Case Management Review
Process Practice Guidance

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**SUMMARY SHEET**

<table>
<thead>
<tr>
<th>Title:</th>
<th>SBNI CMR Policy and Procedures Practice Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>Procedures outlined within this document.</td>
</tr>
<tr>
<td>Author:</td>
<td>Sub-group Case Management Review Panel</td>
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<td>Safeguarding Board for Northern Ireland</td>
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<tr>
<td>Committee Responsible:</td>
<td>Case Management Review Panel</td>
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<td>All Member Agencies, SBNI Committees and Panels</td>
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<td>0.2</td>
<td>Margaret Burke Professional Officer – comment from Director and CMRP Chair July 13</td>
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<tr>
<td>0.3</td>
<td>Margaret Burke Professional Officer – comments from sub-group December 13</td>
</tr>
<tr>
<td>0.4</td>
<td>Margaret Burke Professional Officer – comments from Director January 14</td>
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<tr>
<td>0.5</td>
<td>Margaret Burke Professional Officer January 14</td>
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<td>0.6</td>
<td>Margaret Burke Professional Officer September 14</td>
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<td>Margaret Burke Professional Officer November 14</td>
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<tr>
<td>0.8</td>
<td>Margaret Burke Professional Officer December 14</td>
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<tr>
<td>0.9</td>
<td>Sharon Beattie, SBNI Director May 2015</td>
</tr>
<tr>
<td>0.10</td>
<td>SBNI Chair and CMRP Chair May 2015</td>
</tr>
<tr>
<td>0.11</td>
<td>Margaret Burke Professional Officer May 2015</td>
</tr>
</tbody>
</table>
1. Introduction

2. Context of Case Management Reviews

3. Notification of a case for consideration of a Case Management Review
   3.1 Criteria for Notification
   3.2 Notification Process
      a) Cases known to more than one Agency
      b) Cases of Good Practice
   3.3 Documentation required
   3.4 Nominated Agency Representative link with SBIN
   3.5 After Nomination received by SBIN
   3.6 Role of the Safeguarding Panel CMR Sub-committee

4. Role of the Case Management Review Panel

5. Role of the Case Management Review Panel Chair

6. Role of SBIN

7. Role of the SBIN Chair in Notifying the Decision to Undertake a CMR

8. Case Management Review Team Chair
   8.1 Appointment/Commissioning of Independent CMR Team Chair
   8.2 Contract with CMR Team Chairs
   8.3 Appointment/Commissioning of Independent CMR Team Chair

9. Development of the Terms of Reference and Case Plan

10. Review process and Involvement of Agencies
11. Interface with other processes (SAI, Coroner, Police, Health & Safety Executive)

12. Parental/Carer/Guardian/Child(ren) Involvement

13. Report and Executive Summary


15. Quality assurance process

16. Presentation to SJNI Board

17. Publication and Media Handling

18. Publication of the CMR Executive Summary

19. Action Plan Review and Monitoring

20. Dissemination of Learning

21. Records Management and Retention

**Appendices**

1. CMR Process Map

2. CMR Action Plan Monitoring process Map

3. Notification Form

4. Is Agency Known Form

5. Guidance for completing Notification Form

6. CMR Panel Standing Orders

7. Roles and Responsibilities of Independent CMR Chair

8. Commissioning Meeting Agenda with CMR Team Chair

9. CMR Case Plan


11. Chronology Template

12. Proposed Timescales

13. Template for CMR Report

14. Template for Executive Summary
Case Management Review Process Practice Guidance

1. Introduction

1.1 The purpose of this document is to provide practice guidance on the process of conducting Case Management Reviews (CMR) under the auspices of the Safeguarding Board for Northern Ireland (SBNI). This document is intended to:

- help Member Agencies understand how the CMR process works;
- assist Member Agencies to know in what circumstances to refer cases to the SBNI;
- ensure consistency in the CMR process across Member Agencies;
- reinforce the learning dimension of CMRs;
- provide a step by step guide as to the process involved in undertaking a CMR;
- outline responsibilities at each stage of the CMR process.

2. Context of Case Management Reviews

2.1 Regulation 17 of the Safeguarding Board for Northern Ireland (SBNI) 2011 Regulations requires the SBNI to undertake CMRs in accordance with the CMR guidance as laid out in Annex B of the Department of Health, Social Services and Public Safety (DHSSPS) Guidance to the Safeguarding Board for Northern Ireland (SBNI) (Amended May 2014)\(^1\).

The purpose of a CMR is to strengthen the child protection system and to keep children safer. Whilst a review may reflect on the practice of individual professionals involved in a case, its primary focus is on interagency and multidisciplinary systems and processes.

\(^1\) [http://www.dhsspsni.gov.uk/guidance_to_the_safeguarding_board_for_northern_ireland_sbnii___1st_May_2014.pdf](http://www.dhsspsni.gov.uk/guidance_to_the_safeguarding_board_for_northern_ireland_sbnii___1st_May_2014.pdf)
The principles which underpin the CMR process include:

- An emphasis on regional and multi-agency learning:
  - by identifying what has worked well and then build upon it;
  - understanding what has not worked well and why, and how this should be prevented in the future;
  - disseminating that learning for the purpose of improving practice and ultimately future safeguarding outcomes for children and young people;

- Openness and transparency;

- Achieving objectivity whilst encouraging organisations to be reflective.

The focus of a CMR is on:

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

The CMR will consist of:

- An Independent Overview Report highlighting the lessons learned and identifying any recommendations for future action to strengthen systems for supporting families and protecting children in the future;

- An Executive Summary which provides a summary of the case and the learning gained; and

- An Action Plan for agencies and the SBNI designed to take forward the recommendations and learning from the Review.

The process should be undertaken within the timescales outlined at Appendix 12.
3. Notification of a Case for Consideration of a Case Management Review

3.1 Criteria for Notification

A notification for a potential CMR must always be completed where a child has died or has been significantly harmed and when any of the following apply:

1. Abuse or neglect of the child is known or suspected;
2. The child or a sibling of the child is, or has been, on the Child Protection Register (CPR), and is subject to a plan to safeguard that child from further harm and promote his health and development; or
3. The child, or a sibling of the child, is or has been Looked After by an authority within the meaning of Article 25 of The Children (Northern Ireland) Order.

At least one of the points 1 – 3 must be satisfied for the requirement of a child to be notified. (For full information please refer to Annex B of the DHSSPS SBNI Guidance amended May 2014 referred to previously).

The only legal definition of what constitutes significant harm is outlined in The Children (NI) Order 1995. This threshold is applied in relation to other processes such as the placing of a child’s name on the CPR or an application to Court in relation to the care and protection of children. It is not expected that a notification to the SBNI, for a CMR to be considered, will be based on this same threshold used in these other processes.

As a guide a notification for a potential CMR may be considered in any of the following situations:

1. Where a child sustains life threatening injuries as a result of suspected or confirmed abuse or neglect.
2. Significant harm includes where there is clear evidence of risk of significant harm that was not acted upon, or not recognised, or shared with others.

3. When a child dies or is seriously injured whilst in police custody, on remand or following sentencing in the Juvenile Justice Centre, in a Secure Training Centre, or where the child was detained under The Mental Health (Northern Ireland) Order 1986;

4. Where a child has died by suspected suicide and there are concerns about the effectiveness of safeguarding;

5. Where a child has been seriously harmed due to a violent and/or sexual assault perpetrated by another child or adult (this includes interpersonal violence, sexually abusive and sexually violent behaviours, fire setting behaviour or arson);

6. Where a child has been subjected to sexual abuse and/or been sexually exploited where there is evidence that the agency/agencies did not act appropriately together to protect/safeguard the child;

7. Where a child’s parent has been murdered, and a domestic homicide review is being initiated. (This process is being developed in Northern Ireland).

If clarity is needed about whether a case meets the criteria for CMR notification, then the Agency\(^2\) should present this case at their local Safeguarding Panel Case Management Review Sub-Committee for discussion. However, ultimately the responsibility for whether to make a notification rests with the Agency initiating the discussion.

3.2 Notification Process

Any SBNI Member Agency or other organisation can refer a case to the SBNI on the basis of the criteria outlined in Section 3.1 for consideration to be given

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\(^2\) Agency refers to any organisation or body that is a member of the Safeguarding Board, and any group, organisation or body to whom the Northern Ireland child protection policy and procedures apply.
to hold a CMR. Notifications to SNI must be received two weeks prior to each CMR Panel meeting to be considered at the next scheduled Panel. CMR Panel meetings ordinarily take place on the first Thursday of each month.

It is the responsibility of each Agency to determine whether and at what point, the criteria for notification of a case has been met. Each Agency must develop a mechanism to enable them to make a timely determination about whether the criteria for notification are met. Advice can be sought from SNI Officers to assist with queries relating to whether mandatory criteria for notification are met. This advice should help the Agency with its decision whether or not to make a notification.

a) Cases known to more than one Agency
If more than one Agency is involved, a discussion between the agencies should take place and if possible agreement reached about the need to notify the SNI of the case and which Agency should complete the notification. This would be included as part of the mechanism each Agency must develop to enable them to make a timely determination about whether the criteria for notification of a potential CMR are met. If no agreement is reached, the Agency who initiated the discussion should still proceed and make a referral to the SNI if they believe the criteria outlined in Section 3.1 has been met. Agencies may wish to consider referring the matter to the Safeguarding Panel's Case Management Review Sub-Committee to assist with the decision as to whether or not a case meets the criteria for referral to the SNI.

Once a Member Agency determines that the criteria for a CMR notification is met the matter should be referred to the SNI without delay.

Cases can also be notified to the SNI via the Coroner, the Northern Ireland Commissioner for Children and Young People, the Court Service of Northern Ireland, the Northern Ireland Guardian Ad Litem Agency, any regulatory or inspection body, and any other statutory or voluntary organisation not cited in the Regulations, who believe that a case meets the criteria for consideration of
a CMR. The Child Death Overview Panel (CDOP) (when established) may also notify a case to the SBNI for consideration of a CMR. (Likewise the CMR Panel can also notify a case to CDOP if a case is felt not to meet the criteria for a CMR).

The SBNI may receive requests/concerns from members of the public to hold a CMR in individual cases. In accordance with legislation SBNI do not accept notifications from individual members of the public; however the SBNI will refer the matter to the lead Member Agency to consider whether the case meets the criteria for notification to the SBNI for a Case Management Review.

b) Cases of Good Practice
The Board is currently finalising the process in regards to identifying and reviewing cases which satisfy Regulation 17(3) relating to positive learning.

3.3 Documentation required
To assist the SBNI CMR Panel in its deliberations as to whether or not a recommendation should be made for a CMR to be held, the Notification Form should be completed (Appendix 3, attachment - Please refer to Appendix 5 for guidance on how to complete the form). This should be accompanied by a short Briefing Report completed by the notifying Agency setting out the reasons and circumstances for the Notification being made. The most recent contemporaneous comprehensive assessment report, if any, which gives an overview of the case and relevant background information, should also be forwarded along with the Notification Form. A list of appropriate reports is outlined in the Notification Form.

3.4 Nominated Agency Representative link with SBNI
Each Member Agency must nominate a Senior Representative at the level of Assistant Director or equivalent, who has the authority to make decisions on behalf of their Agency, to act as the key contact for SBNI in relation to the CMR

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3 In accordance with Memorandum of Understanding (MoU) developed with these organisations.
process including completion and signing of the Notification Form. Member Agencies will be asked to confirm this nomination annually.

3.5 After Notification is received by SNI

Once a notification has been received the SNI will acknowledge this in writing. If it is felt that additional information is required, the SNI will request same from the notifying Agency.

The SNI will inform all appointed representatives on the CMR Panel in writing that a notification has been received. Agency or Sector representatives on the CMR Panel will be requested to clarify whether or not the child and/or family is known to their respective agencies using the ‘Is Agency Known Form’ (Appendix 4). Each CMR Panel Member should then ensure that their Agency’s databases are checked to gather this information. In relation to Health and Social Care Trusts this should include information systems for both health and social care. If the child and/or family are known the appointed representative on the Panel should ensure a brief chronology/details of the Agency’s involvement and relevant information is submitted in writing to the SNI Officers using the template provided (Appendix 4), for the attention of the CMR Panel in advance of the CMR Panel meeting. This information will be sent by the SNI Office to CMR Panel Members prior to the CMR Panel Meeting.

3.6 Role of the Safeguarding Panel CMR Sub-committee

If it is unclear whether a case meets the criteria for a CMR, the case can be discussed at the Safeguarding Panel Case Management Review Sub-Committee who will advise on whether or not the notification meets the criteria for notification. However, it ultimately the responsibility of the initial Agency which initiated the discussion to make a decision about whether to notify a case or not.

The Sub-committee also has a role in reviewing and monitoring local recommendations made in completed reviews, the Action Plans arising, and report back to the Safeguarding Panel on progress.
4 Role of the Case Management Review Panel

4.1 The CMR Panel's role is as follows: [to] consider whether the criteria for undertaking a CMR as set out in Regulation 17 of the SBNI Guidance (amended May 2014), are met as follows:

17 (2) 'a child has died or has been significantly harmed (including where there is clear evidence of risk of significant harm that was not acted upon, or not recognised, or shared with others) and when any of the following apply and one of the following apply:-

(i) Abuse or neglect of the child is known or suspected;

(ii) The child or a sibling of the child is or has been on the child protection register and is subject to a plan to safeguard that child from further harm and promote his health and development; or

(iii) The child or a sibling of the child is or has been looked after by an authority within the meaning of Article 25 of the Children (Northern Ireland) Order.

And

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

(d) The Safeguarding Board determines that there is significant learning to be gained from the case management review which, if applied effectively, will lead to substantial improvements in practice in safeguarding and promoting the welfare of children in Northern Ireland.
As stated in the SBNI Guidance (amended May 2014) all four strands of Regulation 17(2) [(a), (c) and (d) and at least one element of (b)] must be satisfied for the requirement for a CMR to be triggered, that is, in circumstances where a child has died or been significantly harmed.

It is proposed that the term ‘significant’ and ‘substantial’ are understood as meaning that the learning to be gained from a review of a case is:

- relevant to current processes and systems for safeguarding and promoting the welfare and protection of children;
- likely to be useful given the changes in legislation, policies, systems and practices over time;
- currently applicable to children and families living in similar situations to the child(ren) under review;
- likely to add to the knowledge already existing about the relevant issues in a case;
- likely to lead to changes that will make a positive difference in how children are protected in Northern Ireland.

Criteria 2(d) does not place a time bar on whether cases of a historical nature should be notified to the SBNI. This means, that, should any Agency or Body deem that the criteria for a notification has been met, then that body should make a notification.

In addition the SBNI has a role for identifying and disseminating good practice as set out in Regulation 17 of the SBNI Guidance (amended May 2014):

(3) The SBNI will also consider taking forward a CMR in cases that demonstrate effective working (individually or in partnership) of persons or agencies who are Members of the SBNI and where there is outstanding positive learning to be gained from the case which would lead to improved practice in safeguarding and promoting the welfare of children in Northern Ireland.
4.2 Other responsibilities of the CMR Panel

The CMR Panel has a number of functions that flow from their role in advising the Board about whether a CMR should be initiated. These are to:

- make a recommendation as to whether or not a CMR should be held on the basis of whether Panel Members feel that the criteria has been met;
- determine whether further information is required from the notifying organisation to assist with that consideration if required;
- highlight particular areas/issues that should be included in the Terms of Reference for a CMR and determine draft Terms of Reference;
- regularly review the progress of the CMR Case Plan;
- quality assure the information supplied from Individual Agencies;
- consider progress reports on on-going CMRs;
- determine whether the rationale by a Notification Agency’s of the decision not to inform a parent(s) of a notification are felt to be justified;
- quality assure the CMR Overview Report, Executive Summary Report and Action Plan prior to submission to the SBNI Board for consideration;
- to provide expert advice to the Board on any matter relating to the conduct or quality of CMRs

CMR Panel business should be conducted in accordance with SBNI Standing Orders. (Please refer to Appendix 6).

5 Role of Case Management Review Panel Chair

It is the responsibility of the CMR Panel Chair to;

- make a recommendation to the SBNI Board on whether, in the opinion of the CMR Panel, a CMR should/should not be undertaken;
- when the decision to proceed with a CMR has been made by the SBNI Board, to appoint a CMR Team Chair and agree the composition of the CMR Team with the CMR Team Chair in consultation with SBNI Officers;
prior to starting the review meet with the representatives of the PSNI along with the CMR Team Chair and SNI Officers, to agree a process, in cases where there is an on-going criminal investigation; in consultation with SNI Officers and the Chair of the CMR Team, produce an individual CMR Case Plan, which will include: draft Terms of Reference for the review; the scope of the review; the deadline for submission of Individual Agency Review reports; the timescales for completion of the CMR; how the professionals/agencies, involved with the case and relevant bodies will be informed and engaged; and decide whether and how the child and his/her family/carers will be informed and engaged and at what intervals;

- review individual CMR Case Plans at regular intervals with CMR Team Chairs through to the completion of each CMR;
- provide advice to the SNI Chair, SNI Officers and the CMR Team Chair in connection with any matter which arises in the course of a particular CMR, including matters of a data protection nature;
- ensure that learning accurately reflect the facts and findings of the CMR;
- ensure that the CMR, is at all times, conducted in accordance with SNI Regulations and Guidance;
- advise and seek the approval of the SNI Board as to the findings of the CMR, and the learning points identified;
- along with the CMR Panel, quality assure the CMR reports prior to submission to the SNI Board for consideration;
- Keep the SNI Board members updated about CMRs through regular reports to the Board and the production of an annual summary of progress for inclusion in the Board’s annual report

6 Role of the SNI
The CMR Panel Chair will advise Board Members of the CMR Panel’s recommendation on all notifications in writing, as to whether/or not a CMR should take place along with a rationale for making the recommendation. The SNI will make a decision on whether or not to agree with the CMR Panel’s recommendation as per the Standing Orders for the SNI and the decision will
be recorded in writing. The decision by the SNI relating to CMRs may be taken at meetings of the SNI. However, the urgency of decision-making may dictate that, in some cases, agreement of the SNI members may need to be sought and provided in writing. The SNI decision on whether to proceed to CMR or not will be notified in writing by the SNI Chair to the CMR Panel Chair.

7 **Role of SNI Chair in notifying the Decision to Undertake a CMR**

The SNI Board decision on whether to proceed to CMR or not will be notified in writing by the SNI Chair to:

- The CMR Panel Chair;
- The Department of Health, Social Services and Public Safety (DHSSPS);
- The Chair of the Safeguarding Panel(s) within which area the case relates.
- The notifying Agency;
- Parents/Guardians/Child(ren) if deemed appropriate (please refer to relevant section below);
- Other relevant agencies, for example PSNI, if appropriate;
- Where the case involves criminal proceedings or death of a child, the Police Service of Northern Ireland, the Public Prosecution Service and the Coroner should be copied into the correspondence as appropriate.

8 **Case Management Review Team Chair**

8.1 **Appointment/Commissioning of Independent CMR Team Chair**

The CMR Team Chair is selected by the SNI from an expert Panel of CMR Team Chairs which will be recruited, selected and appointed from time to time by open competition. The appointment to chair CMRs will be on a rotational basis, be dependent on availability, the nature of the case, the expertise of the Chair and an assessment of the individual’s perceived independence to take on the role. In order to avoid the Chair becoming isolated, to ensure consistency in the CMR process and to maximise the learning opportunities, the SNI will
require the expert panel to participate in periodic peer training and support provided by the SBNI. Once appointed, a commissioning meeting will be held with the CMR Team Chair, the CMR Panel Chair and SBNI Officers to discuss the parameters of the role and expectations. The areas to be addressed at the meeting can be referenced at Appendix 8.

8.2 Contract with CMR Team Chairs
CMR Team Chairs will be expected to sign a contract upon initial appointment which sets out their roles and responsibilities. The contract will be set for a period of three years and will be subject to satisfactory performance as determined by the SBNI Chair and CMR Panel Chair

8.3 Role and Responsibilities of CMR Team Chair
The SBNI Chair in conjunction with the CMR Panel Chair has the responsibility for appointing a Chair to undertake a CMR on behalf of the SBNI. The Chair of the CMR Team must be independent of the case under review and of the organisations whose actions are being reviewed. The Chair once appointed is accountable to the SBNI, through the CMR Panel for the thoroughness and quality of the final Report. The Chair is expected to:

- brief the CMR Team;
- meet with Individual Agency Reviewers regarding the review process prior to their starting their review and completing their agency chronology;
- provide the CMR Team with a composite chronology of the case by merging the individual agency chronologies, to cover the actions taken by each agency with a direct involvement in the case;
- facilitate a thorough analysis of the case in line with the associated CMR Plan and Terms of Reference;
- provide the SBNI with an Overview Report and Executive Summary including recommendations of the case within the timescales set out below;
- The IAR Authors should complete their own agency action plans and get them signed off by their agency before they are submitted to the CMR Team. The CMR Team Chair and Team will quality assure the IARs.
- Pull together all the action plans to take forward the learning from the case along with CMR Team Members and participate in its further development.

Specific details regarding the role and responsibility of the CMR Team Chair is attached at Appendix 7.

9 Development of the Terms of Reference and Case Plan
An initial CMR Case Plan will be drawn up by SBNI Officers, the Chair of the CMR Panel and the CMR Team Chair, setting out the Terms of Reference for the CMR (which will have been discussed by the CMR Panel) and relevant timescales. (Please refer to Appendix 9).

In accordance with the SBNI Guidance the CMR Team will further develop the Case Plan and the Chair of the CMR Team should submit the Case Plan for agreement to the CMR Panel Chair. The Case Plan will be subject to monitoring by the CMR Panel through to the completion of the review. Any adjustments to the Case Plan should be agreed in advance with the CMR Panel Chair. The Case Plan will include *inter alia*:

- the scope of the review [which agencies/professionals will be invited to partake in and contribute to the review; the timeframe covered by the review];
- the timescales for completion [the timescale should not exceed the recommended period for completion of a review (*see section 6 below*) without the prior agreement of the CMR Panel Chair, who will advise the SBNI Chair];
- how the interface with other concurrent investigation/review processes will be managed. This may require comprehensive discussion with lead agencies and the Chair of the CMRP and may in exceptional cases
require legal advice [it is crucial that concurrent related case review/investigation processes neither interfere with each other and, where possible, share information to ensure that the fullest information is available to the CMR process and that duplication of effort is minimised];

- how and when the professionals/agencies involved with the case will be engaged [in person (one-to-one meetings or group meetings); in writing; before the review is undertaken, in the course of review, prior to the finalisation of the report, prior to the dissemination of learning points more widely];
- whether and how the child and his/her family/carers will be engaged and at what intervals. (This is discussed in the section below).

10 Review Process and Involvement of Agencies

Discussion between the CMR Panel Chair, CMRT Chair and SJNI Officers will take place to determine as to how the case should be reviewed, by what methodology and what Agencies should be involved in the CMR in relation to;

- the provision of written information to the Review Team; and
- what Agencies should be represented on the CMR Team. The key professional disciplines and key agencies involved in the case should be represented. Consultation with Agencies may take place if required, to clarify any issues in relation to these matters.

- guidance may be sought from the Nursing Lead within the Public Health Agency as to what level/role of Nurse is required to sit on the CMR Team.

Guidance on the written information required from Agencies is found at Appendix 10.

Each Agency will then be written to in relation to the above matters. The IAR authors appointed to provide information for the CMR on their respective Agency should be at a senior and experienced level in the organisation with the necessary expertise to critically reflect on their Agency’s involvement with the child/family and to identify the most appropriate learning. The information
provided should follow the guidance issued by the SBNI and includes a chronology of the Agency’s involvement in the case. The information required is outlined at Appendix 10/11.

The professionals appointed to sit on the CMR Team are the commissioners of their agencies IARs but also have a team responsibility for ensuring the CMR is completed to the standard required and on time. The CMR Team must be independent of the case being reviewed and must not have had any line management responsibility for the case.

The CMR Team Member although appointed by their Agency has the responsibility to be objective and must be able to critically review their Agency’s involvement with the child and family. The person appointed should also be of at a senior level in the organisation who has the level of expertise needed to critically reflect of their Agency’s involvement, agree appropriate and deliverable recommendations on behalf of their Agency. The person representing an Agency on the CMR Team should not have been involved in completing the Agency IAR.

On occasions, to ensure the independence of the review process, Agencies may need to engage professional disciplines outside their own Agency to undertake the internal review of their Agency and provide the written information to the CMR Team and/or to be appointed to on the CMR Team. Arrangements between Agencies should be discussed and agreed by each Agency. In some instances Agencies may wish to collaborate and join resources such as one Agency undertaking the internal review and providing the written information to the CMR Team and/or sitting on the CMR Team but representing more than one Agency.

Prior to an internal review taking place, the Agency staff nominated to complete the IAR and provide the written information should meet with the CMR team Chair to agree what should be covered and what staff should be interviewed as part of the IAR process.
The CMR Team will undertake to meet with relevant staff involved and will determine whether to access Agency files. Meetings with relevant staff should not duplicate those undertaken by the IAR author. Individual staff should be encouraged to cooperate with the CMR review process by their Agency. Professional guidance, for example the GMC Guidance for General Practitioners\(^4\) state that staff should provide information for the CMR process.

The focus of a CMR review is on learning and is not to blame any individual professional involved. The CMR Team will consider which professionals (if any) need to be interviewed/re-interviewed. The CMR Team will then task the IAR to undertake these interviews and amend the IAR as appropriate. The rationale for deciding to ask the IAR author to meet with staff already interviewed by them is that it was felt by the CMR Team Chair and the CMR Team that additional clarification is needed. The involvement of staff in such discussions can be stressful and therefore Agencies involved should support their staff during this process. Occasionally the CMR Team may find it necessary to speak directly to involved staff, but there should be a clear rationale for this.

Agencies involved should brief their staff in relation to the CMR process and identify someone who will be able to support the staff throughout the process.

Staff meeting with IAR authors or CMR Team Members may be accompanied by supportive individuals such as another member of staff or their Union representative, if felt appropriate.

Upon completion of the IAR, there should be a practitioner event as a process of feedback and debriefing for all staff involved, in advance of completion of the CMR Report.

\(^4\) [http://www.gmc-uk.org/childprotection](http://www.gmc-uk.org/childprotection)
11 Interface with other processes (Serious Adverse Incidents (SAI), Coroner, Police, Health & Safety Executive)

Where concerns exist about the standard of practice of individual professionals then these matters will be dealt with by employers and professional bodies separate to the SBNI and the CMR process.

It is important that a CMR proceeds promptly so as to maximise the opportunities for learning, whilst also being mindful of the potential to compromise the work of parallel statutory processes. How the CMR process interfaces with other processes may need to be considered on a case by case basis, may require comprehensive discussion with lead agencies and the Chair of the CMR Panel, and may in exceptional circumstances require legal advice.

The SBNI will liaise with the PSNI/Public Prosecution Service (PPS)/Coroner in respect of any on-going criminal investigation and agree the arrangements for the CMR Team Chair to be kept appraised about developments. This will be carried out in accordance with the Memorandum of Understanding and Guidance drawn up by the SBNI/PSNI/PPS.

In relation to the SAI process used in the Health and Social Care sector, any SAI process implemented should be suspended pending completion of a CMR. It may assist the SAI process once re-established, to draw on the information and findings from the CMR process to avoid duplication.

12 Parental/Carer/Guardian/Child(ren) Involvement

Parent(s)/guardian(s)/carers/child(ren) (if appropriate) will normally be informed in writing of the decision to hold a CMR. Given the circumstances involved, which may have been traumatic, the SBNI will seek the support of the Notifying Agency in this matter so that support is available to family members. If a CMR is being held the parents/guardians/carer/child(ren) (if appropriate) will be offered the opportunity to meet with the Chair of the CMR Panel and the Chair of the CMR Team at the start of the process. Liaison with the Notifying Agency
should take place to ensure that support is available. The purpose of such contact is to:

- explain the purpose and remit of a CMR, and to discuss the content of the Case Plan and the Terms of Reference of the review;
- agree how the family will be involved in the review process; and,
- agree the arrangements for learning of the review conclusions.

At the end of the CMR process the Chair of the CMRP and the Chair of the CMR Team will meet the parents/guardians/carers of the child and if appropriate the child(ren), unless there are valid reasons not to do so, for example, on-going or pending criminal investigations The purpose of such contact is to:

- discuss the findings and recommendation of the CMR:
- provide an opportunity for a factual accuracy check on the CMR Report with reference to the specific parts of the report which relates to the family;
- outline proposals for the Board take forward the learning identified;
- share the executive summary and advise the family of whether the summary will be publicly available; and,
- discuss any possible media interest in the report and data protection issues.

All contact with family members will take into account such issues as race, culture and disability. For example interpreting services will be used in communication if required.

13 **Report and Executive Summary**

An agreed template will be used for the formulation of both the main overview report and the executive summary to ensure consistency of reporting. (Please refer to Appendix 13/14). The recommendations contained in the report should be directly related to the analysis, take account of previous recommendations made by other review processes in the interests of avoiding duplication and be Specific, Measurable, Attainable, Relevant and Timely (SMART) compliant.
14 **Action Planning process**
CMR Team Members will complete their own agency action plans on an individual basis and get them approved by their agency at Chief Executive level before they are submitted to the CMR Team. Actions to address recommendations for the SJNI should be drafted on behalf of the SJNI by an SJNI Officer and agreed by the SJNI CMR Team Chair. These actions will be pulled together, discussed and developed by the CMR Team to take forward the learning from the case. The Action Plan will then be presented to the CMR Panel along with the draft Overview Report and draft Executive Summary.

15 **Quality assurance process**
The Reports will go through a number of quality assurance processes before going to the CMR Panel which is the final quality assurance process. These include:
- an initial review by the CMR Panel Chair and SJNI Officers,
- a factual accuracy check by the Agencies that contributed through the provision of IARs in the CMR.
- a check by the SJNI’s legal representative

Agencies which make comments on the factual accuracy of the draft Overview Report and Executive Summary will be written to, setting out whether their suggested amendments were accepted or not, and if not why not (under the signature of Chair of the CMR Panel).

Copies of the Report Executive Summary and Action Plan will be forwarded to members of the CMR Panel for their review.

The CMR Team Chair will present the case to the CMR Panel. The Panel will quality assure the CMR Overview Report, Executive Summary Report and Action Plan prior to submission to the SJNI Board for consideration and in particular determine whether the Terms Of Reference for the Review have been addressed.
The Reports and Action Plan will be amended accordingly by the CMR Team Chair and the SNI Officers. Legal advice will be sought on the content of the Reports and data protection issues. The Report and Executive Summary will be shared with the Northern Ireland Commissioner for Children and Young People at this stage to ensure that the Reports are in adherence to the United Nations Convention on the Rights of the Child.

The Reports will be anonymised to ensure the confidentiality of the child and family members. An agreed process for the anonymisation of the Reports will be put in place to ensure consistency however, this must considered on a case by case basis to ensure the confidentiality of information.

16 Presentation to the SNI
The SNI will distribute individually numbered copies of the final Report to Board members and a copy of the proposed Executive Summary and Action Plan, 14 days in advance of the meeting. At the Board meeting the CMR Team Chair/or the CMR Panel Chair will present the Report with an emphasis on the key issues and recommendations rather than summarising the Report. Any advice in relation to legal issues or media handling will also be shared with the Board. The Board will be asked to formally consider the report, the Executive Summary and Action Plan and approve.

It is the intention to publicise the Executive Summary Reports dependent on any issues such as on-going criminal proceedings. The Board will discuss any issues in relation to publication and agree whether the Report should be publicised.

Board members are asked to handle this documentation according to guidance within the SNI Records Management Policy and the individual’s agency Information Management Policy and Procedures;
17 Publication and Media Involvement

The CMR process should be open and transparent. Once the CMR Overview Report has been approved by the SBNI, all Board members will receive a copy of the Overview, Executive Summary Review Report and Action Plan. SBNI members will be directly accountable for the dissemination of learning from each CMR within their own agency, and as such will be responsible for deciding how widely to disseminate the executive summary and other documentation within their own agency as part of this process.

It is important to note that the CMR Overview Report remains the property of the SBNI and contains highly sensitive and confidential information. Any sharing of this report must be done so within the framework of confidentiality and information sharing.

The Director of Operations will ensure that the SBNI Committees and Safeguarding Panels receive a copy of the Executive Summary as part of information sharing. The Executive Summary will also be shared with key stakeholders as appropriate, for example the DHSSPS, RQIA and HSCB. It should be made clear whether or not, the Executive Summary has been made public or not to maintain confidentiality.

The Chief Executives of contributing agencies will be written to and provided with a copy of the final Overview Report, Executive Summary and Action Plan. The letter will remind the organisation that the Overview Report is the property of the SBNI and should not be disclosed without the written permission of the SBNI. The organisation will be informed that they have the responsibility to ensure that staff involved in the case are briefed about the report conclusions and recommendations prior to publication of the Executive Summary. Discussions regarding the publication of the Executive Summary Report will be in liaison with the respective Agencies involved. If the decision is made not to publicise the Executive Summary Report on the SBNI website then the Agencies should be informed.
Agencies involved with the child and their family should not discuss the CMR with the media without consultation with the SBNI.

A copy of the Overview and Executive Summary report should be made available to the Agency representative of the local safeguarding Panel. This should be done by the respective Agency.

18 **Publication of the CMR Executive Summary**

As a consequence of undertaking CMRs the general public should have greater confidence that the child protection system is operating as intended for the benefit of children, and that where improvements could be made processes exist to identify these.

The Information Commissioner has ruled that CMR Overview Reports should not be made public, except in very exceptional circumstances. The rationale for this is the need to protect the identity of vulnerable children and their adults, where identification might increase their vulnerability. However the Information Commissioner has ruled that each case should be considered on its own merits, and that finding ways of sharing the learning from reviews is usually in the public interest.

The SBNI are of the view that ordinarily an Executive Summary of the learning from a CMR could be published in order to:

- ensure that a wide range of organisations and professionals are able to incorporate the learning from a case management review into their own systems, processes and practice; and,
- inform the wider public about the difficult lives that some children lead.

In doing so the SBNI will always act in such a way as to:

- protect the identity of children, whether alive or deceased;
- protect the identity of family members; and
- protect the identity of individual practitioners

All CMR Executive Summaries will be written in such a way to protect individual identities. On occasion this may include anonymisation of organisations that worked with a child or family, but only if that would decrease the likelihood of a child or family being identified.

In some instances where other processes, such as a criminal investigation or a coroner’s hearing are on-going, the Executive Summary from a review will not be published until these other processes have concluded.

19 Action Plan Review and Monitoring

Once the CMR is completed, actions agreed and signed off by the SBNI, the SBNI Independent Chair will write to the appropriate Chief Executive asking them to agree to take forward the relevant actions.

SBNI member representatives are accountable for the implementation of single agency recommendations relating to their own agency. All actions plans will be forwarded by the Director of Operations to the Chair of the Safeguarding Panel accountable for the implementation of the action plan related to local and regional issues (if they have a localised theme). The Safeguarding Panel Chair will share the action plan with members of the Safeguarding Panel who will delegate the monitoring of implementation of local actions to the CMR subcommittee of the Panel. This subcommittee will report on progress against agreed actions to the Safeguarding Panel as a standing item on the Panel agenda. Regional actions will be monitored by the Officers of the SBNI.

Progress against agreed actions will be reported to the SBNI on a quarterly basis. These reports will go to the SBNI for information.
A final master document will be produced as a permanent record of all actions taken as a result of the CMR. This document should be formally ‘signed off’ by the SBNI Independent Chair on behalf of the SBNI.

20 Dissemination of Learning
The SBNI will be directly accountable for the dissemination of learning from each CMR within their agency, and as such will be responsible for deciding how widely to disseminate the Executive Summary and other documentation as part of this process. Learning from the IARs should be disseminated upon completion of these by the relevant agency, and should not be delayed pending the completion of the CMR. If during the completion of the review the CMR Team identifies any key learning that could usefully be disseminated immediately, then this should be flagged to the Director of Operations, who will ensure that this learning is disseminated through the Committees and Panel structures of the SBNI.

The SBNI will produce a Practice Briefing identifying the learning gained from CMRs on an annual basis. The Practice Briefing will not be about the cases per se, although reference may be made to aspects of the case to highlight learning points. The Practice Briefing will be written in such a way as to facilitate wide dissemination.

SBNI officers, where appropriate, will consider the implications of MOU requirements with Agencies such as NICCY, RQIA, ETI, Coroner’s Office, NISCC, PPS & PSNI, and release the information as appropriate to Governmental bodies such as DHSSPS.

21 Records Management and Retention
Records will be managed and retained in accordance with the SBNI’s Records Management Policy.
Appendix 1

Case Management Review Process Map

Stage One Notification Stage

Agency identifies a case which possibly meets the criteria for CMR.

If advice/guidance is needed a case may be presented to the Safeguarding Panel Case Management Review Sub-Committee and/or of the Safeguarding Panel.

If more than one Agency involved, discussion to take place between Agencies and a determination made about who makes a notification.

Notification form sent by agency to SBNI along with briefing reports and any contemporaneous documents.

Letter sent from SBNI to notifying agency:
- acknowledging notification
- stating date case is to be considered by CMR Panel,
- request for nominations to present to CMR Panel if required.
- request made for notifying agency to produce briefing document for CMR Panel if not forwarded previously
- Request made that parents and if appropriate young person informed if not already done so.

Stage Two Consideration of case by SBNI - CMR Panel - SBNI Board

CMR Panel members informed.
Agency or Sector representative on CMR Panel will be requested to complete ‘Is Agency Known Child/Family Form’.

Two weeks prior to CMR Panel meeting

Within 1 day or the next working day
Each Agency/sector representative to check each of their relevant data bases and complete and return form to SBNI.

CMR Panel considers whether the criteria for a CMR is met on the basis of criteria 17 (3).

If recommendation made for CMR, preliminary discussion on key themes, scope and ToR.

CMR Chair to provisionally appoint CMR Team Chair.

Recommendation presented to SBNI Board on Case Summary Form at next Board Meeting.

SBNI Board makes a decision.

Outcome of decision to be confirmed to relevant agencies.

If CMR proceeding letters to be sent to relevant Agencies and parents. Letters to parents to be facilitated by Agency through direct discussion and support.

Commissioning Meeting
Meeting to be held with CMR Overview Author, CMR Team, SBNI Officer (as advisor) and relevant others such as PSNI/PPS if a criminal case also proceeding. Discussion and agreement on Terms of Reference and Case Pan and commissioning of IARs.

CMR timeline mapped out and dates placed in diaries in accordance with process.

Stage Three: Review process

Form to be returned no later than 48 hours before CMR Panel meeting

Recommendation by CMR Panel

Decision by SBNI Board

If CMR agreed by SBNI Board
Letters commissioning, IAR, Chronology, Terms of Reference and Case Plan completed sent to relevant agency.

Agree arrangements for involvement with parents.

**Meeting with Family Members**
CMR Panel Chair and CMR Team Chair to meet with family members to:
- explain the purpose and remit of a CMR/discuss the Case Plan;
- agree how they will be involved in the review process; and,
- agree the arrangements for learning of the review conclusions.

IAR Authors meet with the Chair CMR Team to discuss the ToR and writing the reports.

IAR information to be returned within 8 weeks

IAR Authors meet with the Chair CMR Team to discuss the ToR and writing the reports.

Chronologies and IARs (with recommendations / action plans) received by CMR Team & Overview Author within appointed dates.

CMR Overview Author and team members meet to quality assure IARs. Integrated Chronology completed and relevant staff spoken to.  
CMR Overview Author and CMR Team agree dates for Stage 4 and 5 of the process.
33

Stage Four:
Quality assurance process

CMR Overview Author Team complete CMR reports send first draft to SBNI (including action plan and recommendations) Action Plan must be signed off by agencies concerned

CMR Panel Chair and SBNI Officers complete an initial quality assurance process and comments fed back to the CMR team Chair

Legal advice sought

Factual Accuracy sought on reports from Agencies that contributed through IARs. Letters written to acknowledge response and actions undertaken

Meeting held with Agencies, CMR Panel Chair, CMR Team Chair and SBNI Officers to agree Action Plan

Presentation of CMR Overview report, Executive Summary report and Action Plan to CMR Panel. Panel assure the reports. Reports and action plan to be amended by CMR Overview Author in light of comments made. Executive Summary Report to be anonymised by CMR Overview Author

Presentation of CMR Overview report, anonymised Executive Summary report and Action Plan to SBNI Board for endorsement and discussion on publication (where appropriate) of Executive Summary. If necessary – comments from SBNI Board

Within 15 days

Returned within 5 days
Stage Five:
Acceptance and sign off Reports and Action Plan by Board

Members to be made to Overview Report, Executive Summary and Action Plan.

Engagement with family by CMR panel Chair and CMR Team Chair to share outcomes and Executive Summary Report

Action plans and learning to be implemented by Agencies involved SBNI to disseminate learning

Publication of Executive Summary on SBNI website if appropriate
Appendix 2

CMR Action Plan Monitoring

- Director to write to Action Owners to take forward appropriate actions
- Professional Officer to forward Action Plan to Safeguarding Panels via Panel Chair
- Panel Chair to share with Panel and task CMR sub committee to progress actions
- Panel to report progress on actions to SBNI on a quarterly basis via Professional Officer
- SBNI Board to receive reports for information
- Regional actions to be monitored by SBNI Officers
Appendix 3
Refer to Notification Form
Appendix 4

Case Reference Number: 
Case Pseudonym: 
Referral Agency: 

Is the child(ren) and/or family known to your organisation?

Yes [ ] No: [ ]

Name: _____________________________  Agency: _____________________________
Appendix 5

Guidance Notes for completion of CMR Notification Form

This provides guidance to Member Agencies on how to complete the Notification Form to the Safeguarding Board for Northern Ireland (SBNI) of a potential Case Management Review (CMR). Please complete as much information which is known to you. The Form has been developed to be completed electronically.

To include additional information to each section please use the drop down menu available.

The Form once completed is to be forwarded securely and confidentially to the SBNI:

SECTION ONE:

Notifying Agency:
If more than one Agency is involved, a discussion between the Agencies should take place and if possible agreement reached about the need to make a referral for a potential CMR and which Agency should complete the notification. Discussion with SBNI Officers can take place around whether the criteria are met. If no agreement is reached, the Agency who initiated the discussion should still proceed and make a referral to the SBNI.

Each Represented Body should develop a mechanism to enable it to make a timely determination about whether the mandatory criteria for are met. It is the responsibility of each Agency to determine whether and at what point, the criteria for a potential CMR are met. Once an Agency determines that the criteria for referral to the SBNI for a decision to undertake a CMR is met the matter should be referred without delay.
SECTION TWO

Reason for referral - Criteria

The Criteria are outlined under Section 17(2) and (3) of The Safeguarding Board for NI Regulations (NI) 2011 the SBNI as follows:

The child has died or been significantly harmed (where there is clear evidence of risk of significant harm that was not acted upon, or not recognised, or shared with others) and any of the following:

i. Abuse or neglect of the child is known or suspected;

ii. The child or a sibling of the child is or has been placed on the Register maintained by a HSC Trust which lists each child resident in the area of the Trust who, following an investigation by that Trust under Article 66 of the Children (Northern Ireland) Order 1995(a), is subject to a plan to safeguard that child from further harm and promote his health and development;

iii. The child or a sibling of the child is or has been looked after by an authority within the meaning of Article 25 of the Children (Northern Ireland) Order 1995;

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

v. The Safeguarding Board determines that there is significant learning to be gained from the case management review which, if applied effectively, will lead to substantial improvements in practice in safeguarding and promoting the welfare of children in Northern Ireland.

vi. Where the Safeguarding Board has determined that a case demonstrates that any of the persons or bodies represented on the Safeguarding Board by virtue of Section 1(2) (b) and (4) of the Act, have worked effectively (individually or in partnership) and that there is outstanding positive learning to be gained from the case which will lead to improved practice in safeguarding and promoting the welfare of children across Northern Ireland.

SECTION THREE

Child’s details: If there is more than one child to be referred, please complete another section on this form using the drop down menu.

Legal Status: This relates to any Legal Orders the child is under. If not known please indicate by use of a tick. The abbreviations are explained below:
Abbreviations Explained:
EPO – Emergency Protection Order
PPO – Police Protection Order
CO – Care Order
ICO – Interim Care Order
SO – Supervision Order
ESO – Education Supervision Order
Accommodated under Article 21 Children (NI) Order 1995 – Voluntary Accommodated
SAO – Secure Accommodation Order – This Order gives the legal authority to place a child/young person in Secure Accommodation.

Orders under the Youth Justice System: – e.g.s. Attendance Centre Orders, Community Responsibility Orders, Reparation Order, Youth Conference Order, Community Service Order, Probation Order, Juvenile Justice Centre Orders

‘Looked After’: This refers to a child who is Looked After by a HSC Trust in Voluntary Care or on a Statutory Order which gives the HSC Trust Shared Parental Responsibility

Child in Need: Is the child/family receiving Services such as Family Support Services as determined by Article 17 of the Children (NI) Order 1995. These include children who have not yet met the Threshold for Child Protection or ‘Looked After’ interventions.

Is child known to the Justice Sector: This Section would include children known to Police (Youth Diversion Officers and or on the Police Database), and/or to the Youth Justice Agency/Probation Service.

SECTION FOUR
Incident details: This relates to giving a description of the incident leading to the consideration of a CMR and where it took place. Please bear in mind the criteria for undertaking a CMR. (Please refer to Section Eight of the Form).

HSCT, ELB, and Police District/Department: This will relate to the Agency completing the notification.

Information about issues of concern/risk factors: Examples might include previous child death in family, parental and/or child mental health/alcohol/drug
misuse, previous non-accidental injury to the subject child or to siblings, issues regarding neglect and domestic violence and should also include outstanding issues not currently adjudicated on.

**Discussions with other Agencies in regard to this notification:** If more than one Agency is involved, has there been discussion regarding this notification and what has been the outcome of these discussions? Has there been agreement/disagreement with the other Agencies about whether the undertaking of a CMR needs to be considered? As stated above if no agreement has been reached a referral should still be made to the SBNI.

**SECTION FIVE**

**Parental Details:** Relates to those who may have a parental role in regard to the child.
The Agency should state whether or not the parent/guardian has been informed as to the notification being made. If a decision has been made not to inform parent(s)/guardian(s) the reasons for doing so should be outlined. This information will assist the CMRP as to whether it is felt the reasons are justified.

**SECTION SIX**
This Section relates to any Legal Guardian of the child.

**SECTION SEVEN**
This section relates to any children known to have any association with the key individuals involved. The first part relates to full siblings of the subject. The second part relates to half-siblings of the subject. The third part relates to other children who are living in the same household as the subject and the fourth part relates to children who are not part of the same household but who are children of the parent(s), step-child/children or guardian’s child/children who live elsewhere. If additional names need to be included, please use drop down menu within each Section.

Legal Status – please see above for abbreviations.

Looked After – Please see above

Child in Need – Please see above
SECTION EIGHT
This section relates to any adults who are significant particularly in relation to the incident leading to the consideration of a CMR. Please record any known child protection /safeguarding concerns regarding each individual. Please add to list of required using the drop down list menu.

SECTION NINE
It is up to the Agency completing the Notification Form to decide what information/documents are to be forwarded. The examples given are only meant to be a guide.

SECTION TEN
This section relates to other Agencies/Bodies which have been notified regarding the incident. Please state the date these Agencies/Bodies were notified.

SECTION ELEVEN
The form is to be signed by a Senior Manager who has the authority in the Agency to complete the Form.
APPENDIX 6

CASE MANAGEMENT REVIEW PANEL (CMR) STANDING ORDERS

1. Meetings

Meetings shall be in accordance with Regulation 36 of the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012.

The first meeting of the CMR panel shall be held on such day and at such place as may be fixed by the Chair, and he shall be responsible for convening the meeting. The CMR panel meetings are not open to members of the public.

The CMR Panel shall meet at least four times each year. The Chair may call a meeting of the CMR Panel at any time. If a requisition for a meeting, signed by at least three quarters of the members is presented to the Chair, the Chair must within 14 days after the requisition has been presented to him, call a meeting unless the reason for not calling the meeting has been approved by the Safeguarding Board. At the meeting of the CMR Panel the Chair, shall preside.

2. Setting the Agenda

The CMR Panel may determine or may be directed to ensure that certain matters shall appear on every agenda for a meeting of the Panel and shall be addressed prior to any other business being conducted. If so determined these matters shall be listed as an appendix to the Standing Orders.

A member desiring a matter to be included on an agenda shall normally make his/her request in writing to the Chair at least 14 clear days before the meeting. The request may include appropriate supporting information and a proposed motion. Requests made less than 14 days before a meeting may be included on the agenda at the discretion of the Chair.
The agenda and supporting papers shall be despatched to members 7 days in advance of the meeting.

3. **Notice of Meetings**

Before each meeting of the CMR Panel, a notice of the meeting, specifying the business proposed to be transacted at it and signed by the Chair or by a person authorised by the Chair to sign on his/her behalf shall be delivered at least 7 days before the meeting. The proceedings of any meeting shall not be invalidated by a failure to serve notice to any member.

4. **Deputies**

Deputising arrangements for Panel members is permitted only in exceptional circumstances and with prior agreement with the Chair. Where a member does not attend on 2 consecutive occasions in any 12-month period, the Chair of the Panel should ascertain the reasons for the absence.

5. **Attendance of member representatives**

With the prior agreement of the Chair, Officers representing the Panel members may attend the CMR Panel if there to present a particular issue on behalf of their agency. These Officers will have no speaking or voting rights.

6. **Chair of Meeting**

At any meeting of the CMR Panel, the Chair shall preside. There is no appointment of a Deputy Chair.

7. **Voting**

Every decision at a meeting shall be determined by a majority of the votes of the members present and voting on the question and, in the case of equality of votes, the Chair shall have a second and casting vote.
The names of members present at a meeting shall be recorded.

8. **Quorum**

In exceptional circumstances where more than one third of the total membership declares an interest, the quorum requirement will be satisfied if two thirds (rounded up to a whole number) of the remaining members are present. If the meeting is not quorate the Chair shall convene a further meeting within a period of one month.

9. **Declaration of interest**

If the Chair or a member of the CMR Panel has an interest in any matter to be considered at a meeting or is associated with a person who has such an interest he shall declare it accordingly at the meeting and as soon as practicable after its commencement.

The Chair or any member who has, declared an interest shall not take part in the consideration and discussion of the matter or be present at the consideration or discussion of that matter or the voting on it.

10. **Minutes**

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the Chair. Draft minutes will be circulated promptly to all members of the Panel (within 21 working days).

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

Minutes shall be circulated in accordance with SBNI Information Governance Policies.
Appendix 7

Roles and Responsibilities:

Independent Chair CMR Team

The Safeguarding Board for Northern Ireland (SJNI) has the responsibility of appointing Independent Chairs to undertake Case Management Reviews (CMRs) on behalf of the SJNI who is an independent body directly accountable to the Minister of Health and Social Services and Public Safety.

The Chair of a CMR must be independent of the case under review and of the organisations whose actions are being reviewed. The Chair once appointed is accountable to the SJNI, through the CMR Panel (CMRP) and its Independent Chair, the thoroughness and quality of the final Report. Once the CMR Report is accepted by the SJNI, the Report becomes the property of the SJNI. The SJNI reserves the right to amend the Report in accordance with the requirements of the Data Protection Act 1998 and the Freedom of Information Act 2000.

The CMR Team will follow the Terms of Reference as set out in the Case Plan based on the requirements laid out in the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2011.

The Chair will be expected to undertake the following:

1. In consultation with the CMR Panel Chair and SJNI Officers, make suggestions as to what should be included in the Terms of Reference and what information is required for the CMR;

2. Provide suggestions to the CMR Panel Chair and SJNI Officers as to what disciplines/organisations should be represented to sit on the CMR Team;

3. Along with CMR Team Members develop a CMR Case Plan and submit it for agreement to the CMR Panel Chair. Any adjustments to the CMR Case Plan will be agreed in advance with the CMR Panel;
4. Advise the CMR Panel Chair of any issues relating to appropriate training and support of Team Members to enable them to be effective Team Members;

5. Provide the CMR Review Team with a composite chronology of the case by merging the individual agencies chronologies, to cover the actions taken by each agency with direct involvement in the case;

6. Alongside the CMR Team quality assure the Individual Agency Reviews and if necessary ask for a re-draft.

6. Facilitate a thorough analysis of the case in line with the associated Terms of Reference;

7. Undertake and facilitate interviews with child/children (if deemed appropriate), family members and professionals involved; this will include taking the family through the information contained within the Case Plan (in most cases this will be undertaken by the Individual Agency Reviewers who may be asked to carry out additional interviews on behalf of the CMR Team.

8. Update the CMR Panel Chair regarding the progress of a CMR, and in particular, whether there are any delays;

9. Provide the SJNI with an Overview and Executive Summary Report of the case within the timescales as outlined in the Case Plan, the purpose of which is to promote and facilitate a culture of reflection and learning in order to keep all children safe;

10. Take account of previous recommendations made by other review processes in the interests of avoiding duplication and ensure that whatever recommendations are made are Specific, Measurable, Attainable, Relevant and Timely (SMART) compliant; Change recommendations as required, upon review from the CMR Panel, CMR Independent Chair and SJNI Officers.

11. If during the course of the CMR, the Chair becomes aware of circumstances which gives rise to concern about the welfare and safety of a child/young person, the Chair should immediately raise the matter with the relevant Trust and PSNI as appropriate and inform the CMR Panel Chair who will inform SJNI Officers;
12. The CMR Team Chair will inform the CMR Panel Chair of any matter which may give rise to any legal issues in relation to the handling of the CMR Report by the SBNI;

13. Attend the CMR Panel and SBNI Board Meeting when required to present the CMR Report;

14. To consider the feedback provided by the CMR Panel and make amendments in the final report as may be necessary;

15. In liaison with the CMR Panel Chair establish an appropriate mechanism for providing feedback to family members, carers, staff and agencies involved and keep the CMR Panel informed;

16. Seek to resolve any matters of disagreement and any complaints that may arise by liaising and taking advice from the Chair of the CMR Panel and SBNI.

Specific matters relating to the security of information

17. In the creation, use or management of any record with respect to the CMR, to protect the record and ensure that any information that is added to the record is necessary, accurate and complete. Adherence to the SBNI Records Management Policy must be met. A copy of this will be provided to all CMR Team Chairs.

18. Provide a written assurance that they will adhere to SBNI security policy regarding the handling of sensitive personal information;

19. Be required to have appropriate Indemnity Insurance and to provide assurance to the SBNI that appropriate safeguards are in place for the security of documentation.

20. Ensure electronic measures to secure data in transit are employed, and that encryption is therefore applied at all times to transfers of sensitive / personal information.

List of email addresses within the Northern Ireland private network:

• `.hscni.net`,
• ‘n-i.nhs.uk’
• ‘ni.gov.uk’ or
• ‘.ni.gov.net’

No sensitive or patient data must be emailed to an address other than those listed above unless they have been protected by encryption mechanisms that have been approved by the BSO-ITS.

21. Ensure the security and protection of Laptops supplied by SBNI.
Appendix 8
Commissioning Meeting with Independent CMR Chair

AGENDA

1. Terms of Engagement:
   - Remuneration
   - Time Commitment
   - Professional Liability Insurance
   - Circumstances for removal as CMR Chair

2. Purpose and nature of a CMR as a learning exercise

3. Role and remit of independent Chair

4. CMR Statutory Guidance

5. Case Plan:
   - Terms of Reference
   - Membership of CMR Team
   - Agencies and Professionals to be involved
   - Period to be covered by the Review
   - IARs and other documentation required
   - Timescale for completion of review
   - Interface with other investigatory processes
   - Engagement with family and significant others
   - Engagement with individual professionals
   - Handling of media

6. Day to day administration

7. Updates to CMR Panel and role of CMR Panel Chair

8. Final Report and Executive Summary:
   - Templates
   - Findings and recommendations
   - Suitability for publication of Executive Summary
   - Quality assurance by the CMR Panel
Appendix 9

Case Management Review Case Plan

Purpose and nature of a case management review

The Safeguarding Board for Northern Ireland aims to promote the highest standards of safeguarding practice within and across organisations. Case management reviews (CMRs) are intended to assist the Board and its member agencies to deliver that aim by creating a mechanism for reflecting on practice, identifying learning from practice, disseminating that learning for the purpose of improving practice and ultimately enhancing safeguarding outcomes for children and young people in the future.

CMRs are a statutory requirement under Article 3(4) of the Safeguarding Board Act (Northern Ireland) 2011. The purpose of a CMR is to examine the organisational systems and processes that assist or allow individuals to make decisions or to act in certain ways to keep children safe. The focus of a CMR is on learning and in particular on:

- Establishing the facts of the case;
- Identifying what has worked well so that member agencies of the SBNI can build upon it;
- Asserting if there are lessons to be learned from the case about the way in which professionals and statutory and/or voluntary agencies work together to safeguard children;
- Identifying clearly what those lessons are, how they will be acted upon and what is expected to change as a consequence; and
- Providing a report highlighting the lessons learned and identify any recommendations for future action.
Terms of Reference

After careful consideration of the above case the CMR Panel concluded that a recommendation should be made for a review to be undertaken in accordance with Regulation 17 (1) of the SBNI (Membership, Procedure, Functions and Committee) Regulations (NI) 2012 on the basis of the following:

State relevant sections of Safeguarding Board Act 2011
The Independent Chair of the Safeguarding Board has accepted the Panel’s recommendation.

The Terms of Reference for this review are:

• Outline proposed Terms of Reference in bullet points;

Membership of CMR Team

The review team will comprise of an independent chairperson and - - - members:
Insert name of Independent Chairperson
Insert name and role of Team Members

Responsibility of the Independent Chair

The Safeguarding Board has appointed - - - to chair this case management review (CMR) on behalf of the SBNI. The Chair is accountable to the SBNI, through the Case Management Review Panel for the thoroughness and quality of the final report. The review will follow the terms of reference set out in this plan and is based on the requirements laid out in the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2011. The Chair is expected to:

• Brief the Review Team and individual agency reviewers on the review process and agree a format and deadline for submission of agency review reports;
• Provide the Review Team with a composite chronology of the case by merging the individual agencies chronologies, to cover the actions taken by each agency with a direct involvement in the case;

• Facilitate a thorough analysis of the case in line with the associated Terms of Reference and;

• Provide the SJNI with an Overview and Executive Summary Report of the case within the timescales set out below.

**Methodology of the review**

The following methodology will inform the conduct of the case management review:

1. The Safeguarding Board for Northern Ireland will establish a Review Team representing the key professional disciplines and key agencies involved in the case. The composition of the Panel will ensure independence of the case including the provision of a Chair independent of any agency being reviewed who will ensure liaison with those carrying out investigations for the police and any other child protection investigations.

2. The Team appointed will conduct the review with impartiality, openness, and thoroughness. The individual members of the Review Team will not have had any line management responsibility for this case.

3. The Review Team will collate and analyse all inputs to the case to enable the Chair and Team to bring forward a report using the SJNI template highlighting the lessons emerging and identify any recommendations for future action. The lessons emerging from the report will be disseminated by the SJNI and member agencies with a relevant interest in this case. The recommendations should specify which have wider application than to organisations directly involved with the child and family by identifying those which have regional application.
Agencies and professionals to be involved

The following agencies will be required to contribute to the review through the provision of an Individual Agency Review (IAR) and a chronology of involvement with the child and family. The IAR should include interviews with relevant staff:

1. Insert Name and Agencies

The CMR Team will also consider which professionals will be invited to meet with the Team to inform their work. The SJNI recognises that the involvement of staff in such discussions can be stressful and would want to emphasise that best practice suggests the need for the employing organisation to support their staff during this process.

Period to be covered by the review

Timescale for completion of review

The review should be completed and presented promptly. The key dates are:

- The first draft of the report will be submitted to the SJNI by ????
- The chair of the CMR Team will attend the CMR Panel at 2pm on ???? to discuss the content of the report and the review findings.
- Any revised report will be submitted to the SJNI by ????.
- The report and executive summary will be presented to the Safeguarding Board on ????.

Any potential for delay in meeting these key dates should be raised in writing with the Chair of the CMR Panel.
Interface with other investigatory processes

The Safeguarding Board will liaise with the PSNI in respect of any on-going police investigation and agree the arrangements for the Team Chair to be kept appraised about developments.

Engagement with family and significant others

The primary carers of the child will be offered the opportunity to meet with the chair of the CMR Panel and the CMR Team at the start and conclusion of the review. The purpose of such contact is to:

- Explain the purpose and remit of a CMR;
- To agree how they will be involved in the review process; and,
- To agree the arrangements for learning of the review conclusions.

Handling of media

Neither the Chair nor any member of the Team will make any comment to the media about the case without the prior approval of the SJNI Chair.
Appendix 10

INDIVIDUAL AGENCY REVIEWS

Aim of Individual Agency Reviews
The Individual Agency Review (IAR) will be commissioned by the CMR Team who will quality assure the completion of the completed reports. The focus of IARs should be on reflection, identifying the learning from practice about what worked and did not work and why for the purpose of improving practice and future safeguarding outcomes for children and young people. The IAR should look objectively and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about.

Endorsement by the Agency
IAR reports should be endorsed by the Agency whose CMR Team member has commissioned the report. The Agency is responsible for certifying that the report is factual and thorough and that the recommendations and actions made to the Agency in the report will be acted upon.

Upon completion of the IAR report, there should be a process of feedback and debriefing for all staff involved, in advance of completion of the CMR report. There may also be a need for a follow-up feedback session at a later stage if the CMR report raises new issues for any agency and its staff members.

The questions posed provide a checklist, which will be relevant in every situation. Each case may give rise to specific questions or issues which need to be explored. Those preparing an IAR report should make a written record of interviews with staff or others and this should be shared with the relevant interviewee. The relevant interviewee should sign to indicate that the factual details provided by him/her have been accurately represented in the record and subsequent report. He/she may not, however, change the analysis reached. The following outline format should guide the preparation of IARs:
WHAT WAS THE AGENCY INVOLVEMENT WITH THIS CHILD?
- Professional engagement with the child including direct involvement;
- How did professionals work together in assessing and responding to the child’s needs during this period;
- The comprehensiveness of the assessment of the child’s needs by professionals;

WHAT WAS THE AGENCY INVOLVEMENT WITH THE FAMILY?
Construct a chronology of involvement by the agency and/or professional(s) in contact with the child and family over the period of time set out in the review’s term of reference. A template for the completion of the chronology is attached. Include a summary of the following:

- assessments undertaken, outcomes including decisions reached with specific reference to the consideration given to the wider family history in this case;
- services offered to the child / services offered to the family;
- levels of service uptake and family/agency perceptions;
- other action taken.

ANALYSIS OF INVOLVEMENT
Consider the events that occurred, the assessment and decisions made, and the actions taken or not taken. Where judgments were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened, but why. Consider specifically:

- if practitioners were sensitive to the needs of the children in their work, knowledgeable about potential indicators of child development, abuse or neglect, for example, failure to thrive;
- if practitioners knew what to do if they had concerns about a child or a parent’s/carer’s capacity to care for the child;
- if the agency had in place policies and procedures for safeguarding children and acting on concerns about their welfare;
- if information sharing occurred between professionals from April 2012 – November 2012;
- what written records indicate in relation to theoretical concepts, practice wisdom and evidence-based practice;
- the key relevant points/opportunities for assessment and decision making in this case in relation to the child and family;
- if actions taken were in accordance with assessments and decisions made at appropriate levels. For example, were appropriate services offered or provided or relevant enquiries made in light of assessments?
- if appropriate child protection or care plans were in place and child protection and/or looked after reviewing processes were complied with in cases where these are considered relevant;
- when, and in what way, the child(ren)’s wishes and feelings were ascertained and considered and if this information was recorded;
- if practice was sensitive to the racial, cultural, linguistic and religious identity of the child and family;
- if senior managers, or other agencies and professionals were involved at points where they needed to be;
- if the work in this case was consistent with the agency’s and ACPC Policy and Procedures for safeguarding children and wider professional standards.

WHAT HAS BEEN LEARNED FROM THIS CASE?
- Are there lessons from this case for the way in which this agency works to safeguard children and promote their welfare?
- Is there good practice to highlight as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and interagency); management and supervision; working in partnerships with other agencies?
- Are there capacity and resource issues?

RECOMMENDATIONS FOR ACTION
What action should be taken by whom and by when? What outcomes should these actions bring about and how will the agency review how they have been achieved?
## Appendix 11

### CHRONOLOGY TEMPLATE - CHILD/FAMILY

<table>
<thead>
<tr>
<th>Date of Contact/Event</th>
<th>Name of Organisation/Professional</th>
<th>Type of Source</th>
<th>Type of Contact</th>
<th>Purpose of Contact</th>
<th>Details of Contact</th>
<th>Child Seen/Not Seen/N/A</th>
<th>Comment</th>
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<tbody>
<tr>
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</table>
## Appendix 12
### Proposed Timeline for completion of Case Management Review

<table>
<thead>
<tr>
<th>Action</th>
<th>Time Required</th>
<th>Overall Timeline</th>
</tr>
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<tbody>
<tr>
<td>Recommendation made by CMR Panel to the Safeguarding Board for a decision</td>
<td></td>
<td></td>
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<tr>
<td>Appointment of CMR Team Chair</td>
<td>+5 working days</td>
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</tr>
<tr>
<td>Request for CMR Team Members and IAR Authors</td>
<td>+2 days</td>
<td>Month One</td>
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<tr>
<td>Meeting with CMR Team re Terms of Reference</td>
<td>+15 working days</td>
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</tr>
<tr>
<td>Briefing meeting between CMR Team and individuals completing IARs from contributing agencies</td>
<td></td>
<td>Month Two</td>
</tr>
<tr>
<td>CMR Team Meetings and quality assurance of IARs. Interviews with family</td>
<td></td>
<td>Months Three - Five</td>
</tr>
<tr>
<td>First draft CMR Overview report, Executive Summary report and Action Plan forwarded to SBNI</td>
<td></td>
<td>Month Six</td>
</tr>
<tr>
<td>First draft comments from CMRP Chair and SBNI Staff</td>
<td>+15 working days</td>
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<tr>
<td>Meeting and response by CMR Team Chair and Team</td>
<td>+10 working days</td>
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</tr>
<tr>
<td>Second draft comments from SBNI legal adviser</td>
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<tr>
<td>Factual accuracy checking by contributing</td>
<td>+20 working</td>
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</tr>
<tr>
<td>agencies</td>
<td>days</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------</td>
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</tr>
<tr>
<td>Presentation of CMR Overview report, Executive Summary report and Action Plan to CMRP</td>
<td></td>
<td>Month Eight</td>
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<tr>
<td>Third draft report (if required) returned to SBNI</td>
<td>+ 5 days</td>
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</tr>
<tr>
<td>Third draft comments from SBNI legal adviser (if necessary)</td>
<td>+ 5 days</td>
<td></td>
</tr>
<tr>
<td>Presentation of CMR Overview report, Executive Summary report and Action Plan to Board</td>
<td></td>
<td>Month Nine</td>
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<tr>
<td>Publication (where appropriate) of Executive Summary</td>
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</table>
Appendix 13

Case Management Review Report

[Identification Letter]
[Date of Report]

Safeguarding Board for Northern Ireland
The Beeches, 12 Hampton Manor Drive, Belfast, Northern Ireland BT7 3EN
http://www.safeguardingni.org/
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Brief Summary</th>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 3</td>
<td>History and Profile of [name of child] and Family</td>
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</tr>
<tr>
<td></td>
<td>3.1 Genogram</td>
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<tr>
<td></td>
<td>3.2 Family history</td>
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<tr>
<td></td>
<td>3.3 Ecomap for [name of child]</td>
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<tr>
<td></td>
<td>3.4 Ecomap of services for child and family</td>
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<tr>
<td></td>
<td>3.5 Integrated service provider timeline</td>
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<tr>
<td>Section 4</td>
<td>Involvement of Services with [name of child] and Family</td>
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<tr>
<td>Section 5</td>
<td>Analysis of Case</td>
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<td>Section 6</td>
<td>Conclusions</td>
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<td>Section 7</td>
<td>Key Findings</td>
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<td>Appendices</td>
<td>Appendix 1 Legislation</td>
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<td>Appendix 2 Terms of Reference</td>
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<td></td>
<td>Appendix 3 Review Team Members</td>
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<td></td>
<td>Appendix 4 Review Methodology</td>
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<tr>
<td></td>
<td>Appendix 5 List of Individual Agency Reviews Requested and Submitted</td>
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<tr>
<td></td>
<td>Appendix 6 Integrated Chronology</td>
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</tbody>
</table>
SECTION 1 – Brief Summary
SECTION 2 – Introduction

Include the following:

- Profile/Pen Picture of the child
SECTION 3: History and Profile of [name of child] and Family

2.1 Genogram
2.2 Family History
2.3 Ecomap for [Name of Child]

Subject Child
DoB
DoD

A&E Department
Mother’s Boyfriend 2
Mother
Siblings
Maternal Family
Paternal Family
Father
Half Sister

Health Visitor
General Practitioner
Communt y Psychiatric
Children’s Social Worker
Family Centre
Nursery School
Home-Start

Strong connection
Normal connection
Weak connection
Family system
Professional system current
Professional system past

Page 9
2.4 Ecomap of services for child and family

- HSC Trust
  - Gateway SW
  - Family Intervention SW
  - Community Psychiatric Nurse
  - Health Visitor
- A&E Department
- Nursery School
- Family Centre
- GP
- Home-Start

Strong connection
Normal connection
Weak connection
2.5 Integrated service provider timeline

Timeline showing services involved with subject child and family: January 2011 – October 2012

|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Dr Jones, GP, New Street Surgery

Ms Jones, Health Visitor  Ms Brown, Health Visitor

Ms Smyth, Health Visitor

Nursery School

Mr Black, Gateway

Mr Black, Gateway  Ms Allen, Family Intervention

Home-Start

Ms White, Community Psychiatric Nurse

Ms White, Community Psychiatric Nurse

A&E

A&E

A&E
SECTION 4: Involvement of Services with [name of child] and Family
SECTION 5: Analysis of Case
SECTION 6: Conclusions
SECTION 7: Key Findings
Report APPENDIX 1: Legislation

(Standard statement of the legislation informing CMRs and possibly including reference to both the Data Protection Act and FOI caveats)
APPENDIX 2: Terms of Reference

(The Terms of Reference for the review)
APPENDIX 3: Review Team Members

<table>
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<tr>
<th>Chairperson:</th>
<th>Name</th>
<th>Independent</th>
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<td>Team Members:</td>
<td>Names</td>
<td>Inspector, PSNI</td>
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<td></td>
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<td>Voluntary Organisation</td>
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<td></td>
<td></td>
<td>Paediatrician, HSC Trust</td>
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<td></td>
<td></td>
<td>Named Nurse, HSC Trust</td>
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<td></td>
<td></td>
<td>Assistant Education Officer, ELB/ESA</td>
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<tr>
<td></td>
<td></td>
<td>Psychiatrist, HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistant Director Children’s Services, HSC Trust</td>
</tr>
</tbody>
</table>

APPENDIX 4: Review Methodology
(Standard statement about the methodology and process of the review with any deviations set out and an explanation provided)

**Family members & significant others invited to participate in the review**

<table>
<thead>
<tr>
<th>Initial</th>
<th>Relationship to [Child]</th>
<th>Accepted/Declined/No Response</th>
<th>Method of Participation</th>
<th>Number of Contacts</th>
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</table>

**Professionals invited to participate in the review**

<table>
<thead>
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<th>Initial</th>
<th>Role</th>
<th>Agency</th>
<th>Period of Involvement</th>
<th>Accepted/Declined/No Response</th>
<th>Method of Participation</th>
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**APPENDIX 5: List of Individual Agency Reviews**

**Requested and Submitted**
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<thead>
<tr>
<th>Agency/Service</th>
<th>Requested</th>
<th>Received</th>
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</thead>
<tbody>
<tr>
<td>PSNI</td>
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<td>Yes</td>
</tr>
<tr>
<td>Nursery School</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Centre</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Home-Start</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>GP</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>HSC Trust:</td>
<td>Yes</td>
<td>Yes</td>
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</table>
APPENDIX 6: Integrated Chronology

(We do need to think about whether this is the traditional type of chronology running to hundreds of pages or some other more concise format)
Case Management Review Executive Summary Report

Pseudonym CMR

Reference Number

Month and Year

Safeguarding Board for Northern Ireland
The Beeches, 12 Hampton Manor Drive, Belfast, BT7 3EN
http://www.safeguardingni.org/
Introduction

Information about The Safeguarding Board for Northern Ireland (SBNI).
Reason for commissioning the Case Management Review
Summary of family history and agency involvement leading to the Case Management Review
The Child’s experience of daily life
Analysis of agency involvement with the children and family
Key learning from this case
Recommendations from the Case Management Review
What has happened to build on the learning from this review?