



Department of

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin  
an Fowk Siccar**

# **Standards for Child Protection Services**

**June 2008**

# Standards for Child Protection Services



Northern  
Ireland  
Office



Department of  
**Education**

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# NICCY

northern ireland commissioner  
for children and young people



The **Regulation** and  
**Quality Improvement**  
Authority

## Preface

A multi-disciplinary, interagency approach to child protection work is essential. It is a difficult and complex area of work which requires a shared commitment, effective communication and a focus on achieving the best outcomes for children.

The Standards for Child Protection Services are grounded in the rights of the child and were developed to enhance the multi-disciplinary, interagency approach to child protection. The standards are a result of widespread consultation and apply to all public bodies, organisations, professionals and persons who provide statutory services to children. They also establish a framework of best practice in child protection for voluntary, community and independent sector organisations and practitioners (including counsellors and therapists working in a private capacity) who work with or have significant contact with children and young people.

The standards are an important part of the overall framework to deliver continuous improvement in, and strengthening of, child protection services in Northern Ireland and their associated accountability arrangements. They should also help families and members of the public understand how services work to protect children and the important contribution they themselves can make to the safeguarding of children and young people.

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**Public Safety**



# STANDARDS FOR CHILD PROTECTION SERVICES

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<sup>1</sup> Work is underway to establish a Safeguarding Board for Northern Ireland (SBNI) and a Safeguarding Panel (SP) within each HSC Trust which will support the work of the SBNI. It is anticipated that the new structures will be introduced during 2008 and will ultimately replace ACPCs and CPPs. It will be necessary to revisit this standard prior to the SBNI and SPs becoming operational

<sup>2</sup> In line with establishing the SBNI, DHSSPS has commissioned a review of the current Case Management Review process. It will be necessary to revisit this standard when this process is completed



## INTRODUCTION

The standards for child protection services were originally developed in draft form as 'inspection standards' to assist the process of the regional multi-disciplinary, interagency inspection of child protection services, whose overview report "Our Children and Young People – Our Shared Responsibility"<sup>3</sup> was published by the Department of Health, Social Services and Public Safety (DHSSPS) in 2006. The inspection standards were drawn up by a reference group led by DHSSPS, with representation from Health and Social Services Boards (HSS Boards) and HSS Trusts, Area Child Protection Committees (ACPCs), Child Protection Panels (CPPs), the Department of Education (DE), the Police Service of Northern Ireland (PSNI), the Northern Ireland Commissioner for Children and Young People (NICCY), the Regulation and Quality and Improvement Authority (RQIA) and relevant agencies within the voluntary sector. The standards were subject to widespread consultation and were also shaped by the views of young people who had experienced child protection services.

The inspection standards were influenced by:

- a review of existing standards in the area of child protection;
- a review of a wide body of literature and research on child protection;
- the recommendations contained in The Victoria Climbié Inquiry Report.<sup>4</sup> This report made many far-reaching and challenging recommendations for all engaged in the governance, planning, management and delivery of child protection services, which are still applicable;
- "Co-operating to Safeguard Children" (CtSC),<sup>5</sup> is the current DHSSPS child protection guidance. This will be periodically updated and amended to reflect changing practice in the field of child protection;
- the learning from inspection and Case Management Reviews (CMRs) in Northern Ireland; and
- a series of workshops and wide consultation with the range of disciplines and agencies involved in child protection work in Northern Ireland.

In light of the learning derived from the regional inspection experience, the inspection standards have now been reviewed, in collaboration with relevant agencies, whose roles and responsibilities include the safeguarding of children and young people. The standards are now produced in final form as "the child protection standards" and

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<sup>3</sup> "Our Children and Young People - Our Shared Responsibility" can be accessed through:  
<http://www.dhsspsni.gov.uk/index/ssi/oss-child-protection.htm>

<sup>4</sup> Laming (2003) Victoria Climbié Inquiry Report. The Report can be accessed at:  
<http://www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm>

<sup>5</sup> "Co-operating to Safeguard Children", DHSSPS (2003), can be accessed at:  
[http://www.dhsspsni.gov.uk/show\\_publications?xtid=14022](http://www.dhsspsni.gov.uk/show_publications?xtid=14022)

are applicable to all public bodies, organisations, professionals and other persons who provide statutory services to children. These standards also establish a framework of best child protection practice for voluntary, community and independent sector organisations and practitioners (including counsellors and therapists working in a private capacity) who work with or have significant contact with children and young people and should be made widely available to such organisations and practitioners. A requirement to comply with the child protection standards and other DHSSPS, HSS Boards' and Health and Social Care (HSC) Trusts' guidance in relation to safeguarding children and young people should form part of service level agreements and/or contractual arrangements for services to children and young people between statutory agencies and non-statutory organisations or individuals working in a private capacity. The standards should also help families and members of the public understand how services work to protect children and the important contribution they themselves can make to safeguard children and young people.

### **How the standards will be used**

The implementation of the standards will assist the planning, delivery, audit, review and inspection of child protection services across the region and provide the foundation for informing practice and improving the services to children, young people and their families.

The standards will be used by:

- **HSC commissioners** for the planning, commissioning, quality assuring and auditing of services;
- **organisations, professionals and other persons who provide statutory services to children** for the planning, commissioning, provision and review of services; provision of information; individual care planning and review; protection of vulnerable children; important service interfaces and equality and human rights;
- **children, young people and families and their representative groups** to inform them of what they can and should reasonably expect from child protection services and from the organisations and practitioners commissioning and providing them;
- **practitioners** to inform them of the requirements of care planning, service delivery and review and of what they can and should reasonably expect from the organisations employing them;
- **regulatory and professional bodies and training providers** in their inspection and governance reviews and work to ensure that professional, post-qualifying and in-service training fully prepares and equips staff to work effectively with regard to the provision of child protection services; and
- **members of the public** to understand how services work to protect children and the important contribution they can make to safeguard children and young people.

## The format of the standards

The 8 **standard statements** for Child Protection Services are set out under the following headings:

1. Planning, Commissioning, Providing, Quality Assuring and Auditing Services;
2. The Purpose of and Access to Services;
3. Assessment, Case Planning, Case Management and Record Keeping;
4. Protecting Vulnerable Children in Specific Circumstances;
5. The Establishment and Operation of Area Child Protection Committees (ACPCs) and Trust Child Protection Panels (CPPs);
6. Case Management Reviews;
7. The Interfaces and Joint Working Arrangements for Children in Need of Residential Care, across Fieldwork, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health and other Agencies; and
8. Equality and Human Rights.

Under each of these headings, there is a **standard statement** which explains the level of performance to be achieved. The standard statement is supported by **criteria** which provide further detail of the areas to be considered in the application of the standard to professional practice, service provision, governance and workforce issues.

Work is underway to establish a Safeguarding Board for Northern Ireland (SBNI) and a Safeguarding Panel (SP) within each HSC Trust which will support the work of the SBNI. It is anticipated that the new structures will be introduced during 2008 and will ultimately replace ACPCs and CPPs. It will be necessary to revisit Standard 5 prior to the SBNI and SPs becoming operational. Similarly, in line with establishing the SBNI, DHSSPS has commissioned a review of the current Case Management Review process. It will be necessary to revisit Standard 6 when this process is completed.

## Values and Principles

Legislation and international agreements concerned with the welfare and rights of children enshrine a number of important themes which have informed the development of the child protection standards. The Children (Northern Ireland) Order 1995 (the Children Order)<sup>6</sup> established the overriding principle that when the ultimate authority of a court is required to determine any question regarding a child, then “the child’s welfare shall be the court’s paramount consideration”. This principle must therefore direct the work of each HSC Trust in its general duty under the Children Order to “safeguard and promote the welfare of children within its area who are in need” and should also direct the decisions and actions of other agencies and individuals who provide services to children.

The United Nations Convention on the Rights of the Child (UNCRC)<sup>7</sup> is an international treaty that grants all children and young people a comprehensive set of human rights. These include the right to grow up in an environment of happiness, love and understanding and the right to develop their personalities, abilities and talents to the fullest potential. The Northern Ireland Government’s 10 year strategy for children and young people “Our Children and Young People - Our Pledge”<sup>8</sup> published in 2006 reflects these rights and identifies “living in safety and with stability” as a key outcome to be promoted and achieved for all children in Northern Ireland over the period of the strategy.

The child protection standards are underpinned by the following **values and principles** which build on the inspection standards to further reflect the paramountcy principle of the Children Order, the rights of children under the UNCRC and the findings and recommendations of “Our Children and Young People - Our Shared Responsibility”.

These values and principles should always be promoted, where they are commensurate with the primary duty to safeguard the child.

1. Safeguarding and promoting the welfare of children who are abused or at risk of abuse or neglect is a **priority** when decisions are made about access to and eligibility for services.

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<sup>6</sup> The Children Order can be accessed at:  
[http://www.opsi.gov.uk/si/si1995/UKsi\\_19950755\\_en\\_1.htm#tcon](http://www.opsi.gov.uk/si/si1995/UKsi_19950755_en_1.htm#tcon)  
The Explanatory Note to the Children Order can be accessed at:  
[http://www.opsi.gov.uk/si/si1995/UKsi\\_19950755\\_en\\_55.htm#exnote](http://www.opsi.gov.uk/si/si1995/UKsi_19950755_en_55.htm#exnote)

<sup>7</sup> In 1980, the United Nations General Council adopted the United Nations Convention on the Rights of the Child (UNCRC). The United Kingdom (UK) government signed the UNCRC on 19 April 1990 and ratified it on 16 December 1991 with some reservations. It entered into force for the UK on 15 January 1992. The current reservations in force are immigration and citizenship and children in adult offender institutions. The UNCRC can be accessed through:  
<http://www.ohchr.org/EN/Pages/WelcomePage.aspx>

<sup>8</sup> “Our Children and Young People - Our Pledge” was launched by the Office of the First and Deputy First Minister in June 2006 and can be accessed at:  
<http://www.allchildrenni.gov.uk/ten-year-strategy.pdf>

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

### **Definition of a Child**

For the purpose of these standards, and in accordance with the definition of a child under relevant Parts of the Children Order, "child" means a person under the age of 18 years.

## 1. Planning, Commissioning, Providing, Quality Assuring and Auditing Services

### STANDARD 1

**There are arrangements in place for planning, commissioning, providing, quality assuring and auditing child protection services across relevant disciplines and agencies, which meet the legislative, statutory duty of quality and clinical and social care governance requirements. These arrangements take account of the assessed needs of children and families, service options and choice, the resources available, including education, and value for money.**

#### Criteria

#### Planning and Commissioning

- 1.1 Arrangements have been established across the range of appropriate disciplines, agencies and communities for planning, commissioning, providing, quality assuring and auditing child protection services, which meet statutory<sup>9</sup> and governance requirements<sup>10</sup> and are provided within the context of departmental guidance and the Children's Services Plan (CSP).
- 1.2 The processes for commissioning child protection services ensure that they are located within a continuum of services to children in need, those in need of safeguarding and their families and that a range of appropriate interventions for the prevention and treatment of significant harm is available. The process is outcome-focused and takes into consideration:
- assessed local need, including identification of unmet need;
  - service options and choice;
  - the diversities arising from differing cultural and community identities, which are respected and inform the commissioning and planning of services to children and their families;
  - budgetary constraints;
  - value for money; and

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<sup>9</sup> "Responsibilities, Accountability and Authority of the Department of Health, Social Services and Public Safety, Health and Social Services Boards and Health and Social Services Trusts in the Discharge of Relevant Personal Social Services Functions to Safeguard and Promote the Welfare of Children" - Departmental Circular HSS (Statutory Functions) 1/2006 can be accessed through: [http://www.dhsspsni.gov.uk/index/ssi/ssi\\_circulars.htm](http://www.dhsspsni.gov.uk/index/ssi/ssi_circulars.htm)

<sup>10</sup> "The Quality Standards for Health and Social Care - Supporting Good Governance and Best Practice in the HPSS" (March 2006) can be accessed at: [http://www.dhsspsni.gov.uk/qpi\\_quality\\_standards\\_for\\_health\\_\\_social\\_care.pdf](http://www.dhsspsni.gov.uk/qpi_quality_standards_for_health__social_care.pdf)

- issues arising from research and evidence-based practice.
- 1.3 There are agreed arrangements to manage the interface and joint working across Health and Social Care (HSC) Trusts and other agencies within the planning, commissioning and provision of services, which include:
- joint protocols, guidance and procedures for delivering all aspects and stages of the child protection process, including the interagency arrangements. These provide clarity on the roles, responsibilities and accountability of those involved; and
  - arrangements for staff within HSC Trusts and relevant professionals in partner organisations to gain and update their knowledge of child protection policy and procedures and of the services available for the protection and support of children and families.

### **Provision of Services**

- 1.4 Where services are provided on a partnership or commissioned basis, Service Level Agreements (SLAs) clearly state the required and agreed expectations in regard to the level and quality of the service to be provided and the arrangements for monitoring the SLAs.
- 1.5 There are agreed effective mechanisms for assessing, quantifying and managing the level of need, and the level of unmet need, for children and their families involved in the child protection process, which inform the planning, allocation of resources and delivery of services (see also Standard 7.5).
- 1.6 Commissioners, providers and other relevant agencies have clear workforce strategies in place for all staff working in child protection. These conform to best employment practice, relevant codes of conduct and practice for employers and employees and to the guidance and standards set. They include:
- effective recruitment processes and workforce planning;
  - coherent organisational structures and clarity about the roles and functions of staff, the level of responsibilities and accountability arrangements;
  - the necessary skills, knowledge and experience required by staff working with children who need to be safeguarded;
  - a clear multi-disciplinary training strategy for child protection;
  - arrangements for staff induction, Continuous Professional Development (CPD), uni-disciplinary, multi-disciplinary and post-qualifying training, the organisation's training plan and evaluation of the programmes provided; and

- the requirements of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003<sup>11</sup> and any subsequent legislation, when selecting, recruiting, managing and retaining staff and volunteers who have access to children and reporting incidents under the legislative requirements.

## Quality Assurance and Audit

- 1.7 The organisation has explicit leadership and defined roles and responsibilities for the management, co-ordination, monitoring and audit of child protection services, which takes account of legislation, the statutory duty of quality, clinical and social care governance and professional codes of conduct.
- 1.8 There are mechanisms in place to manage the performance of staff and to ensure that:
- those seeking and receiving a service are treated sensitively and with respect, and services are provided in line with the standards set;
  - staff have the capacity to develop and sustain effective working relationships with colleagues in other agencies;
  - staff are clear about their responsibilities and they;
    - are held to account for the quality of their work, professional practice and adherence to standards;
    - routinely review and self-audit their performance; and
    - build-in opportunities to develop and enhance their knowledge, skills and practice;
  - supervision arrangements are in place and comply with the standards set.<sup>12</sup> The process ensures that managers manage, support, monitor, and assess practice, acknowledge good performance and actively address practice deficits. It includes:
    - staff appraisal and performance management;<sup>13</sup> and caseload management;<sup>14</sup>

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<sup>11</sup> The 2003 Order can be accessed at: <http://www.opsi.gov.uk/si/si2003/20030431.htm>  
Also, "Choosing to Protect – A Guide to Using the Protection of Children, Northern Ireland Service" can be accessed at: <http://www.dhsspsni.gov.uk/poc.pdf>

<sup>12</sup> Supervision Policy, Standards and Criteria, (HSS (OSSPOL/RIT) 1-2008) issued in April 2008 can be accessed through: <http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>

<sup>13</sup> Quality Assurance and Performance Management, (HSS (OSSGUIDE/RIT) 2-2008) issued in April 2008 can be accessed through: <http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>

<sup>14</sup> Caseload Management Model, (HSS (OSSGUIDE/RIT) 1-2008) issued in April 2008 can be accessed through: <http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>

- staff are assisted to provide feedback on the usefulness of guidance and procedures and are helped to build into their work, ways of measuring outcomes for children and families; and
- effective participation by children, families and staff is promoted and feedback on service planning, resource allocation and service provision is actively sought.

1.9 There is an agreed planned programme of audit for the full range of child protection services, which informs the development of services and governance arrangements across HSS Boards, HSC Trusts and Agencies. This includes the regular review and audit of:

- compliance with statutory functions;
- access to services which seeks to ensure easy access by members of the public to report any concerns about a child and that these are dealt with appropriately;
- integration into practice of lessons from Case Management Reviews (CMRs), (see also Standard 6.8).
- therapeutic interventions and professional practice and their effectiveness in achieving specified outcomes for children;
- the effectiveness of the arrangements for joint working across the disciplines and agencies; and
- complaints and representations, in line with guidance issued.

## 2. The Purpose of and Access to Services

### STANDARD 2

**The organisation has a written Statement of Purpose about the range of services available for children who require protection, including their statutory basis, expected standards, and the purpose of and how to access to services, which is informed by legislation, departmental and professional guidance.**

#### Criteria

##### Purpose of Services

- 2.1 The organisation's Statement of Purpose about the range of services available for children who require protection sets out the nature and purpose of the services, their basis in legislation, statutory functions and responsibilities and is informed by departmental and professional guidance.
- 2.2 The Statement of Purpose focuses on the importance of promoting a partnership approach with children, parents and families, which is commensurate with the duty to safeguard children, and:
- provides clarity about the respective roles and responsibilities of all parties to achieve positive outcomes for children; and
  - includes guidance on how to assist children, parents, the wider family and community networks, to provide suggestions for the improvement and development of child protection services and, where necessary, to make complaints.

##### Access to Services

- 2.3 There are agreed communication strategies for promoting access to child protection services and these ensure that:
- the community is advised of the need to safeguard children, how they can contribute to protecting children and how their views are sought;
  - written information is provided to actual and potential users about the range of family support services available, including child protection and this is provided in a range of formats; and
  - the needs of black and minority ethnic groups, people with communication difficulties and disabled persons are fully considered and they are supported in accessing services. Assistance, including access to interpreting services, is provided during interviews, assessments and meetings to enable the views of children, parents, family members and others to be fully communicated with, where they do not have English as a

first or as a competent second language and where there is a deaf or hard of hearing difficulty.

- 2.4 Organisations work effectively together to provide advice and encourage appropriate referrals from children and families, members of the public and others who work with children, where there are child protection concerns.
- 2.5 Children and their families receive responses and services which seek to engage them in accessing services, contribute to problem solving, strengthen resilience, avoid family breakdown, wherever possible, prevent harm and promote children's life chances.
- 2.6 Those who make referrals and enquiries about safeguarding children are responded to in line with CtSC, and in a way which ensures:
- an appropriate response to the concerns raised within 24 hours;
  - written acknowledgement of the referral within 2 working days of it being received; and
  - referrer/agencies are appropriately kept informed of the progress and outcome in line with the standards set.<sup>15</sup>
- 2.7 Where there is a concern about child abuse or where children present with high risk and challenging behaviour, self-injurious behaviour, or suicidal ideation:
- strategy discussions/case planning meetings are convened in line with CtSC, the ACPCs' Regional Policy and Procedures<sup>16</sup> and child protection procedures are initiated appropriately;
  - actions required are clearly defined;
  - processes are applied consistently, irrespective of setting;
  - relevant disciplines are consulted and involved in the assessment, risk assessment and care planning process; and
  - key working and lead agency responsibilities are clearly identified.
- 2.8 Complaints or allegations of abuse to a child, made to and/or by a professional, staff member, counsellor or therapist working in a private capacity, carer, volunteer, child, member of the public, are immediately

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<sup>15</sup> Information Sharing Policy, Standards and Criteria will be issued for consultation in the near future

<sup>16</sup> The ACPCs' Regional Policy and Procedures (April 2005) can be accessed at:  
<http://www.dhsspsni.gov.uk/acpcregionalstrategy.pdf>  
A Short Guide to Regional Policy and Procedures can be accessed at:  
<http://www.dhsspsni.gov.uk/acpcregionalstrategyshtguide.pdf>

responded to and in accordance with CtSC, and other departmental guidance, and the ACPCs' Regional Policy and Procedures.

- 2.9 Disclosures made by children are immediately responded to and appropriate interventions and support is provided following a full assessment of need, including a risk assessment.
- 2.10 Public access, reception and duty arrangements, including out-of-hours or emergency arrangements enable appropriate access to services and support.

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

#### STANDARD 3

**Written policies and procedures provide direction and guidance to staff regarding assessment, including risk assessment, case planning, case management, including risk management, and record keeping, at all stages of the child protection process.**

#### Criteria

#### Policies and Procedures

3.1 Written policies and procedures are made available to staff and these and the agreed multi-agency guidelines take account of:

- statutory responsibilities, CtSC and other departmental guidance,<sup>17</sup> and the ACPCs' Regional Policy and Procedures;
- the need for children and families, assessed to require child protection services, to receive a skilled multi-disciplinary assessment, which looks holistically at the child's circumstances and includes health and development, education and social needs, parenting capacity, the wider family and environmental context;
- the need for staff to understand the short and long term effects on children of neglect in their early years; and the short and long term effects on children, cared for by adults with alcohol, substance misuse, mental health or other problems;
- the timescales, standards and systems for:
  - responding to a concern about significant harm or risk of significant harm;
  - allocating referrals and work based on the expertise and competence of staff, and their current workload;
  - screening of referrals, and subsequent actions taken, by the line manager; and
  - tracking and monitoring actions taken in response to the referral;
- the roles, responsibilities, and accountability of those involved in individual case management and decision making processes; and
- planning and managing child protection investigations as required under Article 66 of the Children Order.

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<sup>17</sup> "The Guidance and Regulations produced by the Department in the context of the Children (Northern Ireland) Order 1995 can be accessed through:

[http://www.dhsspsni.gov.uk/hss/child\\_care/child\\_care\\_guidance.htm](http://www.dhsspsni.gov.uk/hss/child_care/child_care_guidance.htm)

- 3.2 Referral, assessment and case planning guidance and criteria are made available to assist staff to reach professional judgements about risks to children and recourse to child protection processes.
- 3.3 Staff are clear about their roles and responsibilities and are complying with professional standards, legislative requirements, departmental guidance and related policies and procedures.
- 3.4 Procedures and guidance are reviewed and revised in the light of new developments, changes in legislation, regulation, policy and guidance, learning emerging from CMRs, audit, and research in child protection.

### **Strategy Discussions**

- 3.5 Strategy discussions are held in accordance with CtSC and the ACPCs' Regional Policy and Procedures. Decisions and actions taken and the outcome of these inform the progression of the case and are reflected in writing in the case record and on the appropriate Protocol for Joint Investigation forms.

### **Assessment and Analysis of Risk**

- 3.6 Assessments are carried out on a single agency and multi-disciplinary basis and are consistent with the Children Order, CtSC and the "Understanding the Needs of Children in Northern Ireland", (UNOCINI) assessment framework.
- 3.7 Assessments bring together all aspects of the case at each stage of the process and contain an analysis of the needs of and risks to the child and indicate a clear direction for current and future work. They are based on:
- a partnership with children and parents;
  - clear information from the interviews with the child and with the family;
  - analysis of the needs of and risks to the child;
  - identified resilience and protective factors;
  - family and environmental circumstances, including the strengths and capacity of the parents and the wider family and the outcomes from family group conferencing;
  - professional knowledge and expertise acquired from relevant disciplines and agencies; and
  - evidenced-based practice and research.
- 3.8 All assessments are carried out within the time frame established in CtSC, the ACPCs' Regional Policy and Procedures and the Guide to UNOCINI. The written document includes:

- the identified issues in the case, how these are being dealt with and the timescale for delivery;
- the work programme, identifying who is responsible for carrying out each element including therapeutic interventions and the intended outcomes;
- the risk assessment and risk management action plan and the communication of risk and its management to others with a need to know in accordance with guidance issued;
- the services provided alongside the assessment process; and
- next steps and actions required.

### **Child Protection Conferences and Reviews**

3.9 Child Protection Conferences (CPCs) and reviews are conducted in line with CtSC and the ACPCs' Regional Policy and Procedures, in respect of children who have suffered or are likely to suffer significant harm. These are effectively planned and managed to facilitate:

- the attendance at and input of appropriate professionals/agencies; and
- the attendance at and input of children and parents.

3.10 The CPC is chaired by a senior manager who is responsible for fulfilling the responsibilities detailed in departmental guidance and ensuring that:

- the initial CPC is held within 15 working days of the decision taken to convene a it;
- the assessments (UNOCINI), written reports and the range of information are available to the CPC to enable decisions and recommendations to be made;
- the tasks identified in CtSC and the ACPCs' Regional Policy and Procedures are completed;
- a person trained to take minutes of the meeting is in attendance. The minutes include the:
  - record of invitees, those who attended, or sent apologies;
  - list of all reports to be considered by the CPC, including the reports received from those not attending;
  - summary of the essential facts of the case;
  - summary of views expressed and analysis of information;
  - record of all decisions reached, including any dissenting views and how these were resolved;
  - actions to be taken, by whom and timescales for each action;

- summary of decisions taken, which should be circulated within 14 working days of the CPC being held;
- identification of the case co-ordinator, membership of the core group and date of its first meeting; and
- time-frame for subsequent reviews.

## **Child Protection Plans**

3.11 Child protection plans are “fit for purpose”, fulfil the requirements as set out in CtSC and the ACPCs’ Regional Policy and Procedures and are agreed with those involved. Copies are provided to the relevant staff and to parents/carers and children.

3.12 There are arrangements in place to ensure that:

- each child whose name is on the child protection register has a named social worker allocated;
- the social worker co-ordinates the contributions of other disciplines and agencies to achieve the completion of tasks identified in the child protection plan; and
- when tasks set out in the child protection plan are not carried out there are mechanisms to quickly identify and resolve any disagreements and difficulties, so as to ensure that the identified work takes place with the child and family.

## **Record Keeping**

3.13 Guidance on record keeping is in line with the standards set<sup>18</sup> and includes:

- the quality and standard of recording practices, how records/case files are to be structured and maintained, from referral through to closure of the case;
- the required content of children’s case files, including the need for:

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<sup>18</sup> Administrative Systems, Recording Policy, Standards and Criteria (HSS (OSSPOL/RIT) 2-2008) issued in April 2008 can be accessed through:

<http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>

### **Reference should also be made to:**

*Good Management Good Records*, which can be accessed at:

<http://www.dhsspsni.gov.uk/dhs-goodmanagement.pdf>

*Good Medical Practice* (November 2006), which can be accessed at:

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/GMC\\_GMP.pdf](http://www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf)

*NMC Record Keeping guidance*, which can be accessed through:

<http://www.nmc-uk.org/aDefault.aspx>

- accurate and up-to-date records and an up-to-date chronology of events;
- referral information, initial and subsequent multi-disciplinary assessments/inputs, review CPC minutes and the child protection plan;
- evidence of professional analysis, opinions, action and decisions, which are endorsed by line management at each stage of the child protection process;
- summary of intervention and agreed action plans; and
- evidence of monitoring by line management and senior management.

3.14 There is evidence within the child's case file that records and interventions provided comply with the standards, and:

- are agreed, signed and dated regularly by the line manager or senior professional adviser;
- are reviewed and audited regularly by senior management; and
- timely and appropriate information is exchanged verbally and in writing between disciplines and relevant agencies.<sup>19</sup>

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<sup>19</sup> Information Sharing Policy, Standards and Criteria will be issued for consultation in the near future

## 4. Protecting Vulnerable Children in Specific Circumstances

### STANDARD 4

**There are agreed interagency arrangements in place for the protection of children in groups known to be vulnerable and in specific circumstances.**

#### Criteria

- 4.1 There are agreed interagency arrangements for the protection of children in groups known to be vulnerable and in specific circumstances, and these take account of children at high risk in community, hospital and residential settings.
- 4.2 The organisation's operational guidance, child protection training and support systems for staff includes the procedures to follow in respect of:
- children who have been sexually abused;
  - children who have been physically abused;
  - children who have been emotionally abused;
  - children who have been neglected;
  - children who present with faltering growth/failure to thrive;
  - children who present with fabricated or induced illness;
  - children who present with high risk and challenging behaviour, self-injurious behaviour and suicidal ideation;
  - children living away from home<sup>20</sup> and children placed outside the Trust's area;
  - children with ill health or who have a disability;
  - children with significant language, speech and communication impairment;
  - children in need of Child and Adolescent Mental Health Services (CAMHS) and psychological support services;
  - children who are homeless;
  - children who are exploited, including those exposed to child/human trafficking;

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<sup>20</sup> Children "looked after" in care, either foster care or children's home for respite, short term or long term; children staying with host families on exchanges/holidays; children in hospital, residential or boarding schools; and children in youth justice custody settings

- children who abuse others;
- children who are bullied;
- children who are under age parents;
- children who are carers;
- children whose parents/carers have a disability;
- children who are victims of domestic violence;
- children whose parents/carers have a mental illness;
- children whose parents/carers misuse drugs/alcohol;
- children who live with or have contact with families or individuals who may pose a risk to children, including persons where there is risk of sexual and/or violent behaviour;
- children who are exposed to potential abuse on the internet;
- children from black and minority ethnic groups and from the travelling communities;
- unborn children, where risks are posed by parents.

## 5. The Establishment and Operation of Area Child Protection Committees (ACPCs) and Trust Child Protection Panels (CPPs)<sup>21</sup>

### STANDARD 5

**The lead responsibilities for the establishment and effective working of ACPCs and CPPs are clearly defined and in line with departmental guidance.**

#### Criteria

##### Area Child Protection Committee (ACPC)

- 5.1 The ACPC is constituted as required by CtSC and has representation and contribution from the relevant agencies, at an appropriate senior level of authority.
- 5.2 Policies, procedures, information and amendments are agreed regionally by the relevant agencies for interagency, multi-disciplinary work and within the framework provided by CtSC and subsequent departmental guidance.
- 5.3 Each ACPC child protection strategy and business plan is agreed and adhered to by all disciplines and agencies involved in the safeguarding of children and these documents are widely available.
- 5.4 Outcome-focused objectives and performance indicators for safeguarding children have been established and these take account of the multi-disciplinary and interagency contribution.
- 5.5 Policy and procedures are in place for access to, and use of, information entered on the child protection register and this information has been disseminated across the relevant services.
- 5.6 The ACPC has an audit subgroup and, in collaboration with the CPP, has an agreed multi-disciplinary, interagency planned programme of audit to measure outcomes for children and families, which ensures:
  - services are working effectively together to safeguard children and the resources needed are identified;
  - governance and corporate responsibilities for safeguarding children are complied with;
  - child protection issues and developments are shared across disciplines and agencies and are appropriately acted upon;

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<sup>21</sup> Work is underway to establish a Safeguarding Board for Northern Ireland (SBNI) and a Safeguarding Panel (SP) within each HSC Trust which will support the work of the SBNI. It is anticipated that the new structures will be introduced during 2008 and will ultimately replace ACPCs and CPPs. It will be necessary to revisit this Standard prior to the SBNI and SPs becoming operational

- uni-disciplinary, multi-disciplinary and interagency training is based on the child protection process, and the identified needs of all levels of staff involved in child protection work;
- access to and use of the child protection register is promoted across the region and is in line with CtSC and subsequent departmental guidance, and the ACPCs' Regional Policy and Procedures; and
- child protection activity is regularly monitored and reviewed and staff are assisted to build into their work ways of measuring outcomes for children and families.

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

- 5.7 The CPP is constituted as required by CtSC and subsequent departmental guidance, and has representation and contribution from the relevant agencies, at an appropriate senior level of authority.
- 5.8 Terms of reference have been established and activities are carried out within the framework of the ACPC business plan and objectives set.
- 5.9 The CPP, in collaboration with the ACPC, has an agreed multi-disciplinary, interagency planned programme of audit for measuring outcomes for children and families, which ensures:
- services are working effectively together to safeguard children and the resources needed are identified;
  - governance and corporate responsibilities for safeguarding children are complied with;
  - the ACPCs' Regional Policy and Procedures are implemented;
  - child protection issues and developments are shared across disciplines and agencies and are appropriately acted upon;
  - uni-disciplinary, multi-disciplinary and interagency training is based on the child protection process, and the identified needs of all levels of staff involved in child protection work;
  - access to and use of the child protection registers is promoted across the region and is in line with CtSC and subsequent departmental guidance, and the ACPCs' Regional Policy and Procedures; and
  - child protection activity is regularly monitored and reviewed and staff are assisted to build into their work ways of measuring outcomes for children and families.

## 6. Case Management Reviews<sup>22</sup>

### STANDARD 6

**Case Management Reviews (CMRs) are conducted in accordance with CtSC and subsequent departmental guidance and outcomes effectively inform practice at all levels. Lessons are communicated clearly to all those who need to know and changes are implemented, audited and reviewed to maximise the safeguards provided to children.**

#### Criteria

- 6.1 There are policies and procedures for undertaking CMRs and these have been appropriately disseminated across the relevant agencies and are conducted in accordance with CtSC and subsequent departmental guidance.
- 6.2 Arrangements are in place to audit compliance with the policies and procedures for undertaking CMRs, as outlined in CtSC and subsequent departmental guidance.
- 6.3 Arrangements are in place to ensure that all decisions not to proceed to CMR are in line with CtSC and endorsed by DHSSPS.
- 6.4 The CMR Panel is made up of individuals who are independent of HSC Trusts and other agencies concerned with the case under examination and include the range of relevant disciplines and agencies required to carry out the Review to achieve impartiality, openness and independence.
- 6.5 The CMR Panel has terms of reference and a plan to progress its work is drawn together, in line with departmental guidance and addresses the specific issues in the case.
- 6.6 The ACPC has systems in place to monitor the progress of the CMR report which ensure that:
  - the individual agency reports are compiled in line with the guidance in CtSC;
  - the CMR report addresses relevant issues and is presented in the format prescribed in CtSC;
  - the CMR report is completed within the timescales established in CtSC;
  - the CMR action plan is immediately constructed and the recommendations are implemented, in collaboration with all relevant agencies and professionals;

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<sup>22</sup> In line with establishing the SBNI, DHSSPS has commissioned a review of the current CMR process. It will be necessary to revisit this Standard when this process is completed

- the CMR action plan clearly identifies who is responsible for specific action within set targets and includes the process for reviewing and auditing how changes implemented have improved outcomes for children; and
  - the CMR report and action plan is shared with DHSSPS within the timescale established by departmental guidance.
- 6.7 There are systems in place to monitor and audit how the recommendations have been progressed and to ensure outcomes have been achieved in a timely manner.
- 6.8 The recommendations and learning emerging from CMRs have been promptly and effectively disseminated to frontline and management staff in the relevant agencies, within appropriate timescales. The outcome of this informs the development of best practice and service improvement across the region (see also Standard 1.9).

## 7. The Interfaces and Joint Working Arrangements for Children in Need of Residential Care, across Fieldwork, Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health and other Agencies

### STANDARD 7

**There are agreed protocols, structures, staffing, management and auditing arrangements in place for ensuring effective interfaces and joint working arrangements for children in need of residential care, across fieldwork, CAMHS, adult mental health services and other agencies. These facilitate the comprehensive assessment, risk management and care planning process and the provision of the appropriate therapeutic interventions and supports that are required for children and families.**

### Criteria

- 7.1 There are agreed protocols to effectively manage the interfaces with residential, fieldwork, CAMHS, adult mental health services and other agencies. These set out clearly the respective roles and responsibilities of professionals and agencies, the arrangements for joint working and making and tracking referrals, in particular to CAMHS, Intensive Support Services and other agencies.
- 7.2 Each HSC Trust has a Children's Resource Panel<sup>23</sup> with clearly agreed Terms of Reference which ensures:
- representation from the appropriate disciplines, including, residential child care services, which enables the full utilisation of expertise in the decision making process; and
  - implementation of the standards expected in relation to the comprehensive assessment, risk assessment and care plan and the standards for children's homes in respect of admission requirements.<sup>24</sup> These facilitate:
    - appropriate decision making regarding the placement of children prior to admission;
    - consideration of the impact of emergency/unplanned admissions to residential care of children who present with high risk and challenging behaviour and the effective management of safeguarding arrangements in the home, including adjusting staffing levels, where necessary;

<sup>23</sup> The purpose of the Children's Resource Panel is to manage access to service provision for children on the edge of care or in the care system by establishing a dedicated mechanism for ensuring that the needs of children are identified and the referral pathways to systems and services that promote best outcomes for children and families are based on a clear and robust assessment of need. Further guidance will be issued to HSC Trusts in the near future

<sup>24</sup> "Children's Homes – Minimum Standards" will be issued in the near future. The Children's Homes Regulations can be accessed at: [http://www.opsi.gov.uk/sr/sr2005/nisr\\_20050176\\_en.pdf](http://www.opsi.gov.uk/sr/sr2005/nisr_20050176_en.pdf)

- the identification of a comprehensive range of placements in a timely way for children in need of protection, to ensure individual assessed needs can be met.
- 7.3 Formal admission contracts are agreed between the staff, child and family, which provide:
- clarity on the purpose and expected outcome of the admission and ensures planned visits to the home are provided for the child and family members, wherever possible, in advance of admission; and
  - clarity on the respective roles and responsibilities and contact arrangements of the residential, fieldwork, CAMHS, adult mental health services and other agencies in relation to the work plan and the follow-up arrangements, including their expected input regarding therapeutic interventions, statutory visits, family contact and reviews.
- 7.4 Staff in residential, fieldwork, CAMHS, adult mental health services and other agencies have sufficient training, knowledge, skill and experience in working with children and families, where there are child protection and high risk situations.
- 7.5 The resources needed for CAMHS and Intensive Support Services are clearly identified and are in place. These provide for the assessed therapeutic needs of looked after children and support residential child care staff in working with and managing children's challenging and high risk behaviours (see also Standard 1.5)
- 7.6 There are agreed management information systems for collating and analysing information on unmet need and critical incidents in order to identify high risks requiring action. There are mechanisms for bringing these to the attention of the appropriate authorities, agencies and committees, to quality assure decisions and service provision and to assist in service planning. The systems have been agreed with other agencies e.g. PSNI, RQIA and other relevant bodies.
- 7.7 Practice and case records demonstrate that each assessment of need and risk is robust and that children in children's homes have timely and appropriate access to therapeutic interventions, which is informing work with the child and family, in seeking to achieve the goals agreed in the admission contract.
- 7.8 Decisions regarding discharge or "home on trial"<sup>25</sup> are based on a full assessment and risk assessment of the child and the likely benefits, strengths, weaknesses and risks within the family situation. The care plan sets out the contact and the follow-up arrangements of the various disciplines and agencies.

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<sup>25</sup> Placement of Children with Parents etc Regulations in Northern Ireland 1996 (Article 27 of the Children Northern Ireland Order 1995). The Regulations can be accessed at: [http://www.opsi.gov.uk/sr/sr1996/Nisr\\_19960463\\_en\\_1.htm#tcon](http://www.opsi.gov.uk/sr/sr1996/Nisr_19960463_en_1.htm#tcon)

- 7.9 The training strategy and training plans are discussed and agreed across all the relevant professionals and agencies and include joint training on:
- identifying the symptoms of abuse; recognising and managing allegations of abuse and disclosures made by children including self-injurious behaviour and suicidal ideation;
  - identifying and managing risk, including children who sexually abuse others or display sexually harmful behaviour;
  - initiating timely child protection procedures and referrals to mental health services;
  - understanding the short and long term effects on children of neglect in their early years;
  - understanding the short and long term effects on children cared for by adults with alcohol and substance misuse problems, mental health problems or learning disability; and
  - improving the interfaces and joint working arrangements across residential, fieldwork, CAMHS, adult mental health services and other agencies.

## 8. Equality and Human Rights

### STANDARD 8

**Organisations fulfil their statutory duties in respect of human rights and equality legislative requirements. Human rights and equality principles are integrated into practice within all aspects of child protection services.**

#### Criteria

- 8.1 Organisations can demonstrate that the rights of children under the United Nations Convention on the Rights of the Child and the Human Rights Act 1998 are respected, valued and promoted.
- 8.2 All relevant policies have been subject to appropriate screening and consultation in accordance with Section 75 of the Northern Ireland Act 1998.<sup>26</sup>
- 8.3 The age and stage of development of children and young people, their disability, religious belief, gender, sexual and ethnic orientation and political opinion are recognised and respected when consulting with children and young people, and in planning and delivering services.
- 8.4 Organisations can provide evidence that the wishes and feelings of the child or young person is ascertained and considered in actions taken on his/her behalf and the child or young person, where appropriate, is actively involved in measuring the outcome of the service provided.

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<sup>26</sup> Section 75 of the Northern Ireland Act 1998 places a duty on public authorities to promote effective equality of opportunity for all and good relations between those of different religions belief, political opinion or race. The Act can be accessed at: <http://www.opsi.gov.uk/acts/acts1998/19980047.htm>

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June 2008

Ref: 63/08

Printed by Central Print Unit