

Review of Child Protection Arrangements in Northern Ireland: Stages 4 & 5

- **Quality Assurance, Managing Performance of Service**
- **Access to Services**
- **Interagency communication at point of referral**

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Contents

Introduction	3-5
Chapter 1 Quality assurance and managing performance of service	6-36
Section 1 Introduction	6
1.1.1 Approach and scope	6
1.1.2 The assessment process	6
1.1.3 The review team	7
Section 2 Main Findings	8-34
1.2.1 SSI recommendation 36	8
1.2.2 SSI recommendation 37	9-22
1.2.3 SSI recommendation 38	23-33
Section 3 Summary of recommendations	34-36
Chapter 2 Access to Service	37-53
Section 1 Introduction	37
2.1.1 Approach and scope	38
2.1.2 The assessment process	38
2.1.3 the audit tool	38
2.1.4 The facilities visited	38
2.1.5 The review team	38
Section 2 Main findings	39-51
2.2.1 SSI recommendation 20	39-44
2.2.2 SSI recommendation 25	45-50
2.2.3 The service user experience	51
Section 3 Summary or recommendations	52-53
Chapter 3 Interagency communication at point of referral	54-67
Section 1 Introduction	54
3.1.1 Approach and scope	54
3.1.2 The Assessment process	54
3.1.3 The Audit tool	54
3.1.4 The review Team	54
Section 2 Main findings	55-65
3.2.1 SSI recommendation 23	55-65
Section 3 Summary or recommendations	66-67
Appendix 1 Findings from the staff questionnaire	68-81
Appendix 2 Glossary of terms	82

Introduction

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

The RQIA's main functions are:

- to inspect the quality of health and social care services provided by Health and Social Care bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies; and
- to regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards to ensure that service users know what quality of services they can expect to receive, and service providers have a benchmark against which to measure their quality.

RQIA's Corporate Strategy for 2009 to 2012 highlights the key internal and external issues and challenges facing RQIA. This provides the context for the representation of RQIA's strategic priorities. Four "core activities" which are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy, are:

- **Improving care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding rights:** we act to protect the rights of all people using health and social care services.
- **Influencing policy:** we influence policy and standards in health and social care. Achievement of these core activities, underpinned by identified value drivers and resources, will help to drive the delivery of the corporate strategy.

Context for the review

This review of child protection services in Northern Ireland focuses primarily on the recommendations from the Department of Health and Social Services and Public Safety (DHSSPS) Social Service Inspectorate's Overview Report (December 2006) 'Our Children and Young People – Our Shared Responsibility'.

Scope of the review

Stage 4 of the review consists of two parts. Firstly, RQIA assessed the delivery of the safeguarding function, from the trusts' perspective, and the implementation of Recommendation 36 by the Regional HSC Board. In addition, RQIA drew together a multidisciplinary and independent expert review team to assess supervision processes within each trust. The review team focused on recommendations 37 and 38 of the

Overview Report as they are applied to social workers, nurses and paediatricians with safeguarding responsibilities.

The second component included an assessment of facilities within children's services which focused on the quality of the environment and of the patient and client experience.

Stage 5 of the review consists of an assessment of trust performance in respect of recommendation 23 of the Overview Report.

The subsequent report is therefore presented in three distinct chapters:

Chapter 1 includes the report on selected recommendations of the SSI Overview Report in respect of quality assurance and managing performance of services, including the findings from the staff survey questionnaire issued to all staff within gateway and family support services.

Chapter 2 includes the report on selected recommendations from the SSI Overview Report in respect of access to services.

Chapter 3 includes the report on selected recommendations from of the SSI Overview Report in respect of interagency communication at point of referral.

Self Assessment

In December 2009 each of the five health and social care trusts submitted a self assessment outlining how they were progressing selected recommendations from the SSI Overview Report. Trusts were asked to provide a self assessed score, using a maturity matrix, illustrated in table (a), to describe progress against the implementation of each of the selected recommendations from the SSI report.

The information returned in the self assessment was analysed and was used to inform the review team of current practice within trusts, to identify gaps in current provision and to outline best practice initiatives.

Table (a)

Level of Maturity	Definition
Aware	There is awareness of the issues to be addressed, but no approaches have been developed to address them.
Responding	There is recognition of the key issues to be addressed and there is a range of options identified to address them.
Developing	Steps are being taken to address the key issues with evidence of practical application across the organisation.
Practising	There are well-developed plans being implemented throughout the organisation that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement.
Leading	There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement.

Chapter 1: Quality Assurance and Managing Performance of Service

Section 1: Introduction

1.1.1 Approach and Scope

SSI Recommendation 36 states that

Board arrangements to ensure: Trusts have in place robust arrangements for monitoring and auditing:

- the management of the child protection process;
- the implementation of policies and procedures for referral, assessment, case planning, case management and record keeping of individual cases; and
- the effectiveness of interventions in achieving specified outcomes for children and families.

RQIA asked trusts to complete a self assessment against the implementation of Recommendation 36 to demonstrate how they were implementing the safeguarding functions delegated to them by the HSC Board.

SSI Recommendation 37 states that

Trusts must ensure compliance with NISCC (Northern Ireland Social Care Council), NMC (Nursing Midwifery Council), GMC (General Medical Council), HPC (Health Professional Council) and other regulatory bodies' guidance on supervision, continuous professional development and appraisal, as part of their governance arrangements, and this should be monitored by RQIA.

SSI Recommendation 38 states that

Trusts must audit the standards and procedures for supervision for all staff and ensure that staff are appropriately supported and managed in their work with children and families.

A staff survey questionnaire was designed to obtain information on the arrangements in place and the effectiveness of supervision for social work staff involved in child protection services. This was based around the requirements of the Supervision Policy, Standards, and Criteria; Regional Policy for Northern Ireland Health and Social Care Trusts (February 2008).

The results of the survey are attached as an appendix to this report.

1.1.2 The Assessment Process

During February 2010, the review team visited each of the five health and social care trusts in Northern Ireland. A series of focus groups were held with staff to clarify and validate the trusts self assessment returns and to explore further the findings of the staff survey.

An assessment of the trusts' progress against recommendations 37 and 38 of the SSI Overview report was made using both the information supplied in the self assessments and the information provided during the expert review visits.

The assessment of supervision of paediatricians was facilitated by Dr Rosalyn Proops, Royal College of Paediatrics and Child Health, Norfolk and Norwich University Hospital Trust.

1.1.3 The review team

The independent review team comprised the following membership:

- Jimmy Hawthorn, Independent Social Work Consultant, Scottish Borders
- Ruth Stark, Social Worker, British Association of Social Workers, Scotland
- Terry McGarry, Principal Officer, Children and Family Fieldwork, Ayrshire
- Louise Smith, Senior Practitioner, East Lothian
- Vivien Mitchell, Child Protection Nurse Advisor, West Lothian
- Juliet Norman, Nurse Consultant, Child Protection & Vulnerable Children, Lanarkshire
- Philip O'Hara, Inspector, Children's Team, RQIA

supported by

- Helen Hamilton, Project Manager, RQIA
- Janine Campbell, Project Administrator, RQIA

Section 2: Main Findings

1.2.1 SSI RECOMMENDATION 36

"The Board must have arrangements to ensure; Trusts have in place robust arrangements for monitoring and auditing:

- **the management of the child protection process;**
- **the implementation of policies and procedures for referral, assessment, case planning, case management and record keeping of individual cases; and**
- **the effectiveness of interventions in achieving specified outcomes for children and families".**

Following the publication of the SSI Overview Report there has been significant cooperation between the DHSSPS, the trusts, the legacy health boards and, since 1 April 2009, the Health and Social Care Board through the establishment of the Reform Implementation Team (RIT). This initiative has made a significant impact on the delivery of child protection services across the region.

Since the establishment of RIT a range of products and policies to address consistency, integration and co-ordination of services across each of the five health and social care trusts has been developed and implemented across the region.

Each trust confirmed participation in the interim Regional Child Protection Committee (RCPC). The Health and Social Care Board ensures that schemes of delegation are fully implemented. By monitoring the trusts' Statutory Function and Corporate Parenting Reports. The Health and Social Care Board ensures that all functions are appropriately discharged. This also facilitates the monitoring of child protection processes.

1.2.2 SSI RECOMMENDATION 37

"Trusts must ensure compliance with NISCC, NMC, GMC, HPC and other regulatory bodies' guidance on supervision, continuous professional development and appraisal as part of their governance arrangements and this should be monitored by the RQIA".

Assessment in relation to SOCIAL WORK		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Leading	Leading
Northern HSC Trust	Practising	Practising
Southern HSC Trust	Practising	Practising
South Eastern HSC Trust	Developing	Developing
Western HSC Trust	Developing	Practising

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Assessment in relation to NURSING		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Practising
Northern HSC Trust	Practising	Practising
Southern HSC Trust	Leading	Leading
South Eastern HSC Trust	Practising	Practising
Western HSC Trust	Developing	Practising

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Assessment in relation to PAEDIATRICS		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Practising
Northern HSC Trust	Developing	Developing
Southern HSC Trust	Practising	Developing
South Eastern HSC Trust	Practising	Developing
Western HSC Trust	Developing	Developing

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Belfast Health and Social Care Trust

Findings in relation to Social Work

Supervision is embedded across all disciplines and at all levels in the trust. Supervision is well structured and underpins the work of all social work staff with safeguarding duties.

In relation to social work staff in the Assessed Year in Employment (AYE) it was evident that supervision is taking place fortnightly, in compliance with guidelines and policy. AYE staff spoke very positively about the support they receive from managers through the formal supervision process and also through opportunities to receive ongoing advice and guidance. AYE staff were also appreciative of the support and mentoring provided by senior practitioners and by more experienced practitioners within the team. The review team was impressed with this open learning culture.

There are difficulties in the implementation of a formal caseload weighting system but AYE staff reported that caseloads are managed effectively through the supervision process, and that caseloads are being protected. Formal supervision is scheduled in advance and if a planned session is cancelled, it is always rescheduled.

AYE staff reported that Personal Contribution Plans (PCP's) are discussed at every supervision session. The learning needed to meet the requirements of the AYE year is clearly outlined, with subsequent action plans agreed and implemented. One AYE staff member advised that formal court work was outlined as a training need. This member of staff was provided with the opportunity of shadowing an experienced member of staff involved in court work and was then assigned the next case which involved court attendance, with high level support and guidance offered by the supervisor. The review team felt that this learning opportunity is to be commended.

The review team found that supervision was well established in the trust. The learning and supportive culture was also evident in other grades of social work. Staff reported that within the gateway teams formal supervision takes place on a fortnightly basis thus responding to the 10 day turnaround of cases. Within the family support teams, supervision takes place monthly. The process is well structured, with an agenda agreed prior to the supervision session and the written record signed by both parties. It was also evident that there is an open door policy in relation to ongoing advice and guidance on cases. Staff reported that this guidance, outside the formal supervision process, is recorded on case files.

The review team was impressed with the strong team identity and with the supportive and learning culture, as described in the focus groups. Staff felt supported and confident in relation to their safeguarding responsibilities.

The review team found evidence of compliance with the regional policy on supervision and guidelines in relation to AYE staff. There are well established processes to support social work staff to meet the requirements of ongoing registration with their professional body.

Findings in relation to Nursing

Supervision for all grades of nursing staff involved directly with the safeguarding functions is well established. Formal supervision is provided at three monthly intervals for health visiting staff, facilitated by three Child Protection Nurse Advisors. This formal process is supplemented with specific advice and guidance in relation to cases, as required. There is also provision for group supervision and action learning sets. The trust has recently reconfigured delivery of elements of supervision, with the use of three Child Protection Nurses. The review team was impressed by the innovative use of resources in relation to supervision and support for nursing staff.

It was clear to the review team that safeguarding supervision within nursing is a priority and the focus group discussion confirmed that it is well established. A continuity protocol is in place to cover staff absence and staff related that all new health visitors receive supervision every six weeks.

The trust is developing Personal Contribution Plans within nursing although it was acknowledged that this is a work in progress. The review team felt that the supervision and learning process, as it currently stands, provides sufficient opportunities for nursing staff to access the training required to maintain professional registration. There is a clear line of professional accountability, through the Child Protection Nurse Advisors to the Named Nurse for Child Protection and to the Director of Nursing.

The trust is developing more robust arrangements for supervision of nursing staff with safeguarding responsibilities, who are deployed in other specialist areas including mental health, accident and emergency departments and midwifery. This will apply to all staff based in both hospitals and in the community.

Findings in relation to Paediatrics

Clear processes for formal supervision of all trainees are in place, as required, by the Royal College of Paediatrics and Child Health (RCPCH) and the General Medical Council (GMC). Child protection is a consultant led service with consultants offering direct supervision to trainees who are able to benefit from peer consultation. Paediatricians attend the Child Protection Special Interest Group (CPSIG) and have annual appraisal. Child protection continuous professional development (CPD) is recognised separately. The trust described an informal system of supervision in place for paediatricians.

Weekly meetings involving the consultant, senior social workers and child protection nurses take place at which individual cases are discussed. This is an example of shared supervision, using group consultation.

There is evidence of a common desire to move towards the introduction of supervision and peer review as a mandatory requirement. However, it was recognised that there are barriers to this including the competing priorities of clinical commitments and the need for protected time to dedicate to peer review and reflective practice. It is expected that this should be driven by Royal College of Paediatricians and Child Health the RCPCH on behalf of paediatricians.

The RCPCH is currently developing a proposal for supervised and supportive practice for paediatricians. It is anticipated that this work will act as a benchmark for future development in relation to the supervision and support of paediatricians across the region.

Northern Health and Social Care Trust

Findings in relation to Social Work

Supervision is well established among all grades of social work staff involved in safeguarding. It was evident from staff comments that the provision of supervision is considered a priority by the trust, and that there is evidence of adherence to the regional policy on supervision.

AYE social work staff confirmed that they are provided with fortnightly supervision as per departmental guidelines. In exceptional circumstances, supervision sessions may be cancelled but these are always rescheduled. Generally AYE staff felt supervision was treated as a priority.

The review team concluded that AYE staff are supported by well structured, documented supervision and ongoing support with complex cases. This included the option of joint visits, with either the senior social worker or a more experienced practitioner. There is evidence of staff training needs being identified through the supervision process and the subsequent provision of relevant training.

The review team found that similar themes emerged in relation to all other grades of social work staff involved in safeguarding. Supervision time is protected and on occasions when it is cancelled, it is always rescheduled.

The review team felt there is a gap in relation to the provision of supervision when the supervisor is absent, including when on sick leave. Feedback from the focus groups indicated a reliance on local ad hoc arrangements.

The review team was unable to clarify how the Knowledge and Skills Framework is linked with the supervision process.

Findings in relation to Nursing

The review team concluded that supervision is well embedded within health visiting but there is evidence of capacity issues in specific locations. Supervision is taking place, and is prioritised by the trust.

The supervision of nursing staff involved in safeguarding is the role of the Child Protection Nurse Specialist (CPNS). Formal supervision is provided between four and six monthly intervals. An open door policy exists for consultation and guidance in relation to complex cases, as they arise. Staff confirmed that there are robust systems in place to provide additional support to newly qualified health visitors, including, for example, mentoring, peer support and increased frequency of formal supervision. In addition, the CPNS staff provide input into an induction programme for all nursing staff.

The review team found evidence that the trust is working towards operationalising the draft departmental Safeguarding Children Policy for Nurses, and would strongly endorse the adoption of this policy.

The review team concluded that there are equity issues in relation to the provision of CPNS cover across the trust. For example it was highlighted that there is no CPNS presence in the Causeway Hospital, and there are difficulties in providing robust CPNS input into the two hospitals providing maternity services. It was evident that the current gaps in cover places additional pressure on the five CPNS currently in post.

Findings in relation to Paediatrics

Clear processes for the formal supervision arrangements of all trainees are in place, as required by the RCPCH and the GMC. A team approach to child protection is evident with an annual appraisal and continuous professional development (CPD) in place. Consultants attend the Child Protection Special Interest Group (CPSIG) when possible. This is a key group across Northern Ireland led by the named doctor in the Northern Trust. This provides opportunities for supervised practice for all doctors working in child protection across Northern Ireland.

The team felt that an example of good practice was the implementation of an agreed process for second opinion where there is accidental/non-accidental injury.

There appeared to be a common desire to move towards the introduction of supervision and peer review as a mandatory requirement. However, it was recognised that there are barriers to this including the competing priorities of clinical commitments and the need to provide protected time to dedicate to peer review and reflective practice. It is expected that this should be driven by the RCPCH on behalf of paediatricians.

The RCPCH is currently developing a proposal for supervised and supportive practice for paediatricians which could act as a benchmark for future development.

RQIA Recommendation:

The trust should develop a local policy in relation to the supervision of staff during periods of line management absences.

RQIA Recommendation:

The trust needs to ensure that there is appropriate CPNS input across all relevant locations in the trust.

Southern Health and Social Care Trust

Findings in relation to Social Work

A supervision process is in place but questions were raised in relation to the frequency of supervision for a number of staff and the effectiveness of the process. AYE staff raised a number of significant issues. For example, one AYE staff member reported that a period of six weeks had lapsed without any supervision.

All employees should be offered opportunities for professional development and have sufficient time to avail of these. The review team could not be confident that AYE staff had a managed workload, including sufficient time for learning and development. Following discussion, the review team had a clear perception that there is no caseload differentiation for AYE staff than that of a more experienced social worker. The review team expressed concerns in relation to the amount of overtime accrued by AYE staff on a regular basis.

This staff group reported an expectation that, regardless of caseload, staff must manage their work by working significant overtime. The majority of staff reported that they consistently worked from home in order to keep on top of paper work and reports. The review team felt that issues remain unresolved around caseload and overtime, despite a number of significant trust initiatives to address this. At the time of the review the review team felt that the supervision process was not effectively dealing with this issue.

Regarding other grades of social work staff, it was evident that supervision is well established and is taking place in line with departmental policy. Supervision sessions are time tabled and protected, with cancellations being rescheduled within appropriate timescales. If two consecutive supervision sessions are cancelled, this situation is brought to the attention of the next level of line management for appropriate action.

The role of the principal practitioner is well established in relation to the support and mentoring of staff working on complex cases, and principal practitioners have a role in supporting professional development.

Personal Development Plans are in place and staff are provided with appropriate opportunities for training which supports the requirements of professional registration. There was, however, no formal links between this process and the Knowledge and Skills Framework. The review team was informed that this process is being introduced but is not yet fully implemented.

Findings in relation to Nursing

The trust is making significant progress in implementing the draft regional Safeguarding Supervision Policy for Nursing. Supervision is well structured, has a strong component of case direction and guidance, a process of peer review and attendance at a multi-disciplinary practise management group. The review team felt there is a clear line of accountability and a sound flow of communication from Health Visitor, Child Protection Nurse Specialist, Nurse Manager through to the Named Nurse for Safeguarding.

The trust has well developed plans to enhance supervision and support in other areas of nursing which could have a safeguarding interface, such as school nursing, midwifery, nursing within Accident and Emergency departments and within mental health.

Findings in relation to Paediatrics

The trust described a system of support and training which follows the mandatory requirements of the RCPCH and the GMC. Annual appraisal includes safeguarding responsibility, training and maintaining CPD. Across the trust, three consultant paediatricians have specific safeguarding responsibilities. Consultants attend peer review meetings and the regional Child Protection Special Interest Group (CPSIG). There are weekly meetings and opportunities for informal discussion, however the trust raised difficulties of balancing these with service pressures.

An example of good practice is the trusts named doctor in adult mental health services who is actively involved in training and support for child protection within the adult mental health team.

RQIA Recommendation:

The trust should ensure compliance with the Departmental Supervision Policy, Standards and Criteria, February 2008 including a robust system for the supervision of AYE staff.

South Eastern Health and Social Care Trust

Findings in relation to Social Work

The review team found that with regard to grades of social work, other than those in their assessed year of employment (AYE), staff supervision is happening in line with the departmental policy, with staff confirming that they receive monthly supervision.

In relation to AYE staff supervision is happening, although the quality, frequency and effectiveness varies significantly. AYE staff described a degree of disorganisation in the processes for supervision resulting from the very busy working environment.

The review team found no clear consistent approach to supervision and support for AYE staff across the trust. The frequency of supervision reported by AYE staff varied across the focus group. Variances were reported in the provision of supervision, with some indicating that supervision happened on a two weekly basis whilst others reported that supervision was often cancelled due to caseload pressures. There was an equally varied response to how supervision is structured and whether the time set aside for the exercise is protected.

The review team did not get a sense that AYE staff had a managed workload, including sufficient time for learning and development. AYE staff felt there is a culture of expectation that, regardless of caseload, staff must manage their work requirements. The majority of AYE staff stated they are working overtime on a regular basis to complete the demands of the job. Staff reported on a reliance on home working in order to keep on top of administrative work such as the preparation of reports. The review team felt that, based on the information shared during the focus group discussion, the supervision process is not effective in dealing with this issue. AYE staff reported real and continuing difficulties in achieving an appropriate work life balance and, the review team felt that, despite recognition of this issue, by trust management it requires further and more detailed consideration.

The review team concluded that the supervision process, as described by the AYE focus group, is case driven and does not include a reflective element where the additional aspects described above could be discussed in a safe learning environment.

Supervision including the review of the professional development and learning as was evidenced by the review team through discussion with AYE staff, does not adequately support these staff to safely fulfil their professional role in child protection.

As with the AYE staff, social work staff and managers are working with an increasing work load. Gaps were identified in middle management positions, which places additional pressure on existing front line managers to provide cover. In addition, staff at all levels reported that they need to work additional hours to ensure that tasks are completed on time. It would be the assessment of the review team that this working environment negatively impacts on the effectiveness and quality of the supervision process.

On a positive note, the review team found senior staff to be accessible to practitioners and a clear line of accountability was evident. The review team would also comment favourably on the use of the principal practitioner grade in mentoring less experienced staff and

supporting practitioners in particularly complex cases. It was noted however, that the potential for this role to be developed is being hindered by the post being used to fill gaps in management.

With regard to the Knowledge and Skills Framework (KSF), the review team could not find evidence of a link with the supervision process, as recommended in departmental policy. The review team was informed that this is a regional issue which is currently being addressed. Whilst the review team acknowledged that steps are being taken by the trust to address the practical application of supervision for social work staff inline with NISCC guidelines they were concerned at the effectiveness of these steps. This was evidenced through discussion with AYE staff, the identification of vacancies in middle management grades and the ongoing reliance on staff working additional hours.

As stated above the review team felt that this working environment impacted negatively on the effectiveness and quality of the supervision process.

Findings in relation to Nursing

The processes for supervision and continuous professional development are well embedded within the nursing profession in the South Eastern Health and Social Care Trust. The trust has adopted a proactive approach in advance of the anticipated implementation of the draft regional Safeguarding Supervision Policy for Nursing.

It was reported that three Safeguarding Children Nurse Specialists (SCNS) are responsible for the provision of supervision of nurses directly involved in safeguarding, across the three sectors of the trust.

All Band 6 nurses receive case management supervision at three monthly intervals. There is also the opportunity for group supervision and the option of contacting the SCNS at any time for advice, expert consultancy and support. In relation to advice and guidance with specific cases, Band 5 nurses receive group supervision and again have the option of the open door access to the SCNS.

The trust is also developing supervision and support links to other nursing staff who may have duties in relation to safeguarding children.

The review team confirmed that a robust process is in place for supervision of nursing staff involved in safeguarding across all grades, with good access to training for nursing staff in their role as supervisors.

Findings in relation to Paediatricians

The trust confirmed that paediatric staff undergo formal annual appraisal with continuing professional development. The named doctor attends the Child Protection Special Interest Group (CPSIG), however, the difficulties of balancing time with service pressures means this is not always possible. The trust described a team approach and informal consultation with peers.

As an example of good practice, the trust has offered training opportunities to GP's in relation to child protection, and developing a broad team approach between acute and community care.

In discussion with staff, there is a common desire to move towards the introduction of supervision and peer review as a mandatory requirement. However it was recognised that there are barriers to this including the competing priorities of clinical commitments and having protected time to dedicate to peer review and reflective practice. It is expected that this should be driven by the RCPCH on behalf of paediatricians.

The RCPCH is currently developing a proposal for supervised and supportive practice for paediatricians which could act as a benchmark for future development.

RQIA Recommendation:

The trust should ensure compliance with the Departmental Supervision Policy, Standards and Criteria, February 2008 including a robust system for the supervision of AYE staff.

RQIA Recommendation:

The trust should take measures to protect the principal practitioner role.

Western Health and Social Care Trust

Findings in relation to Social Work

The review team found evidence of clear leadership throughout all grades of social work staff. Staff at all grades stated that they felt supported, supervision is well established and complies with the departmental policy.

The review team identified a number of innovative practice initiatives such as 'team health checks' and the 'safety in partnership initiative'. Both these initiatives promote staff engagement. This enhances the supervision process by providing a system which promotes staff input into cases. This unique staff engagement facilitates accountability across all levels within the organisation.

AYE staff receive appropriate levels of supervision every two weeks although the structure of this provision varies across the trust, with some locations providing both individual and group supervision.

Supervision was found to be effective and addresses essential components such as caseload, support with individual cases, training needs and personal development which may impact on performance. It was evident that AYE staff felt supported and connected with the organisation.

This positive assessment of the supervision process is also evident throughout other social work grades. The review team found supervision to be a well established process. Staff are generally enthusiastic about their work and felt supported by the supervision process and also by the accessibility of senior management.

Initiatives such as the 'team health checks' and the 'safety in partnership model of intervention' are having a positive impact with staff. Staff were clear in relation to their safeguarding role within the organisation and felt fully supported in their work with families

It is clear that supervision is a priority in the trust; it is protected and is rarely cancelled and when supervision is cancelled, it is always rescheduled. The review team also felt there are clear pathways and processes to deal with issues arising from supervision.

Personal Development Plans are a central element of the supervision process and staff training needs and professional development are considered. The trust has not, however, implemented the Knowledge and Skills Framework, (KSF), within the supervision process.

Findings in relation to Nursing

The review team concluded that supervision of nurses involved in safeguarding is well established. It was evident that the trust is working towards the implementation of the draft Regional Safeguarding Supervision Policy for Nurses and Midwives. There are, however, some equity and capacity issues in relation to role of the Safeguarding Nurse Advisors (SNAs) and the provision of managerial and clinical supervision.

Supervision of nurses involved with safeguarding responsibilities is provided by three SNAs. The frequency of supervision has been increased to every four months. This is supported by a programme of ongoing clinical supervision and clear links to individual personal development plans. This is augmented by the provision of group supervision and support.

The trust is making a concerted effort to develop the supervision process for nurses involved in safeguarding. The review team acknowledged initiatives in relation to midwifery and accident and emergency nursing staff in this regard and a proposed initiative around mental health. These initiatives involve awareness raising training and the development of systems for consultation.

Feedback from the focus group indicated that nursing staff felt supported in their safeguarding role and that there are clear lines of accountability through to the Named Nurse for Safeguarding.

Findings in relation to Paediatrics

Staff reported that the elements of appraisal and continuing professional development, as required by the RCPCH and the GMC, are adhered to throughout the trust. All Consultant and Non-Consultant career grade staff undergo formal annual appraisal, with monitoring of continuing professional development as an integral part of this well-established process.

It was confirmed that all members of the Community Paediatric Medical Team meet with the lead consultant regularly, not less than monthly, for case discussions and for professional and personal development (supervised practice).

The trust reported having an integrated approach which has helped to foster an environment whereby staff are supported and are willing to share information to ensure that appropriate decisions are made. This culture of openness is reported as being embedded across both sectors of the trust. Additional opportunities for continuing professional development are afforded by other methods such as discussion of child protection cases at regular meetings and through use of informal discussions where complex cases are examined. The trust also participates in the regional Child Protection Special Interest Group (CPSIG), which acts as a mechanism for peer review.

The trust cited an example of good practice, in one sector where a full time on-call paediatric service providing advice by telephone, and medical examination if necessary, is made available by the named doctor and a paediatrician on a shared basis.

Medical staff have a common desire to move towards the introduction of supervision and peer review as a mandatory requirement. However, it was recognised that there are barriers to this including the competing priorities of clinical commitments and providing dedicated time to dedicate to peer review and reflective practice. It is expected that this should be driven by the RCPCH on behalf of paediatricians. The RCPCH is currently developing a proposal for supervised and supportive practice for paediatricians which could act as a benchmark for future development.

RQIA Recommendation:

The trust needs to review the provision of Safeguarding Nurse Advisor cover across the trust to ensure equitable provision of managerial and clinical supervision.

1.2.3 SSI RECOMMENDATION 38

"Trusts must audit the standards and procedures for supervision for all staff and ensure that staff are appropriately supported and managed in their work with children and families".

Assessment in relation to SOCIAL WORK		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Practising
Northern HSC Trust	Developing	Developing
Southern HSC Trust	Practising	Practising
South Eastern HSC Trust	Practising	Developing
Western HSC Trust	Developing	Practising

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Assessment in relation to NURSING		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Developing
Northern HSC Trust	Developing	Responding
Southern HSC Trust	Leading	Practising
South Eastern HSC Trust	Developing	Developing
Western HSC Trust	Responding	Developing

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Assessment in relation to PAEDIATRICS		
Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Responding
Northern HSC Trust	Aware	Responding
Southern HSC Trust	Developing	Responding
South Eastern HSC Trust	Developing	Responding
Western HSC Trust	Responding	Responding

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Belfast Health and Social Care Trust

Findings in relation to Social Work

The trust described sound audit activity in relation to the standards and procedures for supervision of social work staff. It was reported by the social work focus group that a bespoke audit of supervision against the departmental supervision policy took place during July and August 2009. There was a further sample audit of supervision carried out by management in October 2009, the findings of which were disseminated to staff at a workshop. This formal activity is supported by the ongoing local audit of case files by team leaders and the sampling of case files by Children's Services Managers as part of the supervision process itself. The review team felt that there was a comprehensive audit programme in place.

The trust was able to describe other mechanisms by which practice is reviewed and feedback is received. Working relationships were described with user organisations such as the Voice of Young People in Care and the Children's Commissioner. The trust described the process of how feedback on user experience helps to inform practice.

Findings in relation to Nursing

The review team found some evidence of auditing standards and procedures for nursing staff involved in safeguarding. However, they felt that there is room for development and enhancement in relation to the initiatives described.

The trust described a sample audit of Health Visitors case notes. This looked at a number of issues including whether the level of contact was appropriate, the Protection Plan from the last case conference and the compliance of records with guidelines. The review team felt this was a sound initiative and demonstrates a commitment to audit within the trust. However, if the draft Safeguarding Children Supervision Policy for Nurses is adopted there will be an expectation that an audit programme within nursing will focus directly on compliance against the standards outlined in this policy.

The trust described other audit activity relating to health, including an audit of familiarisation of staff, within accident and emergency departments, with child protection policy and an audit, within CAHMS, of compliance with child protection procedures. The trust also outlined its intention to develop multidisciplinary audits in relation to safeguarding, which would be a very positive initiative.

Findings in relation to Paediatrics

The trust confirmed that annual appraisal is mandatory and a requirement for practice. Appraisal includes the opportunity for peer challenge and appraisals are recorded. Through revalidation and certification (GMC). This process will be formalised.

RQIA Recommendation:

The trust should explore opportunities for sharing good practice with others (regionally, nationally and beyond).

RQIA Recommendation:

The trust must ensure that its existing audit mechanisms assess the quality and effectiveness of supervision.

RQIA Recommendation:

The trust must ensure findings from the audit process are provided to all relevant practitioners in a timely fashion.

Northern Health and Social Care Trust

Findings in relation to Social Work

The trust outlined a robust programme of audit of the frequency of supervision. It was reported that a proforma is used to record supervision and that this is placed on file and there is periodic audit of the supervision records. However, this audit recorded only the frequency of supervision and has no element of qualitative analysis of the standard of supervision. The review team recognised that as an initial priority the trust has to ensure that supervision is taking place, in line with the departmental policy. The audit programme reflects this initial priority. However, the trust should develop a qualitative element of the audit programme in relation to the standards and procedures for supervision.

The trust described a number of initiatives which, indirectly, provided information that had the potential to measure the standards and effectiveness of supervision. The trust reported on the functioning of a Permanence Panel which reviewed care planning for individual children and young people. The trust also described operational engagement with the Voice of Young People in Care (VOYPIC) in attempting to consider the needs of service users in the review and development of services.

The review team was impressed with the governance arrangements within the trust. Whilst these arrangements can provide assurance that supervision is happening there remain identifiable deficits in relation to the effectiveness or the quality of the process.

Findings in relation to Nursing

The trust described a robust process in relation to supervision of nursing staff involved in safeguarding, and adherence to the draft Safeguarding Children Supervision Policy for Nurses. However, the trust had not developed audit initiatives in relation to the policy. The review team was informed that this deficit will be addressed with the formal adoption of the policy.

Findings in relation to Paediatrics

Appraisal is mandatory for paediatricians and appraisal records are maintained. Doctors attend the Child Protection Special Interest Group (CPSIG) and maintain their CPD. The professional advisor of the review team is satisfied that the systems which exist in the Northern Trust are comparable with those in the other trusts.

RQIA Recommendation:

The trust must ensure that its existing audit mechanisms assess the quality and effectiveness of supervision.

RQIA Recommendation:

The trust must ensure the findings from the audit process are provided to all relevant practitioners in a timely fashion.

RQIA Recommendation:

The trust must develop an audit mechanism for nursing staff involved in safeguarding which has the capacity to assess the quality and effectiveness of supervision.

Southern Health and Social Care Trust

Findings in relation to Social Work

The trust has a robust practice governance line, and a clear and unambiguous line of accountability. There is an ongoing process of audit of supervision which involves an audit of files by a line manager and the sampling of files by a senior manager. Despite this, staff remained unaware of audit outcomes, leading the review team to query whether there is a gap in the dissemination of audit results to practitioners.

There is an annual audit which addresses how frequently staff receive supervision against the requirements stipulated in the departmental supervision policy. The review team was unclear as to how this process assesses the quality and effectiveness of supervision. The audit is disseminated and responses are collected via the trust's email system therefore the review team queried the anonymity of the responses and consequently the validity of the result. The trust is aware of this and is considering other options.

The review team felt that the independent chairs for child protection reviews provided an opportunity for additional independent quality assurance in relation to all relevant standards. The trust was able to articulate how this linked with a practitioner's professional development and supervision.

Findings in relation to Nursing

There are examples of audit activity in nursing. The review team noted the recent audit of UNOCINI referrals across all three localities and highlighted the multi-disciplinary component of this audit. There was also an audit within the CAMHS service focused on the interface with the regional child protection policies and procedures.

As with the audit activity within social work, the review team was unclear with regard to the process of disseminating the findings from these audits to practitioners.

There did not appear to be an audit of the standards and procedures for supervision of nursing staff involved in safeguarding. But, the review team did acknowledge the draft nature of the supervision policy in relation to nursing and the leading role this trust had in the development of this policy.

Findings in relation to Paediatrics

The trust is currently monitoring appraisal and CPD but there is no formal system of monitoring peer review or supervised practice.

RQIA Recommendation:

The trust must ensure that its existing audit mechanism assesses the quality and effectiveness of supervision.

RQIA Recommendation:

The trust must ensure dissemination of findings from the audit process are provided to all relevant practitioners in a timely fashion.

RQIA Recommendation:

The trust must develop an audit mechanism for nursing staff involved in safeguarding which has the capacity to assess the quality and effectiveness of supervision.

South Eastern Health and Social Care Trust

Findings in relation to Social Work

There is a clear audit structure in place across the trust which includes reviewing of audit findings. This statistical information is fed back to frontline practitioners. An audit of compliance against the departmental policy on supervision had taken place in June 2008. This audit identified that supervision is taking place in accordance with the policy.

It was noted by the review team that there was no analysis of the quality or the effectiveness of the supervision process. The review team concluded that the audit findings were not being effectively used to inform practice and service development via the supervision process.

As reported through the findings in relation to recommendation 37 the review team noted that staff reported inadequate systems of support and management in their work with children and families.

There were deficits in documenting the supervision process. Supervision records were not always shared as a matter of course between the supervisor and supervisee although it was reported that copies of the record of the session are provided, if requested.

Some staff reported that case management advice from supervision was not always being recorded on case files by the supervisee. The absence of recording has the potential to undermine the validity of the advice given.

Findings in relation to Nursing

The review team found evidence of some audit activity in relation to the auditing of standards and procedures for supervision within nursing. However, these activities were either in the process of being planned or had not been completed. The review team took into consideration that the policy in relation to safeguarding within nursing remains in draft form but that the trust is currently operating to a standard above that which is outlined in the draft policy. The trust reported that as the policy is operationalised the audit programme will be developed in tandem.

Findings in relation to Paediatricians

The auditing and management of paediatricians practice is through the appraisal process. This is a well established process which takes into consideration job planning and continuous professional development.

RQIA Recommendation:

The trust must ensure that its existing audit mechanism assesses the quality and effectiveness of supervision.

RQIA Recommendation:

The trust must ensure that formal dissemination of findings from audit activity is provided to all relevant practitioners in a timely fashion.

RQIA Recommendation:

The trust should ensure that its social work supervision processes include the full requirements outlined in the Supervision Policy, Standards and Criteria, February 2008.

Western Health and Social Care Trust

Findings in relation to Social Work

A number of audit initiatives were taking place across the trust in relation to the standards and procedures relating to supervision. Feedback from the focus groups described a clear audit process which is compliant with the departmental policy on supervision. In addition, there are a number of audit initiatives in place which informed the supervision process, for example, a supervisor meeting with service users to ascertain feedback on an AYE staff's performance.

The review team noted the use of the 'team health check' as an audit tool. This is a systematic record and check of all aspects of a team's functioning. A critical component of this health check is the provision and frequency of supervision, which is clearly recorded. This information is shared with the senior management team. It was recognised by the trust that this record may not necessarily reflect on the quality and effectiveness of supervision. In response to this gap, the trust intends to initiate an additional audit of the quality and effectiveness of supervision in the coming year.

The review team concluded there is a strong audit culture across all disciplines in the trust.

The trust described the 'improving quality together' programme, which coordinates all practice improvement activity within childcare services including the extraction and dissemination of learning from case management reviews. This includes dissemination of learning from case management reviews. The review team was impressed with this initiative.

Findings in relation to Nursing

The review team found that an audit of file structure and the quality of the risk assessment was included as part of the supervision process, ensuring adherence to policies and procedures. The trust reported recent participation in an Area Child Protection Committee (ACPC) audit which examined the quality and standard of supervision. The trust is currently awaiting the results of this audit which will be shared among relevant practitioners. The review team found that the effective dissemination of audit results was hampered in some localities by a lack of IT infrastructure.

The description of the trust audit culture and the 'improving quality together' programme, described above, also applies to nursing. The review team felt that it had not been as effectively embedded in practice.

Findings in relation to Paediatrics

It was confirmed that the ACPC had undertaken a multidisciplinary audit on supervision and training across the trust which had included paediatric staff. Initial feedback from the audit reported that paediatric staff feel adequately supported.

All paediatric staff participate in the annual appraisal process which is audited by the Medical Director who quality assures and "signs off" the appraisal forms. The supporting appraisal documentation is included in the audit.

Staff are supported and managed in their work with children and families through formal processes such as induction, ongoing supervision, regular meetings and access to training. The trust participates in peer review by attendance at the NI Child Protection Special Interest Group (CPSIG).

Section 3 Summary of Recommendations

Belfast Health and Social Care Trust

RQIA Recommendation 1:

The trust should explore opportunities for sharing good practice identified within the trust with others (regionally, nationally and beyond).

RQIA Recommendation 2:

The trust must ensure that its existing audit mechanisms assess the quality and effectiveness of supervision.

RQIA Recommendation 3:

The trust must ensure findings from the audit process are provided to all relevant practitioners in a timely fashion.

Northern Health and Social Care Trust

RQIA Recommendation 1:

The trust should develop a local policy in relation to the supervision of staff during periods of line management absences.

RQIA Recommendation 2:

The trust needs to review the provision of Child Protection Nurse Specialist (CPNS) cover across all areas of the trust.

RQIA Recommendation 3:

The trust must ensure that its existing audit mechanisms assess the quality and effectiveness of supervision.

RQIA Recommendation 4:

The trust must ensure findings from the audit process are provided to all relevant practitioners in a timely fashion.

RQIA Recommendation 5:

The trust must develop an audit mechanism for nursing staff involved in safeguarding which has the capacity to assess the quality and effectiveness of supervision.

Southern Health and Social Care Trust

RQIA Recommendation 1:

The trust should ensure compliance with the Departmental Supervision Policy, Standards and Criteria, February 2008 including a robust system for the supervision of AYE staff.

RQIA Recommendation 2:

The trust must ensure that its existing audit mechanism assesses the quality and effectiveness of supervision.

RQIA Recommendation 3:

The trust must ensure dissemination of findings from the audit process are provided to all relevant practitioners in a timely fashion.

RQIA Recommendation 4:

The trust must develop an audit mechanism for nursing staff involved in safeguarding which has the capacity to assess the quality and effectiveness of supervision.

South Eastern Health and Social Care Trust**RQIA Recommendation 1:**

The trust should ensure compliance with the Departmental Supervision Policy, Standards and Criteria, February 2008 including a robust system for the supervision of AYE staff.

RQIA Recommendation 2:

The trust should take measures to protect the principal practitioner role.

RQIA Recommendation 3:

The trust must ensure that its existing audit mechanism assesses the quality and effectiveness of supervision.

RQIA Recommendation 4:

The trust must ensure that dissemination of findings from audit activity is provided to all relevant practitioners in a timely fashion.

RQIA Recommendation 5:

The trust should ensure that its social work supervision processes include the full requirements outlined in the Supervision Policy, Standards and Criteria, February 2008.

Western Health and Social Care Trust**RQIA Recommendation 1:**

The trust needs to review the provision of Safeguarding Nurse Advisor cover across the trust to ensure equitable provision of managerial and clinical supervision.

Regional Recommendations

During the course of the review, in addition to individual trust recommendations the review team also made a number of regional recommendations which will need to be considered by the DHSSPS.

Regional Recommendation 1:

In 2008 the DHSSPS issued guidance on caseload management, which had been developed by the Regional Implementation Team. The DHSSPS should work with trusts to evaluate the effectiveness of this guidance and to ensure there is appropriate caseload weighting for all social work staff, including AYE staff.

Regional Recommendation 2:

The DHSSPS should clarify for trusts the requirement to implement KSF arrangements, as outlined in the Supervision Policy, Standards and Criteria, February 2008, thus ensuring that staff meet the post registration requirements for NISCC.

Regional Recommendation 3:

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

Regional Recommendation 4:

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

Regional Recommendation 5:

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

Chapter 2: Access to Services

Section 1: Introduction

2.1.1 Approach and Scope

SSI Recommendation 20 states that

Adequate and appropriate information is available to potential service users and members of the public about the nature of child protection services and how and when to access them. This information should be presented, whenever necessary, in accessible formats, including translations for those for whom English is not a first or competent second language.

SSI Recommendation 25 states that

Trusts must take action to improve the reception, waiting and meeting room facilities within local children's services offices.

Additionally the following five areas referenced in the 'Improving the patient and client experience', November 2008, were identified as important in ensuring a positive patient or client experience:

- respect
- attitude
- behaviour
- communication
- privacy and dignity

2.1.2 The Assessment Process

In order to test the implementation of the selected recommendations a series of facilities inspections across children's services were undertaken. The review team visited three children's facilities within each trust area. Information was obtained through:

- an assessment of accessibility of services and the environment
- observation of staff interactions with service users
- a review of availability and type of information
- discussions with staff

The facilities inspections provide a snapshot of the environmental condition within the specified areas on the day of the visit and should not be taken as a representation of standards across the trust.

2.1.3 The Audit Tool

The audit tool used for the facilities inspection focused on the assessment of trusts' achievement in delivering a welcoming environment, conducive to positive service user experience, in four areas as following:

- provision of information
- accessibility
- the environment
- the service user experience

2.1.4 The Facilities Visited

Trust	Office 1	Office 2	Office 3
Belfast HSC Trust	Carlisle Centre	Shankill Centre	Arches Centre
Northern HSC Trust	Magherafelt Family Centre	Slemish Community Services	Ellis Street Complex
Southern HSC Trust	Legahory Centre	E Floor, South Tyrone Hospital	Dromalane House
South Eastern HSC Trust	Downpatrick	James Street	Stewartstown
Western HSC Trust	Limavady Social Services	Rosstown House	Strabane Social Services

2.1.5 The Review Team

The review team comprised a Project Manager for the review, a member of the RQIA Hygiene and Infection Control Team and a member of the RQIA Estates Team.

Section 2: Main Findings

This section discusses the main findings of the inspection providing a collective overview of facilities visited.

2.2.1 SSI RECOMMENDATION 20

"Trusts must ensure adequate and appropriate information is available to potential service users and members of the public about the nature of child protection services and how and when to access them. This information should be presented, whenever necessary, in accessible formats, including translations for those for whom English is not a first or competent second language".

Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Responding	Responding
Northern HSC Trust	Practising	Practising
Southern HSC Trust	Practising	Practising
South Eastern HSC Trust	Practising	Practising
Western HSC Trust	Developing	Practising

AWARE	RESPONDING	DEVELOPING	PRACTISING	LEADING
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Belfast Health and Social Care Trust

In all centres visited reception staff provided appropriate responses to queries relating to child protection. It was encouraging to note that there was, generally, always someone available from the social work teams to speak to service users on request. This was also the case in each of the other Health and Social Care Trusts.

Reviewers at the Carlisle Centre and the Shankill Centre found a varied selection of posters and leaflets relating to trust services. Staff advised that this information could be accessed in a variety of different formats. Information was also displayed in relation to the trust complaints procedures. The Shankill Centre provided a suggestion box, allowing service users to provide feedback to the trust. The review team noted that some information was displayed in legacy trust format.

The only information available in the Arches Centre related to the trust complaints procedure.

Northern Health and Social Care Trust

In all the facilities visited the review team found a varied selection of posters and leaflets for the benefit of service users. All facilities, with the exception of Magherafelt, displayed information and posters explaining the trust's complaints procedure. There were also opportunities to allow service users to provide direct feedback to the trust, with the exception of Ellis Street. The review team was advised that information could be accessed in a variety of formats. It was also noted that in all the facilities visited there were a small number of leaflets on display which were in legacy trust format. The review team would commend Ellis Street for providing information at the entrance to the facility in seven different languages.

Southern Health and Social Care Trust

The review team found a varied selection of posters and leaflets about trust services. There were also posters and leaflets prominently displayed providing information on child protection services and the availability of gateway services. A free phone number was available for this service. All of the facilities promoted opportunities for service users to provide feedback to the trust, however, none displayed information on the trust's complaint procedure. It was noted that Children's Order posters were displayed which referred to feedback in terms of satisfaction, suggestions and complaints. Staff in all facilities advised that all information could be accessed in a variety of different formats.

South Eastern Health and Social Care Trust

The review team found a varied selection of posters and leaflets in all facilities which advise service users of trust services. Information and posters explaining the trust's complaints procedure were displayed and opportunities to allow service users to provide feedback to the trust were well promoted. Staff advised that information could be accessed in a variety of formats.

Western Health and Social Care Trust

The review team found a varied selection of posters and leaflets which advised service users of trust services. There was a lack of information in alternative formats, however the trust use interpreters or advocacy services where required. Information and posters explaining the trust's complaint procedures were displayed and opportunities to allow service users to give feedback to the trust were well promoted. The review team was encouraged to note a separate complaints leaflet aimed at younger service users which included references to The Children Order. This included information on providing feedback to the trust. There were also posters providing information on gateway services.

2.2.2 SSI RECOMMENDATION 25

"Trusts must take action to improve the reception, waiting and meeting room facilities within local children's services offices".

Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Practising
Northern HSC Trust	Developing	Developing
Southern HSC Trust	Developing	Developing
South Eastern HSC Trust	Developing	Developing
Western HSC Trust	Developing	Developing



During the facilities audit the assessment of the environment comprised of two distinct areas as follows:

- reception,
- waiting areas and meeting rooms.

Belfast Health and Social Care Trust

In two of the three facilities visited the review team was impressed with the general physical environment. The review team found these centres to be modern, tidy and relaxing. Child friendly and age appropriate material was also available. In the Shankill Centre the review team found the general decor to be tired and dated and available toys were soiled. The review team was subsequently informed that the trust intends to relocate staff from the Shankill Centre into a new purpose built Health and Wellbeing Centre which will be completed in 2010.

In all three facilities there were telephones available for free and direct access to the trust gateway team. In the Carlisle Centre this phone was in a public area with no privacy hood. In the Shankill Centre the review team found client files in an unlocked cabinet in an interview room, used by members of the public.

The meeting rooms in each of the three facilities were appropriately furnished and all had disabled access. All the rooms afforded service users appropriate privacy.

RQIA Recommendation:

Maintain optimal standards within the children's services facilities in the Shankill Centre in the interim period ahead of the planned move into the new Health and Wellbeing Centre.

RQIA Recommendation:

Assess public access to secure areas within the Shankill Centre to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

Northern Health and Social Care Trust

The review team was impressed by the physical environment in Magherafelt Family Centre. However, there were environmental deficits identified in relation to both Slemish Community Services Office and the Ellis Street Complex. Child friendly and age appropriate material was available in Magherafelt and Ellis Street but in Ellis Street some toys were soiled. No toys were available in Slemish Community Services. In two facilities Slemish Community Services (Ballymena) and Ellis Street (Carrickfergus) the review team found closed client files in areas accessible to the public. Health and safety issues were also identified (unguarded radiators in the Ellis Complex and unlocked electrical switchgear cupboards in both Slemish and Ellis Street).

The meeting rooms in each of the facilities were appropriately furnished although the team noted that the decor in the meeting room at Slemish Community Services and in the Ellis Street Complex required attention. All the meeting rooms had disabled access and afforded service users appropriate privacy.

RQIA Recommendation:

Assess the condition of the children's services facilities in both Slemish Community Services (Ballymena) and Ellis Street (Carrickfergus) with a view to immediate or longer term redecoration/refurbishment where appropriate.

RQIA Recommendation:

Assess public access to secure areas within both Slemish Community Services and Ellis Street to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

RQIA Recommendation:

Ensure that reception areas and meeting rooms in both Slemish Community Services and Ellis Street are risk assessed and that any potential hazards are appropriately managed.

Southern Health and Social Care Trust

The review team identified environmental and health and safety deficits in two of the three facilities visited. In both the Legahory Centre and E floor of the South Tyrone Hospital, the review team noted unguarded radiators in public areas. In both facilities the general environment and decor as tired and worn. The environment in Dromalane House was well maintained and appropriately decorated. Child friendly and age appropriate material is available in all facilities, however some toys were soiled.

Deficits were noted in the meeting rooms in the Legahory Centre, which was situated on the first floor with no means of access to wheelchair users or to parents with buggies or push chairs. In addition, E Floor in the South Tyrone suffered from significant maintenance deficits including leaking windows. Similar problems in relation to leaking windows and build up of mould were identified in a number of smaller rooms in this complex primarily used for one to one meetings with clients or to facilitate sensitive contact meetings between parents and children looked after. It would be the view of the review team that these rooms are not fit for purpose.

The rear door in the public toilet on E Floor South Tyrone Hospital gave immediate access to a secure staff area, when asked about this staff said no-one had ever gained access though this door however reviewers felt that a permanent lock should be fitted to prohibit unauthorised access.

RQIA Recommendation:

Assess the condition of the children's services facilities in both the Legahory Centre and at E Floor, South Tyrone Hospital with a view to immediate or longer term redecoration/refurbishment where appropriate.

RQIA Recommendation:

Assess the accessibility of the facilities at Legahory, both for disabled service users and for parents and young children, where deficiencies are identified these should be addressed as appropriate.

RQIA Recommendation:

Assess public access to secure areas within E Floor, South Tyrone Hospital to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

RQIA Recommendation:

Ensure that reception areas and meeting rooms in both the Legahory Centre and at E Floor, South Tyrone Hospital are risk assessed and that any potential hazards are appropriately managed.

South Eastern Health and Social Care Trust

In all three facilities the review team found the environments to be clean and well presented, although it was noted that the Downpatrick facility was in need of some redecoration. As a result of swine flu precautions, toys had been removed from Downpatrick and James Street, some toys were available in Stewartstown and these were visibly clean. There were no environmental hazards noted in any of the facilities visited in the South Eastern Health and Social Care Trust.

The meeting rooms in the three facilities were appropriately furnished and were wheelchair friendly. They all afforded service users privacy, although the team did note that in the smaller interview room in the James Street office effective sound proofing may be a problem.

RQIA Recommendation:

Assess the condition of the children's services facilities in Downpatrick with a view to immediate or longer term redecoration/refurbishment where appropriate.

Western Health and Social Care Trust

In all three facilities the review team found the physical environment was clean, appropriately decorated and in a good state of repair. The review team was impressed to note that in Rosstowney House there is a cleaning rota in place for the toys in use at the reception area. Child friendly and age appropriate material is also available and toys were visibly clean and in good repair.

The review team noted a direct phone line in each of the facilities visited, by which members of the public could contact the trust gateway team with regards to potential child protection concerns. These phones were conspicuously placed but had appropriate privacy measures in place.

The review team also noted environmental hazards in both Rosstowney House and in the offices of Strabane Social Services. In both facilities there are unguarded radiators and water pipes in areas of the building accessed by the public.

The review team was impressed with the meeting rooms in the three facilities visited across the trust. All were appropriately decorated and were designed to enhance the service user experience. All the rooms were wheelchair friendly.

RQIA Recommendation:

Ensure that reception area and meeting rooms in Strabane are risk assessed and that any potential hazards are appropriately managed.

2.2.3 The Service User Experience

The review team assessed the service user experience through discussions with staff and through direct observations of practices in relation to engagement with service users and confidentiality. The opportunities to observe staff/service user interaction was limited, however, when interaction was observed, staff were welcoming in their approach, were polite, courteous and professional. Staff were sensitive to the needs of clients and indicated that they treated service users with empathy, understanding and respect.

In each of the facilities visited all confidential discussions and day to day work takes place in secure areas to which only staff have access. In addition, all computer screens at reception areas are positioned so they cannot be seen by the public. The review team was satisfied that the privacy of service users is further protected by ensuring that meetings are not interrupted, staff are aware when meetings are in progress and signage is used to indicate if rooms are in use.

Reception staff advised that customer care is included at induction training and staff presented as being well equipped to deal with clients in a considerate way, which was sensitive to their individual needs. It was encouraging to note that all reception staff are mindful not to discuss any confidential details at the reception desk. Social work staff indicated that training in communication and handling different situations is inherent in their professional training, however some had availed of additional training offered by trusts. Where staff had not recently availed of such additional training they were very clear that this training is available and could be accessed as required.

Section 3 Summary of Recommendations

The facilities inspections provide a snapshot of the environmental condition within the specified areas on the day of the visit and should not be taken as a representation of standards across the trust.

Belfast Health and Social Care Trust

RQIA Recommendation 1:

Assess the condition of the children's services facilities in the Shankill Centre with a view to immediate or longer term redecoration/refurbishment where appropriate.

RQIA Recommendation 2:

Assess public access to secure areas within the Shankill Centre to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

Northern Health and Social Care Trust

RQIA Recommendation 1:

Assess the condition of the children's services facilities in both Slemish Community Services (Ballymena) and Ellis Street (Carrickfergus) with a view to immediate or longer term redecoration/refurbishment where appropriate.

RQIA Recommendation 2:

Assess public access to secure areas within both Slemish Community Services and Ellis Street to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

RQIA Recommendation 3:

Ensure that reception areas and meeting rooms in both Slemish Community Services and Ellis Street are risk assessed and that any potential hazards are appropriately managed.

Southern Health and Social Care Trust

RQIA Recommendation 1:

Assess the condition of the children's services facilities in both the Legahory Centre and at E Floor, South Tyrone Hospital with a view to immediate or longer term redecoration/refurbishment where appropriate.

RQIA Recommendation 2:

Assess the accessibility of the facilities at Legahory, both for disabled service users and for parents and young children, where deficiencies are identified these should be addressed as appropriate.

RQIA Recommendation 3:

Assess access to secure staff areas within E Floor, South Tyrone Hospital to address weaknesses or vulnerable access points and ensure that all confidential records are stored appropriately.

RQIA Recommendation 4:

Ensure that reception areas and meeting rooms in both the Legahory Centre and at E Floor South Tyrone Hospital are risk assessed and that any potential hazards are appropriately managed.

South Eastern Health and Social Care Trust

RQIA Recommendation 1:

Assess the condition of the children's services facilities in Downpatrick with a view to immediate or longer term redecoration/refurbishment where appropriate.

Western Health and Social Care Trust

RQIA Recommendation 1:

Ensure that reception area and meeting rooms in Strabane are risk assessed and that any potential hazards are appropriately managed.

Chapter 3: Interagency communication at point of referral

Section 1: Introduction

3.1.1 Approach and Scope

SSI Recommendation 23 states that

Trusts must take action to improve the arrangements for other agencies to receive information and feedback about the allocation of referrals made by them.

3.1.2 The Assessment Process

An audit of case files was undertaken to review the timeliness and quality of communication between social services and other agencies involved in safeguarding children, at the time of referral, in line with Area Child Protection Committees' Regional Policy and Procedures¹. Within each trust, a specified number of case notes were selected for audit across a range of referral sources.

3.1.3 The Audit Tool

An audit tool was designed specifically to provide an analysis of communication between the referrer, relevant agencies and the health and social care trust, based on requirements set out in the Area Child Protection Committees' Regional Policy and Procedures (ACPC). This enabled the review team to evaluate the written evidence of communication between social services and other agencies concerning the initial referral, assessments and case planning process.

3.1.4 The Review Team

The review team comprised of three reviewers from RQIA with combined experience of child protection and quality assurance.

¹ Pending the establishment of the Safeguarding Board for Northern Ireland, Cooperating to Safeguard Children (DHSSPS, May 2003) and the Area Child Protection Committees' policy and procedures remains extant. Interim arrangements include the establishment of the Regional Child Protection Committee whose role is to develop a strategic approach to child protection within the overall children's services planning process.

Section 2: Main Findings

3.2.1 SSI RECOMMENDATION 23

"Trusts must take action to improve the arrangements for other agencies to receive information and feedback about the allocation of referrals made by them".

Trust	Trust Level of Maturity	RQIA Assessment
Belfast HSC Trust	Practising	Practising
Northern HSC Trust	Practising	Practising
Southern HSC Trust	Practising	Practising
South Eastern HSC Trust	Practising	Practising
Western HSC Trust	Developing	Practising



Belfast Health and Social Care Trust

A total of 15 files were audited to assess compliance against recommendation 23 of the Overview Report.

At the commencement of the audit the review team met with the trust affiliate and two senior managers. The trust described a number of quality assurance initiatives aimed at ensuring compliance with ACPC policies and procedures and an understanding in relation to thresholds. The RQIA review team was advised that every case within the gateway service is monitored and the safeguarding response is quality assured by a senior social worker. In addition, details were shared of trust involvement in a number of interagency forums designed to promote joint working and mutual understanding. The trust also outlined an initiative with the PSNI around a coordinated response to domestic violence, which entailed the placement of a senior social work practitioner within one of the PSNI Public Protection Unit's.

It was reported that the trust has established a number of internal multi-professional groups. For example, the family support steering group, which in addition to bringing professionals together, has a major input from an extensive range of community groups. This steering group has an important relationship with the gateway team and is underpinned by the trust's child protection panel and the interim Regional Child Protection Committee.

The review team found that appropriate action is being taken by the trust in ensuring that referral agencies are informed of interventions made, as per the requirements of the Regional ACPC Policy and Procedures and the Gateway Services Processes, Guidance (April 2008). This includes a written acknowledgement of the referral and the identification of a named contact person. From the 15 files audited, it was apparent that this process is working well. Where, at point of referral, cases were clearly identified as child protection, appropriate safeguarding action is being taken and policies and procedures are being followed.

In relation to joint investigations with the PSNI, where this is part of the initial referral, there is good written evidence of communication between all parties. There is also appropriate use of the Protocol for Joint Investigation for alleged and suspected cases of child abuse in Northern Ireland and the associated PJI suite of forms. The review team did however note some omissions with regards to the use of the PJI7 form which should be used to document the decision to conclude a joint investigation.

In each of the 15 files audited the initial assessment was completed on a UNOCINI, however, the review team noted that, on a number of files, there was more than one UNOCINI. It was subsequently explained that duty officers compile initial information onto a single UNOCINI at the point of referral and when a case is allocated to a social worker they undertake an additional assessment and input the information onto a further UNOCINI template. The review team would be concerned that this practice may lead to confusion in relation to the status of the UNOCINI document.

Within 6 of the 15 files audited, the referring agency had completed a UNOCINI proforma as the referral tool. The review team felt that the referral information contained in these six

referrals was presented in a focused fashion. For the remaining nine cases, where the referrer did not complete a UNOCINI, there were significant deficits in relation to referring agencies providing written referrals to social services.

In a number of the files audited the review team noted appropriate communication between the gateway team and the out-of-hours social work team. This communication relating to information concerning cases already open to the gateway team, or in relation to new referrals which emanated out-of-hours, is documented on a comprehensive template.

There is evidence of robust sharing of information between out-of-hours services and day time services. The review team would suggest that the adoption by the out-of-hours social work team of the UNOCINI framework would lead to a better standardisation of practice.

RQIA Recommendation:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Northern Health and Social Care Trust

A total of 12 files were audited to assess compliance against recommendation 23 of the Overview Report.

Prior to the commencement of the audit a senior trust manager informed the review team of a number of initiatives in place to promote interagency working. These included multiagency seminars, specific initiatives around the interface between children's services and mental health, including the appointment of mental health champions within children services.

The review team was also informed of named health visiting leads located throughout the trust, and of an initiative, in one locality, where a manager from social services attends a headmaster's forum, coordinated by local schools. It was reported that these initiatives, in conjunction with statutory forums such as the trust child protection panel and the interim Regional Child Protection Committee enhance multidisciplinary working.

The review team recognised that these initiatives served to develop a mutual understanding of the roles and responsibilities of different agencies and helped to inform and improve knowledge and awareness of systems and processes in child protection.

The review team found that follow up communication to agencies that had made a referral to any of the trust gateway teams is working well. In all 12 files audited, appropriate action was being taken by the trust, in line with the Regional ACPC Policy and Procedure and the Gateway Services Processes Guidance. In all files audited there was a written acknowledgement of the referral, and a named contact person within social services was identified who would progress the referral. Evidence from the audit confirmed that referring agencies are informed in writing of case closure and of the transfer of cases to family support teams. None of the cases audited had progressed to an initial child protection case conference.

In six of the 12 files audited referral agencies completed a UNOCINI as the referral tool. In cases where the agency had made a telephone referral this was not always followed up in writing, as per the requirements of the ACPC policy and procedures.

In one of the files audited, the review team was unclear in relation to the flow of information between the out-of-hours social services team and the gateway team. During the feedback, the review team was informed that there is an established protocol to manage information between the out-of-hours and the gateway service. This includes a referral template from out-of-hours services to gateway. In this particular case the review team did not find evidence of the use of a protocol or template.

In all files audited there was evidence of senior social worker oversight of written communication to the referral agency. There was also strong evidence of case management supervision.

RQIA Recommendation:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust

should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation:

The trust must ensure compliance with ACPC Policy and Procedures with regards to providing written confirmation to the referrer of receipt of the referral, including agreed action and categorisation of the referral.

RQIA Recommendation:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Southern Health and Social Care Trust

A total of 15 files were audited to assess compliance against recommendation 23 of the Overview Report.

At the commencement of the visit a trust manager provided an overview of child protection and safeguarding services within the trust. This was a valuable context for the review team. The trust manager reported on a number of initiatives to enhance multiagency understanding and to promote effective interagency working in the area of safeguarding. A senior social work practitioner is attached to the PSNI Public Protection Unit. The trust has a process of systematically reviewing cases of re-registration and a strategy to ensure child protection issues are considered within adult mental health "Think Child, Think Parent, Think Family".

The trust management structure places community children's nursing and health visiting in the same management division as family and child care social work colleagues. These staff come under the responsibility of a single director. It was reported that this arrangement facilitates opportunities for multidisciplinary communication which leads to a better understanding of roles and responsibilities at operational level. The review team was informed that these initiatives complemented the core multi-agency activity of the trust's child protection panel and the interim Regional Child Protection Committee.

The trust is taking appropriate action in providing feedback to and communicating with other agencies. In the majority of files audited there was a written acknowledgement of the referral, and a named contact person within social services had been identified who would progress the referral. There is evidence of sound multidisciplinary working and cooperation at the referral stage. In those cases where there were immediate child protection concerns, appropriate safeguarding action is being taken and child protection policies and procedures are being followed.

There is good documented evidence of the implementation of the joint protocol procedure and investigation with the PSNI, and appropriate use of the PJI suite of forms. The review team did, however, note gaps in the completion of the PJI7 form by the PSNI.

In eight of the 15 files audited, referrals were made on a UNOCINI template. The review team noted a particularly well completed referral from a staff member within Daisy Hill Hospital. The review team also noted a particularly well completed comprehensive UNOCINI, where the social worker had grounded the assessment in relevant research. The review team was impressed with this approach.

In each of the 15 files there was evidence of written confirmation to all relevant agencies, and to the families, outlining the outcome of the initial gateway involvement, indicating either case closure or referral to family support. Where the case was referred for family support, the letter included details of the relevant family support team and the named manager. The review team noted that a number of transfer letters were not signed. It was subsequently explained that these were copy letters. Whilst accepting this, the review team felt that all letters on file should be signed by the author.

A number of files audited indicated the involvement of the out-of-hours social work team. One of these cases had resulted in a referral to gateway by the PSNI. It was explained by the trust affiliate that a template is available for use by the out-of-hours service for forwarding information and, where deemed necessary, for making a referral to the gateway team. It was further explained that the out-of-hours service would not commence a UNOCINI assessment for new referrals which originate out-of-hours. The review team felt that the process of sharing information between the out-of-hours and gateway services could be enhanced by the use of the UNOCINI assessment framework.

In each of the 15 files audited, there was evidence of case management supervision and a template is used for the audit of files.

RQIA Recommendation:

The trust should ensure, with partner agencies, compliance with the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged Cases of Child Abuse.

RQIA Recommendation:

The trust should ensure that all professionals with safeguarding responsibilities are familiar with and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation:

The trust should ensure that all correspondence in case files is signed and dated by the author, as per the Administration Systems, Recording Policy Standards and Criteria.

RQIA Recommendation:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

South Eastern Health and Social Care Trust

A total of 15 files were audited to assess compliance against recommendation 23 of the Overview Report.

The review team met with the trust affiliate, who reported on a number of strategies and initiatives intended to enhance and support multidisciplinary working. There are quarterly meetings with the PSNI and probation to ensure there is a strong emphasis on public protection. To support this strategy, a pilot has been initiated where a social services senior practitioner is placed with the PSNI Public Protection Unit in one police division. The review team was informed of a number of multigency forums involving various health professionals and representatives from schools, who meet both at a local and strategic level. This interagency work is underpinned and driven by the work of the trust's child protection panel and the interim Regional Child Protection Committee.

Trust feedback on referrals to the gateway teams is appropriate and is working well. In the 15 files audited there was evidence that referrals are being acknowledged in writing, identifying a social work professional who acts as a point of contact for the referrer. In the majority of the 15 files there is written confirmation to referrer, relevant agencies and the families of case closures or transfers. Appropriate details were also documented in relation to how to make re referrals in the case of closure, and contact details of the senior social worker in relation to cases that were transferred to another team.

The review team noted a small number of files where letters were not signed. It was subsequently explained that these were copy letters, with the signed originals being sent in the post. Whilst accepting this, the review team remains of the opinion that there should be signed copies of all communication retained on file.

The review team found all files well structured with relevant content and accessible information. The review team was particularly impressed with the quality of work and presentation of one of the files audited. The assessment and intervention in this case was directed by research and evidence based practice. This case example was commended by the review team and was included in the feedback to the trust at the conclusion of the review.

In cases where it was clear that there were child protection concerns, appropriate safeguarding action was taken and ACPC Policies and Procedures were being followed. With regard to joint protocol work with PSNI, there was use of the PJI forms, outlining the stages of referral and investigation. The review team did however note some omissions with regards to the use of the PJI7 form which should be used to document the decision to end a joint investigation.

In eight of the 15 files audited the referrer made the referral on the UNOCINI template. The review team noted a particularly well completed UNOCINI referral from a member of staff from an accident and emergency unit within the trust. The trust continues to encourage other agencies to engage in the UNOCINI process.

The file audit noted that where there was contact with the out-of-hours social work team, either in terms of an active case or if a referral had originated out-of-hours, referrals and

information is forwarded by email to the local office immediately. The review team noted that the out-of-hours team did not use the UNOCINI format and would suggest that the UNOCINI assessment framework should be used as a referral tool by the out-of-hours team for new referrals.

RQIA Recommendation:

The trust should ensure, that all correspondence in case files is signed and dated by the author, as per the Administration Systems, Recording Policy Standards and Criteria.

RQIA Recommendation:

The trust should ensure with partner agencies, compliance with the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged Cases of Child Abuse.

RQIA Recommendation:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Western Health and Social Care Trust

A total of 15 files were audited to assess compliance against recommendation 23 of the SSI Overview Report.

At the commencement of the audit senior trust managers reported on a number of strategies and initiatives designed to promote interagency working and understanding. The trust is currently developing an innovative model of intervention and support for families known as the "Safety in Partnership" initiative. This model draws heavily on developing strengths within families and building in additional safety measures. An essential element of the initiative is the role of voluntary agencies and other relevant professionals.

The gateway team facilitates weekly meetings with all relevant voluntary and statutory agencies involved with a family. In addition, the trust reported that they have recently organised a workshop to further promote the integration of children's services and to design and organise services around the "whole child". This work has been shared with the trust's child protection panel and with the regional child protection committee.

The review team commended recent work undertaken by the gateway service in the trust. This work relates to reviewing the source of referrals, with a view to further developing working relationships around common operational issues, such as thresholds for child protection intervention.

Evidence from each of the 15 files audited clearly indicated that trust action in relation to feedback and information on cases referred to gateway is robust and is in compliance with policy and procedure. In the majority of files audited there was evidence of acknowledgement letters forwarded to referrers and of letters sent documenting case closures or transfers to all relevant agencies, as well as to families.

In addition, the review team noted attempts by the trust to encourage families and agencies to formally evaluate the quality and effectiveness of the gateway service intervention by the completion of feedback forms. This initiative was strongly commended by the review team.

Of the referrals audited, the review team found only one example of a referrer using the UNOCINI framework to make the initial referral. Senior trust management acknowledged that this remains an area which requires further attention and development.

None of the cases audited involved the initiation of formal child protection procedures. Consequently the review team cannot comment on this element of recommendation 23.

The review team noted the involvement of the out-of-hours social work service in a number of cases. Evidence from the audit indicated that communication between out-of-hours social workers and the gateway team is appropriate, with information being forwarded in a timely fashion. It was noted, however, that the out-of-hours service does not use the UNOCINI framework. The review team would be of the view that communication between gateway and the out-of-hours service could be enhanced by the adoption of the UNOCINI framework by out-of-hours social work staff.

Finally, in all the referrals audited the review team found evidence of management oversight and case management supervision.

RQIA Recommendation:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Section 3 Summary of Recommendations

Belfast Health and Social Care Trust

RQIA Recommendation 1:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation 2:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Northern Health and Social Care Trust

RQIA Recommendation 1:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation 2:

The trust must ensure compliance with ACPC Policy and Procedure with regards to providing written confirmation to the referrer of receipt of the referral, including agreed action and categorisation of the referral.

RQIA Recommendation 3:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Southern Health and Social Care Trust

RQIA Recommendation 1:

The trust should ensure with partner agencies compliance with the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged Cases of Child Abuse.

RQIA Recommendation 2:

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation 3:

The trust should ensure that all correspondence in case files is signed and dated by the author, as per the Administration Systems, Recording Policy Standards and Criteria.

RQIA Recommendation 4:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

South Eastern Health and Social Care Trust**RQIA Recommendation 1:**

The trust should ensure that all correspondence in case files is signed and dated by the author, as per the Administration Systems, Recording Policy Standards and Criteria.

RQIA Recommendation 2:

The trust should ensure with partner agencies compliance with the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged Cases of Child Abuse.

RQIA Recommendation 3:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Western Health and Social Care Trust**RQIA Recommendation 1:**

The trust should ensure that all professionals with safeguarding responsibilities are familiar and competent in the use of the UNOCINI assessment framework. In addition, the trust should liaise with other agencies to encourage the development and use of the UNOCINI assessment framework when making referrals to social services.

RQIA Recommendation 2:

The trust should adopt the use of the UNOCINI assessment framework within the out-of-hours social work team/service.

Appendix 1: Findings from the Staff Questionnaire

Section 1: Introduction

Supervision is a process which entails preparation, open discussion and the implementation of decisions. Both supervisors and supervisees have a responsibility to contribute positively to this process. Supervision should operate at all professional levels in the organisation.

The RIT supervision policy sets the framework and minimum standards for health and social care trusts to implement an effective and consistent approach to child care supervision practice. Supervision and appraisal are important ways of ensuring staff deliver a high standard of service to children and families, carry out their duties according to policy and procedures and meet departmental and corporate targets. Supporting staff through supervision improves working practices and contributes to better service delivery and outcomes for children.

Section 2: Methodology

To assist in the assessment of the effectiveness and provision of supervision process a staff questionnaire, based around the requirements of the Supervision Policy, Standards, and Criteria; Regional Policy for Northern Ireland Health and Social Care Trusts (February 2008), was designed to monitor the arrangements in place for social work staff involved in child protection services within health and social care trusts.

In October 2009 questionnaires were disseminated to each of the five health and social care trusts in Northern Ireland. Questionnaires were issued via the RQIA affiliate in each trust for onward dissemination to approximately 500 staff within both gateway and family support services.

Participation was voluntary and the questionnaire generated considerable interest and response; 242 staff completed and returned questionnaires to the RQIA giving an average overall response rate of 47%. These numbers are broken down into individual trust areas illustrated in the table below.

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust
Total Staff in post	110.5	105.5	116.8	93	86
No of questionnaires returned	31	54	42	43	72
Response Rate	28%	51%	36%	46%	84%

Section 3: Findings of the staff questionnaire

The Quality Standards for the Health and Personal Social Services (HPSS in Northern Ireland) identifies corporate leadership and accountability as key themes for all health and social care organisations. The standards state that “HPSS organisations and professionals must provide effective leadership and clear direction to make the most of its people, skills, time and money so as to deliver safe, sustainable and high quality services in health and social care”. The ability of the organisation to reach and maintain the standard is independent on the workforce and the opportunities for support and continuous improvement. A key component which will measure the quality of services provided is staff supervision. Supervision provides an opportunity to reflect on standards of practice and also consider the needs of the individual in terms of support and continuous professional development.

The supervision policy outlines 12 key standards which need to be in place in order for agencies to ensure a consistent approach to supervision at all levels and across the trusts.

Standard 1: All staff are provided with formal and regular supervision.

The Supervision policy gives guidance on the expected frequency of supervision for staff working within children's services. The RQIA explored the provision and frequency of supervision in Northern Ireland, the majority of the respondents (99.2%) to the questionnaire indicated that they did receive formal supervision.

Are you provided with formal supervision? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	29	54	41	43	72	99.2%	239
No	1	0	0	0	0	0.4%	1
Don't know/Not sure	0	0	1	0	0	0.4%	1
<i>answered question</i>							241
<i>skipped question</i>							1

Of the responses received the majority of staff (69.6%), across all trusts, indicated that they received formal supervision on a monthly basis. It was noted that 11.7% of staff received infrequent supervision, this is defined as less than monthly and one respondent said they had never had supervision.

How often does your supervision meeting take place? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Weekly	1	4	0	0	0	2.1%	5
Fortnightly	9	9	6	6	9	16.3%	39
Monthly	18	30	32	31	56	69.6%	167
Infrequently (Less than monthly)	2	10	3	6	7	11.7%	28
Never	0	0	1	0	0	0.4%	1
<i>answered question</i>							240
<i>skipped question</i>							2

For staff undergoing their assessed year in employment, formal supervision should take place, as a minimum, at fortnightly intervals and this standard will apply for 12 months. Unfortunately the response rate from AYE staff to the RQIA questionnaire was poor. Only 12 such staff replied however, of these 12, nine indicated that they did, in fact, receive fortnightly supervision whilst three AYE staff indicated that they had supervision on a monthly basis.

For all other staff, during their first six months of employment, formal supervision should take place, as a minimum, at fortnightly intervals. Following confirmation in post, practitioners should receive formal supervision, as a minimum, at monthly intervals. There were 62 staff who responded to the questionnaire who were in post six months or less and the majority (51.6%) of respondents in this category reported having supervision on a monthly basis.

How often does your supervision meeting take place? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Weekly	1	2	0	0	0	4.8%	3
Fortnightly	1	8	3	5	8	40.3%	25
Monthly	3	5	4	4	16	51.6%	32
Infrequently	1	0	0	0	0	1.6%	1
Never	0	0	1	0	0	1.6%	1
<i>answered question</i>							62
<i>skipped question</i>							0

Furthermore, of the 62 staff who were in post for six months or less, 25 staff (40.3%) reported having fortnightly supervision and 3 (4.8%) staff, who were in post less than six months, reported having weekly supervision.

It is recognised that the frequencies stipulated in the supervision policy assume staff are in full-time employment and that trusts may need to adjust these frequencies for staff who are employed on a part-time basis.

Standard 2: Supervision is arranged and conducted in such a way as to permit proper reflection and discussion.

Supervision is not subject to cancellation and can only be postponed in exceptional circumstances. Any postponed session must be reconvened at the earliest opportunity.

The RQIA questionnaire found that the majority of staff had experienced cancellation of supervision, however this was generally rearranged. Of the staff who responded, 32 (13.3%) said their supervision had been cancelled without being rearranged and an equal amount of staff indicated that their supervision had never been cancelled.

Has your supervision session ever been cancelled? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	2	7	5	6	12	13.3%	32
Yes - but is generally rearranged	25	38	35	27	51	73.3%	176
No	3	8	2	10	9	13.3%	32
<i>answered question</i>							240
<i>skipped question</i>							2

Staff who had indicated that their supervision had been cancelled or had been cancelled but generally rearranged were further asked to indicate the reasons why their supervision had been cancelled.

The results of the questionnaire showed that 164 staff had indicated that supervision had been cancelled due to workload pressures. Where the supervisor is absent long-term from work (because of e.g. sick leave) alternative arrangements should be made by senior management to provide supervision. Of those who responded to the questionnaire 45 staff (19.3%) had supervision cancelled due to sick leave, although it is not clear from the response if the person on sick leave was the manager or the social worker themselves.

Other reasons given for the cancellation of supervision were, annual leave (44 staff) and training commitments (42 staff). A further 39 staff indicated that their supervision had been cancelled for other reasons.

If you answered YES or YES - BUT IT IS GENERALLY REARRANGED to question 13 above - can you please indicate why your supervision was cancelled? (Please tick all which apply) If you answered NO to question 13 please tick 'Not Applicable' and proceed							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Workload pressures	20	38	35	25	46	70.4%	164
Sick leave	6	8	10	8	13	19.3%	45
Annual leave	5	13	10	6	10	18.9%	44
Training commitments	4	10	10	3	15	18.0%	42
Other	7	8	7	8	9	16.7%	39
Don't know/Not sure	0	2	0	4	5	4.7%	11
Not applicable	3	7	1	8	6	10.7%	25
<i>answered question</i>							233
<i>skipped question</i>							9

*The number of reasons given in response to this question are greater than the total number of respondents for this question as respondents were asked to select as many options as they felt appropriate.

Standard 3: All supervisory relationships are subject to a written agreement to be drawn up within the first six weeks of the start of the relationship.

This written agreement should outline the respective roles and responsibilities of the supervisor and supervisee. It should indicate the frequency of supervision and the agenda, structure and recording of the meetings.

In addition, the agreement should outline how KSF performance and development review requirements are to be met, how differences in the working relationship are to be managed and how the principles of diversity (within the supervisor/supervisee relationship and in service delivery) are to be handled.

The agreement will also stipulate how and when the agreement is to be reviewed, including how feedback on the quality of supervision will be obtained.

Did you receive a written supervision agreement within six weeks of taking up your current post? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	19	20	11	21	44	48.5%	115
No	7	23	18	14	16	32.9%	78
Don't know/Not sure	3	7	8	8	4	12.7%	30
Not applicable (in post <6 weeks)	1	2	4	0	7	5.9%	14
<i>answered question</i>							237
<i>skipped question</i>							5

Standard 4: Supervision is a planned and purposeful activity.

Both supervisor and supervisee prepare for supervision by identifying issues to be addressed. An agenda should be drawn up in advance of any supervision meeting. Both supervisor and supervisee may contribute to this. The response to the staff questionnaire indicated that in the majority of cases there is a shared agenda for supervision.

In relation to supervision and record keeping please answer each of the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
Is there a shared agenda for supervision?						
Yes	23 (79.3%)	47 (88.7%)	32 (82.1%)	37 (86.0%)	60 (87.0%)	
No	5 (17.2%)	1 (1.9%)	5 (12.8%)	5 (11.6%)	7 (10.1%)	
Don't know/Not sure	1 (3.4%)	5 (9.4%)	2 (5.1%)	1 (2.3%)	2 (2.9%)	
	29	53	39	43	69	233

It is very important that supervision is recorded in a structured way. Actions should be fully recorded and a copy of these should be placed on the child's file. The RQIA questionnaire asked staff if actions are identified and the majority of staff in all trusts reported that this is the case.

In relation to supervision and record keeping please answer each of the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
During supervision are actions identified and recorded?						
Yes	27 (93.1%)	50 (98.0%)	39 (100.0%)	43 (100.05)	69 (98.6%)	
No	1 (3.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Don't know/Not sure	1 (3.4%)	1 (2.0%)	0 (0.0%)	0 (0.0%)	1 (1.4%)	
	29	51	39	43	70	232

For those staff who work directly with children and families the supervisor is required to regularly read a sample of the supervisee's case records. Records must be signed and dated, to indicate they have been read. A number of files are chosen to be reviewed in supervision. The results of the questionnaire indicated that a significant number of staff in all trusts were unsure if their supervisor signed and dated their case files.

As part of the supervision process, does your first line manager/supervisor systematically sign and date all case files? (Please tick one)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Only 1 or 2 files	3	5	13	10	11	19.6%	42
Half off all files	3	2	3	2	2	5.6%	12
The majority of files	2	6	0	4	6	8.4%	18
All files	8	17	1	4	20	23.4%	50
Don't know/Not sure	10	16	18	21	28	43.5%	93
						<i>answered question</i>	214
						<i>skipped question</i>	28

Standard 5: All supervision sessions should be recorded promptly, competently and stored properly.

Supervision sessions are, in general, confidential exchanges between supervisor and supervisee. However, the supervision record is an organisational document which may be seen by others for e.g. audit and inspection purposes, or where there are grievances or disciplinary proceedings.

Supervision should always be recorded in a timely manner and in such a way that the content and decisions can be readily understood and audited. Written notes should be maintained by the supervisor, with a copy for the staff member. Where other staff are providing aspects of supervision/mentoring this should also be recorded. The majority of respondents, across all trusts, reported that a written record of supervision is maintained.

In relation to supervision and record keeping please answer each of the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
Is a written record of the supervision maintained?						
Yes	28 (96.6%)	50 (98.0%)	36 (94.7%)	42 (100.0%)	69 (98.6%)	
No	1 (3.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.4%)	
Don't know/I Don't know/Not sure	0 (0.0%)	1 (2.0%)	2 (5.3%)	0	0	
	29	51	38	42	70	230

All notes should be signed as agreed records at the end of a session or beginning of the next. Personal information will only be recorded where it is causing concern in relation to the individual's work performance. The majority of respondents to the RQIA questionnaire stated that records of supervision are jointly signed off.

In relation to supervision and record keeping please answer each of the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
Are written records of supervision jointly signed?						
Yes	24 (82.8%)	46 (88.5%)	23 (59.0%)	39 (95.1%)	66 (94.3%)	
No	5 (17.2%)	5 (9.6%)	15 (38.5%)	2 (4.9%)	3 (4.3%)	
Don't know/Not sure	0 (0.0%)	1 (1.9%)	1 (2.6%)	0 (0.0%)	1 (1.4%)	
	29	52	39	41	70	231

The supervision agreement should state how supervision will be reviewed and supervisees should be given opportunities to evaluate and feedback about the quality and helpfulness of the supervision process. The majority of respondents said they were not given the opportunity to evaluate their supervision.

Are you ever give the opportunity to evaluate the supervision you receive e.g. via the completion of an assessment form? (Please tick one)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	8	5	2	3	10	12.2%	28
No	21	47	36	40	59	88.3%	203
						<i>answered question</i>	230
						<i>skipped question</i>	12

It is the supervisee's responsibility to record any case-related decisions, outside of formal supervision, on the case file. They should make it clear with whom they have consulted, especially if a decision is made outside a formal supervision meeting (an 'impromptu' consultation) or involves another manager.

All actions identified should be fully recorded and a copy of these should be placed on the child's file. Responses to the questionnaire showed that the majority of respondents reported that actions are identified during supervision, however, the questionnaire did not explore if decision are routinely placed on the child's file.

Standard 6: Supervisors and supervisees are trained to carry out their role.

Neither supervisors nor supervisees are likely to maximise the benefit of supervision unless they are adequately trained to understand and carry out their duties. Supervision must be integrated into induction processes and training must be provided.

Staff were asked if they had been provided with induction for their current post and if this included an induction to the AYE process, if appropriate. It was pleasing to see that in 4 of the 5 trusts over half of staff responding had received induction for their current post.

Were you provided with induction for your current post? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	16	35	27	30	35	59.6%	143
No	15	19	15	12	36	40.4%	97
<i>answered question</i>							240
<i>skipped question</i>							2

When these results were further analysed it was possible to determine which of these staff were in their Assessed Year in Employment and to establish if these staff had received additional induction specifically related to the AYE process. Only 12 AYE staff replied however of these 12 staff, eight indicated that they had received induction on the AYE process.

If you are in your Assessed Year in Employment (AYE) did you receive induction on the AYE process? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	1	2	1	1	3	66.7%	8
No	1	0	0	0	3	33.3%	4
Not applicable	0	0	0	0	0	0.0%	0
<i>answered question</i>							12
<i>skipped question</i>							0

Those who have staff management responsibilities were asked if they had received training in staff supervision and appraisal. The majority of staff for whom this question was applicable did indicate that they had received training in staff supervision and appraisal.

If you manage staff have you received training in staff supervision and appraisal? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	7	14	11	12	9	22.3%	53
No	3	7	2	3	4	8.0%	19
Not applicable	21	32	29	26	58	69.7%	166
<i>answered question</i>							238
<i>skipped question</i>							4

The questionnaire further explored how effective supervision is at identifying development needs. The majority of respondents felt that supervision is very effective in identifying development needs.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count	
How effective is the process in identifying your development needs?							
Not Effective	5 (17.2%)	7 (13.2%)	7 (17.9%)	8 (18.6%)	9 (13.0%)		
Slightly Effective	9 (31.0%)	18 (34.0%)	12 (30.8%)	11 (25.6%)	23 (33.3%)		
Very Effective	14 (48.3%)	26 (49.1%)	19 (48.7%)	23 (53.5%)	35 (50.7%)		
Don't Know/Not Sure	1 (3.4%)	2 (3.8%)	1 (2.6%)	1 (2.3%)	2 (2.9%)		
	29	53	39	43	69		233

Standard 7: The supervisor ensures that the management (competent, accountable performance) function is met.

Adhering to the principles within the supervision policy should ensure that the management function is met. This should be read in conjunction with standard 8.

Standard 8: The supervisor ensures that the continuing professional development function (including the post registration training and learning requirement (PRTL) set down by NISCC) is met.

All staff in health and social services are now required to complete the Knowledge and Skills Framework (KSF) Performance and Development Joint Review on an annual basis. The KSF Performance Review provides an opportunity for the staff member to reflect on their knowledge, skills and values in a structured way, focusing on the knowledge and skills required for their job profile. The line manager completes the performance review form at this meeting. Individuals will be assessed on examples of practice and the social worker and team manager will need to identify the most relevant examples in order to meet the requirements.

It has been agreed by the Northern Ireland Social Care Council (NISCC) that the KSF Performance Review form may be used for meeting the post registration requirements for NISCC. The Personal Development Plan of the KSF Performance and Development Joint Review will suffice as the Training Plan required for the NISCC post registration requirements (Training and Learning Plan). Social Workers can photocopy the Personal Development Plan into their NISCC folder, to be presented to NISCC on request.

The staff questionnaire explored the prevalence of staff performance and review systems across each of the five trusts. The results showed that with the exception of the Belfast Trust the majority of staff did not have an agreed personal development plan in place.

Do you have an agreed Personal Development Plan? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	17	19	12	11	27	37.1%	86
No	12	33	27	33	43	63.8%	148
<i>answered question</i>							232
<i>skipped question</i>							10

Furthermore the majority of staff in all trusts had not yet completed an appraisal as part of the Knowledge and Skill framework (KSF) procedure.

Have you completed an appraisal with your supervisor as part of the Knowledge and Skills Framework? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	13	17	11	7	10	25.0%	58
No	16	35	28	37	60	75.9%	176
<i>answered question</i>							232
<i>skipped question</i>							10

A training needs analysis was being undertaken by a minority of staff who responded to the questionnaire.

Is a training needs analysis undertaken as part of the appraisal? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	14	24	15	18	30	45.5%	101
No	14	21	23	26	39	55.4%	123
<i>answered question</i>							222
<i>skipped question</i>							20

Standard 9: The supervisor ensures the support function is met.

Supervision should provide appropriate support this may include:

- enabling staff to cope with the stresses that the work entails
- offering advice on help available to cope with stress and personal issues
- creating a safe climate for workers to examine their practice
- helping workers explore the effect of the work on them, both personally and professionally
- helping workers explore emotional blocks to the work
- monitoring the overall functioning of workers, especially with regard to the effects of stress, team dynamics and relationships

The RQIA questionnaire aimed to reflect on the effectiveness of the supervision process. Staff were asked how effectively their workload is managed. Of those responding, the majority felt that the supervision process was either slightly effective or very effective as a tool to manage workload, however the results across each category varied by trust.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
How effectively is your workload managed?						
Not Effective	2 (6.9%)	0	3 (8.1%)	3 (7.1%)	6 (8.7%)	
Slightly Effective	13 (44.8%)	18 (34.0%)	10 (27.0%)	21 (50.0%)	25 (36.2%)	
Very Effective	14 (48.3%)	34 (64.2%)	24 (64.9%)	18 (42.9%)	37 (53.6%)	
Don't Know/Not Sure	0	1 (1.9%)	0	0	1 (1.4%)	
	29	53	37	42	69	230

The questionnaire also explored how effectively the supervision process is in providing such support. Results were more defined and the majority of staff across all trusts reported that the supervision process is very effective at providing the necessary support.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
How effective is the process in providing support?						
Not Effective	2 (6.9%)	2 (3.8%)	2 (5.4%)	2 (4.7%)	3 (4.3%)	
Slightly Effective	7 (24.1%)	9 (17.0%)	9 (24.3%)	7 (16.3%)	22 (31.4%)	
Very Effective	20 (69.0%)	40 (75.5%)	26 (70.3%)	33 (76.7%)	43 (61.4%)	
Don't Know/Not Sure	0	2 (3.8%)	0	1 (2.3%)	2 (2.9%)	
	29	53	37	43	70	232

It is important to distinguish between support and counselling. Whilst the impact of the work on the supervisee is an appropriate focus of supervision, seeking to resolve the personal problems of the supervisee is not. Staff support services should be easily accessible for all staff.

Standard 10: The supervisor ensures the engagement (of the individual with the organisation) function is met.

In order to fulfil this function supervision must communicate effectively with staff about organisational changes and initiatives and consult with staff and feed back to management on how organisational policies/practice is perceived.

Staff were asked about the effectiveness of the supervision process in both making them aware of the explicit agency expectations. In each of the 5 trusts the majority of respondents reported that managers were very effective when making staff aware of their agency expectations.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
How effectively does your manager make you aware of explicit agency expectations?						
Not Effective	2 (6.9%)	0	0	2 (4.7%)	2 (2.9%)	
Slightly Effective	5 (17.2%)	9 (17.0%)	4 (10.5%)	4 (9.3%)	15 (21.7%)	
Very Effective	22 (75.9%)	43 (81.1%)	33 (86.8%)	36 (83.7%)	47 (68.1%)	
Don't Know/Not Sure	0 (0.0%)	1 (1.9%)	1 (2.6%)	1 (2.3%)	5 (7.2%)	
	29	53	38	43	69	232

Staff were also asked to comment on the effectiveness of the process in highlighting the competencies required to meet these statutory obligations. In each of the 5 trusts the majority of respondents reported that managers were very effective in highlighting the competencies required to meet these obligations.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
How effectively does your manager highlight competencies required to meet the agencies statutory obligations?						
Not Effective	3 (10.3%)	0	0	3 (7.0%)	8 (11.4%)	
Slightly Effective	4 (13.8%)	8 (15.4%)	7 (17.9%)	12 (27.9%)	20 (28.6%)	
Very Effective	22 (75.9%)	42 (80.8%)	31 (79.5%)	26 (60.5%)	39 (55.7%)	
Don't Know/Not Sure	0	2 (3.8%)	1 (2.6%)	2 (4.7%)	3 (4.3%)	
	29	52	39	43	70	233

Overall staff were asked to indicate how effectively the supervision process engages them within the functions of the organisation. In each of the 5 trusts the majority of respondents reported that the supervision process was very effective in achieving engagement.

Thinking about your own supervision, please answer the following questions. (Please tick only one answer for each question)

	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Count
How effectively does the process engage you in the organisation?						
Not Effective	6 (20.7%)	3 (5.7%)	2 (5.1%)	1 (2.3%)	3 (4.3%)	
Slightly Effective	7 (24.1%)	11 (20.8%)	17 (43.6%)	17 (39.5%)	26 (37.7%)	
Very Effective	16 (55.2%)	34 (64.2%)	18 (46.2%)	21 (48.8%)	36 (52.2%)	
Don't Know/Not Sure	0	5 (9.4%)	2 (5.1%)	4 (9.3%)	4 (5.8%)	
	29	53	39	43	69	233

Standard 11: Supervision promotes a commitment to diversity in all aspects of work

All children and families are entitled to the same quality of service irrespective of ethnicity, religion, language, gender, age, disability or sexual orientation. This was not explored further by the staff questionnaire.

Standard 12: Managers assure the quality of supervision.

Quality assurance is the responsibility of both the first-line manager and senior management. The first-line manager should read a sample of the supervisee's case records regularly to ensure adherence to policy and the quality of work undertaken. From this s/he should select a number of cases to review in supervision.

Staff were asked if all case files are reviewed by their first line manager as part of the supervision process. Almost half of respondents stated that their case files are reviewed, however a significant number of respondents said that files were not reviewed as part of the supervision process.

Are all case files/records reviewed by your first line manager/supervisor as part of the supervision process? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	12	25	17	21	34	48.0%	109
No	9	19	16	19	24	38.3%	87
Don't know/Not sure	7	7	4	3	11	14.1%	32
<i>answered question</i>							227
<i>skipped question</i>							15

Senior managers are also responsible for assuring the quality of supervision and the performance of staff. To this end they should regularly audit small random samples of case files and supervision records to ensure adherence to policy and the provision of high-quality supervision. It is not realistic for senior managers to review all case/supervision records. The key is regular audit of small samples – maybe six or eight such records. It may be productive to conduct case records thematically i.e. to examine a sample of files relating to disabled or looked after children or children subject to specific in need or child protection processes.

Results from the staff questionnaire indicated that staff in some trusts are unsure if senior managers are sampling a selection of case files. It should be noted that if any functions of supervision are undertaken by a third party, the line manager must coordinate the process and ensure effective communication.

Does a senior trust manager sample and sign a selection of your caseload files? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Yes	8	25	18	11	16	34.5%	78
No	2	7	6	12	14	18.1%	41
Don't know/Not Sure	18	20	13	18	39	47.8%	108
<i>answered question</i>							226
<i>skipped question</i>							16

Finally, staff were asked to reflect on their experiences of the supervision process as a whole. The majority of respondents indicated that the supervision process is very effective.

When thinking about your supervision as a whole how would you rate the overall effectiveness of your supervision? (Please tick one)							
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	Response Percent	Response Count
Not Effective	0	1	0	1	1	1.3%	3
Slightly Effective	9	14	14	11	24	32.1%	72
Very Effective	18	37	22	27	40	64.3%	144
Don't Know/Not sure	1	1	1	0	2	2.2%	5
<i>answered question</i>							224
<i>skipped question</i>							18

Appendix 2: Glossary of Terms

ACPC	Area Child Protection Committee
AYE	Assessed Year in Employment
CAHMS	Child and Adolescent Mental Health Services
DHSSPS	Department of Health, Social Services and Public Safety
FIT	Family Intervention Teams (Field social work teams)
Gateway Teams	Initial referral social work teams
GMC	General Medical Council
HPC	Health Professional Council
HWIP	Health and Well-Being Investment Plan
LAC	Looked After Children
NISCC	Northern Ireland Social Care Council
NMC	Nursing Midwifery Council
RCPC	Regional Child Protection Committee
RIT	Reform Implementation Team
RQIA	Regulation and Quality Improvement Authority
SOSCARE	Social Services Client Administration and Retrieval Environment
SSI	Social Services Inspectorate
SSI Overview Report	Our Children and Young People - Our Shared Responsibility. Inspection of Child protection Services in Northern Ireland Overview Report, December 2006
TCPP	Trust Child Protection Panel
UNOCINI	Understanding the Needs of Children in Northern Ireland (Assessment Framework)
VOYPIC	Voice of Young People in Care