

58th Meeting of the Safeguarding Board for Northern Ireland

Wednesday 06 December 2023

2.00pm – 4.30pm – Zoom Virtual Platform

Public Minutes

RECORD OF ATTENDANCE

Ms Bernie McNally Independent Chair Safeguarding Board for Northern Ireland Mr Tom Cassidy Director of Women & Children's Services, WHSCT Dr Naoimh White GP representative of N.I. General Practice Committee Ms Bronagh Muldoon NSPCC Head of Services NI Ms Mary Aughey Director of Woodlands JJC, YJA D/Superintendent Detective Superintendent, Public Protection Jordan Piper Ms Paddy Kelly Director, Children's Law Centre Ms Amanda Stewart CEO, Probation Board NI Ms Una Turbitt Director (Interim) Children and Young Peoples Services, EANI Ms Elaine Craig Interim Assistant Director for Pupil Wellbeing and	ogy
Mr Tom Cassidy Director of Women & Children's Services, WHSCT Dr Naoimh White GP representative of N.I. General Practice Committee Ms Bronagh Muldoon NSPCC Head of Services NI Ms Mary Aughey Director of Woodlands JJC, YJA D/Superintendent Detective Superintendent, Public Protection Jordan Piper Branch, PSNI Ms Amanda Stewart CEO, Probation Board NI Ms Pauline Leeson Chief Executive Children in N. Ireland Ms Una Turbitt Director (Interim) Children and Young Peoples Services, EANI	
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Ms Una Turbitt Director (Interim) Children and Young Peoples Services, EANI	
Services, EANI	
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Ms Elaine Craig Interim Assistant Director for Pupil Wellbeing and	
Protection, EANI (deputising OBO Ms Una	
Turbitt)	
Mr Brendan Whittle Director of Hospital and Community Care and	(
Social Services, SPPG	
Ms Catherine Cassidy Deputy Director of Social Care, SPPG 🗸	
(deputising OBO Mr Brendan Whittle)	
Ms Lyn Preece Director of Children's Services & Executive 🗸	
Director of Social Work, SEHSCT	

Mr Colm McCafferty	Director of Children & Young People's Services SHSCT	√	
Dr Joanne McClean	Director of Public Health, PHA		\checkmark
Mr Maurice Meehan	Head of Health and Social Wellbeing	\checkmark	
	Improvement (Northern), PHA (deputising OBO		
	Dr Joanne McClean)		
Ms Heather Reid	Interim Director of Nursing, Midwifery and Allied		\checkmark
	Health Professions, PHA		
Ms Emily Roberts	Designated Nurse for Safeguarding Children and	\checkmark	
	Young People, PHA		
Ms Lorna Ballard	Director NI, Action for Children	\checkmark	
Ms Maura Dargan	Director of Women, Children & Families	\checkmark	
	Division/Executive Director of Social Work,		
	NHSCT		
Ms Michele Janes	Director of Barnardo's NI		\checkmark
Ms Pamela Kirk	Assistant Director of Children's Services,		
	Barnardo's NI (deputising OBO Ms Michele	\checkmark	
	Janes)		
Ms Kerrylee Weatherall	Interim Director of Children's Community		\checkmark
	Services, BHSCT		
Dr Michael Murray	Co-Director Early Intervention & Safeguarding,		
	BHSCT (deputising OBO Ms Kerrylee	\checkmark	
	Weatherall)		
Dr Jacqui Montgomery-	Head of Safeguarding, Council for Social	\checkmark	
Devlin	Witness, Presbyterian Church in Ireland		
	representing the SBNI Interfaith Committee		
Ms Dawn Shaw	Chief Executive Officer, Children's Court	\checkmark	
	Guardian Agency for Northern Ireland		
Mr Richard Harvey	Acting Director of Environmental Services,	\checkmark	
	Lisburn & Castlereagh City Council		
Mr Andrew Thomson	Independent Chair of the CMR Panel	\checkmark	

Ms Yvonne Adair Independe		ent Safeguarding Panel Chair,	\checkmark	
	Southern,	South Eastern and Belfast Areas		
Ms Mary Rafferty Independe		ent Safeguarding Panel Chair, Western	\checkmark	
	and North	ern Areas		
Mr Simon Rogers Non-Exect		cutive (Lay) Member	\checkmark	
Mr Gerard Guckian Non-Exec		cutive (Lay) Member	\checkmark	
In Attendance				
Ms Alex McCoy		Board Secretary SBNI		
Ms Helen McKenzie		Director of Operations SBNI		
Ms Teresa McAllister		Professional Officer SBNI		
Ms Sheina Rigg		Professional Officer SBNI		
Dr Tom Teggart		Regional Implementation Lead, Northe	rn Ireland Framework	
		for Integrated Therapeutic Care, DoH		
Ms Leanne Glover		Implementation Lead, Northern Irel	and Framework for	
		Integrated Therapeutic Care, BHSCT		
Ms Sarah Mason		CEO, Women's Aid Federation NI (WA	FNI)	

Summary of Actions

Action	Action:	To be completed by:
No.		
1	Letters will be sent to each member agency in relation to the analysis of their response to the SBNI Section 12 Audit. Clarity or more information will be sought from agencies where this is required.	Ms Helen McKenzie
2	Any final amendments to the SBNI Annual Report 2022-2023 will be sent to <u>Alex.McCoy@hscni.net</u> by Friday 08 December, to allow this to be sent to the Department of Health.	All Members
3	The Equally Safeguarded Report will be re-sent to agencies for their information, following the presentation on the Women's Aid SAY Project.	SBNI CST
4	The Education Authority will write to the SBNI Independent Chair regarding new representation on the SBNI Board.	Ms Elaine Craig

Summary of Board Approval

The minutes from the Board Meeting on 13 September 2023 were approved as an accurate record of the meeting.

The Annual Report 2022-2023 was approved, subject to requested amendments.

The Terms of Reference for the Review of the CMR Process was approved, subject to requested amendments.

Preliminaries: Apologies, Quorum, Conflict of Interest, Complaints

The chair welcomed SBNI members to the meeting. Apologies were noted from Ms Bronagh Muldoon, Ms Paddy Kelly and Ms Heather Reid. The chair noted that Ms Elaine Craig is deputising on behalf of Ms Una Turbitt, Ms Catherine Cassidy is deputising on behalf of Mr Brendan Whittle, Mr Maurice Meehan is deputising on behalf of Dr Joanne McClean, Ms Pamela Kirk is deputising on behalf of Ms Michele Janes and Dr Michael Murray is deputising on behalf of Ms Kerrylee Weatherall. The chair further noted that Include Youth is not currently represented on the Board as a new Director has not yet been appointed, following Mr Mooney's retirement in 2023.

Conflict of Interest

The chair requested that members declare any Conflicts of Interest as and when they arise throughout the meeting.

Complaints

The chair advised that no complaints have been received.

Chair's Business

The chair did not raise any additional business.

1 59/23P Previous Minutes

Members agreed the minutes from the last Board meeting on 13 September
2023 as a factual and accurate representation of the meeting.

2 59/23P Matters Arising

- 2.1 Complete
- 2.2 Complete

Ms McKenzie reported that the SBNI have liaised with Criminal Justice Inspection Northern Ireland (CJINI). CJINI have advised that they will revert to the SBNI once all relevant meetings with the agencies have been completed. These meetings will address the individual SHSCT Report, an agreed action plan and a decision as to which multi agency body is best placed to monitor and evaluate the recommendations from the Joint Inspection. Ms McKenzie highlighted that CJINI has advised that at the time of writing the report, it was not intended that the recommendation for monitoring and evaluation would sit with the SBNI. Ms McKenzie will keep members apprised of any progression in this area.

Mr McCafferty added that the inspection was both purposeful and helpful. He stated that there was learning gleaned in relation to the methodology which has not yet been shared. He advised that the SHSCT, PSNI and EA were the main agencies focused on within the recommendations made and the SHSCT have accepted these recommendations. Mr McCafferty stated that there is some ambiguity in relation to how recommendations will be rolled out regionally. The issue of implementing similar arrangements to a "MASH" in the UK will require very significant planning.

- 2.3 Complete
- 2.4 Complete

3 59/23P Section 12 Audit Report Key Findings

- 3.1 Ms McKenzie showcased a PowerPoint presentation in relation to the key findings of the Section 12 Audit. As part of her presentation, Ms McKenzie highlighted that there was a total of 28 responses received, with a 100% compliance rate from member bodies. In addition to this, out of a total of eleven councils within Northern Ireland, there were eight council submissions. This is not including a submission from Lisburn and Castlereagh City Council who are represented on the membership of the SBNI Board. This was facilitated through SOLACE and Ms McKenzie noted that this working partnership has been extremely beneficial. There was a further voluntary submission from a partner agency who sits on the Interfaith Committee.
- 3.2 Ms McKenzie noted that responses were divided into 4 categories including:
 - Assurance Exemplar
 - Assurance Provided

- Assurance Provided more clarity required
- Insufficient Assurance.
- 3.3 It was agreed that letters will be sent to each member agency in relation to the analysis of their response to the SBNI Section 12 Audit.

ACTION 1 – Letters will be sent to each member agency in relation to the analysis of their response to the SBNI Section 12 Audit. Clarity or more information will be sought from agencies where this is required.

- 3.4 On discussion of same, the chair thanked members for their submissions to the audit and commented that it is positive that most responses received were comprehensive. She is interested to receive further information from agencies who have indicated that some areas were not applicable to them, for example with regards to training on child protection and the provision of information to children and young people.
- 3.5 Mr Rogers enquired as to whether there was sufficient evidence that contracted services are provided with due regard to the need to safeguard and promote the welfare of children. Ms McKenzie reported that responses to this question were very good and it was clear that there were adequate policies in place. Some agencies very explicitly and articulately evidenced their excellent processes, with clear examples. She feels that these responses would be beneficial if shared, to show how contracts are monitored from a safeguarding perspective. This also fits very well into the commissioning and monitoring of trauma informed organisations.
- 3.6 The chair highlighted that the SBNI is keen that the Section 12 Audit is seen as a helpful exercise for organisations. She is pleased that there were organisations who completed this on a voluntary basis and hopes that it offers assurance to agencies that key considerations are in place. Dr Montgomery Devlin agreed and advised that although the Presbyterian Church are not

required to complete the audit, she plans to use the Section 12 Audit as a framework to work to.

3.7 The chair further noted that the Section 12 Audit may be beneficial for individual GP practices to assist with their own internal assurances that safeguarding processes are in place. Dr White reported that there are some audits already available through the Royal College, with guidance provided in relation to safeguarding.

<u>4 59/23P Annual Report 2022-2023 (Please refer to Board Paper BM59-12.23P1A</u> <u>& BM59-12.23P1B)</u>

4.1 Ms McKenzie drew members attention to the Annual Report 2022-2023 which was circulated to members in advance of the meeting and noted that in terms of content, this would be the final version to be laid before the Assembly, unless amendments are requested by members. It was agreed that all members will circulate their amendments to Ms McCoy, as necessary.

ACTION 2 – Any final amendments to the SBNI Annual Report 2022-2023 will be sent to <u>Alex.McCoy@hscni.net</u> by Friday 08 December, to allow this to be sent to the Department of Health.

- 4.2 Ms McNally advised that she feels the Annual Report improves year on year, becoming both more concise and informative. She expressed her thanks to the SBNI Central Support Team (CST) for their hard work to develop the Annual Report.
- 4.3 The Annual Report 2022-2023 was approved, subject to any requested amendments.

5 59/23P Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) (Please refer to Board Paper BM59-12.23P2)

5.1 The chair welcomed Dr Tom Teggart and Ms Leanne Glover to present on the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC).

- 5.2 Dr Teggart and Ms Glover showcased a PowerPoint presentation in relation to the NIFITC. Dr Teggart advised that work on the framework commenced in 2019 and was an outcome of the Review of Regional Residential Facilities for Children and Young People, in particular recommendation 7, which outlined the requirement for a single therapeutic model for residential care. The NIFITC guides the delivery of trauma and attachment focused, collaborative multiagency care to children and young people who are care experienced throughout Northern Ireland. It is built upon four core concepts: building safety; getting the help that's needed; developing agency and taking part and addressing inequalities.
- 5.3 On discussion of same, the chair thanked Dr Teggart and Ms Glover for an interesting and comprehensive presentation on a substantial piece of work. She commented that although the project focuses on a small cohort of children, particularly in the residential sector, with 5% of looked after children being considered, it is a targeted study which is very beneficial for the most vulnerable of children.
- 5.4 Ms Kirk enquired as to the wider implementation of the framework, particularly in relation to supported accommodation for young people aged 16 and over. She commented that providers of jointly commissioned services would require to have a thorough understanding of the model and the ability to continue with some of its elements when children leave residential care at 16 years old and enter into other services. Mr Teggart agreed and reported that conversations are ongoing with Trust colleagues and commissioners in relation to same. He advised that there is an absolute commitment to ensuring the successful implementation of the framework and wider considerations, but he appreciates that this will be dependent on resource. The aim of the framework is to develop a formulation led team approach for children and young people, which is continuous across their experience both through and after residential care. He agrees that there is further work to be undertaken.
- 5.5 Mr Cassidy commented that he feels this framework has the potential to completely transform how professionals look after children and young people,

particularly those in residential child care. He emphasised that it is important that members recognise that there are a lot of 'moving parts' to this process, and all of these moving parts require to work in conjunction with one other, including the reflective governance aspects and ownership of the framework, for the entirety of an organisation.

- 5.6 Mr McCafferty advised that he absolutely endorses the ethos and aims of the NIFITC. However, he expressed concern that this will be unable to be fulfilled within the current social work resource as there are significant issues with demand, capacity, funding and retention of staff. A level of expertise and specialism will be required to successfully implement the framework and social workers would require training in relation to it. He further highlighted that there are currently significant challenges in relation to the stability of the fostering system, and he feels that the provision of a wraparound team for the child will only be successful if fostering placement stability is achieved, which will require a fundamental review. Dr Teggart acknowledged all of these challenges and constraints, but advised that it is hoped that the framework will help with the process of identifying need, and addressing workforce and commissioning requirements, as specific issues around trauma informed therapeutic working are able to be realistically quantified. The chair added that although she completely understands the challenges that services are facing, she feels that Children's Services cannot afford not to take a therapeutic approach to their work. She suggested that there is a simultaneous programme required, encompassing both support for staff and additional resource.
- 5.7 Dr Murray reported that he is extremely supportive of the model. However, he commented that there are children with severe disabilities in residential care who would benefit from such a model, and suggested that a similar model should be applied to this cohort of children, although he appreciates this may need to be applied in a different way. Dr Teggart advised that the original task was to consider looked after children on the whole. Many looked after children do have disabilities, and so although they were not excluded in any way, he appreciates that the framework was not designed specifically for children with

disabilities. However, Dr Teggart feels that the framework could be adjusted to be helpful in the disability field.

- 5.8 Ms Dargan emphasised that although she is very supportive of the model, and feels that it is in the best interest of children, the resourcing required is significant. She expressed concern with implementation beyond residential care, given the current landscape in terms of workforce deficits.
- 5.9 Ms Preece advised that there was a plan to roll out positive behaviour support across both children's and adult's Disability Services. Work on this had commenced pre-COVID pandemic and she is unsure of the stage that the roll out is now at. She highlighted that she feels there would be benefit to continuing with this work.
- 5.10 Mr Meehan highlighted that the implementation plan of the NIFITC encompasses two specific features and key drivers which he feels offer added value. This includes the team formulation and the trauma informed training and awareness. Mr Meehan emphasised that consideration is required as to who will be required to undertake these tasks, if working within existing resources. Dr Teggart advised that currently training for residential implementation is being provided by a combination of therapeutic providers and NIFITC leads.. Dr Teggart further advised that a showcase event is being held later in December to provide update on the progress of implementation within residential care.
- 5.11 Ms Craig reported that 26% of the current cohort of looked after children have statements for special educational needs (SEN), which relate to social, behavioural, emotional and wellbeing needs, of which the impact of trauma could be considered to be a contributing factor. She highlighted that social, behavioural, emotional and wellbeing needs are an area of SEN where tracking improvement is possible.
- 5.12 The chair advised that she feels this framework can be tailored to meet the requirements of children with a disability, but sequencing is very important, in terms of which groups of children are targeted first. It is also important to remain

cognisant of how quickly this sequencing can commence given resourcing issues. Dr Teggart agreed and advised that implementation has to be realistic. He further added that he appreciates that there is quite an intensive approach to delivery of the framework within residential care, but he feels that this is warranted, given the level of complexity of the young people living in residential care. In addition, Dr Teggart highlighted that an aim of the NIFITC team is to reduce the complexity of the planning process, and to work towards a single care plan integrating all of the areas of support and intervention across all agencies.

5.13 The chair concluded that it is evident that professionals want to provide a service that is more therapeutic than that which is currently provided and all staff are supportive of the implementation of this framework.

<u>6 59/23P Review of CMR Process (Please refer to Board Paper BM59-12.23P3A</u> <u>& BM59-12.23P3B)</u>

- 6.1 The chair advised that the SBNI's ongoing work in relation to a review of the CMR process was supportive of the recommendations detailed in 'The Northern Ireland Review of Children's Social Care Service Report' June 2023. The author recommended that the CMR process "should be speedier and more participative". The terms of reference for the review will include actions to support fulfilment of this recommendation.
- 6.2 Mr Thomson reported that the Board approved the commissioning of this review in its September 2023 meeting and advised that Ms Marie Roulston has now been appointed to lead it. A draft Terms of Reference has been developed, which has been approved by the Department of Health (DoH) and shared with Board members in advance of this meeting. This Terms of Reference was presented to Board members for approval.
- 6.3 Mr Thomson noted that feedback which has been received from Board members will be incorporated into the Terms of Reference for the review. He advised that the report is scheduled to be finalised by the end of March 2024 for presentation to the SBNI Board for approval in April 2024.

6.4 The Terms of Reference for the Review of the CMR Process was approved, subject to requested amendments.

<u>7 59/23P 'Having our Say' Young Peoples thoughts on professional learning and development (Domestic Abuse) (Please refer to Board Paper BM59-12.23P4A)</u>

- 7.1 The chair welcomed Ms Sarah Mason CEO Women's Aid Federation Northern Ireland (WAFNI) to present on the 'Having our Say' project. She advised that this was launched at a very successful celebration event in Stormont on 23 November 2023. The chair reminded members that domestic violence is a strategic priority of the SBNI for the period 2022-2026.
- 7.2 Ms McAllister advised that in 2018/2019 the SBNI Domestic Abuse Committee undertook a scoping exercise across member agencies, in relation to the training needs of practitioners who work with children who experience domestic abuse. The outcome of this scoping and analysis was undertaken by WAFNI, who produced the "Equally Safeguarded" report in March 2020. A recommendation was made within this report that a Training Framework should be developed and subsequently, a task and finish group was established by the Domestic Abuse Committee to develop this framework. Ms McAllister reported that in June 2023, the SBNI further commissioned WAFNI to undertake a consultation with young people on the content of the Training Framework. Following this consultation, the young people have produced a report 'Having Our Say,' which will be used to inform future training for member agencies.
- 7.3 Ms Mason showcased a PowerPoint presentation in relation to the 'Having Our Say Project.' She advised that both the presentation and Equally Safeguarded Report can be shared with members.

ACTION 3 – The Equally Safeguarded Report will be re-sent to agencies for their information, following the presentation on the Women's Aid SAY Project.

- 7.4 The chair thanked Ms Mason for an excellent presentation and stated that the SBNI are very pleased to have been a part of the project. A key statutory duty of the SBNI is to engage with children and young people and this project has been exceedingly beneficial in helping to fulfil this requirement.
- 7.5 Mr Cassidy commented that he is extremely supportive of the report and appreciates the excellent piece of work carried out which all staff want to be able to achieve. However, he expressed concern that within the current constraints on the system, particularly in relation to staffing and workforce issues, staff may be unable to meet the expectations of the young people. The chair advised that although she agrees that there are extensive limitations on the current system, the young people who took part in the project are expressing how services they may already be involved with could engage slightly differently. She does feel that there are measures that can be implemented within the existing system.
- 7.6 Ms Craig reported that Operation Encompass has now been rolled out and feedback from schools in relation to this has been exceedingly positive. She feels that all teachers want to provide extensive support to children affected by domestic abuse, but it is difficult to be able to provide this within current resourcing. Ms Mason agreed with these concerns and advised it is important to look at the findings in this project as a generational change, which needs to be prioritised.
- 7.7 The chair highlighted that she feels it is great that the young people spent time with the Secretary of State to reinforce the message of the importance of resolving the system issues as a whole.

8 59/23P Central Support Team (CST) Update

PHA Reshape and Refresh

8.1 Ms McKenzie advised that the SBNI have had conversations with the PHA as to what the PHA Reshape and Refresh would look like on a practical basis, particularly with regards to how the Central Support Team (CST) relates into a line management structure within the PHA. It was noted that this is affected by the ongoing conversations between the DoH and PHA in relation to the corporate hosting arrangements of the SBNI. Board members will be kept apprised of any progress in relation to this issue.

• CST Review of Organisational Structure and Workload

8.2 Ms McKenzie advised that in relation to staffing provision and funding, the SBNI CST is still structured in the same way as it was in its inception in 2012. However, the roles and responsibilities are no longer commensurate. For this reason, Ms McKenzie has commissioned a Consultant in the HSC Leadership Centre to carry out a review of the internal staffing structure and capacity of the CST. This work is in its final stages and it is hoped that a report will be developed by the end of December 2023. Ms McKenzie further reported that she has commissioned a staff development programme which will be structured to support the findings of the review.

• <u>Staffing</u>

8.3 Ms McKenzie reported that interviews have now been carried out for the post of Trauma Informed Practice Implementation Manager and the post has now been accepted by the successful candidate. This candidate will be coming from the Community and Voluntary sector which will add to the diversity of the CST.

<u>9 59/23P The Provision of Medical Examinations in Child Protection Cases</u> (Please refer to Board Paper BM59-12.23P5A, BM59-12.23P5B, BM59-12.23P5C & BM59-12.23P5D)

- 9.1 The chair advised that a number of interested parties have written to the SBNI to express their concern in respect of the resourcing issues associated the provision of medical examinations in child protection cases.
- 9.2 D/Superintendent Piper reported that there is currently an interim solution which has been put in place by the PSNI Criminal Justice Branch. This includes the development of a list of contact details of Forensic Medical Officers (FMOs) separated into regionalised areas. This means that if a police officer needs to arrange a medical examination of a child, they can contact an FMO from a

regional area aligned to the Trust. It also means that if that an FMO is unavailable, an FMO from another Trust area can be contacted. D/Superintendent Piper advised that this process has been running for a few months and feedback has been positive from both PSNI colleagues and partner agencies. It was emphasised that this is an interim solution and the view of all parties involved is that it is important to work towards a Safeguarding Paediatric Model, incorporating the provision of a dedicated paediatrician.

- 9.3 Ms Roberts advised that she has recently been invited onto a regional working group in relation to this issue, and noted that feedback from FMOs is that the interim solution is working very well. Ms Roberts further highlighted that Dr Alison Livingstone is currently chairing a task and finish group to identify possible solutions to the issues identified, wherein significant work is underway to develop a clearly defined position paper.
- 9.4 Ms Cassidy added that the Child Protection Senior Officials Group (CPSOG) has oversight of the issue and the task and finish group, chaired by Dr Alison Livingstone is working on behalf of CPSOG. She hopes that the interim solution can continue until a long-term solution is found. She stated that communication they have received from the PSNI Acting Chief Constable indicates that the current arrangement is only funded until the end of March 2024.

<u>10 59/23P Prof. Jane Monkton Smith Event – Domestic Abuse (Please refer to</u> Board Paper BM59-12.23P6)

10.1 Ms Dargan advised that in October 2023, the Northern Health and Social Care Trust (NHSCT) delivered an extremely successful hybrid learning event for Trust Social Workers. The event detailed Professor Monkton Smith's research into the tracking of offender behaviours in domestic homicides. SBNI staff attended this event and have suggested that this research should be delivered across all member agencies. SBNI staff also suggested that this research should be delivered to Departmental policy makers and influencers, including the DoH, DOJ and the TEO. Ms Dargan further reported that Prof. Monkton Smith proposes that homicides within the context of intimate relationships are predictable in all cases, and there is a clear timeline that precedes all homicides.

10.2 Ms McAllister added that discussions are currently underway with Professor Monckton Smith to deliver a one-day hybrid training event. A date for this has not yet been agreed, but a save the date will be circulated to members once it is agreed.

11 59/23P AOB

11.1 Ms Craig advised that Mr Dale Hanna has taken over as the Interim Director of Children and Young People Services within the Education Authority (EA) and will be the EA representative at SBNI Board meetings until further notice. The chair requested that EA write to the SBNI to detail this change in membership.

ACTION 4 – The Education Authority will write to the SBNI Independent Chair regarding new representation on the SBNI Board.

- 11.2 The next SBNI Board meeting will be held on Wednesday 14 February 2024. This will be held on a virtual basis and joining details will be confirmed and circulated.
- 11.3 The chair closed the Public section of the meeting at 4.30pm and thanked members for their attendance.

Bernie McNally Independent Chair SBNI