



**Annual Report**  
for the period to 31 March 2015

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# Safeguarding Board Independent Chair's Report

Welcome to the second Annual Report of the Safeguarding Board for Northern Ireland.

The Safeguarding Board for Northern Ireland (SBNI) was established by the Department of Health, Social Services and Public Safety (DHSSPS) in 2012, in recognition of the fact that children are better protected when agencies work in a coordinated and consistent way. In recognition of this, Board members are senior representatives of a wide range of statutory and voluntary agencies and have the authority to make decisions on their behalf.

The SBNI is the over-arching arrangement for agreeing how children's agencies will co-operate to safeguard and promote the welfare of children in Northern Ireland and for ensuring the effectiveness of those agencies.

The SBNI was chaired, until October 2014, by my predecessor Hugh Connor whose contribution to the Board is recognised and appreciated. I was appointed as the Interim Independent Chair of the Board in January 2015 and my appointment will continue until an external review of the Board, being undertaken by Professor Alexis Jay, is completed.

This Annual Report evaluates the effectiveness of safeguarding arrangements for children in Northern Ireland and sets out how the Board's work will be developed and strengthened in the coming year. It is drawn from a wide range of sources and demonstrates a high degree of multi-agency co-operation and collaboration. It aims to:

- Recognise achievements and progress made as well as identifying challenges.
- Demonstrate the extent to which the functions of the SBNI are being effectively discharged.
- Include an account of progress made in implementing actions from Case Management Reviews.

During the past year, child abuse headlines and court cases have been constantly in the national news. There have been a series of announcements about Government-led enquiries to look at what is called 'historical child abuse' and other reports are still being considered.

The message is clear, levels of public concern are high and everyone involved in safeguarding and protecting children needs to improve their practice and in particular to listen to what children say. That is not to say that services are failing, indeed the deaths of children who die as the result of abuse has fallen dramatically, due to effective inter-agency practice. However, challenges remain and have increased, as different forms of abuse are better understood. These include neglect, which although an issue for many years has again returned as we understand better the impact on children's intellectual, psychological and physical development and the need to identify and support families at an early stage.

The challenge of safeguarding children from internet abuse and other forms of social media is on-going as it develops very quickly and changes its form, developing a Northern Ireland-wide E-safety strategy is a key priority for our work in the forthcoming year.

The other issue that has achieved national significance is that of child sexual exploitation. In 2014 Kathleen Marshall completed her report of the 'Independent Inquiry into Child Sexual Exploitation in Northern Ireland'. Professor Marshall said: "Child sexual exploitation is not new, but it has become a more significant threat to a greater number of children and young people with ready access to the internet. While it is difficult to assess the extent of child sexual exploitation, the indications are that it is widespread and growing. It is not restricted to children in care."

The Inquiry made a number of recommendations, some of which were directed at the SBNI and addressing these has been, and remains, a key priority. Following the appointment of the Inquiry the SBNI received a Ministerial Direction to undertake a review of a number of individual children; this has been a significant part of the Board's work and has had an impact on its ability to make progress on its plans.

Locally we have identified, through our Case Management Reviews, the potential risks to children of sleeping with their parents or carers and of the need to always consider that bruises to babies who are too young to move, may be the result of non-accidental injury. We will be raising public and professional awareness of these risks in the next year.



This Annual Report is mainly about our activities and the progress we have made, though I am also aware of what we need to do better. This includes evidencing that the Board is effective in having an over-sight of the performance of all agencies and also evidencing that the work of the Board makes a difference.

Professionals and volunteers work extremely hard to support children, we are indebted to their commitment, efforts and willingness to “go the extra mile”; I would like to record my thanks for their continued focus and energy on reducing harm to the children and young people of Northern Ireland.

I would also like to extend my sincere thanks to all SBNI members and the team under the leadership of the Director of Operations, who have made me so welcome and assisted my developing understanding in a new environment.

I hope you will find this report interesting and informative.

**Glenys Johnston (Mrs) OBE**

Interim Independent Chair, Safeguarding Board for Northern Ireland

## Our Vision

‘Leading and working together to make children in Northern Ireland safer’

## Our Values

- Child centered/focused (take children’s views into account);
- Promoting a culture of shared learning and continuous improvement;
- Mutual trust and respect for all;
- Recognising expertise/empowering professionals;
- Collective responsibility
- Mutual accountability
- Collaborative decision making and delivery;
- Evidence informed practice.
- Commitment to quality and achieving effectiveness (striving for professional excellence);
- Supportive environment;
- Recognising that safeguarding is the business of all by working with families and communities to safeguard children.

# 1. Context and Structure

## 1.1 Introduction

This report of the work of the Safeguarding Board for Northern Ireland (SBNI) meets the requirements under Section 6 of the Safeguarding Board (Northern Ireland) Act 2011 to produce an annual report which will be laid in the Northern Ireland Assembly by its sponsor branch, the Department of Health, Social Services and Public Safety for NI (DHSSPS). The SBNI annual report sets out the work of the SBNI and delivery against its strategic and annual business plans for the financial year April 2014 to March 2015.

SBNI is a multi-agency partnership with the shared responsibility to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the SBNI Board for the purpose of safeguarding and promoting the welfare of children and young people.

The term 'safeguarding' is used in its widest sense, that is, to encompass both prevention and protection activity. Safeguarding children is the process of preventing the impairment of children's health and development, ensuring they grow up safely and securely and are provided with effective care, all of which collectively enables them to attain greater success in adulthood.

Safeguarding also includes protecting children from abuse or neglect, when it occurs, including the promotion and protection of children's rights

## 1.2 What does the Safeguarding Board do?

Section 3 of the Safeguarding Board Act (Northern Ireland) 2011 outlines the key functions of the SBNI. In summary, the role of the SBNI is to:

- Develop policies and procedures for safeguarding and promoting the welfare of children and young people;
- Promote an awareness of the need to safeguard and promote the welfare of children;
- Keep under review the effectiveness of what is done by each person or body represented on the SBNI to safeguarding and promote the welfare of children and young people;
- Undertake Case Management Reviews (CMRs), in order to learn lessons in cases where children or young people have died or have been significantly harmed and there has been multi-agency involvement;
- Review information in relation to the sudden and unexpected deaths of children and young people (not yet enacted);
- Promote communication between the SBNI and children and young people

## 1.3 SBNI Board

### 1.3.1 Key Roles

The Interim Independent Safeguarding Board Chair is Glenys Johnston OBE who replaced the previous Chair in January 2015. On a day to day basis the work of the SBNI is supported by the SBNI staff which includes, a Director of Operations, two Professional Officers, an Office Manager, a Research and Policy Officer and four Administrative staff. The Independent Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

### 1.3.2 Board Membership

The membership of the SBNI is made up of representatives from the Health and Social Care Trusts; Health and Social Care Board; the Public Health Agency; Probation Board; the Police Service of Northern Ireland; Education and Library Boards; District Councils; Youth Justice Agency; Lay members and independent, voluntary representation from the NSPCC; Barnardo's NI; Action for Children; Include Youth; The Children's Law Centre and Children in Northern Ireland.

Member agencies were cited in the Safeguarding Board Act (NI) 2011, because of their duty and capacity to safeguard and promote children's welfare in the context of the services which they currently provide.

Attendance at the SBNI main Board meetings has averaged 73% (Appendix 4). All members of the SBNI Board have signed a member's agreement that outlines how they will provide good leadership and governance by:

- Understanding SBNI's role;
- Ensuring delivery of organisational purpose;
- Working effectively both as individuals and teams;
- Exercising effective control;
- Behaving with integrity;
- Agreeing protocols for the handling of confidential material; and
- Being open and accountable.

Progressing the business plan of the SBNI is heavily reliant on the contributions of staff from all member agencies, other partnerships and agencies involved in



the safeguarding of children and young people in NI. This work is largely undertaken through a number of committees and task groups. The commitment shown by agencies and their staff is testament to the priority the work of SBNI is given and the shared intent across the partnership to improve multi-agency working, services and outcomes for children and young people. All established committees and task groups have met on a regular basis through the year to monitor and progress their responsibilities within the Business Plan. Summaries of work undertaken and decisions made by the committees are provided to the SBNI Board.

The statutory committees of the SBNI include:

- Five Safeguarding Panels;
- Case Management Review Panel; and
- Child Death Overview Panel (to be enacted)

Other non-statutory committees of the SBNI include:

- Policy and Procedures Committee; and
- Education and Training Committee;

### **1.3.3 Safeguarding Panels**

There are five Safeguarding Panels (Panels) located within the geographical area of the five Health and Social Care Trusts. Panels are multi-agency and multidisciplinary and are intended to deliver the strategic aims of the SBNI at a local level. The Panels are chaired by two Independent Panel Chairs who report directly to the SBNI Independent Chair. The work of the Safeguarding Panels is outlined in Section 3.1.

## **1.4 The Northern Ireland Context**

Northern Ireland occupies the north-east of the island of Ireland, sharing a border with the Republic of Ireland (Eire); is made up of six counties and forms part of the province of Ulster. It covers 13,600 square kilometres (sq km) and covers 6% of the total area of the UK. The Belfast metropolitan area dominates in population terms, with over a third of the inhabitants of Northern Ireland. In mid-2012, Northern Ireland's population density was 134 people per sq km, the second lowest density when compared to other UK countries.

Northern Ireland was responsible for 2% of the UK's economic output (gross value added or GVA), the lowest share of all the English regions and countries of the UK in 2011, compared with Wales (4%) and Scotland (8%). The rate of business creation in Northern Ireland was 6.5% in 2011, the lowest rate of the UK countries and English regions, compared with 11.2% for the UK.

In the 2011 census, the population of Northern Ireland was reported to be 1,810,863. Of these figures, there are 430,763 children and young people aged 0 – 17, equating to 24% of the total resident population. Of this population 6% are less than 1; 23% are aged 1-4; 36% aged 5-11; 23% aged 12-15 and 12% aged 16-17.

In 2012/13 there were approximately 368,000 people (20% of the population) in absolute poverty before housing costs. In the same period there were approximately 96,000 children (22%) in absolute poverty.

All policy relevant to children in Northern Ireland (NI) falls under the Children (Northern Ireland) Order (1995) which lays the foundations for all those who work with or care for children and young people. Underpinning the Order is the United Nations Convention on the Rights of the Child (UNCRC), the European Convention on Human Rights (ECHR) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

The UNCRC is an international agreement on the rights of children. It sets out the basic rights to which all children are entitled, in all areas of their lives. In 1991 the UK Government ratified the Convention, thereby committing itself to promotion of children's rights, through the provision of services, as well as other means.

There are four guiding principles of the UNCRC:

- Non-discrimination, (Article 2)
- The best interests of the child (Article 3)
- Respect for the child's view and their right to participate and for their view to be given due weight (Article 12)
- The child's right to life, survival and development (Article 6).

Taken together, these principles form the corner-stones of the Convention, which provides a set of minimum standards for children's civil, political, economic and cultural rights.



#### **1.4.1 To uphold the principles of the UNCRC and support Member Agencies in their work to remove the defence of reasonable punishment**

SBNI members support Article 37 of the UNCRC which requires states to ensure that 'no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment' which is complemented by Article 19 of the Convention. SBNI support the general comment of the UNCRC that corporal punishment and other cruel or degrading forms of punishment are forms of violence and have agreed to work towards the removal of the defence of "reasonable punishment". The aim is to give children in their homes and in all other settings, equal protection under the law on assault. Over the last reporting period SBNI worked with Children in Northern Ireland (CiNI) and the Children are Unbeatable (CAU) Alliance – an alliance of children, healthcare and human rights organisations which are committed to CAU's two aims, which are: to seek legal reform to protect children and young people from all forms of physical punishment, and to promote positive parenting methods as an alternative to physical punishment.

The SBNI, Children in Northern Ireland (CiNI), Parenting NI and the Office of the Children's Commissioner hosted an evening chaired by SBNI Vice Chair Ms Carmel McKinney OBE to offer parents and childcare practitioner's advice and guidance on 'Positive Parenting'. The key note speech was delivered by Dr



Penelope Leach, one of the world's leading parenting experts, who has worked with children and families for more than 25 years. Her work aims to bridge the gulf between theory and family reality and this approach is particularly beneficial to parents who are seeking positive parenting suggestions to real family situations. The event also provided the opportunity to launch work created by young people in Armagh and Belfast who developed positive parenting methods through a range of digital visual formats.

## **1.5 SBNI Strategic Plan**

The SBNI was required to produce a strategic plan from September 2013 to March 2017 which was the focus of consultation with children and young people and the public. From this the SBNI developed its annual business plan for September 2015 to March 2016.

During the development of the strategic and business plans, the SBNI realised that they could not target all the issues affecting the safety and wellbeing of children and recognised that priorities had to be agreed.

These priorities were made on the basis of feedback from:

- Consultation with young people which was arranged for the SBNI by member agencies;
- Practitioners;
- Member Agencies;
- SBNI's strategic responsibilities;
- Lessons from research;
- Lessons from Case Management Reviews; and
- The SBNI Board's determination to avoid duplication by not undertaking tasks on which others were leading.

To avoid the latter, the SBNI undertook a joint exercise with the Children and Young People's Partnership (CYPSP) to consider the current thematic priorities for the CYPSP and SBNI. Using this exercise as a filter was the first step in the process of identifying priorities.



The key strategic priorities for the SBNI for 2013 to 2017 are to:

- work in partnership to ensure children and young people are living in safety and with stability;
- protect and safeguard children by responding to new and emerging concerns;
- provide leadership and set direction;
- drive improvements in the child protection system; and
- build the capacity of the Safeguarding Board in the medium term.

Given the SBNI's core objectives of "ensuring and co-ordinating the effectiveness of what is done by member agencies to safeguard and promote the wellbeing of children in NI", the SBNI plays a number of roles including monitoring, evaluating, challenging, driving change, and leading in relation to its core functions. This means that even if some themes were not issues that the SBNI would seek to directly address, it could still take steps to ensure, through the work of others, that progress was being made in protecting children.

An example of this includes children who are living in circumstances where there is concern about:

- Domestic Violence;
- Parental mental health problems; or
- Parental alcohol and drugs problems

Significant service developments in these areas are currently being taken forward by the Public Health Agency (PHA), CYPSP, DHSSPS, Department of Justice and HSCB in its commissioning role.

Each strategic priority is featured in the SBNI Business Plan which details the specific objectives, and how these would lead to improved outcomes for children and young people. Each objective has been assigned to a specific committee or task group which is responsible for its delivery. The key strategic priorities are closely aligned with the statutory duties placed on the SBNI. The strategy takes account of the continuum of service provision in respect of safeguarding and includes prevention, early intervention and child protection procedures.

## **1.6 SBNI Business Plan**

The SBNI Business Plan is divided into five sections in accordance with the corporate objectives outlined in the Strategic Plan for the years 2013 – 2017. Progress against the business plan is regularly monitored.

## 2. Statutory Functions of the Safeguarding Board

### 2.1 Develop policies and procedures for safeguarding and promoting the welfare of children and young people

The Policy and Procedures Committee (PPC) is Chaired by a Director of a Health and Social Care Trust and supported by a Professional Officer of the SBNI. The Committee has comprehensive, multi-agency membership from the statutory, voluntary and community sector including representation from those involved with disabled children and black, minority and ethnic (BME) communities. The PPC Terms of Reference are to 'enhance the safety and welfare of children and young people by developing and revising multi-agency Child Protection and Safeguarding Policies and Procedures'. PPC Members have substantially supported the Committee by their attendance and work through "task and finish" groups to develop and review policies and procedures.

During the period under review, the PPC has worked to complete objectives identified in the SBNI Business Plan and Committee Work Plan:

- Child Sexual Exploitation - the Committee has produced a policy and procedure for staff in all of the key safeguarding agencies so that staff have clear guidance on what to do when they identify a child or young person at risk of, or experiencing CSE. This was approved for consultation by the SBNI in March 2015;
- Bruising and marks on non-mobile babies - a 'task and finish' group has been established and the group are working to produce guidance for staff in this area. A multidisciplinary and multi-agency approach is vital to delivering regional improvements in the recognition of abusive trauma in infancy; the SBNI is developing a multi-professional team to agree and roll out a regional policy and protocol on the identification, referral, assessment and management of bruising in pre-mobile infants.
- The development of an information sharing agreement - the Committee has produced an information sharing agreement for staff so that they have clear guidance on the sharing of information in relation to child protection and safeguarding. This was approved for consultation by the SBNI in March 2015;
- Review of Policy and Procedures identified by professional staff as in need of improvement. Each Safeguarding Panel was asked to consult with practitioners through their planned Engagement Forums to identify priorities for development.

- The Committee Chair and Professional Officer have maintained close links with officials at the DHSSPSNI as they begin consultation on the review of “Co-Operating to Safeguard Children”; this resulted in two joint meetings between the Committee and the Policy Development Team at DHSSPSNI during the pre-consultation phase. This engagement helped to ensure that the developing policy was shaped and influenced directly by senior practitioners who are responsible for the delivery of safe and effective child protection and safeguarding services.
- A scoping exercise has been undertaken on the extant ACPC Regional Child Protection Procedures (April 2005) to identify the gaps in policy and procedure and what needs to be updated.
- Work has been undertaken on the development of an electronic- based platform for Policies and Procedures.

In 2015-2016 the PP Committee will address gaps in policies and procedures and update those that are necessary. The implications for policies and procedures arising from the revision of Cooperating to Safeguard Children 2003 will also be addressed.

## **2.2 Promote an awareness of the need to safeguard and promote the welfare of children**

The external communications activities of the SBNI during 2014-2015 involved media relations, public awareness campaigning; and the development of online channels.

Media relation activities included monitoring the media landscape likely to impact on the SBNI with a high proportion of interest and coverage focussed around Child Sexual Exploitation (CSE) and e-Safety. This activity served to inform SBNI on events likely to have an impact on their role in delivering Business Plan activities on these issues.

Media appearances involved the SBNI Chair and staff taking part in planned media interviews around key issues such as the Thematic Review on CSE, e-Safety strategy for NI; ‘*The More You Know, the More You See*’ public awareness campaign; and the publication of the Definition and Guidance for Professionals on CSE. Appearances and interviews took place on local and national media such as BBC and UTV Breakfast TV, the Nolan Show, Good Morning Ulster, Evening Extra and Spotlight while coverage of the awareness campaign also extended to local newspapers across Northern Ireland to reflect the road shows taking campaign messages out to local communities.



Social Media channels were set up and developed on Twitter and Facebook. These support the key messages of the SBNI with around 700 followers on Twitter and 1500 'likes' on Facebook. At the height of the CSE campaign more than 250,000 adults in the target group were reached with campaign messages.

The SBNI's CSE campaign, '*The More You Know, the More You See*' was launched on 24 June 2014 with Advans, outdoor advertising, leaflets, info cards and window stickers. This was supported by campaign-specific press advertising, Public Relations and Social Media activity. A series of campaign road shows in autumn 2014 was further supported with local PR activity which resulted in press coverage in all 5 Safeguarding Panel areas.

A key development of the CSE Campaign was a tailored website signposting the public to sources of information and help on CSE. This was launched under the new brand *Safertoknow* designed to carry future safeguarding messages. To date the website has had around 16,000 visits.

Public affairs activities also supported SBNI business with appearances before the HPSS Committee of the NI Assembly on issues such as the Thematic Review on CSE; the Marshall Inquiry into CSE and required changes to the SBNI Regulations. Tweets and re-tweets enabled social media engagement with MLA's, Member Agencies and key stakeholders on issues of mutual interest.

Preparatory work for future development of CSE campaign activity in line with the recommendations of the Marshall Report was undertaken and initial engagements on message testing with young people has taken place. The tour of the play 'Chelsea's Choice' with the script tailored to the NI CSE experience will be the first of a number of campaign activities.

## **2.3 Effectiveness**

Section 2 (1) of the Safeguarding Board Act (2011) Northern Ireland outlines that the key objective of the SBNI is to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children. In March 2014, the SBNI commissioned the development of a framework to assist SBNI in this objective understanding. SBNI sought to develop:

- Analysis of the relevant data that already exists in Northern Ireland – at both a regional and local level.
- Development of a set of indicators for safeguarding to demonstrate 'how much' as a region we have done to protect children and young people.

- Development of a set of measurements (both qualitative and quantitative) to determine 'how well we did' as a region in protecting children and young people.
- Development of outcome measures to determine 'if we made a difference' to children and young people in terms of protecting and keeping them safe.

In March 2014, an Assistant Director Social Work Governance from the SEHCT was identified as the Project Lead and a multi-agency Project Board was developed which has overseen the development of this work.

As a starting point the Project Lead initiated conversations with a number of stakeholders, reviewed literature, and experiences in the UK context in relation to contemporary safeguarding issues and outcomes focused safeguarding practice (this is an area of practice that all UK LSCB's have been exploring and developing over a period of time). Simultaneously NSPCC partners in this project have led a review of effective practice of LSCB's. Initial findings and proposals from this review have been presented to stakeholders both individually, collectively and discussed at two multi-agency workshops led by SBNI.

A report was agreed by the SBNI in March 2015, outlining the multi-agency approach to understanding effective safeguarding practice and promoting shared improvement priorities across member agencies. It will be progressed through the Effectiveness Committee in the coming year.

### **2.3.1 'Section 12' Legal duty to safeguard and promote the welfare of children**

Section 12 of the Safeguarding Board (Northern Ireland) Act 2011 requires the SBNI to establish arrangements to audit how bodies represented on the Board are meeting their duty to safeguard and promote the welfare of children. The purpose of the Section 12 Audit is to ensure two things:

- that agencies carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children and;
- that the services they contract out to others are provided having regard to that need.

In 2014/2015 the SBNI asked member agencies to self-evaluate their compliance with safeguarding practice and arrangements by completing a safeguarding audit against nine areas. Forty four audits were received and were broken down into 26 councils, five Health & Social Care Trusts, five Voluntary



Agencies and single agencies including Health and Social Care Board, Probation Board for Northern Ireland, the Prison Service, the Police Service for Northern Ireland, the Public Health Agency, Education & Library Board (combined response) and the Youth Justice Agency.

Only 12 of the 44 respondents submitted evidence to support their self-audit and of those who submitted evidence, SBNI was able to provide suggestions as to how their practice could be enhanced. In relation to the other completed audits, brief feedback was provided in relation to potential gaps. Overall, all agencies reported to have policies and procedures in place, key people in posts, training programmes organised with relevant content and most have some form of multi-agency working in practice. The key gaps include:

- Only some agencies undertake an internal audit;
- The voice of the child and family in shaping services and feedback on how the agencies are performing in this area;
- Practice in relation to specific issues such as e-safety (this will be addressed in the development of the audit).

Feedback on the audit process will improve the completion of the audit in 2015 and ensure evidence of any improved outcomes for children and young people, with plans to address areas of improvement.

## **2.4 Undertake Case Management Reviews**

Regulation 17 of the Safeguarding Board for Northern Ireland 2011 Regulations requires the Board to undertake Case Management Reviews (CMRs). The aim of a CMR is to strengthen the systems and processes for protecting children from abuse and neglect. This is done through:

- establishing the facts of the case;
- identifying what has worked well so, that member agencies of the Board can build upon it;
- identifying lessons to be learned from the case about the way in which professionals and statutory and/or voluntary agencies work together to safeguard children; and
- identifying clearly what those lessons are, how they will be acted upon, and what is expected to change as a consequence.

This function of the SBNI is primarily discharged through a standing committee, the CMR Panel, which meets monthly. Chaired by one of the independent

members of the Board, the Panel has representation from senior managers of a broad range of member agencies.

A case should always be notified to the SBNI Board where a child has died or has been significantly harmed and when any of the following apply:

- Abuse or neglect of the child is known or suspected; or
- The child, or a sibling of the child, is or has been on the Child Protection Register and is subject to a plan to safeguard that child from further harm and promote his health and development; or
- The child, or a sibling of the child, is or has been 'looked after' by an authority within the meaning of Article 25 of the Children (Northern Ireland) Order 1995;

In order for a recommendation to be made about whether a Case Management Review should take place an additional criteria must be met. The criteria has been met if:

- The Safeguarding Board has concerns about the effectiveness in safeguarding and promoting the welfare of children of any of the persons or bodies represented on the Safeguarding Board by virtue of section 1(2)(b) and (4) of the Act.

On 1 May 2014 the DHSSPS notified the Chair of the SBNI about an amendment to Regulation 17 of The Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2014 (the SBNI Regulations) with effect from 2 May 2014.

The rationale for the amendment is to further emphasise the learning nature of CMRs. The amendment is the consequence of the DHSSPS consultation on changes to the Regulations, prompted in the first instance by the ongoing Historical Institutional Abuse Inquiry. The amendment adds an additional criteria to the process of determining the necessity of a CMR:

- 17(2)(d) the Safeguarding Board determines that there is significant learning to be gained from the CMR which, if applied effectively, will lead to substantial improvements in practice in safeguarding and promoting the welfare of children in Northern Ireland.

The additional criteria has the effect of allowing the SBNI Board to weigh up whether the holding of a review is proportionate to the learning to be gained, and the resources expended in undertaking a review.

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This new criteria and some other amendments made by DHSSPS in relation to quoracy and the final decision making process have led to a delay in the publication of guidance to organisations about CMRs. Now that these issues have been progressed the Board is able to commence a consultation on the new guidance.

The decision to undertake a CMR is a matter solely for the SBNI Board, acting on the recommendation of the CMR Panel. Since the establishment of the SBNI Board in October 2012 until the 31st March 2015 the SBNI has received twenty-five notifications about children who have died or been significantly harmed. Two of these were previously notified under the forerunner to the SBNI, the Regional Child Protection Committee. Notifications have been made by all five HSC Trusts, the Police Service of Northern Ireland and the Northern Ireland Guardian ad Litem Agency. At the time of this report the CMR Panel has recommended to the SBNI Board that CMRs be undertaken in seven cases – all of these recommendations have been accepted. In addition, the SBNI Board has endorsed two reports on CMRs previously commissioned by the Regional Child Protection Committee.

During the year covered by this report there have been six new notifications, of which one has resulted in a Case Management Review.

The CMR Panel have appointed a number of Independent Chairs of CMR teams. These teams undertake the individual reviews, producing a detailed report, an executive summary and contribute to the action plan to take forward the learning that may arise from a review. The Independent Chairs are responsible for managing the process and ensuring that the final report provides a high level of analysis of the circumstances that led to the review.

The SBNI Board is also required to consider undertaking a review in cases which demonstrate effective working (individually or in partnership) and where outstanding positive learning would be gained from the review of the case which would lead to improved practice in safeguarding of children in Northern Ireland. The CMR Panel has developed criteria for identifying such cases, and a process for conducting the review. It is anticipated the first of these reviews will be completed in the current year and the conclusions included in next year's annual report.

As stated in the 2013/2014 Annual Report, the Board intend to publish anonymised summaries of each review, founded on the principles that identification of children and their families is safeguarded, and that publication would not compromise any other formal processes such as a criminal prosecution.

A key issue identified by the SBNI Board and CMR Panel over the past year has been the number of CMR notifications of infants who have died and when co-sleeping with parents or were classified as sudden unexpected deaths in infancy (6 out of 22 notifications). This mirrors a trend identified in the overview of CMR reports, published by Queen's University Belfast and the NSPCC in January 2013. The SBNI and the Public Health Agency have therefore commissioned Queen's University Belfast to review what information in what format, should be shared with parents and other carers about the risks associated with co-sleeping. This work has the potential to reduce the number of deaths of young infants in Northern Ireland.

Finally, the SBNI Board is committed to ensuring that the CMR process is effective in delivering high quality learning about how families can be supported and children kept safe. In June 2014 staff from member agencies took part in training on the compilation of Individual Agency Reviews (IARs), a core element of the review process. Further training will be regularly provided to those involved in undertaking the different aspects of the review to ensure that the reports and action plans continue to deliver high quality learning to further strengthen the systems and processes in Northern Ireland for keeping children safe.

## **2.5 Review such information as may be prescribed in relation to the deaths of children in Northern Ireland**

A key objective for SBNI and partner organisations is to establish a Child Death Overview Panel (CDOP) which will promote and facilitate multi-disciplinary working to achieve consistency of approach in reporting, investigating and reviewing child deaths. This will assist in regional learning and reduce the risk of future preventable deaths of children in Northern Ireland.

In 2014 proposals were finalised, equality screened and presented to the SBNI. They have been submitted to the DHSSPSNI.

The proposed CDOP aims to gather comprehensive information on potentially avoidable factors associated with child deaths of all children in order to make recommendations on changes in practice. In England and Wales CDOPs have shown that in 2013, 21% of deaths in children and young people (birth to 18 years) had modifiable factors.

The CDOP will work with existing systems in relation to notification and examining circumstances around death, such as Serious Adverse Incident (SAI) reporting and Case Management Review (CMR). It will provide a multi-agency



analysis and identify any wider public health or safety concerns to inform regional learning, training, service provision and support development of policy aimed at a reduction in childhood mortality in Northern Ireland.

In May 2014 the RCPCH, National Children's Bureau and British Association for Child and Adolescent Public Health published *'Why Children Die: Death in infants, children and young people in the UK'*. Consultation was sought from SBNI and partner organisations in respect of a Northern Ireland response and members are currently involved in this work.

### **2.5.1 Examining the link between infant deaths and co-sleeping**

Co-sleeping is recognised as a modifiable behaviour, often associated with infant deaths. In Northern Ireland a small number of child deaths of undetermined cause within a one year period, noted by the Coroner's Office, emphasised the need to understand what the sleeping practices and culture are in Northern Ireland.

The SBNI Designated Doctor chairs a research group in collaboration with researchers from Queen's University Belfast, the Public Health Agency (PHA), the Coroners Service for Northern Ireland and SBNI exploring the associations between co-sleeping and sudden unexpected infant death in Northern Ireland.

This study included a scoping review of the international literature on co-sleeping and infant death, a retrospective review of the 45 paediatric deaths of infants aged 0-2 years referred to the Coroner's Office for Northern Ireland between January 2007 and December 2013 where the death was certified as sudden unexpected death in infancy (SUDI), unascertained, wedging, sudden infant death syndrome (SIDS), co-sleeping, overlaying or any combination of these causes. It will also involve interviews with international experts, focus groups with professionals in relation to their communication with parents about co-sleeping risks, focus groups with parents of infants in relation to their understanding of the information shared by professionals with them about co-sleeping risks and a survey of 200 parents of infants to explore their understanding of the risk factors associated with co-sleeping and of the advice provided. A comprehensive literature review and data analysis was completed in 2014.

The study highlights that there are well known risks associated with co-sleeping between adults and infants. It also describes the context in Northern Ireland in that unexplained deaths in young children, males are more commonly affected and co-sleeping is implicated in almost three out of four cases. The other

strands of this study will provide further evidence to inform what advice is provided to parents to influence behaviours related to safe parental and infant sleeping practices, and how this should be delivered in ways which improve parental understanding of the risks.

An abstract in relation to this study has been submitted to the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) for presentation at its conference in April 2015.

## **2.6 Advise the Regional Health and Social Care Board in relation to safeguarding and promoting the welfare of children (See Appendix 2)**

## **2.7 Promote communication between the Board and children and young people**

The SBNI was established within the context of the United Nations Convention on the Rights of the Child, and the “Our Children and Young People - Our Pledge” strategy. Each of these documents sets out commitments to involve children in shaping the decisions which affect their lives.

The legislation which has been enacted to establish the SBNI sets out that, alongside its other functions, the SBNI must “promote communication between the SBNI Board and children and young persons”.

With the implementation of the SBNI’s Business Plan, opportunities for engagement arose to shape public awareness of the campaign ‘*The More You Know, The More You See*’. SBNI worked with the Participation Network and Parenting NI to develop materials for group participation and engagement with children and young people; and parents by developing creative images and key campaign messages.

## 3. Safeguarding Board Committees

### 3.1 Work of the Safeguarding Panels

The SBNI has five Safeguarding Panels, each located within the geographical area of individual HSCTs. Panels are multi-agency and multi-disciplinary and are set up to deliver the strategic aims of the SBNI at a local level. The Safeguarding Panels are supported by two Independent Safeguarding Panel Chairs and membership of the Panels is represented at Assistant Director / Manager Level. The Safeguarding Panels discharge SBNI functions at a local level and advise the SBNI of local issues and developments to ensure the SBNI reflects the diversity of need across the whole of Northern Ireland.

In 2012 / 2013 each Panel established its membership, developed its terms of reference, created a memorandum of understanding for all members and developed a clear work plan to ensure SBNI Business Plan priorities were delivered. Attendance at Panel meetings is set out in Appendix 4. Each Panel has:

- Established a Case Management Review (CMR) sub-committee to take forward recommendations from CMRs that are relevant to the local Panel area;
- Designed workshops to engage with frontline practitioner staff across member agencies involved in safeguarding practice;
- Examined how best to take forward the communication of safeguarding messages to communities;
- Established connections with key partnerships operating in the same Panel area for example Domestic Violence Partnerships; and
- Considered the inclusion of community organisations on the panel.

In addition to the strategic objectives of the SBNI, at a local level Panels have identified the following priorities:

#### 3.1.1 Northern Safeguarding Panel

The Northern Panel has continued to work effectively and has placed emphasis on addressing local operational issues while interrogating child protection data, audit activity and resourcing of services in order to be better informed about safeguarding issues and practice in the area. A number of service developments and aspects of safeguarding practice were showcased by the Panel in the series of workshops with frontline practitioners and included the process of pre-birth risk assessments (where guidance has been revised and updated by the NHSCT) and detailed the role of the social worker, Health Visitor and Midwife in this important area of practice.

Other member agencies presented on child protection from the perspective of a designated teacher and the police investigation of child abuse cases. In addition H District Public Protection Unit (PSNI) presented their internet safety project “Chat, Share, Think”. The Panel has, when appropriate, established task and finish groups to deliver specific projects related to the delivery of the Business Plan and Panel work plan. One group, in the Northern area, planned and facilitated the first phase of the delivery of the SBNI public awareness campaign in relation to CSE which targeted the community sector. The group worked closely with Antrim Community Safety Partnership in delivering this part of the campaign.

The Northern Panel also aimed to be more engaged in relation to the safeguarding role and function of all its member agencies and safeguarding developments. During the year under review the NHSCT has:

- Established and embedded independent chairing for Child Protection Conferences which has strengthened the governance in this crucial area of child protection;
- Brought about a significant improvement in the percentage of initial Child Protection Conferences held within 15 working days;
- Undertaken audits and reviews of key child protection processes and systematically addressed any issues arising;
- Developed guidance for staff regarding the management of complex cases and the sharing of information ; and
- Implemented a series of measures to tackle the issue of CSE including the appointment of a full time Senior Practitioner to provide specialist consultation to staff and the convening of an interagency senior managers group which meets quarterly to review and co –ordinate the interagency work required to support this group of highly vulnerable young people.

The Sexual Assault Referral Centre, known as ‘the Rowan’ is represented on the Northern Panel and has in the past year established the practice of holding “Reflective Case Reviews”. These are interagency meetings involving key professionals and agencies working with a specific child or young person who has been the victim of sexual abuse or exploitation. The aim is to analyse critically the respective services provided to the individual and identify key learning points in order to promote reflective practice, enhance collaborative working and to disseminate the learning to other professionals and agencies.

The Panel has mapped its links with other interagency groups in the area and received a presentation on the work of the Northern Mental Health /Child Care interface group developed to address the connectivity and practice interface



between these service areas. Panel members also Chair, or are members of, the Northern Domestic Violence Partnership.

Other member agencies have taken forward service improvements in relation to safeguarding which are reported at Panel meetings including a range of innovative and specialist services developed by the NSPCC, working together arrangements by PBNI with HSC Trusts and PSNI, in relation to notifications and multi-agency responses to CSE. The Youth Justice Agency have reported on the development of a cross-directorate group to facilitate more effective information sharing in relation to safeguarding issues. The Panel has also maintained a focus on the progress of CMRs and on actions and learning arising from Individual Agency Reviews.

### **3.1.2 Southern Safeguarding Panel**

The Southern Safeguarding Panel has worked effectively to discharge its functions and has placed emphasis on been informed about local safeguarding practice and safeguarding developments and issues in a number of ways:

- Reviewing quarterly child protection data provided by the SHSCT which details local child protection activity;
- Updates on key learning points arising from Internal Case Reviews and ongoing CMRs;
- Updates on key learning arising from an audit of the implementation of the SHSCTs Bruising in Babies not Independently Mobile protocol;
- Updates on service developments /improvements by member agencies e.g. the NSPCC service centre in Craigavon officially designated as a sexual abuse advice and consultation centre; and the development by PSNI of a new structure for Public Protection Services;
- Ensuring that the Panel can influence the SHSCTs multi-agency child protection training programme and that in-training needs and demand can be gauged effectively;
- Regular reviews of member agencies' operational arrangements for responding to, and supporting, young people who go missing or are at risk of CSE;
- Engagement with new local government structures in the Southern area, highlighting the safeguarding agenda and issues for development; and
- Improving the Panel's awareness of the safeguarding role and function of individual member agencies has involved a series of briefings by panel members - most recently by the Southern Education and Library Board.

In order to deliver elements of its work plan the Panel has, when appropriate, set up task and finish groups which have drawn on the expertise and resource of member agencies. One example involved a series of workshops undertaken in April and June 2014 with frontline practitioners', who work in safeguarding, drawn from member agencies. While the workshops were designed to receive feedback about safeguarding practice they also provided an opportunity for member agencies to showcase safeguarding practice in the Southern area. Presentations included the role of a designated teacher in a Dungannon Secondary School; and the work of Armagh Neighbourhood policing team in raising awareness in schools about internet safety and offending. The HSC Trust presented information on the Family Support Hub development and the Panel's General Practitioner representative examined the practice interface between primary care and child care services. A similar group was established by the Panel which successfully planned and delivered phase one of the SBNI Awareness campaign on CSE in autumn 2014.

### **3.1.3 Western Safeguarding Panel**

The Western Area Safeguarding Panel has continued to develop as an effective partnership and has, this year, placed greater emphasis on local safeguarding developments, themes and issues. The multi-agency nature of Panel business and a flavour of local practice was well represented at the workshops for frontline safeguarding practitioners which the Panel delivered in April and June 2014. The workshops included an overview of safeguarding practice in a Derry secondary school: and a presentation of a new protocol for the safeguarding of children attending acute hospitals, developed by the WHSCT.

Reflecting Panel membership, the project also included a presentation on safeguarding practice and arrangements in a local government leisure facility and the NSPCCs 'Letting the Future In' - a post disclosure therapeutic service for children and young people .The workshops were positively evaluated by those practitioners who attended who particularly valued the multi-agency nature of the events and the opportunity to network locally.

The Panel has also addressed local operational issues and has reviewed and examined child protection information and data; reviewed, where appropriate, information sharing and working arrangements between agencies at a local level; and has advocated a working together approach.



Examples of this activity include:

- Identification of the need to review and further enhance the distribution of Child Protection Case Conference minutes to General Practice;
- The Youth Justice Agency proposed a report template which the Agency would use in order to provide information to case conferences where, in exceptional circumstances, a worker cannot attend;
- The Panel in reviewing the quarterly child protection information has considered local thresholding and the local profile of case transfers from Gateway to Family Intervention teams; and
- Examining multi-agency attendance at case conferences in order to ensure that these meetings are quorate and highlighting the profile of cases where re-registration has occurred.

The Panel has also sought to be more inclusive and to reflect the safeguarding role and function of member agencies. During 14/15:

- The panel has addressed how voluntary agencies can be more involved in the process of co-ordinating support and responses to young people at risk of CSE;
- The Youth Justice Agency and NSPCC have given presentations on how they work in partnership in order to intervene restoratively with young people who display harmful sexual behaviour (HSB). The Panel identified a training need for mainstream staff in relation to HSB and the identification of peripheral safeguarding risks in these cases ; and
- The Foyle NSPCC Service Centre have worked in partnership with the DHSSPS to develop and deliver training on the Domestic Abuse Recovery and Support (DARS) toolkit .This training, which was oversubscribed, aimed to help professionals to better understand and treat the traumatic impact of domestic abuse for mothers and children.

The Panel has also maintained a focus on safeguarding development and training and recently had the opportunity to input into the Western HSC Trust's Training and Development Plan for Safeguarding for 2015/6. Individual member agencies have also reported to the Panel on specific training and development projects. Extern, in developing its new Learning and Development Programme, have dedicated modules on safeguarding practice and on Child Sexual Exploitation.

The Western Panel has, where appropriate, established Task and Finish Groups to take forward specific projects. The Panel was particularly successful in planning and supporting the first phase of the SBNI CSE public awareness

campaign which had a community engagement focus and hosted a community awareness workshop in Omagh in October 2014. The Western Panel and its member organisations have also been proactive in taking forward consultation /participation work with young people in relation to SBNI initiatives. Extern has assisted in a number of engagement events working closely with SBNI and the Participation Network NI to seek the views of young people, particularly with reference to the SBNI's awareness campaign on CSE.

#### **3.1.4 South Eastern Safeguarding Panel**

The South Eastern Panel has continued to work together for the purpose of safeguarding and promoting the welfare of children.

During the past year the Panel has maintained a focus on the progress of local CMRs and learning arising from IARs. Member agencies have developed mechanisms to assist effective dissemination of learning from CMRs and IARs and the South Eastern Trust has developed a multi-agency learning forum to share findings from reviews. The Panel received a presentation on factors relevant to maternal filicide, which reflected a local issue and member agencies were informed of the HSC Trust's Joint Protocol on Responding to the Needs of Children whose Parents have Mental Health or Substance Misuse Problems.

The Panel continues to analyse local child protection statistics and findings from audits, to improve local safeguarding practice. The South Eastern HSCTrust has presented findings from a complex case to improve member agency's understanding of each other's roles. This will also enable member agencies to reflect on and learn from practice, to improve effective collaboration in safeguarding children and young people.

The South Eastern Trust has developed a composite Child Protection report in the Ards sector, which includes social work, health visiting and school nurse reports. Positive feedback has been received from both parents and professionals and the Trust hopes to roll this out across the Trust and phase in other professional groups.

The Panel established a short-life Task Group to support the SBNI's CSE public awareness campaign, *'The More You Know, the More You See'*. The Panel used established links and networks with 'Keeping Safe' trainers, Partnership Groups, Locality Planning Groups and other voluntary and community groups, to target relevant community groups for the event. The event was held in November 2014 and approximately 50 community representatives attended the event, which was positively evaluated by attendees.



Member agencies continue to report new safeguarding initiatives to the Panel, which have included the newly established NSPCC NI Helpline and NSPCC “I Promise DVD”, which is being shared with new parents to raise awareness of and assist the development of adaptive coping in parents who may be at risk of shaking their baby. The Panel also received a presentation from ‘Alcohol and You’ to raise awareness of, and assist member agencies to respond to issues of substance abuse which have an impact on safeguarding children.

The Panel has placed a particular focus on CSE to ensure clarity of reporting if there are concerns and member agencies have ensured that effective response mechanisms are in place.

The Panel has held two multi-agency events for frontline staff, in April and June 2014, to inform staff about the Panel and its functions; to showcase effective multi-agency practice; and seek feedback of preferred modes of engagement with frontline staff. A number of innovative multi-agency and interdisciplinary service developments were presented. These included a joint project with Women’s Aid and Gateway to improve early intervention in cases of domestic abuse and a presentation by the consultant paediatrician on the importance of multi-agency collaboration in a case of ‘fabricated illness’. The PSNI and Youth Justice Agency presented an overview of effective partnership working with young offenders. The importance of early intervention for the purpose of protecting and safeguarding young babies and young children was highlighted in presentations regarding an innovative Perinatal Mental Health service and a ‘New Parent’ Project. A high level of attendee satisfaction was reported and recommendations were shared with member agencies.

The Panel has achieved full representation from all agencies as prescribed in Regulation 23<sup>1</sup>, including voluntary sector representation from Women’s Aid, Barnardo’s, VOYPIC and representation from the Colin Community and Army Welfare, to reflect local issues. The Panel business has operated at a high level of compliance with SBNI Standing Orders. The Panel has met on six occasions between April 2014 and February 2015 with consistent and regular attendance being achieved by most agencies.

### **3.1.5 Belfast Safeguarding Panel**

The Belfast Panel has continued to work together for the purpose of safeguarding and promoting the welfare of children.

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<sup>1</sup> Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (NI) 2012 (the SBNI Regulations)

During the past year, the Panel has maintained a focus on the progress of local CMRs and the learning arising from IARs and member agencies have developed mechanisms to assist effective dissemination of learning from these.

The Belfast Trust has undertaken a review of LAC notifications and audits of child protection processes and presented findings of an audit of children on the Child Protection Register for more than 2 years, for the purpose of improving local safeguarding practice. The Panel completed a point-in-time audit of multi-agency attendance at Case Conference to benchmark attendance, or the provision of written information which is a key component in ensuring the adequate protection of children most at risk and in need of protection. An audit cycle has been agreed and a repeat audit will be undertaken in June 2015.

The Panel established a short-life task group to progress work on the SBNIs CSE public awareness campaign, *'The More You Know, the More You See'*. The Panel used established links and networks with Belfast City Council, Partnership Groups, Locality Planning Groups and other voluntary and community groups, to target relevant community groups for the event. The event was held in November 2014 and was addressed by the Lord Mayor. Over 60 community representatives attended the event, which was positively evaluated by attendees.

Member agencies continue to report new safeguarding initiatives to the Panel.

The Panel has placed a particular focus on CSE to ensure clarity of reporting if there are concerns. Member agencies have shared information about their respective agency's response to CSE. Individual agencies have ensured that effective response mechanisms are in place and Panel members have reported a clear understanding of roles and functions of respective Panel members. Member agencies explored how they might work together and collaborate more effectively, and shared learning regarding the development of risk assessment tools, referral pathways, robust feedback mechanisms and multi-agency involvement in safety planning and the importance of multi-agency representation at risk strategy meetings. Clarity of terminology regarding the purpose of strategy meetings was raised to ensure that Member Agencies recognise that meetings have a child protection remit, in order to facilitate high level attendance, and work is ongoing in this regard. The Review of PSNI Public Protection arrangements have been welcomed by the Panel and is hoped to offer an opportunity to ensure consistent service response.



The Panel has held two multi-agency events for frontline staff, in April and June 2014 respectively, to inform staff about the Panel and its functions; to showcase effective multi-agency practice and seek feedback of preferred modes of engagement with frontline staff. A number of innovative multi-agency and interdisciplinary service developments were presented. These included a joint project with Women's Aid and Gateway to improve early intervention in cases of domestic abuse and a presentation by the community paediatrician on the role and function of the regional multi-agency Sexual Assault Referral Centre.

The PSNI and the NSPCC Young Witness Service presented an overview of an effective project to support the journey of vulnerable victims and witnesses through the Criminal Justice System. The Education Welfare Service reflected on practice episodes and highlighted the importance of effective multi-agency and interdisciplinary communication to protect and safeguard children. A high level of attendee satisfaction was reported and recommendations were shared with Member agencies.

The Panel has achieved full representation from all agencies to reflect local issues as prescribed in Regulation 23<sup>2</sup> This includes voluntary sector representation from Women's Aid; Barnardo's; VOYPIC; and a representative from Hydebank. The Panel business has operated at a high level of compliance with SBNI Standing Orders. The Panel has met on six occasions between April 2014 and February 2015 with consistent and regular attendance being achieved by most agencies<sup>3</sup>.

## **3.2 Case Management Review Panel (See Section 2:4)**

## **3.3 Child Death Overview Panel (See Section 2:5)**

## **3.4 Other Committees**

### **3.4.1 Strategic Partnership Group (CSE)**

The SBNI identified CSE as a Strategic Priority following its public consultation in the summer of 2013. This included consultation with children and young people.

In order to deliver this priority the SBNI established a Strategic Partnership Group (SPG) as a time-limited Committee of the SBNI, to develop a strategic and co-ordinated plan to tackle CSE. The SPG was created in September 2013 and commenced work on a number of key CSE areas, namely to:

- Raise awareness;
- Educate young people, families and professionals;
- Develop appropriate policies and procedures to improve professional practice;
- Identify the scale and nature of child exploitation in Northern Ireland;
- Disrupt criminal activity; and
- Help achieve future convictions.

These actions were subsequently completed or subsumed into the work of other Committees within SBNI, such as the Policy and Procedures Committee which has produced the CSE policy and procedure for Member agencies and an awareness raising campaign which was implemented by the Communications and Engagement Committee. It was agreed in October 2014 that the SPG should be stood down in accordance with its original terms of reference, that it should be a time limited committee.

The issue of Missing and Child Sexual Exploitation will be managed moving forward within the Chair's Business Group.

In June 2014 SBNI, in conjunction with the CSE Knowledge Transfer Partnership NI (KTP) produced Practitioner Guidance to be used in conjunction with the SBNI professional's definition of CSE. This Guidance has been provided to all member and partner agencies to be included in their professional training. Throughout the last 12 months SBNI has worked closely with the KTP in relation to specific aspects of CSE. This has included hosting workshops with professionals working with young people in the 16+ age group; those involved in education and the role it has to play in preventing CSE; how CSE affects boys and young men; and what needs to be done to encourage reporting and improved therapeutic outcomes for this particular group. Work is on-going in relation to a revised Risk Assessment for CSE and also a literature review of perpetrators.

SBNI provided a submission to the Marshall Inquiry into CSE and met with Professor Marshall and her team on a number of occasions during 2014. The SBNI Board will now take forward the specific recommendations made in the Inquiry's report for the SBNI and will work with government departments, where appropriate, to ensure implementation of the additional recommendations.



SBNI has been working on the way in which member agencies capture and analyse safeguarding data, through the 'Performance Outcomes Project'. It has been decided to include CSE related data in this project in order to provide a complete safeguarding data set.

SBNI commissioned the theatre company Alter Ego to provide 48 performances of 'Chelsea's Choice' to post-primary children and young people, parents / carers and professionals across Northern Ireland from the end of March 2015. This innovative and hard hitting play deals with the issues of CSE in an age-appropriate way whilst incorporating e-safety and healthy relationship messages. Through the SBNI's CSE Awareness Campaign, 'The More You Know, the More You See' the collaboration with KTP, member and partner agencies and government departments the SBNI is working to ensure a complete and comprehensive response to the issue of CSE .



**INVITATION TO PERFORMANCE OF  
CHELSEA'S  
CHOICE**

RAISING AWARENESS OF CHILD SEXUAL EXPLOITATION

Parents, professionals and community workers  
who work with children and young people.

TUES 14TH APRIL : CRAIGAVON CIVIC CENTRE  
TUES 21ST APRIL : BELFAST CITY HALL  
MON 27TH APRIL : ANTRIM BOARD CENTRE  
THURS 30TH APRIL : DERRY-LONDONDERRY  
CLOONEY HALL  
TUES 5TH MAY : MARKET HOUSE,  
BALLYNAHINCH

FREE  
Doors : 6.30 PM

**CHILD SEXUAL  
EXPLOITATION**  
THE MORE YOU KNOW  
THE MORE YOU SEE

To book a place please contact  
Heather at [forums@parentingni.org](mailto:forums@parentingni.org)  
or call 028 9031 0691 or Joanne at  
[joanne.walker@iscni.net](mailto:joanne.walker@iscni.net) or call  
028 9069 0418

Brought to you by

In December 2013 the then Health Minister Edwin Poots' directed the SBNI to undertake a Thematic Review of the 22 cases which were the subject of a PSNI investigation into CSE (Appendix 6). Desktop reviews have taken place, workshops with both frontline staff and leaders of Member Agencies with production and the report will be completed and published in July 2015.

### **Separated, Trafficked and Unaccompanied Children**

Based on the submission of newly introduced quarterly data returns and Notification Reports on Separated Children, Social Services report six 'looked after' Separated Children at 31st March 2014.

During the period 1st April 2013 to 31st March 2014, six notifications were received in respect of Separated Children. Of these six young people; one returned to their country of origin following one overnight in Northern Ireland and two were found to be over the age of 18 and subsequently referred to the United Kingdom Border Agency (UKBA). Given the close links to exploitation, the SBNI may consider this and Female Genital Mutilation (FGM) in more detail

#### **3.4.2 E-Safety Forum**

The first meeting of the e-Safety Forum was held in May 2014 where the objectives of the Forum were agreed within the overarching aim, 'to work towards keeping children and young people and their families' safe when they are in the 'digital world'.

In October 2014 the Forum extended its membership with the inclusion of voluntary and community partners and the membership supported the SBNI in purchasing the South West Grid for Learning's '360 degree self-review tool license', to review the data that schools in Northern Ireland are providing in relation to their e-safety policies and procedures. The tool allows schools the unique opportunity to review and map their e-safety policies and practice; create personal development plans; and generate illustrative reports. The Forum has continued to share information on e-Safety developments and will progress key messages which all Member and partner agencies can use.

Also in October 2014 the Department of Education, DHSSPSNI and OFMDFM agreed to fund SBNI to take forward an e-safety Strategy for Northern Ireland. Funds for this were approved in March 2015 and the contract is currently in development.



SBNI is also in the process of delivering a Safeguarding App for parents / carers and professionals which will include information on e- Safety. Funding has been agreed and it will be rolled out in the autumn of 2015. In February 2015, as part of Safer Internet Day, the SBNI participated, with C2K, UK Safer Internet Centre and St Mary's University College, in two live video conferences via NEELB TV to discuss e-Safety issues with over 2000 primary and post-primary school pupils.

### **3.4.3 Education and Training Committee**

The SBNI Education and Training Sub-committee was established in December 2012 to provide strategic direction and a governance mechanism for safeguarding training and education in Northern Ireland. The Committee comprises 20 key member agencies and professional groups, including statutory and non-government agencies, and is chaired by an independent, non-executive lay member.

The Sub-committee developed a work plan in 2013, based on five key objectives that will be delivered across member agencies in the next three years. The aim and purpose of this plan is to support the SBNI in fulfilling one of its key responsibilities in relation to inter-agency and inter-disciplinary education and training in child protection practice and safeguarding services.

In 2014/15 initial work was completed on developing the regional SBNI Learning and Development Strategy 2014-2017. This was provisionally approved by the Board in 2014 and sent out for consultation between November 2014 and January 2015. Over twenty responses were received and the sub-committee is currently analysing these before a final version of the Learning and Development Strategy is produced for approval by the SBNI Board and disseminated to core safeguarding agencies in Northern Ireland.

The Learning and Development Strategy 2014-2017 outlines differential levels of safeguarding training, commensurate with the level and nature of the contact agency staff and volunteers have with children and young people. The Learning and Development Strategy 2014-2017 sets priorities for safeguarding training in the next three years. It emphasises the need to increase opportunities for multi-disciplinary and inter-agency training and learning and the use of new technologies such as E-learning.

The Sub-committee has continued to scope the effectiveness of the current safeguarding training provided in Northern Ireland, and disseminate new safeguarding training initiatives across member agencies. The Sub-committee monitors the recommendations on safeguarding training and development from SBNI CMR's and these inform the work plan. Member agencies will have to monitor the effectiveness of member agencies' safeguarding training initiatives and child protection resources, and ensure that all new learning is shared across all agencies. The Sub-committee has set in place a strategy and web-based process for disseminating information about new safeguarding learning and training initiatives. This is informed by the latest research, local and UK inquiry reports and good practice guidance, on what works in safeguarding training and learning.

In 2014/15 the Sub-committee completed an audit that looked at safeguarding training practice on the interface between Adult and Children's Services. The Education and Training Sub-committee was also involved in a number of key safeguarding training initiatives and conferences on the following areas - Child Sexual Exploitation, e-Safety, a North-South Child Protection Hub, and the development of a number of social media safeguarding training applications (apps).

Finally, the member agency representatives on the Sub-committee are determined to ensure that they will make a difference when it comes to improving the integration, effectiveness and collaborative focus for safeguarding training and learning in their respective agencies. The Education and Training Sub-committee will also continue to work closely with the SBNI Board and its other Sub-committees and Safeguarding Panels, to make sure that the SBNI's strategic plan is supported by the delivery of effective safeguarding training and the development of shared learning resources.

#### **3.4.4 Safeguarding Children with a Disability (Disability sub-group)**

The SBNI held a successful seminar and workshop in November 2013, with the Queen's University of Belfast, attended by over 100 SBNI members. Following the seminar a small group of stakeholders met to agree a study by Queens University following the identification of training issues and thresholds. This work was taken forward in this reporting period and is due to report in June 2015.

## 4. Finance and governance

### 4.1 Budget and remuneration

The SBNI financial accounts for the period 1 April 2014 to 31 March 2015 are set out below.

INCOME	£	£
DHSSPS – Recurrent Funding	777,767	
Health & Social Care Board (CMRs)	71,645	
DHSSPS - Thematic Review	133,000	
DHSSPS – Preventative Education	48,012	
<b>Total</b>	<b>1,030,424</b>	
EXPENDITURE		
Independent Chairs & Lay Members		111,534
SBNI Staff		436,022
GP Fees		4,390
Thematic Review (K9SB02)		159,040
CSE Advertising Campaign (K9SB03)		36,514
CMR (K9SB04)		12,405 <small>(cost centre just set up)</small>
CSE Preventative Education (K9SB06)		47,290
SBNI Committees (K9SB05)		21,711
Sundries (K9SB01)		129,045
Rent		45,393
BSO re-charge		13,954
<b>Total Expenditure</b>		<b>1,017,298</b>
<b>Underspend</b>	<b>13,126</b>	

## 4.2 Equality and Human Rights

As one of the special agencies in HSC in Northern Ireland, SBNI are supported on equality matters by the Equality Unit at the Business Services Organisation.

As required under Section 75, we developed our draft Equality Scheme, undertook an audit of inequalities and, based on its outcomes, developed an Equality and Disability Action Plan for the period from 2013 to 2016. Its timespan aligned to that of the SBNI Strategic Plan.

SBNI also recognised its obligations to promote equality of opportunity between:

- persons of different religious belief, political opinion, racial group, nationality, age, marital status or sexual orientation;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

In developing our policies and strategic plan, we were required to examine or screen them for equality purposes to identify any that were likely to have a significant impact on equality of opportunity and/or good relations. Screening also covered issues in relation to the Human Rights Act 1998 and the Disability Discrimination Order 2006.

## 4.3 Data Protection

The objective of the SBNI is to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the Board, for the purposes of safeguarding and promoting the welfare of children. Information sharing underpins the work of the SBNI.

Information sharing is at the heart of effective inter-agency working and the promotion of positive outcomes for children. It is crucial if disparate services are to be able to provide an integrated service which supports families and protects the public and in particular safeguards those at risk of significant harm. The SBNI recognises that achieving this aim depends upon efficient and timely exchange of relevant information between and across provider services.

The SBNI regards the lawful and correct handling of personal and sensitive data as an integral part of its functions and vital for maintaining confidence between the individuals and groups about whom we process information. As such, SBNI



has developed its Data Protection Policy, appointed a lead member of staff with specific responsibility for Data Protection in the organisation and ensured all staff have undertaken training in Data Protection. SBNI have had no reported breaches in relation to data loss.

## 4.4 Complaints

The SBNI received no complaints in 2014/2015. If you wish to make a formal comment or complaint, please write to:

Sharon Beattie  
Director of Operations  
Safeguarding Board for Northern Ireland  
12 Hampton Manor Drive  
Belfast BT7 3EN

## 4.5 Freedom of Information

The Freedom of Information Act 2000 encourages the pro-active release of information by organisations through the implementation and upkeep of a publication scheme. SBNI have put in place a Freedom of Information procedure to ensure requests for information to the SBNI are substantively answered within the timescale and are managed in compliance with the Freedom of Information Act 2000 and the Data Protection Act 1998 respectively. The procedure identifies:

- The contact person with responsibility for FOI / DPA within the SBNI;
- The steps involved in processing requests;
- Criteria for making an informed decision as to whether or not to disclose the information requested;
- A reporting structure to ensure the Chair and Board are regularly updated; and
- The steps taken when a complaint is made.

Two requests have been received under the Freedom of Information Act and were responded to within expected timescales.

# Appendices



## **APPENDIX 1:**

### **Living in Safety and with Stability Statistics**

#### **Child Health & Mortality**

Child and adolescent health in the UK has improved dramatically over the past 30 years and Northern Ireland is no exception. Yet, despite steady declines in mortality rates Northern Ireland, alongside the rest of the UK, performs poorly on several measures of child health and wellbeing, including mortality.

Over the last decade some two hundred children under eighteen died in Northern Ireland each year. Of these, 120 children (60%) died within a year of birth and 80 (40%) within four to six weeks. Many of these children were born with complex health issues. Infant mortality can be divided into neonatal mortality, deaths up to 27 days after live births, and post-neonatal mortality, deaths from 28 days but under one year. As in most high-income countries, the majority of infant deaths occur in the neonatal period and in the UK they account for around 70% of infant deaths, except in Northern Ireland where they account for nearly 80%. Just over three-quarters of neonatal deaths occur in the early neonatal period, although the proportion is higher, over four-fifths, in Northern Ireland. Not surprisingly, neonatal mortality rates show the same downward trends as infant mortality, although the higher rates in Northern Ireland and the lower rates in Scotland are more marked.

After infancy, late adolescence is the second riskiest time for death under the age of 19 years. In 2013, the five-year average suicide rate for 15 to 19 year olds was 156.8 per million in Northern Ireland, 97.4 per million in Scotland and 36.7 per million in England and Wales. For 10 to 14 year olds, the five-year average suicide rate in 2012 was 17.6 per million in Northern Ireland, 6.1 per million in Scotland and 1.7 per million in England and Wales<sup>4</sup>.

Although the legislative guidance for the review of child deaths by the SBNI has yet to be enacted, SBNI has an interest in understanding why children die in order to understand those deaths that are preventable and to recommend actions that could be taken to avoid further deaths.

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<sup>4</sup> Royal College of Pathologists and the Royal College of Pediatrics and Child Health (RCPATH & RCPCH) and University College London. *Overview of child deaths in the four UK countries*: report. September 2013; Child Health Reviews-UK, London: RCPCH.

## **Child Protection System**

This section provides an overview of the child protection system in Northern Ireland. For this purpose the main source of information has been 'The Children's Social Care Statistics for 2013/2014 (DHSSPS).'

### **Children in Need**

When a child is referred, social services will undertake an initial assessment to determine if that child is a 'child in need' as defined by Article 17 of the Children Order (NI) 1995 'the Children Order'. If a child is considered to be a 'child in need', services should be offered to assist the child's parents/carers to meet that identified need. If there are concerns that a child may be suffering, or is at risk of suffering 'significant harm', social services will conduct an investigation under Article 66 of the Children Order to determine whether the child is in need of protection.

The number of children in need has risen in Northern Ireland. On the 31st March 2014 25,998 children, in NI, were identified as 'children in need' compared with 24,473 in March 2013. Of these 4,299 were disabled children, the majority of whom had a learning disability. During the same period, 39,148 children were referred to Trust Gateway Services, compared to 37,885 in the previous 12 month period. Overall, referrals have increased by 3% on the previous year.

### **Unallocated Cases**

On 31st March 2014 there were 347 cases unallocated to social workers in Northern Ireland, the first increase since September 2012. The highest number of unallocated cases was within the Western Panel area (105) and the lowest within the Southern Panel area (44).

## **Child Protection**

### **The Child Protection Register (CPR)**

Social Services are required to keep a register of every child in their Trust area who is considered to be suffering from, or likely to suffer, significant harm and for whom there is a child protection plan. The register is a list of children who have child protection issues who are currently the subject of an inter-agency child protection plan.



If the child is deemed to be suffering or at risk of suffering a multi-agency child protection case conference will be convened, the child's name included on the Child Protection Register (CPR) and a child protection plan drawn up. If there are significant concerns that require further intervention, social services may make an application to the court for a legal order to safeguard the child.

At the 31st December 2014 there were 1,926 children on the CPR compared to 1,945 children at the 31st December 2013, a decrease of 19 (1%).

Neglect remains the highest category of abuse in Belfast and South Eastern Panel areas whilst physical abuse was the highest recorded category of registration in the Northern, Southern and Western Panels.

The demands of child protection work is not helped by the challenge of achieving a quorum for Child Protection Case Conferences. This can result in delay due to core members not attending and has been cited by Social Services as the main reason for conferences being held outside the required timescales.

At the 31st December 2014, there were 285 case conferences held within the quarter October to December with 93% being held within 15 days. 37 conferences were inquorate and resulted in cancellation during the quarter. There were 936 child protection investigations in the same quarter of which 20% were joint protocol investigations.

## **Looked After Children**

### **Looked After Children – Population**

At 31st December 2014, there were 2854 children 'looked after' (in the care of Health and Social Services) in Northern Ireland, an increase of 51 (2%) on the previous year. This is in keeping with an upward trend since 2002.

Between 1st April 2013 and the 31st March 2014, 910 children became 'looked after' while 798 ceased their 'looked after' status. The overall increase (51) reported above does not fully represent the high volume of work in this area.

The majority of 'looked after' children are subject to Care Orders (57.9%) with an additional 14.3% of children being the subject of Interim Care Orders.

### **Looked After Children – Placement**

The majority of 'looked after' children are placed in foster care (75.4%). The type of placements in which children live continues to evolve with a reduction in children in residential care and an increase in those living in kinship foster care (placed with family members). Placements with kinship foster carers have risen slightly from 30.8% to 31.8% and there has been a decrease in placements provided by the independent sector.

On 31st March 2014 there were 195 children living in residential care compared with last year's figure of 217.

Regionally, 576 'looked after children' had been subject to child protection proceedings in the 2 years prior to their admission to care.

### **Looked After Children - Offending Behaviours**

Regionally the number of 'looked after children' who have been cautioned or remanded continues to fluctuate despite the best efforts of Social Services and partner agencies to prevent offending and support young people who are particularly vulnerable to such behaviour.

During the 12 month reporting period 140 'looked after' children received a caution or were remanded (169 in the previous 12 months) and 117 were convicted, an increase of 20 on the previous period.

### **Looked After Children - Education**

The examination of results of children in care at Key Stages 1, 2 and 3, English and Maths is disappointing, particularly at Key Stages 2 and 3 where attainment appears to have deteriorated. 'Looked after' children face a number of adversities prior to becoming looked after and education may not have been a priority. Many of the children and young people within the looked after system will have statements of special educational needs. Consequently significant work is required to make up 'lost ground' when a child becomes looked after. Investment in education by social services and Department of Education is substantial and it is imperative that this works to the advantage of 'looked after' children. Work is needed to track children as they progress through the 'looked after' system and also to identify whether declining achievement is explained by the point at which children become 'looked after' and the number of older children coming into care and children exiting care.



## **Sixteen Plus, Young Homeless and Separated/Trafficked / Unaccompanied Children**

### **Sixteen Plus**

The overall leaving and after care population has decreased in year by 27. On 31st March 2014 it was 1361, compared with 1388 at 1st April 2013. Until March 2013 the leaving and after care population had shown a steady increase.

This reduction may be attributed to a decrease in the number of over 21 year olds receiving continued support ie being classed as 'in care'.

### **Admissions and Discharges**

The number of 16/17 year olds becoming 'looked after' has decreased with a total of 116 admitted during 2012/13 and 89 admitted during 2013/14. Whilst there has been a reduction in overall number Social Services continue to refer to this age group as presenting significant challenges, in securing appropriate placements and addressing what are often long established challenging behaviours.

### **Young Homeless**

Based on Social Services reporting there were 66 young people deemed to be homeless on March 2014. The majority of these young people (27) were in the Western Panel area, followed by 13 in the South Eastern Panel area, 9 in both the Southern and Northern Panel areas, and 8 in the Belfast Panel area.

Outcomes for young homeless people at the point of completion of an Understanding the Needs of children in Northern Ireland (UNOCINI) assessment indicate that eight young people became 'looked after'. Social Services have advised that following a UNOCINI assessment young people may become 'looked after' where a return home has not been possible and there has been deterioration in their circumstances or increased risk.

It is difficult to ascertain the correlation between this cohort of young people and the number of reported admissions to care of 16 / 17 year olds. During the period 1st April 2013 to 31st March 2014 a total of 89 16/17 year olds became 'looked after'. This is an overall reduction in admissions compared with the year ending 31st March 2013 figure of 116. Without further and more in-depth analysis it is not possible to determine if the reduction in admissions can be attributed to the role and impact of social workers for homeless young people.

## **APPENDIX 2:**

### **Advise the Regional Health and Social Care Board in relation to safeguarding and promoting the welfare of children**

#### **Parental alcohol and drugs problems**

The SBNI supports the Regional Hidden Harm Quality Assurance Group, which is made up of multi-agency representatives from statutory; voluntary; and community sectors from both children and adult services. Training on the Hidden Harm protocol has been rolled out. A protocol in relation to Alcohol and Substance Misuse in Pregnancy and the Early Neonatal Period: Guidance and Co-ordinated Care Pathway has been developed. Work on the local implications of the Hidden Harm Action Plan and Service User Involvement is being considered.

#### **Parental mental ill health**

The SBNI is working with the CYPSP and the HSCB to ensure effective safeguarding arrangements are in place for children and young people who are living in circumstances where there is parental mental ill health. An action plan has been developed which aims to:

- Improve communication and information sharing between professionals and families.
- Leaflets for children and young people on parental mental health have been developed. 125,000 copies of these leaflets have been printed and there is still increasing demand. This indicates how successful these leaflets have been. Information packs are also being developed to assist staff in the area of parental mental ill health and the 'Think Family' approach, based on the Family Focused Assessment - Child of Parent with Mental Illness (COPMI) Model.
- Improve the extent to which assessment, planning and treatment is inclusive of a 'whole family' approach.
- The 'Think Family' NI pilot project taking place in the South Eastern Health and Social Care Trust (SEHSCT) to promote a 'whole family' approach to assessment, planning and treatment, involving the acute adult psychiatric ward, adult Community Mental Health Services, Family Intervention Teams (FIT) within Children's Services, Addiction Services and Voluntary and Community Groups involved with mental health, is now in phase 2.
- Performance Measurement  
One of the priority areas of work within the Think Family Action Plan is the development of Performance Measurement and Performance Indicators covering both Children Service's and Adult Mental Health Services. The



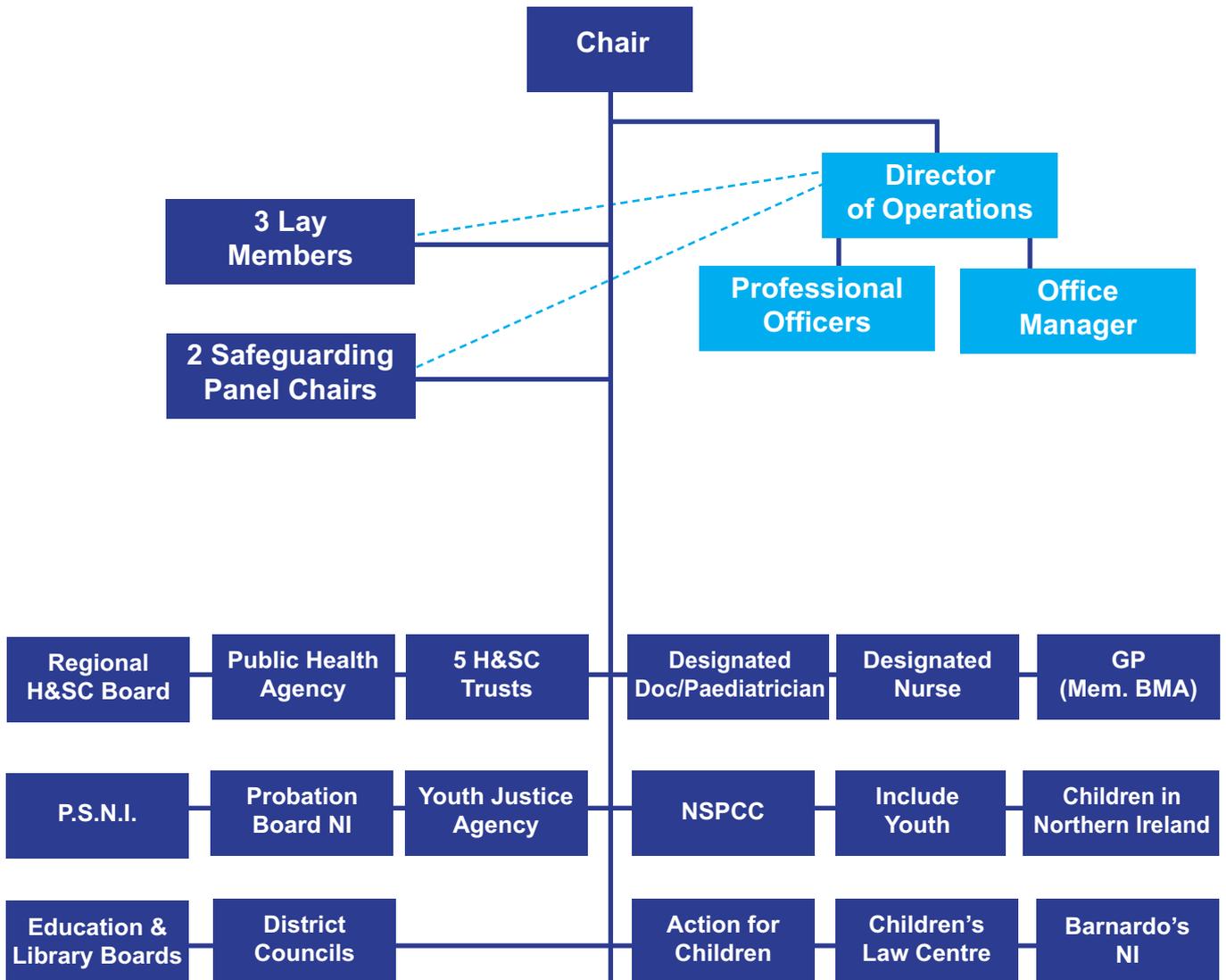
evaluation of Phase 1 – to strengthen Initial Assessment and Re-assessment documentation using the Family Focused Assessment - Child of Parent with Mental Illness (COPMI) Model is currently underway and an Evaluation Report will be completed by September 2015. A Think Family Collaboration NI is being established to support this work, with a specific remit of progressing plans for data collection and evaluation of Think Family in Northern Ireland within Adult Mental Health and Children's Services. Membership will be from academia and practice, with international representation.

### **Children who display harmful sexual behaviour**

The delivery of this priority is led by the CYPSP sub-group on 'Children who display harmful sexual behaviour'. This multi-agency working group is made up of the PSNI, NSPCC, Youth Justice Agency, Health and Social Care Trusts and is chaired by the HSCB. The focus of the Sub-group is on those children who pose a risk of sexual violence. Throughout 2014 /15 the key developments of the Sub-group have included:

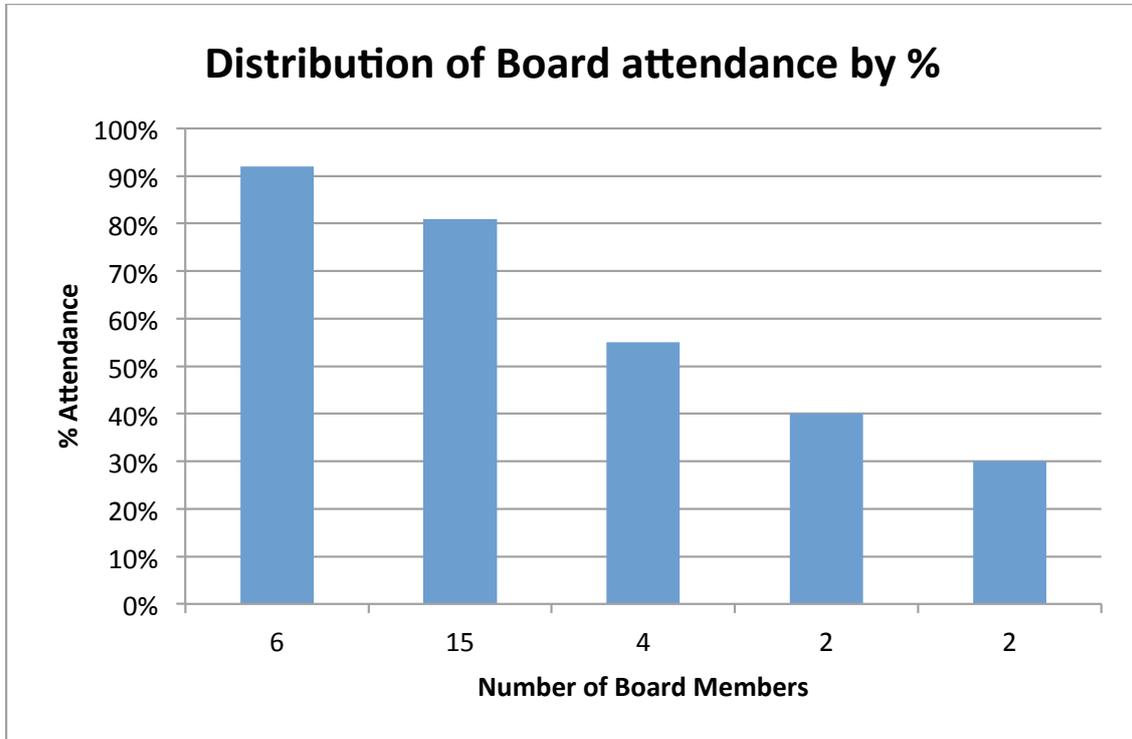
- The contract for services in the SEHSCT and BHSCT is now managed as an internal service facilitated and managed by the SEHSCT;
- Staff have been appointed to the new service and a team manager is in place and it is now accepting referrals;
- A steering group involving personnel from both Trusts is also in place to support the SEHSCT/BHSC T service;
- The Forensic service is also in development although not all staff have yet been appointed. The manager of the Forensic service has been invited as a member of the sub-group and it is considering the interface issues between both services including referral pathways. Referrals will require a significant mental health component and/or to be triggered by the justice route.
- The Sub-group has also developed a, 'managers' meeting' to drive greater consistency across the various programmes. The NSPCC deliver a service to WHSCT and the SHSCT area. The NHSCT have an in-house service and the SEHSCT now deliver a service to SEHSCT and BHSCT areas.
- The sub-group has also participated in the UK meetings in developing a National Framework. The National Framework is being developed by a group of service delivery organisations and experts in the field of Harmful Sexual Behaviour (HSB). This seeks to provide a framework that can be adopted by Local Authorities (HSCT's and other agencies) to help develop and improve responses to this child protection challenge. It will provide a coherent and evidence-informed approach in working with this group of young people. It will support integrated working, identify a continuum of responses, promote effective assessment, identify appropriate support and encourage interagency working.

### APPENDIX 3: Structure/governance chart



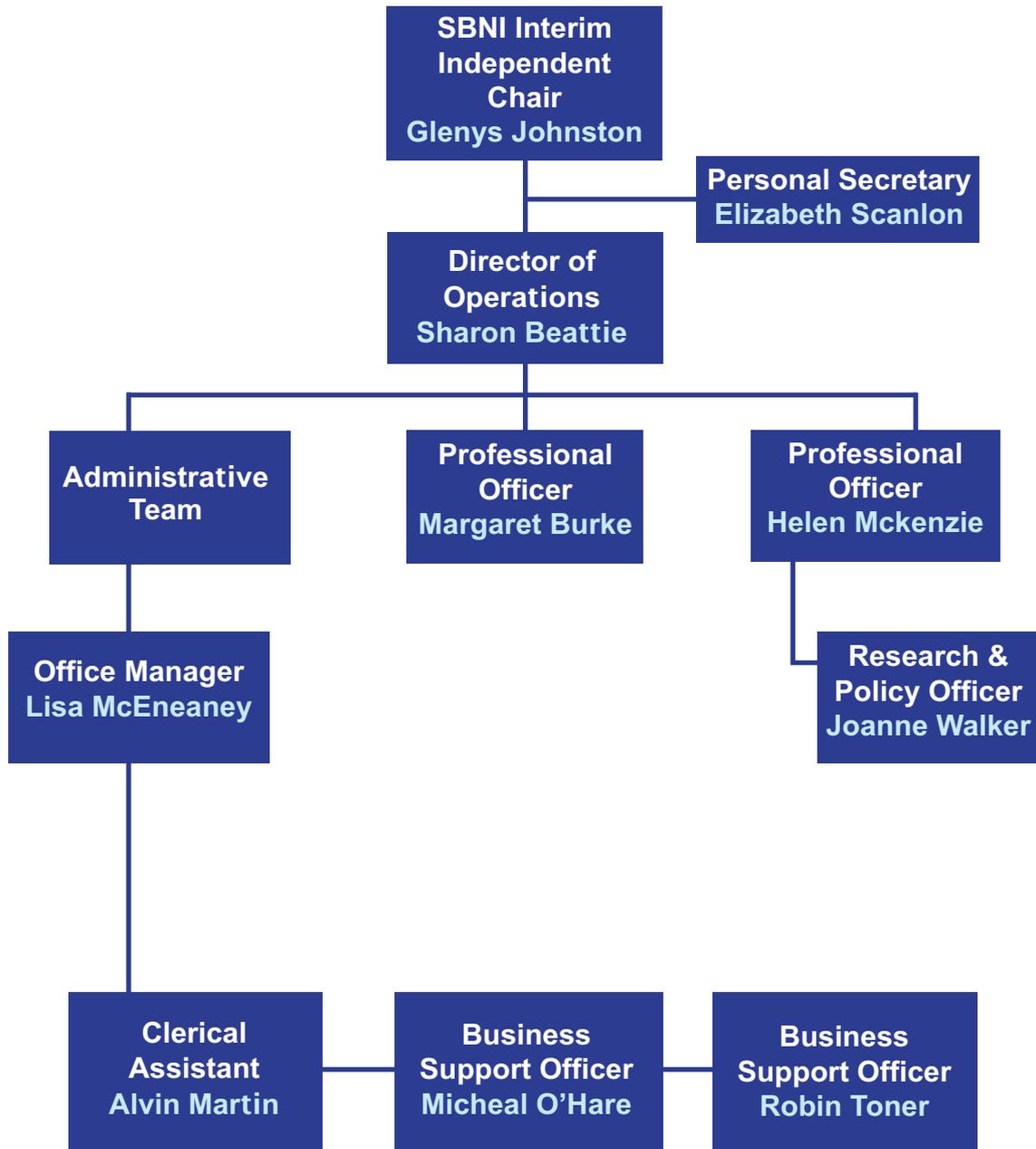


## APPENDIX 4: SBNI Board Membership and attendance



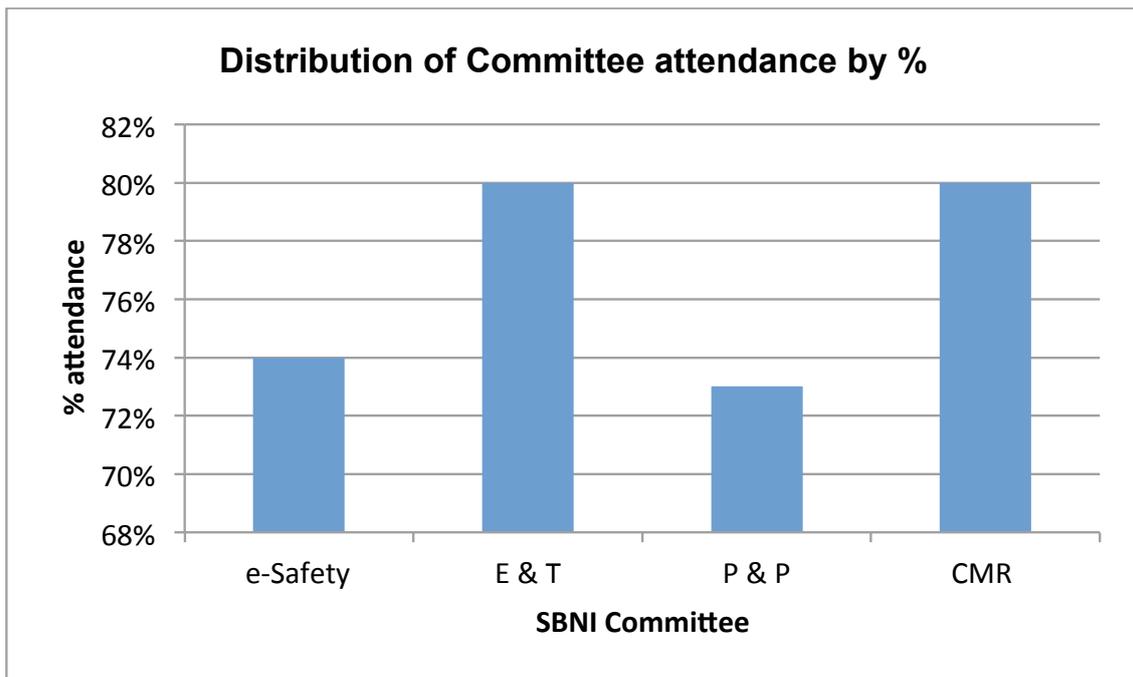
% attendance	Number	Agencies / Representatives
92%	6	Chair, Lay Members (2), Children in Northern Ireland, Designated Doctor, BHSCT
81%	15	NSPCC, CMR Chair, WHSCT, Banbridge District Council, Youth Justice Agency, Belfast ELB, HSCB, Children's Law Centre, Lay Member (1), Probation Board, Action for Children, SEHSCT, NHSCT, Designated Nurse, Barnardo's NI,
55%	4	PSNI, Director of Nursing, SHSCT, Include Youth
40%	2	Newtownards Council, Director of Public Health
30%	2	General Practice, Prison Service

## APPENDIX 5: SBNI Staffing Structure





## **APPENDIX 6: SBNI Committees - membership/attendance**



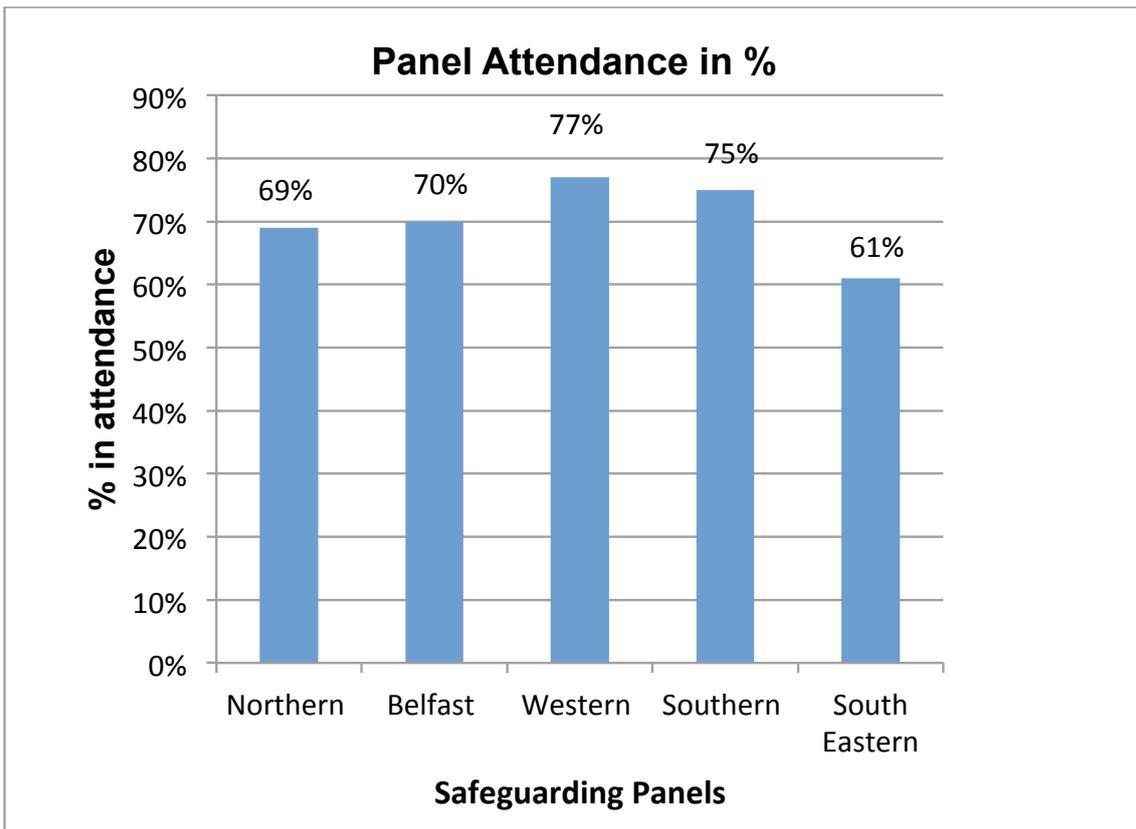
**KEY:**

CMR – Case Management Review Committee

E&T – Education & Training Committee

P&P – Policy and Procedures Committee

## **APPENDIX 7: Safeguarding Panels – membership and attendance**





## **APPENDIX 8: Ministerial Direction to carry out Thematic Review**

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### DIRECTIONS

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#### **THE SAFEGUARDING BOARD (NORTHERN IRELAND) ACT 2011**

#### **The Safeguarding Board for Northern Ireland Exercise of Functions Directions (Northern Ireland) 2013**

The Department of Health, Social Services and Public Safety(a), makes the following directions in exercise of the powers conferred on it by section 4(1) of the Safeguarding Board (Northern Ireland) Act 2011(b).

In accordance with section 4(2) of that Act, the Department has consulted with the Safeguarding Board.

#### **Citation, application and commencement**

1.—(1) These Directions, which may be cited as the Safeguarding Board for Northern Ireland Exercise of Functions Directions (Northern Ireland) 2013, shall apply to the Safeguarding Board and shall come into operation on 11 December 2013.

#### **Interpretation**

2. - In these Directions —

“the Department” means the Department of Health, Social Services and Public Safety;

“the 2011 Act” means the Safeguarding Board Act (Northern Ireland) 2011;

“Health and Social Care trust” means a trust established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991(c);

“fostering agency” has the same meaning as in Article 2 of the Health and Personal Social Service (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(d)

“placement” means any placement of a child under Article 27(2)(a) of the Children (Northern Ireland) Order 1995(e), or under Article 75(1)(a), including placement with a person who falls within Article 27(4) of that Order and a placement by a fostering agency acting on behalf of an Health and Social Care trust;

“relevant guidance” means any or all of the following: Co-operating to Safeguard Children (2003); ACPC Regional Policies and Procedures (2005); Protocol For Joint Investigation By Social Workers And Police Officers Of Alleged And Suspected Cases Of Child Abuse –

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(a) See S.I. 1999/283 (N.I. 1), Article 3(6)

(b) 2011 c. 7

(c) S.I. 1990/194 (N.I.1)

(d) S.I. 2003/491 (N.I. 9)

(e) S.I. 1995/755 (N.I.2)

Northern Ireland (2013); and Regional Guidance - Police Involvement in Residential Units and Safeguarding of Children Missing from Home and Foster Care (2012);

“relevant persons or bodies” means each person or body represented on the Safeguarding Board by virtue of section 1(2)(b) and (4) of the 2011 Act, who provided services, or had responsibility for any of the 22 children who are the subject of the Review;

“relevant staff” means staff who work for any relevant person or body;

“responsible authority” means the HSC trust or voluntary organisation responsible for the placement of any of the 22 children who are the subject of this Review, pursuant to Article 27(2)(a) or 75(1)(a), (as the case may be), of the 1995 Order;

“setting” includes a “residential family centre” within the meaning of Article 2(2) of the Health and Personal Social Service (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, or a “Children’s home” within the meaning of Article 9 of that Order;

“the Review” means the thematic review carried out by the Safeguarding Board under section 3(3) of the 2011 Act in relation to 22 cases of alleged child sexual exploitation in Northern Ireland;

“the Safeguarding Board” means the Safeguarding Board for Northern Ireland established under section 1 of the 2011 Act;

“the Terms of Reference” means the Terms of Reference set out in the Schedule to these Directions;

“voluntary organisation” has the meaning given in Article 74(1) of the 1995 Order; and

“work” includes work of any kind, whether paid or unpaid and whether under a contract of service or apprenticeship, under a contract for services, or otherwise than under a contract.

#### **The function exercisable by the Safeguarding Board under section 3(3) of the 2011 Act**

3.- The Safeguarding Board shall carry out the Review in accordance with these Directions and the Terms of Reference.

#### **Duty to Report**

4.- The Safeguarding Board shall report to the Minister of Health, Social Services and Public Safety on the findings of the Review and identify key learning points and opportunities for improvement for relevant persons and bodies.

#### **Police Investigation**



5.- The Safeguarding Board shall undertake the Review in a manner which does not undermine, compromise or, interfere with any ongoing police investigation or any ensuing legal proceedings into the 22 cases of alleged child sexual exploitation in Northern Ireland.

**Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on this day 10 December 2013**

*Éilís McDaniel*

A senior officer of the Department of Health, Social Services and Public Safety.

## THE SCHEDULE

### TERMS OF REFERENCE

1. In exercise of its function under section 3(3) of the 2011 Act, the Safeguarding Board will examine and evaluate —

(a) the extent to which the relevant persons or bodies acted in accordance with established policy procedure and guidance governing the welfare and safeguarding of children from the first point of entry by all 22 children into the care system;

(b) the effectiveness of any action taken by the relevant persons or bodies to safeguard the 22 children and promote their welfare during their time in care, taking into account whether or not the steps taken were in accord with existing policy, procedure or guidance;”

(c) the effectiveness of communication and co-operation between the relevant persons or bodies in accordance with relevant guidance; and

(d) the effectiveness of engagement with and nature of relationships of relevant staff with young people.

2. In particular, the Review will consider the following key issues -

(a) the nature and quality of the assessments carried out in respect of each of the 22 children and how these assessments informed the initial decisions of the responsible authority to place each child in care and about where each child was to be initially placed and any other placements which may have occurred subsequent to the initial placement in care. (Consideration should be given to each child's previous life experience and any specific factors which influenced the decision to place him in care);

(b) the effectiveness of the care planning, risk assessment, risk management and review processes and how those processes took account of those factors which increase a child's vulnerability to risk of harm, including being absent from any placement or setting without permission;

(c) the adequacy and effectiveness of the provision of care, including therapeutic and specialist services, to the 22 children in any placement or setting;

(d) the adequacy, effectiveness and timeliness of the relevant persons or bodies response to any of the 22 children being reported as absent from any placement or setting without permission and their response to allegations of criminal offences being committed against any of the 22 children (including any action taken by the relevant persons or bodies to put a stop to such activities, any preventative measures which were taken and the reporting of such allegations to the PSNI)

(e) the effectiveness of reporting and information-sharing systems employed by relevant persons or bodies and their adequacy in securing the safety and wellbeing of the 22 children who are the subject of this Review; and

(f) the involvement and support provided by senior management to frontline staff in the management of, or responses to any of the 22 children.

3. Where possible, and taking full account of direction 5, the Review will seek the views of —

(a) each of the 22 children involved, taking account of each child's willingness to participate in the Review, the need to protect their anonymity and guard their need for confidentiality;

(b) the families of the young people involved; and

(c) key staff involved in the care or protection of any of the 22 children and any other personnel who played a significant role in their lives during the period they were in care.



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