



ANNUAL REPORT 2008-09

AND

BUSINESS PLAN 2009-10

“Child Protection is Everybody’s Business”

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Chair's Introduction

The work of the Western Area Child Protection Committee (WACPC) which is detailed within this report has been carried out against a background of unprecedented and ongoing change for many of the organisations represented on the WACPC.

The Review of Public Administration (RPA), the Comprehensive Spending Review (CSR) and, from 1st April 2009, the replacement of the four Health and Social Services Boards by three new regional bodies, the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and the Business Services Organisation (BSO) have all progressed against a background of increased public scrutiny, demands for improved service standards and outcomes and a deepening global economic recession. These changes have created many challenges and will continue to do so until the new structures are fully established.

This is the last Annual Report of the WACPC before the duties and functions previously carried by the Committee are transferred to the new regional Safeguarding Board for Northern Ireland (SBNI). However, the establishment of the SBNI, initially intended to commence on 1st April 2009, has been delayed until Autumn. The Committee will continue to fulfill its role according to the requirements of *Co-operating to Safeguard Children* until the transfer is complete.

Much of the work of the Committee during the period April 2008 to March 2009 has been directed towards facilitating the smooth transition to the new body while continuing to work collaboratively as a Committee to ensure that all children within the Western Health and Social Services Board (WHSSB) area are brought up in a safe environment that promotes their welfare and protects them from significant harm.

In particular, the Committee has, over the past year, worked to:

- address matters identified for action from a number of Public Inquiries, case Management and Individual Agency Reviews and Inspections,
- drive forward an agenda designed to meet the objectives of the Business Plan,
- develop products, audit practice and disseminate learning,
- inform and facilitate the redesign of services including the consolidation of the Gateway Service and ongoing development of Family Intervention Services (FIS),
- facilitate the smooth transfer of duties to the SBNI,

- ensure the continued development and implementation of improved Practice Quality Standards,
- update regional Policy and Procedures, and
- ensure the implementation of key aspects of the Reform Implementation Process

I would wish to express my sincere thanks to colleagues on the Committee for their tenacity and determination in seeking to provide the best possible service in the face of extremely challenging circumstances.

I would also like to extend best wishes to colleagues in the new SBNI as they assume responsibility for the protection and safeguarding of children and young people.

Section 1 Roles and Responsibilities

1.1 Introduction

Social Services staff in both Boards and Trusts have lead responsibility for child protection services although, as indicated in *Co-operating to Safeguard Children*, the protection of children is “*everyone’s business*” and, to that end, this work is undertaken on the basis of a multi-disciplinary, multi-agency approach.

As a consequence of *Co-operating to Safeguard Children* guidance, the WACPC has in recent years, expanded its role within the WHSSB area and is responsible for determining the strategy to safeguard children and the development and dissemination of policies and procedures within the Board area.

Particular challenges for the WACPC have been:

- the ongoing development of the Western Health and Social Care Trust (WHSCT) as service redesign and governance arrangements began to be bedded down amid growing financial pressures relating to both re-structuring and efficiency,
- preparations for the smooth and efficient transfer of operations from the Committee to the SBNI,
- the continued restructuring of the system of Public Administration in Northern Ireland, particularly in relation to Health & Social Services Boards and Education and Library Boards, and
- monitoring/ensuring the ongoing implementation and review of recommendations arising from a series of inspections and high profile inquiries.

1.2 Vision

The WACPC vision is “*to ensure that children, resident within the administrative area of WHSSB, are brought up in a safe environment which promotes their welfare and protects them from harm*”.

1.3 Role of ACPC

The role of the ACPC is to develop a strategic approach to child protection within the overall children’s services planning process. Its specific responsibilities, roles and functions are set out in Chapter 4 of *Co-operating to Safeguard Children*. These are detailed in **Appendix 1** of this report.

1.4 Accountability

The WACPC and its Chair are directly accountable to the WHSSB which constituted this Committee. ACPC members are also however, accountable to the agencies that they represent which in turn are responsible for taking any action properly falling within their respective remits.

The ACPC must work to agreed written Terms of Reference which set out its remit and the level of decision-making which can be agreed by agencies' representatives without referral back to an individual member agency. Each agency must accept that it is responsible for assessing the contribution made by its own representative. Each representative in turn is responsible for ensuring that the issues applicable to their agency for the safeguarding of children are given proper consideration. Contributing agencies are expected to have a mechanism for considering the policy, planning and resource implications of issues brought to the attention of the agencies by their ACPC representative and have clear implementation pathways.

Until its scheduled replacement by the regional HSCB on 1st April 2009, the WHSSB has lead responsibility for the establishment and effective working of the ACPC although, constituent agencies remain responsible for contributing fully and effectively to the work of the ACPC. The ACPC has established mechanisms within the WHSSB to ensure the application of appropriate governance arrangements and that statutory functions are adhered to. Post 1st April 2009, the Chairperson of the Committee will report to the Director of Social Care and Children's Services (HSCB) until the SBNI is established and lines of accountability agreed.

1.5 Children Services Plan

The WHSSB is required to lead the Western Area Children and Young Peoples Committee (WACYPC) and to produce a Children Services Plan (CSP) that brings together all aspects of services for children within the Board area. The four CYPCs collaborated to produce a regional CSP for the period 2008/11 which contains a number of targets / objectives which are specific to the western area. The WACYPC continues to look widely at the needs of all children in the area and the way in which local services including statutory and voluntary sectors work together to meet these identified and assessed needs. It includes prioritising proposals for improving children's services and is updated annually.

1.6 Membership

The WACPC is made up of members from the main statutory and voluntary agencies involved in child protection within the WHSSB area. Each member agency is required to continue to review the level of participation and ensure that appropriate representation is at a sufficiently senior level so that the ACPC can influence the development of local policy and practice in child protection across a range of agencies and professional groups.

Details of membership of the WACPC are included in **Appendix 2** of this report.

1.7 Meetings

There were six scheduled meetings of the WACPC during the period covered by this report. In addition, the Committee convened one special meeting in January 2009 to discuss recommendations arising from a Case management Review / Independent Inquiry.

Attendance at meetings of the WACPC has ranged from a low point of 43.75% during the summer period to 87.5% on subsequent occasions.

1.8 Working Groups

Some of the work of the WACPC is conducted through sub-groups (listed below).

- Audit
- Community Education
- Policy and Procedures
- Child Protection Panels

It has not been possible, in the absence of an ACPC coordinator (until October 2008) to progress the work of the Community Education and the Policy and Procedures sub-groups. The Audit sub-group has continued to operate although at a much reduced capacity.

The ACPC received regular reports from the Child Protection Panels. In June 2008 the ACPC agreed to retain the two panel structure but with a single chairperson (Head of Service, Gateway and Family Intervention Service, WHSCT). These panels will continue to report until the SBNI comes into existence.

The work of these sub-groups is reported in more detail elsewhere in this report.

1.9 Funding

The work of the WACPC has been funded by the WHSSB. The absence of a coordinator, and the resulting difficulties in providing effective support, has been described in Section 1.8 above. The WHSSB provided significant additional resources in order to fund Case Management Reviews. These are described in Section 6 of this report.

Section 2 ACPC Meetings / Activity

As noted in **Section 1.7**, there were six scheduled and one extraordinary meeting of the WACPC in 2008/09. The meetings addressed a number of key issues which are summarised as follows:

2.1 Risk Monitoring

The ACPC received regular briefings from the WHSCT relating to the monthly Risk Monitoring Reports commissioned by the Board and was able therefore to track key pressures in the Trust's performance in relation to statutory functions related to safeguarding.

2.2 Transition to SBNI

DHSSPS Guidance (May 2008) on the pending Safeguarding Board for Northern Ireland (SBNI) required the ACPC to produce a report (Transition Report) that would facilitate the safe transfer of functions from the WACPC to the new regional Board.

The report by the WACPC which was completed and forwarded to the DHSSPS in January 2009, addressed key themes within child protection in the Western Board area and highlighted the work what needs to be done to ensure continuity of service and ongoing improvement within the sector.

The report describes the business activity of the Committee, with reference to trends and gaps, policy development, activity, communication, planning and strategy and contains the Committee's assessment of the key issues which need to be addressed and prioritised in the new arrangements.

Work by the Committee to produce the report and facilitate the smooth transfer to SBNI included a workshop in November 2008 involving ACPC members which considered the following issues:

- Recommendations from various Inspections and Inquiries
- Unallocated cases within Gateway and Family Intervention Services
- Child Care/Mental Health Interface
- Hidden Harm
- Interface with PPANI
- Communication
- Risk Monitoring/Audit
- Multi-Agency Training
- Workforce Strategy
- Safeguarding Communities
- Information Sharing/Access
- Proposed Role of Paediatricians
- Development of a Health Agenda for Child Protection

The Committee has continued to receive regular briefings on the progress of the SBNI.

Initial proposals for the establishment of the Safeguarding Board for Northern Ireland were published by the DHSSPS in 2007 with a target of implementation in shadow form by September of that year. However, the timetable has been significantly delayed and the SBNI will now commence operations in the Autumn 2009. Area Child Protection Committees will continue to carry out all responsibilities mandated under Co-operating to Safeguard Children until the SBNI has been established and appropriate transition arrangements have been completed. The development of the SBNI has to be seen in the context of an even larger review and reform of child protection services in Northern Ireland.

Under the new arrangements:

- the SBNI will be supported by five Safeguarding Panels located within the geographical area of the Trusts
- the SBNI will not dilute existing statutory functions but will seek to put in place legislation to support the functions of the SBNI,
- the SBNI will also work closely with commissioning processes in addressing safeguarding
- it is proposed that the SBNI will be hosted by the Public Health Agency which is subject to ministerial approval

2.3 Gateway Teams and Family Intervention Service

The WHSCT Gateway Team has been effectively integrated into a single Trust wide service. All urgent cases are assessed within 24 hours. For the year ending March 2009, the Gateway Service received 3183 contacts of which 1184 (37%) were dealt with through Advice and Resolution. The remaining 1999 (63%) were accepted as referrals and subject to a full UNOCINI assessment.

There was a significant drop in the number of unallocated cases in the Gateway Service in 2008/09, although issues relating to capacity and demand require to be monitored constantly.

An inspection by the Regulation and Quality Improvement Authority (RQIA) of child protection services within the Western Trust area in March 2009 reported favourably on the work and standard of the Trust's Gateway service.

The Trust is currently reviewing the design of the Family Intervention Service. Recruitment has proved difficult and as a result, there are a substantial number of unallocated cases. Unallocated cases have been identified as a Priority for Action (PfA) Target and consultation has taken place with the DHSSPS in relation to this matter.

Despite the difficulties, statutory visits are being made to all children on the Child Protection Register and all Child Protection Plans are being implemented. The WACPC, in conjunction with WHSCT, has kept this situation under constant review.

2.4 Policies and Procedures

The WACPC has considered and commented upon a number of local and regional Child Protection Policies and Procedures. These include:

- UNOCINI Framework
- Board Designated Nurse for Child Protection
- Trust Named Nurse for Child Protection
- The Roles of Hospital Social Worker, Hospital Nurse, Mental Health Personnel and Allied Health Professionals
- Referrals to Out Patients
- Referrals to the Voluntary / Community Sectors and Independent Counsellors
- Invitees to Initial Child Protection Case Conferences
- Children who Sexually Abuse Others and Display Sexually Harmful Behaviour
- Risk Assessment Tool – evaluating young patients who may be sexually active
- Information Policy Sharing, Standards and Criteria
- WHSCT Draft Guidelines for Admission, Care and Discharge of a Child (Acute Health Care settings)
- Intimate Care Policy
- Sexual Health Protocol
- Safeguarding Protocol for Health Care Staff
- Admission / Discharge Protocol
- Police Involvement in Residential Units: Safeguarding of Children Missing from Home and Foster Care

2.5 Audit Sub-Group

As indicated at Section 1.8 above, the anticipated development of the multi-disciplinary audit sub-committee has been restricted primarily because of the lack of recurrent resource however, a programme of audit has been undertaken by constituent agencies of the WACPC. Details of the range of audit activity undertaken or planned across the Board / Trust area by agencies represented on the WACPC are included within **Appendix 3** of this report.

In the incoming year, the sub-committee will seek to encourage audit activity within member agencies on (i) Child Protection Training and (ii) Supervision.

2.6 Improving Quality Together

The Improving Quality Together Project within the WHSCT was established in Autumn 2007 in order to implement the recommendations of SSI Inspection Reports in 2006 and 2007. The remit of the project team was subsequently expanded to address issues arising from Case Management Reviews (CMRs) and Individual Agency Reviews (IARs) within the WHSCT area.

The aim of the project is to develop a comprehensive plan to address recommendations arising from these reports and to demonstrate measurable improvements in respect of practice, governance, training, commissioning/planning and inclusion.

The ACPC has received regular updates on the progress of this project and has established a number of Task Groups and which is managed through an inter-agency Project Board.

2.7 Care Matters / Family Support Strategy

The Board and Trust have collaborated on the Care Matters / Family Support Planning Framework for the period 2008 / 2011 and have moved forward very significantly with the implementation of six key objectives which are:

- Development of a Trust wide Model for Integrated Prevention Services,
- Redesign of Gateway / Family Intervention Services,
- Expanded provision of services for Children on the Edge of Care / Subject to Compromised Parenting,
- Redesign of services for Looked After Children,
- Review of the Residential Care Model, and
- Redesign of Leaving Care / Transition Services

The Care Matters / Family Support Planning Framework was endorsed by the WHSSB and WHSCT in February 2009.

2.8 MASRAM / PPANI

New Public Protection Arrangements, involving PSNI, PBNI and Social Services, have been in place since October 2008. These will provide enhanced provision for the management and monitoring of convicted sex offenders as well as potentially dangerous individuals who have been subject of adjudication. A new sentencing framework (parole and monitoring) will be phased in over time.

Additionally, the PSNI have restructured the previous Care Units into Public Protection Teams to provide services for child abuse, domestic violence and vulnerable adults.

The WACPC hosted two workshops in November 2008 with presentations from PSNI, Criminal Justice Directorate (NIO) and DHSSPS in order to publicise these developments. These were attended by 140 delegates from a range of agencies.

2.9 Service Developments / Initiatives

2.9.1 Children and Young People who Exhibit Sexually Harmful Behaviour

During the course of the year, concerns were raised at meetings of the WACPC about the increasing numbers of children and young people who were coming to the attention of police and social services because of their sexually harmful behaviour. As a result, a Service Design Proposal was developed which, subject to the availability of funding, will deliver a service to young people and their families. This

service, which will be a joint Trust / NSPCC initiative, will expand upon the existing service provided by NSPCC in the southern sector of the Trust and will ensure that a service is available across the area of the WHSCT.

2.9.2 Child Care / Mental Health Pathway (16-18 year olds)

As part of the reform and modernisation of Child and Adolescent Mental Health Services (CAMHS) within the Western area, the Trust has received funding for the recruitment of an additional child and adolescent Consultant Psychiatrist which will assist in the transition of the service to an Under 18 CAMHS Service.

The redesign of the CAMHS Service, which includes services to young persons up to the age of 18, will bring the Western area in to line with other areas in Northern Ireland. The CAMHS Intensive Crisis Management Service (ICMS) is now operational within CAMHS with 5 dedicated mental health practitioners whose role is directed at young people between the ages of 14 to 18 years with severe mental health conditions who have been or are at risk of admission to hospital. The service seeks to prevent admission, coordinate hospital care, liaise with multi-disciplinary hospital teams and carers, coordinate case management, advocate on behalf of the young person and support timely discharge and appropriate aftercare in keeping with recent Departmental guidance and expectation.

This service is not available as an out of hours service nor does it accept new referrals in respect of young people aged 16-18 who are not previously known to the CAMHS Service.

The WACPC has received reports about a number of young people, between the ages of 16 and 18 years, who have presented at Gateway and have made threats of self-harm while they have been under the influence of alcohol or other illicit substance. Gateway staff have experienced difficulties in accessing mental health services for these young people.

These incidents have demonstrated that there are professional / service interfaces and gaps in service that need to be addressed. It is vital that, during the transition phase to the new services, there are no gaps which could result in potential risk to children and young people who have been referred.

A draft protocol is being developed which sets out the role of, and referral pathway between, the key services in order to ensure that:

- Referrals can be dealt with promptly and services are accessible during out of hours and weekends
- Responses provide or safe management of the young person in the short term
- The appropriate mental health assessment can be undertaken as quickly as possible and a care plan developed
- Communication between the key services is timely and appropriate

2.9.3 Child Protection Standards Workshop

In November 2008, the WACPC convened a multi-agency workshop to consider the implications of the DHSSPS publication *Standards for Child Protection Services* (June 2008) and to produce an initial self-evaluation for each agency by identifying strengths, gaps and actions that needed to be taken to ensure compliance with the eight standards.

The expectation was that each participating agency would build on this initiative by developing the self-evaluation within their particular service.

2.9.4 Hidden Harm Strategy

The *Regional Hidden Harm Action Plan* (October 2008) required Health and Social Care Commissioners to develop local action plans in response to the needs of children born to and living with parental alcohol and drug misuse in Northern Ireland. In developing plans, the Commissioners were required to

- consolidate significant action to date
- reflect on the current and future role of mainstream services
- listen carefully to the views of key stakeholders, particularly children and young people and their parents
- prioritise the application of additional funds to address identified priorities

The Western area action plan, which is the culmination of extensive consultation, workshops and literature search, is embedded in the Family Support Strategy and will be evaluated in that context. The plan places emphasis on the role of services supporting children and families, in and beyond Health and Social Care, notably in Education and Community and Voluntary Sectors.

2.9.5 Information Sharing Policy, Standards and Criteria

Effective support to families and protection of children requires a shared commitment and efficient communication between agencies. To that end, the DHSSPS has produced a revision of Circular 3(96) Sharing to Safeguard.

The WACPC convened two multi-agency workshops in November 2008 to consider these matters and disseminate information on the protocol for sharing information between departments.

2.10 Regulation and Quality Improvement Authority (RQIA) Inspection

An inspection by the RQIA of child protection services across Northern Ireland commenced in January 2009 with the Belfast, South Eastern and Western Trusts. The inspection will be rolled out across the remaining Trusts over the next two years.

Initial discussions between RQIA, Board and Trust personnel agreed an agenda for the first phase of the inspection which included (a) quality assurance of statutory functions (b) progress in relation to designated professionals (c) transition to SBNI and (d) arrangements for assessing unmet need.

Phase 1 of the inspection of the Western area commenced mid February and focused on Gateway and Family Intervention Services. Feedback was generally positive in respect of Gateway but deficits were noted within the Family Intervention Service, particularly in the Omagh sector. These shortcomings relate to:

- Job vacancies
- Allocation of work
- Application of Policy and Procedures
- Filing and Administration
- Poor quality assurance

The Trust has established a task group to examine recruitment issues and has agreed an Action Plan with RQIA. A risk assessment audit is being carried out in the Omagh office and filing and administrative procedures are being reviewed

Section 3 Review of Progress Against Previously Agreed Objectives

This section reports on progress made by the Committee in relation to the Business Plan for 2008/09 (which was included in the Annual Report for 2007/08).

3.1 Transition to Safeguarding Board

A key objective of the WACPC over the period covered by this report was to ensure that the core business of the Committee continued unabated in the run up to the establishment of the SBNI and to ensure the safe and effective change to the new structures.

Members were regularly briefed on SBNI developments and received reports on CMR progress / implementation and Risk Monitoring. The Committee also received regular reports from Panels.

The Committee convened a workshop in November 2008 for the purpose of compiling a Transition Report which, after a period of consultation with stakeholders, was submitted to the DHSSPS in February 2009.

3.2 Practice Quality Standards

The Committee was regularly updated on the implementation of recommendations from SSI Inspections and CMR / IARs. The Committee received the report from one Independent Inquiry. An Action Plan was agreed and the Trust required to take steps to address recommendations arising. The Committee is awaiting reports from one further CMR and two IARs

In order that the lessons from Reviews can be learned and practice improved as a result, the WACPC plans to hold a series of multi-agency / disciplinary workshops during the incoming year and will consider what further steps are required to disseminate information / learning.

The WACPC convened a Child Protection Standards Workshop in November 2008 which provided an opportunity for self-evaluation against the DHSSPS Standards on Child Protection. This enabled agencies to identify gaps and contribute towards the development of the SBNI Strategic Plan.

Although the capacity of the Audit Sub-Group was significantly reduced this year, a programme of audit activity was undertaken and the Committee updated on outcomes. The work of the Audit Sub-Group is detailed in Section 2.5 of this report.

The Trust's IQT Project continues, through a number of Task Groups, to take forward work on the implementation of recommendations arising from Inspections and Reviews. There are plans to restructure this project to reflect its progress and to transfer the focus from development and implementation to (i) process and

standards, (ii) training, (iii) interface working and (iv) user participation. The work of the IQT Project is examined in more detail in Section 2.6 of this report.

3.3 Regional Policy and Procedures

The Committee contributed to and agreed a number of regionally developed policies and procedures. This aspect of the work of the Committee is reported in more detail in Section 2.4 of this report.

3.4 Reform Implementation Process

The WACPC continues to monitor the outworking of the Reform Implementation Process through regular reports on specific areas of activity.

Section 4 Child Protection Activity

As in the 2007/2008 Annual Report, this section will focus on key trends, rather than present detailed statistical data. Each of the trends noted can be accessed in greater detail in other reports e.g., CC302 or via the ACPC Chairperson.

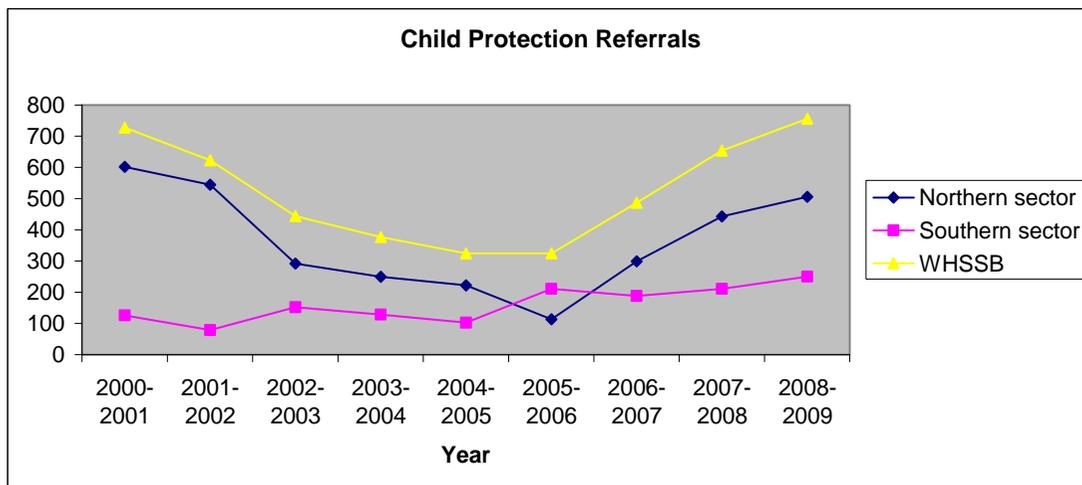
For the purpose of making comparisons, some data is presented as reflecting activity within the northern and southern sectors of the Trust.

4.1 Child Protection Referrals

Child Protection Referrals

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Northern sector	602	544	292	249	222	113	299	443	506
Southern sector	126	79	152	128	102	211	188	211	250
WHSSB	728	623	444	377	324	324	487	654	756

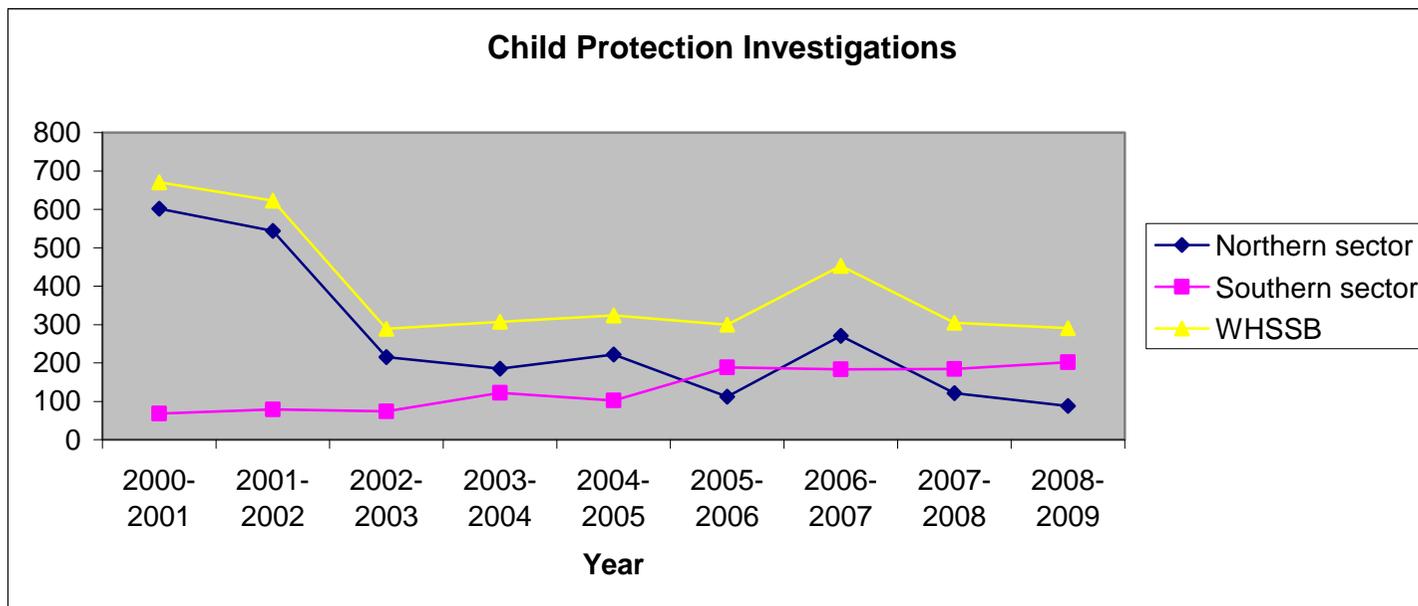
The number of child protection referrals has risen steadily over the past 3 years having decreased in the preceding 5 years. The figure is now in excess of the 2000-01 level. This may be due to a lowering of the threshold for responding to such cases and reflecting lessons learned from SSI Inspections and Reviews. Other factors contributing to the increase in referrals may be the consolidation of the Gateway Service as a Trust wide service and accessible single point of entry. Having UNOCINI firmly embedded in practice, the rise in the numbers of children in need as a result of the current economic climate and public concern following high profile tragedies involving vulnerable children are also undoubtedly contributory factors.



4.2 Child Protection Investigations

	2000- 01	2001- 02	2002 – 03	2003 – 04	2004 – 05	2005 – 06	2006 – 07	2007 – 08	2008 – 09
Northern	602	544	215	185	222	112	270	121	188
Southern	68	79	74	122	102	188	183	184	113
WHSSB	670	623	289	307	324	300	453	305	301

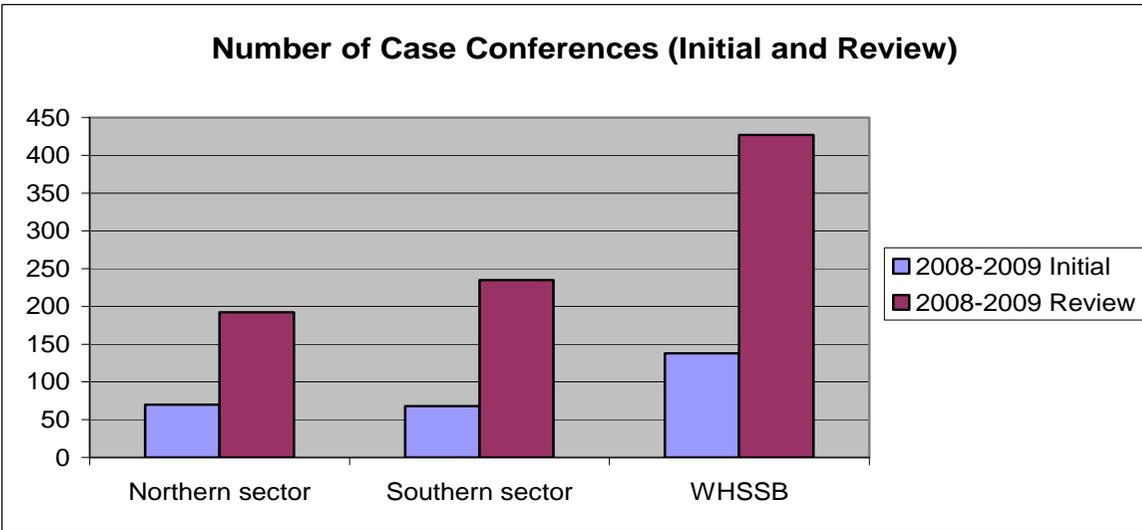
The overall numbers of Child Protection Investigations across the Trust have declined by four. The changing trends across the two Sectors (Northern Sector increased, Southern Sector decreased) may be due to the establishment of a single point of entry to Gateway. The regional ACPC will continue to closely monitor developments over the coming year including the possible impact of a single point of entry to Gateway and thresholds for intervention.



4.3 Number of Case Conferences (Initial and Review)

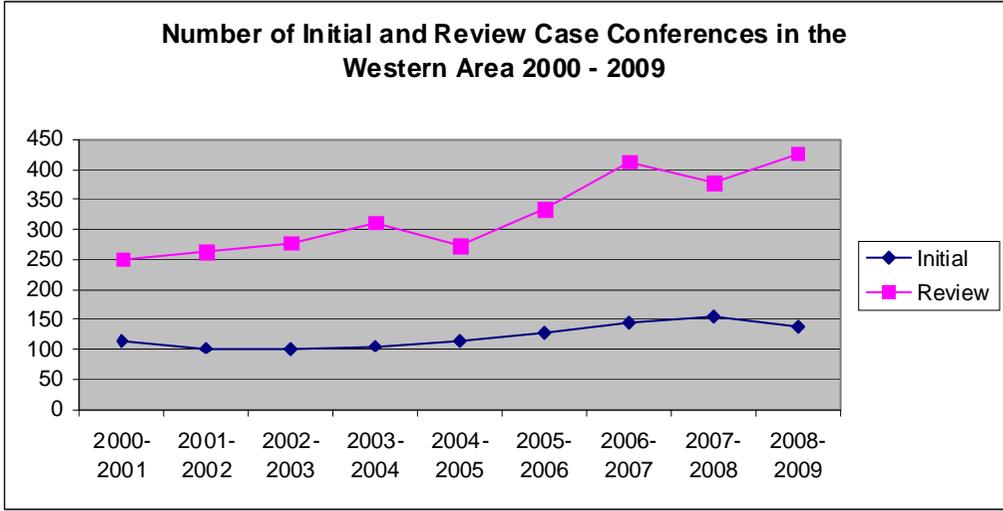
	2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009	
	Initial	Review																
Northern sector	88	157	81	189	49	194	55	175	73	141	44	166	58	185	73	157	70	192
Southern sector	25	93	21	73	52	84	50	137	41	131	83	167	85	228	82	220	68	235
WHSSB	113	250	102	262	101	278	105	312	114	272	127	333	143	413	155	377	138	427

The number of Initial Case Conferences has declined slightly in the past year having increased continuously in the previous 5 years. The number of Review Case Conferences has risen on 2007-08 figures showing a continuing upward trend since 2000.



These figures reflect changes in the application of threshold criteria and an increasing complexity in the cases that remain on the child protection register for longer periods of time.

The increase in child care activity is linked to increasing numbers of children in need. Each case is assessed on its own merits and the figures reflect an increased level of complexity. The emphasis within the Family and Child Care programme is on enabling and supporting families whilst at the same time not losing focus on the need to keep children safe. It is noted that there has been a significant change in the profile of child protection activity between the northern and southern sectors of the Trust from 2006-07 with the southern sector recording greater activity from this time onwards. This is reflected in the increased number of Review Case Conferences.



The Trust needs to review the practice and governance implications of this change.

4.4 Children on the Child Protection Register

2008/09

Western Trust	Trust Total	Northern sector	Southern sector
No. of Registrations	255	135	120
Percentage of registrations which are re-registrations	13% (32)	5.9%(8)	20%(24)
No of De Registrations	191	105	86
No of Children on the CPR	463	232	231

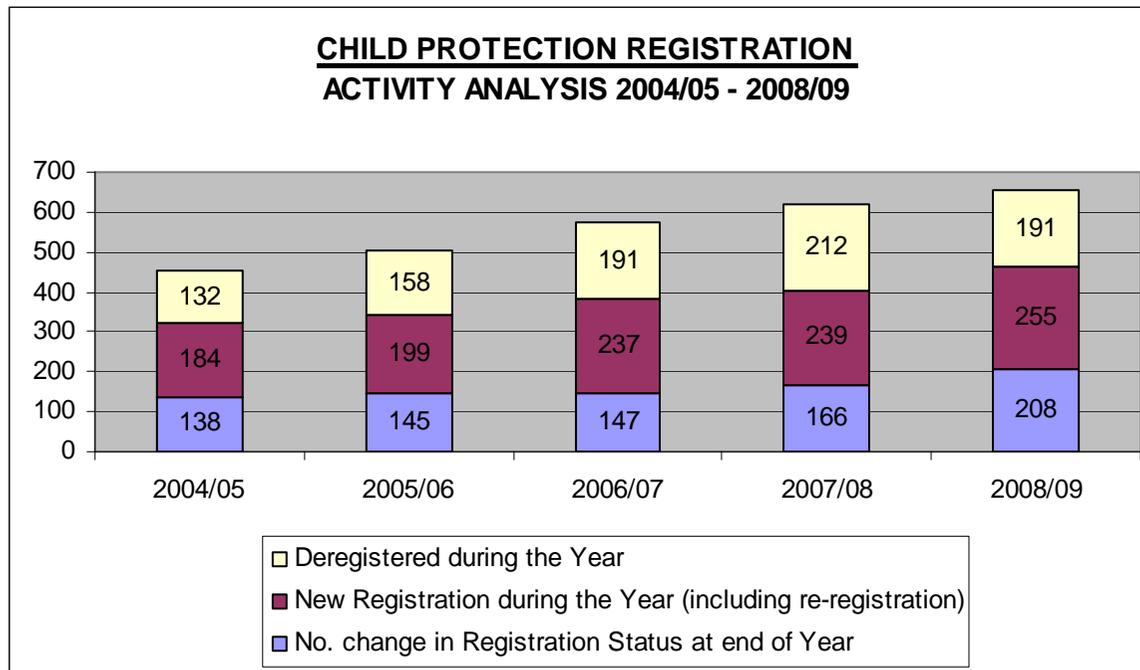
At 31st March 2009, there were 463 children on the Child Protection Register, an increase of 58 (14%) over the March 2008 figure

The increased numbers of children on the Child Protection Register reflects the rising numbers of children in need. Other contributory factors include public concern about high profile child care cases and the impact of deepening family poverty as a result of the economic recession. However, there are variations in the rate of child protection registration between sub offices (see table below) which require further analysis in respect of practice and governance. The 24 (Others) in the table below refer to young people on the Child Protection Register from the Western Trust area who are now placed outside the area e.g. Foster Care or other residential accommodation.

Council Area	Children On CPR	Pop of 0-17 yr olds	Rate per 1000
Limavady	30	8900	3.4
Derry	165	29259	5.6
Strabane	43	10330	4.2
Omagh	86	13403	6.4
Fermanagh	115	14920	7.7
Others	24	-	-
WHSCT	463	76812	6.0

4.5 Registration and De-Registration on the Child Protection Register

	2004/05	2005/06	2006/07	2007/08	2008/09
No. change in Registration Status at end of Year	138	145	147	166	208
New Registration during the Year (including re-registration)	184	199	237	239	255
Deregistered during the Year	132	158	191	212	191



These tables illustrate that child protection activity in relation to movement on and off the Register has increased by 6% over the past 12 months and has been rising steadily over the past five years. This estimation is based on the sum of the three elements of activity associated with registration i.e. new registration, de-registration and maintenance of children on the register.

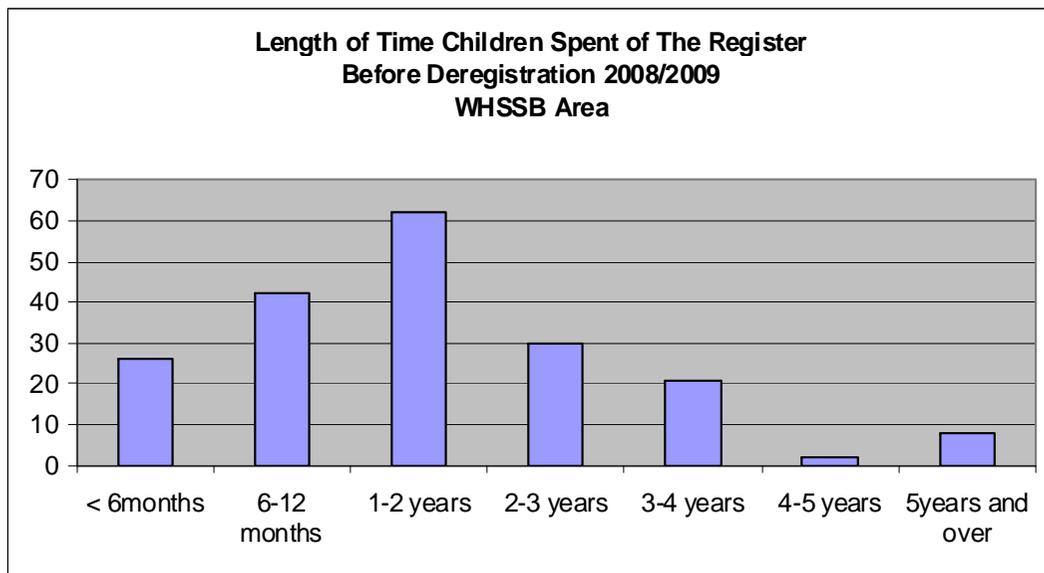
De-registration activity has fallen slightly in 2008-09 but the numbers of new registrations have increased from 239 to 255. The underlying population of children who require longer term regulation has continued to rise.

4.6 Length of Time on the Child Protection Register before Deregistration

Length of Time on The Child Protection Register before Deregistration.

Duration	2000-2001			2001-2002			2002-2003			2003-2004			2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
	Northern sector	Southern sector	WHSSB																								
< 6months	7	11	18	18	6	24	7	6	13	15	35	50	8	17	25	2	18	20	5	32	37	14	28	42	16	10	26
6-12 months	25	16	41	11	8	19	35	13	48	15	26	41	7	23	30	7	34	41	4	34	38	15	35	50	26	16	42
1-2 years	31	21	52	24	21	45	82	8	90	57	33	90	3	20	23	20	17	37	18	16	34	28	35	63	28	34	62
2-3 years				15	7	22		0	0		7	7	4	7	11	5	8	13	13	6	19	17	15	32	18	12	30
3-4 years	18	9	27	5	3	8	12	6	18	18	3	21	4	7	11	8	2	10		10	10	5	2	7	9	12	21
4-5 years				1		1									0			0	7		7	5	3	8	2	0	2
5years and over	4	2	6	2	4	6	4	3	7	1	1	2	4		4		5	5			0	0	13	13	6	2	8
Total	85	59	144	76	49	125	140	36	176	106	105	211	30	74	104	42	84	126	47	98	145	84	131	215	105	86	191

The figures show that 61 children have been on the Child Protection Register for more than 2 years (an increase of 1 on previous year). There have been 31 children on the register for more than 3 years (an increase of 3). These figures are illustrative of the trend towards longer term registration reflecting increased case complexity.



4.7 Categories in respect of Children on the Child Protection Register

Categories	2006-2007			2007-2008			2008-2009		
	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB
A: Potential Physical Abuse	50	27	77	55	56	111	67	64	131
B: Suspected Physical Abuse	2	6	8	5	5	10	8	6	14
C: Confirmed Physical Abuse	15	6	21	13	11	24	21	16	37
D: Potential Sexual Abuse	26	27	53	19	29	48	37	34	71
E: Suspected Sexual Abuse	10	5	15	11	5	16	7	3	10
F: Confirmed Sexual Abuse	5	4	9	8	5	13	9	7	16
G: Confirmed Neglect	19	22	41	29	39	68	54	44	98
H: Emotional Abuse	55	6	61	4	21	25	2	7	9
I: Potential Emotional Abuse	57	8	65	17	5	22	8	7	15
J: Potential Neglect	55	12	67	41	15	56	18	34	52
L: Suspected Neglect	10	10	20	2	8	10	1	7	8
M: Suspected Emotional Abuse	19	8	27	2	1	3	0	2	2
Total	323	141	464	206	200	406	232	231	463

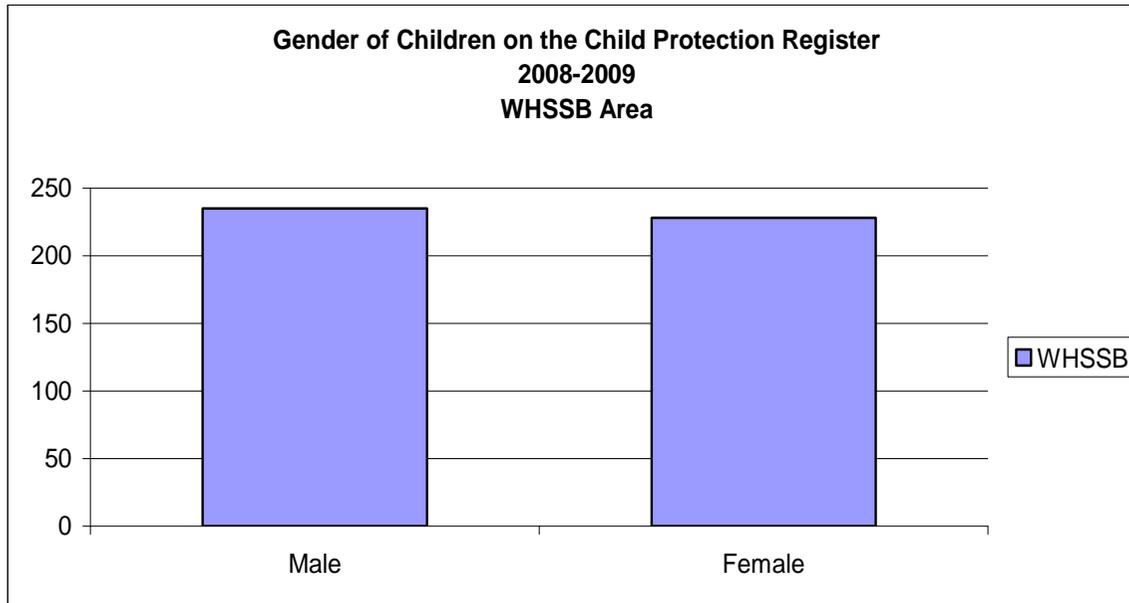
Figures show that over the period 2006 to the present, the numbers of potential and confirmed cases of physical and sexual abuse have increased significantly (a 77-131, c 21-37, d 53-71 and f 9-16). The number of confirmed cases of neglect has also shown a huge increase in that period (g 41-98).

The decrease in reporting emotional abuse may indicate that staff are increasingly opting for registration categories which can be evidenced.

4.8 Numbers of Males and Females on the Child Protection Register

Number of Males and Females on The Child Protection Register

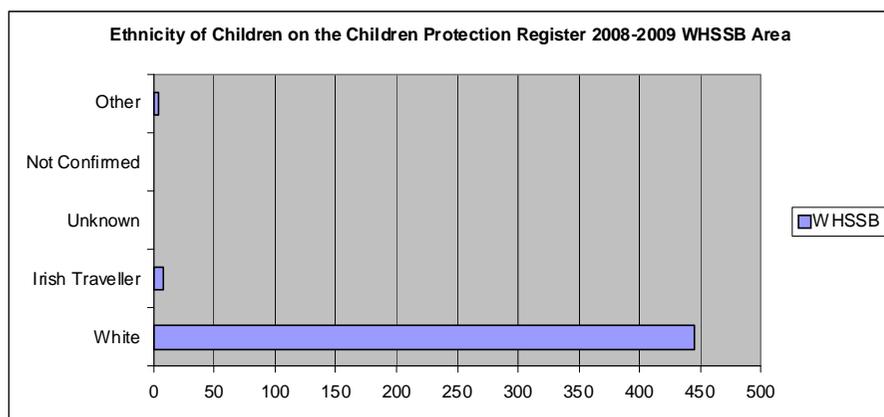
Gender	Number of Males and Females on The Child Protection Register																										
	2000-2001			2001-2002			2002-2003			2003-2004			2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB	Northern sector	Southern sector	WHSSB
Male	82	44	126	115	37	152	87	75	190	74	65	139	105	61	166	99	89	188	91	111	202	106	110	216	114	121	235
Female	107	33	140	133	40	173	103	75	150	71	66	137	99	55	154	87	80	167	85	92	177	100	90	190	118	110	228
Total	189	77	266	248	77	325	190	150	340	145	131	276	204	116	320	186	159	345	176	203	379	206	200	406	232	231	463



Over all, the figures for males and females on the Child Protection Register indicate that the gender split for child protection registration is becoming more even.

4.9 Ethnicity - Child Protection Register

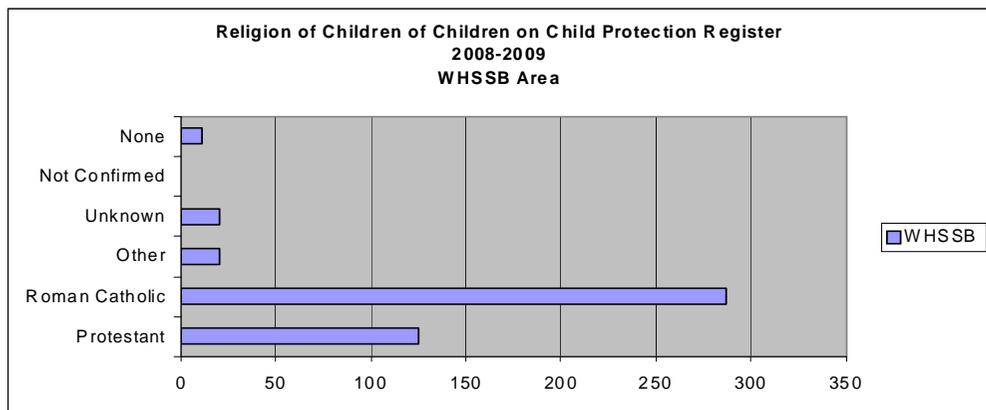
	2000-2001			2001-2002			2002-2003			2003-2004			2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
Ethnicity	Northern sector	Southern sector	WHSSB																								
White	75	40	115	114	31	145	89	129	218	100	90	190	198	112	310	178	157	335	166	198	364	193	199	392	226	220	446
Irish Traveller				1	0	1							6	6	5	5	5	1	4	5	5	1	6	5	3	8	
Unknown	34	22	56	56	25	81	0	15	15	45	24	69		3	3	3	2	5	0	1	1	0	0	0	0	5	5
Not Confirmed	80	15	95	77	21	98	0	6	6		15	15		1	1			0	0	0	0	0	0	0	0	0	0
Other							101	0	101	0	2	2			0			0	9	0	9	8	0	8	1	3	4
Total	189	77	266	248	77	325	190	150	340	145	131	276	204	116	320	186	159	345	176	203	379	206	200	406	232	231	463



The ethnic background of children is known in 99% of cases of children on the Child Protection Register of whom 97% are white. The WACPC will continue to monitor the changing ethnic mix of communities in Northern Ireland in order to ensure that children from all backgrounds can receive equitable services.

4.10 Religious Affiliation - Child Protection Register

	2000-2001			2001-2002			2002-2003			2003-2004			2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
Religion	Northern sector	Southern sector	WHSSB																								
Protestant	4	4	8	5	3	8	4	27	31	10	29	39	73	39	112	67	56	123	50	57	107	52	63	115	57	68	125
Roman Catholic	41	30	71	56	21	77	47	84	131	92	47	139	127	63	190	116	91	207	110	140	250	136	137	273	138	149	287
Other	14	1	15	23	1	24	15	0	15	9	0	9	4	1	5	3	6	9	16	3	19	12	0	12	11	9	20
Unknown	70	33	103	98	33	131	124	31	155	33	38	71							0	2	2	0	0	0	20	0	20
Not Confirmed	60	9	69	66	19	85	0	6	6		15	15		1	1			0	0	0	0	0	0	0	0	0	0
None							0	2	2	1	2	3			0		2	2	0	1	1	6	0	6	6	5	11
Total	189	77	266	248	77	325	190	150	340	145	131	276	204	116	320	186	159	345	176	203	379	206	200	406	232	231	463



The religious background of 96% of children on the Child Protection Register is known. 62% of the children on the Child Protection Register come from the Roman Catholic community which substantially reflects the religious composition of the wider community in the Western Trust area i.e. 63.1%. 27% of children on the Register are from the Protestant community. Protestants within the wider community of the Western Trust represent 28% of that population.

Section 5 Child Protection Panels

The Legacy Trust Child Protection Panels have remained in place throughout 2008-2009, reporting to the WACPC on key issues at each meeting. The main issues reviewed by Panels are summarised as follows:

5.1 Transition Arrangements

Following a Workshop held in May 2008, it was agreed that both Child Protection Panels from the former legacy Trusts would continue to operate under the same chair until the new Safeguarding Panel is established.

5.2 Risk Monitoring Trends

Both Panels continue to monitor performance against key statutory functions through the consideration of the Risk Monitoring Reports and subsequently present an analysis/comment to the WACPC.

5.3 Capacity Issues Within the System

As reported above, each Panel has drawn attention to the capacity issues within the system particularly in relation to the backlog of unallocated cases and the backlog of minutes. Both of these issues continue to give cause for considerable concern. The Panels are aware that there are significant pressures on both the Gateway and Family Intervention Service. The time required to complete UNOCINI assessments; staff sickness/staff turnover are all recognised as contributory factors.

The Panels also highlighted the increased pressure placed on other areas of the Child Protection System by the large volume of unallocated cases. This pressure is particularly evident within Health Visiting with Health Visitors endeavouring to meet the needs of vulnerable families while the case remains unallocated.

5.4 The Gateway Service

Both Panels have welcomed the establishment of one single integrated Gateway Service for the Trust. The Panels believe this to be a significant development in relation to service improvement.

5.5 Panel Attendance

Both Panels' have highlighted concern about Panel member's attendance. The Panels recognise that the ongoing delay in the establishment of the Safeguarding Board and Panels have been a contributing factor. The need for G.P representation in the Northern Sector of the Trust has also been highlighted.

5.6 R.Q.I.A Inspection

Both Panels have been briefed about the feedback from R.Q.I.A on the first stage of their initial inspection. R.Q.I.A have drawn particular attention to the attendance of Professionals at case conferences. This has been recognised as a difficulty within the Child Protection System of the Trust. Both Panels welcome the recent initiatives undertaken by the Trust in regards to invites and the timing of invitations. Panel members further highlighted the need for clinicians to be afforded the appropriate time within their working week to attend to their Child Protection duties.

5.7 Soscare screening within the Acute Sector

The Panel's have highlighted the need for resources to be targeted at addressing this issue. Both Panels' believe that the current system is not sufficiently robust.

The Panel's recognise that this difficulty is a regional issue however, in light of the update Laming Report, they believe this matter requires progressing urgently.

5.8 Recruitment and Retention Difficulties

The Panels have been fully briefed in relation to the risks associated with the inability to recruit to key management positions particularly within the FIS teams in the Southern Sector. All Panel members have assured the Trust of their agencies ongoing support as the Trust endeavours to address the issue.

5.9 Provision of Mental Health Services to young people aged 16-18

Both Panels highlighted the need for clear pathways to be developed for young people aged 16-18 years requiring mental health input. The Panels have welcomed the progress being made in relation to this issue through the Improving Quality Together Project.

5.10 Training

Due to staffing difficulties within the Social Services Training Team, there have not been as many opportunities for inter-agency and multi-disciplinary training events compared to previous years. The Panels welcome the recent appointment of new trainers to the team and look forward to participating in and contributing to future events.

5.11 Case Management Reviews

The Panels have been informed of the detail of all recent Case Management Reviews. They acknowledge that the past year has been particularly difficult for all staff following the publication of the Toner Report. While this report has highlighted the need for improvements in service delivery, the Panels have also been appraised of examples of exemplar practice within the Trust. The Panels have recommended that the training

strategy bid should include a designated number of days each year when the messages and lessons learned can be disseminated to all staff in front line services. This is being progressed by the Training Team.

Section 6 Case Management Reviews / Inquiries

6.1 Reviews – Statutory Framework / Functions

Chapter 10 of *Co-Operating to Safeguard Children* (2003) sets out in detail the criteria by which an ACPC should convene a Case Management Review and the procedures and timetable for doing so.

The Western Area Child Protection Committee was involved in the ongoing management / co-ordination of a total of six Case Management Reviews and three Individual Agency Reviews during 2008/09. These created a significant demand on the limited professional resources available to the WACPC during this period. The table below presents a summary of the activity. The ACPC has continued to receive regular updates from the Trust regarding action plans and compliance with recommendations arising from these reviews.

A more detailed account of the activity of the Committee in respect of these reviews is set out in the table on Page 38 of this report.

6.2 Case Management Review Action by ACPC, 2008/2009

One Independent Inquiry was completed during the period 2008/09. The report from that Inquiry was formally presented to the Committee by the Chairperson of the Independent Review, Mr Henry Toner QC at a Special Meeting convened in January 2009.

The report made a total of 63 recommendations, all of which have been addressed through Action Plans approved by the Western Area Child Protection Committee, and have been submitted to the Improving Quality Together (IQT) Project for implementation. Progress on implementation is subject to regular monitoring by the Committee and discussion with DHSSPS.

Final reports from one Case Management Review and two Individual Agency Reviews are still awaited.

These reports, together with others completed in previous years, have been analysed by a sub-group of the WACPC in order to identify and disseminate the key learning and how that learning might be applied within the work setting. The sub-group also considered reports from other reviews which had an impact nationally and which are likely to influence policy initiatives and practice in the coming years. A workshop to facilitate the learning across all relevant agencies within the Western area is scheduled to take place in June 2009.

The following is a summary of the key themes which have identified through this process:

- Reviews document stories of 13 children in the Western area (not including the impact on siblings)
- 6 pre school children (5 under 2 yrs old)
- 5 at Primary School when incident possibly happened
- 2 teenagers
- 11 children died – 1 death preventable
- 1 child on the Child Protection Register
- 1 child Looked After
- 11 children in families in receipt of universal services – outside formal child care system
- 9 referred to Duty and Assessment (now Gateway) but not assessed (unallocated cases)
- 2 not referred to Gateway for assessment
- Majority of parents already profiled in statutory services e.g. Child Care / Mental Health / PSNI – compromised parenting is a major issue
- Alcohol / Substance abuse, Domestic Violence, Mental Health, Maternal Mental Health, child sexual abuse, neglect, self harm are all prevalent factors
- Communication, sharing of information, documentation are essential to achieve the necessary standard of inter-agency communication
- Inter-agency communication underpins effective risk assessment
- Effective care planning within a multi-disciplinary framework facilitates comprehensive assessment and co-ordination of actions / timely responses
- Thresholds for Child Protection intervention need to be clear and understood
- Existing protocols in all professions need to be followed – “*Do The Basics Right*”
- Planning needs to have children at the centre – a “*Through The Eyes Of The Child*”
- Supervision is fundamental to professional objectivity, alertness, personal resilience and professional effectiveness
- Multi-disciplinary training
- Professionals have responsibilities to persevere and challenge
- Unallocated cases carry unacceptable risks
- Quality recording / records management is essential
- Interfaces between services need to be consistently assessed and improved
- Professionals have responsibility to ensure continuity of care and support to vulnerable families and children

Other issues were identified in relation to the process for conducting CMRS which will require to be addressed both regionally and nationally:

- Identifying appropriate Chairs with the required competence and skills;
- Time delays in completing CMRs;
- Application of learning has been slow;
- The volume of CMRs which tend to identify similar themes and issues; and
- The demands placed on the WACPC Chair to complete CMRs within the prescribed timescales.

In June 2008, the DHSSPS commissioned independent research by QUB and NSPCC into the existing CMR arrangements in an effort to develop an alternative model that would help address the key themes and emerging issues. The initial draft

research report was made available in January 2009. The authors concluded that the current criteria for initiating a review were sound however, they made recommendations in respect of the following:

- The SBNI should take the lead in determining the need for and commissioning CMRs,
- Provision should be made for local inquiry, stopping short of a full blown CMR,
- Specialist Chairpersons with relevant knowledge and training should be recruited,
- There is a need for a standardised review format,
- The emphasis needs to be on learning and away from the culture of blame,
- Families need to be involved as a good practice standard,
- The status of the CMR needs to be clarified with the Coroner,
- Timescales need to be monitored, and
- There should be a bi-annual review of the key messages / learning.

WESTERN AREA CHILD PROTECTION COMMITTEE

CASE MANAGEMENT REVIEWS

NAME	Date of Incident	Type of Incident	Date of ACPC decision to instigate CMR/IAR	Date of Initial CMR Panel Meeting	Date of submission of Draft CMR /IAR Report to WACPC Chair	Date CMR/IAR Presented to WACPC for Approval	Date Report forwarded to DHSSPS
A	04/08/2007	Died in house fire	22/08/2007 (CMR)	30/11/2007	31/11/08 (A) 13/02/09 (B) 17/04/09	21/05/2009	Pending
B	23/02/2006	Peri-natal death	26/04/2006 (CMR)	08/09/2006	11/10/2007	30/01/2008	14/02/2008
C	24/02/2004	Sexual abuse whilst adopted	14/12/2005 (CMR)	13/04/2006	25/10/2007	30/01/2008	20/02/2008
D	08/07/2005	Died in unexplained circumstances	19/10/2005 (CMR)	03/03/2006	(A) 28/03/2006 30/09/2006 15/12/2006	(B) 20/06/2007 & 17/12/2007	07/01/2008
E	12/07/2005	Suicide/homicide	14/12/2005 (CMR/Independent Review)	05/05/2006	30/03/2007	27/06/2007	(C) 10/05/2007 (Not ACPC Process)
F	13/11/2007	House fire	12/12/2007 (CMR/Independent Review)	15/01/2008	(E) 01/07/2008	16/01/2009	(E) 01/07/2008
G	02/11/2007	Suicide	12/12/2007 (IAR)	IAR agreed by DHSSPS, instigated on 04/02/2008	(A) 14/10/2008 16/04/09	21/05/2009	15/06/2009
H	16/02/2007	Died in unexplained circumstances (in bed with mother)	21/03/2007 (IAR)	IAR instigated on 21/03/2007	10/07/2007 & 29/11/2007	12/12/2007	17/12/2007
I	27/04/2005	Concerns Re: Neglect/Sexual Activity	18/06/2008 (IAR)	IAR instigated on 10/07/2008	16/04/2009	21/05/2009	15/06/2009

Key:

- (A)** Further changes requested by WACPC Chair
- (B)** Further changes requested by WACPC Chair
- (C)** Date of submission of final report to Boards/Trusts/DHSSPS
- (D)** Date of submission of final report to Boards/Trusts/DHSSPS
- (E)** Date of publication of Independent Review

Section 7 Multi-Agency Working

7.1 NSPCC

7.1.1 NSPCC works on a number of levels within the WHSSB area. These include:

- i) Service Provision
- ii) Partnership Working
- iii) Campaigning / Influencing
- iv) Awareness Raising

7.1.2 Service Provision

NSPCC provides a range of projects within the Western Board / Trust area. These include:

- i) Therapeutic Services for children who have been sexually abused,
- ii) Domestic abuse and recovery service for children who have been impacted on by domestic abuse,
- iii) The Young witness service provides support to young people who have to give evidence in court,
- iv) Schools Counselling for children in a number of schools in the Western area,
- v) Interlink / Insight project provides a service for children who display sexually harmful behaviour,
- vi) Helpline Services which includes free confidential telephone for adults, ChildLine and There4me,
- vii) Special Investigation Service is a regional project which has assisted the Western Board / Trust with investigations into complex cases.

7.1.3 Partnership Working

NSPCC has / had representation on a number of long and short-term fora. These include:

- Western Area Child Protection Committee,
- Child Protection Panel
- WHSCT Reform and Implementation Team Project Board,
- Western Area Child Protection Committee task Group,
- Child Death Review Panel,
- Derry Children's Commission,
- Western Area Children's and Young people's Sub-Group on Domestic Violence
- Western Area Children's and Young People's Sub-Group for children and young people with Emotional, Behavioural, Psychological and Psychiatric needs

- Western Domestic Violence Partnership and its four Sub-Groups (i) Prevention, (ii) Training, (iii) Protection and Justice and (iv) Support

7.1.4 Campaigning / Influencing

NSPCC continues to campaign on issues relating to safeguarding children and has established a Local Influencing Group which ran a campaign in the Derry City Council area which was launched in November 2008.

The Policy and Research Unit has worked extensively on a range of responses to NI government consultations which can be located on the website, http://www.nspcc.org.uk/Inform/policyandpublicaffairs/NorthernIreland/northernireland_wda4862.html

Stop it Now! is a national campaign aimed at raising general awareness of child sexual abuse. There is a part-time co-ordinator based in the Foyle office who has worked closely with statutory, voluntary and community organisations to promote the Stop it Now! message and generally raise awareness.

7.1.5 Awareness Raising

NSPCC staff promote issues related to safeguarding children including media work such as TV / radio interviews and newspaper articles, presentations to students and other professionals and presentations / workshops at conferences, seminars and training events.

7.2 Western Education and Library Board (WELB)

7.2.1 Helpline for Schools and WELB Personnel

The Helpline is facilitated by the Designated Officers and provides advice and guidance to schools and Board personnel in respect of specific queries regarding child protection and general queries regarding child protection systems, policies and procedures.

The requests are diverse in nature ranging from complex child protection matters including incidents of sexual and physical abuse to less serious queries such as one-off incidents of neglect. Between April 2008 and March 2009, the helpline received and responded to **625** calls. This figure does not include follow up calls to other professionals to clarify information/issues on behalf of schools

7.2.2 Child Protection Training

(i) Designated Teachers for Child Protection

- During the period covered by this report, **29** designated teaching staff participated in *Child Protection Awareness Training* (2 day programme designed to include legislation, policies and procedures, signs and symptoms of abuse, responding to a disclosure and referring to Social Services)

- **78** designated teaching staff participated in *UNOCINI Training*(Common Assessment framework for assessing the needs of children, implemented since April 2007 – schools are currently using it as the basis for referrals to Social Services and as a tool to identify needs and risks in those cases where there are concerns but not sufficiently so to warrant referral to statutory services)

(ii) Beginning Teachers Training

During the reporting period **49** new teachers have been trained as part of their induction programme in conjunction with the Curriculum Advisory Support Service (CASS).

(iii) Board of Governors

- *Strand 2* – The focus of Strand 2 training is in-depth child protection training for Chairs and specific Governors delegated to take the lead role in child protection matters so they can assist the full Board with their Child Protection governance. **122** Governors attended this training representing **93** schools
- *Strand 3* – This training incorporates recruitment, selection and vetting in relation to child protection legislation and DE guidance for Governors who will be sitting on interview or teaching appointment panels. This programme is facilitated by Human Resources.

(iv) WELB Support Services

A range of WELB support services personnel received basic child protection training during the reporting period April 2008-March 2009.

(v) Additional Support to Schools

- Advice to schools in completion of child protection risk assessments and risk management plans
- Advice to Human Resources in respect of child protection issues arising out of vetting procedures
- Reviews/updates of School Child Protection Policies and Procedures ensuring they are aligned with DE guidance and best practice

7.3 Probation Board for Northern Ireland (PBNI)

7.3.1 PBNI is committed to Child Protection Policy and Procedures particularly where PBNI’s responsibility for risk management of offenders brings PBNI staff in contact with concern about risk to children.

7.3.2 All PBNI staff continue to be trained in PBNI’s Child Protection Policy & Procedures, including the induction of new Probation staff.

7.3.3 New public protection arrangements were set up on 6 October 2008, when the Secretary of State issued guidance to agencies under provisions in the Criminal Justice (NI) Order 2008. The new multi-agency arrangements – previously known as MASRAM – have been given statutory force and form part of the overall drive to give the community added confidence that the system is determined to tackle the risk from convicted serious sexual and violent offenders, and from others who may pose a risk and are in the process of being reported with a view to prosecution.

7.3.4 The new arrangement, known as Public Protection Arrangements Northern Ireland (PPANI), provide a multi-agency framework to which all relevant agencies have signed up and are now statutorily bound to work together in the interest of protecting the community from the risks posed by dangerous offenders.

7.3.5 The extension of the arrangements to violent offenders will initially target the risks posed by violent offences against children or vulnerable adults before extending to violence in domestic or family circumstances and violence motivated by hate.

7.3.6 The arrangements have also been extended to cover potentially dangerous persons (PDPs). These are persons who have been interviewed by police for an alleged or suspected sexual offence against a child or a serious sexual offence on an adult and who are in the process of being reported. They also include from October 2008 persons who have been interviewed by police for an alleged or suspected violent offence (including homicide) against a child or vulnerable adult and who are in the process of being reported with a view to prosecution.

7.3.7 The arrangements have four core functions:

- identification of relevant offenders/PDPs (Potentially Dangerous Persons)
- the sharing of relevant information among agencies
- the assessment of risk
- the management of risk

7.3.8 PPANI will complement the introduction of the new sentencing framework, particularly the public protection sentences for those who pose a risk of serious harm to the public.

7.3.9 Young People (below 18 years) will be subject to PPANI if they are PDPs or convicted of the qualifying offence i.e. sex offences or those violent offences set out above. However, the threshold for including young people is high and it is not anticipated that the numbers will be significant.

7.3.10 The new arrangements have also reviewed upwards the risk thresholds for all the categories, especially in relation to category 2 and 3. The objectives of this revision are to focus resources on those who pose the most risk.

7.3.11 The new arrangements have established a centralised Public Protection Team for the whole region of Northern Ireland. The team holds management responsibility for all category 3 offenders.

7.3.12 PBNI through its contribution to PPANI and through its own single agency management of sex offenders contributes to the protection of children through effective risk management plans. PBNI continues to chair the Local Area Public Protection Panels which basically are the local face of PPANI in Trust areas. In the context of the Western ACPC area, this specially includes the Area Committees for Derry, Omagh and Fermanagh.

7.3.13 PBNI staff continue to act as designated Risk Managers to the PPANI process in all cases where PBNI has statutory supervision of offenders and this role regularly involves liaison with other agencies, principally Social Services, in relation to child protection matters.

7.3.14 Finally, PBNI continues to run the Men Overcoming Domestic Violence Programme. Women's Aid and the PBNI are key partners in this programme. The current programme which had 14 adjudicated offenders commenced in November 2008 and is due to finish in May 2009, 11 participants will complete the programme. PBNI also run the Community Sex Offenders Group Work Programme. A programme commenced in December 2008 and finished in March 2009 with 7 out of 8 referrals completing.

7.3.15 Both these programmes have the aim of reducing the risk of re-offending and therefore protecting children.

7.4 Nursing

7.4.1 Leadership, Strategy & Planning, & Accountability

(i) Inspection by the Regulation and Quality Improvement Authority (RQIA)

An inspection by RQIA into the Trust's child protection arrangements is currently ongoing. To date both Health Visiting and School Nursing child protection files have been inspected

(ii) DHSSPS Reform Implementation Project (Nursing Pilot)

Progress in relation to this project has been as follows:

- The regional Safeguarding Supervision Pilot is now underway across all Trusts in Northern Ireland. The pilot which included Health Visitors, School Nursing, Child Protection Nurse Advisor's (CPNA's) and one Lead Nurse (Public Health) has just completed in the Western Trust area.
- FHNA/UNOCINI – Work in progress.
- Caseload Weighting – Workshop held in March 2009.

(iii) DHSS&PS Laming Re-Audit

The Medical / Nursing / Social Services response to the Laming Re-Audit has been completed.

(iv) ACPC Policy & Procedures

Amendments to ACPC Policy & Procedures have been disseminated to all directorates across the Trust.

Trusts have also been asked to adopt the Regional Intimate Care Policy and Sexual Health Protocol. This work is currently in progress

(v) Improving Quality Together - Acute / Community Task Group

The Acute / Community Task Group Task Group, part of the Improving Quality Together Project was stood down in September 2008 due to other pressing commitments linked to the RQIA inspection of child protection arrangements. The Task Group will resume in June 2009.

Outcomes thus far include:

- Health specific recommendations from SSI Overview Report (2006) have been worked through and the Western Trust was compliant in many areas. Of those that were non-compliant or partially compliant, Actions plans have been agreed and have been fed into the Trust's overall Implementation Plan.
- The Western Trust's *Safeguarding Protocol for Health Care staff and Admission/Discharge Protocol* has been updated and harmonised and is currently waiting Directorate approval for dissemination.

The focus of this group's work will continue and also include recommendations from other Case Management Reviews.

(vi) Mental Health & Learning Disability Interface Task Group:

Work is in progress to develop and strengthen the interface between child protection and mental health / learning disability services. An operational policy document is being developed for staff working in the mental health / learning disability Directorate

(vii) CAMHS / Acute Services Pathway

Work is in progress to develop an A&E / Mental Health / Self Harm Pathway

7.4.2 Clinical & Social Care Effectiveness, Audit and Research

Audits were undertaken as follows:

- Files on growth monitoring of children with Down's Syndrome (Northern Sector)

- Health Visiting case files as part of the regional FHNA/UNOCINI pilot
- Child Protection Communication (Southern Sector)

7.4.3 Risk Management

High numbers of unallocated cases are impacting on Health Visiting Services and Health Visitors are carrying increasing numbers of high-risk cases of vulnerable families that should have statutory social work input. This is inappropriate and needs to be addressed.

School Nursing Services are unable to offer Enhanced Service Provision for 'Looked After' children. Within current provision, 'Looked After' children receive routine school nursing service and are 'fast tracked' for school nurse led clinics.

A Child Protection Nurse Advisor vacancy within Altnagelvin since June 2007 has resulted in increased pressures on the CPNA service (Northern Sector). Contact / child protection support is requested mainly from Acute / Maternity services.

Safeguarding supervision is not available for Acute Services, Midwifery or Mental Health. Currently only an "open door" service is available.

Mandatory induction training on child protection is currently not available for acute services (northern sector). Training in this area is severely restricted due to vacancies within the Social Services Training Team including the post of ACPC Trainer.

7.4.4 Education & Training

Work is in progress regionally in relation to E Learning child protection induction for nurses. An annual Child Protection Induction training programme is provided for all new community nursing staff by CPNA's.

An inter-agency training strategy is required across the Trust for Safeguarding / Child Protection. Some progress is being made in this area through the Improving Quality Together Training Task group. There is also the need for inter-agency training across the Trust to disseminate lessons learned from Case Management Reviews although plans by the WACPC to address this issue are already well underway.

7.4.5 Recruitment

A Named Nurse (Safeguarding) will be appointed in May 2009 with Trust wide responsibility for Nurses in their Safeguarding / Child Protection remit.

Recruitment is underway to appoint:

- 1 WTE Safeguarding Nurse Advisor to replace existing permanent post (northern sector)

- 1 WTE Safeguarding Nurse Advisor to a previous temporary post (southern sector)

The title Safeguarding Nurse Advisors will replace the old title of Child Protection Nurse Advisors

7.4.6 Gaps & Service Issues

The following gaps, along with the associated risks, have been identified within the service:

- Increased numbers of unallocated cases within Social Services Family Intervention Teams are having a “knock on” effect on the Health Visiting and CPNA Service
- The absence of safeguarding supervision for Acute Services, Midwifery & Mental Health Services is unsatisfactory
- An inter-agency training strategy is required in order to meet mandatory training requirements
- Child Protection Awareness Training is required for the Acute & Mental Health Services
- There are increasing numbers of requests from other agencies / professionals e.g. Dental Services, Allied Health Professionals, Nursery Nurses and Residential Child Care staff for training in Child Protection

7.5 Police Service Northern Ireland (PSNI)

The Police Service has re-organised and restructured their approach in relation to the way they deal with child abuse and sexual offences.

On 31st March 2008, new Public Protection Units (PPUs) were set up in each Policing District area under the control of the District Commander. These Units have the remit of Domestic Abuse, Child Abuse, Missing and Vulnerable Persons and the Management of Sexual and Violent Offenders. New Rape Crime Units have also been set up within Northern Ireland, based in Belfast, Maydown and Mahon Road (Portadown). These Units are now responsible for the investigation of “adult rapes” and “stranger rapes” and still remain the control of Crime Operations Department.

In the Omagh and Fermanagh district, the Child Abuse Investigation Unit (CAIU) received a total of 314 referrals between 1st April 2008 and 31st March 2009. Out of these 314 referrals, 77 prosecution files were submitted to the Public Prosecution Service.

In G District (Foyle, Limavady and Strabane), over the same period, there were 339 referrals of which 107 were referred to the PPS.

The breakdown of files sent to the PPS for these 2 areas is as follows:-

	Sexual Abuse Files	Physical Abuse Files	TOTAL
Fermanagh	42	10	52
Omagh	19	6	25
Sub-total F District	61	16	77
Foyle	46	12	58
Limavady	22	7	29
Strabane	15	5	20
Sub-total G District	83	24	107
Overall Total	144	40	184

Section 8 WACPC Business Plan 2009 / 2010

It was anticipated that the SBNI would have been fully operational by 1st April 2009, in which case, the work of the WACPC would have transferred to the new body. However, delays in the process, already referred to elsewhere within this report, will mean that for an interim period, ACPCs will continue to function. Changes in organizational structures and personnel arising from the Review of Public Administration are also expected to impact on the Committee. This Business Plan is based on the WACPC continuing to fulfill its duties under *Co-Operating to Safeguard Children* and the premise that the SBNI will commence operations by Autumn 2009.

Key Result Area	Associated Objectives	How Measured	Current Position	Activity Plan 2009/10	Resourcing
1. Transition to Safeguarding Board (NI)	1.1 Ensure that the core business of the ACPC continues throughout the transition period	Regular update meetings (bi-monthly) Reports from Panels (bi-monthly) Reports on CMR / IAR progress / implementation (bi-monthly) Risk Monitoring Reports (bi-monthly)		ACPC to co-ordinate transition arrangements Completion of 2009/10 Annual Report	

	1.2 Complete the safe and effective change to the new SBNI within timeframe	Transition Report completed and forwarded to chair SBNI			
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Key Result Area	Associated Objectives	How Measured	Current Position	Activity Plan 2009/10	Resourcing
2. Practice Quality Standards	2.1 Demonstrate evidence of improved practice standards	Ongoing review of implementation of recommendations (Action Plans) from SSI Inspections, CMRs and IARs Implementation of Audit programme	Action Plans being taken forward through IQT Project (Task Groups) Audit programme ongoing within Trust and other agencies represented on WACPC	IQT Project Team to drive implementation ACPC to receive regular updates on progress / implementation Workshops to disseminate learning from CMRs Review and develop WACPC Audit programme	Provided by WHSCT / HSCB (70k) No recurrent resource available

Key Result Area	Associated Objectives	How Measured	Current Position	Activity Plan 2009/10	Resourcing
3. Regional Policy and Procedures	3.1 To have updated Regional Policy and Procedures and	Regional Policies and Procedures signed off by 4 ACPCs	Work ongoing	WACPC to approve proposed changes	

Key Result Area	Associated Objectives	How Measured	Current Position	Activity Plan 2009/10	Resourcing
Reform Implementation Process	<p>4.1 To implement key aspects of the Reform Implementation Process</p> <ul style="list-style-type: none"> • Gateway • UNOCINI • Threshold Model 	<p>Monitor key Gateway trends</p> <ul style="list-style-type: none"> • unallocated cases • urgent referrals • UNOCINI Assessments • 24 hour response • advice and resolution <p>Review multi-agency feedback</p>	<p>Risk Monitoring in place</p> <p>Audit programme in place in Gateway</p> <p>No regional position for benchmarking UNOCINI</p>	<p>ACPC to review Risk Monitoring data in Gateway</p> <p>ACPC to seek regular multi-disciplinary feedback on UNOCINI</p> <p>ACPC to press for regional position for benchmarking UNOCINI</p>	

The Role of the ACPC

The role of the ACPC is to develop a strategic approach to child protection within the overall children's services planning process. Its specific responsibilities, roles and functions are set out in Chapter 4 of *Co-operating to Safeguard Children* which are as follows:

- (i) to develop, agree and review policies and procedures for inter-agency work to protect children within the framework provided by the guidance,
- (ii) to improve outcomes for children by setting objectives, performance indicators and establishing the appropriate thresholds for intervention taking account of the multi-professional/agency contribution to child protection,
- (iii) to ensure that equality of opportunity is central to the development of child protection policies and procedures and to guarantee that an equality perspective is incorporated in child protection policy at all levels and all stages,
- (iv) to put in place and implement a strategy, in conjunction with Child Protection Panels (CPPs), for developing effective working relationships between services, professional and community groups with the aim of safeguarding and promoting the welfare of children who are at risk of significant harm,
- (v) to communicate clearly to individual services and professional groups their shared responsibility for protecting children, and to explain how that responsibility can be fulfilled,
- (vi) to bring to the attention of Board members within Health and Social Services Boards and Trusts their responsibilities for child protection issues and developments in the area of how the ACPC Business Plan will address these,
- (vii) to monitor and evaluate on a regular and continuing basis how well services work together to protect children and ensure that a specific report on outcomes are conveyed to Boards, Trusts, constituent agencies of ACPC and professional groups,
- (viii) to develop an inter-agency/inter-disciplinary training and development strategy with the aim of improving the quality of child protection work and of inter-agency/inter-disciplinary working having identified the training needs of those involved in child protection work in the area. The strategy should take account of how training partnerships with CPPs can be developed,
- (ix) to ensure that there is a link between ACPCs and the Northern Ireland Sex Offender Strategic Management Committee,
- (x) to develop a public communication strategy and ensure its implementation in conjunction with CPPs, to raise awareness within the wider community of the

need to safeguard children and to highlight the contribution that communities can make,

- (xi) to develop an information strategy aimed at children and families to enable them to understand the child protection processes, particularly those involved in them,
- (xii) to undertake Case Management Reviews in accordance with Chapter 10 of Co-operating to Safeguard Children and to make sure that the lessons learned are clearly communicated, understood and actioned, that the review outcomes inform practice and that there is a process in place to measure practice improvements,
- (xiii) to continually review local ways of working, taking account of knowledge gained through research and national and local experience to bring about child protection service improvements through the children's service planning process,
- (xiv) to work collaboratively with other ACPCs where appropriate.

WACPC Membership

Mr Eamon McTernan, Director Children's Services, WHSSB (Chair)

Mr Tom Cassidy, Assistant Director, WHSCT

Ms Loretta Crumlish, Child Protection Nurse Adviser, WHSCT

Mr Colm Elliott, Area Children's Services Manager, NSPCC

Mr Tony McGonigle, Chief Education Welfare Officer, WELB

Ms Suzanne Mahon, Head of Service, Gateway and Family Intervention Service, WHSCT

Dr Sandi Hutton, Consultant Community Paediatrician, WHSCT

Dr Erin Knowles, Consultant Community Paediatrician, WHSCT (temporary replacement for Dr Hutton from February 2009)

Mrs Deirdre McGrenaghan, Head of Service, WHSCT

Mrs Siobhan McIntyre, Service Planner, Maternal and Child Health, WHSSB

DI Brian Foster, Care Unit, PSNI

DI Tara Nicholl, Care Unit, PSNI

Mr Terry Doherty, Area manager, PBNI (until December 2008)

Mr John O'Kane, Area Manager PBNI (from October 2008)

Mrs Claire McGartland, AHP Commissioner, WHSSB

Ms Grainne Keane, Youth Justice Agency (until December 2008)

Mr Peter Quinn, Youth Justice Agency (from February 2009)

Ms Kathryn Minnis, Legal Advisor, Central Services Agency

Ms A Randall, CPNA, WHSCT

Mr Seamus McErlean, Project Officer, WHSSB (from September 2008)

Attempts to recruit a coordinator to the ACPC proved unsuccessful however, Mr Seamus McErlean transferred from RQIA to the Board to assist with elements of this role and related projects on a temporary basis from September 2008. The ACPC has been without the support of a dedicated Children's Order Trainer (Social Services

Training Team) for some time and this absence has been highlighted in previous annual reports. It can only be hoped that the lack of this much needed resource will be satisfactorily addressed within the new SBNI arrangements.

Audit Activity in the Western Area

Completed Activity

Re-audit of Postponed Child Protection Case Conferences and Looked After Children Reviews in Northern Sector of WHSCT (April - September 2007)

Re-audit of Use of Becoming Looked After Form

Audit of Family Group Conferencing – (UU Student / Trust staff)

Audit of Attendance at Child Protection Case Conferences (Northern Sector)
(June 2007 – May 2008)

NSPCC – Baby P Practice Issues – Audit of Policies and Procedures and Identifying Areas for Development

Files on Growth Monitoring of Children with Down's Syndrome (Northern Sector)

Health Visiting Case Files as part of the Regional FHNA/UNOCINI Pilot

Child Protection Communication (Southern Sector)

Audit of Managing Attendance at Work

Audit of Predominance of Alcohol / Substance Misuse and Domestic Violence in Current Cases and Training Needs Analysis

Consumer Feedback Audit Gateway Service (Northern Sector) 2008

Audit of the Effectiveness of the Advice and Resolution Service and the Consistency of the Application of Significant Harm Thresholds (Northern Sector)

Ongoing

Care Leavers Audit (Southern Sector)

Pre-birth Case Conferences

Reasons for Annual Reviews Outstanding for Approved Foster Carers

School Refusers in Residential Care

Audit / Review of Cases in Family Intervention Service (Omagh)

Planned Audits

Re-Audit of Decision Making and Outcomes at the Trust's Children's Resource Panel (Autumn 2009)

Re-Audit of Postponed Case Conferences and Looked After Reviews (Spring 2010)

Re-Audit of Attendance at Child Protection Case Conferences (January / February 2010)

Re-Audit of Consumer Feedback IN Gateway Service – Trust Wide (March 2010)

Audit of Compliance with Joint Protocol Policy and Procedures

Staff Supervision – Child Protection Nurse Advisors