



Department of  
**Health, Social Services  
and Public Safety**

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**The HSC Marshall Implementation Plan Progress Report  
1st April 2015 to 30th September 2015**

Recommendation	Lead	Progress	Rag Status	Phase	
<b>ALL AGENCIES</b>					
<b>K6</b>	The DHSSPS, along with the HSC Board and HSC Trusts, should consider how “safe spaces” could be developed for children and young people at risk of, subject to, or recovering from CSE. This development should take account of models of best practice and the views of young people, and should respect international human rights standards.	<b>DHSSPS</b>	<p>Since the publication of the Marshall report, creating safe spaces for all children who may be vulnerable to CSE has been explored extensively:</p> <ol style="list-style-type: none"> <li>1. A literature review of national and international research into the concept of “Safe Spaces” has been undertaken to establish best practice in this area.</li> <li>2. The HSCB has reviewed its guidance “The Management of behaviour, restraint and missing, Supplementary guidance” to staff. The revised guidance issued for consultation and the responses to this are currently being considered.</li> <li>3. A series of consultations and engagements with children and young people within the looked after system and with those who have subsequently left the system is being commissioned through VOYPIC to help understand, from young people’s perspectives, what actions could be undertaken to make them feel safer both within the care system and in the wider community.</li> <li>4. Local organisations, including VOYPIC, the Northern Ireland Commissioner for Children and Young People, Barnardo’s and NSPCC have all been consulted on how they believe the concept of Safe Spaces could be operationalised in Northern Ireland.</li> </ol>		<b>3</b>

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		<p>5. DHSSPS has begun a series of consultations with the Safeguarding officers of the 11 new super councils. The purpose of these meetings is to explore how community facilities, including parks and leisure services, can become safer places for young people.</p> <p>6. The HSCB has carried out a Strategic Review of children’s residential care which has recommended the development of smaller 4/6 bedded children’s homes. All five HSC Trusts are in the process of implementing the review recommendations.</p> <p>7. As part of the Strategic Review the HSCTs are also working to establish specialist fostering services aimed at providing a safe place where an assessment of need can be carried out when a child is at risk of or suspected to be subject to CSE.</p> <p>8. The Strategic Review also recommended the development of a specialist home for unaccompanied and trafficked young people which has now been established and is working well.</p> <p>9. The guidance on the working arrangements for the welfare and safeguarding of children who are, or are suspected of having been victims of Human Trafficking, was jointly issued by DHSSPS and the PSNI. The guidance establishes procedures for dealing with trafficked children and takes account of the requirements of the Council of Europe Convention on Action against</p>		

Recommendation		Lead	Progress	Rag Status	Phase
			Trafficking in Human Beings, the United Nation Convention on the Rights of the Child (UNCRC), and the Children (Northern Ireland) Order 1995.		
<b>S11</b>	All agencies both statutory and non-statutory should work with local communities to identify how they can best engage together in a way that will build up trust.	<b>SBNI</b>	Ownership of this recommendation was passed to the SBNI, which will separately publish an implementation plan for all Marshall Recommendations to be delivered by the SBNI.		2
<b>S1</b>	All agencies involved in awareness-raising should ensure that the language used is meaningful to target groups.	<b>SBNI</b>	Ownership of this recommendation was passed to the SBNI, which will separately publish an implementation plan for all Marshall Recommendations to be delivered by the SBNI.		1
<b>S56</b>	All agencies, especially HSC Trusts and PSNI must ensure that appropriate feedback is given to any person making a report regarding CSE.	<b>SBNI</b>	<p>Ownership of this recommendation has passed to the SBNI, which will separately publish an implementation plan for all Marshall recommendations to be delivered by the SBNI.</p> <p><b>Supporting 56 as it relates to HSCTs</b></p> <p>All Trusts now have feedback mechanisms to those making day time referrals to HSC Trust Gateway Teams about children and young people including those expressing concerns about CSE.</p>		1

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			<p>The Regional Emergency Social Work Service is a central point for all new referrals outside office hours. All out of hours referrals are passed to the relevant HSC Trust through a single point of contact the next working day.</p> <p>RQIA planned Review of Recommendations from the RQIA Child Protection Review (2011) in 2016/17 will include reporting pathways and feedback mechanisms as they relate to concerns about children and young people.</p> <p>As a result of PSNI moving to 5 coterminous PPU's and a Central Referral Unit from 1 April 2015, operational protocols, including feedback mechanisms, are being updated/developed.</p>		
<b>DHSSPS</b>					
<b>K1</b>	In response to the reality of CSE identified in this report, DHSSPS should direct the Public Health Agency to undertake a public health campaign on CSE-related issues. This should complement the work being undertaken by SBNI.	<b>SBNI</b>	Ownership of this recommendation has passed to the SBNI, which will separately publish an implementation plan for all Marshall recommendations to be delivered by the SBNI.		1
<b>K3</b>	The DHSSPS in conjunction with DOJ	<b>HSCB</b>	"Missing Children Protocol (Runaway and Missing from Home and Care)" includes advice on how best to capture information		1

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	should develop guidance for parents and carers, including foster carers and residential workers, on how best to capture information and/or evidence when a child returns from a period of being missing or is otherwise considered to be at risk of CSE.		<p>and/or evidence when a child returns from a period of missing. This protocol has now been agreed and signed off by both the PSNI and the HSCB. This protocol was issued to Trusts for implementation on the 11<sup>th</sup> June 2015.</p> <p>A leaflet for parents/carers and a separate leaflet for foster carers have been developed by the HSCB and distributed electronically to a wide network including staff working in the Trusts, regional adoption and fostering teams, social workers and other professionals. The leaflets provide information and guidance for parents/carers relating to CSE.</p> <p>Information is now routinely gathered on children who go missing, including children not previously known to social services.</p>		
<b>K5</b>	The DHSSPS should explore the benefits of amending or adding to standards for inspection of children's homes to ensure that they: a) promote a culture conducive to respect for the best interests of the child; and b) take account of the specific needs of separated and trafficked children and those affected by	<b>DHSSPS</b>	<p>The Children's Homes standards have been examined against this recommendation. That examination found:</p> <ol style="list-style-type: none"> <li>1. The standards also adopt a rights-based approach which recognises the particular needs children in residential care may have and that, on occasions, their rights to safety and protection must be given priority over some of their own preferences for their care;</li> <li>2. Standard (2) promotes a positive identity and potential through individualised care and support;</li> <li>3. Standard (5) which deals with children and young people missing from care sets out the expectations for homes. It also, in the event that children go missing,</li> </ol>		1

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	CSE. The DHSSPS should issue a circular and associated guidance stating how these issues should be taken forward.		<p>cross references regional guidance to be followed for all children (including separated or trafficked children).</p> <p>In addition, Standard (30) of the Service Framework for Children and Young People specifically relates to the needs of separated or trafficked children and young people and the assessment of their need regardless of where they reside.</p> <p>We have, as a result of the examination of the standards, concluded that the Children's Homes standards, comply fully with key recommendation 5. We are currently considering existing guidance relating to (1) children who go missing, (2) trafficked/separated children and (3) children who are victims of CSE, to determine whether it requires amendment/strengthened in light of the findings of the Marshall report. This work will complete by December 2015.</p>		
<b>K10</b>	The DHSSPS should ensure that the forthcoming, planned review of SBNI should consider streamlining joint working arrangements to make them more realistic, efficient and effective.	<b>DHSSPS</b>	<p>A review of the SBNI is ongoing and will conclude by December 2015. The terms of reference for the review require an examination of the relationship between SBNI and its member bodies to ascertain the extent to which the SBNI is meeting its statutory objective, that is, improving inter-agency co-operation and facilitating/contributing to the effectiveness of what is done by member bodies to safeguard children and young people and promote their welfare; and make recommendations on the future arrangements for inter-agency co-operation to safeguard children and young people in Northern Ireland.</p> <p>In addition, the review will consider the relationship between</p>		2

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			the SBNI and other children's and adult partnership arrangements in Northern Ireland and whether there is scope for streamlining, in particular, the relationship with the Children and Young People's Strategic Partnership.		
<b>K11</b>	The DHSSPS should ensure that there are clear reporting pathways, 24 hours a day, seven days a week, for reporting concerns about children and young people, including CSE, with appropriate feedback provided to the individual or agency making the report.	<b>HSCB</b>	<p>All 5 Trusts:</p> <ul style="list-style-type: none"> <li>i) have a <u>daytime</u> single point of entry for all new referrals and arrangements for processing referrals;</li> <li>ii) acknowledge referrals through common template letters;</li> <li>iii) have feedback mechanisms to those making referrals to HSC Trusts Gateway Teams about children and young people including those expressing concerns about CSE.</li> </ul> <p>RQIA has confirmed that in 2016/17 it will undertake a review of implementation of the recommendations from the RQIA Child Protection Review (2011) which will include reporting pathways and feedback mechanisms as they relate to concerns about children and young people.</p> <p>The Regional Emergency Social Work Service is a central point for all referrals outside office hours. The Service has established clear feedback mechanisms to the relevant Trust on the next working day. A person/person making a referral or passing on additional information on a family already known to social services outside office hours will receive feedback from the gateway service or from the social worker involved.</p>		1
<b>K15</b>	The DHSSPS should lead the development of a regional strategy to prevent, identify,	<b>DHSSPS</b>	A cross departmental Implementation Group was established in May 2015, led by DHSSPS. The group will lead on the development of a regional CSE strategy. A high level plan relating to the development of the strategy was agreed in		3



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	<p>disrupt and tackle CSE. It should involve DOJ and DE and should: a) be informed by the experiences and views of children, parents and carers; b) recognise parents and carers as partners in preventing and tackling CSE, unless there are strong indications that they are involved or complicit; c) recognise the support and training needs of frontline workers in all agencies in relation to CSE; d) reflect the particular role of schools in raising awareness and identifying concerns about CSE; e) acknowledge the role of health workers in early intervention, prevention and in reporting CSE, which</p>	<p>June 2015 by DE, DOJ and DHSSPS Ministers and is published on the websites of all three departments - (<a href="http://www.dhsspsni.gov.uk/cse-implementation-plan.pdf">http://www.dhsspsni.gov.uk/cse-implementation-plan.pdf</a>)</p> <p>DEL and DARD have recently joined the cross-departmental Implementation Group, specifically because of their responsibilities in the areas of further education, careers service and training.</p> <p>The plan establishes a timetable for the development and publication of the strategy, which will be taken forward by all five departments working jointly.</p> <p>It is intended to consult on a draft strategy in June 2016 and to publish a final strategy in June 2017.</p>		

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<p>should be made more explicit in policies, guidance and training; f) recognise agencies operating in the vol (non-statutory) sector as equal and valued partners; g) equip communities with the information, support and confidence to identify and report concerns about CSE; h) link into and build upon, existing work in relation to child trafficking as well as strategies tackling known vulnerabilities for CSE, such as alcohol, drugs (including legal highs), sexual health and domestic violence; i) explore the potential contribution to this issue of strengthening a statutory duty to co-operate among stakeholder agencies;</p>				

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	and j) establish a process for promoting and monitoring the implementation of the recommendations of this report.				
<b>S8</b>	DHSSPS in conjunction with DOJ should pursue an All-Ireland Information Sharing Agreements to achieve closer collaboration on CSE and related issues.	<b>DHSSPS</b>	This recommendation is being taken forward under established North/South child protection arrangements. Consideration is being given to mechanisms to facilitate sharing of information between social care agencies across both jurisdictions; between justice agencies across both jurisdictions; and to ensure that these dovetail with established internal (to each jurisdiction) information-sharing arrangements between justice and social care agencies.		2
<b>S9</b>	DHSSPS should ensure that any Public Health campaign(s) should seek to challenge cultural norms that may seem to legitimise or promote CSE.	<b>SBNI</b>	Ownership of this recommendation has passed to the SBNI, which will separately publish an implementation plan for all Marshall recommendations to be delivered by the SBNI		1
<b>S10</b>	DHSSPS should ensure that the forthcoming revision of the guidance, Co-operating to Safeguard	<b>DHSSPS</b>	The guidance has been revised taking account of the findings of the Marshall report and issued for consultation on 19 May 2015. Consultation ended on 21 August 2015 and it is intended to publish a final document by March 2016, subject to NI Executive approval. Notable revisions to the document		2

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	Children should take account of the conclusions and recommendations of this Inquiry.		<p>which issued for consultation which are directly related to the findings of the Marshall report are:</p> <ul style="list-style-type: none"> <li>• Specific policy messages have been incorporated to reflect the need for professionals to be aware of potential indicators and vulnerability factors related to CSE;</li> <li>• Existing referral pathways will be strengthened to ensure reporting protocols allow for feedback and evidence that the referrals related to CSE have been / will be acted upon; and</li> <li>• Greater emphasis on prevention and empowering children and young people (appropriate to their age) to keep themselves safe.</li> </ul>		
<b>S14</b>	DHSSPS should ensure the involvement of young people in any future review of the Regional Guidance on Police Involvement in Residential Units/ safeguarding of Children Missing from Home and Foster Care.	<b>HSCB</b>	The Regional Guidance "Missing Children Protocol (Runaway and Missing from Home and Care)" has been revised and the revised guidance has now been published. Young people were consulted in the process, facilitated by VOYPIC.	Completed	
<b>S20</b>	DHSSPS, in conjunction with the	<b>HSCB</b>	An inter-agency working group, led by the HSCB, will be established to examine the current reporting requirements of		2

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	HSC Board, should review the notifications that residential care staff make following an incident, with the aim of producing a single form that will act as the response to all agencies who have to be notified.		each agency and to determine how these (and supporting documentation) can be streamlined.		
<b>S23</b>	DHSSPS should consider bringing forward regulations to require supported accommodation for young people under 18 to be registered by RQIA.	<b>DHSSPS</b>	<p>Consideration ongoing, involving DHSSPS, HSCB and RQIA. Adequacy of existing arrangements is currently being examined, including existing governance arrangements.</p> <p>Actions agreed include:</p> <ul style="list-style-type: none"> <li>• The development of a governance and quality assurance framework governing supported accommodation.</li> <li>• The development of a Memorandum of Understanding which will specify information sharing arrangements between RQIA, HSCB, HSCTs, and SP/NIHE.</li> <li>• Further work to be undertaken in connection with governance around the use of other unregulated accommodation.</li> <li>• The HSCB is currently conducting a scoping audit of the use of unregulated accommodation for LAC.</li> </ul>		3
<b>S28</b>	DHSSPS should take the findings of this Inquiry into account in its review of the	<b>Lead DHSSPS</b>	Policy guidance including a new definition of adult at risk, published on 10 July 2015, can be accessed at <a href="http://www.dhsspsni.gov.uk/adult-safeguarding-policy.pdf">http://www.dhsspsni.gov.uk/adult-safeguarding-policy.pdf</a> . The new definition satisfies supporting recommendation 28.	Completed	

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	definition of vulnerable adult to ensure that it is capable of accommodating young people who are vulnerable to CSE				
<b>S52</b>	DHSSPS should ensure that the revision of Circular HSS CC 3/96 (Revised), Sharing to Safeguard: Information Sharing about Individuals who may pose a Risk to Children, is accompanied by clear guidance to workers that will give them the confidence to act appropriately.	<b>DHSSPS</b>	Circular HSS CC 3/96 is currently being revised. Revised guidance will issue for consultation in Autumn 2015 and will be published in March 2016. The revision will take account of developments since the publication of the original revised circulars including the introduction of PPANI arrangements relating to violent and sex offenders; information sharing; arrangements between the PSNI and schools; and arrangements for child protection disclosures to members of the public. Section 48 of the Justice Act (NI) 2015, once commenced, will amend the Criminal Justice (NI) Order 2008, requiring that the PPANI guidance is extended to include guidance on disclosing conviction information on those being managed through PPANI to members of the public.		2
<b>S53</b>	The DHSSPS should consider further actions to protect children against offenders who will not have been brought to the attention of the	<b>DHSSPS</b>	The essence of this recommendation is to encourage victims to come forward to the authorities so that historical crimes against them can be investigated and to ensure that, when they do come forward, victims have access to services and support. This requires raising public awareness that inspires confidence in victims to come forward and to offer them assurances that their complaints will be treated seriously and		3

Recommendation		Lead	Progress	Rag Status	Phase
	statutory authorities in Northern Ireland for historical and cultural reasons.		sensitively. HSC Trust Gateway Services and the PSNI PPU's deal with any abuse allegation current or historic. These allegations are investigated thoroughly and will follow due process in a sensitive manner. Recent publicity relating to the Historical Institutional Abuse Inquiry has raised public awareness of the importance of investigating historical abuse allegations.		
<b>S54</b>	The DHSSPS, supported by DOJ, should ensure that existing out of hours services across the health, social care and police sectors, are co-ordinated and strengthened. They should enable frontline staff from all sectors, as well as communities and concerned individuals, to access relevant information and skilled advice about safeguarding matters relating to children, including CSE.	<b>HSCB</b>	<p>1. In response to this recommendation, which is being led by the HSCB, a number of developments are relevant:</p> <ul style="list-style-type: none"> <li>• Establishment of Regional Emergency Social Work Service in May 2013;</li> <li>• Alignment of PSNI PPU's with HSCTs (we now have 5 PPU's directly mapped to HSC Trust areas);</li> <li>• Work ongoing to co-locate on a part-time basis senior social work staff in each PPU;</li> <li>• Establishment of CRU.</li> <li>• Discussions ongoing relating to co-location of senior social work staff in the CRU which will operate between 8am and 8pm and includes Saturdays and Sundays. Police and social services both have after hours arrangements in place outside of these times.</li> </ul> <p>2. Information on how to access these services out of hours has been widely publicised in the media. A number of road shows and awareness raising events have taken place to ensure the general public as well as other professionals are aware of how to access this service.</p> <p>3. Leaflets and posters on how to make a referral out of</p>		<b>1</b>

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			<p>hours are prominently displayed in EDs and local GP surgeries.</p> <p>4. See also, supporting recommendation 9 (public health campaign) and key recommendation 15 (strategy) both will aim to raise awareness of CSE among children and young people, parents, carers, practitioners and communities. (see also supporting recommendation 60).</p>		
<b>S55</b>	The DHSSPS supported by DOJ should ensure that information received by out of hours services regarding CSE should be communicated to the multi-agency safeguarding hub or equivalent model referred to in S60.	<b>HSCB PSNI</b>	<p><b>See supporting recommendation 60</b></p> <p>Both the PSNI and social services have established systems for accepting out of hours referrals. Each Trust has a clear next day single point of contact for reporting information received out of hours by the Regional Emergency Social Work Service. The PSNI has now developed a Central Referral Unit for accepting all child protection referrals and five Public Protection Units for investigating such matters which are co-terminus with the HSCTs. Each Trust has appointed a full time senior social worker to liaise closely with the PSNI in the Public Protection Units to ensure all child protection information is communicated in a comprehensive and timely manner.</p>		3
<b>S60</b>	The DHSSPS should consider development of a model for a multi-agency safeguarding hub (MASH) in Northern Ireland which should take into	<b>DHSSPS Bernie McNally</b>	<p><b>Linked to supporting 55</b></p> <p>Currently under consideration.</p> <p>This recommendation requires consideration of the development of a multi-agency safeguarding hub (MASH) similar to those operating in some Local Authorities in</p>		3



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	<p>account learning from the good practice in recent projects such as Operation Owl, the co-located project at Willowfield, and the Regional CSE Group</p>	<p>England. DHSSPS has been exploring how the model might be developed within a Northern Ireland context which differs considerably from the context in which a MASH operates in England. Senior staff from both police and social services travelled to <b>Sefton in England</b> to learn from good practice there in managing front door referrals.</p> <p>The MASH serves two key purposes:</p> <ul style="list-style-type: none"> <li>• The early sharing of information across agencies, (NHS, Local Authority Social Care and Police) which is then used to assess the level of risk and identify immediate actions within an early strategy discussion.</li> <li>• The signposting of non child protection referrals to an early help service.</li> </ul> <p>Consideration of developing a MASH to strengthen the service needs to take account of:</p> <ol style="list-style-type: none"> <li>1. the integrated nature of Health and Social Care in Northern Ireland;</li> <li>2. existing Gateway arrangements in HSCTs;</li> <li>3. the long established joint protocol for the investigation of child abuse in Northern Ireland operational between police and social services;</li> <li>4. alignment of PPU with HSC Trusts and the decision to co-locate senior social work staff in PPUs for child protection purposes (building on existing PPANI arrangements);</li> <li>5. establishment of Regional Emergency Social Work</li> </ol>		

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			<p>Service which provides 24 hour cover outside office hours for all child protection referrals;</p> <p>6. Establishment of PSNI CRU (co-location of senior social work staff in CRU under discussion);</p> <p>7. Recently established pathway to the Family Support HBs. A clear protocol has been developed to ensure appropriate step up and step down pathways for families requiring early help and support; and</p> <p>8. Clear pathways to family support and intervention teams for families who do not meet the threshold for child protection but require additional help and support from social services.</p>		
<b>HSC BOARD</b>					
<b>K16</b>	The HSC Board should adopt a strategic approach to the provision of support services for those who have been subject to CSE, to ensure equality of access. This should build on current, good practice examples.	<b>HSCB</b>	The HSCB through the Regional CAMHS Steering Group is bringing forward the development of an Integrated Care Pathway to promote greater understanding of and accessibility to support services for those who have suffered or been exposed to trauma, including CSE. This will include services within CAMHS, LAC Therapeutic Services, the Regional Trauma Centre and services provided by the Voluntary sector. This process will ensure a strategic approach to the provision of services both statutory and non statutory across the region, providing consistency in quality and accessibility of services. This approach also has the potential to reduce duplication and multiple referrals to a range of service providers. An assessment of the accessibility and appropriateness of service provision will be made to identify gaps in service provision which can then inform commissioning decisions.		<b>3</b>

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			<p>At a practical level there has been additional investment into the Barnardo's Safe Choices service to ensure greater access. Additional investment has also been made into LAC Therapeutic Services and discussions are progressing to take a more strategic view in relation to providing alcohol and drugs supports which have been significant issues where young people have been subject to CSE.</p> <p>The HSCB has a contract with Nexus to provide support to those adults or those entering into adulthood and have been subject to sexual abuse.</p>		
<b>K17</b>	The HSC Board should ensure that accessible and appropriate support services are made available for adults who were abused as children.	<b>HSCB</b>	The HSCB is planning to establish a new regional Trauma Managed Care Network. This network will bring together all trauma services across the region into a single integrated system. An assessment of the accessibility and appropriateness of service provision will be made to identify gaps in service provision which can then inform commissioning decisions.		3
<b>S6</b>	The HSC Board should ensure that child protection issues are consistently and skilfully addressed in LAC and disability settings, where these are separate from specific child protection processes.	<b>HSCB</b>	<p>An evaluation of the robustness of the arrangements relating to the protection of looked-after children established by way of Departmental guidance is underway.</p> <p>A sub-group of CSIB is currently considering the robustness of the inspection of child protection policies and procedures when applied to children who are disabled.</p> <p>The Department recently consulted on child safeguarding</p>		1

Recommendation		Lead	Progress	Rag Status	Phase
			policy guidance. The guidance specifically refers to the protection needs of looked-after children and disabled children.		
<b>S13</b>	The HSC Board should monitor the arrangements for private fostering to ensure that awareness of CSE is raised and to ensure identification of cases that have not been notified to the HSC Trusts.	<b>HSCB</b>	<p>Work to raise awareness of private fostering and what is required of individuals who privately foster was taken forward by BAAF, the HSCB and HSCTs in 2010/11.</p> <p>Work is ongoing, led by the Regional Adoption and Fostering Team (RAFT), to identify any additional measures which may be taken to increase awareness of requirements linked to private fostering.</p> <p>Data on the numbers of private fostering notifications is collected by each HSCT and submitted to the HSCB under Delegated Statutory Functions (DSF) arrangements.</p>		1
<b>S15</b>	The HSC Board should address as a priority the provision of joint training on Regional Guidance on Police Involvement in Residential Units/ Safeguarding of Children Missing from Home and Foster Care.	<b>HSCB</b>	<ol style="list-style-type: none"> <li>1. The regional guidance was reviewed and re-issued in June 2015 under the title of "Runaway and Missing from Home and Care (RMFHC) Protocol".</li> <li>2. Joint training to underpin the RMFHC protocol will be provided. Bespoke training will be provided to targeted staff in residential care and frontline Police and Social Services staff. This training will be integrated into ongoing training related to "The Protocol for Joint investigation by social workers and police officers of alleged and suspected cases of child abuse for Northern Ireland 2013".</li> </ol>		2
<b>S16</b>	The HSC Board	<b>HSCB</b>	Outstanding actions complete.		1

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	Strategic Action Plan – Children Missing from Home or Care should be revised and implemented as part of the strategic overview of CSE.				
<b>S21</b>	The HSC Board in conjunction with HSC Trusts should ensure that adequate support is available for foster carers (including kinship carers) and foster children, including health support through LAC nurses.	<b>HSCB</b>	While it is recognised that there are a significant number of services already provided to foster carers, a review of existing service provision to both foster carers and the children and young people in their care is currently being undertaken by the HSCB and it will report in December 2015. This review will inform commissioning decisions relating to service provision in this area.		2
<b>S22</b>	The HSC Board, in conjunction with the HSC trusts, should assess the appropriateness of existing unregulated placements to ensure that the assessed needs of young people in these placements	<b>HSCB</b>	The HSCB and the NIHE jointly commission a number of supported accommodation projects where young people (16/17 year olds) can be accommodated either directly from their own homes or as part of a step down process from a children’s home or foster care. The HSCB and NIHE work closely with the RQIA to ensure these services are regularly inspected. Both the Trusts and the NIHE also have monitoring arrangements in place for these facilities. Work is ongoing to review the governance arrangements in place to ensure they are as robust and comprehensive as possible. The HSCB is		2

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	are being met.		<p>currently carrying out an audit of all unregulated facilities and placements of children.</p> <p>A number of new supported accommodation schemes will be progressed in 2015/16 and 2016/17 under the HSCB/NIHE Five Year Commissioning Plan.</p> <p>In addition, new Supported Lodgings arrangements are being put in place, underpinned by standards which will be published by the Department in October 2015.</p> <p>See also Supporting Recommendation 23.</p>		
<b>S26</b>	The HSC Board should consider the development of region-wide guidance about care and control in residential units. This should involve input from both young people and residential care workers.	<b>HSCB</b>	Draft guidance, <i>The Management of behaviour, restraint and missing. Supplementary guidance</i> , has been developed in conjunction with young people and staff from the residential sector. The content of the guidance has also been informed by research commissioned by the HSCB on dealing with physical aggression in young people. The guidance has been consulted on and will be further revisited to take account of consultation responses.		1
<b>S41</b>	The HSC Board, in conjunction with the SBNI, should work with frontline workers including the ambulance service, to develop a simple	<b>SBNI</b>	Ownership of this recommendation has passed to the SBNI, which will separately publish an implementation plan for all Marshall recommendations to be delivered by the SBNI.		

Recommendation		Lead	Progress	Rag Status	Phase
	“trigger tool” to help them identify potential cases of CSE. This could build on existing models within the UK.				
<b>S51</b>	The HSC Board in conjunction with SBNI should ensure that the availability of Recovery Orders in terms of section 69 of the Children (Northern Ireland) Order 1995 is highlighted in guidance and training.	<b>HSCB</b>	<p>Information Leaflet, entitled “Child Sexual Exploitation and the Law” targeted at front-line practitioners, which provides specific information on Recovery Orders under Article 69 of the Children Order, has been developed by the HSCB and HSCTs (with input from PSNI and legal advisers).</p> <p>HSCT CSE senior practitioners are involved in internal and external awareness-raising of legal remedies available to front line practitioners, including recovery orders.</p> <p>Training on recovery orders is included in Children Order training.</p> <p>Specific Reference has been made to Recovery Orders in the department’s child safeguarding policy, which will be published in March 2016.</p>		1
<b>HSC TRUSTS</b>					
<b>S18</b>	HSC Trusts should ensure that when a child returns after being missing, he or she is offered an interview with an	<b>HSCB</b>	<p>The “Missing Children Protocol (Runaway and Missing from Home and Care)” issued to all HSCT staff in June 2015 for immediate implementation (see Recommendation 15). It is underpinned by joint training.</p> <p>Under this protocol safe and well checks and independent</p>		1

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	independent person in line with regional guidance		<p>return interviews are undertaken to ensure that each child who returns from a period of missing has an opportunity to discuss, with an independent person, what has happened to them, who they were with and any issues requiring follow up by the PSNI or Social Services. This joint approach will facilitate the synchronising of missing children data across both agencies.</p> <p>HSC Trusts will include the data on return interviews for children in residential care in the monthly monitoring report completed by the visiting social worker. As required under the Children Order Regulations, monthly reports are forwarded to RQIA and HSCT Directors for Social Services.</p> <p>Data on independent interviews will also be included in HSCT Delegated Statutory Functions reports to the HSCB.</p>		
<b>S25</b>	HSC Trusts should endeavour to provide stability by minimising the movement of both children and staff throughout residential and foster care settings.	<b>HSCB</b>	<p>Based on an analysis undertaken by the HSCB, the stability of full time permanent staff in residential facilities is not an issue of concern. The HSCB regularly monitors the turn-over of staff in each unit to ensure this remains the case. From time to time, sickness and maternity leave requires the deployment of staff/temporary staff.</p> <p>Each HSC Trust is currently reviewing the use of temporary and bank staff in residential units with a view to reducing the numbers of personnel deployed in each unit, to ensure staff who are known to the unit and the young people are used where possible.</p> <p>The stability of children in residential care placements is</p>		<b>2</b>



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		<p>closely related to changes in the child's care plan. Children are sometimes moved through the system as placements are no longer able to meet their needs. At times this is related to the child's behaviour deteriorating, necessitating a move to a more intensive support unit or to secure care. As the child settles, they can usually return to their original placement. The HSCB is currently carrying out a review of placements for looked after children with the view to making each placement more resilient and better able to meet changing needs. Under the implementation of the findings of the review of residential care, smaller 4/6 bedded units will become the norm and more targeted intensive supports will be available within each unit.</p> <p>LAC Therapeutic Services are intended to support children to remain within an existing placement. Additional investment has been made by the HSCB in LAC Therapeutic Services. .</p> <p>Data relating to placement moves is collected under Delegation Statutory Functions arrangements and is subject to review/monitoring by the HSCB. A target linked to placement moves is also included in the Department's Commissioning Plan Direction to the HSCB.</p> <p>It should also be noted that Northern Ireland has been unique within the UK in having available the Extended Foster care Scheme (GEM – Going the Extra Mile) which facilitates young people to remain within their foster home to the age of 21. This scheme has at its core the need to afford stability for young people and to continue to offer supports and guidance</p>		

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			<p>into young adulthood. At the end of July 2015 there were 279 young people within the GEM Scheme, an increase of 28 from July 2014.</p> <p>There are also developments in relation to Supported Accommodation, which are affording some young people further supports in a group living environment for a further two year period into young adulthood. Supported accommodation arrangements are jointly commissioned by the HSCB and the NIHE/DSD and are subject to inspection by the RQIA.</p>		
<b>S27</b>	<p>HSC Trusts should take responsibility for ensuring that frontline staff in residential facilities are helped to feel confident that they will be supported by management if something goes wrong when they have done their best. They should also feel confident about speaking up if they feel young people are in danger and they cannot keep them safe.</p>	<b>HSCB</b>	<p>Each of the five Health and Social Care Trusts has been using a range of therapeutic support models within the residential care setting. A review of the effectiveness of these models was conducted by Macdonald G. et al. (2012) <i>Therapeutic Approaches to Social Work in Residential Child Care Settings</i>.</p> <p>While this review was largely positive there remain significant challenges to the sustained application and continued effectiveness of all of these models.</p> <p>In October 2014 the HSCB received the final report on commissioned research into the models of therapeutic support for children in residential care. The research, conducted by Fullerton, Jordan and Harris, aimed to establish which model provides optimal care and support for the children and young people. It also sought to establish how physical aggression can be safely managed in a residential unit, in a way which protects both the staff and the children living /working there, within a human rights framework. Key messages from the research and the implications for policy and practice are currently being considered by the HSCB.</p>		2

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		<p>Other relevant actions include:</p> <ul style="list-style-type: none"> <li>• Draft guidance, <i>The Management of Behaviour, Restraint and Missing, Supplementary Guidance</i>, has been developed in conjunction with young people and staff from the residential sector. The content of the guidance has also been informed by research commissioned by the HSCB on dealing with physical aggression in young people. Following a period of consultation the guidance requires further review.</li> <li>• The establishment of a strategic oversight group made up of key managers and professionals. The group continually review the behaviour management and therapeutic approaches across the Trust residential care estate. The group also monitors the use of restraint, the involvement of the police in children's homes and patterns of risk taking behaviours such as young people going missing;</li> <li>• The introduction of clear escalation protocols in residential care across all five HSC Trusts. Under the protocol, safety and behaviour management concerns may be escalated to the Director of Children's Services in each HSC Trust.</li> <li>• The HSCB provided additional funds to ensure that CSE Senior Social work practitioners are in place within each HSCT in order to offer advice and guidance to staff.</li> </ul>		

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<b>S42</b>	HSC Trusts should explore the potential for school nurses to play a wider role in safeguarding issues, including CSE.	<b>HSCB</b>	Exploratory work underway.		2
<b>S49</b>	HSC Trusts should consider how best to address the appropriate availability of social workers for Achieving Best Evidence interviews.	<b>HSCB</b>	The Children's Services Improvement Board, led by the HSCB, established a working group to consider this recommendation and considered the numbers of existing Achieving Best Evidence (ABE) trained staff and their availability on a 24/7 basis. There are currently 101 Trust staff trained in ABE and 242 staff trained in Pre interview assessment (PIA). Staff trained in both ABE and PIA are available during the day and after hours to assist the PSNI. The HSCB is satisfied that there are adequate numbers of appropriately trained social work staff available to conduct Achieving Best Evidence interviews.		2