

**Southern Health & Social Services Board/  
Southern Area Child Protection Committee  
&**

**Craigavon & Banbridge Community H&SS Trust/  
Trust Child Protection Panel**

**Final Action Plan dated September 2006  
To  
SSI Child Protection Inspection Report – January 2006**



**Southern Health &  
Social Services Board**



<b>Recommendation No &amp; Page No</b>	<b>Recommendation</b>	<b>Action</b>
1 Page 11	The Trust should fully consider how services can be best managed and delivered and professional responsibilities fulfilled within an integrated and whole systems approach and result in a more seamless service. (para 2.1c)	<p>In January 2005 the Trust established a Childrens Services Strategy Group, involving the Director of Child &amp; Family Care, Director of Mental Health &amp; Disability, Director of Elderly &amp; Primary Care including Allied Health Professional and Medical Representation.</p> <p>The 3 Directors have established quarterly meetings to discuss ongoing issues in relation to policy and practice.</p> <p>Trust held Childrens Services Strategy Workshops on 27th June 2005 &amp; 25<sup>th</sup> April 2006 (facilitated by Beeches Management Centre) to develop a strategy.</p> <p>Papers/Information from these workshops have been shared with key staff, and will help to inform the Children’s Services Directorate, to be established with the introduction of RPA.</p> <p>In addition and in preparation for a Southern Area Trust, the following structures are/will be established:</p> <ul style="list-style-type: none"> <li>• Southern Area Leaving &amp; Aftercare Forum has been established.</li> <li>• Southern Area Domestic Violence partnership has been established.</li> <li>• Work is in progress to develop a Southern Area Strategy for Fostering &amp; Adoption (involving health &amp; disability representatives).</li> <li>• Trust staff participated in developing a proposal for Gateway/Pathway Teams.</li> <li>• Trust multi-disciplinary participation in Childrens service Planning Process and identification of High Level Outcomes.</li> </ul>

		<ul style="list-style-type: none"> <li>• Implementation of Graded Care Profile across Directorates and Agencies.</li> <li>• Inter-directorate workshops were undertaken to provide feedback about the outcome of the Child Protection Inspection to a Trust multi-disciplinary audience. These were presented by the Chief Executive, Directors and representative from the Southern Health &amp; Social Services Board.</li> <li>• SSI Child Protection Inspection has been a standing item on the Agenda of the Trust Operational Board.</li> </ul>
<p>2 Page 11</p>	<p>The Board and Trust should review and continue to address the issue of medical staffing levels and training for child protection work. (para 2.1d)</p>	<p>Additional Paediatric staff have now been recruited and there will be a full compliment of Staff Grade Community Paediatricians from mid October 2006.</p> <p>The Trust, in conjunction with CAH Group Trust, are actively recruiting for Consultant Paediatrician posts. Whilst this process is being completed, the Trust has temporarily recruited 2 part time Consultant Paediatricians.</p> <p>There will be a net increase of 0.7 Consultant Paediatrician Post, and 0.5 Staff Grade Post.</p> <p>GP's and Community Paediatricians were invited to the Training Seminars in relation to the Regional Child Protection Policies &amp; Procedures. There were a number of seminars between October 2005 – January 2006.</p> <p>The Community Paediatric Service was involved in the training and subsequent pilot programme looking at a multi-agency assessment of neglect (The Graded Care Profile).</p> <p>Child Protection training is being provided to GPs and practice staff through SALT. This training will highlight the role of GPs in the child</p>

		protection process and address the issue of medical attendance at case conference.
3 Page 13	The PSNI should review the role of the police in child investigation and ensure that priority is given to training and support staff and measuring outcomes for children. (para 2.3b)	Internal review of CARE Unit provision is ongoing.  PSNI staff have access to the Multi Disciplinary Training Programme.
4 Page 13	The Trust's Senior AHP Managers should ensure that AHPs avail of the training opportunities provided by the Trust in order to be clear about their responsibilities in regard to child protection. (para 2.3e)	An AHP has been appointed to Trust CPP.  In addition, through the Child Protection Co-ordination Group, the Trust is developing improved communication systems with AHP's around inter-agency working.  AHP's can avail of multi-disciplinary training on Child Protection.  AHP's are now giving priority to speech and language referrals, for children within the child protection system.  Trust AHP's availed of training on the Regional Child Protection Policies & Procedures.  The AHP Service is directly involved in carrying out audit work for the Child Protection Panel.  The AHP Service is involved in work with the Child Protection Co-ordination Group looking at 'communicating with children'.  All AHP's were invited to the four training sessions offered for the Regional Child Protection Policy & Procedures.
5 Page 15	The ACPC/ CPP should examine and strengthen their multi-disciplinary and inter- agency fora/dialogues within localities to ensure there are clearer understandings about roles and responsibilities and the processes in child	All key agencies provide a feedback report on an annual basis. The Trust will consider how it can improve inter-agency and multi-disciplinary working in conjunction with Southern ACPC.  The Graded Care Profile is an inter-agency collaboration tool

	protection and monitor and evaluate how well local services work together to protect children. (para 2.3h)	<p>requiring clarity around roles and responsibilities and clear communication.</p> <p>The training on the Regional Child Protection Policies &amp; Procedures included a section on roles and responsibilities. This was delivered to a multi-disciplinary/agency audience of approximately 150 staff.</p>
6 Page 15	The Trust should ensure that all reviews are chaired by a member of staff above Senior Social Worker level. (para 2.3i)	The Trust complies with Department guidance; case planning reviews are chaired by a Team Manager/Senior Social Worker. LAC Reviews are chaired by an APSW. Child Protection Case Conferences are chaired by an APSW.
7 Page 16	Members of the ACPC/ CPP should ensure that information about the ACPC and CPP activity is disseminated to staff and that staff views about child protection needs in the area are canvassed on a regular basis. (para 2.4b)	<p>The social work representatives and the Professional Support and Service Development Worker provide feedback on the Child Protection Panel and SACPC activity through a number of avenues including the monthly Practice Management Group/SMII and Team meetings. Minutes of the Trust Child Protection Panel are distributed to the teams.</p> <p>Systems for dissemination and monitoring of progress will be undertaken by the Trust CPP and associated working groups.</p> <p>The Childrens Services Strategy Group held a workshop including Social Work, Nursing, Allied Health Professionals. As part of this process a questionnaire was sent out regarding staff views.</p> <p>SACPC minutes of meetings now have a wider distribution.</p> <p>A SACPC newsletter is to be developed and circulated to a wide audience.</p>
8 Page 17	The Board should consider the extent and responsibilities of the Chief Nurse post so that he can be in full attendance at Board meetings when child protection issues are being discussed and considered. (para 2.5d)	<p>The Chief Nurse will attend as appropriate.</p> <p>SACPC minutes are shared with the Chief Nurse.</p> <p>The Chief Nurse SHSSB has proposed to the relevant Trust Directors</p>

		<p>responsible for nursing, that child protection is placed upon the agenda at Director of Nursing meetings.</p> <p>This matter has been reinforced with Board members. Subsequent presentations on Case Management Reviews/Business Plans have been very well attended.</p>
9 Page 17	The Board should develop a mechanism which ensures that those, not in full attendance at meetings or involved in discussions when child protection issues are focused upon, are kept fully informed. (para 2.5d)	<p>All participants of the Child Protection Panel or Case Conferences receive full minutes whether in full, partial or non-attendance.</p> <p>Board members receive written minutes of discussions and have opportunity to meet with Board Officers outside of meetings if required.</p>
10 Page 18	<p>The Board/Trust/ACPC/CPD should:</p> <ul style="list-style-type: none"> <li>- ensure that appropriate interagency monitoring and audit arrangements are introduced as a priority; and</li> <li>- examine how thresholds for entry to child protection are applied to specific cases and the way cases enter or fail to enter the child protection system, particularly focusing on those cases managed through case planning. (para 2.5f)</li> </ul>	<p>Cross reference recommendation 29.</p> <p>The Board has agreed the delivery of multi-agency training on assessing neglect across the 3 Trusts (Graded Care Profile Model). This took place in January 2006 and the model is being piloted across the 3 Trusts. There was follow up training in June 2006.</p> <p>Monitoring and audit will continue to be afforded priority.</p>
11 Page 21	The management of vacant posts in both social work and nursing should be resolved as a priority given the potential to overburden staff and create further stressors for them. (para 2.8b)	<p>The Southern Area Directors of Social Services have been instrumental in working with the Directors of Human Resources to develop a Recruitment &amp; Retention Strategy for P.S.S. within the Southern Board. The initial measures have included increased monitoring of vacancies, and there is clear evidence that Craigavon &amp; Banbridge Community H&amp;SS Trust are effectively managing Social Work vacancies to ensure that a safe level of staff is maintained.</p> <p>Levels of sick leave and vacancies are monitored on a weekly basis within Social Work, Health Visiting and Nursing.</p>

		<p>Also within Health Visiting and Nursing, the Trust has appointed supernumerary staff, who are brought in as required.</p> <p>The establishment of the Southern H&amp;SS Trust will lead to all Childrens Services coming together under one Childrens Directorate. Part of this Directorate will be the formation of new Duty Assessment Teams to act as a gateway to services and complete initial assessments. There has been funding made available to facilitate additional social work and social work assistant posts.</p> <ul style="list-style-type: none"> <li>• The Trust provides opportunities for post qualifying training.</li> <li>• The Trust has introduced Lay Health Worker and Residential Support Worker posts.</li> <li>• All staff are engaged in SDPR.</li> <li>• Professional supervision is available to all Health Visitor and Social Work staff.</li> <li>• The Child &amp; Family Care Directorate have developed a specific Child Care Induction package, which includes an introduction for Child care staff to other disciplines and agencies.</li> <li>• Uni-disciplinary and multii-disciplinary training programmes are available for all staff, these are reviewed on an annual basis.</li> <li>• There is a dedicated Multi-disciplinary Child Protection Training Programme.</li> <li>• The Chief Executive and Director of Child &amp; Family Care, visit Teams/Facilities to listen to the views of front line staff.</li> <li>• The Trusts 3 Residential facilities are staffed by qualified social workers.</li> <li>• Trainee social workers and student social workers, have opportunities to be placed in child care field work teams and residential units.</li> <li>• The Trust has been awarded the Investor In People Award.</li> </ul>
12	The Professional Development and Support Post	This post has been filled.

Page 21	should be advertised and filled as a matter of urgency. (para 2.8d)	
13 Page 21	The Trust should ensure that there is a contribution from PSNI and Education to the child care induction programme. (para 2.8e)	This has been implemented and is now included in the revised Induction Programme.
14 Page 22	The Trust should ensure that records of decisions taken during professional supervision and consultation are entered on files, dated and signed by the senior officer. (para 2.8g)	Social Workers record case management decisions made during supervision on a colour coded standardised recording sheet, which is then placed on the families case file. This standard is monitored by Team Managers.
15 Page 22	The Trust's nursing policy on supervision should be reviewed to ensure that all school nurses within the Trust are aware of their responsibilities in relation to Child Protection Issues for school age children. (para 2.8h)	<p>The Trust supervision policy applies to all nursing disciplines.</p> <p>Nurses who have contact with children participate in practice supervision in the same way as other staff groups. Practice supervision is based on the principles of SDPR.</p> <p>Trust has specific child protection policy &amp; procedures for nursing, including school nurses, which are in line with the Regional SACPC Policy &amp; Procedures.</p> <p>Since the Inspection, the Trust has developed a training programme for school nurses including specific skills to manage child protection work within their case loads.</p>
16 Page 23	School nurses should be routinely invited to participate in Case Conferences or Case Planning. (para 2.8h)	<p>All school nurses have completed a child protection training programme in preparation for their increasing contribution to the child protection process and attendance at case conferences. The Child Protection Nurse Specialist will review the role of school nurses in child protection in October 2006. This will be kept under review.</p> <p>School nurses have received direct training from the Professional Support &amp; Service Development Officer in relation to Child Protection and Case Planning (December 2005).</p>

		<p>School nurses attended training on the Regional Child Protection Policy &amp; Procedures.</p> <p>The School Nurse Manager is a member of the Child Protection Co-ordination Group.</p> <p>Where appropriate, School Nurses are invited to Case Conferences.</p> <p>Within the training outlined above, the school nursing programme also includes training on how to actively participate in case conferences, report writing for case conferences and support for school age children following case conference.</p>
17 Page 23	The CPNS remit should be re-examined and adjustments made as required. (para 2 .8h)	<p>The Trust has received funding for an additional 0.5 WTE Child Protection Nurse Specialist and this appointment has been made.</p> <p>CPNS provides professional support and advice to all nursing disciplines, including school nurses.</p> <p>School nurses have completed the regional school nurse training programme at Jordanstown.</p> <p>School Nurses have a dedicated Team Manager.</p> <p>School Nurses participate in Trust training programmes.</p>
18 Page 24	Trust Managers should actively assist staff to participate in training specifically identified in individual training and development plans. (para 2.8i)	<p>It is current practice in the Trust to assist staff to participate in training and this is reviewed on an individual basis through supervision and SDPR.</p>
19 Page 24	Where staff booked on courses fail to attend, the Training Officer should contact the line manager and obtain an explanation so that the ACPC can	<p>Attendance at training courses is monitored by the SACPC Multi-Disciplinary Training Officer, who provides feedback to SACPC and to the Trust.</p>

	properly monitor attendance and uptake of training. (para 2.8i)	
20 Page 25	The ACPC should identify the barriers to the involvement of education and police staff in basic multi-disciplinary child protection courses and request the relevant representatives to bring the issue to the attention of their agencies for resolution. (para 2.8i)	<p>The PSNI and Education Board SACPC representatives have brought this recommendation to their respective agencies with the aim to identify and reduce barriers and promote attendance of their staff on multi-disciplinary child protection courses.</p> <p>The Multi-Disciplinary Child Protection Training Programme continues to be available across disciplines and agencies.</p> <p>The Multi-Disciplinary Child Protection Training Officer has also liaised with key representatives in SELB and PSNI to ensure clear and specific communication arrangements are in place regarding course circulation and that Multi-Disciplinary Child Protection Courses reach those staff for whom they are intended.</p> <p>Within PSNI courses are circulated further than Care Units to other officers working within Domestic Violence, Youth Diversion etc</p>
21 Page 26	Arrangements should be put in place urgently to conduct an evaluation of the new team structure and systems for social work and nursing in regard to outcomes and improvements in service delivery, communication, client satisfaction, staff morale and staff retention. (para 2.8n)	<p>The Childrens Services Strategy Group is taking account of this recommendation. This group is looking at opportunities to improve integrated working at individual and team level.</p> <p>Within the Child Care Directorate, working groups were established to review service delivery of LAC and prevention services;</p> <p>a) A draft evaluation report has been completed regarding LAC Team. Early indicators highlight improved outcomes for LAC in relation to health, education and attachment issues.</p> <p>b) A Health Visitor was seconded to assess the Health</p>

		<p>Needs of Looked After Children. However, recurring funding was not made available and the post has ceased.</p> <p>c) Health Needs of LAC Group is ongoing. Pilot project to consider CAMHS support to the LAC Team and carers will be evaluated in March 2007. A Consultant Psychologist has commenced a 2 year secondment post in Cherrygrove Children’s Home.</p> <p>d) The “whole systems approach” will take account of developments in addressing the health and mental health needs of LAC.</p> <p>e) Funding has been provided for a dedicated Nurse post for LAC.</p> <p>f) Funding to be provided for Principal Practitioner Post to focus on the therapeutic needs of LAC.</p> <p>g) A LAC Annual Report is completed which includes statistical data, trends, issues and outcomes.</p> <p>h) The Trust contributes to Childrens Services Planning specific to LAC.</p>
22 Page 26	There should be ongoing evaluation of the effectiveness of both uni-disciplinary and multi-disciplinary training and the Trust and ACPC should monitor how learning from this is incorporated into practice. (para 2.8p)	<p>The Trust, across the 3 Directorates, collates an annual Training Needs Analysis. In addition, the Child Protection Panel collates a Training Needs Analysis, which is supplied to the SACPC Multi-Disciplinary trainer.</p> <p>The Trust and the SACPC are considering how best to monitor the outcome and application of this training.</p>
23	The Trust should monitor and audit the quality,	Prior to receipt of the SSI report, this recommendation had been

Page 28	timescale and standard of responses to individuals when making contact with child protection and childcare services and include parents and other agencies in this process. (para 2.8s)	<p>actioned by the Child Protection Practice Co-Ordination Group. This group has established a system to respond to agencies and parents with a standardised letter. This also applies to Unallocated cases.</p> <p>The Trust received a favourable review from an audit of responses to telephone referrals carried out on behalf of DHSSPS in January 05.</p>
24 Page 29	The Trust should review, streamline and improve the standard of recording practice and put in place appropriate training and monitoring of this by senior managers. (para 2.8w)	<p>Child care recording has been reviewed across the Trusts in the Southern Area, which has taken account of Inspection, CMR and review recommendations.</p> <p>The reviewed recording formats have been endorsed by Senior Managers from across the 3 Trusts and SHSSB.</p> <p>Standards for Child Care recording are currently being developed and the target for completion is November 2006. The Southern SACPC Assessment Model is currently being used, which provides guidance and a recording format for referral, initial assessment, second stage assessment and comprehensive assessment.</p> <p>The Trust and the SHSSB is represented on the Armagh &amp; Dungannon Trust Steering Group for the implementation of UNOCINI.</p>
25 Page 29	The Board, through the auspices of the ACPC, and in conjunction with the Trust CPP, should carry out periodic audits to ensure that they are properly fulfilling their responsibilities as outlined in <i>Co-operating to Safeguard Children</i> . (para 2.8w)	Through SACPC and the Trust CPP periodic audits take place in relation to child protection activity e.g. adherence to Timescales in Child Protection.
26 Page 31	The ACPC should give consideration to developing a multi-disciplinary/inter-agency training programme:	The SACPC Chair will meet with IAR and CMR representatives at the outset to discuss the requirements as outlined in <i>Co-operation to Safeguard</i> .

	<ul style="list-style-type: none"> <li>- for managers from all disciplines dealing with the complexities in managing and reviewing the effectiveness of all aspects of child protection service;</li> <li>- on the requirements for participating in and contributing to Case Management Reviews. (para 2.9b)</li> </ul>	<p>Examples of Managers courses that have already been included within the Multi-Disciplinary Child Protection Training Programme are –</p> <ul style="list-style-type: none"> <li>• Joint Protocol Supervisors Training.</li> <li>• “The Challenge of Setting Thresholds” – First Line Managers Training.</li> <li>• Chairing Case Conferences.</li> <li>• Neglect and the Graded Care Profile for Managers.</li> <li>• Peer Review for Conference Chairs.</li> </ul> <p>The challenge to develop a multi-disciplinary inter-agency programme for all managers from all disciplines would undoubtedly be daunting. It is difficult to see how a single programme could address the diverse requirements and priorities from all disciplines and agencies involved within child protection.</p> <p>SACPC will continue to be responsive to providing managers training as need arises. The possibility of developing a more inclusive multi-disciplinary course will be significantly influenced by the outcomes of the Review of Public Administration and the future arrangements for Area Child Protection Committees which at present remain unknown.</p> <p>The SACPC trainers have developed a training proposal for CMR participants. This is currently being progressed.</p>
<p>27 Page 32</p>	<p>The Trust should consider how services can become more localised particularly within the Banbridge locality. (para 2.10b)</p>	<p>The Trust actively works in partnership with key agencies and local communities in terms of equity in accessing services. We also ensure, that Trust wide services, based in particular localities, are accessible to families, children and young people by providing transport where required.</p> <p>A new Primary Care Centre is being developed in Banbridge, which will accommodate a range of services for the local population, including the local child care team.</p>

<p>28 Page 32</p>	<p>In cases where the initial concern has been one of child protection or where a staff member in managing a case has evidence which indicates the need for the case to be considered under child protection arrangements, managers should state in writing their agreement for proceeding or reasons for not proceeding to case conference and ensure that this is placed on the child's file. (para 2.10c)</p>	<p>Following consultation with senior managers, there is an expectation that team managers record decisions about Thresholds and whether to proceed to case conference, on the child's file.</p> <p>SACPC have undertaken audits in respect of this recommendation.</p>
<p>29 Page 33</p>	<p>Trust Managers should ensure that all cases being managed within case planning are appropriately placed there and that where there is a need for moving to a child protection case conference that this is instigated quickly. (para 2.10e)</p>	<p>Through the SACPC and Trust Child Protection Panel a multi-disciplinary audit was undertaken across 3 Community Trusts. The audit was completed in June 2006 and examined decision making at referral, case planning and child protection. The findings have been analysed and presented to SACPC.</p> <p>Action plans to progress recommendations from this audit are currently being completed by the Trusts, which will be presented to Southern ACPC for endorsement.</p> <p>Senior Managers review case planning minutes and together with Team Managers monitor files.</p>
<p>30 Page 34</p>	<p>Where evidence suggests that it is appropriate to convene a case planning meeting, the meeting should as far as is possible facilitate the attendance of medical and other relevant personnel. (para 2.10f)</p>	<p>Every effort is made to facilitate the attendance of key staff. The Trust is currently piloting the scheduling of review case conferences to facilitate attendance of GP's and Community Paediatricians. The learning from this, could be applied to case planning to facilitate the attendance of medical personnel.</p> <p>Child Protection training is being provided to GPs and practice staff through SALT. This training will highlight the role of GPs in the child protection process and address the issue of medical attendance at case conference.</p>

<p>31 Page 34</p>	<p>The Board, Trust and ACPC as a matter of urgency should examine and monitor case planning and ensure it has the rigour, structure, support, management, chairing, reporting arrangements and record keeping necessary for monitoring effective and safe practice. (para 2.10g)</p>	<p>Senior Managers review case planning minutes. Senior Managers and Team Managers monitor files.</p> <p>Also cross reference recommendation 29.</p>
<p>32 Page 35</p>	<p>The Trust should ensure that staff are aware of and assisted in accessing independent support so that any residual or negative issues arising from the inquiry can be resolved and taken forward in a positive way. (para 2.12a)</p>	<p>The Trust would acknowledge that any inspection/inquiry is very stressful on staff and impacts on the organisation, but every effort is made to support staff. This is available through:</p> <ul style="list-style-type: none"> <li>• Team building</li> <li>• Supervision</li> <li>• Team Meetings</li> <li>• Availability of line management</li> <li>• An open door policy for support and supervision is provided by Nurse Managers and the Child Protection Nurse Specialist.</li> </ul> <ul style="list-style-type: none"> <li>• The Trust completes an annual staff attitude survey.</li> <li>• The Chief Executive and Child &amp; Family Care Director visit Child Care Teams to listen to the views of front line staff.</li> <li>• Human Resources commission an independent Staff Care Service, which is promoted with staff via posters, cards, leaflets, and supervision.</li> <li>• Trust staff receive de-briefing sessions following significant events.</li> <li>• The Trust was awarded Investors In People.</li> </ul>
<p>33 Page 36</p>	<p>Trust managers should examine how staff can be assisted to progress further towards the measurement of outcomes in their work with families. (para 2.12b)</p>	<p>Practitioners and first line managers are involved in service developments which are outcomes based e.g. reconfiguration of residential care, review of fostering and adoption services, development of Leaving Care &amp; Aftercare Services.</p> <p>Sharing learning with staff from CMR's, Audits and research.</p>

		<p>Involvement of staff in pilot initiatives with associated training and evaluations. Initiatives which have been implemented are:</p> <ul style="list-style-type: none"> <li>• The SACPC Graded Care Profile</li> <li>• SACPC Domestic Violence Risk Assessment Model</li> <li>• The SACPC Assessment Model</li> <li>• School Liaison Project</li> </ul> <p>These outcome measures are used to facilitate evaluation of professional practice and intervention with vulnerable children.</p>
34 Page 36	The ACPC/ CPP should audit case files in regard to the measurement of outcomes. (para 2.12b)	Cross reference to recommendations 29 & 33.
35 Page 38	The ACPC/ CPP should continue to examine and monitor the uptake of invitations to and attendance at case conferences in order to improve and facilitate appropriate attendance and representations. (para 2.13f)	<p>Attendance at Case Conferences is monitored through information supplied to the SACPC re: Core Group Members. In addition, this area is actively monitored by the Child Protection Panel in activities such as:</p> <ol style="list-style-type: none"> <li>1. Audit of GP's attendance at Case Conferences.</li> <li>2. Audit of GP's written contributions to Case Conferences.</li> <li>3. Attendance of Community Paediatricians at Case Conference.</li> <li>4. Piloting set days for attendance at Case Conferences with Community Paediatricians and GPs.</li> </ol> <p>Levels of participation are reflected in SACPC Business Case.</p> <p>The audit undertaken by SACPC in Oct 05 made a number of recommendations to enhance GP attendance at case conference. These recommendations were widely circulated and are being progressed.</p>
36 Page 39	The Trust should examine how children and young people can be more fully engaged in attendance at case conferences and discussions about plans for their care and safety. (para	There is a clear expectation that staff consult with children and young people prior to, and following Case Conferences, to seek their views regarding plans for their care/safety.

	2.13g)	<p>Attendance of children and young people at Case Conferences is considered on an individual basis with regard to age, understanding and what is in the best interest of the child.</p> <p>The SACPC &amp; Trust are supporting research regarding the participation of young people at case conference by the Child Protection Nurse Specialist, as part of a Post Graduate Education Programme.</p> <p>Young people are provided the opportunity to meet with the case conference chairperson prior to or following a meeting.</p> <p>Social workers engage young people and their families throughout the Child Protection process.</p> <p>The Trust and SACPC has set an objective for 2006/07 to enhance children and young peoples involvement within the Child Protection process.</p>
37 Page 40	The Trust and ACPC should review the range of information available and the way it is accessed by the public and other agencies. Young people, parents and appropriate professionals and other agencies should be involved in the production of information. (para 3.1a)	<p>The regional publication "Safe Parenting Handbook" has been disseminated and widely circulated.</p> <p>Internet and mobile phone safety leaflets have been circulated.</p>
38 Page 42	The Board/Trust in conjunction with ACPC and CPP should continue to explore ways for assisting parents and children to express their views regarding making a complaint. (para 3.4a)	<p>The Trust recorded 971 user views in 2005/2006, an 82% increase on the previous year. This is as a result of more publicity; training for staff etc.</p> <p>The SACPC is presently supporting research into young people's perceptions within the child protection process.</p> <p>The SACPC also monitors parents and young peoples attendance at</p>

		<p>the case conference and written contributions provided.</p> <p>There is a section within the information contribution form provided to parents and young people in respect of their views on the service.</p> <p>Each Trust also has a general complaints leaflet outlining the methods of making complaints and the bodies to whom complaints can be made.</p> <p>There is now within the regional SACPC Policies and Procedures an appeals procedure (appendix 4).</p> <p>This appeal procedure can be initiated by parents or children subject to child protection case conference.</p>
39 Page 43	All parents and children should be made aware of how to make a complaint about service received and there should be a written record made of the information shared and placed on the child's file. (para 3.5a)	<p>The Director of Child &amp; Family Care has formally reminded staff of their responsibility to share information with clients on how to make a complaint and ensure this is recorded on the case file.</p> <p>Health Visitors provide clients with written information about their service on first contact. This includes information regarding how to make comments and complaints.</p> <p>File monitoring takes place to ensure this information is recorded on file.</p>
40 Page 44	The ACPC should build in a formal evaluation process as it implements its communication strategy and the Trust should take steps to develop their method of including parents and young people in providing suggestions about improving child protection services. (para 3.6)	<p>The Trust will continue to involve, and seek feedback from, service users of our child protection services. The Trust CPP will progress this recommendation in collaboration with the SACPC.</p> <p>The SACPC Newsletter will offer an opportunity to members of the public to comment on child protection services.</p>
41 Page 44	The Board and Trust should monitor and audit more closely the purpose of and outcomes from important initiatives and ensure that these are	The Trust and Board is committed to outcomes based initiatives and has developed and implemented a number of initiatives which were piloted and evaluated e.g. SACPC Assessment of Need Model, School

	progressed in an effective manner. (para 3.7a)	Liaison Project, Domestic Violence Risk Assessment Model, Graded Care Profile.
42 Page 47	The ACPC/ CPP should put in place a specific communication strategy to address child protection issues for marginalised groups and evaluate the effectiveness of this. (para 4.5a)	This matter is already on the Trust CPP agenda and will be progressed on a multi-disciplinary/agency basis.  The regional publication "Safe Parenting Handbook" has been translated into a number of languages.  Training is available to community groups.
43 Page 48	The Trust should take action to improve communication and contact arrangements so that parents and children and external agencies can access the relevant services and support more easily. (para 4.8a)	The Trust is committed to keeping this under review and is seeking to improve how we communicate with and give feedback to clients and external agencies.  A telephone audit carried out by DHSSPS in January 2005 made positive comments about the Trusts response to client enquiries.  Information booklets relating to Trust services have been developed and are currently in circulation throughout the Trust.  The Southern Childcare Partnership has developed a website which parents can access for information on support and services.
44 Page 50	The Trust should develop a forum to facilitate the multi disciplinary/agency network and develop a common understanding of what is accepted as a child protection referral. This should reflect the importance of harnessing differing expertise and support from a range of disciplines and agencies at an early point of referral and initial assessment. (para 5.2b)	Prior to this Inspection the Trust had established a Multi-Disciplinary Child Protection Practice Co-ordination Group.  Since the Inspection a standard form and letter has been developed to acknowledge referrals and outline follow-up/action.

<p>45 Page 50</p>	<p>Managers within the Education system should ensure that staff in education are supported and assisted appropriately when making a decision to refer a child to social services. (para 5.2c)</p>	<p>Cross reference Trust comments for recommendation 78.</p>
<p>46 Page 51</p>	<p>The Trust and PSNI should ensure that written confirmation of referrals are made within the timeframe laid out in CTSC chapter 5 sections 5.11 and 5.14 and that relevant PJI forms are completed, forwarded and placed on the appropriate child's record. (para 5.2f)</p>	<p>This is current practice. Levels of compliance will be monitored and reviewed through SACPC and Trust CPP.</p> <p>As part of its monitoring role the SACPC carried out audits of unallocated cases/Single Agency Investigations across the 3 Trusts, between May 2006 – June 2006.</p>
<p>47 Page 52</p>	<p>Social services should, in a timely way, refer to the paediatric service in the Trust, all children where there are concerns about neglect, faltering growth and development. (para 5.2h)</p>	<p>If it is apparent to Social Work staff that a child is at risk of significant harm due to neglect, an immediate referral is made to paediatric services. A Community Paediatrician is a core group member of the Child Protection Case Conference.</p> <p>The Trust has now adopted a Multi-agency Model for Assessing Neglect (The Graded Care Profile). Training on this model was provided to staff from Social Work, Health, Community Paediatricians, Disability and Education in January 2006. There was follow-up training in June 2006.</p> <p>An Independent Review Panel is to be established to review child protection cases, which involve chronic neglect.</p> <p>The Health Visiting Service also utilise the model 'Growth Assessment and Community Guidelines'.</p> <p>The SHSSB, as part of its commissioning arrangements, (children with Disability Programme Commissioning Group) meets with Trust AHP Managers and Community Paediatricians in regard to children with disability and child health.</p>

<p>48 Page 52</p>	<p>In all cases where there has been a traumatic child protection incident, social services should offer the young person the opportunity to have at least a consultation with a medical practitioner specialising in child abuse and any resultant medical examination and discussion should be recorded on the young person's files. (para 5.2i)</p>	<p>Where a child has suffered traumatic experience as a result of abuse he/she would be referred to the relevant medical practitioner i.e. Consultant Psychiatrist or Consultant Community Paediatrician who specialises in child protection.</p> <p>Information is recorded on the case file.</p>
<p>49 Page 54</p>	<p>The SELB in collaboration with the ACPC should examine the reasons for the limited uptake by education staff of multi-disciplinary child protection training. (para 5.2n)</p>	<p>SACPC Business Plan reflects level of uptake.</p> <p>New child protection arrangements for education staff are being progressed regionally.</p> <p>The Education Representative on SACPC has drawn this recommendation to the attention of the SELB via the SELB Child Protection Committee with the aim of highlighting to all education staff the importance of attending multi-disciplinary child protection training.</p> <p>The appointment of 2 Child Protection Officers within the SELB has increased support for designated teachers in relation to child protection issues, particularly in the area of training.</p> <p>The Multi-Disciplinary Child Protection Training Officer liaises closely with these officers both in terms of the Multi-Disciplinary Child Protection Training Programme, encouraging uptake and in contributing to Uni-Disciplinary Child Protection training.</p> <p>The SELB Child Protection Committee review quarterly uptake of education staff participating on Multi-Disciplinary Child Protection Training Courses.</p>
<p>50 Page 54</p>	<p>The ACPC and the Trust should ensure that all staff are informed of the range of additional</p>	<p>New Regional SACPC Policy and Procedures (April 2005) have been distributed.</p>

	booklets which have been added to the current ACPC policy and procedural guidance and undertake training on the procedures. The ACPC and Trust need to audit and monitor the circulation of any new information. (para 5.3a)	Distribution lists are maintained at Trust and Board level to facilitate circulation of information and monitoring of same.
51 Page 55	The ACPC and Trust Senior Managers should ensure that all new information is contained within the ACPC policy and procedures manual. (Para 5.3b)	<p>All staff have been informed by a covering letter from the Chief Executive to include relevant addendums to their Child Protection manual.</p> <p>During the implementation of new policy &amp; procedures, awareness raising sessions and training seminars are provided to staff.</p> <p>Across programmes of care, Senior Managers ensure that information is shared with Team Managers and disseminated to front line staff via Team Meetings, to ensure compliance with Chief Executive directions.</p>
52 Page 55	The Trust should ensure that guidance issued to staff is dated. (para 5.4a)	It is now practice to date all Policies and Procedures and Guidance.
53 Page 55	The Trust should have a separate section in social work files for referral forms and these should be filed in chronological order. (para 5.4b)	Following the Threshold Audit, C&B Trust were commended for the fact that they had a separate section on files for referral's. The intention is that this will be replicated in the other 2 Trusts.
54 Page 56	There should be a case summary sheet and a chronology of significant events at the front of every child's social work file as a minimum standard which should be updated on a regular basis. This should become consistent practice across the Trust. (para 5.4f)	<p>Please cross reference to comments regarding recommendation 24.</p> <p>The recording and file structure group will address these issues.</p> <p>A recommendation from the SACPC Audit on Thresholds was that SACPC should develop standards for recording practices across the 3 Trusts.</p>

<p>55 Page 57</p>	<p>The chronology of significant events should be used in all health files; information should be structured and recorded succinctly and appropriately to enable greater understanding of the issues for the child and family. (para 5.4i)</p>	<p>This initiative was developed (for Health Visitor records) by the Trust prior to the Inspection, and made available to the Inspection Team. At the time of the Inspection the pilot of this initiative was just commencing. This has proven particularly beneficial in Case Management Reviews.</p> <p>A review of the usefulness of the chronology has been completed and minor amendments made. The outcome of this review has been shared with the Regional Working Group for Health Visitors Records.</p> <p>The chronology will be introduced regionally in 2006 with the implementation of new health visitor records.</p> <p>Trust Nurse Managers are considering the usefulness of the chronology in other nursing teams.</p>
<p>56 Page 57</p>	<p>Medical reports should comment on emotional development and behavioural presentation when making an assessment of the risks to and the needs of the child or young person. (para 5.4j)</p>	<p>The Consultant Paediatrician has agreed that this information will be considered.</p> <p>The GP will be informed about any examinations done for suspected abuse.</p> <p>All sheets will be clearly identified with a label, which contains all the information on the child.</p> <p>SACPC sub group for medical examination of suspected child abuse will continue to keep this matter under review.</p>
<p>57 Page 58</p>	<p>Where a child has had a medical examination in regard to suspected abuse the child's General Practitioner should always be informed and be provided with a written report from the FMO. (para 5.4k)</p>	<p>SACPC has raised with PSNI via Regional Core Group and this will be kept under review.</p>

58 Page 58	Any information retained in any child's paediatric file should contain at least three pieces of identifying information e.g. name, D.O.B. and personal identification number. (para 5.4m)	All Paediatric files of children who are currently being reviewed by Community Paediatricians each have identification labels, which include the child's name, D.O.B. and address. These labels are also used on every hand written page of notes contained within the file.
59 Page 59	The PSNI should consider developing a front sheet and chronology of events for child abuse investigation case files. (para 5.4p)	SACPC has raised at regional level via core group.
60 Page 59	The PSNI should ensure that police files contain a consecutive and comprehensive record of each stage in an investigation so that important information is not excluded from the file and that information is easily accessed. (para 5.4q)	SACPC to raise at regional level via core group.
61 Page 59	Social work and nursing operational managers should ensure that case files are reviewed, dated and signed. (para 5.5a)	Case files are monitored by operational managers.
62 Page 60	The Trust should ensure that the exchange of information between disciplines and agencies is consistent across the Trust. (para 5.5b)	The Trust provided staff with a series of workshops in relation to the recommendations arising out of the SSI Child Protection Inspection. One of the themes covered in the workshop related to the importance of multi-disciplinary communication.  As a result of the workshops, staff made a number of suggestions to enhance multi-disciplinary communication.
63 Page 60	The Trust in collaboration with Education should examine and improve the current arrangements for sharing information between social services and to Education staff so that children and young people can be appropriately supported. (para 5.5d)	Education staff are invited to case planning meetings and Child Protection Case Conferences. Minutes of these meetings are exchanged.  Education staff are also part of the core group, and also have a responsibility to safeguard children as per child protection

		<p>procedures.</p> <p>Since the Inspection a standard form and letter has been developed to acknowledge referrals and outline follow-up/action.</p>
64 Page 61	All disciplines and agencies should cross check basic information to ensure they hold up-to-date and correct information about children and their family circumstances. (para 5.5e)	<p>Agencies and disciplines have an opportunity to cross check information at case planning, case conference and LAC reviews.</p> <p>Multi-disciplinary assessment is shared with parents/carers/guardians, where possible, to cross-check information.</p>
65 Page 62	The ACPC/ CPP should on an on-going basis monitor a sample of cases being managed within case planning to ensure that Child Protection procedures are applied consistently and effectively so that practice conforms with guidance, policy and procedures. (para 5.6b)	<p>The final Threshold Audit report was issued in July 2006. This has been disseminated widely among relevant staff and the recommendations are being taken forward through Trust Child Protection Panel and SACPC.</p> <p>Audits on Unallocated Cases are completed monthly, and submitted to SHSSB &amp; DHSSPS.</p>
66 Page 63	The ACPC should continue to review the operation of the child protection register and ensure that follow up support services are assessed and put in place for children and families when a child's name is removed from the register. (para 5.6c)	T CPP quarterly monitoring proforma will be adapted to include this information, which is shared with SACPC.
67 Page 63	Trust Senior managers and the PSNI should ensure that written information on children is conveyed to the other agency immediately following the strategy discussion. (para 5.7a)	Trust staff are aware of their responsibility to exchange information with the PSNI on the new PJI forms. This will be reinforced through relevant management fora and the Trust CPP.
68 Page 63	Discussions with medical/paediatric personnel should form part of the strategy discussion so that when required the appropriate medical input can be obtained quickly for the child. (para	At a joint protocol strategy discussion it is a requirement to consider if a medical examination is required and who is best placed to undertake this i.e. Community Paediatrician or F.M.O.

	5.7a)	<p>The recent SACPC Threshold Audit (June 2006) highlighted 100% compliance with Joint Protocol procedures in the Trust.</p> <p>The Trust has Consultant Paediatrician cover available for consultation in relation to any strategy discussions.</p>
69 Page 64	The SACPC Assessment model, now available to staff should be used consistently across the Trust and should be monitored and evaluated by the ACPC. (para 5.8a)	<p>The SACPC Assessment Model for initial/second stage/comprehensive assessments is applied to all child protection cases. This is monitored by case conference chairs.</p> <p>UNOCINI to be implemented.</p>
70 Page 64	The current work by the DHSSPS on the development of a regional assessment model should be progressed as a priority. (para 5.8a)	UNOCINI to be implemented.
71 Page 65	Trust social services staff should make more use of the specialist expertise of paediatric staff when assessing the needs and risks for children and young people. (para 5.8b)	<p>The Child &amp; Family Care Directorate has met with the Consultant Community Paediatrician to discuss this and a range of other issues to develop and improve practice.</p> <p>Access has been impacted on by the capacity of Community Paediatrician to respond, due to recruitment issues.</p> <p>The Trust is working jointly with CAH Group Trust in order to recruit two Consultant Paediatricians.</p>
72 Page 65	Trust social services staff should obtain written reports from GPs where they have been requested to carry out an assessment of injuries or faltering growth and the report should be placed on the child's file. (para 5.8b)	<p>GP's are always asked to provide the Trust with written reports of their findings. These reports are placed on the child's file and are available for future reference.</p> <p>The Trust provide a standard report format for GP's to complete, for each child protection case conference. There is compliance with this standard.</p>

		<p>In addition, Guidelines have been issued to GP's regarding 'Faltering Growth' and 'Failure to Thrive' on a Boardwide basis.</p> <p>In preparation for all case conferences, the Health Visitor will have had discussion with the GP in relation to specific child/children.</p> <p>The SACPC, as part of its auditing role, completed an audit regarding GP attendance at case conferences in October 2005. The SACPC and Trust Child Protection Panel, as part of their auditing role continue to monitor GP attendance at case conference. Outcomes of this monitoring is reported in the SACPC and Trust Child Protection Annual Report's.</p>
73 Page 65	The system for joint medicals between Community/Hospital Paediatricians and FMOs should be reviewed and continued so that crucial evidence to support evidence of children's injuries is obtained appropriately. (para 5.8c)	<p>The PSNI CARE Unit take the lead in conjunction with Social Services to consult with the relevant FMO/Consultant Paediatrician regarding the medical examination/needs of the child. The requirement for medical examination and the process required is outlined in the SACPC Regional Policy &amp; Procedures.</p> <p>The SACPC has raised at Regional Core Group.</p>
74 Page 67	The relevant disciplines, agencies and chairs of case conferences should give urgent consideration to improving the attendance of relevant disciplines at initial case conferences and engaging the appropriate professionals in the assessment of children and their family and in interventions required to meet the child's developmental and care needs. (para 5.9a)	<ul style="list-style-type: none"> <li>• Attendance at Case Conferences is monitored by the Trust Child Protection Panel and SACPC.</li> <li>• The initial case conference and subsequent reviews identify professionals to be part of the Core Group and interventions are agreed by the Core Group and recorded on the child protection plan.</li> <li>• The assessment model used by the Trust requires and promotes multi-disciplinary involvement.</li> <li>• All agencies have a responsibility to comply with Co-operating to Safeguard Children and Child Protection Procedures.</li> <li>• Case conferences have been scheduled on set days to facilitate, in particular, medical attendance.</li> </ul>

		<ul style="list-style-type: none"> <li>• Additional funding has been provided for CPNS and Paediatric staff.</li> <li>• SACPC have sent correspondence to GP's in the Southern Area outlining their child protection responsibilities.</li> </ul>
75 Page 68	The CPP should ensure that the objective on reviewing the effectiveness of the SHSSB's Risk Analysis Model is progressed as a matter of priority. (para 5.10a)	Questionnaires were issued to a range of disciplines/agencies. All returns were collated and analysis indicated that the model is effective for parts of the decision making process. Full results and analysis will be brought to the Trust Child Protection Panel.
76 Page 68	The ACPC/ CPP should ensure that the risk analysis model is utilised on a multi-disciplinary and inter-agency basis and should regularly audit the effectiveness of the risk analysis model's use in assisting decision making at case conferences. (para 5.10b)	Cross reference recommendation 75.
77 Page 69	Trust Senior Managers should ensure that relevant and key professionals are facilitated to attend case conferences so that those with appropriate knowledge and skills can contribute to decisions taken and follow up assessments as required. (para 5.11a)	<p>All relevant and appropriate professionals are invited to Case Conferences.</p> <p>This will be further facilitated with the addition of an Allied Health Professional representative on the Trust CPP, and the Child Protection Practice Co-ordination Group.</p> <p>Where relevant, school nurses will now attend case Conferences.</p>
78 Page 70	The ACPC should in collaboration with the Department of Education representative on the committee consider how designated teachers can participate in multi-disciplinary training to assist them to further develop their knowledge and skills when contributing to case conferences. (para 5.11c)	<p>The 2 newly appointed Child Protection Officers within the SELB are encouraging education staff attendance on the Multi-Disciplinary Child Protection Programme.</p> <p>The SELB already run a comprehensive two day training programme for all Designated Teachers within their area. While this is not Multi-Disciplinary it is designed to ensure Designated Teachers fully</p>

		understand their Child Protection roles and responsibilities. The Multi-Disciplinary Child Protection Training Officers contributes to and presents on this programme.
79 Page 70	The appropriate professionals should be invited to case conferences and those with key contributions should, where possible, be accommodated in terms of timing and venue. (para 5.11d)	The Trust has introduced, on a pilot basis, the scheduling of review Case Conferences to address this matter.  The situation continues to be monitored by Trust CPP.
80 Page 71	Trust Senior Managers should consider how reports supplied by Social Workers and other professionals for case conferences can be more succinct, utilise the risk analysis models available and become more outcome focused. (para 5.11g)	The SACPC Assessment format enables staff to structure their reports for Case Conference.  UNOCINI to be implemented.  The Trust will explore the application of new technology including electronic recording and use of mandatory fields.  Family history/historical factors are crucial to facilitate decision making as documented in child death inquiries.  The Child Protection Practice Co-ordination Group has recently undertaken a review of composite reports to ensure they are integrated, comprehensive and avoid duplication. Recommendations will be taken forward by Child Protection Practice Co-ordination Group.
81 Page 72	The ACPC/ CPP as part of their auditing programme should examine a sample of cases of children whose names have been removed from the child protection register under one-year duration and ensure appropriate assessment and supportive services are in place. (para 5.11j)	The Trust will take this forward in collaboration with SACPC.

<p>82 Page 72</p>	<p>Trust Senior Managers should ensure there is support and appropriate supervision for minute takers and the ACPC should ensure that those who take minutes at child protection case conferences receive appropriate training. (para 5.11k)</p>	<p>Minute taking is a demanding task and training opportunities are provided, both internally and through the Beeches Management Development and Training Unit.</p> <p>Focus Groups for administration staff across all programmes have been established, and are taking account of this recommendation.</p>
<p>83 Page 76</p>	<p>The ACPC in collaboration with PSNI should encourage police to undertake training on the specific needs and risks for children in groups known to be vulnerable. (para 6.4a)</p>	<ul style="list-style-type: none"> <li>• The Trust will work with SACPC to facilitate inter-agency training.</li> <li>• It is Trust practice to include the PSNI at all stages of any Child Protection investigation, through Strategy Meetings, attendance at Case Conference etc.</li> </ul> <p>The PSNI representative on SACPC has shared this recommendation with his own agency in terms of encouraging police attendance on appropriate courses.</p> <p>The Multi-Disciplinary Child Protection Training Programme offers a range of training opportunities for police officers in this area. These include –  “Joint Protocol Module 1 and Module 2”.</p> <p>“Communicating with Vulnerable Children who are Disabled”.</p> <p>“Raising Awareness of Child Abuse through Commercial Sexual Exploitation of Children”.</p> <p>“Child Pornography and the Risks posed by the Development in Communications Technology”.</p> <p>“Evidencing Physical Neglect/Emotional Abuse/Thresholds for Safeguarding”.</p> <p>“The Impact of Substance Misuse on Parenting Capacity”.</p> <p>“Child Sexual Abuse Seminar”.</p> <p>“Multi-Disciplinary Assessment of the Needs of Children and their Families”.</p>

		The Multi-Disciplinary Child Protection Training Officer has liaised with PSNI to ensure that Multi-Disciplinary Child Protection courses are available to police officers who may be encountering child protection issues within their day to day work in particular the Care Unit, Domestic Violence Officers and Youth Diversion Officers.
84 Page 76	The Trust should ensure that planned improvements to the complaints system are actioned. (para 6.6b)	The Trust's complaints system is kept under review and planned improvements are taken forward on a corporate basis e.g. <ul style="list-style-type: none"> <li>• Greater publicity to elicit service user views.</li> <li>• Improvements in our reporting systems.</li> </ul>
85 Page 77	Trust Senior Managers and PSNI should jointly quality assure how joint investigations between social workers and police have been carried out and the ACPC should put in place a system for auditing and monitoring these. (para 6.7a)	A Joint Protocol Audit was completed under the auspices of the SACPC and TCPP.  Trust Team Managers have been formally reminded of their responsibility to quality assure joint protocol investigations.  The Regional Joint Protocol Core Group has developed a monitoring form.
86 Page 79	The ACPC as the lead strategic body should consider how best social services and PSNI can quality assure joint investigations of children and young people. (para 7.2a)	Cross reference recommendation 85.
87 Page 81	The Board/Trust should ensure that the recommendations of evaluations are progressed and that objectives outlined in Annual Reports are met. (para 7.5b)	The School Liaison Pilot Project, was implemented, following the evaluation, within targeted schools across the Trust.  In relation to the second element of this, the Board and Trust respectively through SACPC and CPP regularly monitor the progress of objectives outlined in Annual Reports.
88 Page 81	The ACPC/ CPP should ensure that members fulfill their responsibility to inform their agency and peers of the work of ACPC/ CPP and seek ways to	The roles and responsibilities of all constituent agencies are clearly outlined in Co-operating to Safeguard Children. Hence, they are obliged to inform their agency and peers of the work of SACPC/Trust

	obtain the views of staff on the usefulness of or dissatisfaction with guidance or procedures. (para 7.6c)	<p>Child Protection Panel, and seek their views to feedback to the SACPC/Trust Child Protection Panel.</p> <p>Members of SACPC/TCPP contribute to Annual Reports.</p> <p>The Child Protection Panel agenda has a standing item for multi-disciplinary/agency information sharing.</p>
89 Page 83	The Board/ACPC should ensure that the Trust Director of Child and Family Care is a member of ACPC; and the Chief Nurse and Commissioner for AHPs should have a direct means for influencing the ACPC strategy and business plan. (para 8.1a)	<p>The Director of Child &amp; Family Care is now a member of SACPC.</p> <p>Chief Nurse/ AHP Commissioner receives minutes of SACPC meeting.</p> <p>Invitations are extended for CMR presentations and the Business Plan is shared in draft.</p>
90 Page 84	The ACPC should consult with their partners in SELB and CCMS to clarify the position of their representatives on these bodies. (para 8.1b)	<p>Education now have a designated Child Protection Officer who is a member of the Trust Child Protection Panel.</p> <p>There is an information sharing slot on the Trust Child Protection Panel agenda, where agencies have an opportunity to provide information.</p> <p>SELB are involved in the Graded Care Profile.</p> <p>The SACPC Policy Advisor representative is a member of the SELB Child Protection Committee.</p> <p>SELB have been consistently represented on SACPC &amp; TCPP. The position with regard to CCMS representation is now clarified and consistent.</p>
91 Page 85	The PSNI should review and clarify the role, function and responsibility of their representatives on the ACPC and CPP. (para 8.1c)	<p>PSNI to consider at regional level and report back to SACPC.</p>

<p>92 Page 86</p>	<p>The ACPC should ensure that all the relevant disciplines and Agencies contribute to the Business Planning Process. (para 8.2b)</p>	<p>There is consultation with Agencies, Disciplines and Child Protection Panels in respect of information and in the completion of the plan. Drafts are circulated through SACPC and TCPP's for comment.</p> <p>There is acceptance from SACPC in respect of its responsibility to circulate information. There is an expectation that SACPC agency members disseminate information through their respective organisations and professions.</p> <p>Also Cross reference Recommendation 88.</p>
<p>93 Page 87</p>	<p>The ACPC should consider producing an abbreviated form of its business plan focusing on actions that will be taken to inform the public about Child Protection in the area. (para 8.2c)</p>	<p>This will be taken forward in the form of a Newsletter.</p> <p>The SACPC also has its own link within the Southern Area Children's Planning website. This gives information in respect of SACPC and links to the SACPC business plan and objectives.</p>
<p>94 Page 87</p>	<p>The ACPC should put in place a means to audit the dissemination of additional information (para 8.2d)</p>	<p>The SACPC has now included Directors of Child Care Services from the Trusts on the SACPC and copies of all relevant information is circulated to TCPP's and Trust Directors as appropriate.</p> <p>The Regional Child Protection Policy and Procedures and a summary document have been produced, awareness training held and disseminated. Records of recipients has been kept and a review process agreed. These ring binders should allow for collation of information in one place.</p>
<p>95 Page 87</p>	<p>The ACPC should in its business plan and strategy for the 2004/2005 year alongside stating objectives state the indicators for measuring the success of each initiative and how the committee will measure its overall performance for safeguarding children. (para 8.3a)</p>	<p>The SACPC in its objectives within its business plan now indicates the action steps to be undertaken to complete the stated objective</p> <p>The SACPC as part of the Children's Services Planning also links to CSP performance management/indicators.</p>

<p>96 Page 89</p>	<p>The ACPC should ensure that all constituent members and particularly the PSNI are aware of the regional approach to communication and should engage them in this activity. (para 8.5b)</p>	<p>PSNI has been engaged in this process. The Regional Core Group has also developed an Information Sharing Protocol involving child protection agencies which is in draft form. Communication is also afforded attention within the MASRAM process.</p>
<p>97 Page 90</p>	<p>The ACPC should ensure that training is delivered by a multi-disciplinary team so that the model of multi-disciplinary and inter-agency working is introduced to staff at an early point and is reinforced at each stage in the programme. (para 8.8a)</p>	<p>Training has been taken forward by a multi-disciplinary team and this will continue to be promoted.</p> <p>The Multi-Disciplinary Child Protection Training Programme and its delivery is overseen by SACPC Education &amp; Training Sub-Committee which is a multi-disciplinary interagency group representing education, social work, nursing, G.P., Probation, PSNI and the Voluntary Sector.</p> <p>A number of courses within the programme are designed and delivered by a multi-disciplinary team, for example –  “Recognising and Responding to Child Abuse” (a 2 day course repeated 5 times each year).  “Joint Protocol Module 1 and Module 2”.  “Recording in Child Protection”.  “Child and Adult Protection in G.P. Practices”.  Training has been taken forward by a multi-disciplinary team and this will continue to be promoted.</p>
<p>98 Page 92</p>	<p>The ACPC should put in place a formal means for gaining feedback from staff at all levels in the agencies and from children and parents utilising the skills available through the Young Person’s Project. (para 8.11a)</p>	<p>Some mechanisms are already in place such as training, evaluation feedback and consultation processes.</p> <p>Newsletter will also address this recommendation</p> <p>The SACPC is presently supporting research undertaken in respect of young people perceptions of the child protection process and hopes to develop the findings of this research to enhance participation and consultation with young people/parents within</p>

		<p>the child protection arena. The SACPC has outlined in its objectives for 2006/07 the creation of a working group to progress this objective.</p> <p>The SACPC has also noted the recent publication by the N.I. Children's Commissioner into the review of children and young people's participation in the Care Planning Process and the recommendations highlighted within the report.</p> <p>The abbreviated Business Plan will also afford opportunity to provide feedback.</p>
99 Page 92	The Trust should ensure that a social work practitioner and AHP on the panel. (para 8.12a)	<p>The Trust CPP now have an AHP representative on the Panel and the Child Protection Practice Co-ordination Group.</p> <p>Social work practitioners are represented by 2 Social Worker Managers (Child Care &amp; Disability) and through the APSW Professional Support &amp; Service Development.</p>
100 Page 93	The ACPC should ensure that the 2 objectives stated in both the 2001/2002 and the 2003/2004 CPP Annual Reports are carried out as a priority and should monitor the implementation and progress of these. (para 8.14b)	<p>Following receipt of the NSPCC report, the following changes/innovations were introduced:</p> <ul style="list-style-type: none"> <li>• The Professional Support and Service Development worker facilitated uni and multi-agency training regarding Thresholds.</li> <li>• Tony Morrison (independent trainer) facilitated two planning days on Thresholds that were attended by members of the Child Protection Panel.</li> <li>• Craigavon and Banbridge commissioned a workshop by Queen's University Belfast regarding the interface between Child Protection/Case Planning.</li> <li>• The Multi-Agency Guidance for Services to Children was implemented in November 2002.</li> <li>• The Multi- Disciplinary Assessment of the Needs of Children and their Families was implemented on 1<sup>st</sup> July 2003.</li> </ul>

		<ul style="list-style-type: none"> <li>• The Director Family &amp; Child Care wrote to the Chair of the NSPCC Inspection Team to query if any of the cases considered needed to be reviewed. The Director was informed that no cases needed referred for urgent review</li> <li>• The Professional Support &amp; Service Development worker has worked with all staff regarding their responsibilities under Child Protection Procedures following the NSPCC report.</li> </ul> <p>All this documented evidence was supplied to the SSI Inspection Team prior to the Inspection. It is unfortunate that the SSI Team did not make reference to this in the draft report, as it would have been useful to highlight the extensive and appropriate work undertaken on a multi- disciplinary/agency basis following the NSPCC report on the use of Thresholds.</p>
<p>101 Page 96</p>	<p>The ACPC Chairperson should keep under review the difficulties in progressing CMRs in the required time-frame and bring this to the attention of the DHSSPS Child Care Policy Directorate. (para 9.5a)</p>	<p>Where applicable correspondence has been sent to the Child Care Policy Directorate.</p> <p>The Board and Trust would also like to highlight the additional demands on Board/Trust staff in preparing IAR Reports and contributing to CMR's.</p>
<p>102 Page 98</p>	<p>The ACPC should on completion of the CMR ensure that an action plan is put in place which is then fully implemented and monitored. (para 9.7a)</p>	<p>Action plans have been developed and submitted to DHSSPS. Implementation and monitoring is ongoing.</p> <p>The SACPC has established a subgroup to review and monitor progress in respect of recommendations from CMRs. This subgroup also reviews progress regarding the action plans in respect of the SSI Child Protection Inspection Report and SSI Care At Its Best Report.</p> <p>The SACPC has also advised that Trusts should provide updates in regard to CMR recommendations on a quarterly basis.</p>

<p>103 Page 100</p>	<p>The Trust should ensure that information on first language spoken is routinely collected and recorded on each referral. (para 10.5a)</p>	<p>The Child Protection Panel will manually collect information on all nationalities (and their first language) involved in Child Protection.</p> <p>The BME Health Visitor Team have amended the Family Health Needs Assessment form to include information regarding language, including whether an interpreter is required. Referrals made by the BME Health Visitor Team include this information.</p> <p>This information is collated through the Trust Child Protection Panel's quarterly returns to the SACPC.</p> <p>The UNOCINI Assessment format will record this information.</p>
<p>104 Page 101</p>	<p>The Trust should consider how the practice within the Young Person's Project can be replicated across the Trust when children and young people are involved in child protection matters. (para 10.6a)</p>	<p>The Trust will look at the practice within the YPP and to what extent it is transferable into child protection work.</p>