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

Review of the Governance Arrangements for Child Protection in the HSC in Northern Ireland: Phase I

May 2018

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Department of Health and are available on our website at www.rqia.org.uk.

RQIA is committed to conducting inspections and reviews against four key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

These stakeholder outcomes are aligned with Quality 2020[1], and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

Membership of the Review Team

Ms Bernadette McNally, OBE	Former Executive Director of Belfast HSC Trust, Former Chair of the NI HSC Child Sexual Exploitation (CSE) Implementation Group
Mr James D Hawthorn	Former Head of Families and Criminal Justice, Scottish Borders and Inspector with Care Inspectorate, Scotland
Mr Philip O'Hara	Former Children's Inspector, RQIA Designated Liaison Person for Child Protection and the "Champion Role" for Adult Safeguarding, Safeguarding Office, Diocese of Down and Connor
Ms Fiona Goodman	Assistant Director, Children's Team, RQIA
Dr Lyndsey Thompson	Clinical ADEPT Fellow, RQIA
Ms Nicola Porter	Manager, Audit Team, RQIA
Mr David Philpot	Project Manager, RQIA
Ms Anne McKibben	Project Administrator, RQIA

RQIA wishes to thank all those people who facilitated this review through participating in discussions and interviews, undertaking audit, attending focus groups and providing relevant information.

We would particularly wish to acknowledge the work of our colleague David Philpot, Project Manager, who sadly passed away in early 2017.

---

[1] Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland (November 2017)

Table of Contents

Executive Summary

Introduction

In May 2008, RQIA commenced a review of child protection services in Northern Ireland. The review assessed the systems and procedures in place to protect children from harm, and focused on arrangements for managing staff performance, access to services and interagency communication at the point of referral to child protection services. In 2011, an overview report "A Review of Child Protection Arrangements in Northern Ireland: An Overview"[2] (2011 Overview Report) - containing 28 recommendations was published to drive improvements across child protection services.

As part of the 2015-2018 RQIA Review Programme, RQIA agreed to revisit child protection services in 2016 in order to review the implementation of the recommendations from the 2011 Overview Report and to make an assessment of the effectiveness of the current governance arrangements against nine themes in relation to child protection in place across the Health and Social Care Trusts (Trusts).

Issues which may affect the delivery of a quality service for this vulnerable group would also be identified and areas of good practice which could be disseminated across the region would be highlighted as part of this review. Recommendations for future improvements for child protection services would also be made.

---

[2] A Review of Child Protection Arrangements in Northern Ireland: An Overview, The Regulation and Quality Improvement Authority (July 2011)

Methodology for this review comprised: a literature review; analysis of updates in relation to progress against the 28 recommendations from the 2011 Overview Report; discussions with professionals from across the service; service profiling; governance questionnaires; an audit of social worker's client notes; focus groups with over 200 HSC professionals; and meetings with senior management teams across the Trusts and the Health and Social Care Board (HSC Board).

Findings

The findings from this review have been set out under the headings of each of the nine themes. Each themed section begins with an introduction and update on the recommendations from the 2011 Overview Report. Findings are then outlined, with recommendations for improvement, where appropriate. Areas of good practice are also highlighted.

1. Corporate Leadership and Accountability: the review team found evidence of effective corporate leadership in each Trust, as well as evidence of high quality leadership at all levels in each of the Trusts. Some staff did, however, express dissatisfaction, relating to what they perceived to be a lack of corporate leadership and support for front-line practitioners struggling to meet the day-to-day demands of this highly complex work. The review team recommended the need for clarification around the future provision of child protection commissioning and planning arrangements, currently carried out by the HSC Board.

2. Workforce: the review team welcomed the Department of Health (DoH) strategy for social work "Improving and Safeguarding Social Wellbeing"[3] and believes it should contribute greatly to strengthening the capacity of the workforce; improving social work services; and building leadership and trust in the profession.

The social services workforce in child protection services has grown steadily over the last few years and, due to a largely female workforce, the number of temporary vacancies (maternity leave) in children's social work is high, with staff expressing significant frustration at the lack of management's urgency in filling such gaps. Recommendations have been made in respect of short-term absences and recruitment.

3. Workload and Management of Unallocated Cases: this continues to be a source of concern for all of the Trusts, with a waiting list system operating where some non-urgent referrals wait to be allocated for periods of time. Trusts also reported "unattended" cases as a result of short-term absences. It was a concern for the review team that these cases are not monitored or reported on.

Concerns were expressed by staff in all Trusts about the increasing pressures and work-related stress faced by social workers due to increases in the workload and the increase in complexity of cases. Staff expressed particular concern about the amount of bureaucracy and

form-filling they are expected to comply with, which they believe keeps them away from front-line practice. Recommendations have been made in relation to unattended cases, work related stress and completion and management of records and information.

4. Supervision of social work staff is governed by the DoH guidance "Supervision Policy, Standards and Criteria" [4] (February 2008, revised in 2014[5]). The review team found evidence of widespread adherence to this policy and evidence of staff appraisal systems operating in all of the Trusts which are conducted using the Knowledge and Skills Framework (KSF). The review team recommended formalising the use of group and peer supervision.

5. Training: each of the Trust's Delegated Statutory Functions reports provide an overview of the full range of training provided to social services staff who work with children. These reports provide evidence of Trusts' programmes of multidisciplinary / multi-agency training specifically in relation to safeguarding children. This provision meets the specifications as detailed in the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015-2018.[6]

---

[3] Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022: Department of Health, Social Services and Public Safety (April 2012)

[4] Supervision Standards, Policy and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts, Department of Health, Social Services and Public Safety (HSS(OSSPOL/RIT)1-200) (February 2008)
[5] Regional Policy for NI HSCT's, Supervision Policy, Standards and Criteria (Child Care) (November 2014)
[6] SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

6. Assessment: the review team was particularly critical of the inter-agency assessment framework "Understanding the Needs of Children in Northern Ireland 2011 (UNOCINI) [7] and the assessment form / tool, finding it to be a cumbersome bureaucratic document, requiring staff to fill in many boxes with lots of nugatory detail. It does not lend itself to a holistic assessment of the family; rather it provides segregated information which members of the review team found difficult to join up. A comprehensive review of UNOCINI has been recommended.

7. Records Management and Record Keeping: the review team found Trust arrangements to be in line with the Regional Policy "Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland"[8].

8. Inter-disciplinary Working at an Operational Level: the review team found sound working child protection practice across all disciplines, with appropriate training in place. A named doctor / paediatrician and named nurse for child protection are in place, with clearly defined job plans and responsibilities. These key staff contribute to the work of the Trust area safeguarding panels and Trust child protection committees, groups and forums.

9. Compliance with Policies and Procedures: during the audit of social worker's client notes, the review team

---

[7] Understanding the Needs of Children in Northern Ireland (UNOCINI) Guidance: Department of Health (June 2011)
[8] Administrative Systems Recording Policy, Standards, and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts (September 2010)

found clear evidence of adherence to the process outlined in the Area Child Protection Committee policies and procedures for dealing with child protection cases in terms of allocation, investigation and timescales. There was evidence of clear pathways through cases, with good decision-making and sound administrative procedures. The review team did not identify any cases in any of the Trusts to give them cause for concern.

A number of Trusts provided the review team with specific pieces of work to demonstrate their commitment to involving children and their families in the child protection process. However, meaningful involvement was neither consistent in all cases, nor consistent across all Trusts. There was also a lack of strategic thinking, resulting in a recommendation, about harnessing feedback from service users to help Trusts understand what their services are like for families who experience them. An increase in the prevalence of domestic violence was noted and the further development of relationships and pathways between the gateway service and the local hubs is required. Recommendations were made in these areas.

The review team believes good progress has been made on each of the previous recommendations of the 2011 Overview Report. They also found evidence of much good practice in the Trusts, some of which is highlighted throughout the report.

Recommendations
This review makes 14 recommendations to improve child protection services in Northern Ireland.

Section 1: Background and Context

1.1   Introduction

In May 2008, RQIA commenced a review of child protection services in Northern Ireland. The review assessed the systems and procedures in place to protect children from harm, and focused on arrangements for managing staff performance, access to services and interagency communication at the point of referral to child protection services. A phased approach was adopted between 2008 and 2011 and an overview report was published in 2011 "A Review of Child Protection Arrangements in Northern Ireland: An Overview"[9] (2011 Overview Report), containing 28 recommendations to drive improvements across child protection services.

In the 2011 Overview Report, RQIA expressed the view that adoption of the 28 recommendations by all those with responsibilities for child protection in Northern Ireland would ensure the delivery of a consistently high standard service for this vulnerable group.

As part of the 2015-2018 RQIA Review Programme, RQIA agreed to revisit child protection services in 2016, to review the implementation of the recommendations from the 2011 Overview Report. This review in 2016 would also make an assessment of the effectiveness of the current governance arrangements in relation to child protection in place across the Trusts.

Northern Ireland

Northern Ireland is part of the United Kingdom (UK) and has a population of just over 1.8 million people. There are 434,033 children under 18 years of age in Northern Ireland[10] (approximately 23% of the population).

During the period of the current review (November 2016-January 2017), 24,500 children were known to social services as a 'child in need'.   A further, 2,146 children's names were on the child protection register and 2,890 were children in care of the Trusts (a looked after child).[11]
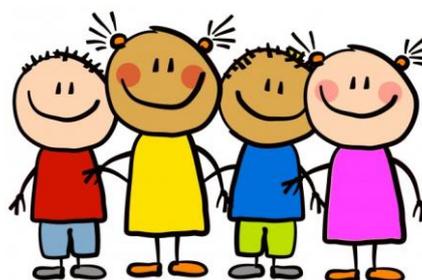
434,033 children under 18 in Northern Ireland

---

[9] A Review of Child Protection Arrangements in Northern Ireland: An Overview, The Regulation and Quality Improvement Authority (July 2011)
[10] NI Registrar General Annual Report 2015 (August 2016)
[11] Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

[Figures released by the Office for National Statistics (ONS)](#)[12] in May 2015 revealed that Northern Ireland residents had the lowest gross disposable income (income that people have left to live on once their taxes, mortgage / rent and pension savings have been deducted) per head in 2013, where the average person had £14,347 available to save or spend, compared with a UK average of £17,559.

According to [Bywaters et al](#)[13] "There is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect. Evidence of this association is found repeatedly across developed countries and in different child protection systems."

In 2010, the Northern Ireland Statistics and Research Agency (NISRA) updated the [NI Multiple Deprivation Measure (NIMDM)](#)[14]. The data ranks Northern Ireland's previous 26 local government districts based on their level of deprivation (1 = most deprived, 26 = least deprived). According to NIMDM, the latest figures indicate that the former Belfast city council area is the most deprived in Northern Ireland, while the former Magherafelt council area is the least deprived.

1.2   The Legislative Context

Obligations to safeguard children and young people and promote their welfare are contained in both international and domestic law.

The [United Nations Convention on the Rights of the Child (UNCRC)](#)[15] is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered.

Articles within the UNCRC with particular relevance for this child protection review include:

- **Article 3 (Best Interests of the Child):** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them.

---

[12] Regional Gross Disposable Household Income (GDHI): 1997-2013: Office for National Statistics (May 2015)
[13] The Relationship between Poverty, Child Abuse and Neglect: An Evidence Review: Paul Bywaters, Lisa Bunting, Gavin Davidson, Jennifer Hanratty, Will Mason, Claire McCartan, Nicole Steils (March 2016), page 3
[14] Northern Ireland Multiple Deprivation Measure 2010: Northern Ireland Statistics and Research Agency (NISRA): Department of Finance and Personnel (May 2010)
[15] Fact Sheet: A summary of the rights under the Convention on the Rights of the Child: UNICEF

Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards;

- **Article 4 (Protection of Rights):** Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children's rights and create an environment where they can grow and reach their potential;

- **Article 12 (Voice of the Child):** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf;

- **Article 19 (Protection from all Forms of Violence):** Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld;

- **Articles 34 (Sexual Exploitation):** Governments must protect children from all forms of sexual abuse and exploitation; and

- **Article 36 (Other Forms of Exploitation):** Governments must protect children from all other forms of exploitation.

In domestic law, the Children (Northern Ireland) Order 1995[16] (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. The Children Order provides the legislative framework for the provision of child protection services. It covers the full range of safeguarding activity, including the promotion of a child's welfare, assessment of a child's needs, provision of support for children and families, protection of children, and powers to assume or secure parental responsibility for children when required. The Children Order confers powers and, in some circumstances, places duties on the Trusts to help safeguard children by providing services to their families.

The Human Rights Act (1998)[17] incorporates the European Convention on Human Rights (ECHR)[18] into UK legislation. It stipulates that State authorities must use their powers reasonably and proportionately to protect children and young people, and the ECHR holds them responsible for inhuman or degrading treatment inflicted within their jurisdiction. Professionals across all public authorities, including government departments, local councils, hospitals, schools and the police must respect the ECHR.

---

[16] The Children (Northern Ireland) Order 1995: 1995 No. 755 (N.I. 2)
[17] Human Rights Act 1998: 1995 No. 755 (N.I. 2)
[18] European Convention on Human Rights: European Court of Human Rights and Council of Europe Rome, 4.XI.1950

The [Safeguarding Vulnerable Groups (Northern Ireland) Order 2007](#)[19], as amended by the Protection of Freedoms Act 2012, provides the legislative framework for the establishment of a Disclosure and Barring Service and requirements relating to individuals who work with children and vulnerable adults. This legislation defines 'regulated activity' with children as direct work with children in either a paid or voluntary capacity, such as teaching, social work, nursing or volunteering in a hospital or school. The legislation prevents persons on barred lists from engaging in regulated activity.

The [Children's Services Co-operation Act (Northern Ireland) 2015](#)[20] places a requirement on individuals and organisations providing children's services to children to co-operate with each other to devise and implement cross-cutting strategies. The Act is key to ensuring improved outcomes for children by supporting, enhancing and encouraging co-operation so that services are integrated from the point of view of the child or young person.

1.3   The Policy and Guidance Context
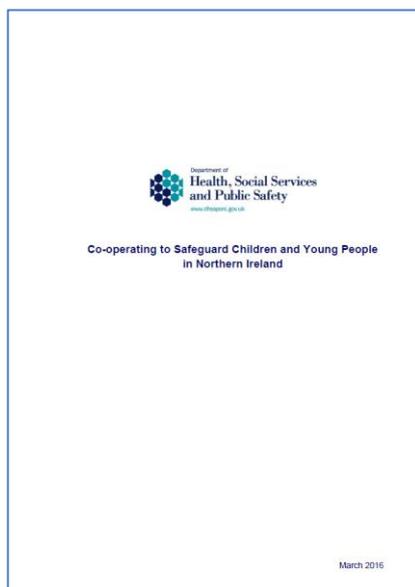
[Co-operating to Safeguard Children and Young People in Northern Ireland (2016).](#)[21] This policy, although issued and reviewed by the DoH, is an overarching cross-departmental policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. Fundamental to this policy is the understanding that the term safeguarding is used in its widest sense, encompassing the full range of promotion, prevention and protection activity. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

The key principles of this policy are:

- **The child or young person's welfare is paramount:** The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child's rights and parent's rights. All efforts should be made to work co-operatively with parents, unless doing so is inconsistent with ensuring the child's safety.

---

[19] The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007: 2007 No. 1351 (N.I. 11)
[20] Children's Services Co-operation Act (Northern Ireland) 2015: Chapter 10
[21] Co-operating to Safeguard Children and Young People in Northern Ireland: Department of Health (March 2016)

- **The voice of the child or young person should be heard:** Children and young people have a right to be heard, to be listened to and to be taken seriously, taking account of their age and understanding. They should be consulted and involved in all matters and decisions which may affect their lives and be provided with appropriate support to do so where that is required.
- **Parents are supported to exercise parental responsibility and families helped to stay together:** Parents have responsibility for their children rather than rights over them. In some circumstances, parents will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
- **Partnership:** Safeguarding is a shared responsibility and the most effective way of ensuring that a child's needs are met is through working in partnership. Sound decision-making depends on the fullest possible understanding of the child or young person's circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
- **Prevention:** The policy highlights the importance of preventing difficulties and problems occurring in families and encourages the use of timely supportive measures.
- **Responses should be proportionate to the circumstances:** Where a child's needs can be met through the provision of support services, these should be provided. Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.
- **Protection:** Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State.
- **Evidence-based and informed decision-making:** Decisions and actions taken by organisations and agencies must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, the risks to which they are exposed, and their assessed needs.

The Policy provides key definitions within the child protection and safeguarding arena:
- A child in need;
- The concepts of harm and significant harm;
- A child in need of protection; and
- Types of abuse
  - Physical abuse
  - Sexual abuse
  - Emotional abuse
  - Neglect
  - Exploitation

1.4 Impact of Public Inquiries and Reviews on Childcare Policy and Practice

Serious case reviews in Great Britain and Case Management Reviews (CMR) in Northern Ireland are usually conducted when a child who is known to social services dies or is significantly harmed.

The main purpose of a CMR is to strengthen the child protection system. Whilst a review may reflect on the practice of individual professionals involved in a case, its primary focus is not to find fault but rather to examine the organisational systems and processes that assist or allow individuals to make decisions or act in certain ways, in meeting the needs of children and their families and keeping vulnerable children/young people safe.

The focus of a CMR is to:
- establish the facts of the case;
- identify what has worked well so that Member Agencies of the SBNI can build upon it;
- ascertain if there are lessons to be learned from the case about the way in which professionals and statutory and/or voluntary agencies work together to safeguard children/young people; and
- identify clearly what those lessons are, how they will be acted upon and what is expected to change as a consequence.

Over the last decade there have been a number of high profile child deaths across the UK. This has led to an increased scrutiny of the child protection system and calls for greater accountability for all agencies charged with protecting the most vulnerable children in our society.

Haringey Local Safeguarding Children Board published its final serious case review into the death of Peter Connelly[22] also known as "Baby P" in 2010.

---

[22] Independent report: Haringey serious case reviews: Child A: Department of Education (November 2008)

Peter was a 17 month old English boy who died in London in 2007 after suffering more than fifty injuries over an eight month period, during which he was repeatedly seen by Local Authority staff in London as well as NHS staff and health professionals.

The case caused shock and concern among the public, partly because of the magnitude of Peter's injuries and partly because Peter had lived in the same London Borough that had been severely criticised seven years earlier following the death of Victoria Climbié. The Climbié Inquiry[23], under the chairmanship of Lord Laming, resulted in a number of measures being put in place in an effort to prevent similar cases happening in the future.

The Peter Connelly case and subsequent reviews and inquiries once again put child protection services firmly in the spotlight across the UK, including Northern Ireland.

The following year RQIA published its 2011 Overview Report of a review of child protection services across Northern Ireland. Due to the nature and complexity of child protection issues, a phased approach had been adopted for that review which was conducted between 2008 and 2011.

The RQIA report "A Review of Child Protection Arrangements in Northern Ireland: An Overview"[24] made 28 regional recommendations for improvements in child protection services. This current review reports on the progress made against each of the 28 recommendations made in the 2011 Overview Report.

In 2014 an Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013)[25] was published by Professor Alexis Jay. This inquiry followed investigations into child sexual exploitation in Rotherham, England, when South Yorkshire Police uncovered sexual abuse and exploitation of young girls on an unprecedented scale.

The Jay report concluded that at least 1,400 children, most of them white girls aged 11–15 years old, had been sexually abused in Rotherham between 1997 and 2013, by predominantly British-Pakistani men.

As a result of new police inquiries, nineteen men and two women were convicted in 2016/2017 of sexual offences in the town dating back to the late 1980's.

---

[23] The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming (January 2003)
[24] A Review of Child Protection Arrangements in Northern Ireland: An Overview, The Regulation and Quality Improvement Authority (July 2011)
[25] Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013): Rotherham Metropolitan Borough Council: Alexis Jay (August 2014)

[An Independent Inquiry into Child Sexual Exploitation in Northern Ireland 2014](#)[26] was commissioned in 2013 by both the Department of Justice (DoJ) and the DoH. Professor Kathleen Marshall, former Children and Young People's Commissioner for Scotland, was asked to conduct this inquiry.

While Professor Marshall found no evidence to support the view that child sexual exploitation (CSE) was part of a wider organised crime scene in Northern Ireland, like the one identified in Rotherham, the Marshall Report did provide a framework for improving how statutory agencies and government departments identify and respond to CSE in Northern Ireland. The Marshall Report contained 17 key recommendations and a further 60 supporting recommendations which government departments have accepted and are progressing through implementation.

Within this heavily regulated and complex legislative environment, the health and social care system is charged with providing a safe and effective child protection service to the children of Northern Ireland.

1.5   Health and Social Care (HSC) System in Northern Ireland

The Department of Health (DoH)
The DoH has a general duty to promote an integrated system of health and social care designed to secure improvement in the physical and mental health, and social wellbeing, of people in Northern Ireland, and the prevention, diagnosis and treatment of illness.

In particular, the Department is required to:
- Develop policies and secure programmes and initiatives aimed at improving health and social well-being and reducing health inequalities;
- Determine priorities and objectives, and set standards, for the provision of health and social care in Northern Ireland;
- Allocate financial resources available for health and social care; and
- Monitor and hold to account its Arm's Length Bodies in the discharge of their functions.

Executive responsibility and accountability for key responsibilities relating to safeguarding children lies with the Chief Social Worker at the DoH. The Chief Social Worker carries lead responsibility for family policy, child care policy, social services training policy and standards and the discharge of social services statutory functions. He accounts directly for these responsibilities to Ministers (including the Children's Minister) and the DoH Departmental Board.

---

[26] Child Sexual Exploitation in Northern Ireland: Report of the Independent Inquiry: Kathleen Marshall: RQIA (November 2014)

The [Health and Social Care (Reform) Act (Northern Ireland) 2009](27) reformed the current structure of HSC service delivery in Northern Ireland. This Act established the Public Health Agency (PHA), the Health and Social Care Board (HSC Board) and other regional organisations. The Act defines the parameters within which each HSC body must operate, including their duty to meet and promote the universal health and social well-being needs of all children and young people.

Public Health Agency (PHA)

The PHA is the statutory body responsible for improving and protecting the health and social well-being of the Northern Ireland population and is an integral part of the HSC system, working closely with the HSC Board and local Trusts.

The PHA has the explicit agenda to:
- protect public health;
- improve the health and social well-being of the population; and
- reduce inequalities in health and social well-being through targeted, effective action.

Health and Social Care Board (HSC Board)

The HSC Board's functions include: resource allocation, service planning and commissioning, and performance management of the Trusts.

The HSC Board is also the 'authority' designated by the Children Order. The HSC Board delegates its child safeguarding and child protection functions to the Trusts under legally binding arrangements known as 'Schemes for the Delegation of Statutory Functions[28]'. The HSC Board's Director of Social Care and Children has lead responsibility for ensuring compliance with legislative safeguarding duties on behalf of the organisation. This includes the duty to assess the service requirements and plan for the delivery of services to children and families in need under Article 18 and in conjunction with Schedule 2 of the Children Order.

The HSC Board must ensure robust arrangements are in place in Northern Ireland to safeguard children and young people and promote their welfare by:

- providing effective safeguarding services;
- ensuring robust child protection processes are in place across the HSC;
- ensuring safeguarding policy and procedures are in place as they relate to the HSC, including policies and procedures relating to referrals, assessment, service planning, case planning, case management and record keeping; and

---

[27] The Health and Social Care (Reform) Act (Northern Ireland) 2009: 2009 c.1
[28] Circular HSS (Statutory Functions) 1/2006: 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

- monitoring and auditing the effectiveness of HSC policy, practice and service provision in achieving specified outcomes for children and families.

The Safeguarding Board for Northern Ireland (SBNI)

The SBNI was established under the Safeguarding Board Act (Northern Ireland) 2011[29].

The primary aim of the SBNI is to co-ordinate what is done by each person or body represented on the SBNI Board, for the purposes of safeguarding and promoting the welfare of children in Northern Ireland. The Safeguarding Board Act (Northern Ireland) 2011 requires member organisations to co-operate to safeguard and promote the welfare of children and young people in Northern Ireland.

The SBNI is responsible for of the development and oversight of the regional child protection policies and procedures (these had previously been the responsibility of the HSC Board's Area Child Protection Committee). These procedures detail the key elements of the child protection process, outlining the roles and responsibilities of staff in the various agencies.

At the time of this review, SBNI was reviewing the regional child protection policy and procedures in line with Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016). In November 2017, revised Regional Core Child Protection Policies and Procedures[30] were published by SBNI.

Health and Social Care (HSC) Trusts

Five HSC Trusts provide integrated HSC services across Northern Ireland.

The Trusts manage and administer hospitals, health centres, residential homes, day centres and other HSC facilities and they provide a wide range of HSC services to the community.

---

29 Safeguarding Board Act (Northern Ireland) 2011: 2011 c. 7
30 Regional Core Child Protection Policies and Procedures: Safeguarding Board for Northern Ireland (November 2017)

Trusts have particular statutory responsibilities to provide services to promote and protect the interests of vulnerable people, including children.

Each Trust is required to discharge its delegated statutory functions as laid out in the Scheme for the Delegation of Statutory Functions (DSF) (2009). An Executive Director of Social Work within each Trust has lead responsibility for the effective discharge of all delegated statutory functions under the Children (Northern Ireland) Order 1995.[31]

The Trusts work in partnership with other statutory agencies and with the community and voluntary sector to ensure that children and young people are safeguarded and their welfare is promoted.

The focus of this current review is to examine how effective each Trust in Northern Ireland is in discharging its statutory responsibilities to children and families across a number of themes. The review team focused on each of the Trust's gateway systems as a measure of how well the child protection system as a whole was working.

1.6   Key Data on Child Protection Activity

Harm and Significant Harm

The Northern Ireland policy Co-operating to Safeguard Children and Young People in Northern Ireland (2016)[32] defines 'harm' according to the Children Order as "ill-treatment or the impairment of health or development" and includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; 'health' means physical and/or mental health; and 'development' means physical, intellectual, emotional, social or behavioural development.

There is no absolute definition of 'significant harm' as this will be assessed on a case by case basis. Article 50 (3) of the Children Order states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child."

Co-Operating to Safeguard Children and Young People in Northern Ireland goes on to say that harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm, which can be caused by: physical abuse; sexual abuse; emotional abuse; neglect; and exploitation.

---

[31] The Children (Northern Ireland) Order 1995: 1995 No. 755 (N.I. 2)
[32] Co-operating to Safeguard Children and Young People in Northern Ireland: Department of Health (March 2016)

Child Abuse and Neglect
The National Society for the Prevention of Cruelty to Children (NSPCC) defines child abuse as "any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention".

The NSPCC defines neglect as "the ongoing failure to meet a child's basic needs...a child who's neglected will often suffer from other abuse as well… neglect is dangerous and can cause serious, long-term damage - even death".

"An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online" (NSPCC).

National (UK) Trends
Published in 2017, the NSPCC report entitled "How Safe Are Our Children?"[33] which was an overview of child protection in the UK, confirmed there had been an increase in the reporting and recording of child abuse and neglect and across all four UK countries.

The report further stated that the number of recorded sexual offences against children had increased over the previous year. The trend in Northern Ireland highlights there were 1,809 recorded sexual offences against children aged under 18 in 2015/2016, an increase of 19% on the previous year. There is a rate of 41.7 sexual offences per 10,000 children under 18. This number has more than doubled over the past decade from 19.9 in 2005/2006 (see Figure A).

**Figure A: Recorded Sexual Offences against Children under 18 in Northern Ireland (2004/2005-2015/2016)**
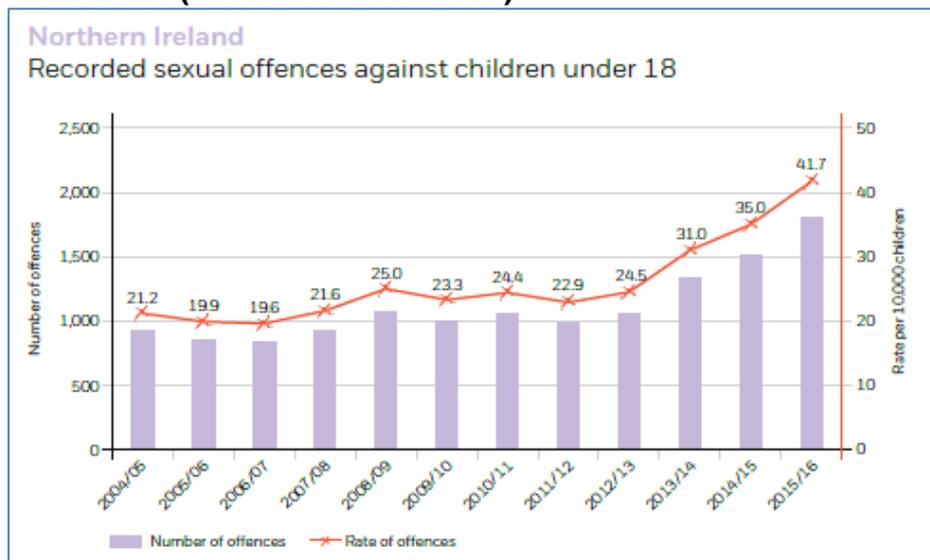
Source: Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC (2017)

---

[33] Bentley, H. et al: How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC (2017)

Assessment of Need in Northern Ireland

All of the Trusts use the Hardiker Model[34] to assess the various levels of need in families. The Hardiker model, which refers to four levels of need in families, was designed to enable practitioners and their agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children.

Figure B: Hardiker Model 1991
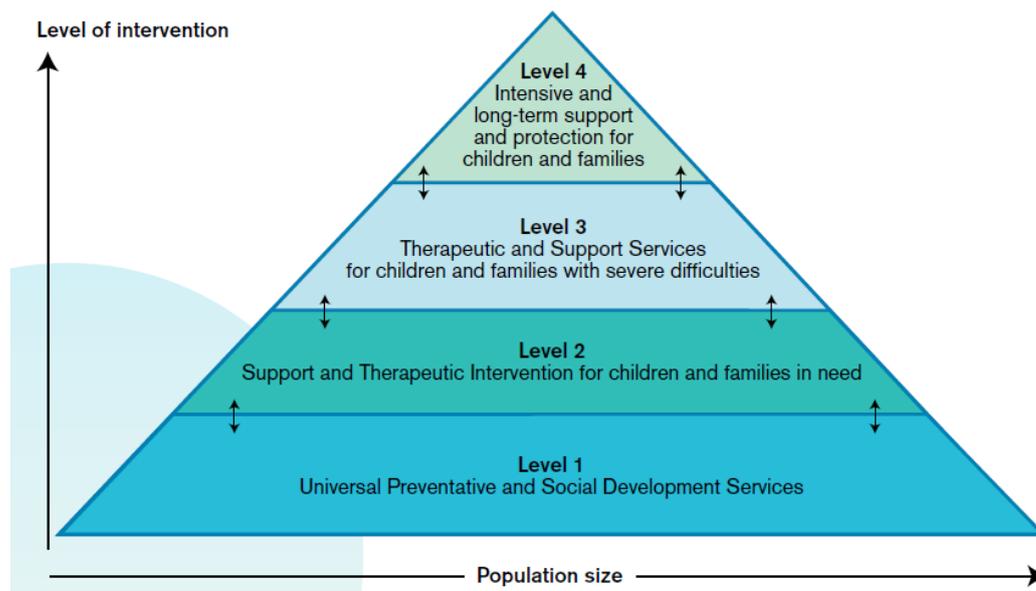
This assessment then determines level of intervention by the Trusts and their partner agencies.

Level One: Base Population: The majority of children and families in NI whose needs are being met. They utilise universal services and community resources, as required.

Level Two: Children with Additional Needs: Vulnerable children and their families, who require additional support to promote social inclusion, to reduce levels of vulnerability within the family and/or to minimise risk-taking behaviours.

Level Three: Children in Need: Children with complex needs that may be chronic and enduring and whose health (physical and emotional) and development may be significantly impaired without the provision of service. This may include some children who are in need of safeguarding. Children with a disability are also children in need.

Level Four: Children with Complex and/or Acute Needs: Children who are suffering, or likely to suffer, significant harm without the provision of services. This includes children who are looked after; those at risk of being looked after and those who are in need of rehabilitation from a care or custodial setting; children with critical and/or high risk needs; children in need of safeguarding and children with complex and enduring needs.

---

[34] The Social Policy Contexts of Prevention in Child Care, Pauline Hardiker, Ken Exton, Mary Barker: The British Journal of Social Work: Volume 21, Issue 4, pages 341-359 (August 1991)

The Hardiker Model has been developed into a [Thresholds of Need Model](#)[35] used in the inter-agency assessment framework known as "Understanding the Needs of Children in Northern Ireland 2011 ([UNOCINI](#)[36]).

The UNOCINI assessment framework was developed in 2011 by DoH in conjunction with colleagues from other public agencies, including education and the police.

It was designed as a framework to support professionals in assessment and planning to better meet the needs of children and their families by:
- Improving the quality of assessment within stakeholder agencies;
- Assisting in communicating the needs of children across agencies; and
- Avoiding the escalation of children's needs through early identification of need and effective intervention.

UNOCINI has three assessment areas:
- The needs of the child or young person;
- The capacity of their parents' or carers' to meet these needs; and
- Wider family and environmental factors that impact on parental capacity and children's needs.

The authors of the UNOCINI framework suggested it offers a logical process within which children and their family's circumstances could be considered, analysed and understood in order to develop robust plans that lead to action with the aim of improving outcomes for the child.

'Child in Need' Referrals

In accordance with Article 17 of the Children Order, a child is taken to be in need if "he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by an authority", or "his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services"; or "he is disabled".

A "children in need" referral is defined as a referral of a child to social services, regardless of the source of referral. A child can be referred to social services for a variety of reasons. The HSC gateway service is the first point of contact for all new referrals to children's social services. When a child is referred, social services will screen the referral to consider if an assessment is required; if so, an initial assessment will be carried out to determine the need of and/or risks to the child. This initial assessment should be completed within 10 working days.

---

[35] Thresholds of Need Model: UNOCINI Understanding the Needs of Children in Northern Ireland: Department of Health (May 2010)
[36] Understanding the Needs of Children in Northern Ireland (UNOCINI) Guidance: Department of Health (June 2011)

If at any stage during the initial assessment there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, inquiries under Article 66 of the Children Order must be initiated.

If, following this initial assessment, a child is considered to be a child in need, social care services appropriate to meet the child's needs must be provided to that child, their family and others as necessary, with a view to safeguarding and promoting the welfare of the child and, so far as possible, to promote the upbringing of the child by his family.

During the year ending 31 March 2016, 34,124 children were referred for a 'child in need' assessment to Trusts in Northern Ireland (see Figure C), which is a decrease of 11% on the previous 12 months. The Northern Trust received the largest amount of referrals accounting for 25% of the overall total, whereas the South Eastern Trust received the fewest number of referrals amounting to 16% of the overall total.

Figure C: Children Referred for a Child in Need Assessment by Age Year Ending 31 March 2016

HSC Trust	Age					Total
	<1	1-4	5-11	12-15	16+	
Belfast	2,453		2,669	1,444	802	**7,368**
Northern	497	1,882	3,317	1,937	991	**8,624**
South Eastern	403	1,276	2,129	1,330	398	**5,536**
Southern	419	1,358	2,342	1,488	611	**6,218**
Western	484	1,326	2,442	1,391	735	**6,378**
Northern Ireland	**2,138**	**7,960**	**12,899**	**7,590**	**3,537**	**34,124**

Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16
The Belfast Trust was unable to provide figures for those aged less than one year old for the entire year.

Numbers of 'Children in Need'
At 31 March 2016, 24,698 children in Northern Ireland were known to social services at level 3 and were classified as a 'child in need' under the Children Order. This is a 4% increase in the number of 'children in need' from the previous year, ending March 2015 (see Figure D).

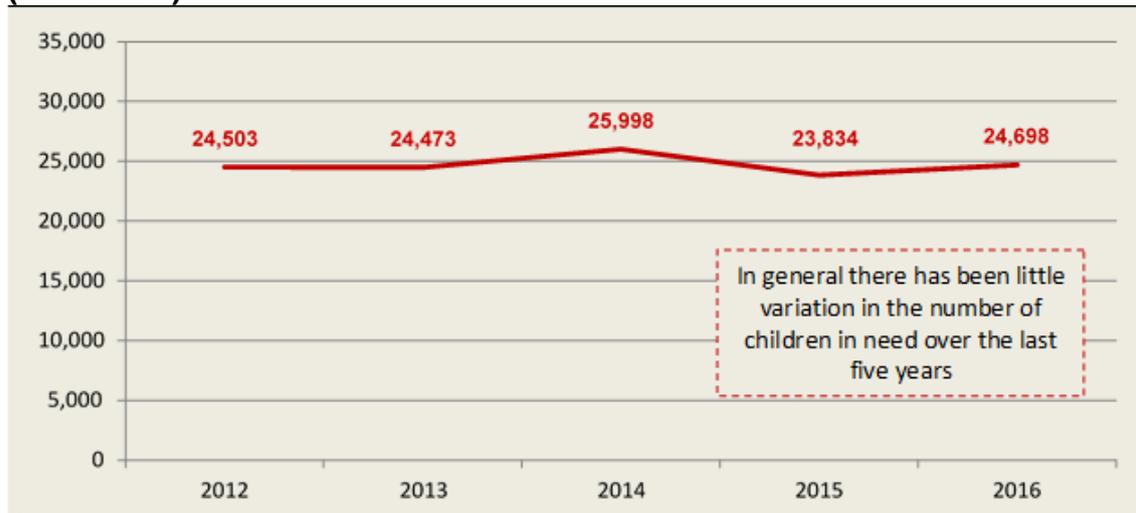**Figure D: Number of Children in Need in Northern Ireland at 31 March (2012-2016)**
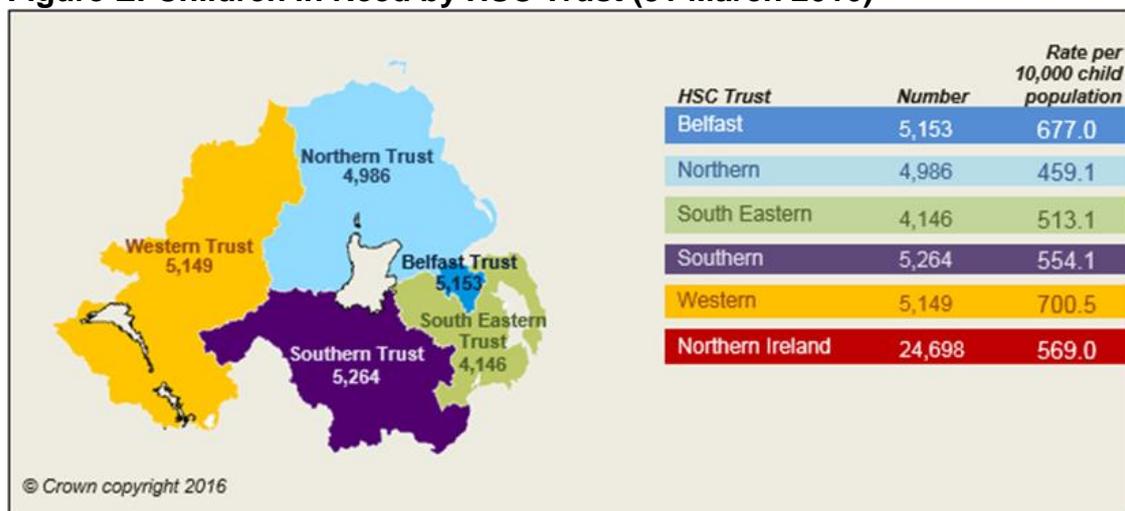

Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

At 31 March 2016, 24,698 children in Northern Ireland were known to social services as a child in need. This represented 569 children per 10,000 child population.

Belfast Trust had the highest proportion of 'children in need' at 31 March 2016. Taking into account the size of the Trusts' child populations in general, the Belfast and Western Trusts had a larger rate of 'children in need' than in the Northern, South Eastern and Southern Trusts for the same period (see Figure E). A possible contributing factor to the higher rates in these regions could be that the Belfast and Western Trusts contain Northern Ireland's two biggest cities, Belfast and Londonderry, and these two large urban areas contain some of the most deprived wards within Northern Ireland.

Figure E: Children in Need by HSC Trust (31 March 2016)

Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16
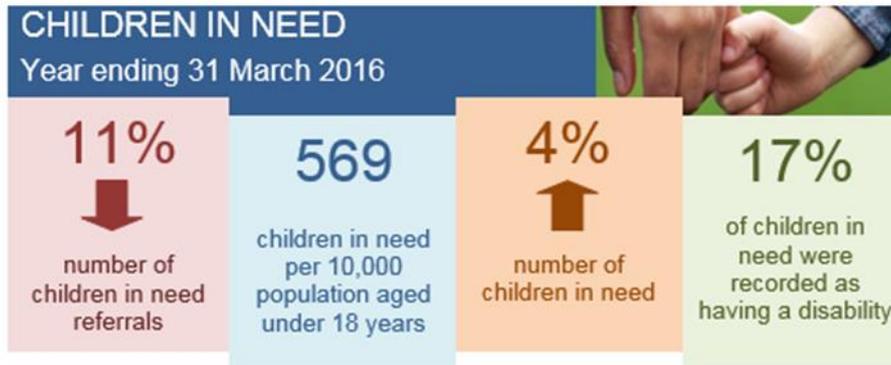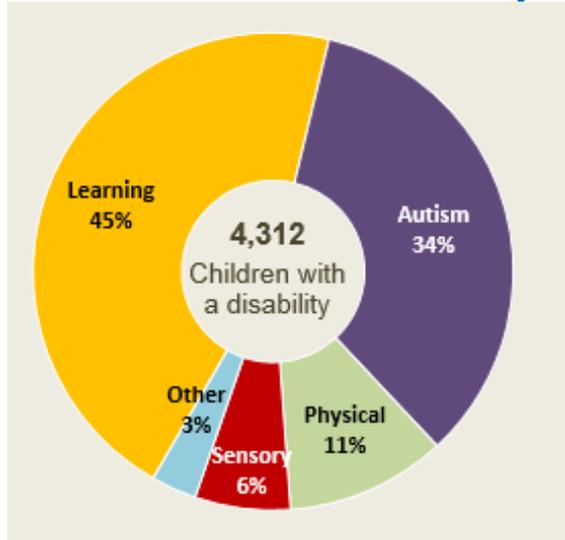
CHILDREN IN NEED
Year ending 31 March 2016

11% ↓ number of children in need referrals

569 children in need per 10,000 population aged under 18 years

4% ↑ number of children in need

17% of children in need were recorded as having a disability

Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

'Children in Need' with a Disability

4,312 Children with a disability
- Learning 45%
- Autism 34%
- Physical 11%
- Sensory 6%
- Other 3%

Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

Of the 24,698 'children in need' in Northern Ireland at 31 March 2016, 17% were recorded as having a disability. Almost half of these had a learning disability.

Having a disability was more prevalent amongst male 'children in need', with 22% of males being recorded as having a disability compared with 12% of the female 'children in need'. Each of the disability categories had more males than females.   This was most evident amongst those recorded as having Autism, where 80% were males.

Not all children with a disability will be known to social services: such issues may be dealt with by a General Practitioner (GP) and other health professionals and social services may never be involved.   The figures presented therefore do not represent the prevalence of children with different disabilities in Northern Ireland, but are rather a reflection of the service demand.

Child Protection Referrals

A child protection referral is a referral for which the initial assessment indicates that a child may be suffering, or likely to suffer, significant harm[37]. Where social services have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, they are required by Article 66 of the Children Order to make - or cause to be made - such enquiries as necessary to decide whether action is required to safeguard or promote the child's welfare. This is known as a child protection investigation and should be completed within 15 working days of the referral having been received in gateway.

A child who is the subject of a child protection Investigation must be seen and directly communicated with within 24 hours of the commencement of the investigation by children's social services to enable an assessment of their safety to be made.

If, following the conclusion of a child protection investigation, concerns are substantiated and the child /young person is assessed as being at continuing risk of significant harm, a child protection case conference should be convened, so that all of the relevant professionals can share information, identify risks and outline what needs to be done to protect the child. The initial child protection case conference should take place within 15 working days from the commencement of the child protection investigation.

If professionals at the initial child protection case conference decide that a child is at continuing risk of significant harm, the chairperson of the case conference will ensure the child's name is added with immediate effect to the child protection register and a child protection plan is drawn up. Child protection case conferences will continue at prescribed regular intervals until the child is no longer considered at risk of significant harm.

At any point in a child protection investigation, where there is reasonable cause to suspect that a child has been abused, a decision may be taken to instigate the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse (Joint Protocol). The Joint Protocol is a framework for joint investigative working between social services and the police, and a decision to initiate the Joint Protocol is a matter of professional judgement and requires discussion and agreement by both police and social services. When a decision has been made that a Joint Protocol Investigation should be undertaken by Police and Social Services, an initial strategy discussion must take place within 24 hours.

In all cases, it is the responsibility of the Trust to ensure that the assessed needs of the child are met as fully as possible, that their best interests are effectively served, and that risks to them are effectively managed.

---

[37] "significant harm" - There is no absolute definition of 'significant harm', as this will be assessed on a case by case basis. Article 50(3) of the Children Order states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child."

Figure F: Number of Child Protection Referrals by Trust during Year Ending 31 March (2011-2016)

Year	Trust Totals					Total
	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	
2011	631	565	1,713	1,394	501	4,804
2012	650	675	1,483	1,205	505	4,518
2013	592	727	1,163	1,224	534	4,240
2014	537	655	1,240	1,037	645	4,114
2015	595	741	1,255	852	611	4,054
2016	606	718	1,024	1,327	604	4,279

Source: Children Order Return CPR3: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

During the year ending 31 March 2016, a total of 4,279 child protection referrals were received by the Trusts in Northern Ireland, a 6% increase on the previous year (see Figure F).

This increase represents a reversal of the decline in child protection referrals received over the previous four years (see Figure G). A possible contributing factor to the sharp increase in the number of child protection referrals between 2008 and 2011 may have been the high profile child protection cases with significant media attention during this period.

Figure G: Number of Child Protection Referrals during Year Ending 31 March (2002-2016)
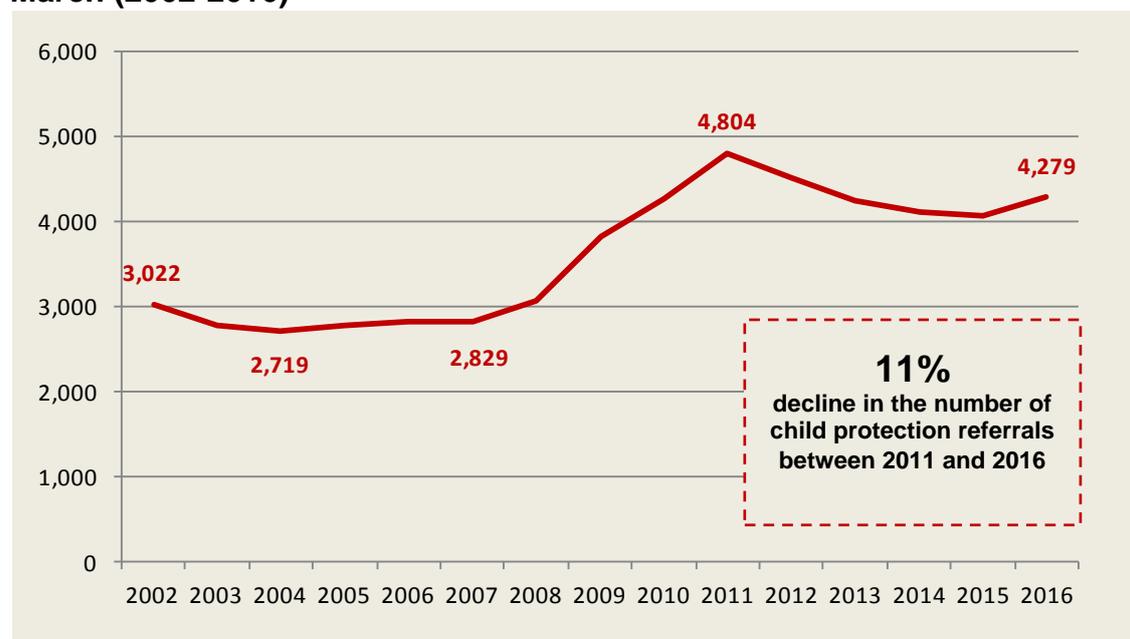
Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

Child Protection Registrations

A child's name will only be placed on the child protection register as a result of a decision taken at a child protection case conference, where it has been agreed that there is as a risk of significant harm or the child is likely to suffer significant harm (as per Article 66 of the Children Order), leading to the need for a child protection plan. The twelve categories of abuse under which the child's name may be placed on the child protection register are: confirmed physical, potential physical, suspected physical, confirmed sexual, potential sexual, suspected sexual, confirmed emotional, potential emotional, suspected emotional, confirmed neglect, potential neglect, and suspected neglect. A child's name may be on the register under more than one category.
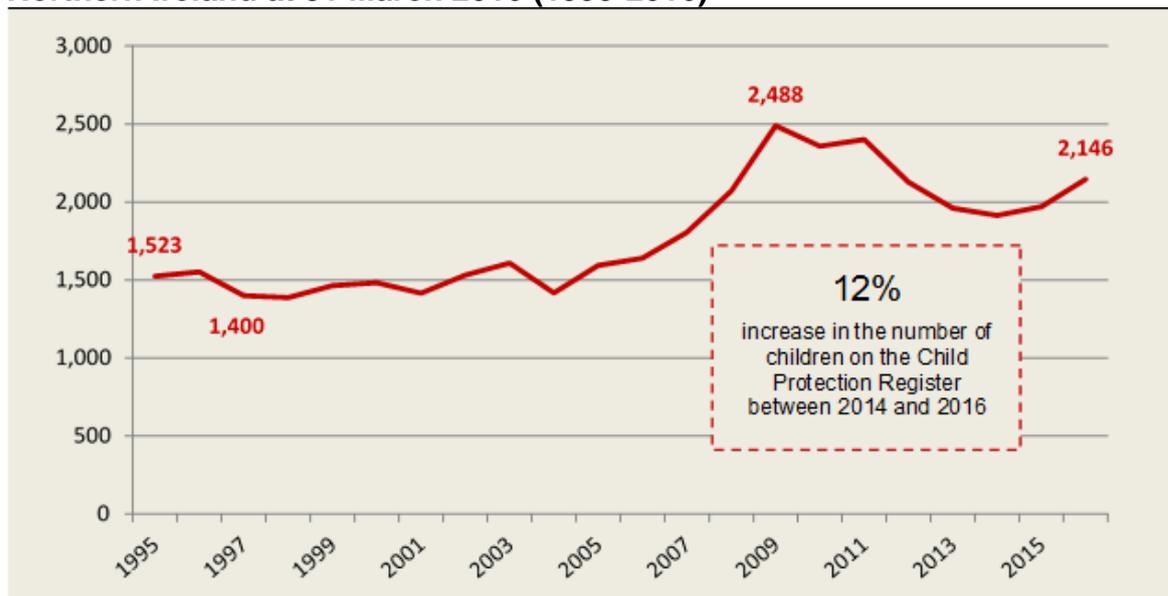
Figure H: Children on the Child Protection Register by Age and Gender by Trust (31 March 2016)

| HSC Trust | Age (years) | | | | | | | | | | Total |
| | Under 1 | | 1 - 4 | | 5 - 11 | | 12 - 15 | | 16 + | | |
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Belfast	-	-	59	61	84	73	27	26	-	-	**383**
Northern	22	24	76	63	108	96	49	52	13	18	**521**
South Eastern	18	23	59	63	83	89	38	37	9	12	**431**
Southern	20	17	75	72	101	95	61	52	15	13	**521**
Western	-	-	43	50	52	53	29	19	-	-	**290**
Northern Ireland	**93**	**112**	**312**	**309**	**428**	**406**	**204**	**186**	**46**	**50**	**2,146**

Source: Children Order Return CPR1: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

At 31 March 2016, 2,146 children were listed on the child protection register, representing an increase of 9% on the previous year - 2,040 of these were new registrations and 1,861 children were de-registered during that year. Neglect and abuse were the main reasons for a child being included on the child protection register. This also represents a reversal in the decline since 2011 which was referred to earlier in terms of new child protection referrals.

Figure I: Number of Children on the Child Protection Register in Northern Ireland at 31 March 2016 (1995-2016)
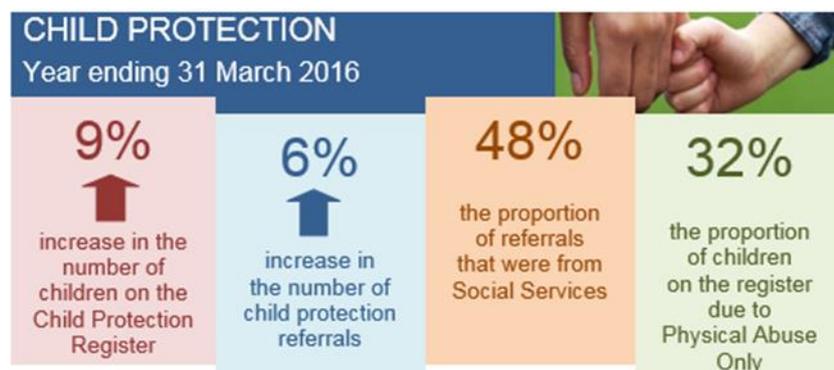
Among the Trusts there has been variation in the rate of children on the child protection register, with the Belfast and South Eastern Trusts historically having had higher rates than the Northern, Southern and Western Trusts. In recent years this variation has reduced.

Figure J: Northern Ireland Child Protection Summary (April 2015-March 2016)

Child Protection Summary April 15 - March 2016

Trust	On CPR	No. of Registrations (2015/16)	No. of Re-Registrations (2015/16)	No of De-Registrations (2015/16)
Belfast Trust	383	291	59	289
Northern Trust	521	498	118	483
South Eastern Trust	431	440	120	387
Southern Trust	521	567	102	450
Western Trust	290	244	49	252
NI	2146	2040	448	1861

Source: Health and Social Care Board, Directorate of Social Care and Children: Delegated Statutory Functions (Annual Corporate Parenting Report) Statistical Report: 1 April 2015-31 March 2016

Figure K: Rate of Children on the Child Protection Register per 10,000 Population under 18 by Health and Social Care Trust at 31 March 2016 (2011-2016)
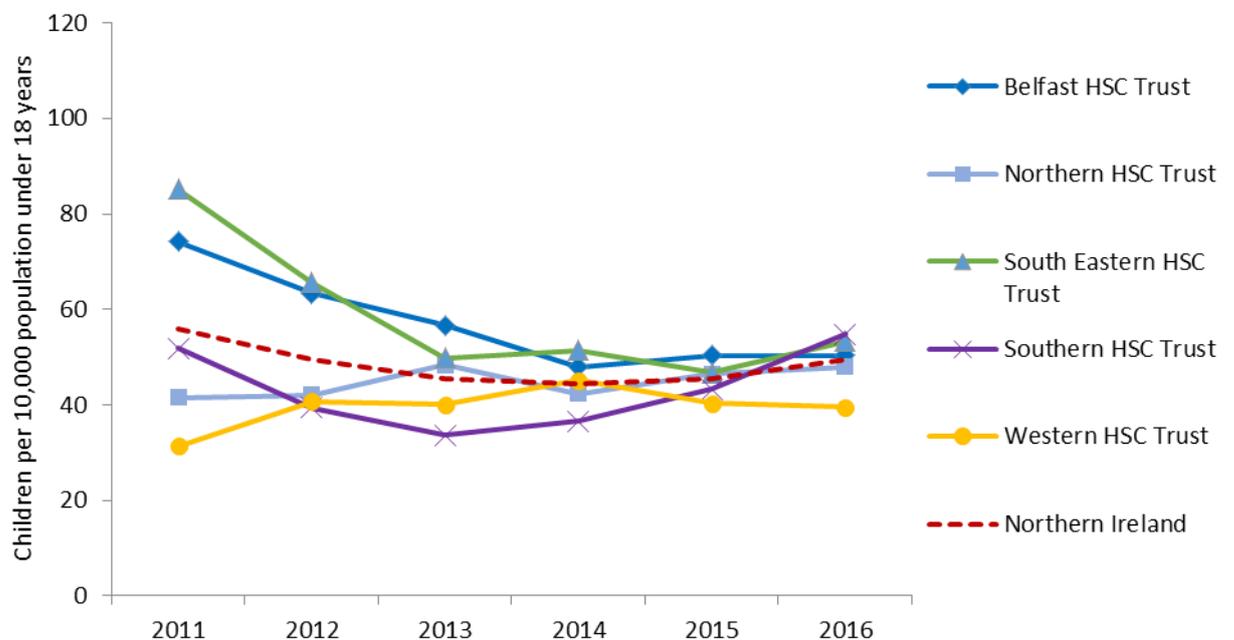
Source: Information Analysis Directorate, Department of Health: Children's Social Care Statistics for Northern Ireland 2015/16

The Northern Ireland trends relating to child protection activity would therefore appear to mirror the trends in other parts of the UK[38]. 'Children in need' referrals during the year ending 31 March 2016 are down 11% over the previous 12 month period, while children classified as 'in need' have increased by 4%. One possible explanation for this may be the development of Family Support Hubs in each of the Trust areas and clearer pathways to earlier intervention and prevention services. These developments provide alternative referral pathways for children which may account for fewer but more appropriate 'children in need' referrals. The numbers of child protection referrals are up 4% across Northern Ireland, with child protection registrations up by 9%. This upward trend in referrals and registrations between 2015 and 2016 is a reversal in the decline of registrations noted since 2011.

1.7   Terms of Reference

The terms of reference for this review were to:

1. Make an assessment of the effectiveness of the current governance arrangements in relation to child protection in Northern Ireland which are in place across the five Trusts, including the following themes:
   - Corporate leadership and accountability
   - Workforce
   - Workload and management of unallocated cases
   - Supervision
   - Training
   - Assessment
   - Records management and record keeping
   - Interdisciplinary working at an operational level
   - Compliance with policies and procedures

2. Report on progress in respect of the recommendations from the Overview Report of the RQIA Child Protection Review (published July 2011);

3. Identify any issues which may affect the delivery of a quality service for this vulnerable group;

4. Identify areas of good practice that can be disseminated across the region to help improve child protection arrangements; and

5. Report on the findings and make recommendations for future improvements for child protection services in Northern Ireland.

---

[38] Bentley, H. et al: How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC (2017)

Exclusions

This review did not include:

- Regulated services which are currently inspected by RQIA;
- The Safeguarding Board for Northern Ireland (SBNI) which had been the subject of a recent [review in 2016](#)[39];
- Interagency working at an operational level: This may be assessed in a subsequent phase; and
- Any circulars, guidance, standards, reviews and reports which arose during the course of this review.

1.8   Review Methodology

The following methodology was used to undertake this review:

A review of relevant literature was completed to set the context for the review and identify appropriate lines of enquiry.

Discussions were held with officials from the DoH, affiliates from the five Trusts and officers from the HSC Board and PHA.

A service profiling questionnaire was completed by each Trust which outlined the structures and governance frameworks used to deliver child protection services.

A high level questionnaire was also completed by each Trust relating to the following areas: policy, procedures, access to services, assessment, case planning, case management, record keeping, quality assurance and managing performance.

Focus groups and discussions were held with over 200 HSC professionals and managers from each of the five Trusts including:
- Social Work staff Bands 6, 7 and 8A;
- Assistant Directors from the gateway service in each Trust;
- Social Work staff still completing their assessed first year in practice (AYE's);
- Clinical staff including named doctors, named nurses, paediatricians and other children's nurses; and
- Senior managers, including directors, chief executives and non-executives.

A meeting was also held with the Director of Social Services from the HSC Board.

---

[39] A Review of the Safeguarding Board for Northern Ireland (SBNI): Professor Alexis Jay OBE (February 2016)

Each focus group discussed governance, training, supervision, workload, service improvement, leadership and management visibility, raising concerns, service users experience and multidisciplinary working.

An audit of social worker's client notes, which examined compliance with child protection regional policy and procedures, was carried out by the team of expert reviewers, supported by RQIA audit and inspection staff. Ten randomly chosen files were audited in each Trust, resulting in a total of 50 files undergoing a full audit.

Senior Management meetings involving directors, chief executives and non-executive directors were held with each Trust.

A focus group involving senior staff from the HSC Board was also held.

The Trusts, the HSC Board and the DoH provided information on progress against the 28 recommendations from the Overview Report of the RQIA Child Protection Review (published July 2011).

Section 2: Findings from the Review

The findings from this review have been set out in this section under the heading of each of the nine themes agreed in the terms of reference. Each section begins with an introduction and an update on the recommendations from the RQIA 2011 Overview Report. The review team's findings are then outlined with recommendations for improvement, as appropriate. Some sections will also include areas of good practice which the review team found worthy of note.

2.1   Corporate Leadership and Accountability

Regional leadership for child protection services lies with the HSC Board where the Director of Social Services is accountable for the discharge of the key statutory functions conferred on the HSC Board by the Children Order. The HSC Board performs this function primarily through commissioning services locally from the Trusts and delegating the legal powers and duties conferred upon the HSC Board to each of the Trusts.

The Review of HSC Commissioning Arrangements in Northern Ireland[40] in October 2015 described the current system of commissioning health and social care services as too complex with too many layers of authority. The report did, however, distinguish between the planning and commissioning of children's social services and all other health service commissioning. The report described a highly effective children's services strategic planning process employed by the HSC Board. It described the Social Care Directorate at the HSC Board as outcome-focused and based on service improvement methodology.

Leadership in each of the Trusts takes the form of a Trust Board. Each Trust Board is responsible for the strategic direction and management of all the Trust's activities. Trust Boards are accountable, through the Chairman, to the Permanent Secretary at the DoH, and ultimately, to the Minister for Health. Trust Boards are made up of a Chairman, seven Non-Executive Directors and five Executive Directors.

In terms of governance in child protection, Trusts must ensure that:

- all Directors are clear about their individual and corporate responsibilities and receive mandatory training in their role as 'corporate parents' and their delegated statutory duty to safeguard children young people and promote their welfare;
- non-executive directors seek assurances from executive directors that the Trust's delegated statutory functions and safeguarding and welfare duties and responsibilities are being fulfilled;

---

[40] Review of HSC Commissioning Arrangements – Final Report; Department of Health and Social Services and Public Safety (October 2015)

- sufficient resources are available to enable the Trust to fulfil its delegated statutory duties to safeguard children, promote their welfare, respond to families deemed to be in need, and to exercise their duty to protect children; and
- information determining the level of resource required, is routinely collected, collated, analysed, validated and made available to the HSC Board.

Update on 2011 RQIA Review Recommendations

Recommendation 1: Trusts should ensure they have a robust governance programme in place, including directorate level risk registers and incident reporting.

All Trusts reported governance arrangements are in place to cover risk and incident management. The HSC Board verified that there were no outstanding issues across the Trusts, with all holding risk registers at levels of:
- team, which are reviewed by Head of Service;
- divisional / directorate, which are reviewed by directorate senior management teams; and
- corporate, which are reviewed by corporate senior management teams.

Findings from Current Review

All Trusts have an Executive Director of Social Work who has lead responsibility for the effective discharge of all delegated statutory functions and duties of the Children Order to safeguard and promote the welfare of children.

Each of the Trust's Executive Directors of Social Work described his/her lines of accountability to the Trust Board for the discharge of all statutory functions delegated to the Trust from the HSC Board. The review team found clear and unambiguous lines of professional responsibility and accountability from the front-line social worker discharging delegated statutory functions on the ground to the Executive Director and ultimately to the Trust Board in each Trust.

The review team found evidence of effective corporate leadership in each Trust, as well as evidence of high quality leadership at all levels in each of the Trusts.

All Trusts reported that both Executive and Non-executive Directors have received training on child protection and are clear about their individual and corporate responsibilities.

There was evidence in all Trusts of Trust Board members taking a keen interest in front-line practice, particularly relating to child protection services.

Most Trusts have an annual rota for Executives and Non-executive Directors to visit child protection services and children's homes.

These visits provide the Non-executive Directors with an opportunity to engage with the children and staff and to hear first-hand of the daily challenges.

Most staff were familiar, and had contact, with members of their respective Executive Teams, referencing leadership walk-arounds, meetings and workshops. Some staff, however, were vague about Non-executive Trust Board members and failed to see much relevance between the Trust Board and their daily working lives.

Each Trust provided evidence of an assurance framework, outlining the particular functions of the assurance committees as a key mechanism for directors to review the Trust's discharge of its statutory functions in relation to children.

All Trusts provided evidence of a risk committee as part of their governance arrangements. The review team were content that all Trusts had an appropriate risk approach, whereby risks highlighted in statutory functions and corporate parenting reports are brought to the attention of the risk managers and committees, and are noted in risk registers at the appropriate level.

Trusts provided evidence of a systematic approach to listening to staff's views and concerns through the HSC staff survey and provided evidence of action plans addressing the issues raised.

Evidence of annual appraisal systems was also provided, whereby staff are given the opportunity to express views and issues of concern. Staff also referred to staff meetings and information briefings where they are given an opportunity to voice concerns and bring matters to the attention of Trust management.

Various methods relating to the escalation to the HSC Board and the DoH of difficulties in meeting statutory obligations were evidenced across all Trusts, including:

- All Trusts reported the completion of a six monthly corporate parenting report and an annual statutory functions report in compliance with DoH Circular CC3/02[41] and Circular HSS (Statutory Functions) 1/2006[42] respectively. All Trusts present these reports to their respective Trust Boards for scrutiny and approval.

---

[41] Circular HSS (CC3/02) Role and Responsibilities of Directors for the Care and Protection of Children: Department of Health, Social Services and Public Safety (June 2002)
[42] Circular HSS Statutory Functions: 1/2006: Responsibilities, accountability and authority of the DHSSPS, 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: Department of Health, Social Services and Public Safety

These reports are subsequently reviewed at annual accountability reviews with each Trust and the HSC Board.

- The regional Children's Service Improvement Board (CSIB) meet on a monthly basis, providing a forum to profile and address both regional and Trusts' specific concerns related to the delivery of children's statutory services.

- Executive Directors of Social Work / Children's Services meet on a quarterly basis with the Deputy Secretary of the Department of Health / Chief Social Worker.

As well as the normal challenges of working within this complex area of work, the review team identified that a key challenge for professionals is the uncertainty relating to the future of the HSC Board and the future commissioning and planning arrangements. While the 2015 Review of HSC Commissioning Arrangements in Northern Ireland referred to the development of more locally based planning arrangements for health care in general, the nature of child protection services and the legislative framework involved requires, in most instances, a regional approach to ensure consistency in needs assessment, planning and delivery of services.

Recommendation 1	Priority 1
The future location of the current statutory functions conferred on the Health and Social Care Board by the Children Northern Ireland Order 1995 requires clarification to provide regional stability to the child protection commissioning and planning arrangements. The Department of Health should clarify with whom and where this critical function will be located to ensure consistent delivery of child protection services into the future.	

2.2   Workforce

The most valuable resource in child protection work is the staff, as this work requires a highly skilled workforce.   A Strategy for Social Work entitled Improving and Safeguarding Social Wellbeing[43] was launched by the DoH in April 2012, providing a vision and strategic direction for social work in all sectors and settings in Northern Ireland, but in particular for social work in the HSC sector where the majority of social workers are employed.

The profile of the social work profession in Northern Ireland is a mature, predominantly female (81%) and locally trained workforce which has remained relatively stable over the last ten years.

---

[43] Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022: Department of Health, Social Services and Public Safety (April 2012)

Figure L: Profile of Social Workers in Northern Ireland by Age
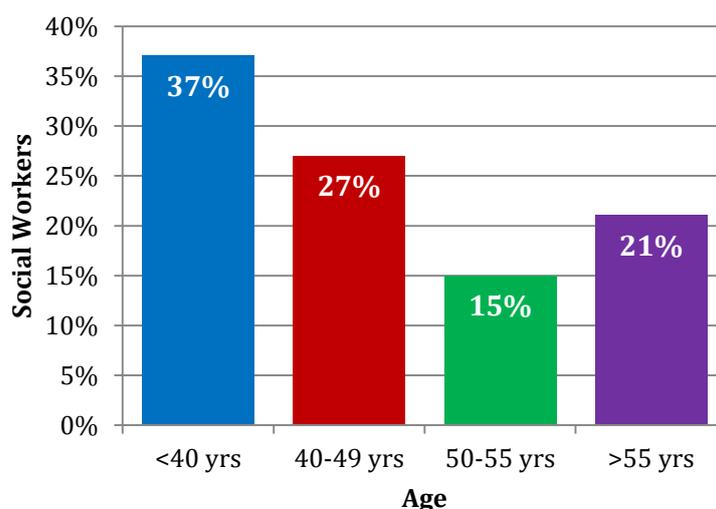
The majority (63%) of registered social workers are over 40 and around a third (36%) are above 50 years of age. Most social workers employed in Northern Ireland originate from the country and have received their professional training locally. In total, around 260 social workers graduate from Queen's University Belfast and Ulster University each year.

The Office of Social Services at the DoH is currently implementing the Strategy for Social Work, with a particular emphasis on the development of the social work workforce, raising the profile of social work, promoting innovation and improvement and developing leaders for the future.

The review team commend this work and believe it should contribute greatly to:
- strengthening the capacity of the workforce;
- improving social work services; and
- building leadership and trust in the profession.

Update on 2011 RQIA Review Recommendations

Recommendation 2: Where deficits were identified, the specific Trusts should prioritise the need for the urgent recruitment and retention of social workers within children's services.

The HSC Board reported that all Trusts have given assurances that they endeavour to actively recruit where vacancies exist and provide a range of training opportunities for staff in order to promote the retention of social work staff.

The Western Trust reported that a workforce strategy for 2016-2021 is in place, enabling the Trust to meet its responsibilities and address challenges in respect of retention and recruitment.

Findings from Current Review

There is evidence that the social services workforce in child protection services has grown steadily over the last few years. The number of family and child care social workers in each Trust working at Agenda for Change (AfC) bands 5, 6 or 7 has increased, from 2,028 social workers in 2013 to 2,219 in 2016, an increase of approximately 10%.   This increase in social work personnel on the ground is also reflected in the number of staff working in the gateway system. The number of gateway social workers has increased by approximately 7% since 2013 when there were 210 gateway social workers; in 2016 there are 223 gateway social workers.

The number of staff vacancies in AfC bands 5, 6 or 7 in family and child care social work is also an improving picture across all Trusts, with the total number of vacancies reported at 31 December 2016 standing at 27 (just over 1%).

This picture of improvement and stability is tempered somewhat by the temporary absence figures relating to sickness and maternity leave. Figures provided by Trusts indicate large numbers of temporary vacancies in child protection services across all the Trusts. The figures also indicate that children's social work services have a higher than average rate of staff on maternity leave (see Figure M).

Figure M: Sickness and Maternity Absence across HSC Trusts in Northern Ireland (1 January 2016-31 December 2016)

HSC Trust	Sickness Absence (%)		Maternity Absence (%)	
	Gateway and Family Intervention Teams (FIT) Average	Trust Average	Gateway and Family Intervention Teams (FIT) Average	Trust Average
Belfast Trust	6.43	6.35	3.06	3.05
Northern Trust	4.97	7.57	5.56	3.37
South Eastern Trust	8.04	6.74	13.90	5.46
Southern Trust	4.95	5.21	7.21	4.12
Western Trust	7.78	7.51	6.83	3.10

Source: Returns from HSC Trusts in Northern Ireland: November 2017

The issue of temporary vacancies is a real concern for Trusts trying to cover short term absences, with staff reporting long delays in getting temporary replacements.

All Trusts expressed some frustration at the regional recruitment process and the Human Resources, Payroll, Travel and Subsistence (HRPTS) system implemented by the Business Services Organisation (BSO) in respect of recruitment. Staff believe that regional recruitment has led to unnecessary delays in recruitment and an unwelcome increase in management time, servicing the technical requirements.

Trusts also reported challenges in providing a social work service in rural communities, as many social workers prefer to remain close to more densely populated areas. This is particularly difficult for Trusts attempting to cover large geographical areas which are sparsely populated.

The review team noted that long-term workforce strategies / plans are at various stages of development across each of the Trusts. However, the review team were not provided with evidence of a comprehensive human resources workforce strategy in any of the Trusts to deal with the particular issues of the family and child care workforce.

Recommendation 2	Priority 2
The Health and Social Care Board should lead on a regional initiative with each of the Trusts to develop proactive measures for dealing with short-term absences in the family and child care workforce due to maternity and sickness absence.	

Recommendation 3	Priority 3
The Business Services Organisation, in conjunction with each of the Health and Social Care Trusts, should undertake a review of the implementation of regional recruitment as it relates to child protection services across the HSC, including the operational difficulties being experienced by staff using the HRPTS system.	

2.3   Workload and Management of Unallocated Cases

Section 1.6 outlining key data describes an upward trend in child protection activity in Northern Ireland. Although during the year ending 31 March 2016 'children in need' referrals were down 11% over the previous 12 month period, children classified as 'in need' and therefore requiring a social work service increased by 4% on the previous year.

During the year ending 31 March 2016, the number of child protection referrals increased by 4% across Northern Ireland, with child protection registrations up by 9%.

All Trusts operate a waiting list system where some non-urgent referrals wait to be allocated for periods of time. There is a requirement for all referrals to be initially assessed by the gateway service.

Those referrals that meet the threshold for a child protection investigation are assessed as urgent and are allocated immediately. Those referrals which are assessed as non-child protection can remain unallocated for a period of time. All Trusts report unallocated cases to the HSC Board on a monthly basis. The HSC Board monitors the levels of unallocated cases closely.

Update on 2011 RQIA Review Recommendations

Recommendation 17: In 2008 the Department of Health, Social Services and Public Safety (DHSSPS) issued guidance on caseload management, which had been developed by the Reform Implementation Team. The DHSSPS should work with trusts to evaluate the effectiveness of this guidance and to ensure there is appropriate caseload weighting for all social work staff, including Assessed Year in Practice (AYE) staff.

In February 2012, the Deputy Secretary, Social Services Policy Group, advised that the caseload management model had been revised and should now be implemented across all Trusts.

All Trusts reported they use the regionally agreed caseload weighting system as a tool for ensuring that workloads are equitably distributed between workers and between teams. This caseload weighting system uses a points-based approach to assess the complexity and time involved with each client. The more complex and time-consuming a client is, the higher the points that are allocated to that piece of casework. The effectiveness of the caseload weighting system is currently being reviewed by the HSC Board.

Recommendation 11: Where there are unallocated cases Trusts should ensure that following initial referral; allocation and social work intervention should occur within statutory timescales. If this cannot be managed, it should be noted and be subject to ongoing risk assessment and risk management.

All Trusts reported the development of a waiting list system where some non-urgent referrals are unallocated for periods of time. All referrals for a service are initially assessed by the gateway service, and those that meet the threshold for a child protection investigation are assessed as urgent and are allocated immediately. Those referrals which are assessed as non-child protection can remain unallocated for a period of time.

Findings from Current Review

The review team were left in no doubt, following focus groups with staff, regarding the stress many social workers are under trying to manage the demands of this very complex work. Staff cited increasing amounts of driving, court attendances and supervised access visits as adding to their already heavy workloads.

Social work staff in one particular Trust advised that they did not feel senior management was listening to their concerns. They expressed anger and concern about the lack of support at times from the most senior staff in their organisation, suggesting that senior staff were not accessible enough and did not pay enough attention to the stresses experienced by them. Staff in this Trust were not confident that their concerns were being addressed through the Trust's planning process. These issues were immediately escalated to the Chief Executive of the Trust concerned by the Chief Executive of RQIA, who subsequently received assurances relating to the Trust's response to staff concerns.

Staff expressed particular concern about the amount of bureaucracy and form-filling they are expected to comply with, which they believe keeps them away from front-line practice.

Staff reported that, while the number of cases social workers are expected to carry may remain fairly stable, the complexity of these cases is increasing all the time. They cite, in particular, the increase in child protection issues relating to domestic violence, drugs, alcohol and parental mental health as the reason for increased complexity in many cases. The review team also noted the prevalence of these issues in most of the social work case notes audited during the current review.

Some Trust staff expressed concern about the number of unallocated cases in the system which is causing stress to social workers who are worried that these families are not receiving a service.

Figure N indicates the trend in unallocated cases has remained fairly stable over the six month period prior to the current review (June to November 2016).

Some staff indicated, however, that unallocated case numbers do not always tell the whole story. In one Trust staff referred to what are known to practitioners as "unattended cases" which are not reported on. These cases have been allocated to staff who subsequently report sick or go on maternity leave. These cases are only given minimum statutory intervention or dealt with in an emergency. The review team could find no evidence that data on these cases is collected by Trusts or reported to the HSC Board.

All Trusts confirmed that child protection referrals are always dealt with within the regionally agreed timescales (ie: within 24 hours).

Figure N: Unallocated Cases in Northern Ireland by HSC Trust (June – November 2016)
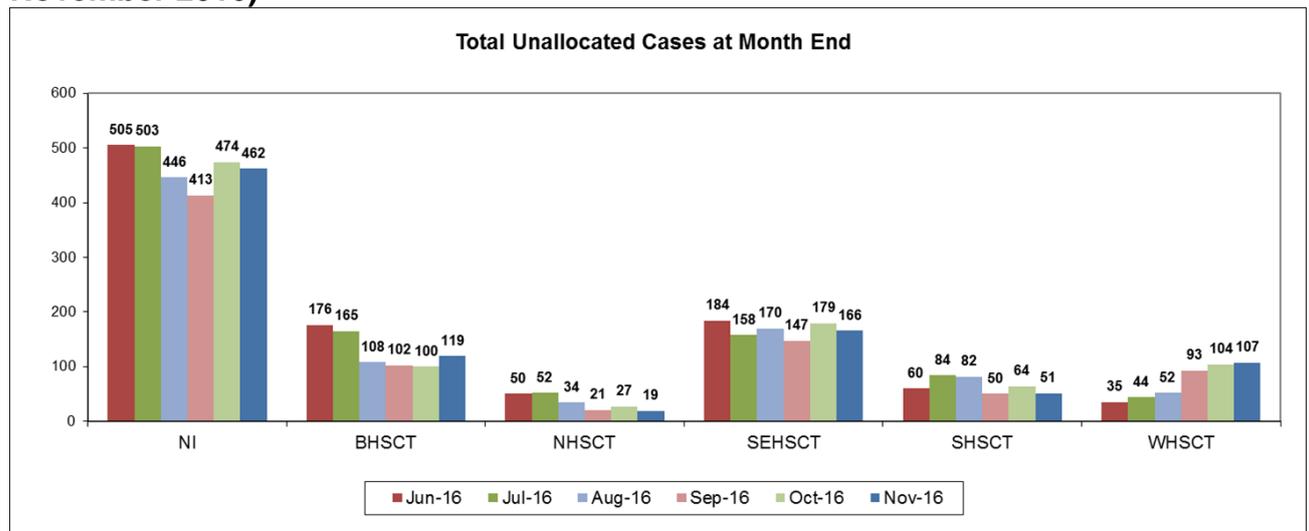
Source: Returns from HSC Trusts in Northern Ireland

The stressors associated with this particularly demanding and complex area of work were noted by the review team throughout the review.

The issue of undue stress and workloads were explored with all Senior Executive Teams during the review team's engagement with them. The review team were provided with assurances that senior management in all Trusts are endeavouring to address the concerns staff have in terms of resources, workloads and support for staff in front-line child protection services. All Trust executives gave examples of resource reallocation and improved support services and accepted that this was an ongoing issue for their staff as Trusts endeavour to work within finite resources and budgets.

All Trusts confirmed they have attempted to manage identified workload pressures through some short-term shifts in resources. The South Eastern Trust, for example, reported the allocation of additional resources to child protection services as part of the Trust's waiting list initiative. The Trust has used end-of-year waiting list allocations to set up an extra team of social workers at the front door (gateway) to deal with unallocated caseloads.

The Southern Trust reported an additional recurrent resource allocation of three social workers during 2016/2017, to ease workload pressures in the gateway and family intervention service. The Southern Trust also indicated that some non-recurrent funds were utilised to cover temporary vacancies during the period September 2016 to March 2017.

Trusts advised they endeavour to ensure the AYE staff have a graduated workload, less than that of a more experienced social worker. This claim was largely borne out by the AYE's who participated in the focus groups during the review. Trusts also reported to the review team that there was no distinction between the AYE caseloads of permanent, temporary or agency workers.

Recommendation 4	Priority 1
The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should measure the extent and impact of "unattended cases" reported by Trusts during this review. Unattended cases should be monitored and reviewed by the Health and Social Care Board as part of its performance management and oversight of child protection services.	

Recommendation 5	Priority 1
Health and Social Care Trusts should routinely collect and analyse the data relating to unattended cases and ensure each unattended case is subject to ongoing risk assessment and risk management. A common core data set should be agreed to underpin this data analysis.	

Recommendation 6	Priority 2
Each Health and Social Care Trust should conduct risk assessments for work related stress among staff working in child protection services and take action to proactively support staff in a timely manner to prevent and mitigate the potential impact of work related stress.	

Recommendation 7	Priority 3
The Health and Social Care Board, in conjunction with Trusts, should review the amount of administrative work (for example, form filling) involved in family and child care practice, with a view to improving the amount of time social workers spend in front-line practice, and bring forward proposals and recommendations for approval by the Department of Health.	

2.4   Supervision

The supervision process encompasses a number of different elements including performance management, support and identification of training needs. All Trust social work personnel are required to comply with the DoH guidance "Supervision Policy, Standards and Criteria" [44] (February 2008) which was revised in 2014.[45]

---

[44] Supervision Standards, Policy and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts, Department of Health, Social Services and Public Safety (HSS (OSSPOL/RIT) 1-200) (February 2008)
[45] Regional Policy for NI HSCT's, Supervision Policy, Standards and Criteria (Child Care) (November 2013)

[NISCC General Guidance for Social Work Registrants, Post Registration, Training and Learning (PRTL) (2017)](#)[46] also requires that all social work managers "undertake learning and development activity in professional supervision and appraisal of staff within two years of appointment to post".

Update on 2011 RQIA Review Recommendations

Recommendation 10: Trusts must ensure case supervision is consistent across the organisation. This should include the evaluation and audit of a proportion of case files by senior managers, as outlined in the RIT Supervision Policy, Standards and Criteria.

The HSC Board reported that the RIT Supervision Policy, (2008) and the revised 2014 'Supervision Policy, Standards and Criteria' have been implemented. All Trusts reported compliance with the regional policy and have arrangements in place regarding supervision audits.

Recommendation 13: Where deficits were identified, Trusts must ensure compliance with the Departmental Supervision Policy, Standards and Criteria, February 2008, including a robust system for the supervision and support of AYE staff.

All Trusts have identified leads for AYE staff to ensure they have the required supervision, training and support. The HSC Board confirmed that an annual audit of compliance with Supervision Policy is undertaken by each Trust and is reported within the Delegated Statutory Functions (DSF) report[47].

Recommendation 14: Where deficits were identified, Trusts must develop or ensure that existing audit mechanisms, for all staff involved in safeguarding, have the capacity to assess the quality and effectiveness of supervision.

All Trusts reported a regular audit of standards and procedures for supervision in compliance with the regional policy. Trusts also reported on frequent case file audits carried out by senior managers to monitor adherence to the policy. This was verified by the HSC Board, which reported that supervision audits take place across safeguarding professionals, including social work, health visiting and nursing. A regional supervision training course for all newly appointed social work managers is also in place.

---

[46] General Guidance for Social Work Registrants, Post Registration, Training and Learning (PRTL), Northern Ireland Social Care Council (2017)
[47] Delegated Statutory Functions (Annual Corporate Parenting Report) Statistical Report: Health and Social Care Board, Directorate of Social Care and Children

Recommendation 15: Trusts must ensure that findings from the audit process are provided to all relevant practitioners in a timely fashion.

The HSC Board confirmed that all Trusts have arrangements in place to disseminate findings from audits, such as practice learning seminars, social work / social care governance forums, team meetings and reflective practice events.

The HSC Board also confirmed that learning from audits is shared at the Children and Young People's Strategic Partnership (CYPSP) Social Work Governance and Improvement Forum. Learning is also incorporated into relevant multidisciplinary and social services training.

Recommendation 16: Where good practice is identified, Trusts should explore opportunities for sharing good practice with others (regionally, nationally and beyond).

The HSC Board reported that learning from good practice is shared through a range of forums and meetings including the Children's Services Improvement Board, Regional Children's Services Interface Group, and Principal Practitioner's forums. This has been effective in relation to, for example, developing new policy and procedures, where appropriate, and the introduction of a champion's model across the child care system. The Safety in Partnership model (a derivative of the signs of safety approach) is also an innovation which was piloted in the Western Trust. The signs of safety approach is now being rolled out across the region. The annual social work awards (process and finals ceremony) are also an excellent way for the HSC Trusts to share good practice with others.

Recommendation 18: The DHSSPS should clarify, the requirement of Trusts to implement KSF arrangements as outlined in the Supervision Policy, Standards and Criteria, February 2008, thus ensuring that staff meet the post registration requirements for the Northern Ireland Social Care Council (NISCC).

The DoH has written to all Trusts confirming the requirement to continue to implement KSF arrangements as outlined in the Supervision Policy, Standards and Criteria, February 2008.

Recommendation 19: The DHSSPS should agree to endorse the draft Regional Safeguarding Supervision Policy for Nurses and Midwives, with a view to regional implementation.

The Chief Nursing Officer wrote to all Trusts in February 2011[48] endorsing the Regional Safeguarding Supervision Policy[49].

---

[48] Letter from Chief Nursing Officer, Department of Health, Social Services and Public Safety (DHSSPS): Safeguarding Children Supervision for Nurses and Midwives: Regional Policy and Procedure for Northern Ireland Health and Social Care Trusts (February 2011)

The letter advised that a safeguarding children supervision policy and procedure had been developed for nurses and midwives, setting the framework and minimum standards for Trusts to implement an effective and consistent approach to safeguarding nursing practice which should be used alongside Trusts' nursing supervision policies.

Recommendation 20: The DHSSPS should develop a formalised model for supervised and supportive practice for all consultant and career grade paediatricians engaged with safeguarding children.

Recommendation 21: The DHSSPS should consider development of a formalised model of supervision for all consultants and career grade staff who treat children.

The General Medical Council (License to Practice and Revalidation) Regulations[50] introduced Medical Revalidation in 2012. This requires an ongoing demonstration by doctors of fitness to practice predominantly demonstrated through annual appraisal, documented professional development and reflection. In addition, the Chief Medical Officer wrote to all Trusts and GP practices in August 2013, reminding all doctors of their responsibilities in relation to protecting children and young people, as outlined in General Medical Council guidance.

Findings from Current Review

The review team found evidence of widespread adherence to the regionally agreed Supervision Policy, Standards and Criteria (2014) which includes a standardised supervision record template.

Generally, staff who participated in focus groups during this review reported robust supervision processes in place for all social work staff in the family and child care programme. Staff reported monthly supervision sessions, supplemented by informal supervision in relation to specific cases. A number of Trusts also described the use of group supervision in complex cases, or peer supervision with principal practitioners. Staff particularly welcomed these sessions where they were able to benefit from the experience and expertise of more experienced and skilled practitioners.

There was evidence of staff appraisal systems operating in all of the Trusts which are conducted using the KSF and which are subsequently audited and reported via the human resources directorates.

---

[49] Safeguarding Children Supervision Policy for Nurses: Regional Policy for Northern Ireland Health and Social Care Trusts, Department of Health, Social Services and Public Safety (DHSSPS) (February 2011)
[50] Healthcare and Associated Professions Doctors The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012 No 2685

In all five Trusts, staff reported that their managers had "open door" policies and staff described at length their managers' willingness to meet them frequently and listen to concerns regarding any issues with their individual cases.

Trusts reported that supervision for permanent, temporary or agency staff was at the same frequency, regardless of tenure.

AYE's described very high levels of supervision and support from their managers and mentors, including joint visits and assistance with documentation when first appointed to work in a Trust.

Recommendation 8	Priority 2
Each Health and Social Care Trust should consider formalising the use of group and peer social work supervision to harness the experience and expertise of more skilled and experienced practitioners.	

2.5   Training

The training and development needs of staff working in the child protection system are detailed in the SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018.[51]

This framework has four levels of learning and development, each level has key minimum learning outcomes for volunteers / staff within the remit of their roles, providing the requisite knowledge and skills needed to promote the safety and wellbeing of children.

Social work is a regulated profession and all social work personnel must be registered with the Northern Ireland Social Care Council (NISCC) in order to practice. NISCC training requirements for all social work registrants are set out on the NISCC website, with ongoing monitoring and audit taking place within the three year registration cycle.

Post Registration Training and Learning (PRTL) is a term used by NISCC to describe the training and learning required by social work registrants to update and develop the skills and knowledge they need throughout their career.

PRTL is designed to:
- improve the services provided by social workers;
- develop and improve social work skills, knowledge and behavior; and

---

[51] SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

- keep social workers up to date with developing practice, legislation and policy.

The NISCC Professional in Practice (PiP) framework for social work professional development enables social workers to maintain PRTL and gain recognition for their learning. It provides professional credits and professional certificated awards for learning and development, assessed against a set of professional standards.

Update on 2011 RQIA Review Recommendations

Recommendation 5: Trusts should have auditable information that demonstrates the effectiveness of professional responsibility and accountability; this should include systems for capturing all training provided to staff.

The HSC Board confirmed that all Trusts have a comprehensive audit framework in place, with a lead person responsible for oversight on all social care governance. Arrangements are in place for monitoring and review of professional accountability, such as:

- NISCC registration
- Personal development plans
- Supervision audits
- NISCC audit of training of registered staff

All Trust social work staff training is now captured on the HRPTS System and data returns are submitted annually to the HSC Board, which provide details of leadership and management training in place and which verify that staff have met the PIP requirements.[52]

In Section 7 of the DSF report, each Trust returns a report on all social work staff teams, detailing PIP of staff who have participated in accredited studies. The report also demonstrates how the Trusts are meeting the targets as detailed in Circular: HSS (OSS) Training 1/2010.

Each of the Trust's DSF reports provide an overview of the full range of training provided to social services staff who work with children.
These reports provide evidence of Trusts' programmes of multidisciplinary / multi-agency training specifically in relation to safeguarding children. This provision meets the specifications as detailed in the SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018.[53]

---

[52] Professional in Practice: The CPD Framework for Social Work, Northern Ireland Social Care Council (2016)
[53] SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

Findings from Current Review

All Trusts provided evidence that staff / volunteers receive information and training when they join the organisation that meets the learning outcomes as identified in Level 1 of the SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018). Thereafter staff / volunteers who have a direct role with children and young people, parents / carers or adults who pose a risk to children and young people, complete levels 2, 3 and/or 4, of the SBNI framework commensurate with their roles and responsibilities.

There are also a number of specialist child protection courses available in each Trust for specific staff including:

- Protocol for Joint Investigation of Alleged and Suspected Child Abuse for social work staff undertaking child protection investigations;
- Missing Children Protocol (Child Sexual Exploitation) for social work staff working with looked after children; and
- E-Safety Training for all social work staff working directly with children.

Of particular interest to the review team was the "Keeping Safe Project" operating in both the Belfast Trust and the South Eastern Trust. This project is a collaborative arrangement between a number of statutory, voluntary and community sector organisations. The project manages 39 accredited trainers to deliver free safeguarding training across the community and voluntary sector.

Area of Good Practice:
The "Keeping Safe Project" supports the safeguarding training needs of the community and voluntary sector by providing quality training to support best practice. The project works in partnership with a range of organisations and has a suite of training modules, covering: training for staff and volunteers; training for managers, supervisors and management committees; safeguarding children with disabilities; safeguarding children on day trips and residentials.

The review team believes this is a good example of multiagency collaboration, getting a positive message out to the community that safeguarding children is everyone's business.

Each of the Trusts also provided evidence of a staff appraisal process and systematic analysis of training needs across all staff groups which includes regular analysis of child protection training needs.

2.6   Assessment

Section 1.6 of this report describes the [Hardiker Model](#)[54] which all of the Trusts use to assess the various levels of need in families. The Hardiker Model which refers to four levels of need is designed to enable practitioners and their agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland.

The assessment then determines level of intervention by the Trusts and their partner agencies.

The Hardiker Model has been developed into a [Thresholds of Need Model](#)[55] used in the inter-agency assessment framework known as "Understanding the Needs of Children in Northern Ireland 2011 ([UNOCINI](#)[56]).

The authors of the UNOCINI framework suggested it offered a logical process within which children and their family's circumstances could be considered, analysed and understood in order to develop robust plans that lead to action with the aim of improving outcomes for the child.

Update on 2011 RQIA Review Recommendations

Recommendation 25: Trusts should continue to ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. The Trusts should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

There was evidence of use of the UNOCINI comprehensive assessment framework across all Trusts. UNOCINI forms were present in all social work case notes audited.

Recommendation 26: Trusts should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team / service.

Since the RQIA Review of Child Protection Services in Northern Ireland (2008-2011), the five separate Trusts' out-of-hours social work teams have been stood down and a Regional Emergency Social Work Service (RESWS) introduced which is managed by the Belfast Trust.

---

[54] The Social Policy Contexts of Prevention in Child Care, Pauline Hardiker, Ken Exton, Mary Barker: The British Journal of Social Work: Volume 21, Issue 4, pages 341-359 (August 1991)
[55] Thresholds of Need Model: UNOCINI Understanding the Needs of Children in Northern Ireland: Department of Health (May 2010)
[56] Understanding the Needs of Children in Northern Ireland (UNOCINI) Guidance: Department of Health (June 2011)

The UNOCINI assessment framework is not operational within RESWS. The RESWS has developed a referral form which is electronically shared with the relevant Trust at the end of each shift. It has not been possible to implement the UNOCINI as all Trusts are using different IT systems that do not interface. As RESWS is a regional service, it is important that its information is shared in a consistent manner with the Trusts.

Findings from Current Review

The UNOCINI assessment form / tool is something which the review team found particularly cumbersome, bureaucratic and repetitive. The assessment form is not very well structured and does not lend itself neatly to following a case from the initial referral or cause for concern through the initial assessment to the outcome of the case.

The initial referral is quite often obscured within the body of the assessment, with reviewers finding it difficult, on occasions, to identify when the initial concern was raised and why. While the electronic version of the UNOCINI was easier to navigate than the paper version, it was difficult to see how social workers or parents would find this document helpful.

The review team were left with the impression of a cumbersome bureaucratic document, requiring staff to fill in many boxes with lots of nugatory detail. The UNOCINI assessment form did not appear to lend itself to a holistic assessment of the family; rather it provided segregated information which members of the review team found difficult to join up.

Recommendation 9	Priority 2
The Department of Health should undertake a comprehensive reform of the UNOCINI, to ensure that it is fit for purpose, with the aim of reducing administrative requirements, improving efficiency and supporting holistic assessment of need and delivery of care.	

2.7   Records Management and Record Keeping

There is a regional records management policy "Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland"[57]. This policy outlines the expectation that each service user has one file containing a comprehensive set of essential information and records. It further stipulates that these records should be typed and includes an up-to-date chronology, case summaries and transfer reports. It also stipulates that files should be cross-referenced, as appropriate, and be in date order.

---

[57] Administrative Systems Recording Policy, Standards, and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts (September 2010)

Update on 2011 RQIA Review Recommendations

Recommendation 9: Trusts should continue the implementation of the new file structure directly informed by departmental policy and guidance and ensure all files include a summary and chronology of significant events within case planning. Records should evidence planned and purposeful work with children, young people and their families.

At the time of this review, the new file structure was operational in four of the Trusts since January 2015. The Belfast Trust reported that the "Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland" were operational for the most part across the Trust and the organisation was moving to the PARIS System with a staged approach throughout 2016/2017, therefore changes to file structures had not been applied, as it was anticipated that the system would become paper light. Since April 2018, the Belfast Trust has fully implemented the PARIS computerised information system within field social work teams, as part of the regional reform and implementation strategy within children's services. The implementation strategy within the Trust's Children's Community Directorate has sought to directly reflect the Regional Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland, including the chronology and the summary.

Findings from Current Review

All Trusts reported records management and record keeping arrangements in line with the Regional Policy "Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland".

The social work case notes audited by the review team across all Trusts contained all relevant information pertinent to the cases under review and complied with the regional policy.

All Trusts use an electronic filing system. The review team found the electronic filing system is much easier to navigate when reviewing the content of the file and examining the quality of the initial assessment and social work intervention.

2.8   Interdisciplinary Working at an Operational Level

Health professionals, regardless of which discipline, are often the first point of contact to provide support to children, young people and families in need. They are therefore well placed to prevent harm through early identification of need and risk.

They also have a crucial role in identifying family difficulties or child protection issues. All health professionals must therefore be able to recognise the signs of harm and contribute to the assessment processes in respect of children at risk, including child protection planning, monitoring and case conferences.

The information, learning and development opportunities required for staff from all disciplines working in the various parts of the child protection system are outlined in the SBNI Safeguarding, Learning and Development Strategy and Framework 2015-2018[58].

This framework specifies what training is mandatory for staff at different levels and links their need for information and training with role, responsibility, performance expectation and level of experience. It sets out minimum training standards and provides a graduated framework for training and development.

The KSF defines and describes the knowledge and skills which staff need to apply in their work in order to deliver a high quality child protection service. The KSF applies to all staff of different disciplines.

Each Trust is required to appoint a named paediatrician and a named nurse with defined responsibilities for providing a lead safeguarding role for the medical, nursing and midwifery professions. Those fulfilling a 'named' role must be highly skilled and experienced in children's health and development generally, and in child safeguarding, including child protection.

The named nurse and named doctor are responsible for providing specialist professional advice and support to nursing, midwifery and medical staff. They must ensure that their Trust's child safeguarding policy and procedures are complied with in full by their professions. Trusts must also ensure there are clear lines of accountability to the relevant Executive Director.

Licenced doctors and doctors in training are required to regularly revalidate through an appraisal system. The doctor's appraisal identifies the learning and development evidence that is required to safeguard and protect the health and well-being of vulnerable people, including children.

All registered nurses and midwives are required to have a minimum of two supervision sessions per annum. In March 2016, revalidation was included into the professional compliance for nurses and midwives which ensures ongoing professional development within an annual appraisal process.

All Allied Health Professionals (AHPs) in every Trust are mandated to attend Level 1 corporate safeguarding induction, while those AHPs working directly with children must complete Level 2. AHP staff who supervise other staff are required to attend Level 3 child protection training.

---

[58]SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

Update on 2011 RQIA Review Recommendations

Recommendation 4: Where integration of roles of the named doctor and named nurse is limited, Trusts should consider how the dedicated child protection resource can be developed to provide child protection services throughout all aspects of health care.

The HSC Board reported that each of the Trusts has identified a named doctor / paediatrician and a named nurse for child protection. Each named doctor and nurse has a clearly defined job plan and responsibilities to provide a lead role for child protection within these disciplines. These named staff are available to all Trust personnel for advice and guidance on child protection matters across all programmes of care.

Safeguarding staff, including the named doctor and named nurse, will respond to all child protection queries / concerns about a child, regardless of where in the health service the concern originates.

Findings from Current Review

All Trusts evidenced governance arrangements, including an Executive Director of Nursing and a Medical Director who are responsible for professional issues relating to the Trust's nursing and medical workforce. Trusts confirmed that executive officers are ultimately responsible for nursing and medical compliance with the regional child protection policy and procedures. Executive Directors provided assurances that all consultant medical and staff grade doctors are registered with the General Medical Council (GMC) and that all nursing and midwifery staff are registered with the Nursing and Midwifery Council (NMC).

All Trusts reported that a named doctor / paediatrician and named nurse for child protection are in place, with clearly defined job plan and responsibilities. They contribute to the work of the SBNI Safeguarding Panels and Trust child protection committees, groups and forums. Ease of access to named doctors / nurses and social services was highlighted as an example of good practice in each Trust.

Each Trust also has a universal health visiting service, which is commissioned to provide nine core contacts for every family with preschool children as part of the Child Health Promotion Programme - Healthy Child, Healthy Future.[59]

The review team was told of the significant workforce pressures within the health visiting service in all Trusts, which have led to difficulties in delivering all nine contacts for children.

---

[59] Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland (May 2010)

Health visiting, like all other children's services in Northern Ireland, targets service provision dependent on the child's assessed need. This assessment of need is based on the Hardiker four levels model described earlier (Section 1.6). The majority of families are at Level 1 (universal services) and have universal health visiting. Health visiting services also offer additional support to families at Level 2 (children with additional needs), Level 3 (children in need) and Level 4 (children with complex and or acute needs). Children at Level 4 include children on the child protection register or children looked after.

All Trusts reported the development of Family Nurse Partnerships (FNP) in their Trust area. A FNP is a voluntary, early intervention programme for first time teenage mothers. It offers intensive and structured home visiting delivered by specially trained nurses from early pregnancy until children reach their second birthday.

All Trusts reported the implementation of the recent Safeguarding Board Northern Ireland (SBNI) protocol on bruising in pre mobile babies[60]. However some Trusts expressed concern about the protocol and how it was operating in practice. Specific concerns were raised regarding lack of resources or consultant discretion for implementation of the protocol. These concerns have been brought to the attention of the SBNI which is currently reviewing this protocol.

File audits and discussion with social work staff on the ground evidenced good multidisciplinary co-operation and involvement in the child protection process.

All Trusts reported challenges in terms of the workload associated with their child protection responsibilities as they try to balance increasing workload pressures. This has resulted in an emphasis on service delivery, to the detriment of service improvement and education for child protection.

Nursing staff across all Trusts also raised similar issues to social work staff in terms of the levels of stress staff are experiencing as a result of the increase in complexity of these cases. Nursing staff also cited an increase in child protection issues relating to domestic violence, drugs, alcohol and parental mental health.

Nursing staff suggested that the number of clients unallocated to social workers can increase the workload and stress of health visiting staff who continue to provide universal services to families with unmet needs.

---

[60] A Protocol for Assessment, Management and Referral by Professionals in Health and Social Care Trusts and General Practitioners: Safeguarding Board for Northern Ireland: Bruising Marks on Pre-Mobile Babies (SBNI)

All Trusts report a multidisciplinary child protection training programme in operation informed by the [SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018](#).[61] which meets the revalidation needs of the various professional groups outlined earlier.

Senior Paediatric Trainees (ST3 to ST8) are invited to attend the annual safeguarding training day held at the Sexual Assault and Referral Centre (SARC) in the Northern Trust.

Clinical staff who participated in focus groups in some of the Trusts raised areas for improvement regarding UNOCINI forms, specifically around the person completing the form receiving feedback on the outcome of the referral on all occasions.

Improvements regarding regional IT networking systems were also suggested, as the current regional IT systems do not highlight children with multiple Emergency Department attendances, particularly across different Trusts.

Recommendation 10	Priority 3
The Health and Social Care Board should review current regional IT systems, where appropriate, to ensure they are able to capture and highlight multiple attendances of children at Emergency Departments.	

2.9   Compliance with Policies and Procedures

Section 1.3 of this report outlines the policies and guidance which professionals working in the child protection system are expected to comply with. During the course of this review, the review team examined in detail compliance with policy and guidance within each of the Trust gateway teams. The guidance in this context is quite specific as to what process should be followed (see section 1.6).

Update on 2011 RQIA Review Recommendations

Recommendation 12: Trusts should ensure ongoing adherence to the Area Child Protection Committee Regional Child Protection Policy and Procedures in relation to investigation and assessment timescales and multidisciplinary attendance at child protection case conferences.

The HSC Board reported that monitoring arrangements are in place. The SBNI have recently completed a regional audit on professional attendance at case conferences.

---

[61] SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

Recommendations from this audit aimed at improving attendances at case conferences have been accepted and are currently being implemented.

Recommendation 27: Trusts should ensure compliance with the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged Cases of Child Abuse.

The HSC Board has confirmed that all Trusts have now implemented the revised Regional Joint Protocol Guidance (March 2016). During the audit of social worker's client notes, the current review team found evidence of compliance with this protocol on all files audited.

Recommendation 28: Where deficits were identified Trusts must ensure compliance with Area Child Protection Committee (ACPC) Policy and Procedures in relation to written confirmation to the referrer.

In those Trusts where deficits were identified, the organisations reported that considerable work has gone into implementing policies whereby the process for providing written feedback, incorporating agreed actions and categorisation of cases, to referrers is outlined. This was confirmed by the HSC Board.

Recommendation 8: Trusts should ensure compliance with the Regional Child Protection Policy and Procedures in relation to the involvement, preparation and participation of children, young people and parents in the child protection process.

The HSC Board has advised there is good practice guidance for Trust staff to enhance young people's participation at case conferences and for looked after children (LAC). A number of child protection leaflets have been developed for parents regarding the child protection process and participation in child protection case conferences.

Trusts also report involvement with a growing number of children whose first language is not English. All Trusts have access to interpreting services to enable involvement of children, young people and their parents, in the preparation for and participation in the child protection process.

Findings from Current Review

During the audit of social worker's client notes, the review team found clear evidence of adherence to the process outlined in the Area Child Protection Committee (ACPC) Procedures, for dealing with child protection cases in terms of allocation, investigation and timescales.

There was evidence of clear pathways through cases from the beginning to the outcome, with good decision-making and sound administrative procedures. The review team did not identify any cases in any of the Trusts to give them cause for concern.

Within the gateway service, there was substantial evidence of a very skilled, stable workforce, indicating that practitioners and managers are working in a gateway system that appears to be a safe and competent environment. The review team was impressed with the amount and quality of the work undertaken in all Trusts across a number of complex cases within a very short period of time.

Reviewers found good evidence of appropriate governance and oversight from team leaders and senior management in the gateway service. Some of the Trusts had designed a specific proforma to explicitly demonstrate managerial audit and oversight which the reviewers found particularly helpful.

There was evidence of good multidisciplinary and multi-agency working involving police, health and education personnel in the cases reviewed. However, because of the timing of the audit undertaken as part of this review (during school holidays), the difficulty social work staff had getting access to information from schools in a timely manner was particularly noted.

Recommendation: 11	Priority 2
The Health and Social Care Board should liaise with the Education Authority to review operating arrangements, thus ensuring relevant information and the Designated Officer are available to fulfil requests for information about children, where there is a child protection concern during school holiday periods.	

The review team found positive working relationships with the PSNI across all Trusts, facilitated by the restructured police Public Protection Units (PPU's) which have been in operation since 2015. These PPU's have enabled social work staff to develop consistent working relationships with police staff. There was significant evidence in the files of consistent PSNI involvement in the initial assessment process, with comprehensive Joint Protocol documentation on all files audited.

The reviewers noted evidence of more awareness of Child Sexual Exploitation (CSE) on social worker's client notes audited, with appropriate CSE risk assessments taking place reflecting the focus on CSE over recent years.

An increase in the prevalence of domestic violence within the majority of client notes audited was also noted. In many cases this was the primary cause for concern and often the presenting issue.

Some of the Trusts, most notably the South Eastern and Belfast Trusts, have well developed domestic violence services operating at the "front door", alongside the gateway service. However, this service was not consistent across all Trust areas.

All of the Trusts demonstrated a commitment to early intervention and prevention for families. The aim of this approach is to assess and identify children's needs as early as possible. This assessment of need is based on the Hardiker model of four levels of need described earlier in section 1.6. The assessment then determines the level of intervention by the Trusts and their partner agencies. Early intervention has the objective of preventing difficulties escalating, while at the same time promoting the strengths and resilience of the family.

All of the Trust gateway teams have access to Early Intervention Prevention Hubs (Family Support Hubs) in each of their Trust areas. These hubs primarily deal with families assessed at levels 1 and 2 of the Hardiker model. The hubs aim to respond to the early identification of need in children and families by providing or signposting families to appropriate service provision. The hubs also aim to ensure that children are prevented from moving towards the higher levels of need and, wherever possible, endeavour to decrease concerns so that levels of need are reduced.

In some Trusts the gateway manager chairs the hub meetings, while in others a gateway social worker attends the hub meetings, ensuring all referrals are presented in a timely robust manner.

These practices are to be commended for their clarity and connectedness between a gateway referral and the early help families need to tackle problems emerging for children and young people.

The review team formed the view that the relationships and pathways between the gateway service and the local hubs still requires further development to ensure all families who are referred and need a lower threshold of support get the appropriate early help and service they need in addition to those provided by universal services.

The review team was particularly impressed with the RED (Review Evaluate and Direct) model operating in the Western Trust which provides a systematic robust mechanism for dealing with early identification and sign posting to early help.

RED meetings take place every Wednesday and have been designed to deal with referrals which have been received into the Trust, where it is borderline whether the case requires a level 2 or level 3 response. The RED meetings also deal with current statutory cases which are being considered for closure by statutory services.

The RED meeting evaluates if statutory intervention is necessary or if the child and family's needs can be managed at level 2 of the Hardiker model.
During the meeting, next steps are agreed for support that can be offered and the lead service responsible for taking this forward is identified.

The RED meeting is attended by statutory, community and voluntary providers and other stakeholders. The meetings provide everyone present with an opportunity to work towards the same goals and provide a clear pathway for the child and family to receive the appropriate support and early help. RED meetings are not intended to replace the role of the family support hubs but are an additional safeguard to ensure the appropriate service is provided to these families on the higher end of family support needs.

Area of Good Practice:
The review team particularly commend the RED model developed by the Western Trust which provides a systematic, robust mechanism for dealing with early identification and sign posting to early help and ensures families receive the appropriate early help they need.

An increase in the number of families of an ethnic minority background was noted across all Trusts and was more prevalent in the Northern and Southern Trusts. This clearly brought an additional complexity to the child protection and safeguarding process. This change in demographics also raises the issue of cultural awareness in the assessment process and the need for the UNOCINI to reflect this new cultural diversity in the population.

In all social work cases noted in the audit, Trust staff engaged interpreters appropriately. The review team noted one case where the Trust provided a written translation of the child protection case conference reports.

Involvement of Children and Young People in the Process

The review team noted many examples of good practice during the audit of social worker's client notes undertaken for this current review. This included children's attendance at child protection case conferences and input into the conference by way of drawings, etc. A number of Trusts provided the review team with specific pieces of work to demonstrate their commitment to involving children and their families in the child protection process.

However, children's meaningful involvement in the child protection process was not consistent in all cases, or consistent across all Trusts. There was also a lack of strategic thinking in relation to getting high level feedback from users to help Trusts understand what their services are like for families who experience them.

Recommendation: 12	**Priority 3**
The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should review the commissioning of domestic violence support services available to gateway teams, to ensure a comprehensive and consistent service across all Trust areas.	

Recommendation 13	Priority 3
The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should develop a service user involvement and feedback process in the area of child protection, to help inform and improve service development. This should include harnessing the views of children and parents.	

Recommendation 14	Priority 3
The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should further develop the relationships and pathways between the gateway service and the local Early Intervention / Prevention Hubs, to ensure all families who are referred and need a lower threshold of support, get the appropriate early help and service they need.	

2.10 Accessibility of Services

Accessibility of Services was not agreed as part of the terms of reference for this current review. However, in order to include a full update in relation to the 28 recommendations from the 2011 Overview Report, updates on progress are noted in this section.

Update on 2011 RQIA Review Recommendations

Recommendation 6: Trusts should produce clear and concise information on all services that families in need can avail of. This should detail the process involved in accessing these services and the contact and referral details.

Each Trust has internet and intranet information available, which includes an overview of children's services. Information leaflets in relation to gateway services are available, as are leaflets for mental health services and Children Order Complaints leaflets. Trusts also have leaflets in relation to the child protection and appeals process.

Trusts work with organisations such as Women's Aid and the Voice of Young People in Care (VOYPIC) to develop information regarding the child protection process. A regional family support website is now available which has details of all services which families in need can avail of, including contact and referral details for parents, young persons and professionals.

Recommendation 7: Trusts should involve families who have experience of family support and child protection services in the development of information materials.

Trusts reported the use of various methods to involve families in the development of information materials, such as through:
- The Carer's Strategy Group;
- Personal Public Involvement (PPI) with parents and service users to consult on children's services; and
- Involving looked after children (LAC) in developing a regional complaints leaflet and in developing a regional paper relating to CSE Safety Planning.

Recommendation 22: Where deficits were identified, Trusts should assess children's services facilities with a view to immediate or longer-term redecoration or refurbishment, where appropriate.

All Trusts have implemented improvements and continue to progress specific action plans for identified facilities in their area.

Recommendation 23: Where deficiencies in the accessibility to children's services facilities were identified, Trusts should ensure these are addressed, as appropriate.

The HSC Board confirmed this has been completed in Trusts, where deficiencies were identified.

Recommendation 24: Where confidentiality issues were identified, Trusts should assess public access to secure areas and address weaknesses or vulnerable access points.

The HSC Board has confirmed that where confidentiality issues were identified, action has been taken to assess the problem and address any weaknesses.

Section 3: Conclusions and Recommendations

3.1 Conclusions

Child protection services are delivered by five geographically-based HSC Trusts in Northern Ireland, within a heavily regulated and complex legislative environment. Each Trust is required to discharge its delegated statutory functions as laid out in the "Scheme for the Delegation of Statutory Functions (2009)" to ensure that children and young people are safeguarded and their welfare is promoted.

The focus of this current review was to examine how effective each Trust in Northern Ireland is in discharging its statutory responsibilities to children and families. The terms of reference of the review required the review team to assess the child protection services across nine themes as outlined.

In addition, the review team was asked to report on progress in respect of the 28 recommendations from the 2011 Overview Report of the RQIA Child Protection Review; Identify any issues which may affect the delivery of a quality service for this vulnerable group; Identify areas of good practice that can be disseminated across the region to help improve child protection arrangements; and report on the findings and make recommendations for future improvements for child protection services.

The findings from this review have been set out in this report under the heading of each of the nine themes, alongside an update on the recommendations from the 2011 Overview Report.

Corporate Leadership and Accountability: the review team found evidence of effective corporate leadership in each Trust, as well as evidence of high quality leadership at all levels in each of the Trusts. Some staff did, however, express dissatisfaction, relating to what they perceived to be a lack of corporate leadership and support for front-line practitioners struggling to meet the day-to-day demands of this highly complex work. The review team also noted that the uncertainty around the future of the regional HSC Board child protection leadership, commissioning and planning arrangements is creating anxiety for staff and managers in the Trusts.

Workforce: the review team welcomed the DoH strategy for social work "A Strategy for Social Work entitled Improving and Safeguarding Social Wellbeing"[62]. The review team believes it should contribute greatly to strengthening the capacity of the workforce; improving social work services; and building leadership and trust in the profession.

---

[62] Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022: Department of Health, Social Services and Public Safety (April 2012)

There is evidence in each of the Trusts that the social services workforce in child protection services has grown steadily over the last few years with increases of 10% in family and child care social workers between 2013 and 2016, with a 7% increase in gateway social workers over the same period.

However, due to a largely female workforce, the number of temporary vacancies (maternity leave) in children's social work is high, with staff expressing significant frustration at the perceived lack of urgency in filling such gaps.

Workload and Management of Unallocated Cases: this continues to be a source of concern. All Trusts continue to operate a waiting list system where some non-urgent referrals wait to be allocated for periods of time. Trusts also reported "unattended" cases as a result of short term staffing absences. It was a concern for the review team that these cases are not monitored or reported on.

Concerns were expressed by staff in all Trusts about the increasing pressures and work-related stress faced by social workers due to increases in the workload and the increase in complexity of cases. Staff expressed particular concern about the amount of bureaucracy and form-filling they are expected to comply with, which they believe keeps them away from front-line practice.

Supervision of social work staff is governed by DoH guidance "Supervision Policy, Standards and Criteria" [63] (February 2008 revised in 2014[64]). The review team found evidence of widespread adherence to this policy. There was also evidence of staff appraisal systems operating in all of the Trusts which are conducted using the Knowledge and Skills framework (KSF).

Training: each of the Trust's Delegated Statutory Functions (DSF) reports provide an overview of the full range of training provided to social services staff who work with children. These reports provide evidence of Trusts' programmes of multidisciplinary / multi-agency training specifically in relation to safeguarding children. This provision meets the specifications as detailed in the SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018.[65]

Assessment: the review team were particularly critical of the UNOCINI assessment form / tool. The UNOCINI is a cumbersome bureaucratic document, requiring staff to fill in many boxes with lots of nugatory detail. It does not lend itself to a holistic assessment of the family; rather it provides segregated information which members of the review team found difficult to join up.

---

[63] Supervision Standards, Policy and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts, Department of Health, Social Services and Public Safety (HSS(OSSPOL/RIT)1-200) (February 2008)
[64] Regional Policy for NI HSCT's, Supervision Policy, Standards and Criteria (Child Care) (November 2014)
[65] SBNI Child Safeguarding Learning and Development Strategy and Framework 2015-2018: Safeguarding Board for Northern Ireland (September 2015)

Records Management and Record Keeping: the review team found Trust arrangements are broadly in line with the Regional Policy "Administrative Systems Recording Policy, Standards and Criteria for Northern Ireland".

Inter-disciplinary Working at an Operational Level: the review team found sound working practice across all the disciplines. All of the Trusts are providing staff from all disciplines with opportunities to receive child protection training commensurate with their role, responsibility, performance expectation and level of experience.

All Trusts reported that a named doctor / paediatrician and named nurse for child protection are in place. Each named doctor and nurse has a clearly defined job plan and responsibilities to provide a lead role for child protection within these disciplines. Named doctors and nurses in each Trust contribute to the work of the Trust area safeguarding panels and Trust child protection committees, groups and forums.

Compliance with Policies and Procedures: during the audit of social worker's client notes, the review team found clear evidence of adherence to the process outlined in the Area Child Protection Committee procedures for dealing with child protection cases in terms of allocation, investigation and timescales. There was evidence of clear pathways through cases from the beginning to the outcome, with good decision-making and sound administrative procedures. The review team did not identify any cases in any of the Trusts to give them cause for concern.

A number of Trusts provided the review team with specific pieces of work to demonstrate their commitment to involving children and their families in the child protection process. However, children's meaningful involvement in the child protection process was neither consistent in all cases, nor consistent across all Trusts. There was also a lack of strategic thinking in relation to getting high level feedback from users to help Trusts understand what their services are like for families who experience them.

The review team believes good progress has been made in each of the previous recommendations of the RQIA 2011 Overview Report. The team also found evidence of much good practice in the Trusts, some of which is highlighted throughout the report.

3.2   Summary of Recommendations

The recommendations identified during the review have been prioritised in relation to the timescales in which they should be implemented.

Priority 1 - completed within 6 months of publication of report
Priority 2 - completed within 12 months of publication of report
Priority 3 - completed within 18 months of publication of report

Number	Recommendation	Priority
1	The future location of the current statutory functions conferred on the Health and Social Care Board by the Children Northern Ireland Order 1995 requires clarification to provide regional stability to the child protection commissioning and planning arrangements. The Department of Health should clarify with whom and where this critical function will be located to ensure consistent delivery of child protection services into the future.	1
2	The Health and Social Care Board should lead on a regional initiative with each of the Trusts to develop proactive measures for dealing with short-term absences in the family and child care workforce due to maternity and sickness absence.	2
3	The Business Services Organisation, in conjunction with each of the Health and Social Care Trusts, should undertake a review of the implementation of regional recruitment as it relates to child protection services across the HSC, including the operational difficulties being experienced by staff using the HRPTS system.	3
4	The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should measure the extent and impact of "unattended cases" reported by Trusts during this review. Unattended cases should be monitored and reviewed by the Health and Social Care Board as part of its performance management and oversight of child protection services.	1
5	Health and Social Care Trusts should routinely collect and analyse the data relating to unattended cases and ensure each unattended case is subject to ongoing risk assessment and risk management. A common core data set should be agreed to underpin this data analysis.	1
6	Each Health and Social Care Trust should conduct risk assessments for work related stress among staff working in child protection services and take action to proactively support staff in a timely manner to prevent and mitigate the potential impact of work related stress.	2

Number	Recommendation	Priority
7	The Health and Social Care Board, in conjunction with Trusts, should review the amount of administrative work (for example, form filling) involved in family and child care practice, with a view to improving the amount of time social workers spend in front-line practice, and bring forward proposals and recommendations for approval by the Department of Health.	3
8	Each Health and Social Care Trust should consider formalising the use of group and peer social work supervision to harness the experience and expertise of more skilled and experienced practitioners.	2
9	The Department of Health should undertake a comprehensive reform of the UNOCINI, to ensure that it is fit for purpose, with the aim of reducing administrative requirements, improving efficiency and supporting holistic assessment of need and delivery of care.	2
10	The Health and Social Care Board should review current regional IT systems, where appropriate, to ensure they are able to capture and highlight multiple attendances of children at Emergency Departments.	3
11	The Health and Social Care Board should liaise with the Education Authority to review operating arrangements, thus ensuring relevant information and the Designated Officer are available to fulfil requests for information about children, where there is a child protection concern during school holiday periods.	2
12	The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should review the commissioning of domestic violence support services available to gateway teams, to ensure a comprehensive and consistent service across all Trust areas.	3
13	The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should develop a service user involvement and feedback process in the area of child protection, to help inform and improve service development. This should include harnessing the views of children and parents.	3
14	The Health and Social Care Board, in conjunction with the Health and Social Care Trusts, should further develop the relationships and pathways between the gateway service and the local Early Intervention / Prevention Hubs, to ensure all families who are referred and need a lower threshold of support, get the appropriate early help and service they need.	3

Appendix A: Abbreviations

ASW	Approved Social Worker
ACPC	Area Child Protection Committees
AYE	Assessed Year of Employment
Belfast Trust	Belfast Health and Social Care Trust
BSO	Business Services Organisation
CAMHS	Child and Adolescent Mental Health Services
Children Order	Children (Northern Ireland) Order 1995
CYPSP	Children and Young People's Strategic Partnership
CSE	Child Sexual Exploitation
DoH	Department of Health
DHSSPS	Department of Health, Social Services and Public Safety
DSF	Delegated Statutory Function
ECHR	European Convention on Human Rights
GP	General Practitioner
HSC	Health and Social Care
HSC Board	Health and Social Care Board
KSF	Knowledge Skills Framework
LAC	Looked After Children
NIMDM	Northern Ireland Multiple Deprivation Measure
NISCC	Northern Ireland Social Care Council
NISRA	Northern Ireland Statistics and Research Agency
Northern Trust	Northern Health and Social Care Trust
NSPCC	National Society for the Prevention of Cruelty to Children
ONS	Office for National Statistics
PHA	Public Health Agency
PIP	Professional In Practice
PPI	Personal Public Involvement
PPU	Public Protection Unit
PSNI	Police Service of Northern Ireland
RESWS	Regional Emergency Social Work Service
RIT	Reform Implementation Team
South Eastern Trust	South Eastern Health and Social Care Trust
SBNI	Safeguarding Board for Northern Ireland
Southern Trust	Southern Health and Social Care Trust
2009 Act	Health and Social Care (Reform) Act (Northern Ireland) 2009
2011 Act	Safeguarding Board Act (Northern Ireland) 2011
Trusts	Health and Social Care Trusts
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
UNOCINI	Understanding the Needs of the Child in Northern Ireland
Western Trust	Western Health and Social Care Trust

RQIA Published Reviews

RQIA reviews a wide range of services across health and social care. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research. During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvement. We report our findings and share any lessons learned across the wider health and social care sector. In addition, when required, we carry out reviews and investigations to respond to specific issues of concern or failures in service provision.

You can access a full list of all RQIA's reviews at:
https://www.rqia.org.uk/RQIA/media/RQIA/Resources/WhatWeDo/Review/RQIA_Reviews_Published_Online_May-18.pdf

Individual review reports can be accessed at:
https://www.rqia.org.uk/reviews/review-reports/.

Reviews which may be of interest to the reader in relation to child protection are:
- Review of Child Protection Arrangements in Northern Ireland, published in July 2011
- Child Sexual Exploitation in Northern Ireland: Report of the Independent Inquiry, published in November 2014

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel   028 9536 1111
Email   info@rqia.org.uk
Web   www.rqia.org.uk
             @RQIANews

Assurance, Challenge and Improvement in Health and Social Care