable it to meet its requirements as an employer comply with social care governance arrangements. (para 2.8a)	A review of existing workforce is being finalised. Furthermore, the likely impact of the Assessed Year in Employment (AYE); Continuous Professional Development (CPD); Recruitment and Retention; Accommodation; Information Technology and other related issues are being considered to ensure planning for the anticipated needs of the future workforce.  The Trust has developed a corporate workforce strategy, within the F&CC	DSW (SLT) PM (SLT)	To be completed by March 2007

	<p>Programme including:</p> <ul style="list-style-type: none"> <li>- Review of all F&amp;CC staffing by PM and DSW and WHSSB.</li> <li>- Performance &amp; Accountability Review Arrangements with CEO</li> <li>- Strategy for additional staffing agreed within particular service areas where there are pressures upon staff to comply with social care governance arrangements.</li> <li>- There is a formation of staffing and resources sub-group under the integrated children's services project, which is currently addressing a workforce strategy (staffing and accommodation issues).</li> </ul> <p>Additional staffing for FIT Teams.</p> <p>Additional staffing for Duty &amp; Assessment Team.</p> <p>Formation of Social Work Forum, to consider professional issues, including workforce planning.</p>		
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>26. Trust Senior Managers in the Family and Child Care Programme should review and clarify the roles and responsibilities of family support workers in relation to support for young people and families in highly vulnerable and high risk situations. (para 2.8a)</p>	<p>Family Support Workers no longer carry out statutory visits. The appointment of additional SW staff has provided the Trusts Family Intervention Teams with the capacity to ensure that all statutory visits are carried out by qualified SWs.</p> <p>Development Day to review roles and responsibilities of Family Support Workers scheduled for 12.10.06.</p> <p>Review report to be provided by 5/12/06.</p> <p>The recommendations of this Review will inform the future roles and responsibilities of Family Support Workers within Family and Child Care.</p>	<p>NBPO A/S Manager</p>	<p><b>Achieved</b></p> <p><b>Achieved</b></p> <p><b>Ongoing</b></p> <p>The operational role of Family Support workers will be reviewed and addressed in the design of the Children's Directorate in the Western Trust.</p>
<p>27. The CPP Chair in conjunction with member disciplines and agencies should commission a child protection training needs analysis and ensure that the outcome is brought to the attention of ACPC. (para 2.9a)</p>	<p>The Chair of the WACPC has written to constituent agencies in order to press for the creation of a dedicated budget which will be used to commission ;.</p> <ul style="list-style-type: none"> <li>• A WACPC Trainer</li> <li>• A multi-agency Training Needs analysis</li> </ul> <p>The time scales for action will be dependent on the response by agencies and the availability of a Training budget</p>	<p>Chair CPP/ACPC.</p>	<p><b>Appointment of an ACPC trainer</b></p> <p><b>Establishment of ACPC training budget.</b></p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>28. The Board/Trust should ensure that all staff are aware of the Regional ACPC's policy and procedures and that there is a comprehensive inter-agency, multi-disciplinary child protection training strategy and programme which meets the needs of staff at all levels. (para 2.9a)</p>	<p>An audit of acute hospital staff awareness of child protection issues is imminent.</p> <p>SLT has spoken to FT about using its audit template to establish levels of knowledge and awareness in its own staff. This audit proposal will be brought to the next meeting of the WACPC audit committee.</p> <p>The Child Protection Nurse Advisor has developed a comprehensive programme for child protection training to acute hospital staff and this training will continue to be delivered on an ongoing basis.</p> <p>Following a review of the Safeguarding Children in Acute Hospitals Project Plan on 13<sup>th</sup> March 2006, a working group was established to ensure that all relevant staff are adequately trained and compliant in all aspects of child protection.</p> <p>The second phase of the Safeguarding Children in Acute Hospitals is currently being progressed through the Promoting Best Practice Project which has an implementation and completion date of May 2007</p>	<p>DSC (WHSSB) WACPC Chair.</p> <p>WACPC Chair</p> <p>Chair WACPC Sub Committee</p> <p>DSW (SLT)</p> <p>DSW (SLT)</p>	<p>1. The WHSSB / WACPC to identify resources required to provide dedicated training support to WACPC Completion – March 2007</p> <p>2. WACPC to establish training sub-committee Completion – March 2007</p> <p>3. WACPC to develop an implement a comprehensive multi-disciplinary training strategy Completion – September 2007</p> <p>4. SLT to complete Acute Hospital Audit Completion – March 2007</p> <p>5. SLT to complete Safeguarding Children in Acute Hospitals Project Completion – May 2007</p>
<p>29. The PSNI and Education Sector should ensure that all staff dealing with children and families are aware of the Regional ACPC's policy and procedures. The PSNI and Education representative on the ACPC should keep under review the child protection training requirements of their staff and bring these to the attention of the relevant authorities. (para 2.9a)</p>			
<p>30. The Trust Board Chair should ensure that information and training is provided to Board Members on corporate parenting and child protection responsibilities for which they are accountable. (para 2.9b)</p>	<p>The lessons from the SSI inspection seminars have already detailed specific Trust Board duties. Further training of Board members that provides a comprehensive overview of these duties will be arranged.</p> <p>The Trust Board hosted a presentation on 21 September 2006 in relation to the findings of the SSI Inspection Report.</p> <p>Proposals for additional training will be discussed with Social Services Training Team at the mid-year review.</p>	<p>Chairman Trust Board</p>	<p>Completion Date (March 2007)</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>31. The Trust Board should ensure that they receive regular updates from the CPP and feedback from the ACPC on child protection issues in the Trust/Board area and that they monitor the outcome of any actions that need to be taken forward by the Trust. (para 2.11b)</p>	<p>CEO and DSW are committed to ensuring that Trust Board are made fully aware of child protection matters.</p> <p>Key child protection themes are raised at Trust Board by the DSW.</p> <p>WACPC and CPP reports will be provided to Trust Board upon completion in October 2006.</p> <p>CPP Annual Report and Audit Report shared at Trust Board – September 06 and October 06.</p>	<p>CPP Chair DSW.</p>	<p>Achieved but will be a continuing feature of future reporting arrangements</p>
<p><b><i>The Purpose of Services – Chapter 3</i></b></p> <p>32. The Board should provide greater clarity about the process of developing and implementing the CSP and the interfaces between the Board's Strategic Commissioning Teams and the CSP Sub-Committees. (para 3.1b)</p>	<p>The Boards SCT for Children and Families has considered the interface with CSP, and incorporated CSP priorities (related to Health &amp; Social Care) with its commissioning programme.</p> <p>This will be reviewed in the light of pending changes to CSP and commissioning arrangements through RPA.</p>	<p>Strategic Commissioning Lead for Children (WHSSB) DSC (WHSSB) ADSS (Childcare)</p>	<p>Achieved</p>
<p>33. The Board/Trust should review the criteria set out in the Thresholds for Intervention Model in respect of those high risk and vulnerable situations which are excluded from initial assessment and ensure that:</p> <ul style="list-style-type: none"> <li>- mechanisms exist to resolve differences of opinion about eligibility;</li> <li>- managers quality assure the decision-making process in individual cases;</li> <li>- the Threshold for Intervention Model is fully understood and accepted by all disciplines within the Trust and by partner agencies;</li> <li>- staff are supported in its application; and</li> <li>- information on unmet need is appropriately collated and analysed and used to inform service planning. (para 3.1e)</li> </ul>	<p>This can best be undertaken on a cross-Trust basis with the advent of the new Gateway teams and the development of the UNOCINI Assessment Framework.</p>	<p>DSW (SLT) DSC (FHSST)</p> <p>DSW (SLT) DSC (FHSST)</p> <p>Chair ACPC Audit Sub Committee</p> <p>PM (SLT)</p> <p>DSW (SLT)</p>	<p>(a) The threshold for intervention model will be reviewed in the course of the UNOCINI pilot, which will establish standards for the new RPA Trust Gateway Service. Completion – March 2007</p> <p>(b) A training programme based on the UNOCINI model will be designed and delivered. Completion – September 2007</p> <p>(c) The ACPC Audit Sub-Committee will commission out a sample audit of the experience of families who have not met the threshold for Trust intervention. Completion – March 2007</p> <p>(d) SLT PM will meet with the managers of the Family Support and Duty &amp; Assessment Teams to review the application of thresholds within the Trust with a view to incorporating the outcomes into the cross-Trust review. Completion - December 2006</p> <p>(e) SLT will review the thresholds issue at a "Planning a Better Live for Children " development day in January 2007 Completion – January 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>34. The Board/Trust should produce a guide for service users, parents and children which outlines the Trust's statutory functions and responsibilities to children in need and those at risk of significant harm. The DHSS 'A Guide for Parents' 1996 is a useful model. (para 3.1g)</p>	<p>This is recognised as an important matter to which the Trust is fully committed. The Children's Services Planning Website contains comprehensive details of local Trust services and information leaflets etc. from specific services complement this.</p> <p>The changing nature of services at this time with RPA; Integrated Services; Developing Better Services and other initiatives re-shaping services makes it prudent to defer this but only in the short term until the final shape of future services is finalised. To do otherwise would result in out of date or inaccurate information being disseminated.</p> <p>SLT is also engaging in a Cross-Border Youth Participation Project to enlist the help of young people to develop services.</p>	<p>DSW (SLT) Chair WACPC</p> <p>DSW (SLT) Chair WACPC</p> <p>DSW (SLT) Chair WACPC</p>	<p>The Trust will be distributing copies of the "Sharing Our Stories (SOS) Book", also known as the parent's diary, to the parents of new born children in the SLT area. It contains information on Trust and other services. Moreover, this project has been supported by SLT throughout its development. Completion Date June 2007</p> <p>Launch of "Sharing Our Stories" is scheduled for November 2007.</p> <p>Distribution will follow immediately afterwards until 2008.</p>
<p>35. The Trust should produce a user friendly and comprehensive directory of Family Support and Child Protection Services, based on the model in 'Towards Healing' and make this widely available on its website and at appropriate locations such as public libraries, health centres, youth clubs and community advice centres. (para 3.1g)</p>	<p>The WH&amp;SSB and both Trusts are currently progressing work on updating the wacy.pc website and the related Directory of Services.</p>	<p>DSW (SLT) DSW WH&amp;SSB</p>	<p>Completion date – March 07.</p>
<p>36. The Board in commissioning services should agree the priorities with the Trust and ensure the Trust resources are sufficient to provide core child care services. The Board should ensure that allocated budgets achieve the expected outcomes. (para 3.2a)</p>	<p>Commissioning priorities (where discretion is available to the Board) are currently determined through the Board Strategic Commissioning Team for Children and Families, where Trusts are represented. Outcomes are monitored through the Board Performance Management Review process.</p> <p>The Trust and WHSSB have met regarding need to identify and progress priority funding for Child Care Services, i.e. Gateway Team Funding.</p>	<p>ADSS (CC), WHSSB</p>	<p>The WHSSB will refine the Performance Management Framework for the discharge of Statutory Functions, related to outcomes for children &amp; young people (linked to the six high level outcomes referenced in the OFMDFM strategy 'Our Children Our Pledge'. Completion – September 2007</p>
<p>37. The Trust's Delivery Plan should give appropriate priority to fulfilling its statutory responsibilities for child care services, establish clear objectives, specify associated actions, allocate budgets, set timescales for completion and assign lead responsibility. (para 3.2a)</p>	<p>The Trust Delivery Plan template is dictated by DHSSPSNI through their Priorities for Action process. The Trust does not have the autonomy to change this. However the Trust would accept that these recommendations must be incorporated within the Trust process for setting objectives, establishing performance and accountability arrangements.</p> <p>The Trust recently reviewed and</p>	<p>DSW(SLT)</p>	<p>Completion date – March 07.</p>



RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>41. The Trust should ensure that there is a section in all its leaflets inviting feedback from service users in the form of comments, suggestions, compliments or complaints. (para 3.5a)</p>	<p>Review of <i>Listening and Responding</i> Leaflet to include section for comment from Service Managers.</p>	<p>PM (SLT)</p>	<p>Completion – December 2007.</p>
<p>42. The Trust should ensure that all parents and children receive appropriate written information on contact arrangements and numbers for social workers and are aware of who to contact in an emergency including times when their social worker is not available. (para 3.5c)</p>	<p>Achieved Correspondence forwarded by PM (Sep 06) requesting the implementation of this recommendation.</p>	<p>PM/ All Service Managers.</p>	<p>Achieved</p>
<p>43. The Trust should take steps to ensure that staff engage parents and young people in reviewing arrangements for case conferences in order to improve this aspect of service delivery. (para 3.6c)</p>	<p>The Trust is fully committed to working in partnership with parents. Invitations (written and verbal encouragement) are extended to all parents and young people to all CPCC and LAC Reviews. The Trust has devised a programme of audit that will include this requirement that will be inclusive of an analysis of complaints, untoward incidents and user- feedback. Minutes of LAC Reviews and CPCC are sent to parents.</p>	<p>PM/ All Service Managers/</p>	<p>The Trust is committed to the continued promotion of the active engagement of all parents and young people in all statutory reviews.</p>
<p>44. The Trust should promote the use of formal agreements with parents and where appropriate young people, setting out mutual expectations and obligations. (para 3.7a)</p>	<p>The Trust endorses this as good practice and will monitor its implementation through audit. Workshops to be arranged on good practice standards within fieldwork practice. Improved recording on files on this issue will be achieved. A workshop to identify key areas of good professional practice in working with parents and young people including use of formal agreements setting out mutual expectations and obligations has been arranged. The Trust recording policy is to be reviewed and its implementation audited.</p>	<p>PM/ All Service Managers/</p>	<p>Completion date – December 2006</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>45. The Trust should ensure that there is a clear purpose to the provision of family support services and establish arrangements to evaluate the impact of these services on individual families. (para 3.7a)</p>	<p>The appointment of a Service Manager for Family Support services has been made to cover maternity leave.</p> <p>The development of a protocol for the purpose, timescale, monitoring and review of family support provision to each family is currently being devised and for use by each Team Manager is being progressed. This protocol will assist in the evaluation, equity and appropriateness of service provision in each individual case.</p>	<p>PM (SLT)</p>	<p>Completion date – December 2006</p>
<p><b>Access to Services – Chapter 4</b></p> <p>46. The Board should develop its website to set out its core responsibilities to children and families and to provide information on services available and about referring child protection concerns to Social Services. (para 4.1a).</p>		<p>Information Dept, WHSSB</p>	<p>Review design of WHSSB website to improve Child Protection field.</p> <p>Completion - March 2007</p>
<p>47. The Trust should update and further develop its website to enable both service users and referral agents to have ready access to information about its services and how they can be accessed. It should include:</p> <ul style="list-style-type: none"> <li>- information on the range of services, including advice for parents and young people on what to do if they need support/advice;</li> <li>- advice for members of the public on how to share concerns about a child or make a referral;</li> <li>- information on the emergency duty service; and</li> <li>- links to other websites e.g. WACPC, WACYPC, and to relevant voluntary organisations and community resources. (para 4.1c)</li> </ul>	<p>This work is a priority but it is noted that the re-structuring of Trust services in line with other SSI recommendations will cause some delay. The Trust does not want to disseminate information that will shortly be inaccurate. So, in the short-term, these updates will not be as comprehensive as the Trust would otherwise have wanted.</p> <p>The Trust in collaboration with WHSSB is currently updating their websites to ensure the inclusion of areas identified within Recommendation 47 &amp; 48.</p>	<p>WHSSB/SL Trust Information Department.</p>	<p>Completion date – March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>48. The Safe Parenting Leaflet should be included on the Trust's website and available in all appropriate venues, especially Family and Child Care Offices, health centres and community facilities. (para 4.1e)</p>	<p>(See 47)</p> <p>The Health Visiting Service is also advancing arrangements to ensure information is presented and available in the interim to include the needs of ethnic and migrant families.</p>	<p>DSW (SLT)</p>	<p>Completion date – March 2007</p>
<p>49. The Trust should ensure that they are complying with the Trust's own Standards set for the discharge of Statutory Functions and regularly monitor and audit compliance with these. (para 4.2b)</p>	<p>Details of CSCG and monitoring arrangements have already been noted.</p> <p>The appointment of a DSW in April 2006 and PM in July 2006 has ensured greater clarity and "an unbroken line of accountability" from operational level to that of Director level within the Trust.</p> <p>The appointment of a PSW (Q/A) has also enhanced the Trust's capacity to monitor and audit compliance.</p>	<p>DSW (SLT)</p>	<p>Achieved</p>
<p>50. The Trust's CSMs, Named Doctor for child protection and paediatricians should liaise to consider thresholds and criteria for referral of children suspected of being abused or neglected and agree the role of Paediatric input to initial case conferences. (para 4.2c)</p>	<p>The Chair of each Child Protection Case Conference has been requested by the PM to address the need for each child's referral for paediatric assessment and ensure follow up through review of each Protection Plan.</p> <p>The Trust has established an arrangement for paediatric representation and input to all Initial Child Protection Case Conferences and to Review Child Protection Case Conferences where a paediatrician input has been requested by the Chair. This arrangement was formally agreed at the Trust Child Protection Panel Meeting on 6/10/06.</p>	<p>Dr. Macken</p>	<p>Achieved</p> <p>Achieved</p>
<p>51. The Trust should audit and review how referrals for CAMHS service are screened, assessed and prioritised to ensure that services are appropriately directed and other support mechanisms are put in place, to those awaiting services. (para 4.2d)</p>	<p>All referrals to the Child and Adolescent Mental Health Services (CAMHS) have always been screened, assessed and prioritised in keeping with the services agreed policy criteria for referrals.</p> <p>Any referral to the service, which is deemed inappropriate, is redirected to the most appropriate service available via the referral agent.</p> <p>Due to the current limitation in terms of manpower, the CAMHS is not in a position to offer support to young people on the waiting list other than telephone support. All referral agents and families however are informed that should the child's needs change then the service should be contacted requesting a more urgent appointment.</p> <p>A workshop was held on 14 September 2006 focusing on the future design of CAMHS. A follow up workshop is</p>		<p>Workshop to be delivered on 30 October 2006</p> <p>Actions identified at the above workshop to be implemented, using timescales agreed at that meeting</p> <p>SLT and FHSST to progress a proposal for a comprehensive redesign of the CAMHS service, with the WHSSB</p>

	planned for 30 October 2006. Part of this exercise involves consideration of how best to respond to referral agents, develop meaningful contact across interfaces and address waiting list issues. In this way it is anticipated that the issues raised will be effectively addressed.		
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
52. The Board/Trust in conjunction with ACPC/ CPP should review the adequacy of arrangements for informing those with child protection concerns on how to make a referral. (para 4.3a)	4 x 1 day workshops have been targeted at raising awareness of child protection issues in the acute hospital sector	DSW (SLT)  Chair ACPC Audit Sub Committee	A further 12 training sessions have been planned for acute hospital sector staff. Completion – March 2007  The ACPC/ CPP will review adequacy of arrangements via audit. Completion – September 2007
53. The Board/Trust in conjunction with its ACPC/ CPP should develop a strategy to ensure that families and young people who need support are clear about what services are available and how to access them. (para 4.3a)	ACPC and CPPs are planning a review of their work in January 2007.  SSI recommendations were discussed at the WACPC meeting of September 2006.  They will be reviewed at the WACPC/ CPP Development Day scheduled for January 2007.  This date has been agreed to enable ACPC/ CPP members attend the forthcoming ACPC Regional Conference on the implications of the new Safeguarding Board in December 2006  The WACPC Parents Diary Project will provide information about support services to the parents of all new born children from January 2007 onwards.	DSW (SLT) DSC (FHSST)  Chair ACPC  Chair ACPC	Project to be set up to design information for families and young people. Completion – September 2007  Publication of the Parents Diary Completion - November 2006  Dissemination and review of Parents Diary Completion - December 2006
54. The Trust should review the distribution of leaflets on the Duty and Assessment Team and ensure wider availability including across other agencies. (para 4.3a)	This service is being reviewed and this will result in the need for new literature to be produced and disseminated.  The proposed actions are, therefore, limited at this time.  The Trust is currently reviewing its distribution of leaflets on the Duty & Assessment Team to ensure wider availability.	PM (SLT)	Completion date – December 2006
55. The Trust should review its arrangements for ensuring information on accessing services is available to the full range of marginalised ethnic communities living within its area. (para 4.5a)	See 54.  The Trust is reviewing its Duty & Assessment leaflet to arrange for its availability in other appropriate (to the Trust) languages.	PM (SLT) EQIA.	Completion date – December 2006

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>56. The Board in conjunction with the Trusts need to urgently develop a multi-disciplinary strategy to tackle parental alcohol and drug misuse and dependency and the adverse impact on children's physical and emotional well-being. This will involve assessment of risk, treatment and interventions, consequences of repeated misuse, appropriate child protection planning, support for children and young people and training for staff on working effectively with those with addictions and understanding the impact on children and families. (para 4.6a)</p>	<p>The WACYPC has engaged with the Strategy for Alcohol and Drugs 2006-2011, to ensure that alcohol/drugs issues can be fully incorporated into the Children Services planning process.</p> <p>The Trust is committed to more integrated working and has initiated the "Planning a Better Life for Children" initiative to ensure that the complex needs of clients, patients and service-users are met as effectively and efficiently as possible.</p>	<p>Chair WACYPC DSW (SLT) DSC (FHSST)</p>	<p>Boards/Trust to set up project team to consider how alcohol &amp; drug awareness in the field of child protection has been taken forward in conjunction with the strategy for Alcohol and Drugs. Completion – September 2007</p>
<p>57. The Trust should ensure that appropriate training is provided for child care social workers on the features and prognosis of mental illnesses, including addictions, and their likely impact on parental functioning and capacity to bond with children. (para. 4.6a)</p>	<p>Achieved. Although it is recognised that this theme will need to feature on future training programmes to ensure that as many staff as possible avail of it.</p> <p>A series of awareness raising seminars was delivered in March 2006.</p> <p>The Trust, in liaison with the SSTT, has identified a training programme for F&amp;CC Social Workers on the features and prognosis of mental illness, including the impact upon parenting.</p>	<p>SL Trust EPSW/ SSTT.</p>	<p>This will be discussed at the Review of Training in October 2006 Completion date – March 2007</p>
<p>58. The Trust should ensure that appropriate multi-disciplinary training on child protection is provided for all mental health professionals, including psychiatrists, CPNA and mental health social workers, to ensure that they are alert to the signs and symptoms of child abuse and neglect and understand their role within the wider child protection process. (para 4.6b)</p>	<p>See 27.</p> <p>The CPNA has delivered training courses to the acute sector that was funded by Social Services Training Team.</p>	<p>SL Trust/ SSTT.</p>	<p>Completion date – March 2007</p>
<p>59. The Trust should ensure that the contract with parents clearly sets out the standards and improvements expected from parents and the agreed work plan to achieve these. (para 4.7c)</p>	<p>(See 44)</p>		

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>60. The Trust should ensure that the management of cases reflects an appropriate balance between working in partnership with parents to avoid family breakdown and safeguarding children, promoting their life chances through challenging harmful situations and using social work authority to effectively intervene. (para 4.7d)</p>	<p>The appointment of a PM for F&amp;CC will contribute to consistent decision-making and standard setting across the continuum of services</p>		<p>Achieved</p>
<p>61. The Trust should conduct regular audits of practice to ensure that the threshold of significant harm has not been breached, or where it has that appropriate action has been taken to safeguard and promote children's well-being. (para 4.7e)</p>	<p>The Programme Manager has reinforced the issue of significant harm with Service Managers and Team Leaders, and the Trust will monitor it through supervision.</p> <p>The Trust in conjunction with ACPC/ CPP will include this recommendation in its programme of audit within F&amp;CC services , and the audit programme will assist management in ensuring that practice arrangements are sufficiently robust.</p>	<p>DSW/ PM/ ACPC/ CPP.</p>	<p>Achieved.</p> <p>Ongoing</p>
<p>62. The Trust should review its reception arrangements and current accommodation for Family and Child Care Services including case conferences and consult with children and parents in determining where to locate these in the future. (para 4.8b)</p>	<p>Immediate and long-term solutions are being developed to address the overcrowding issue. This is a complex matter as efforts are being made to factor in the possible accommodation needs of integrated teams and the need for the Trust to have duty and assessment facilities with improved public access.</p> <p>The CE has initiated a review of F&amp;CC accommodation. The long- term accommodation strategy is being progressed by DBS.</p> <p>The Staff and Resources working group of the "Planning a Better Life for Children" project has met on two occasions to identify short- term options for the immediate re- location of staff groups.</p>	<p>CE/ DSW/ PM.</p>	<p>Completion date – March 2007</p>
<p>63. The Board/Trust should ensure that the information and data collated by the Emergency Duty System is appropriately analysed, shared and used to inform an appropriate strategic response by the Trust and other agencies. (para 4.8c)</p>	<p>Discussions with WHSSB have taken place, in order to pursue funding for PC's for all Duty and Assessment Social Workers staff, and in addition a dedicated Grade 5 Information Officer to assist in education, awareness training, validation and collation of information will assist in this process.</p>	<p>ADSS (Child Care CC WHSSB) DSW (SLT)</p> <p>PM (SLT) SLT Information Department</p>	<p>Risk monitoring data from the Duty and Assessment Team will be considered at monthly meetings of Board/Trust. Completion – (on going)</p> <p>An audit of all enquiries to the SLT Duty and Assessment Team (1.11.06-30.11.06) is being conducted which will inform the Trust on areas of unmet need and service development initiatives. Completion – December 2006</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p><b>Assessment, Case Planning, Case Management and Record Keeping – Chapter 5</b></p> <p>64. The WACPC in conjunction with other ACPCs should ensure that new policy and procedural developments for any aspect of child protection, including amendments by the Core Group to the Joint Protocol, are formally incorporated into the Regional Child Protection Policy and Procedures, and that the implementation of these by staff is monitored and audited. (para 5.1b)</p>		Chair ACPC Audit Sub-Committee	<p>ACPC will monitor new policy/procedural developments via Audit Sub-Committee</p> <p>Completion - December 2007</p>
<p>65. The Board/Trust should ensure in collaboration with PSNI that decisions taken in relation to “alleged organised abuse” are in line with the agreed protocols and agreed at the Board/Trust Senior Management level. (para 5.1b)</p>	<p>(a) Board/Trusts have established a regular (3 monthly) meeting with PSNI in order to conduct a strategic review of child care issues in the WHSSB area.</p> <p>(b) Awareness raising event for practitioners/ managers held on organised abuse on 07/03/06. Further event planned.</p>	<p>ADSS (Child Care), WHSSB</p> <p>PSW (SWTT)</p>	<p>Achieved</p> <p>A further seminar will be delivered before the end of 2006 Completion – March 2007</p>
<p>66. The Board/Trust should liaise with the PSNI CARE Unit to consider how the Joint Protocol requirements can be fully implemented. (para 5.1b)</p>	<p>(a) Joint Protocol working will be a standing item on the agenda for the joint PSNI/Social Services Child Care Strategy Group, which meets every three months</p> <p>(b) The SLT PM and PSNI Care Unit / Det. Inspector have regular update meetings to review information held by PSNI on joint protocol referrals.</p> <p>(c) The Trust in liaison with the Social Services Training Team has progressed arrangements for refresher training for all Managers of Joint Protocol Social Workers to consolidate robust supervisory arrangements. Refresher training for all Joint Protocol trained Social Workers is also planned.</p>	<p>ACPC Co-ordinator</p> <p>PM (SLT) Det. Inspector PSNI</p>	<p>Meeting to be arranged between Board/Trusts and PSNI Care Unit to review implementation of Joint Protocol. Completion – March 2007</p>
<p>67. The Board's Director of Social Services in conjunction with ACPC should clarify with the Joint Protocol Core Group its role in monitoring the operation of joint investigative work on a Board wide basis. (para 5.1b)</p>		ADSS (CC), WHSSB	<p>Board/ACPC will contact Joint Protocol Core Group in order to review its role RE: Monitoring Joint investigative work.</p> <p>Completion - December 2006</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>68. The Trust should ensure that the Duty and Assessment Team have detailed operating procedures to inform their role in receiving, screening, allocating and redirecting referrals, that team members are trained in their application, consistently apply these procedures and that arrangements are in place for monitoring their implementation. (para 5.2c)</p>	<p>The Trust has undertaken a review of the role and remit of the Duty &amp; Assessment Team which has informed the Team's area of responsibility within the continuum of F&amp;CC Services.</p> <p>The implementation of WHSSB Family Support Policy and Procedures alongside the application of the Child Protection policy and procedures will assist in ensuring consistency in response to all referrals received.</p> <p>The audit schedule being progressed by the ACPC Audit Sub-Committee will include 'referrals' within their audit</p> <p>The Programme Manager currently reviews the referral process through</p> <ul style="list-style-type: none"> <li>• The Risk Monitoring process</li> <li>• Supervision</li> <li>• Review of case summaries of Advice and Resolution cases</li> </ul> <p>The Trust will collaborate fully with the RIT process and in particular the work stream on Thresholds. This will form the basis of the new Western Trust operational policy.</p>		<p>The Trust will include the theme of referrals in its programme of audit. December 06.</p> <p>The Western Trust will develop detailed operational procedures for its Gateway service in conjunction with the RIT work on Thresholds – June 2007</p>
<p>69. The Trust SMT should urgently finalise and implement the Child Protection in Acute Hospitals Procedures. (para 5.2e)</p>	<p>This project is being implemented on a multi-disciplinary basis.</p> <p>The Child Protection in Acute &amp; Services Project is currently being progressed through a project management structure and led by the Director of Social Work.</p> <p>A Project Plan has been agreed for this project and is being implemented.</p>	DSW (SLT)	<p>Completion Date May 2007</p>
<p>70. The Trust, PSNI and WELB should ensure that there are mechanisms agreed and in place to bring concerns and failure to conform to procedures to the attention of Senior Management. (para 5.2g)</p>	<p>SLT CPP has been the forum through which systemic problems have been addressed. Breaches in respect of Child Protection P and P are initially brought to the CPP and resolution sought with line managers. Failing resolution the matter can be tabled for review by WACPC, and referred to Senior Managers in constituent agencies. Urgent matters should be referred to line managers to avoid delay.</p>		<p>This requirement will be taken forward at the next SLCPP and WACPC meetings and at the January 2007 CPP/ ACPC Development Day.</p>
<p>71. Referral forms and basic information forms including joint protocol forms should explicitly state ethnicity and religion rather than have these matters encoded. (para 5.2h)</p>	<p>Recording practices have been amended to ensure consistent recording of ethnicity and religion in addition to the enclosed record.</p>	PM (SLT)	<p>This will be audited in 2007 to ensure compliance.</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>72. The Trust should ensure, through the CPP, that written referrals from the inter-agency network become standard practice and that referrals are acknowledged in writing. (para 5.2i)</p>	<p>The PM and Chair of CPP has identified the need for professionals to ensure that referrals are followed up in writing.</p> <p>The Team Manager for Duty and Assessment will follow through this requirement with relevant professionals and highlight non-compliance to the PM.</p>	<p>PM Chair CPP.</p>	<p>Achieved</p>
<p>73. The Trust should provide training in the purpose and methods of recording factual information, the professional opinions of colleagues in other disciplines, children's wishes and parents' views as well as the individual worker's assessment of the family situation and of the child's circumstances. (para 5.2j)</p>	<p>The Trust has commenced a review of its case recording policy to include the areas identified in this Recommendation, and will conduct awareness training with all staff on this matter.</p> <p>This will be considered at the mid-year training review.</p>	<p>PM/</p>	<p>Training Review (October 2006)</p> <p>Policy Review (March 2007)</p> <p>Training Delivery (April 2007)</p>
<p>74. The Trust should evaluate recording across its Family and Child Care Services to ensure that information is appropriately collated and recorded and that there is a structure to recording, which is the basis for analysis, assessment and intervention. (para 5.2j)</p>	<p>The Trust will review and disseminate details of its revised recording policy.</p>	<p>PM (SLT) PSW (Quality Development).</p>	<p>Recording practice will be reviewed in before March 07</p>
<p>75. The Trust should ensure that referral forms are appropriately completed and comprehensively completed by the Duty Officer. At the point of allocation, the senior social worker should provide direction on the purpose of initial assessment and intended outcomes of contacts with the family. (para 5.2k)</p>	<p>Achieved</p> <p>This Recommendation has been implemented through the Duty and Assessment Team Management. It is reviewed as indicated in R68. It will be reviewed by the Team Manager.</p>	<p>PM/ Service Manager/ Team Manager, Duty &amp; Assessment Team.</p>	<p>Achieved</p>
<p>76. The Trust should monitor and regularly audit how referrals entering the child care system are processed from intake through to allocation, initial assessment and transfer/closure, including the standard of recording. (para 5.2k)</p>	<p>The Trust is developing an audit programme for implementation to include the issues identified in this Recommendation.</p> <p>Reference is made to R68</p> <p>A monthly report relating to unallocated cases is provided to the PM who apprises WHSSB accordingly.</p>	<p>PM/ PSW (QA)/</p>	<p>This will be monitored by the Team Manager.</p> <p>Quality Assurance Monitoring at the point of entry into the system will be further developed by the Western Trust Child Care Directorate.</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>77. The Trust should revise the content of the basic family information sheet and ensure that a fully completed copy is accessible at the front of each child's case file. (para 5.4a)</p>	<p>A review of the Facing Sheet will be undertaken to ensure that this is updated on a regular basis and contains all relevant details including details of:</p> <ul style="list-style-type: none"> <li>- religion;</li> <li>- race;</li> <li>- first language spoken;</li> <li>- who has parental responsibility;</li> <li>- child's current legal status;</li> <li>- current placement details;</li> <li>- information re child protection registration;</li> <li>- serious health issues;</li> <li>- special needs;</li> <li>- details of professionals involved;</li> <li>- family being provided information on Complaints Procedure/Open Access Policy.</li> </ul>	<p>PM/</p>	<p>The revised Facing Sheet will be evident on all files from 1 December 2006. Completion date – December 2006</p>
<p>78. The Trust should ensure that an up-to-date case summary is available at the front of each case file and that it includes:</p> <ul style="list-style-type: none"> <li>- a summary of the reason for Social Services intervention;</li> <li>- the key issues to be addressed and the programme of work required; and</li> <li>- details about other teams and services within the Trust providing a service to the family, and those voluntary and community organisations providing an input. (para 5.4a)</li> </ul>	<p>A review of the case summary pro-forma will be undertaken to ensure its inclusion of the key areas identified in this Recommendation.</p>	<p>Team managers (SLT)</p>	<p>Completion date – December 2006</p>
<p>79. The Trust should provide separate files for each individual child in a family and these should be cross-referenced as appropriate. (para 5.4a)</p>	<p>Achieved</p> <p>The Trust has implemented an arrangement for keeping separate file in respect of each individual child, which is cross-referenced where appropriate.</p>		<p>Achieved</p>
<p>80. A 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 5.4d)</p>	<p>Implementation of the new regional health visiting file. Under HALL 4 the Trust will be implementing the recommendations set out in the regional professional guidance document. This will be progressed alongside the introduction of the UNOCHNI project. A presentation to the CPP on the UNOCHNI project was held on 6 October 2006.</p> <p>This will be subject to audit in accordance with the Trust's/ACPC programme of audit.</p>	<p>Director of Primary Care and Older People's Service.</p>	<p>This will be monitored by CPNA and Nurse Managers in 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
81. The Trust should ensure that each health visiting case file contains an assessment that informs the work required in each case. (para 5.4d)	<p>This will be progressed alongside the introduction of the UNOCHNI project. A presentation to the CPP on the UNOCHNI project was held on 6 October 2006.</p> <p>This will be subject to audit in accordance with the Trust's/ACPC programme of audit.</p>	Director of Primary Care and Older People's Service.	
<p>82. The Trusts should ensure that the CPNA:</p> <ul style="list-style-type: none"> <li>- routinely reviews a sample of health visiting case records of children on the CPR as part of individual supervision session and records the action agreed;</li> <li>- provides an annual to the nurse manager summarising record-keeping issues; and</li> <li>- brings serious breaches of record-keeping to the immediate attention of the nurse manager. (para 5.5b)</li> </ul>	<p>Arrangements and proposals to take this issue forward has been discussed with the CPNA at the last Nurse Manager/CSM checkpoint meeting on 18 September 2006. A draft operational policy and pre-supervisory template for Health Visiting staff is currently being drafted.</p> <p>Draft operational policy and supervision template will be available for distribution as appropriate.</p>	V Ryan Director of Primary Care.	This standard will be included in the Trust's Programme Audit
83. Social work and nursing operational managers should ensure that all case files are reviewed, dated and signed. When cases are discussed with line managers in supervision the line manager should record the actions agreed, as outlined in Board/Trust Procedures. (paras 5.5a, 5.5b)	<p>The Trust has implemented this requirement.</p> <p>The Health Visiting service has also conducted a recording Standards Audit to include compliance with this standard.</p>	PM/ Director of Primary Care.	Achieved
84. PSNI operational managers should ensure that joint investigation case files are reviewed, dated and signed and all necessary documentation is included on the file. (para 5.5c)			
85. The Trust Senior Managers should ensure that child protection procedures and thresholds for intervention are applied consistently across the Trust in order to ensure appropriate interventions and adequate safeguards for children. (para 5.6a)	(See 11, 57, 58)	PM (SLT)	Audit to establish that multi-disciplinary staff have access to child protection policy and procedures (Completion date December 2006)

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>86. The Trust should ensure that strategy discussions include consultation with appropriate health professional and that:</p> <ul style="list-style-type: none"> <li>- medical examinations are conducted in accordance with CtSC and Regional ACPC's procedures including the use of paediatric staff; and</li> <li>- the outcome of all strategy discussions is recorded in writing and placed on the relevant child's file. (para 5.7b)</li> </ul>	<p>The Trust named Doctor for Child Protection (Acting) and the Consultant Paediatrician have established arrangements to ensure their availability to conduct joint paediatric and forensic medical examinations, in cases where there are concerns regarding sexual abuse .</p> <p>The Trust can confirm that these arrangements are in place in all cases of alleged abuse</p> <p>The Trust's named Doctor for Child Protection will continue to monitor arrangements and report to the PM deficits in good practice standards.</p>	<p>PM/ Named Child Protection Doctor</p>	<p><b>Achieved</b></p>
<p>87. The Trust should ensure all staff are trained in the framework for assessment. (paras 5.8a)</p>	<p>This assessment framework has not yet been introduced although the Trust is currently working alongside colleagues from Foyle Trust to promote awareness of the UNOCINI Project in SL Trust with a view to preparation for implementation in March 07.</p>		<p>This training requirement will be referred to the mid-year training review. (October 2006)</p> <p>It cannot begin until DHSSPS finalises the UNOCINI process and corresponding documentation.</p>
<p>88. The health visiting Case Conference report format should be revised and centile charts should be routinely attached for children aged 0-4 years. (para 5.8b)</p>	<p>Achieved.</p> <p>The Trust is now in the process of developing explicit Health Visiting Standards which will further consolidate this issue.</p>	<p>Director of Primary Care and Older People's Services.</p>	<p><b>Achieved</b></p>
<p>89. The Trust should in conjunction with Nurse Managers and the CPNA review the role of the school nurse at case conferences and develop an appropriate report format to ensure their contribution brings added value to the process. (para 5.8b)</p>	<p>It is acknowledged that the role of the school nurse at Case Conferences should be compliant with the regional policies and procedures. This issue is presently being advanced by the Team Leader and Nurse Manager. A School Nursing Focus Group has been established to develop this work.</p>	<p>Director of Nursing CPNA</p>	<p><b>March 2007</b></p>
<p>90. The Trust should ensure that the work programme and child protection plan is informed by the full and comprehensive assessment of the child's needs and incorporates the assessments from other professionals and agencies. (para 5.8c)</p>	<p>This and other assessment standards will be incorporated into UNOCINI training.</p> <p>A review of the format of Health Visiting Case Conference Report has commenced to ensure that it contains a comprehensive assessment of the child.</p> <p>Training on the management of case-conferences has been organised regionally and is scheduled for October 2006</p>	<p>DSW (SLT) Director of Primary Care and Older People's Services (SLT).</p>	<p><b>The implementation date for UNOCINI has not been confirmed by DHSSPS.</b></p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
91. The Trust should review the arrangements for referring children suspected of suffering from neglect for general medical and paediatric assessment and ensure compliance with the Multi-Disciplinary Child Protection Policies and Procedures. (para 5.8d)	An audit of staff's awareness of procedures will be completed by December 2006	DSW (SLT) Designated Doctor for Child Protection (SLT).	Awareness of Child protection procedures Audit (December 2006)
92. The Trust should explore the development of joint medical assessments by Paediatricians and Forensic Medical Practitioners in child sexual abuse and other cases where there is evidence of significant physical abuse. (para 5.8d)	The Trust confirms that arrangements are in place in all cases of alleged abuse.	DSW and Designated Doctor for Child Protection.	Achieved
93. The Trust should ensure that medical staff have access to essential diagnostic equipment consistent with their role. (para 5.8d)	The Trust has purchased a Colposcope.	Director of Medicine	Director of Medicine to identify any additional equipment needs (December 2006)
94. The Trust should establish mechanisms for quality assuring the case conference process to ensure consistency of approach and to quality assure decisions taken. (para 5.11a)	<p>The Trust has progressed the appointment of a PSW Quality Development whose role will include that of monitoring of consistency of practice and quality assuring decisions made at case conferences.</p> <p>It will be clear from this report that a number of audits are being implemented at the earliest opportunity.</p> <p>This audit will not be in the first bank of audits as it would not be possible to complete all the recommended audits at the same time</p>	DSW/ PM/ PSW Quality Development.	<p>An audit will be carried out after April 2007</p> <p>Training on the management of case conferences will be delivered in October 2006.</p>
95. The Trust should ensure that child protection policies and procedures are initiated and case conferences are convened for cases that meet the set criteria including high risk situations within residential care or other care settings where there are child protection concerns. (para 5.11b)	(See 11).		

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>96. The Trust should ensure that Case Conference Chairs are clear about their role in leading the case conference in the following process:</p> <ul style="list-style-type: none"> <li>- summarising information from the range of agencies working with families;</li> <li>- analysing the needs and risks in respect of individual children and whether the requirements for child protection register are met;</li> <li>- ensuring the focus remains on the needs of the children and that parents' capacity to meet these needs is fully assessed;</li> <li>- assessing the parents' and families' strengths and qualities and their existing network of supports;</li> <li>- clarifying the deficits and the kinds of supports required to address these;</li> <li>- establishing what needs to change and what standards have to be achieved for children's names to be removed from the register; and</li> <li>- advising parents of the importance of co-operating with the Child Protection Plan and the potential consequences in terms of Care Order applications when the threshold of significant harm has been reached. (para 5.11d)</li> </ul>	<p>The involvement of all Chairs in a regional training event has been a request of the Trust – scheduled for (5/6 October).</p> <p>This training event will address key areas of professional practice including the issues identified in this Recommendation.</p> <p>Social Services Training Team will be funding training places at a regional training workshop on managing case conferences in October 2006.</p>	<p>All Chairs of CPCC/LAC Reviews.</p>	<p>Training event (5/6 October)</p> <p>Audit April 2007 onwards</p>
<p>97. The Trust should progress its plans to ensure that an appropriately trained minute taker minutes all child protection case conferences and reviews and that minutes are:</p> <p>shorter, more focused and consistent with CtSC; and</p> <ul style="list-style-type: none"> <li>- circulated within 14 days as required by the regional ACPC procedures. (paras 5.11f, 5.11g)</li> </ul>	<p>The ACPC/ CPP have commenced a training programme for minute takers.</p> <p>Ongoing monitoring of the circulation timescale for minutes is being maintained and actions to address problems agreed.</p> <p>The Trust is currently reviewing the administrative support within the Family and Child Care Programme, to ensure the availability of a range of appropriately trained dedicated minute takers.</p> <p>The dedicated Chairs of Child Protection Case Conferences are currently reviewing the format of Case Conference Minutes.</p>	<p>DSW/PM PSW Quality Development.</p>	<p>Completion date – March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
98. The Trust should ensure that all staff and managers follow the guidelines for child protection plans in CtSC and the new Regional ACPC Policy and Procedures and monitor compliance. (para 5.12a)	(see 11).		
99. The ACPC, in collaboration with the Trust CPPs, should agree a consistent approach to collating information about parental attendance at case conferences, particularly in relation to fathers. (para 5.13a)	The current SOS CARE reporting system is inadequate in providing a comprehensive data report on this area. However, a review of recording practices will be undertaken to ensure that consistent recording is maintained between SLT and Foyle Trust.	ACPC Co-ordinator Trust and Boards Information Departments	Information up take to be renewed Completion – March 2007
100. The Trust should set a goal of full attendance at case conferences by all parents who are involved in the child's care. (para 5.13a)	Achieved. All parents are sent a written invitation to attend Child Protection Case Conferences and their attendance is encouraged by the dedicated Social Worker. A parental questionnaire is provided by the dedicated Social Workers who encourages and facilitates the parent's completion. Support to each parent by way of taxi transport, and care arrangements for children where necessary, is also provided by the Trust.		Achieved
<p><b><i>Protecting Vulnerable Children in Specific Circumstances – Chapter 6</i></b></p> <p>101. The ACPC should on a regular basis carry out an audit of child protection cases in each of the Trusts in the Board area so that it is satisfied that all investigations of child abuse are conducted according to the ACPC child protection procedures. (para 6.7a)</p>		ACPC Chair Chair of ACPC Audit Sub-Committee	<p>(a) ACPC will consider best practice and relation to auditing Child Protection Cases. Completion - March 2007</p> <p>(b) ACPC will establish, through Audit SC, arrangements for implementing this recommendation. Completion - June 2007</p>
102. PSNI and Social Services should jointly monitor the implementation of Joint Protocol procedures at a senior level and take action to redress any issues identified. (para 6.7a)	Ongoing monitoring between PSNI and Social Services is currently being undertaken.	PM/ DI PSNI Care Unit.	On-going

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>103. The Board/Trust, in collaboration with PSNI and RQIA, should ensure that there are appropriate systems in place for collating information and concerns about children and families and that this information is shared with relevant agencies and effectively followed up. (para 6.8c)</p>	<p>Regular Child Care Review Meetings currently in place with PSNI.</p> <p>Serious Adverse Incidents reporting system in place.</p> <p>Monthly monitoring reports for each residential unit are shared with the Programme Manger and Director of Social Care.</p>	<p>ADSS, CC (WHSSB) PSW (SLT) DSC (FHSST)</p>	<p>Workshop with Board/Trusts/RQIA/PSNI to take place to review information systems and information sharing protocol. Completion - June 2007</p>
<p><b>Quality Assurance and Managing Performance of Service – Chapter 7</b></p> <p>104. PSNI should provide strong leadership and direction for CARE Units and recognise the value and importance of their work. (para 7.1c)</p>			
<p>105. The Trust should ensure that all staff are provided with appropriate induction into the Family and Child Care Programme, and that they receive regular supervision, support and direction. (paras 7.2b, 7.2c).</p>	<p>The Trust has devised an Induction Programme which will be revisited through awareness training with all Service Managers and Team Managers.</p> <p>A Programme of audit by the Trust will target the practice of supervision at all levels within the F&amp;CC Programme.</p> <p>An audit of supervision was undertaken by the Trust during 2005 and arising from this audit a number of recommendations have been implemented, including the provision of ongoing supervision training for staff at all levels within the Family and Child Care Programme.</p> <p>The Trust will continue to develop the Health and Well-Being at Work Programme for all staff.</p>	<p>PM/ PSW/Quality Development/</p>	<p>Completion date – March 2007</p>
<p>106. The Trust Board should reconvene the Clinical and Social Care Governance Committee and ensure its responsibilities are appropriately discharged. (para 7.4a)</p>	<p>Achieved</p> <p>The Trust has re-established its Clinical and Social Care Governance Committee.</p> <p>Moreover, the Children's Services Directorate is now actively participating in it.</p>	<p>Trust Board.</p>	<p>Achieved</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>107. The ACPC/ CPP should actively encourage and facilitate service users to provide feedback on the standards of service received. (para 7.6b)</p>		ACPC Co-ordinator	<p>ACPC will consider learning from constituent agencies in order to develop a plan for implementation. Completion - March 2007</p>
<p>108. The Trust should continue to closely monitor the implementation of the supervision policy by managers at all levels. The frequency and quality of supervision should be audited on an ongoing basis to ensure compliance with the Codes of Conduct for Employers and Employees. (para 7.7a)</p>	<p>An independent audit has been commissioned in relation to the management and practice of supervision.</p> <p>The Trust delivered a Supervision Awareness training event amongst all F&amp;CC staff following the implementation of its supervision policy in 2005.</p>		<p>An independent audit of the policy's implementation will be conducted in November 2006. This will be completed by March 2007.</p>
<p>109. The Trust should formalise, implement and monitor the application of a policy for supervision for health visitors. The grade of the second child protection nurse should be reviewed in order to maximise resources and enable appropriate levels of supervision for nurses carrying child protection cases. (para 7.7c)</p>	<p>The Trust has a supervision policy established for the supervision of Health Visiting staff. This is currently being reviewed with the view to further development to link in with the CPNA Child Protection Supervision Activity.</p> <p>The grading issue regarding the second Child Protection Nurse will be addressed through the Agenda for Change process.</p>	Director of Primary Care (SLT)	<p>Completion Date – March 2007</p>
<p><b><i>The Establishment and Operation of the Area Child Protection Committee (ACPC) and the Child Protection Panel (CPP) – Chapter 8</i></b></p> <p>110. The Board should ensure that ACPC membership:</p> <ul style="list-style-type: none"> <li>- is consistent with the requirements of CtSC, that members have the required seniority and can make an appropriate contribution;</li> <li>- contacts the member agencies to establish their ongoing commitment to membership and to regular attendance; and</li> <li>- completes an overview of attendance and includes this in the ACPC's annual report to the Board. (para 8.1d)</li> </ul>	<p>This issue has been addressed in the current WACPC annual report.</p>	<p>ACPC Chair</p> <p>ACPC Co-ordinator</p>	<p>WHSSB will formally contact member agencies of ACPC in order to review attendance/commitment/and need for appropriate agencies mandate Completion - December 2006</p> <p>ACPC will monitor attendance patterns at each meeting. ACPC will report on attendance at annual Report. Completion - December 2006</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
111. The ACPC Chair should ensure that the ACPC business plan is informed by other agencies contributions and that the action plan is appropriately monitored to ensure outcomes are achieved. (para 8.3a)	The ACPC Draft Business Plan has been circulated to all members for review, and the multi disciplinary aspect stressed at ACPC meeting.	ACPC Co-ordinator	The ACPC has planned a Development day in Jan 2007 in order to review the performance management framework. Completion – January 2007
112. The ACPC should ensure that the audit sub-group's work plan is implemented as a priority and that the outcome from the work is brought to the attention of the Board Trust Chief Executives so that necessary improvements can be put in place. (para 8.4a)	The Audit Committee has (a) undertaken a review of existing audit activity in both Trusts  (b) established an audit programme  (c) identified (non-recurrent) funding to support its activity. Funding will be made available in 06/07 to FHSST, SLT and Altnagelvin Trust in order to implement ACPC Audit Programme	Chair ACPC Audit Sub-Committee  ACPC Co-ordinator  DSW (SLT) DSC (FHSST)	(a) Programme of audits require to be implemented  (b) Arrangements for reporting to Trust CEs needs to be put in place. Completion - Ongoing (review by ACPC in March 2007)  (c) Trusts to advise WACPC on proposals for spending (non-recurrent) funding for implementing audit programme. Completion – December 2006
113. The ACPC in conjunction with the CPP as outlined in CtSC should establish a Training sub-group to identify and address the multi-disciplinary/inter-agency child protection training needs in the Board area. (para 8.4b)		ACPC Co-ordinator	ACPC will establish a multi-agency Training SC  Completion by December 2006
114. The ACPC through its membership should establish how funding can be achieved to provide a full programme of multi-disciplinary training which meets the inter-disciplinary/agency training requirements of all disciplines and agencies in the Board area. (para 8.4b)		ACPC Chair  Chair ACPC Training Sub Committee	ACPC to establish Training Sub Committee and identify Chair. Completion – December 2006  Training SC to develop multi-disciplinary programme with proposals for funding to be identified. Completion - September 2007
115. The ACPC Chair should highlight the deficit of multi-disciplinary training in the Board area and bring this to the attention of the Board and the Board's Commissioner for training for resolution. (para 8.4b)		ADSS (SC) WHSSB	Letter to Training Commissioner at WHSSB, highlight the defects in arrangements for commissioning and implementation on ACPC Multi-disciplinary Training Programme.  Completion by October 2007

<p>116. The ACPC in conjunction with each Trust should ensure that it has appropriate information in regard to the ethnic and religious backgrounds of children and families as part of its assessment of need and be proactive about enabling all children and families, including those for whom English is not their first language, to access appropriate child protection services. (para 8.6a)</p>		<p>WHSSB, Information Dept</p> <p>WHSSB, Information Dept</p> <p>WHSSB, Information Dept</p>	<p>1. WHSSB Information Dept to audit information relating to ethnic and religious backgrounds of children in ACPC Annual Report and CC3/02. Completion - March 2007</p> <p>2. WHSSB and Trusts Information Departments to develop proposals for improvement relating to collection of information about ethnic and religious background of children. Completion - March 2007</p> <p>3. ACPC will</p> <ul style="list-style-type: none"> <li>(a) Identify the Minority Ethnic languages that need to be considered</li> <li>(b) review arrangements to ensure that the public information and practical material relating to child protection is available in other languages.</li> </ul> <p>Completion - March 2007</p>
<p>117. The ACPC should put in place mechanisms for obtaining feedback from staff on the operation of child protection services across agencies and disciplines. (para 8.11a)</p>		<p>ACPC Co-ordinator</p>	<p>The WACPC has arranged two Development Programmes in Feb Mar 07, at which this recommendation will be addressed and a framework actioned – march 2007</p> <p>Framework for regular meetings between ACPC Chair/PSW and operational staff to be put in place – Completion - September 2007</p>
<p>118. The Board should reconsider their representation on the Trust CPP with regard to their monitoring and auditing responsibilities. (para 8.12a)</p>	<p>The Board considers that the attendance of the PSW (Child Protection) at Trusts CPPs, performs a valuable liaison/co-ordinating function. The PSW does not attend as a full member of the Panel.</p>	<p>N/A</p>	<p>Achieved</p>
<p>119. The Trust should as part of the re-organisational arrangements and new responsibilities review and provide direction to the future CPP Chair. (para 8.12b)</p>	<p>The Trust has delegated the responsibility of chair to the newly appointed PM for Family &amp; Child Services.</p>	<p>DSW (SLT)</p>	<p>Achieved</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>120. The Trust should urgently ensure that the CPP Chair:</p> <ul style="list-style-type: none"> <li>- contacts the member agencies to establish ongoing commitment and regular attendance;</li> <li>- completes an overview of attendance and includes this in the annual report to the Board; and</li> <li>- ensures Trust staff understand and are supported in discharging their responsibilities as members of the panel. (para 8.12c)</li> </ul>	<p>The CPP Chair has incorporated into the 2005/ 06 Annual Report an overview of attendances. Also contact has been made with all agency representatives to establish ongoing commitment and regular attendance – the feed- back from this exercise will influence the future membership of the panel.</p> <p>A Development Day for the CPP along with ACPC and Foyle Trust CPP has been scheduled for January 2007.</p>	<p>SLCPP Chair.</p>	<p><b>Achieved</b></p>
<p>121. The Trust should facilitate a workshop with CPP members to provide clarity on their roles and functions and enable them to fulfil the requirements of CPP membership. (para 8.13a)</p>	<p>(See 120).</p>		
<p>122. The ACPC in collaboration with the CPP should actively monitor how services are working together on an ongoing basis. (para 8.14a)</p>	<p>CPPS have collaborated with individual agencies representatives in order to resolve difficulties (eg WELB)</p>	<p>CCP Chair (SLT) CCP Chair (FHSST) WACPC Chair</p>	<p>CCP to monitor inter-agency collaboration and provide feedback to ACPC. Completion – ongoing (Review by ACPC, March 2007)</p>
<p><b>Case Management Reviews – Chapter 9</b></p> <p>123. The DHSSPS should, in their review of the CMR process and, dissemination of the lessons emerging, consider the implications and resources needed in the development of the new arrangements. (paras 9.3a, 9.3b)</p>			
<p>124. The Board/ACPC should ensure that future CMR action plans clearly state the expected outcomes and how these will be monitored/audited. (para 9.6b)</p>	<p>SLT and WHSSB have agreed to commission a training pack, in association with other ACPCs, to provide training to CMR members in relation to their role and responsibilities.</p>		<p>This requirement will be discussed at the mid-year training review (October 2006)</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>125. The Trust should ensure that the findings of CMR reports are disseminated to all relevant staff. (para 9.6c)</p>	<p>This Recommendation is being implemented through the SMT.</p>	<p>Trust Directors of Services. Social Services Training Team</p>	<p>SLT has recommended to SSTI that the dissemination of CMR lessons should be a key element of future Children Order training. This proposal will be discussed at a regional meeting in December 2006 and, if agreed, will be incorporated into Children Order training from 2007/8 onwards.</p>
<p>126. The Board/ACPC should ensure that the recommendations from the CMR are acted upon and that lessons emerging are disseminated to all programmes of care and other agencies to inform practice and improve the level of safeguarding available to children. (para 9.7a)</p>	<p>See 125.</p>	<p>ACPC Co-ordinator</p>	<p>APC will draw up programme for disseminating messages from pending CMRs Completion – Ongoing</p>
<p>127. The Board/Trust should give effect to their Corporate Parenting responsibilities by:</p> <p>-strengthening their commissioning, monitoring and quality assurance systems and outcomes for children to ensure a high standard of planning and appropriate services are offered to LAC;</p> <p>-minimising placement moves as much as possible for children; and</p> <p>-ensuring the number of placement moves for LAC for respite are provided by the Trust separately in the CC3/02 Corporate Parenting Report to the Board. (para 10.2d)</p>	<ol style="list-style-type: none"> <li>1. The WHSSB/Trusts have initiated a strategic review of placements for LAC children in the WHSSB area, identifying a number of key strategic aims for the reconfiguration of LAC services, with associated action plan.</li> <li>2. Monitoring has been improved by monthly risk monitoring.</li> <li>3. Respite Care issue has been addressed with Trusts.</li> <li>4. SLT has taken the following actions. <ul style="list-style-type: none"> <li>• An acting PSW (Q/A) was appointed in May 2006.</li> <li>• Workforce Planning changes have sought to stabilise staffing arrangements.</li> <li>• A LAC Quality Improvement Group in October 2006 will be formed under the leadership of the PM.</li> <li>• The work of this group will be shared with colleagues in Foyle Trust when this group is in operation.</li> <li>• An independent consultant has been commissioned to work with LAC staff to achieve quality improvement in relation to practice in management issues.</li> </ul> </li> </ol>	<p>ADSS (CC) WHSSB</p> <p>DSW (SLT)</p> <p>DSW (SLT)</p>	<p>WHSSB will take forward Strategic Review of LAC Service. Completion – March 2007</p> <p>Data flows for monthly risk monitoring in SLT will be completed. Completion – December 2006</p> <p>The LAC Quality Improvement Group to report on quality improvements Completion - March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>128. The Board/Trust should review their allocation of resources for LAC and its residential provision to ensure its adequacy in terms of the numbers and types of places to meet the needs of its under 18 population; and:</p> <ul style="list-style-type: none"> <li>- develop a range of additional remand/specialist/therapeutic foster placements to provide a sufficient range of choice of placements for the assessed needs of the 11+ age range of children; and</li> <li>- review the fees, training and support for foster carers as part of the Trust's action plan for foster care. (para 10.4)</li> </ul>	<ol style="list-style-type: none"> <li>1. Board &amp; Trusts have begun strategic review of LAC placements into the WHSSB area.</li> <li>2. Fees, Training &amp; Support for foster carers under review.</li> <li>3. The Trust in collaboration with WHSSB are engaged in a regular review of service pressures and gaps in service provision.</li> <li>4. The Trust continues to highlight service development priorities and funding requirements in the areas identified in this Recommendation.</li> <li>5. A commitment has been given by the Director of Social Care to redress funding differentials between both local community Trusts.</li> </ol>	<p>ADSS (CC) WHSSB</p> <p>ADSS (CC) WHSSB</p>	<p>Further implementation of strategic review Completion - March 2007</p> <p>Further implementation of Foster Strategy Completion - March 2007</p>
<p>129. The Trust should ensure that it reviews the recommendations made in recent RQIA inspection reports and develops an Action Plan to implement these. Particular attention should be afforded to ensuring that:</p> <ul style="list-style-type: none"> <li>- the Trust continues to comply with the statement of purpose and function of its children's homes and that admissions to children's homes occur on a planned basis, the assessment of need informs the choice of placement and a clear work programme is identified for the child;</li> <li>- monitoring the well-being of the children and the functioning of the home is undertaken at field social work, monthly monitoring officer and at senior management levels;</li> <li>- the monthly monitoring report of the quality of care and improvements put in place is provided in respect of its children's homes to RQIA in accordance with Part V</li> </ul>	<p>The Trust has reviewed its action plans with RQIA. It continues to work closely with RQIA to ensure that each of the areas for service improvement has been fully addressed.</p> <p>The Service Manager for residential services alongside the PSW/Quality Assurance have developed an action plan to meet the requirements outlined by RQIA in their most recent reports.</p> <p>The PSW Quality Improvement and PM will undertake continued monitoring of the Trust's adherence to RQIA's requirements.</p> <p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p> <p>A Western Area Project Group has been established to oversee the implementation of the SSI recommendations.</p> <p>The Trust in conjunction with the SSTT will undertake training in relation to the statutory responsibilities and statutory requirements in relation to LAC children.</p> <p>Regular reporting through the risk monitoring reporting system will ensure that the Trust Senior Management are informed of all issues relating to the adherence of statutory functions for LAC children.</p>	<p>PM PSW (Q/A)</p>	<p>Staff training needs will be reviewed in October 2006</p> <p>Continue progress with on-line reporting of incidents using DATIX (31<sup>st</sup> October 2006)</p> <p>Develop an implementation plan to tailor the DATIX feeder screen to meet specific data needs of the service (October 2006)</p> <p>Review of restraint and disciplinary measures (December 2006)</p> <p>Develop a Risk Assessment and Management Policy and Procedure for Looked After Children (March 2007)</p> <p>Training of DATIX incident reporting system for managers and staff (March 2007)</p>

<p>Regulation 32(5a) of the Children's Homes Regulations (Northern Ireland) 2005 and an action plan is agreed;</p> <ul style="list-style-type: none"> <li>- an Annual Monitoring Report is provided to RQIA in respect of its children's homes as required by Part V Regulation 33(2) of the Children's Homes Regulations (Northern Ireland) 2005 and used to inform the development of a strategic vision for its residential homes placed within its wider strategy for child welfare services;</li> <li>- all Significant Event Records are reviewed by a manager outside the day-to-day management of the homes who can assess the nature of the incidents. The trend data from significant events should be considered alongside information on staff leave, vacancies or the use of casual staff to establish if there are any linkages;</li> <li>- the training, support, developmental opportunities and supervision of residential staff is adequate to the discharge of the Trust's duties under the NISCC Code of Practice for Employers;</li> <li>- staff continue to have the time allocated within the roster to undertake individual work with children; and</li> <li>- statutory requirements for visits to Looked After Children are undertaken monthly and reported on in the Annual Discharge of Statutory Functions Report to the Board. (para 10.7)</li> </ul>	<p>The DATIX system allows for the capture of risks and occurrences of adverse incidents.</p> <p>Access to DATIX has been extended to include professional staff working in children's services.</p> <p>Staff can now directly record progress in respect of investigating an incident, recording actions, lessons and closure whilst maintaining a paper system for recording incidents.</p> <p>There is no backlog of reported incidents.</p> <p>Residential staff continue to use the pro-forma for auditing LAC admission documentation. This incorporates a mechanism for notifying Service Managers when requirements are not met.</p> <p>Residential Children's Homes Managers will monitor compliance with statutory functions and will notify Senior Managers of failure to comply</p> <p>Residential Children's Homes Managers Will regularly audit and countersign case files to track the quality and frequency of statutory visiting.</p> <p>A copy of the "Report of the visit to the Looked After Child" that will be completed by fieldwork staff will be included in the child's file.</p> <p>Care planning arrangements will be reviewed by Residential Children's Homes Managers</p> <p>Residential Children's Homes Managers will develop a pro-forma for recording core group meetings</p> <p>Existing records concerning restraint and disciplinary measures will be reviewed and amended</p> <p>SLT will develop a Risk Assessment and Management Policy and Procedure for Looked After Children</p> <p>Individual risk assessment and management plans to be available before placement options are agreed for children being considered for residential care.</p> <p>Residential Children's Homes Managers to ensure that the Revised Statement of Purpose takes account of all arrangements for child protection and bullying in accordance with Regulation 4 (1), Schedule 1 (17)</p> <p>SLT to validate the revised Statement of Purpose contained therein.</p>		
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	<p>A review of residential staffing arrangements is to be undertaken immediately</p> <p>Residential Children's Homes Managers will conduct regular audits of recording practice with immediate effect.</p> <p>SLT will propose a review of the effectiveness of the education Joint Protocol with particular reference to the role of the PEP.</p> <p>Residential Children's Homes Managers will review their homes' Fire Risk Assessment and Plan</p>		
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>130. The Trust's Placement Resource Panel should ensure:</p> <ul style="list-style-type: none"> <li>- that social workers seek information from the multi-disciplinary agencies involved with the child/family and provide an up-to-date comprehensive assessment to enable the panel to consider the most effective placement option; and</li> <li>- that children are placed in an environment that adequately and safely meets their assessed needs. (para 10.8a)</li> </ul>	<p>The placement of a number of children in appropriate foster care and residential placements continues to present a major challenge for the Trust. The Trust continues to work closely with the WHSSB to ensure that the DHSSPS funding strategy for fostering is appropriately deployed to the recruitment and retention of foster carers and aligned to the objectives of the regional fostering strategy.</p> <p>The Trust is reviewing the role and remit of its placement resource panel including its purpose of function and terms of reference to ensure that it meets all its designated responsibilities.</p>	<p>DSW (SLT) PM (SLT)</p>	<p>Completion Date March 2007</p>
<p>131. The Trust should ensure that pre-admission discussions are held regarding each child's admission and that a programme of planned visits is arranged to introduce the child to other children in the home, their key worker and staff. (para 10.8c)</p>	<p>The Trust has made arrangements to hold a workshop for relevant staff on good practices in relation to the pre-admission and admission requirements for receiving children into residential care. These requirements will be implemented through the placement resource panel and the Service Manager for residential services.</p>	<p>DSW (SLT) PM (SLT)</p>	<p>Completion Date March 2007</p>
<p>132. The Trust should ensure that all relevant documentation is prepared by the social worker and provided to the home on admission and that residential staff are provided with access to SOSKARE records. (para 10.8d)</p>	<p>The DSW has issued a directive to relevant staff making it a requirement that all relevant documentation is prepared and provided to the home on admission.</p> <p>This requirement will be included in the programme of audit. The access of residential staff to SOSKARE is being reviewed.</p> <p>The Trust LAC Quality Improvement Forum will also consider this issue.</p>		<p>Achieved</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>133. The Trust should review its access to psychological and psychiatric services for LAC and:</p> <ul style="list-style-type: none"> <li>- take action to ensure children in residential homes have prompt access to these services; and</li> <li>- take account of the residential home's staffing compliment and the professional training skills and expertise required in order to meet the children's mental health needs. (para 10.8e)</li> </ul>	<p>The Trust's establishment of the LAC Therapeutic Service and the appointment of a Clinical Psychologist who engages in direct work with children, provides consultation to staff and contributes to a training programme for residential staff, has enabled improved access by LAC children to psychological/ therapeutic service. AMHS staff also provide necessary support to LAC children, however, issues of accessibility due to capacity has been discussed with WHSSB.</p> <p>The SSTT programme of training for residential staff has been tailored to include the specialist mental health needs of children.</p> <p>CAMHS continues to work with Looked After Children who have complex psychological problems and co-morbid psychiatric disorders.</p>	<p>SSTT DSW (SLT) PM (SLT) Service Manager Residential Service.</p>	<p>Completion Date March 2007-08</p>
<p>134. All assessment reports should be made available by social workers prior to the Placement Resource Panel meeting to inform the placement decision. (para 10.8f)</p>	<p>(See 131).</p>		
<p>135. The Trust should ensure that the mix, age range and risk behaviour of each child is thoroughly reviewed by the Placement Resource Panel before any admission to care is agreed. The Panel, in consultation with the residential manager, should assess the impact of the admission on the total group of children. (para 10.8g)</p>	<p>(See 130).</p>		
<p>136. The Board/Trusts should immediately implement the revised protocol and ensure that any arrangements for the placement of children outside the Trust area are appropriately monitored and that children are appropriately safeguarded. (para 10.8h)</p>	<p>The WHSSB and SL Trust have revised the protocol for the placement of children outside the Trust area.</p>	<p>DSC (WHSSB) DSW (SLT).</p>	<p>The LAC Quality Improvement Group will include this issue in its report Completion date – March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>137. The Trust should conduct an independent audit on:</p> <ul style="list-style-type: none"> <li>- the quality of the decision making of the Placement Resource Panel;</li> <li>- pre-admission and post-admission care planning and ascertain if relevant services have been provided and ensure outcomes are measured. (para 10.8i)</li> </ul>	<p>The Trust will include the areas identified in this Recommendation within its programme of audit.</p>	<p>DSW (SLT) PM.</p>	<p>A date for this review has to be finalised</p>
<p>138. The Board/Trust should review the terms of reference of the Trust's Placement Resource Panel and consider the value of a representative from children's homes' managers in order to provide that expertise and balance to the decision making process. (para 10.8i)</p>	<p>(See 130).</p>		
<p>139. The Board/Trust should review the adequacy of their monitoring arrangements in respect of the delegation of statutory functions to ensure they meet the legislative requirements with regard to admission and care planning. (para 10.8i)</p>	<p>The Trust has had discussions with RQIA to ensure that monitoring arrangements are adequate in regard to this Recommendation.</p>	<p>DSW.</p>	
<p>140. The Trust should introduce formal admission contracts to include:</p> <ul style="list-style-type: none"> <li>-clarity for the child on the rationale, purpose and expected outcome of the admission to care; and</li> <li>-the contact arrangements and clarity of role and tasks of residential workers vis-à-vis the fieldworker and follow up arrangements regarding social work statutory visits, family contact and review arrangements. (para 10.8j)</li> </ul>	<p>The areas raised in this Recommendation will be included in the workshop identified in 131.</p> <p>The PM/PSW Quality Development will monitor complaints through audit.</p>	<p>DSW PM (SLT) PSW (Quality Assurance)</p>	

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>141. The social worker responsible for the placement of the child should meet with the residential key worker to ascertain their views about the child's placement, clarify the work plan and agree jointly the actions required to meet the assessed needs of the child. (para 10.8j)</p>	<p>This Recommendation will be incorporated into the good practice workshop as identified in 131.</p> <p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p>	<p>DSW PM.</p>	<p>Completion Date March 2007</p>
<p>142. The Trust should ensure that the arrangements for educational provision for each LAC are agreed prior to admission and shared with child/parents/schools and relevant others. (para 10.8k)</p>	<p>This Recommendation will be incorporated into the good practice workshop as identified in 131.</p> <p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p>	<p>DSW PM.</p>	<p>Completion Date March 2007</p>
<p>143. The Trust should ensure that information about children on the Child Protection Register is shared with the hospital on the child's admission and their medical records updated accordingly. (para 10.8l)</p>	<p>This Recommendation has been implemented with the Designated Child Protection Doctor.</p> <p>The Safeguarding Children in Acute Hospitals project team will review this recommendation.</p>	<p>DSW Designated Child Protection Doctor.</p>	<p>Achieved</p>
<p>144. The Board/Trust should put in place a monitoring system to ensure that information on the complaints procedure is provided to children/parents, audit outcome of complaints, which should be reported in the CC3/02 Report to the Board and Trust. (para 10.8m)</p>	<p>The Trust will develop an appropriate monitoring system in collaboration with the Project Manager when appointed and the WHSSB.</p>	<p>DSW PM (SLT) PSW (Quality Assurance)</p>	<p>Completion Date March 2007</p>
<p>145. The Trust should promote active partnerships with parents; and:</p> <ul style="list-style-type: none"> <li>- work together to a shared agenda which will promote the child's welfare; and</li> <li>- ensure each assessment is focused and informs the work with the child to achieving the stated goals in the care plan and shared with</li> </ul>	<p>Trust staff are currently active in their engagement in partnership working with parents and children and this practice will continue to be promoted by the Trust.</p> <p>The Trust through the SSTT has developed a programme of assessment skills training for all fieldwork staff which will target all F&amp;CC staff and specifically addresses this requirement.</p> <p>The Trust has had negotiations with Foyle Trust about the development of a cross-Trust Family Group Conferencing</p>	<p>SSTT DSW (SLT) PM (SLT) All Staff.</p>	<p>Development of FGC service (March 2007)</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>146. The Trust should ensure that all staff are aware of signs/symptoms of abuse and where evidence of sexual activity and other high risk behaviour is evident in a risk assessment and that this is reflected in the comprehensive assessment and informs the initiation of child protection procedures. (para 10.9c)</p>	<p>The PM in consultation with Service Managers will ensure that this requirement is adhered to throughout the Programme of Care. This requirement will also be included in the good practice workshop identified previously and targeted for fieldwork and residential staff.</p>	<p>DSW (SLT) PM (SLT) All Staff.</p>	<p>Completion Date March 2007</p>
<p>147. The Trust should assess the respective strengths and weaknesses of the family in meeting the needs of the child and consider the implication of these for the child and other family members and ensure that:</p> <ul style="list-style-type: none"> <li>- this information is used to inform the care plan; and</li> <li>- the decision about contact and home on trial and its benefits is based on evidence of improvement noted before children are permitted renewed contact or returned home to high risk situations. (para 10.9d)</li> </ul>	<p>The PM in consultation with Service Managers will ensure that this requirement is adhered to.</p> <p>The areas identified in this Recommendation will also be included in a good practice work- shop as identified in 131.</p> <p>The WACPC Audit sub-committee will be involved in the development of the template for audit in this area.</p> <p>SLT is committed to the urgent development of its Family Group Conferencing service. Indeed it has had preliminary discussions with Foyle Trust about the development of a cross-Trust service.</p> <p>The need to build on the strengths of families will feature in both case conferences and family group conferences alike.</p>	<p>DSW PM PSW Quality Development/ All Staff.</p>	<p>Trust Awareness Training and Specialist Training on Family Group Conferencing will be delivered on 23<sup>rd</sup> and 24<sup>th</sup> October 2006.</p>
<p>148. The Trust should ensure that family and child care social workers conduct joint assessments with social workers in mental health, in cases where decisions are being made about contact/rehabilitation home. These decisions should be informed by:</p> <ul style="list-style-type: none"> <li>- a full and comprehensive assessment of the home situation and parental ability to provide the stability and safeguards required; and</li> <li>- the use of child development theory, including bonding and attachment, and detailed analysis of the previous social care history. (para 10.9e)</li> </ul>	<p>The Director of Social Work in collaboration with the Director of Mental Health Services will establish a Cross Programme Group to ensure that protocols are developed which promote close collaboration and joint working between both staff groups between the family and child care and mental health programmes of care.</p>	<p>EPSW/ Director of Mental Health Services.</p>	<p>Completion date March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>149. The Trust should ensure that every child has their annual health assessment completed and respond promptly to the health needs of Looked After Children. (para 10.9f)</p>	<p>This requirement is met and reviewed at each LAC Review, however, the Trust will review its compliance to this standard to ensure adherence.</p>	<p>DSW/ PM/ PSW Quality Development.</p>	<p>The Trust will include this requirement in its programme of audit by March 07.</p>
<p>150. The Trust should ensure that a risk assessment is completed in each case where there is potential for abuse, either as a victim or a perpetrator; and:</p> <ul style="list-style-type: none"> <li>- develop a risk management strategy to support both the individual child and the residential group; and</li> <li>- review the criteria for acceptable and/or unacceptable risk including criteria for referencing any issues which warrant urgent consideration by their Audit/Risk Committee, the Board and placement/host Trust. (para 10.10g)</li> </ul>	<p>This requirement is met and subject of review at each LAC Review. The Trust will continue to reinforce through the PM and Service Managers this standard of good practice.</p>	<p>The Project Manager will take the lead in reviewing the criteria for determining acceptable/unacceptable risk and the criteria for processing urgent concerns to senior management/appropriate committees.</p>	<p>The Trust will include this requirement in its programme of audit by March 07.</p>
<p>151. The Trust should review the practice of using taxi firms to transport children who have run away from children's homes and ensure that appropriate safeguards are in place in line with the Protection of Children and Vulnerable Adults guidance. (para 10.10h)</p>	<p>Achieved</p> <p>The Trust will ensure that only approved taxi firms will be used in these circumstances.</p>	<p>EPSW PM/ Service Manager/ Residential Service (SLT).</p>	<p>Achieved</p>
<p>152. The Board/Trust, in collaboration, with PSNI should establish a strategic overview of the total management responses in situations where children are coming to the attention of the PSNI and other agencies. (para 10.10j)</p>	<p>The Trust/Service Manager in F&amp;CC have established regular meetings with senior colleagues in PSNI to promote improved information sharing/decision making regarding children in residential care who come to the attention of PSNI.</p>	<p>DSW PM PSNI.</p>	<p>Ongoing</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>153. The Board, Trusts and PSNI, as part of the recent Board Action Plan in relation to one home, should provide guidance and training on the full range of powers available to their staff to assist with the safeguarding of children e.g. Risk of Sexual Harm Orders and their powers under Articles 67 and 68 of the Children Order. Guidance for staff on when to involve PSNI when children leave the home should also be included and closely monitored. (para 10.10j)</p>	<p>Achieved</p> <p>An awareness training workshop held on 7 March 06 addressed this particular recommendation. Further work planned for 2006/2007.</p>	<p>DSW (SLT)</p>	<p>A follow-up workshop will take place before the end of December 2006 to meet the training needs of staff that were unavailable to attend the previous training</p>
<p>154. The Trust should ensure that there are appropriate therapeutic support and intervention arrangements in place where children are returning to children's homes following a period of absconding and known to be sexually active and at risk. (para 10.10j)</p>	<p>There is compliance with this requirement, however, this standard will be reinforced by the PM and at the good practice workshops as detailed previously in 131.</p> <p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p>		<p>Completion date December 2006</p>
<p>155. The Trust should provide the DHSSPS with the outcome of their review and the action taken as a result of their findings. (para 10.10k)</p>	<p>The Trust has continued to update the DHSSPS and WHSSB on key developments.</p>	<p>DSW (SLT) DHSSPS.</p>	<p>Ongoing</p>
<p>156. The Trust should review:</p> <ul style="list-style-type: none"> <li>- the policy on children entering each others rooms and the effectiveness of this including the actions to be taken when staff cannot gain entrance;</li> <li>- the locking arrangements for all internal doors throughout the home to ensure staff can gain access at all times;</li> <li>- the staffing levels where there are known risks to children and closer monitoring required;</li> <li>- the procedures for informing other Board/Trusts/Authorities</li> </ul>	<p>The Trust, through the Service Manager for residential care services, along with social work managers will review policies and procedures and ensure safe practice arrangements are in place.</p> <p>This standard will be addressed in a workshop for staff relating to good practice within residential services.</p>	<p>DSW (SLT) PM/ Service Manager Residential Service (SLT)</p>	<p>Ongoing</p>

<p>of problems and agreeing a strategic approach to the resolution of these. (para 10.10l)</p>			
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>157. The Trust should monitor the maintenance of time on the duty rota for record management. (para 10.11a)</p>	<p>This Recommendation has been implemented and will be monitored by the Service Manager, Residential Service.</p>	<p>DSW (SLT) PM/ Service Manager Residential Service (SLT)</p>	<p>Ongoing</p>
<p>158. The Trust should ensure that the pro-forma used by residential staff to ensure records are kept up-to-date is monitored regularly by managers. (para 10.11b)</p>	<p>This Recommendation has been implemented and will be monitored by the Service Manager, Residential Service.</p>	<p>DSW (SLT) PM/ Service Manager Residential Service (SLT)</p>	<p>Ongoing</p>
<p>159. The Trust should ensure that information received from all professionals regarding their contact with looked after children and their analysis of risk is recorded in the child's file and inform the assessment and care plan. (para 10.11c)</p>	<p>This requirement will be reinforced through awareness training on the recording policy with all managers and staff.</p>	<p>DSW (SLT) PM.</p>	<p>Completion Date March 2007</p>
<p>160. The Trust should retain in the file one completed comprehensive set of Essential Information Record Forms. Records should be typed and filed in date order and audited routinely by Trust Senior Management. (para 10.11c)</p>	<p>The development of good recording practices will be reinforced through the implementation of an up to date recording policy. This requirement will be included in the programme of audit.</p>	<p>DSW (SLT) PM (SLT) PSW (Quality Assurance)</p>	<p>Completion Date March 2007</p>
<p>161. The Trust should ensure that the use of telephone calls or text messages by social workers should not act as a substitute for direct therapeutic intervention that is needed when a child is distressed or has suffered a traumatic life event. (para 10.11e)</p>	<p>Achieved</p> <p>The DSW has informed Managers that this is unacceptable and this has been disseminated to staff.</p> <p>This message was repeated at the "Learning the Lessons from the SSI Report" workshops.</p>	<p>DSW (SLT) PM/ All Managers (SLT)</p>	<p>Achieved</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>162. The Trust should conduct a file audit and ensure that the dates of LAC reviews are recorded on file, the record is updated in terms of contact and statutory visit and that this is monitored and countersigned by the senior social worker. (para 10.11f)</p>	<p>The PM and PSW Quality Development will introduce a regular programme of audit of LAC files to ensure compliance with this requirement.</p>	<p>DSW/ PM/ PSW Quality Development.</p>	<p>Completion Date March 2007</p>
<p>163. The Trust should use simple friendly language to impart decisions on the outcome of looked after review meetings to children bearing in mind their age/vulnerability/literacy and that they may seek to access their records in future years. (para 10.11h)</p>	<p>The development of an up to date recording policy will include the emphasis on all staff to use simple friendly language and adherence to this standard and reinforce effective recording practices for the purpose of access.</p> <p>A meeting has been arranged with the co-ordinator of a cross-border youth participation project.</p> <p>This project was, in part, initiated by the WCYPC and SLT would like to involve it in Quality Assuring this matter.</p>	<p>DSW (SLT) PM</p>	<p>Completion Date March 2007</p>
<p>164. The Trust should ensure that:</p> <ul style="list-style-type: none"> <li>- social workers contact with children is therapeutically focused and consistent with their assessed need, care plan and recorded in care records; and</li> <li>- team leaders in residential care and children sign and comment on the record of the residential workers and the achievements at the end of individual work sessions. (para 10.11j)</li> </ul>	<p>The Service Manager and Social Work Managers in Residential Care Services will ensure that models of good practice are promoted and consistently applied. Awareness and adherence by staff to this standard will be included in the good practice workshop as identified in 131 and in the case recording policy awareness training.</p>	<p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p>	<p>Completion Date March 2007</p>
<p>165. The Trust's Placement Resource Panel should ensure that discussions are held about the actions required to:</p> <ul style="list-style-type: none"> <li>- resolve behaviours evident in a placement before agreeing to transfer the child to another environment;</li> <li>- share the learning from previous exit plans in terms of challenging behaviour and what works best for</li> </ul>	<p>The Programme Manager has commenced a process of clarification of the role of the Placement Resource Panel, and will consider interim arrangements to address this recommendation. The Panel does not currently have a role in considering the movements of children and young people between Residential placements. The longer term operation and function of the Placement Resource Panel will be considered within the development of the Childrens Directorate in the Western Trust, and this recommendation will be fully considered</p>		<p>Interim review Feb 07</p> <p>Review by Western Trust – April 07</p>

<p>the child; and</p> <ul style="list-style-type: none"> <li>- consider the impact of “endings” loss and attachment and ensure children are managed appropriately when transferring between units. (para 10.11)</li> </ul>			
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>166. The Trust should promote the use of Family Group Conferencing to offer the child and family an opportunity to fully explore a range of options which could best meet the child’s needs and particularly prior to any decisions being made about admission to residential care services. (para 10.12a)</p>	<p>The Trust has begun the process of developing a model of Family Group Conferencing that will be aligned to the existing model within Foyle Trust.</p> <p>Discussions are being held with WHSSB regarding funding proposals to assist the Trust in developing a WHSSB wide Family Group Conference Service across the continuum of F&amp;CC Service.</p> <p>Efforts are also being made to develop a cross-Trust FGC service.</p> <p>Awareness –raising and advanced training on FGC will be delivered in SLT on 24th October 2006.</p>	<p>ADSS CC WHSSB DSW (SLT) DSW (Foyle Trust)</p>	<p>Completion Date March 2007</p>
<p>167. The Trust should afford a high priority to identifying children in their care who would benefit from the security of permanency planning and help children live in families that offer continuity and lifetime relationships. (para 10.12a)</p>	<p>The Trust has currently begun the process of developing a permanency panel, the result of which will include effective and timely permanency planning for all children who require this level of security.</p>	<p>DSW (SLT) PM/ Service Manager Residential Care Services (SLT).</p>	<p>Completion Date March 2007</p>
<p>168. The Trust should ensure that the full involvement of the child/parents and relevant disciplines/agencies is considered before completing care plans. Care plans should be clearly documented and comply with regulatory requirements. (para 10.12d)</p>	<p>The Trust endeavours to ensure that the views and involvement of all relevant others are included in the case planning process.</p> <p>The Service Manager for Residential Care Services will ensure adherence to this standard.</p>	<p>DSW PM/ Service Manager Residential Care (SLT)</p>	<p>Ongoing</p>
<p>169. The purpose and outcome of tasks and action required needs to be explicit in the minutes of LAC Reviews and the outcome of these audited for effectiveness. (para 10.12d)</p>	<p>Service Managers/Chairs of Reviews for LAC Services will ensure compliance with this standard . This standard will be included in the Trust’s programme of audit.</p>	<p>DSW (SLT) PM/ All LAC Service Managers/ PSW (Quality Assurance)</p>	<p>Completion Date March 2007</p>

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
170. The Trust should provide revised training to staff on the legislative and regulatory framework associated with the Children Order in respect of assessment and care planning. (para 10.12d)	See Recommendation 133, the programme of assessment skills training is on-going and addresses this requirement.  This will be referred to the mid-year training review.	DSW (SLT) PM/All Service Managers (SLT)	Completion Date March 2007
171. The Trust in collaboration with Education should review the joint protocol drawn up in May 2003 on the education of young people who are looked after by the WHSSB and educated by the WELB and discuss and promote best practice in respect of education outcomes for looked after children. (para 10.12e)		PM (SLT)	The Looked After Children's Sub-Committee will be looking at this requirement.
172. The care plan should draw on the information contained in fully completed PEP forms to inform the best way of meeting the educational health in care. (para 10.12e)	Service Managers with responsibility for chairing LAC Reviews will be requested to ensure compliance with this requirement.	DSW (SLT) PM/ All LAC Service Managers. (SLT)	Completion Date December 2006
173. The Trust should ensure that issues identified in risk assessments are taken into account in the comprehensive assessment and that the care plan is appropriately amended. The child protection arrangements for children must be explicit, followed through and reflected on at next LAC meeting. (para 10.12f)	Service Managers will responsibility for chairing LAC Reviews will be requested to monitor this standard.	DSW (SLT) PM/ All LAC Service Managers(SLT)	Completion Date December 2006
<p><b>Findings Specific to the Regulation and Quality Improvement Authority (RQIA) – Para 10.14</b></p> <p>174. RQIA should ensure that the Board's/Trust's action plan is put in place and that the recommendations made in inspection reports are taken forward within an agreed timeline. (para 10.14a)</p>			

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>175. RQIA should request and receive a copy of the Trust Annual Monitoring Report under Part V Section 33(2) of the Children's Homes Regulations (Northern Ireland) 2005 and monitor the Trust's compliance with issues raised. (para 10.14a)</p>			
<p>176. RQIA should reinforce with Trust Chief Executive and the Registered Provider the need to submit to RQIA their monthly monitoring report within 7 working days of the end of each month. (para 10.14b)</p>			
<p>177. All recommendations concerning failure to deliver on key statutory functions or other serious issues impacting on children, which have governance implications for the Trust, should be directed immediately by RQIA to the Trust's Chief Executive/Registered Provider. (para 10.14c)</p>			
<p>178. The completed RQIA reports on children's homes should be forwarded by RQIA to the Trust Registered Provider to ensure, within 28 days of completion of an inspection, the Trust's compliance. (para 10.14c)</p>			
<p>179. RQIA should devise a trend data analysis system to receive an early alert to areas of difficulty and to initiate joint discussions with the relevant authorities, in order to agree quality improvement plans or to consider any enforcement action required. (para 10.14d)</p>			

RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p>180. RQIA Officers should vary their inspection pattern to children's homes to cover the more vulnerable parts of the day/week including early mornings, late evenings and weekends. (para 10.14e)</p>			
<p><b>Views of Children and Young People – Chapter 11</b></p> <p>181. The Trusts should ensure that their practice is focused on the rights of the child to meaningfully engage in decisions about their life, in an age appropriate manner, and conduct a review of child protection case conferences and LAC reviews to ensure they are child-centred and child-friendly. (para 11.6a)</p>	<p>The Trust actively promotes the engagement of children and young people in decisions that effect them. However, the Trust will engage with VOYPIC to ensure that innovative methods of the engagement and inclusion of young people are explored and promoted within operational practice.</p> <p>A meeting has been arranged with the co-ordinator of a cross-border youth participation project to discuss this issue.</p> <p>He will be invited to join the SSI Inspection Project Management Team.</p> <p>NICCY was also invited but did not consider it appropriate to do so.</p>	<p>DSW (SLT) PM (SLT)</p>	<p>Completion Date March 2007</p>
<p>182. The Trusts should take steps to ensure that post involvement in the care system, children and young people experience the highest quality care that is individually tailored and in the best interests of that child. (para 11.6b)</p>	<p>The Trust, through the dedicated Leaving and After Care Team are actively engaged with all young people who have been in care, to ensure that their individual care plan and best interests are promoted.</p>	<p>DSW PM Service Manager Leaving and After Care Team.</p>	<p>Ongoing</p>
<p>183. The Trusts should also take further action to help realise the goals for all young in the LAC system by providing:</p> <ul style="list-style-type: none"> <li>- staff training on children's rights;</li> <li>- greater continuity of social work personnel;</li> <li>- increased availability of therapeutic assessment and support;</li> <li>- unfettered access to complaints procedures;</li> <li>- reviewing the age and gender mix of units;</li> <li>- developing responses to bullying and other inappropriate behaviour;</li> <li>- mainstreaming use of residents meetings; and</li> <li>- developing greater</li> </ul>	<p>The Trust has already progressed some of the areas identified in this Recommendation. However, the themes identified in this Recommendation alongside other associated themes relating to good practice for children looked after will be incorporated into a good practice workshop.</p> <p>The Trust is developing a LAC Quality Improvement Forum for relevant managers to promote quality standards for services relating to Looked After Children. This is being led by the PM</p>		<p>Completion Date March 2007</p>

consistency in practice in terms of house rules and disciplinary procedures. (para 11.6b)			
RECOMMENDATIONS	PROGRESS TO DATE	LEAD RESPONSIBLE	FURTHER ACTION REQUIRED
<p><b><i>Equality and Human Rights – Chapter 12</i></b></p> <p>184. The Trust should ensure that consultation arrangements in relation to ensuring policy compliance with Section 75 of the Northern Ireland Act include children and parents/carers. (para 12.2a)</p>	<p>The Trust in collaboration with WEHR office will ensure that in reviewing F&amp;CC policies that they are Human Rights and equality compliant.</p>		
<p>185. The Trust in commissioning services from a range of providers should ensure services are provided equitably across the Trust's area and that the needs of children in more rural communities are addressed. (para 12.7b)</p>	<p>The Trust through its collation of information and monitoring reports, (ie the CPP Annual Report, Risk Monitoring Report , CC3/02, , Placement Resource Panel Report, Programme of Audits including the audit of the referrals/enquiries to the Duty and Assessment Team from 1 November – 30 November 2006) will identify a trend, unmet need and service pressures including rurality trends to inform the commissioning of future services within the wider RPA structure.</p>		<p>March 2007</p>