

CIRCULAR (OSS)1/2018: ROLE AND RESPONSIBILITIES OF DIRECTORS OF THE HEALTH AND SOCIAL CARE BOARD AND HEALTH AND SOCIAL CARE TRUSTS FOR CHILDREN IN NEED¹, CHILDREN IN NEED OF PROTECTION² AND LOOKED AFTER CHILDREN³.

1 PURPOSE OF THIS CIRCULAR

- 1.1 The purpose of this Circular is to ensure that all Health and Social Care Board (HSCB) and Health and Social Care Trusts (Trusts) Directors - **both executive and non-executive** – are aware of the responsibilities which they have under the Children (Northern Ireland) Order 1995 (The Children Order) towards all children in need and, in particular, as “Corporate Parents” for ‘Looked After’ children.
- 1.2 Directors within HSCB and Trusts have responsibility for the care and protection of all Children in Need within the area of their Board or Trust, and must take reasonable steps to identify them and ensure services are provided to meet their needs.
- 1.3 The roles and responsibilities of the organisations to whom this circular applies are outlined in **Annex A**.
- 1.4 The Legislative Framework that governs the roles and responsibilities of Directors of HSCB and HSCTs for children in need, children in need of protection and ‘Looked After’ Children and associated services delivery arrangements are outlined in Annex B.
- 1.5 This Circular **replaces** Circular CC3/02 *Role and Responsibilities of Directors for the Care and Protection of Children* issued in 2002.

2. ROLE AND RESPONSIBILITIES OF ACCOUNTING OFFICERS

- 2.1 Chief Executive Officers of these organisations act as the **Accounting Officer** for the organisation and are responsible for providing assurances that all functions that relate to children, young people and families are fulfilled in compliance with all statutory and procedural requirements and within a framework of quality service provision and continuous improvement.
- 2.2 To fulfil their Accounting Officer functions, Chief Executive Officers must be assured that the Board of their organisation and their senior can effectively satisfy

¹ The definition of a Child in Need is included in Article 17 of the Children (Northern Ireland) Order 1995 – see Annex B.

² A child/young person is ‘in need of protection’ if he/she has suffered or is likely to suffer ‘significant harm’ as defined by the Children (Northern Ireland) Order 1995 – see Annex B.

³ A child/young person is ‘Looked After’ by a Trust if he/she is subject of a legal order made in favour of that Trust or if he/she has been accommodated by the Trust for a period exceeding 24 hours.

them that their organisation is delivering its statutory responsibilities towards children in need, children in need of protection and Looked After children and young people in compliance with all legislative and procedural requirements and to a high quality standard.

- 2.3 As Accounting Officers, they also have responsibility to ensure high levels of social care governance and an obligation to demonstrate how the services are co-produced, reviewed and improved with service recipients' direct involvement.

3 ROLE AND RESPONSIBILITIES OF DIRECTORS

- 3.1 Children require timely assistance and appropriate help when they are in need, in need of protection or looked after. The degree to which Directors exercise their responsibilities for children will shape not only the type and quality of services which children receive on a day-to-day basis but the longer term outcomes upon which the quality of their adult life will depend.

- 3.2 On appointment, Directors of the Health and Social Care Board or a Health and Social Care Trust, whether in **an executive or non-executive capacity**, take on important responsibilities for the health and wellbeing of children in their area.

There are, in addition, particular responsibilities for children who are Looked After by a Trust.

- 3.3 Directors set the strategic direction of the HSC Board's and the Trusts' services and determine policy and priorities within the overall objectives set by Government and the Department.

The Board of Directors is responsible for ensuring that their structures and organisational arrangements enable them to;

- fulfil their statutory duties effectively and efficiently, in compliance with all statutory and procedural requirements
- ensure services provided are of a high quality and a focus is maintained on continuous improvement in all aspects of service delivery ;
- contribute to service improvement, positive user experiences and improving outcomes;
- be transparent about responsibilities and accountabilities;
- support effective inter-agency and partnership working.

- 3.4 **Effective multi-agency responses to children in need and their families should begin at an early stage** to prevent deterioration in a child's/young

person's circumstances, to safeguard and promote his/her welfare and secure improved outcomes for the child/young person.

- 3.5 **All Directors** should ensure that continuous improvement in quality of service provision remains a demonstrable activity in all aspects of service provision and the Trust's **Annual Quality Improvement Report** should inform the Board of the organisation in relation to the achievements made to improve the quality of services delivered.
- 3.6 **Executive Directors of Social Work have a Lead responsibility** to provide a high quality of professional social work advice to ensure the Board of Directors can fulfil this function effectively and efficiently.
- 3.7 Directors have responsibilities to ensure that this happens in a **planned, strategic and co-ordinated way**.

In order to do so, they must make sure they have **up-to-date, relevant information** on which to base their decisions. They need to know about the **needs** of children within their area and the services and resources available to meet the needs of these children.

- 3.8 Directors, the Board of HSCB and the Boards of the Trusts require robust and reliable information to plan effectively for children's services and ensure the needs of children within their areas are effectively and efficiently met.

Directors and boards will require regular information in relation to:-

- the overall needs of children in their area and the likely demand for services;
 - what methods have been used to assess children's needs in their area;
 - what services are being provided and how much is being spent on them;
 - what measures are being used to monitor whether needs have been met and to assess outcomes;
 - how effective is the multi-agency system in the Board or Trust area;
 - how this information is used to inform improving outcomes for children and young people in their area.
- 3.9 The HSCB also provides guidance in relation to the information it requires Trusts to provide in the Scheme for the Delegation of Statutory Functions and it further prescribes the format and frequency that Trusts are to return that information to HSCB.

- 3.10 Correspondence (METL 2/94) from the Management Executive (Provider Development Directorate), Department of Health and Personal Social Services, Northern Ireland “HSS Trusts - Role of Executive Directors with Professional Qualifications” issued on 18 May 1994 clarified the responsibilities of Trust Executive Directors.

Acknowledging the variation in specific duties and responsibilities of individual executive directors of a Trust, it clarified that the role of each professional director included;-

- Participating in and sharing the corporate responsibility for the work of the Trust;
- Fulfilling a functional role as a second line manager responsible directly to the chief executive of the Trust; and
- Providing professional leadership throughout the Trust.

- 3.11 The Annex to the letter provided detailed guidance on the professional role of the Executive Director of Social Work, including the specific role of providing the Trust with the necessary professional advice and expertise required to ensure the effective and efficient delivery of personal social services and the satisfactory discharge of the statutory functions delegated to the Trust.

4. THE CORPORATE PARENT⁴

- 4.1 HSCB and Trusts have a legal and ethical duty to provide children who are Looked After with the kind of support that any good parents would give to their children. In this context the Board of Directors of the Trust act as the “**Corporate Parent**” for all children and young people who are Looked After by the Trust and are corporately responsible for all aspects of those children’s and young people’s well-being.
- 4.2 Children who are Looked After are vulnerable and one of the best safeguards against abuse or harm to these children is a high standard of management and practice in planning, monitoring and resourcing a range of social services for children and their families.
- 4.3 As well as ensuring that children are kept safe and well in the present, high standards of service and professional practice, managerial and corporate oversight will give children who are Looked After enhanced life chances so that when they cease to be Looked After they have much better prospects and ultimately a more settled adult life.
- 4.4 The Department's expectations of Board and Trust Directors in respect of Looked After Children and arrangements for their well-being are outlined at **Annex C.3**

⁴ When a child/young person becomes ‘**Looked After**’ by a Trust, the Trust becomes the ‘**Corporate Parent**’ of that child/young person and has a **collective responsibility** to provide the best possible care and safeguarding for the children/young people who are looked after by the Trust. A child/young person who is looked after by a Trust requires the whole Trust – its officers and employees – to have the same goals for the children/young people it looks after as those of every ‘good parent’, and to act as a ‘good parent’ would be reasonably expected to act for their child. The Trust must take seriously the moral as well as legal responsibility for enabling the children in its care to experience happy and fulfilling lives.

Every good parent wants the best for their child, to see their child flourish with good health, to be safe and happy, to do well at school, to enjoy good relationships with their peers, to make the most of leisure opportunities, hobbies and interests, and to grow into adulthood equipped to lead a fulfilling, independent life and to make his/her way as an adult in higher education, in a good career/ job, and to be financially secure.

ORGANISATIONAL ROLES AND RESPONSIBILITIES

THE ROLE OF THE DEPARTMENT OF HEALTH (THE DEPARTMENT)

The Department has responsibilities in relation to children in need and their families. These include:-

- the establishment and review of the legislative and policy context for the planning and delivery of health and social care services for children and their families;
- providing regulations, guidance and standards for services to help ensure the quality and effectiveness of social care services provision; and
- discharging, monitoring and accountability functions through collation and analysis of regional information and bilateral meetings with its agents and arms length bodies (ALBs) on the discharge of their statutory responsibilities for children in need and their families.

The Department has provided Regulations and Guidance to accompany the Children (Northern Ireland) Order 1995 (the Children Order) and has provided and contributed to further procedures, guidance and standards to assist the sector deliver the statutory functions contained in the Children Order and related legislation and Regulations.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)⁵ also places a statutory duty of quality upon health and social care organizations and requires the Department to develop standards against which the quality of services can be measured.

The Department provides oversight of the performance of its Arms Length's Bodies performance and, through established reporting arrangements and assurance and accountability processes, monitors the effectiveness and efficiency of service provision to meet the needs of children and families.

⁵ <http://www.legislation.gov.uk/nisi/2003/431/contents>

HEALTH AND SOCIAL CARE BOARD (HSCB)

The respective duties and legal responsibilities of Health and Social Care Board (HSCB) and Health and Social Care Trusts (Trusts) for children are set out in the Children Order and its associated regulations and guidance.

The HSCB is named in the Children (Northern Ireland) Order 1995⁶ (the Children Order) as ‘the Authority’ with responsibility for ensuring effective discharge of the duties and powers conferred upon it by the Order. The Health and Social Care (Reform) Act (Northern Ireland) 2009⁷ further clarified the framework for service delivery by HSC bodies and the arrangements for accountability in respect of service delivery.

The functions conferred upon the HSCB by the Children Order are delegated to the Trusts under the provisions of Article 3(1) of the Health and Personal Social Services (NI) Order 1994 (the 1994 Order)⁸ and responsibility and accountability for the delivery of Delegated Statutory Functions rests with the Trusts.

HEALTH AND SOCIAL CARE TRUSTS (Trusts)

The arrangements for the **Delegation of Statutory Functions** are specified in Departmental Circular (OSS) 3/2015 HSC Statutory Functions and Circular (OSS) 4/2015 Professional Oversight of the Discharge of Delegated Statutory Functions⁹ (the Delegated Statutory Functions Circulars).

The Trusts’ Executive Director of Social Work and the HSCB’s Director of Social Care are the officers with prescribed responsibility for organisational oversight of the discharge of Delegated Statutory Functions and their roles and responsibilities in relation to management and reporting arrangements are clearly outlined in the Delegated Statutory Functions Circulars.

However, as a Board of Directors, all Directors - executive and non-executive - have a duty to ensure that the management and other arrangements in place within HSCB and Trusts are appropriate to the delivery of high quality and well managed services for children and that all statutory functions in respect of children, young people and families are effectively and efficiently delivered.

⁶ <http://www.legislation.gov.uk/nisi/1995/755/contents>

⁷ <http://www.legislation.gov.uk/nia/2009/1/contents>

⁸ As amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009

⁹ Copies of Circular (OSS) 3/2015 and Circular (OSS) 4/2015 are available upon request from the Office of Social Services.

CHILDREN'S AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

The Children & Young People Strategic Partnership (CYPSP) is led by HSCB. It is a multiagency strategic partnership consisting of the leadership of all key agencies across statutory, voluntary and community sectors who have responsibility for improving outcomes for all children and young people in Northern Ireland.

CYPSP develops and reviews the Children's Services Plan which HSCB is required to deliver in compliance with the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998.¹⁰

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvement in the quality of those services.

¹⁰ <http://www.legislation.gov.uk/nisr/1998/261/contents/made>

THE LEGISLATIVE FRAMEWORK AND LEGISLATIVE REQUIREMENTS

THE CHILDREN (NORTHERN IRELAND) ORDER 1995 (The Children Order)

The Children Order is the primary legislation that addresses how children's and young people's needs are recognised, assessed and addressed. It legislates;-

- the requirement to provide Family Support services, services to Children in Need and their families, services to children in need of protection and support for Looked After Children;
- how children are to be safeguarded and protected and
- the responsibilities conferred upon the Trusts in relation to children and young people who become Looked After by Trusts.

Children in Need

Article 17 of the Children Order.

Article 17¹¹ of the Children Order defines a 'Child in Need' as a child who is disabled or who is unlikely to achieve or maintain a reasonable standard of health or development or whose health or development is likely to be significantly impaired without the provision of services to the child by an Authority.

Article 17 of the Order also defines "family" in relation to such a child as any person who has parental responsibility for the child and any other person with whom the child has been living.

Article 17A¹² of the Order specifically requires Trusts to ensure an assessment is completed in respect of any child who provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and to take the results of that assessment into account when determining whether the child is to be taken to be 'in need'.

¹¹ <http://www.legislation.gov.uk/nisi/1995/755/article/17>
<http://www.legislation.gov.uk/nisi/1995/755/article/17A>

¹² <http://www.legislation.gov.uk/nisi/1995/755/article/17A>

The High Court judgement **JR30's (HN, a minor) Application [2010] NIQB 86 (Treacy J)**¹³ clarified explicitly the judicial expectations of how a Health and Social Care Trust is required to fulfil its duty to provide a range and level of personal social services to the children in need within its area and to the families and carers of those children in order to safeguard and promote the welfare of the children and the upbringing of those children by their families.

Article 18 of the Children Order.

Article 18¹⁴ of the Children Order places a general **duty** on the Trust to provide a range of personal social services for children in need within the Trust's area, their families and others to:-

- a) safeguard and promote the welfare of children in need; and
- b) so far as it is consistent with that duty, promote the upbringing of such children by their families.

Children and young people with disabilities are particularly vulnerable and, by virtue of their disability, will always be children in need. This is explicitly recognised in Article 17 of the Children Order.

Trust have a responsibility to ensure that the needs of children with a disability are met as fully as possible to enable them to enjoy the same rights, entitlements, standards and quality of life as all other children and young people.

Article 18A¹⁵ requires Trusts to carry out an assessment of the needs of carers of children with a disability when requested by the carer and take the results of that assessment into account when deciding what, if any, services to provide under Article 18.

Additional Provisions and Requirements of the Children Order

Schedule 2¹⁶ of the Children Order specifies the specific powers and duties conferred upon the Authority to enable it to fulfil its general duty under Article 18.

¹³ https://www.courtsni.gov.uk/en-GB/Judicial%20Decisions/PublishedByYear/Documents/2010/2010%20NIQB%2086/j_j_TRE7929FI_NAL.htm

¹⁴ <http://www.legislation.gov.uk/nisi/1995/755/article/18>
<http://www.legislation.gov.uk/nisi/1995/755/article/18A>

¹⁵ <http://www.legislation.gov.uk/nisi/1995/755/article/18A>

¹⁶ <http://www.legislation.gov.uk/nisi/1995/755/schedule/2>

Article 18 specifies that services can be provided directly to a family of a child in need or for any member of that child's family if the service is provided with a view to safeguarding the child or promoting the child's welfare.

Article 18 also requires that the Authority facilitate the provision of services by others and empowers the Authority to make arrangements for others, including voluntary and community organizations to provide services to children in need on behalf of the Authority. It also empowers the Authority to provide assistance, including financial assistance in the exercise of its functions.

Part IV of the Children Order outlines arrangements for **Support for Children and Their Families** and the supports that are to be provided by Trusts for children, young people and their families, including those children and young people who become "Looked After" by Trusts.

Part V of the Children Order outlines actions that can be taken by Trusts to secure the **Care and Supervision** of children and young people and the responsibilities that become applicable when Trusts 'Look After' children and young people.

Part VII of the Children Order specifies arrangements for the **Protection of Children**, including a range of legal orders a Trust can secure to mandate it to undertake specific actions in relation to a child or young person.

Duties of HSCTs in relation to the **Protection of Children** and arrangements for investigating concerns of a child protection nature and taking subsequent action are outlined in Article 66 of the Children Order.

Decisions taken about a child's/young person's life should only ever be based upon what is in the best interests of the child/young person as assessed by qualified and skilled social workers and the courts system.

THE MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986 (The Mental Health Order)¹⁷

The Mental Health Order is the primary legislation that addresses how applications are made for the assessment and treatment of children and young people who have a mental disorder, mental illness, mental handicap, severe mental handicap or severe mental impairment. The Mental Health Order requires that where a patient who is a child or young person is in the care of a Trust by virtue of a Care Order, the

¹⁷ <http://www.legislation.gov.uk/nisi/1986/595/contents>

Trust is deemed to be the 'nearest relative' of the patient in preference to any person [except the patient's husband or wife (if any)].

There are no age limits specified within the Mental Health Order in respect of assessment and/or treatment except that under its provisions, an application may be made for a young person who has attained 16 years of age to be received into Guardianship.

THE ADOPTION (NORTHERN IRELAND) ORDER 1987 (The Adoption Order)

All functions of the Adoption Order are delegated to Trusts.

The Department retains responsibilities in respect of Inter-Country Adoption under the 1993 Hague Convention on Protection of Children and Co-operation in respect of Inter-country Adoption¹⁸.

THE HEALTH AND PERSONAL SOCIAL SERVICES (QUALITY, IMPROVEMENT AND REGULATION) (NORTHERN IRELAND) ORDER 2003 (The 2003 Order)

The **2003 Order** established RQIA and imposed on the HSCB and Trusts a general duty to put and keep in place arrangements for the purpose of monitoring and improving the quality of the health and social care which it provides and the environment in which it provides them.

CHILDREN'S SERVICES PLANNING

The **Children (1995 Order) (Amendment) (Children's Services Planning) Order 1998** made the production of Children's Services Plans mandatory in Northern Ireland. In broad terms this requires the HSCB to:-

- Review the services provided in its area under part IV of the Children Order (i.e. services to 'children in need');
- Prepare a plan in the light of the review of services;
- Publish the plan; and
- Keep the plan under review.

The **purpose of the plan** is to:-

- Promote the welfare of children;
- Promote integrated provision of services and effective use of available resources;

¹⁸ <https://www.hcch.net/en/instruments/conventions/full-text/?cid=69>

- Establish a high level of co-ordination and collaboration between the HSCB and Trusts and other agencies and organizations that have a contribution to make to the effective provision of local services; and
- Facilitate joint commissioning by agencies when this is seen to be appropriate to meet the needs of children and young people.

This function is now fulfilled by **CYPSP** which has developed a **multi-agency Outcomes Based Accountability information system** and retains a service delivery focus on **early intervention**¹⁹, the inclusion of children, young people and families and the use of research to improve outcomes.

HEALTH AND SOCIAL CARE (REFORM) ACT (NORTHERN IRELAND) 2009

The **Health and Social Care (Reform) Act (Northern-Ireland) 2009** outlined the arrangements for the restructuring of administration of health and social care in Northern Ireland and the roles and responsibilities of respective Health and Social Care organisations.

The **Framework Document**²⁰, required by section 5 of the Act sets out the main priorities and objectives of Health and Social care bodies in carrying out their functions and the reporting arrangements in respect of the same.

THE CHILDREN'S SERVICES CO-OPERATION ACT (NORTHERN IRELAND) 2015²¹

The **Children's Services Co-Operation Act (Northern Ireland) 2015** prioritises the well-being of children and young persons²² and requires that:-

- the Northern Ireland Executive must;-
 - - adopt a **“children and young persons' strategy”**; and
 - - set out how it proposes to **improve the well-being of children and young persons and the outcomes it intends** should be achieved for that purpose; and
 - - outline **how it will determine the extent to which those outcomes have been achieved**; and
 - - **prepare a report** on the operation of the Act for each reporting period

¹⁹ “Early Intervention is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point of a child’s life” (CYPSP Plan 2011-2014)

²⁰2011 version available at <https://www.health-ni.gov.uk/publications/dhssps-framework-document-september-2011>

²¹ <http://www.legislation.gov.uk/nia/2015/10/contents/enacted>

²² “Well-being” of children and young persons is defined in Article 1 (2) (a) – (g) of the Act

- **every children’s authority²³ must co-operate with other children’s authorities and other children’s service providers** in the exercise of their “children’s functions”²⁴ ;
- children’s authorities may **share resources and pool funds** to improve children’s well-being and outcomes for children

The HSCB and HSCTs may require other children’s authorities to co-operate with them to improve children’s and young persons’ well-being and outcomes for children and young people and may be required by other children’s authorities to so co-operate with them.

DELIVERY ARRANGEMENTS

Consequent to Article 3 (1) of the 1994 Order²⁵, **Health and Social Care Trusts act as “the Authority” specified in the Children Order** and are responsible for ensuring compliance with all requirements of the legislation, associated Regulations, Policy Statements, Procedural Guidance and Standards of service delivery.

The HSCB oversees Trusts compliance with statutory functions in respect of children and young people and the Trusts’ performance and service delivery in the provision of services to children and young people and their families and reports this to the Department through prescribed processes and at fixed intervals.

HSCB also oversees CYPSP’s production of the Children’s Services Plan.

²³ The Act defines Children’s Authority at section 9 (1).

²⁴ “Children’s functions” are defined [section 2 (4)] as ”any functions which may contribute to the well-being of children and young persons.

²⁵ As amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009

The Department's expectations of the HSCB and Trusts in relation to CHILDREN IN NEED

The Department expects HSCB and Trusts to:

- Ensure that they have robust information in relation to the needs of children in their areas;
 - take all reasonable steps to identify the extent to which there are children in need within the Trust's area;
 - understand the nature and extent of those needs;
 - maintain a database of the number of children in need in the Trust area and the nature of those needs;
 - maintain a register of children with a disability resident within the Trust's area; provide services to meet the needs of children with a disability resident within the Trust's area and minimize the effects of a child's disability upon the child and assist such children to lead lives which are as normal as possible; provide a range of support services to prevent children within the Trust area suffering ill-treatment or neglect;
 - provide information in a regional context to other bodies to contribute to wider recognition of children's needs, planning processes and the development of services to meet children's and young people's needs and promote their welfare;
- Prioritise the welfare of children in need in their areas;
 - ensure, in all its considerations and actions, that the child's welfare remains the paramount consideration of the HSCB and the HSC Trust;
 - respect and uphold the rights of those children, young people and families and ensure that the child's/young person's ascertainable wishes, opinions and feelings are considered in light of his/her age and understanding in all decisions made and actions taken;
 - have regard to the specific needs and rights of children and young people who may belong to different racial and ethnic groups;
- Provide appropriate information to children in need and their parents/carers;

- provide information to children, young people and families and other supportive services about the services provided by the Trust and other agencies and organizations to support children, young people and families;
- Ensure that appropriate services are provided to respond to children's assessed needs;
 - offer an appropriate level of assessment – using the *Understanding the Needs of Children in Northern Ireland* (UNOCINI) Assessment Guidance and suite of pro-formas (and other assessment tools as necessary): to offer a range of social care and support services to meet those needs, safeguard children and promote their welfare;
 - provide a comprehensive range of services and resources to support parents and families to meet their children's needs and assure, as far as is consistent with individual children's welfare needs and best interests, that children are brought up within their own families;
 - provide services in purposeful and respectful partnerships with children, young people, parents and carers to safeguard children and young people and promote their welfare;
 - ensure appropriate interventions are made and help and support provided at the earliest possible stage in response to identified need with the intention of preventing any further deterioration in a child's/family's circumstances and promoting improved outcomes for children and young people;
 - ensure appropriate interventions are made to assist children and young people living in households where coercion and control may exist in inter-personal relationships or there is domestic abuse;
 - provide a range of support services to prevent children within the Trust area suffering ill-treatment or neglect;
 - take reasonable steps to reduce the need to include children's names on the Trust's Child Protection register and/or to bring proceedings for care or supervision orders in respect of children;
 - take reasonable steps to reduce the need to bring criminal proceedings against children;
 - take reasonable steps to avoid the need for children within the Trust's area to be placed in secure accommodation;

- provide, when necessary, reasonable practical assistance to parents and carers to assist them ensure that their children and young people enjoy an adequate standard of care;
- provide advice, guidance and counselling to children, young people, their parents and carers;
- enable children, upon assessment of need, to avail of appropriate support services;
- provide appropriate Early Years support services;
- provide Family Support Hub Services and Family Centre services to provide support, advice, counselling and guidance to children and young people, parents, carers and others contributing to promote the child's/young person's welfare;
- promote contact between children, young people and their parents and family members, so far as doing so is consistent with safeguarding the child/young person and promoting his/her welfare.

The Department's expectations of the HSCB and Trusts in relation to CHILDREN IN NEED OF PROTECTION

The Department expects HSCB and Trusts to:

- ensure that they have robust information systems in place in respect of children in need of protection in their areas;

- have in place clearly understood criteria for acceptance of referrals of a child protection nature and operational arrangements that enable anyone who has concerns that a child has suffered or is likely to suffer significant harm to make a referral to appropriate services and to ensure an immediate and appropriate response is made to that concern;
- have robust and effective recording systems in place to ensure all such expressions of concern that a child or young person may have experienced abuse, significant harm or be likely to suffer significant harm are appropriately collated and responded to;
- take all reasonable steps to identify the extent to which there are children in need within the Trust's area who may be children who have suffered significant harm or may be 'at risk' suffering significant harm and are therefore children in need of protection;
- quality assure their child protection data;
- ensure that social workers' child protection caseloads are monitored to assure that they are actively managed and demand upon the workforce is understood;
- monitor Child Protection Case Conferences to assure they are quorate and have appropriate inter-agency and multi-disciplinary representation to enable appropriate information sharing and decision-making;
- regularly audit their child protection activity to assure that there is a common understanding and application of thresholds for intervention and that the frequency of re-referral and re-registration to the Child protection register is understood and informs practice;
- provide information to HSCB and to the Safeguarding Board for Northern Ireland (SBN)²⁶ in relation to those children considered to be in need of protection and the organisations child protection activity and use that information to continue to improve practice;

²⁶ <http://www.safeguardingni.org/>

- Have effective referral systems in place to enable others to provide information relating to children who may be in need of protection;
- Ensure all child protection referrals are dealt with in compliance with all legislative, regulatory and procedural requirements and to a high standard of professional practice;
 - ensure that all such all such expressions of concern that a child or young person may have experienced abuse, significant harm or be likely to suffer significant harm are managed in compliance with legislative and procedural requirements and are overseen by a senior social worker/team leader;
 - fully comply with all legislative and procedural requirements, guidance and standards issued to ensure the effective recognition of and response to children and young people who have suffered or are likely to suffer significant harm;
 - conduct all child protection investigations in compliance with legislative requirements and procedural guidance and 'best practice' emanating from judicial decisions and Judicial Review judgements;
 - assure that 'thresholds' for Child Protection Investigations and referral to Child Protection Case Conferences are appropriately and consistently applied;
 - conduct all investigations into suspicions or allegations of abuse in compliance with the extant 'Joint Protocol'²⁷ arrangements and the 'Achieving Best Evidence Guidance'²⁸
 - ensure that Child Protection Plans are robust and contain enough detail to assure that all required tasks are completed by those responsible within agreed timescales;
 - ensure consistency in the quality of work with children assessed as being 'at risk' and their families;
 - effectively and efficiently manage the inter-agency and multi-professional arrangements for the protection of children and young people in Northern Ireland;

²⁷ <http://www.hscboard.hscni.net/download/PUBLICATIONS/policies-protocols-and-guidelines/Protocol-for-joint-investigation-by-social-workers-and-police-officers-of-alleged-and-suspected-cases-of-child-abuse-NI.pdf>

²⁸ <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/achieving-best-evidence-a-practioner-guide.pdf>

The Department's expectations of the HSCB and Trusts in relation to LOOKED AFTER CHILDREN

The Department expects HSCB and Trusts to:

- Ensure it has appropriate arrangements in place to manage and meet the needs of Looked After children and young people and satisfactorily fulfil all of its 'Corporate Parenting' responsibilities;
 - Ensure that they have robust and reliable information in relation to children and young people who are or have been Looked After;
 - ensure an appropriately qualified and trained range of staff and foster carers to meet the needs of children and young people requiring accommodation and support from the Trust;
 - ensure effective co-ordination of care planning on an inter-agency and multi-professional basis to protect and safeguard Looked After children and young people, ensure their needs are met and to promote their welfare;
 - ensure records are maintained to a high standard in respect of all children and young people the Trust looks after;

- Ensure that the needs of Looked After Children are recognised, appropriately assessed and effectively responded to and that all legislative regulatory, and procedural requirements and guidance and standards issued are complied with fully;
 - provide care, a home and access to health, educational and social services and other supportive services to which all children are entitled according to their needs;
 - provide an adequate range of appropriate care placements to meet the assessed needs of the children and young people the Trust is required to accommodate;
 - protect and educate the child against the perils and risks of life by encouraging constructive and appropriate friendships and discouraging destructive and harmful relationships;
 - provide consistent support and be available to provide advice and practical help when needed;
 - ensure access to education and other public services to which all children are entitled according to their needs;

- encourage and enable appropriate contact with family members — parents, grandparents, aunts, uncles and brothers and sisters – and with members of the child’s/young person’s wider community of origin;
 - ensure that appropriate applications for Residence Orders in respect of children/young people whom the Trust would otherwise Look After are effectively supported.
- Ensure the rights of children and young people it looks after are recognised, respected, promoted and fully represented;
 - provide a mixture of sensitive child-centred care balanced with appropriate levels of supervision, firmness and control to support the child's development;
 - be a tolerant, dependable, supportive and available parent in the adult/child relationship even in the face of disagreements;
 - ensure information is appropriately and sensitively shared with all children and young people the Trust looks after and that they understand their Care Plans;
 - celebrate and share their children's achievements, supporting them appropriately when required;
 - recognise and respect young people’s growth to independence, being tolerant and supportive, particularly when they make mistakes;
 - advocate their cause, intervene positively and supportively and trouble-shoot on their behalf when necessary;
 - be ambitious for them and encourage and support their efforts to progress and reach their potential, whether through access to appropriate play and leisure opportunities, education, training or employment;
 - recognise the child's cultural, ethnic and spiritual/religious needs and facilitate their participation in observance of their culture and religion;
 - provide occasional financial support as necessary, remember birthdays and Christmas or annual celebrations within the child's religion and culture;
 - help them to feel part of the local community through contact with neighbours, local groups and other groups that can provide support and assistance;
 - be proactive, not passive, when there are known or suspected difficulties for the child/young person.